

**FOOD AND NUTRITION PROGRAMS IN
*BETTER BEGINNINGS, BETTER FUTURES COMMUNITIES***

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ABSTRACT

FOOD AND NUTRITION PROGRAMS IN *BETTER BEGINNINGS, BETTER FUTURES* COMMUNITIES

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The objective of this research was to assess the impact of food and nutrition programs in three *Better Beginnings, Better Futures* communities: Cornwall, Guelph and Etobicoke. The *Better Beginnings, Better Futures* initiative is a multi-disciplinary longitudinal study focusing on children and families in eight communities in Ontario. Twelve small group interviews (N=69) were conducted with selected parents, teachers, project staff and children. Questions pertained to the development of food/nutrition programs, changes in programs since 1993, benefits and barriers, and unmet needs. Tapes of the interviews were transcribed and analyzed. Participants cited alleviation of hunger and stress, food provision, and social contact, as benefits; and, pride and lack of money as barriers. Food insecurity is a concern for low income families; these programs serve as important coping strategies. Food programs, therefore, are an essential component of projects in low income communities.

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1.0 INTRODUCTION

Children in eight economically disadvantaged communities in Ontario have opportunities to experience short- and long-term benefits with their participation in the *Better Beginnings, Better Futures* prevention initiative. This project is a multi-disciplinary longitudinal study focusing on high risk children from birth to eight years of age. The goal is to improve the physical, mental, social, cognitive and emotional health of children and their families.

Children in impoverished families are more likely to experience food insecurity, undernutrition and hunger, which in turn affects their growth and development, behaviour and cognitive abilities (Parker, 1989; Pollitt, 1994). The Ontario Child Health Study in 1986 documented the risk of mental and emotional problems in children of families on social assistance and living in subsidized housing (Ministry of Community and Social Services, 1990). In response, the Ministry of Community and Social Services formed the Technical Advisory Group to research primary prevention literature and develop an integrated prevention model for children in Ontario. One key component of the model specified parent and community involvement in all stages of program development and implementation.

Better Beginnings, Better Futures reports on qualitative studies of activities in each community (Pancer, 1994) indicate that the communities regard food and nutrition as essential elements of their programs; for example, in the development of breakfast clubs, snack programs, emergency food resources and community meals. While

community mobilization is an important factor in the development of food and nutrition programs, little information is available about either the process of their development, or the means of fostering community ownership and empowerment (Ministry of Community and Social Services, 1990).

This study considers how three *Better Beginnings, Better Futures* communities identified and addressed food and nutrition needs. Small group interviews, conducted with selected parents, teachers and community research teams in Cornwall, Guelph and Etobicoke; provided information regarding current food and nutrition programs, how these were developed, what benefits and barriers were experienced and unmet needs. Children discussed their favourite foods, why food was provided and their concerns. Data were analyzed to identify themes relating to food, program development, and community participation. These results are the basis for both program and policy recommendations.

2.0 LITERATURE REVIEW

“Poverty, food security, environment, nutrition - they are all inescapably inter-linked” (Stephen Lewis quoted in Boyle and Morris, 1994, p. 497). This quote may be expanded to include the connection among nutrition, children's overall development and their learning ability. The impact of poverty and food insecurity on child nutrition, health and cognition is reviewed.

2.1 Poverty

Poverty, the financial inability to provide adequately for one's needs, is determined by various measures. Criteria such as incomes less than a cut-off amount, or spending more than 58.5% of gross income on food, shelter and clothing, are used to determine poverty (Davis et al, 1991; McIntyre and Dayle, 1992). Low-income cutoffs, or poverty lines, were established by Statistics Canada and are the most commonly used measure; they are based on an average amount spent on food, shelter and clothing plus an additional burden arbitrarily set at 20% (National Council of Welfare, 1998). The cut-off levels vary for family and community size. Depth of poverty is measured as the difference between average income and this poverty line. Canada does not have an official poverty measure or definition (Davis et al; Greene, 1993). In the United States, using a cutoff value of an annual income less than \$10 000, 13% of Americans would be considered impoverished (Brown and Gershoff, 1989); however, 25% of the population could be below that level at some point in the year. Hence, various measures of poverty, some more conservative than others, exist in Canada and the United States.

The percentage of the Canadian population considered poor was 18.2% (4.4 million) in the early 1980s, decreasing to 13.6% (3.5 million) in 1989, and increasing again to 17.6% (5.2 million) in 1996 (Glynn and Clemens, 1995; National Council of Welfare, 1998; Tarasuk and Davis, 1996). This recent rise in poverty rates is of concern for two reasons: it occurred despite the economic growth noted after the 1990-1 recession, and Canada has not met the United Nations' target to eradicate poverty by 1996 (National Council of Welfare). Of increasing concern is the poverty rate for children, which at 20.9% is a 17-year peak; and the fact that 91.3% of single-parent mothers, under 25 with children, are poor (National Council of Welfare). In the United States approximately 21% of children are living in poverty (Kassebaum, 1994). This is a paradoxical situation considering the affluence in Canada and the United States (Pressman, 1990). The National Council of Welfare found that despite average family incomes remaining consistent with those in 1995, the poorest families experienced a significant 20% drop in their income. Reasons cited include few good jobs available, lower earnings, and decreased welfare and unemployment insurance payments (National Council of Welfare; Tarasuk and Davis, 1996). Thus, the poor include both unemployed and the working poor, i.e., those who are in low-paying jobs (Shalla, 1995). A hypothetical calculation by the National Council of Welfare ascertained that despite earning less than men, women's financial contributions allowed 21.4% of families to remain above the poverty line. The current political strategy in Ontario of reducing the amount of available social assistance, and emphasizing a government deficit reduction, has further contributed to these increasing numbers, as has a decrease in federal transfer payment to the provinces (Davis and Tarasuk, 1994; Jacobs Starkey et al, 1998; National Council of Welfare).

Currently, people who are poor are more likely to be young (Shalla, 1995); this represents a shift from the elderly and people living in rural areas who were poor in the 1950s and 1960s (Pressman, 1990). Poverty has also become feminized, with four to five out of ten poor families headed by single women (Crockett and Sims, 1995; Davis et al, 1991; Pressman; Shalla); and with 60% to 91% (depending upon the mother's age) of single mothers living below the poverty line (Badun et al, 1995; National Council of Welfare, 1998). Family type is a prime determinant of the risk of poverty; single mothers under 65 with children are at the highest risk (National Council of Welfare).

Thus, poverty is likely to increase as both unemployment and welfare rates remain high, and as federal government assistance decreases. Consequently, this trend will impact greatly on single mothers, children, young families and those on social assistance (Tarasuk and Davis, 1996).

There are two main indicators of increasing poverty: increased number and use of food banks (Badun et al, 1995; Tarasuk and Davis, 1996; Tarasuk et al, 1998) and rising numbers of homeless people (Davis et al., 1991; Tarasuk and Davis). Food banks used to be viewed as a temporary measure to meet emergency need, but are becoming institutionalized as long-term food sources for many families (Campbell, 1991; Jacobs Starkey et al, 1998; Tarasuk and Davis). Tarasuk et al suggest that food banks have become "an integral part of the social welfare system" (p.1). Approximately 2.24% of Canada's population used food banks in 1997; this is double the number of those being helped in 1989 (Canadian Association of Food Banks, 1997). Because of sporadic record keeping these numbers may underestimate the true extent of poverty. The impact of poverty may be seen in the area of food insecurity, the use of food banks and nutrition.

2.2 Food Insecurity

In 1991, the Canadian Dietetic Association (CDA) adopted an official position that all Canadians have the right to food security (CDA, 1991). This right would ensure health by providing sufficient nutrients for growth and by decreasing the stresses of obtaining food. This emphasis on food security is in line with two United Nations documents, *International Covenant on Economic, Social and Cultural Rights* (1966) and the *Convention on the Rights of the Child* (1989), which support the availability of adequate foods and freedom from hunger (Oshaug et al, 1994; Shalla, 1995). The goal of the latter document is to ensure opportunities for all children to achieve their optimal “physical, mental, spiritual, moral and social development” (Oshaug et al, p. 496). The American Dietetic Association has adopted the position of supporting child nutrition programs to reduce food insecurity (McConnell and Shaw, 1996).

In Rome in 1992, many countries were represented at the *International Conference on Nutrition* sponsored by the World Health Organization and the Food and Agriculture Organization. The interconnection of food, nutrition and human rights was reaffirmed in a *World Declaration on Nutrition*, and a plan of action was developed. Two of the nine action themes highlighted “improving household food security [and] ...caring for ...the nutritionally vulnerable” (Joint Steering Committee, 1996, p. 25). In addition, the representatives targeted the elimination of hunger, and to this end, developed a ‘Plan of Action for Nutrition’ that included a nutrition surveillance component (Jerome and Ricci, 1997). Canada has embraced this mandate and responded with *Nutrition for Health: An Agenda for Action* (Joint Steering Committee) and *Action Statement for Health Promotion in Canada* by the Canadian Public Health Association (CPHA) (1996). The

former document recognizes the vulnerability of low income groups, both for access to adequate food and in health status outcomes, and therefore directs actions to improve social policy. Regarding nutrition, this document **ensures** the availability of safe and nutritious foods, and provides “broader ... access to prenatal nutrition programs for vulnerable pregnant women.” (Joint Steering Committee, p. 13). The latter document, by the CPHA, proposes healthy public policy to reduce income inequities and to promote healthy lifestyles and environmental conditions.

Food insecurity is the phrase used in the 1990's to indicate two conditions: limited and/or uncertain availability of nutritionally adequate and safe foods, and food shortages (Campbell, 1991). In the 1980s, the word **hunger** had been broadly used to describe food shortages, but researchers came to realize that hunger was difficult to define, subjective, and related to individuals rather than to a community or country, thereby making it hard to extrapolate from individual hunger to a larger scale (Davis et al, 1991; Kendall et al, 1996). Hence, the broader term, **food insecurity**, encompasses both physiological hunger and malnutrition as well as access and availability of food resources. Various indices, such as food security/insecurity questionnaires, usage of food banks and school feeding programs, are available to assess the extent of food insecurity within a community or nation.

2.21 Definitions. **Food security** is defined as “a condition in which all people at all times have access to safe, nutritionally adequate, and personally acceptable foods in a manner which maintains human dignity” (Davis et al, 1991, p.141). This definition specifies **access**, meaning the capability of obtaining foods; this may involve transportation for people living in rural areas and/or having refrigerators. The

availability of food encompasses its production as well as the marketing of foods, and is further dependent upon one's location and financial resources to make these purchases (Davis et al). Access to foods that are safe and **nutritionally adequate**, i.e., provide the recommended nutrient intakes, will ensure healthy growth and development, the maintenance of normal activity levels, and the prevention of malnutrition and hunger (Campbell, 1991). Purchasing foods that are **personally acceptable** implies that individuals have the freedom to choose various foods according to their own criteria and customs, thereby affording them respect and dignity (Campbell). Being able to obtain food from conventional sources such as grocery stores, government food programs as in the United States, and restaurants, also promotes human dignity, whereas needing to use food banks or charity may be demeaning (Campbell). Women in Toronto indicated that they experienced a high personal cost with using food banks; further, they shielded their children from this knowledge (Tarasuk et al, 1998).

Food insecurity includes such limitations as the unavailability of nutritionally adequate food, i.e., food shortages, and the inability to acquire food in socially acceptable ways (Campbell, 1991). Insecurity denotes having limited food choices, disrupted eating patterns and inadequate food intake as well as the fear or anxiety of having insufficient food; for example, at the end of the month (Donovan et al, 1996). The uncertainty of obtaining sufficient food is also a component of food insecurity. One study of Toronto female food bank users found that an increase in severity of food insecurity was associated with length of time and frequency of accessing food banks (Tarasuk et al, 1998).

Thus, the current phraseology of **food insecurity** is a more encompassing term than the word 'hunger' used in the 1980s. This phrase considers a broader range of

social factors, such as employment and poverty, and the concept of a community or national issue rather than an individual situation.

2.22 Responses to Food Insecurity. Individuals experience anxiety about obtaining sufficient food. Household monies are usually spent on rent and utilities first as these are fixed expenses; food needs are seen as flexible and thus become of secondary importance (Davis et al, 1991). Davis et al have suggested that since these remaining funds are inadequate to purchase quality foods, they will instead be directed towards providing a sufficient quantity of food. Interviews with *Better Beginnings, Better Futures* participants in Guelph, Ontario revealed similar findings - women were more concerned with the amount and sufficiency of food rather than with its nutritive value (Badun et al, 1995). To help provide enough food for their families, low-income or impoverished families are relying on food banks, soup kitchens and emergency food sources (Davis et al; Jacobs Starkey et al, 1998; Tarasuk et al, 1998). However, relying on food banks to provide a nutritionally adequate diet or offer quality supplements is not possible for several reasons; the foods are supplied erratically and/or are depleted, the choices may be limited, and nutritional quality cannot be ensured (Badun et al, 1995; Jacobs Starkey et al, 1998). Consequently, the nutritional status of impoverished families is affected. Jacobs Starkey et al found in their study of food bank users in Montreal that reliance on food banks as the only food source prevented people from meeting the recommendations of Canada's Food Guide for Healthy Eating.

Food insecurity is considered a food supply issue rather than being associated with poverty which is a societal problem. As a consequence, grassroots movements have been instrumental in developing various food assistance programs, both in the

community and in schools; and in promoting self-help and community development programs (Tarasuk and Davis, 1996). Examples of the former include food banks, soup kitchens and school breakfast programs; the latter initiative involves programs promoting empowerment and skill training, e.g., collective kitchens and gardens, and nutrition education programs (Davis and Tarasuk, 1994; Nutriaction, 1994; Tarasuk and Davis). As well, communities have identified the lack of food as a manageable problem, and therefore have developed local initiatives. However, this creates three problems: 1) the societal issues of poverty and inequitable incomes remain unaddressed; 2) there are no national minimum standards of assistance; and 3) a two-tier system of food supply, one for those with money and one for the poor, is established (Davis and Tarasuk; Tarasuk and Davis). The short-term benefit of providing food for the poor is worthwhile, but the long-term re-evaluation of the societal reason for poverty is not addressed. Based on recent trends, poverty will only increase. This in turn will impact on the availability of food for impoverished families which then affects their nutritional status and health. A recent study by Tarasuk et al (1998) found that people still experienced food deprivation, despite using food banks along with other coping strategies; the authors suggest that "the ad hoc, community-based system of charitable food assistance" is unable to compensate for the decrease in social assistance (p. i).

2.3 Poverty, Health, Nutrition and Children's Learning

There is evidence of a connection between poverty, using low income or socioeconomic levels, and children's learning outcomes (Dubow and Ippolito, 1994). Some researchers have considered the effect of poverty on nutrition and health while others looked at the impact of nutrition on the cognitive and behavioural functioning of

children. Still others examined the link between poverty, nutrition and cognition (Tufts University, 1994).

Dubow and Ippolito (1994) summarized various studies linking poverty to inferior performance results on mathematics and reading tests as well as increased behavioural problems. Besides the influence of poverty, the authors also found that the quality of the home environment played a role. Pressman (1990) states that children's intellectual development is hampered by poverty through poor pre- and postnatal health nutrition. Researchers are now making distinctions between recent and prior (chronic) poverty, and between short-term and long-term effects on children (Miller and Korenman, 1994). Few longitudinal studies have been conducted to date, but one has shown that more consequences ensue when poverty is experienced early in a child's life (Dubow and Ippolito).

Poverty may directly affect nutritional status by contributing to hunger and by controlling the quantity and quality of food that a household may purchase. Badun et al (1995) found that families on social assistance were unable to afford nutritious foods. This decreased quality may have a greater adverse effect on a family's health than reduced amounts (Davis et al, 1991). "Food insecurity is a characteristic of diet that can affect health and quality of life directly or through nutritional status" (Kendall et al, 1996, p. 1020). Miller and Korenman (1994) found greater differences in nutritional status, based on anthropometric measures, between poor and mid to upper income children with long-term rather than short-term poverty. Among low-income families in industrialized inner cities, sub-clinical nutritional deficits due to reduced food intakes, rather than overt malnutrition, are more common (Boyle and Morris, 1994).

How does poverty affect children's health? Having decreased funds to purchase food results in lower caloric intake and skipped meals, such as breakfast, and in smaller amounts of nutrients available for growth. This situation in turn contributes in the short-term to increased risk of illness and fatigue, and decreased energy levels, attention span and interest in one's environment (Pollitt, 1994; Tufts University, 1994). Inadequate food, undernutrition and hunger, all consequences of poverty, negatively affect growth, both in the short-term and the long-term.

International studies have examined the effects of malnutrition on children's learning capabilities. A food shortage in Kenya permitted observations of its effects with school children showing decreased attention and energy levels in all income ranges (McDonald et al, 1994). McDonald et al commented that cognitive ability may be more affected by long-term food shortage. On the reverse side, supplement studies have shown improvements in children's learning ability. Pollitt (1994) describes the results of a meta-analysis that indicate early supplementary feeding in developing countries improved the mental and motor abilities of two year old children. Protein and calorie supplementation for Indonesian children also showed positive effects on motor and learning skills (Husaini et al, 1991). In the United States, evaluations of the Women, Infants and Children (WIC) program have indicated improvements in children's health and education (Tufts University, 1994). Thus, there is evidence that supplements enhance motor and cognitive functions when given to malnourished children. Results are less conclusive when dealing with undernutrition as found in Canada and the United States.

Poor nutrition affects nutritional status which in turn may have adverse consequences on learning ability and school performance (Parker, 1989). Iron

deficiency anemia, and vitamin and mineral inadequacies have been implicated (Benton and Roberts, 1988; Joint Steering Committee, 1996; Pollitt, 1994; Troccoli, 1993). Tests that measure mathematical ability, reading and motor skills and comprehension are frequently used. Other indicators of scholastic problems are decreased school attendance, short attention span, disinterest in exploration and the environment, social distance and behavioural problems (Troccoli). All of these in turn affect a child's interest in and ability to learn and achieve at school, and represent lost opportunities (Tufts University, 1994).

Thus, there is a link between nutrition and cognitive functioning. Children require adequate nourishment to function optimally in the areas of cognition, concentration and social interaction (Lytle, 1994).

2.4 Food and Nutrition Programs

Food and nutrition programs respond to the identified need of hunger and diet inadequacy. Few programs are mandated in Canada; most are of an "ad hoc" nature (Tarasuk and Davis, 1996) and represent community and school initiatives. In the United States, however, several food programs, for example, the National School Lunch Program (NSLP), the School Breakfast Program (SBP) and WIC, are federally mandated, legislated programs. Project Head Start, a national comprehensive assistance program, also has a food component. Supporting evidence of the effectiveness of food and nutrition programs considers several outcome measures based on anecdotes, participant numbers, and a few evaluations. More rigorous methods of evaluation are now being used to provide concrete information concerning the results of food and nutrition programs (Lytle, 1994).

2.41 Canadian Programs. Ontario has no mandated governmental policy regarding food programs either within schools or in communities. The perceived link between food needs, such as being hungry, and learning difficulties, have prompted teachers, principals, school boards and community groups to develop and implement food programs (McIntyre et al, 1992; Nutriaction, 1994; Proceedings of the Research Design Workshop, 1995). Individual teachers and principals may maintain personal food supplies for hungry children. Schools and communities, through grassroots initiatives, have organized food programs offering breakfast, lunches and snacks (Glynn and Clemens, 1995; McIntyre and Dayle, 1992; Nutriaction; Smaller World Communications, 1997; The Cambridge Times, 1995). As well, school boards have authorized food programs; for example, in Ottawa and Hamilton (CEA, 1989), Toronto (Proceedings of the Research Design Workshop) and the City of York (CEA). The Ministry of Community and Social Services has allocated money to encourage communities to launch or improve community-based nutrition programs that focus on the healthy development of children four to thirteen years of age (Nutriaction). The Canadian Child Hunger and Education Program (CHEP) addresses the issue of hunger in schools (McIntyre et al, 1991). Most programs are organized locally, operate within schools and use volunteers (McIntyre and Dayle; Nutriaction). Thus, many people at different levels in the community are aware of child hunger and have organized a variety of programs in response.

This mix of parent and community initiatives and school board actions may be seen across Canada (Proceedings of the Research Design Workshop, 1995). As well, some provinces have mandated programs or policies. For example, British Columbia

has a School Milk Program, sponsored by the Ministry of Education (Proceedings of the Research Design Workshop). New Brunswick has a mandated food and nutrition policy for its schools (Department of Education, 1991). Manitoba schools may provide lunches (The Public Schools Act, 1987) as may schools in the Northwest Territories (Education Act, 1988). Organizations may sponsor food program development (The School Children's Food Foundation of Newfoundland and Labrador) or provide funding (Canadian Living Foundation) (Nutriaction, 1994). One community initiative for aboriginal people stressed the importance of appreciating local native values and encouraging community participation (McGaffey and Murray, 1996). An analysis of 32 children's nutrition programs across Canada, conducted by McIntyre and Dayle (1992), found that most programs were overseen by boards and operated within individual schools. Lunch was the most frequently provided meal, followed by breakfast. Generally, access to meals was universal to avoid stigmatization of those in lower socioeconomic circumstances. Funding was a major concern of these programs.

The Canadian Education Association (CEA) study of 1989 also revealed a variety of food policies and programs in the 68 Canadian school boards that responded. Forty-one school boards (60%) had some form of nutrition/food policy, although not necessarily board-wide. Twenty-seven school boards (40%) had no nutrition policy. Foods offered ranged from free or subsidized milk to snacks to meals. Montreal was unique in providing a comprehensive food and nutrition program, one of the largest in Canada, that accessed food banks in addition to offering snacks and meals.

Hunger relief for children skipping breakfast has been one of the main reasons for initiating school-based breakfast programs. However, McIntyre found that as only five percent of children surveyed in Nova Scotia missed breakfast, hunger was not the

problem associated with breakfast (Nutriaction, 1994). The other reason noted by school personnel has been hunger-related behaviours, i.e., in the areas of scholastic performance, alertness, fatigue and tardiness (McIntyre et al, 1991). Thus, to organize an effective food program, one must first identify the children's needs. Food programs may be managed by school personnel, community groups or volunteers, or a combination of these. McIntyre has noted a lack of involvement by churches and foundations, leading her to speculate that the community is shifting its responsibility for supporting impoverished children to the school system (McIntyre and Dayle, 1992; Nutriaction). Positive responses to food programs include anecdotes by school personnel that describe children seeming happier, being attentive, doing better on tests, and stealing less food (Smaller World Communications, 1997). Parents noticed similar responses and also indicated their children were safer eating lunches at school rather than walking home at lunch time (Smaller World Communications). "Regardless of program type, benefits are maximized when the participating children come from disadvantaged backgrounds" (Glynn and Clemens, 1995, p. 28). One study involving female food bank users found that although many of them were unaware of food programs for their children, 43% said they would not allow their children to attend (Tarasuk et al, 1998). Some reasons cited were a preference for providing breakfast at home, a concern about the lack of cultural foods, stigma and the inconvenience in the morning. This situation highlights the need to obtain information from the potential users of food program interventions. A review currently underway discusses food and nutrition programs across Canada and the need for evaluations (Palin et al, 1998). To date, evaluations of food programs have tended to consider participation rates, and measures of hunger and dietary intake. Long-term outcomes such as improved health and

cognitive ability are harder to measure. However, the effectiveness of such programs needs to be determined to ensure continued financial support.

In summary, the food needs of Canadian children, indicated by hunger; and the relationship with academic performance, expressed as learning disruptions; have motivated parents, teachers, school boards and community organizations to provide various food and nutrition programs. However, program goals differ and may be unclear; the target population may be unaware of such programs; and many programs are based on the assumption of skipped breakfasts (Proceedings of the Research Design Workshop, 1995). At the governmental level, few food and nutrition policies have been mandated. The 'ad hoc' nature of these programs is unique to Canada; it is the only industrialized country without formally legislated food and nutrition programs (Proceedings of the Research Design Workshop; Tarasuk and Davis, 1996). Identification of children's needs, whether nutritional status or learning abilities, should precede program development (Proceedings of the Research Design Workshop).

2.42 American Programs. Food provision programs in the United States are federally mandated, national programs. As a response to the physically undernourished status noted in World War II draftees, the National School Lunch Program (NSLP) was established by the United States Department of Agriculture (USDA) in 1946, through the National School Lunch Act, to provide free or low cost "vitamin-packed" lunches for school children as a means of safeguarding children's health and well-being. (Edward, 1996; Parker, 1989). The success of the lunch program inspired other school programs, for example, breakfast (SBP) in 1966, and a special milk program (Naworski, 1994). The Women, Children, and Infant (WIC) supplemental food program in 1972 and Child and

Adult Core Food Program (CACFP) in 1975 provide food for young children, and children in the summer months, respectively (Edward). Thus, in the United States there is a continuum of services from birth to school-age (Martin, 1994). Lipsky and Thibodeau (1990) list three reasons for the United States developing food assistance programs: 1) to distribute surplus agricultural products, 2) to encourage adequate dietary intake by supplementing the poor through Food Stamps, and 3) to meet the needs of nutritionally at-risk populations by offering food programs. There are 15 domestic food and nutrition programs serving 45 million Americans (Cronin and Gillespie, 1996). Approximately 93,000 schools participate in the NSLP reaching 24-26 million children (Cronin and Gillespie; Fitzgerald, 1995; Martin). However the number of children receiving lunch is less than 56-65 % of those eligible (Lipsky and Thibodeau; Pilant, 1994). Only four million children receive breakfast through the SBP, representing less than 20% of those eligible (Crockett and Sims, 1995; Martin). Evaluation of child food programs indicate a positive impact on diet and learning: NSLP increases daily nutrient intakes, and the SBP promotes eating breakfast (ASFSA, 1985; Crockett and Sims; Parker; Radzikowski and Gale, 1984). Despite these results and public approval, such programs are subject to threats of budget cuts (Pilant). Thus, more concrete evidence of program effectiveness, i.e., more rigorous evaluations, would ensure continued funding and might encourage stronger program policies to improve the nutritional quality of foods offered (Pilant).

The American Project Head Start is a national comprehensive program focusing on providing assistance for low income children and families to improve their developmental and economic status. Children receive snacks and meals, to meet recommended nutrient intake, as one of the program's components. Evaluations of

Head Start programs have mainly centred on academic outcomes rather than on health status.

As part of its "War on Poverty" in the 1960s, the American government undertook responsibility to provide opportunities for those who were economically disadvantaged. In 1966, the government established a national program, Project Head Start, focusing on preschool children with a view to improving their intellectual capacity and scholastic performance through a "compensatory education" program (Lubeck et al, 1997, p221; Shipley and Oborn, 1996; Zigler and Muenchow, 1992). This program offered a comprehensive range of services, for example, medical and dental care, social services and education (Lubeck et al; Shipley and Oborn). Originally, the program was offered as a six-week summer program to at-risk and/or disabled preschool children, and provided readiness skills before school entrance. In 1970, recognizing the need for longer intervention, the program changed to a five-day, centre-based classroom format offered for ten months (Washington and Oyemade, 1987; Zigler and Muenchow). In addition, Parent and Child Centres were established in 1968 to "provide supportive services and parent education to families and children from birth to age three" (Zigler, 1994, p. 41). In 1990, the Head Start Expansion and Quality Improvement Act provided for improved program quality and increased the number of services for Head Start children and families (Powell, 1996). Zigler, one of the original Head Start committee members and its current director, has recommended that Project Head Start span three age groupings: infants and toddlers, preschoolers from three to five years of age, and children in the primary grades. The Head Start Transition Project, implemented in 1990, ensures continued support for participants in the primary grades and the involvement of their parents, so that academic and other gains are maintained (Allen et al, 1996;

Lubeck et al).

The Head Start project is based on the premise that, while all children have developmental needs, economically disadvantaged children would benefit from programs that assist them in meeting these needs (Shipley and Oborn, 1996). This project for low-income families is a comprehensive, two-generation program whose mission is two-fold: to help these families and children achieve economic self-sufficiency, and to improve children's social and learning skills, nutrition and health status (Administration for Children, Youth, and Families (ACYF), 1993; Gomby et al, 1995; Washington and Oyemade, 1987; Zigler, 1994). Parental involvement through volunteering was recognized as an important intervention component (Lubeck et al, 1997). Seven goals reflect this holistic approach and encompass five areas - education, health services, nutrition, social services and parental involvement (Washington and Oyemade). The nutrition component includes the provision of snacks and meals, a healthy environment, and education regarding nutritious foods and their relevance to health and development (Washington and Oyemade). One of the two meals for a full-day program must be hot and is subsidized by the Department of Agriculture (Zigler and Muenchow, 1992). Food offered in the program should provide at least one-third of the daily requirements for a part-day program, and between one-half and two-thirds of the recommended intake for a full-day program (ACYF; Riedel-Lester, 1993). Breakfast is available at morning programs. Head Start guidelines promote food variety, suggest meal time frames and menus.

Outcome evaluations originally focused on educational and IQ measures (Washington and Oyemade, 1987; Zigler and Muenchow, 1992). No outcome evaluation component was included in the original Head Start design (Zigler and Muenchow).

Three major evaluations have been conducted. The first evaluation in 1969 had a negative impact on the Head Start project when it reported minimal intellectual gains and no lasting effects (Washington and Oyemade). However, the measures used were unvalidated for impoverished children and did not consider ' sleeper' or more long-term effects (Zigler and Muenchow). As well, there was selection bias with the control group as shown in a comparison of family socioeconomic status (Wu and Campbell, 1996). In a 1978 report Head Start students had fewer grade retentions and less need for special education when compared to controls (Lubeck et al, 1997; Washington and Oyemade; Zigler and Muenchow). The third evaluation was a meta analysis published in 1985. It concluded that Project Head Start showed immediate and long-term effects on scholastic achievement, although IQ increases may not persist beyond two years after Head Start participation (Washington and Oyemade). Health and nutrition improved for Head Start students (Washington and Oyemade). The authors cautioned that the operation and quality of Head Start programs varied such that generalizations may not be valid. A recent longitudinal study of Head Start preschoolers in Washington, D.C. found that, compared to controls, participants exhibited greater language and basic skills when measured after one year (Marcon, 1996). As well, advantages were maintained in such areas as mathematics, spelling and social studies up to five years later and school attendance was more consistent for the Head Start children (Marcon). In this study, then, children experienced both short-term and long-term gains.

Financial support has been a continual problem negatively affecting the quality of Head Start programs (Kassebaum, 1994). In 1993 the Head Start Quality Improvement Act allocated more money to expand Head Start programs, upgrade their quality and conduct outcome evaluations (Kassebaum). The recognition of the value and

importance of evaluating Head Start programs, and determining their outcomes, has increased in recent years. Thus, the evaluations to date indicate that Head Start programs exert a positive influence on educational outcomes, children's health, parent and community involvement and some family aspects (Edelman, 1988; Gomby et al, 1995; Zigler, 1994; Zigler and Muenchow, 1992).

Food constitutes part of Head Start programming, but no mention was found regarding hunger or the percentage of children having no breakfast. Nutritional measures to indicate health status included anthropometric indices and serum iron levels; other biochemical tests were deemed too expensive and dietary data were not collected (Love, 1984). The provision of food, however, ensured that children would be closer to meeting daily recommended intakes and therefore would be healthier. The impact of receiving nutritious meals has not been evaluated nor mentioned beyond the contribution to children being healthier, although the latter term also includes medical and dental health (Washington and Oyemade, 1987; Zigler and Muenchow, 1992). One author, though, mentions the positive effect of nutrition in the Head Start program in bolstering cognitive ability (Schleifer, 1995).

Project Head Start has increased knowledge about early childhood education, shown the effectiveness of a holistic approach to programming, and confirmed the importance of early intervention (Kassebaum, 1994; Zigler, 1994). Head Start has evolved from a six-week summer program for preschoolers to a full day program for children up to grade three. More rigorous evaluation and long-term studies are underway to determine the full benefits of the program.

2.43 Evaluations. Few, if any, food and nutrition programs have evaluation components built into their design, and few of these programs have been evaluated to date. However, given the reality of financial constraints in Ontario and across Canada, governments are increasingly looking for proven effectiveness to justify continued support for existing programs. McIntyre and Dayle (1992), in a Canadian survey of 32 operators of child feeding programs, determined that only two programs had been formally evaluated, 17 (53%) conducted informal evaluations and the remainder, none. Brown (1993) evaluated elementary food and nutrition programs funded by the Toronto Board of Education. Outcome measures included nutrition knowledge, attendance and lateness records; program participants showed improvements in these three areas. As well, teachers reported their perceptions of other benefits, such as more co-operative behaviour and fewer discipline problems. Evaluation of the British Columbia School Meal Program measured program satisfaction (Glynn and Clemens, 1995).

McIntyre et al (1991) distinguished three categories of indicators: 1) physical, for example, growth measures, 2) cognitive abilities, using testing scores, problem-solving, reading, addition and short-term recall, and 3) behaviour, measured short-term by alertness and hostility, and long-term by absenteeism and tardiness. Evaluation of 36 Ontario Child Nutrition Programs used four indicators: nutrition education, school behaviour (alertness, performance and happiness), community networks and social supports (Smaller World Communications, 1997). Increases were noted in all areas. Thus, there is a shift to using more concrete outcomes rather than 'soft data' obtained from qualitative or anecdotal methods, and to using a broader base of indicators.

Hence, a variety of measures may be used to assess food program effectiveness; participants have shown improvements in these measures as a result of food program involvement. However, given the lack of uniformity of nutrition programs in Canada, which have been responses to community initiatives, it is difficult to collect valid data and to compare programs (Proceedings of the Research Design Workshop, 1995).

The American federal government has a vested financial interest in its legislated food and nutrition programs, and encourages evaluations. Two evaluations have been conducted - in 1977 and in 1984 (ASFSA, 1985). The impact has been positive for these programs, but differs by program. For example, children's daily intake increased through NSLP whereas eating breakfasts increased with SBP (Parker, 1989; McIntyre et al, 1991). Breakfast also improves scholastic performance and tardiness, identified as long-term outcomes (McIntyre et al, 1992). However, despite federally-mandated food programs in the United States, millions of American children continue to experience food insufficiency and hunger (Lewit and Kerrebrock, 1997).

To further clarify the positive impact noted so far, more evaluations with standard outcome measures need to be conducted (Nutriaction, 1994). As well, both short-term and long-term indicators must be considered. McIntyre et al (1991) suggested continuing the collection of qualitative data as they provide interesting areas to research. Thus, based on current indicators, food and nutrition programs overall are improving the health and well-being of children in Canada and the United States.

2.44 Summary. Food and nutrition programs have arisen to address the need of insufficient food among children and to overcome its effect on the scholastic potential of children. However, the focus of such programs is shifting from reducing deficiencies

to a health promotion perspective that considers the long-term benefits of healthful food practices (Pilant, 1994). In Canada, many of these programs have been initiated through grassroots and community initiatives; in the United States, food programs are mandated. Few evaluations have been conducted; those that have indicate increased energy and nutrient intake. The effects on behaviour, attention span and cognition need to be rigorously evaluated (Kassebaum, 1994; McIntyre et al, 1991).

2.5 Community Development

How do communities mobilize to address needs, develop new programs or change legislation? Who motivates a community to act? Is there a process of community development? Is it the same for all communities?

There is no one answer to all situations since there are different issues or concerns which require different responses and solutions; for example, breakfast programs, the installation of traffic lights or mandating seat belt use. "There is a developing consensus among health educators and other public health specialists that successful programs - especially among low-income people - emerge from empowered communities that participate proactively in all phases of program planning, implementation, and evaluation. Yet, there is no consensus on the definition of empowerment or on the guidelines that successful community empowerment initiatives have followed." (Eisen, 1994, p. 235.) However, similarities of steps and components may be demonstrated. A neighbourhood or community identifies a need or grievance, which, being important to a community's health and well-being, will motivate that group towards action; for example, program development or social advocacy. Key elements include leadership, community participation, networking and coalitions. The end result of

this process is an empowered and healthier community. A more recent construct, “community capacity”, is proposed by Goodman et al (1998). It encompasses the above-mentioned elements as well as skills and resources, community history and values, and critical reflection.

A discussion of community development terminology and relevant principles, such as empowerment and leadership, follows.

2.51 Community Development Terminology. Phrases such as community organization, community mobilization and bottom-up approach, have similar components. They anticipate that the community determines its own problem, utilizes its own structure and resources and takes action to make changes (Labonte, 1994; Lindbladh and Hanson, 1993; Thompson et al, 1993).

Community organization has been defined as “a planned process to enable a community to use its own social structure and any available resources to accomplish community goals, decided primarily by community representatives” (Lindbladh and Hanson, 1993, p. 291). This may also be described as the bottom-up approach in that the community actively defines both its problem and solution (Lindbladh and Hanson). Labonte (1994) similarly sees community organization as a process of mobilizing a neighbourhood around an issue. Thompson et al (1993) describe community mobilization as the awareness of a priority need that motivates the community to make changes. Plough and Olafson (1994) discuss three approaches to community organization: local for process goals, social planning for delivery of services, and social action for the legislative arena.

Community development is a gradual process whereby a community learns and practises problem-solving skills, decision-making and reaching a consensus, as it develops programs (Brown, 1991; Florin and Wandersman, 1990). Goodman et al (1998) identify these as important skills along with advocacy. Florin and Wandersman point out that community development has few theories or models as it is a social action. On the other hand, community action and social action involve advocacy, and hence, are deliberate actions more forceful in achieving specific objectives (Brown). Some authors use the phrase “community social action” to indicate a community’s process of defining a need and developing programs to address it (Moxley and Hannah, 1986).

Thus, despite the use of differing terms such as community organization or development or mobilization, there is a common feature in that communities should define their issues. This is necessary factor because the community’s perception of the issue is relevant and important. Community and social action imply a more forceful presence to make changes at the societal and political levels.

2.52 Relevant Principles. Several authors suggest specific principles as relevant to community development: empowerment, leadership, grassroots actions and participation.

Empowerment has various definitions, indicating lack of consensus. For example, empowerment is a “sense of efficacy ...(in solving) problems ... and ... the right to contest unjust conditions” (Plough and Olafson, 1994, p. 226). It may be the “process by which people, organizations and communities gain mastery over their lives” (Labonte, 1994, p. 253). The Cornell Empowerment Project definition includes a community

gaining control over resources (Eisen, 1994). Empowerment is also considered a process and an outcome (Goodman et al, 1998). Plough and Olafson divide this term into three levels: personal or individual, interpersonal for groups or communities, and political as with social action. Labonte, who has done much work in this area and developed the Holosphere model of empowerment, delineates five characteristics: “control, capacity, coherence, connectedness and critical thinking or conscientization” (p.260). The results of empowerment at an individual level are increases in self esteem (Eisen), self determination and taking responsibility (Plough and Olafson). The desired goal of food and nutrition education programs is to empower students to make healthful choices (Proceedings of the Research Design Workshop, 1995). At a community level, community ownership is noted as a continuation of community action (Plough and Olafson). Many authors mentioned empowerment as an individual and community goal as well as a result of community action. Florin and Wandersman (1990) suggest that it is a value. Empowerment is related to power, either given or taken, or to a shift in balance (Plough and Olafson; Sen, 1994). Empowerment represents the idea that successful implementation of a program or lobbying will reinforce the community organization so that other issues will be pursued to continue bettering the quality of life for the community and its members. Empowerment creates options and actions.

A leader for community development, whether a community member or an outside professional, may act as an initiator, an agent of change (Dineros-Pineda, 1992) or as a facilitator and guide (Brown, 1991). The greatest impact results from having a local or community-based leader who is empathetic with the community need and able to maintain the community's motivation (Brown; Eisen, 1994). Thompson et al (1993) suggest a leadership board model composed of community representatives along with

key influential people. Providing leadership training for interested community members serves two purposes: it empowers those members and builds capacity (Plough and Olafson, 1994), and allows for an inside viewpoint (Eisen). A study by Pelletier and Shrimpton (1994) in the Third World found that strong management was more important for program success than community participation or empowerment. However, this study considered only the one program rather than looking at possible long term effects on the community. Several researchers have found that women are the initiators (Eng and Blanchard, 1990-1) and the action takers (Delph, 1993; Dineros-Pineda; Masias, 1995). Women may be more aware of and concerned with health issues for themselves and their families, e.g., nutrition, immunization and drugs. Moxley and Hannah (1986) found that contrary to popular belief, different people were involved as leaders for different projects in the community as opposed to a few people being involved in most ventures. This indicates that leaders have different talents and interests, and so more people may have potential for leadership. Thus, leadership is important to steer and maintain momentum for a community initiative. A local or indigenous leader provides more connection with the project and has more credibility (Sen, 1994).

A grassroots movement or the bottom-up approach, terms expressing similar meanings, implies that the community or neighbourhood is the initiator and the group taking action, and that the community is removed from the power group (Miller et al, 1990). It is "local residents responding to local conditions" (Florin and Wandersman, 1990, p.44). Through taking this action communities become empowered. There is also an inherent idea that the movement spreads to foster a greater collective action (Miller et al). This view contrasts with the top-down philosophy where an outsider tells a community what needs fixing and how (Lindbladh and Hanson, 1993). This may be

found in the area of health promotion where an authority or teacher-oriented approach is used to impart advice or research information (Masias, 1995). Cultural nuances may be ignored, as could room for dialogue and a learner-centered approach (Masias). Tied in with this idea of community activity is participation, i.e., the community is actively involved in the community development process (Dineros-Pineda, 1992; Florin and Wandersman). A study of Vietnamese and Latina lay health workers revealed that an understanding of important cultural differences positively influenced the design of cancer screening programs (Bird et al, 1997). A community that is involved with its schools becomes a cohesive community; this in turn fosters school health (Proceedings of the Research Design Workshop, 1995). Several authors indicate that members of the target population are a vital component of "defining the problem, planning and instituting steps to resolve ... and establish [new] structures..." (Thompson et al, 1993, p. 70). However, participation may be dependent upon demographic factors, such as age or race; or may be limited by structural barriers, such as transportation (Goodman et al, 1998). Florin and Wandersman identify citizen participation as the process of community development where citizens jointly make decisions; they may do this as residents, policy makers or as advisors. Thus, citizens determine the intervention strategy (Brown, 1991). The community must either initiate action or be active participants in the community development process to ensure the accuracy of determining and meeting the actual need.

2.53 Other Components. There must be a catalyst to stimulate change. This catalyst may be an individual or group, i.e., agents of change, or a political situation (Benway and Welch, 1995; Bird et al, 1997; Dineros-Pineda, 1992). Benway and Welch

suggest a theoretical framework in which an individual through communication with other people can change an individual problem into a public issue, thus promoting community organizing and consequent action. Communication at all levels is vital for making connections, motivation and informing people. It is generally accepted that communication is the basic medium. Fussell (1996) reiterates the importance of a facilitator for social change listening to hear what a community is really saying. Knowing and respecting other languages, cultures and norms enables communication with community residents of different cultures (Bird et al).

Networking promotes the 'people' connection, a source of support and information (Tarasuk and Davis, 1996). Networking may involve neighbour to neighbour connections, which reinforce social interactions; as well as interorganizational networks (Goodman et al, 1998). School food programs offer opportunities for communities and the educational system to collaborate and form coalitions (Glynn and Clemens, 1995). When a community is initiating action, contacts with communities having similar programs provide invaluable advice. If interests and needs meld, networking may lead to coalitions and local partnerships which contribute to successful programming (Ponzio et al, 1994). Coalitions are effective at the action stage to share costs or staffing, and to suggest new methods of program implementation.

Conflict may be an issue between the government, which defines and controls the program criteria, and the community which is participating and providing input that may differ from government guidelines (Plough and Olafson, 1994). Through communication, problem-solving, negotiation and reaching a consensus with the two differing groups, a clearer understanding of the program and its issues frequently occurs and may promote unique solutions. Conflict is one factor in a social and community

action model that strives for policy or legislative changes.

Normative or social change indicates a paradigm shift of a community's beliefs and values to new ones. In discussing the facilitation of the social change process, Fussell (1996) stresses the importance of understanding the community's knowledge and belief base such that when new information and perspectives are presented, they will represent a small paradigm shift and will more likely be accepted. The relevance of change expands a community's options and opportunities. A grassroots initiative, by creating change in a community's structure in response to a concern or issue, acknowledges local reality and reinforces the paradigm shift in behaviour and norms (Benway and Welch, 1995).

Factors such as communication, initiator or catalyst, and networking are integral components of community development. They operate in different ways but lead towards a paradigm shift or potential conflict. The problem-solving and consensus skills of communication are used to resolve the conflict, and continue the process of effecting positive change for a neighbourhood or community.

2.54 Summary. The community development process is described by many names; for example, community mobilization and community organization. There are principles integral to community development. Empowerment is both a process and an outcome, and frequently is a motivator for continued action and change. Leadership, whether by an individual, a group or a board, provides motivation, encouragement and direction. Participation by citizens is essential to ensure that actual needs are addressed and to promote community ownership. The grassroots approach encompasses the idea of community participation and expands it to include both the sense of moving away

from the current power structure and that the community initiates its own action.

There is interest in fostering and promoting the community development process, but little consensus about its mechanism or agreement about terminology and components. However, the ideas and factors are similar and there are recurring community-oriented themes which may be summarized as:

1. a catalyst or initiator
2. identification and definition of needs by community
3. mobilization through information, networking, financing and focusing
4. action - program development; advocacy
5. medium: leadership; communication
6. values: empowerment; power
7. goal and desired outcome: positive community change

Thus, the ultimate goal of community development or community action is to empower citizens to improve their individual and collective health; their involvement provides a broader base with wider acceptance of changes and therefore greater impact (Brown, 1991).

2.6 *Better Beginnings, Better Futures Initiative*

The identification of specific factors putting children at risk for behavioural and emotional problems, as well as for poor school performance, prompted the Ministry of Community and Social Services in 1988 to redirect children's services towards primary prevention (Ministry of Community and Social Services, 1990). These factors included low income, dependence on social assistance and living in subsidized housing. To develop research guidelines and an effective primary prevention program, a Technical Advisory Team (TAG) was formed by the Ministry of Community and Social Services in 1989. The resulting model emphasized primary prevention rather than treatment, a home visitor program involving lay rather than professional staff, an integrated and

comprehensive approach, and the importance of active community participation in determining local needs and programs.

Economically disadvantaged communities in Ontario were invited to submit funding proposals. The eight communities currently participating were selected in 1991 as research sites for the five-year intervention (Ministry of Community and Social Services, 1990; Pancer, 1994). Children from birth to eight years of age, along with their families, were the focus. The goals of the *Better Beginnings, Better Futures* initiative are threefold: 1) prevent serious problems interfering with children's overall physical, mental, social, cognitive and emotional development, 2) promote children's development in these areas, and 3) enhance the ability of families and communities to care for their children (Ministry of Community and Social Services; Pancer).

A variety of programs were developed by the communities to meet the specified goals of the project and the identified community needs. All communities articulated nutrition as a priority, to achieve the goal of overall health. Consequently, breakfast and dinner clubs, snack programs, community meals, collective kitchens and gardens, and emergency food resources were developed. Tables 1 to 7 in Appendix A list programs developed by each community (except the First Nation community) along with nutritional components. To address the community development aspect specified in the *Better Beginnings, Better Futures* model, communities have organized a range of committees and activities; for example, leadership training, publications of newsletters and information sheets, special events and community outreach committees, and ethno-cultural teams. These activities are listed as community programs in Appendix A.

2.61 Community Development in the *Better Beginnings, Better Futures*

Initiative. The TAG report identified several similar community involvement themes in its literature review (Ministry of Community and Social Services, 1990). Community members need to be active participants in events, a role that in turn promotes community ownership. Community members “have key responsibilities for decision-making about the design, implementation, and evaluation in community-based primary prevention programs.” (Ministry of Community and Social Services, p. 70). This is referred to as the “bottom-up” approach. However, despite the acknowledgment of the importance of community involvement, TAG noted that the participation of and consultation with community representatives was not emphasized (Ministry of Community and Social Services). Other community development components mentioned in their review included leadership training and support, identifying and augmenting community resources and strengths, flexibility in meeting the community targeted needs, and enhancing the ‘community feeling’ through mutual support (Ministry of Community and Social Services). These factors contribute to community empowerment (Labonte, 1994; Plough and Olafson, 1994).

This study will focus on three of the *Better Beginnings, Better Futures* communities: Cornwall, Guelph and Etobicoke. The development of proposals was initiated by different groups in these communities: by the school board in Cornwall (Vincent-LeBlanc, 1994), by service agency providers in Guelph (Vanderwoerd, 1994), and by a parent group in Etobicoke (Hayward, 1994). Conflict with the government departments providing funding was also experienced by these communities; the organizing groups in each community felt that programs were predetermined and,

consequently, it was too late for community input to suggest changes (Pancer, nd). Through communication these problem areas were resolved.

2.7 Summary

Legitimate reasons exist for concern regarding the healthy development of children in low income communities. Many studies have indicated the detrimental effects of poverty on children's nutritional status and learning capabilities. Families in economically-disadvantaged communities experience undernutrition and hunger. With increasing poverty rates for single parents, young families and especially children, the prevalence of food insecurity is also rising.

Communities across Canada have frequently addressed the poverty issue as food scarcity. Consequently, grassroots initiatives by school boards, parent groups and communities have organized food assistance programs, such as breakfast clubs and snack programs, to ameliorate this identified need for children. However, few food and nutrition programs have been evaluated for effectiveness; few studies have examined the long-term effects for participants.

The *Better Beginnings, Better Futures* initiative provides funding for communities to develop programs and meet identified needs to improve the health and quality of life for children, their families and the community. Its research component will assess the long-term effects. However, little information is available regarding how communities initiate and develop the nutrition component of programs. The *Better Beginnings, Better Futures* initiative, therefore, provides an opportunity to conduct small group interviews with three communities to elicit details about community involvement, and the process each used to develop food and nutrition programs.

3.0 RESEARCH OBJECTIVES

The research objectives arise out of the literature review and from documentation on program development in Cornwall, Guelph and Etobicoke. In this chapter, a summary of nutrition-related programs and activities is presented, followed by the research objectives.

3.1 Summary of Nutrition-Related Program Activities

The *Better Beginnings, Better Futures* cross-site reports currently available were compiled in 1993-1994. More recent information, therefore, serves not only to update the reports but allows for the tracking and exploration of how programs were developed and the process of community involvement in the seven years since the *Better Beginnings, Better Futures* proposals were prepared in 1989 - 1990. A summary of the programs offered and their nutrition components, as of 1993-1994, for the seven communities (Guelph, Etobicoke, Cornwall, Sudbury, Kingston, south-east Ottawa and Toronto) is found in Appendix A.

Three communities were selected for small group interviews to obtain information about nutrition / food programs, their development and the community process. A brief history of proposal development and program decisions follows for the three sites that are the focus of this study: Guelph, Etobicoke and Cornwall.

3.11 Summary of Programs in Guelph. Several high risk criteria concerning the residents in the Willow Road area of Guelph propelled agency personnel to develop

a proposal requesting *Better Beginnings, Better Futures* funding in 1990. Agency personnel, the project co-ordinator and the Onward Willow community group then created programs to meet needs identified by the community and to enhance children's overall health and development within a family and community framework.

History

In 1990, a steering committee composed mainly of service agency members developed the *Better Beginnings, Better Futures* proposal focusing on the Willow Road neighbourhood. The residents of the Willow Road area, a one-square kilometre area, had been identified by service providers as high risk according to several criteria: a large number of subsidized housing units, high number of referrals to service agencies, many families identified as living in poverty, high unemployment rates, and a large number of single parent families (Guelph Willow Road *BBBF* Project Steering Committee, 1990). The younger cohort, i.e., children from birth to four years, was targeted since this would promote early prevention (Guelph Willow Road *BBBF* Project Steering Committee). Input for the proposal was obtained from a community needs assessment and from consultation with community groups, such as the Onward Willow neighbourhood group (Vanderwoerd and Hooper, 1996). As well, the expertise of other agencies regarding programs was sought. Criteria specified by the government; for example, the inclusion of a home visiting component, community input and a prevention rather than a treatment focus, were incorporated into the proposal.

With the affirmation of *Better Beginnings, Better Futures* funding, action focused firstly on organizational issues, such as hiring a project co-ordinator and establishing the community steering committee as a management board, and secondly on program development. At this second stage, negotiations between the government and

management board resolved different interpretation and expectation issues concerning the target group, primary health care versus prevention, and the community-driven process (Vanderwoerd and Hooper, 1996). The resultant programs were accepted by community residents; met such goals as dealing with child hunger, safety and security; and provided an integrated and holistic approach to the community (Vanderwoerd and Hooper).

Programs

The Guelph programs utilize two locations - Onward Willow and the Family Gateway Neighbourhood Centre. Community members had identified concerns within the community, such as child hunger, safety and security, stress and money (Guelph Willow Road *BBBF* Project Steering Committee, 1990). Parents in the Willow Road community then prioritized two needs: the importance of offering nutritious snacks to children in playgroups, as part of their quality care mandate, and the relevance of social support for each other (Vanderwoerd, 1994). Social support, defined as a "buffer against stress" (Vanderwoerd, p. 15); encompassed the provision of food and clothing, and opportunities to participate in the community, as well as social connections. Programs are geared towards children, parents and families, and the community.

As of 1994, there were two nutrition programs for children - the breakfast club and a snacks program. Between 80 and 90 children participated in these programs (Pancer, nd; Vanderwoerd and Hooper, 1996). The goal for the children's programs was to provide quality care to enhance their overall development (Vanderwoerd, 1994; Pancer). One of the objectives relating to this goal specified offering breakfasts and nutritious snacks (Vanderwoerd and Hooper, 1996).

All children in the Onward Willow neighbourhood were eligible for breakfast five mornings a week (Vanderwoerd and Hooper, 1996). This would be operated by community members and parents. Original plans mentioned a breakfast / lunch program for preschoolers (Guelph Willow Road *BBBF* Steering Committee, 1990). As of July 1992 this program had not been implemented due to insufficient funds (Vanderwoerd and Hooper). Nutritious snacks, including those from different cultures, were offered at all playgroups; for example, English as a Second Language (ESL), the kindergarten readiness group and those operating when parents participated in other activities.

Home visitors, as part of the Home Visitor's Program that offers support to families and makes contact to decrease isolation, provide nutritional information regarding infants and overall family nutrition. Home visitors also assist with preparing infant and baby food (Vanderwoerd, 1994). The focus of this program narrowed to reach families with infants rather than all families (Vanderwoerd and Hooper, 1996). As of 1993, 30 to 40 families had regular home visitor contact (Vanderwoerd and Hooper). As well, families had access through the community health centre to a dietician and health educator (Vanderwoerd). The Family Care Committee provides bread, supplied by the Guelph Drop-In Centre, and emergency meals (Pancer, nd; Vanderwoerd). The Infant Care Centre provides emergency baby supplies, such as formula and diapers. The two Parent Take-a-Break Programs offer social support and activities such as baking. Relief care is available to allow for stress breaks and to enable parents to respond to medical emergencies. Having snacks and playing games are some activities enjoyed with the children during this time (Vanderwoerd; Vanderwoerd and Hooper).

Many goals have been identified in the area of community development. For example, developing community leaders and organizations, creating safe and

accessible play areas, and improving "the nutritional status of community members" are mentioned (Pancer, 1994, p.13). To achieve the latter goal, several programs and support networks have been established at Onward Willow. Three groups of five to six individuals participated in the "collective kitchen" and "community garden" programs. The first program involved preparing and sharing meals every two weeks. The centre provided the facilities and staple foods whereas the public health unit and community health centre supplied nutritional and safety information (Vanderwoerd, 1994). Community plots were rented from the city of Guelph, and a celebratory "harvest party" was held (Vanderwoerd).

Obstacles / Barriers and Successes

Several concerns were raised and resolved during the negotiation period between Onward Willow's steering committee and the government representative. A funding compromise was reached such that 85% of the *Better Beginnings, Better Futures* monies were allotted to the specified age group activities with the balance being available for community projects. The community viewed primary health care as prevention, unlike the government, and therefore, itself funded a community health centre. Other issues revolved around the difference between government program objectives and community determination of needs and programs (Vanderwoerd and Hooper, 1996).

Summary

A variety of programs in Guelph incorporate nutritional components. This is in keeping with the identified goals and objectives of improving the nutritional status of community members with children as a priority. Children's playgroups offer nutritious snacks and there is a breakfast program for preschoolers. Snacks and meals are

offered at adult programs, such as Parent Take-a-Break. As well, emergency food supplies are available through the Family and Infant Care Committees. Nutrition information is available through the Home Visitor Program as well as from the dietician and health educator at the community health centre. Community kitchens and gardens are part of community development.

3.12 Summary of Programs in Etobicoke. Parents in the Highfield community contacted the principal of the local elementary school and together the proposal for *Better Beginnings, Better Futures* was developed (Highfield School and Community Association, 1990).

History

Upon being selected as one of the research sites, a Nutrition Committee at Highfield School was formed, comprising parents, school staff and service providers. Additional information regarding a snack program was provided by the public health nurse, public health nutritionist and other schools. The committee identified the need for both a snack program and the dissemination of educational information regarding nutrition (Hayward, 1994).

Programs

The nutrition program, for which all students were eligible, was initiated at Highfield School in March 1993 to offer nutritious snacks. The underlying premise of the program goals was that improved eating habits would impact on children's learning and social abilities (Hayward, 1994). The program consisted of two components: food and education. The nutrition committee specifically stated that the goals of the program were to improve: eating habits, nutritional status, overall physical health and well-being,

academic performance, school attendance, and self esteem (Pancer, nd; Hayward).

The part-time nutrition co-ordinator planned the food or snack component of the nutrition program. Ten parent volunteers prepared the snacks which were served by the grade five students and teachers. Snacks were offered to the grade one to five students and to some kindergarten classes. As funding only for children aged four to eight years was provided by *Better Beginnings, Better Futures* other sources of funding including parental donations, were sought for the upper grades (Pancer, nd; Hayward, 1994). Originally, snacks were served on a daily basis, i.e., from March to June 1993. However, a teacher survey in June 1993, indicated that snacks served three times a week would be sufficient (Hayward). Consequently, in September 1993, the Nutrition Committee implemented this reduced schedule. Varicus benefits, such as reduced time commitment for the nutrition co-ordinator and parent volunteers, were noted. Besides the snack program, children without lunches were given food at lunch, and snacks were offered to students attending school activities before and after school (Pancer).

The educational component of the nutrition program consisted of the nutrition co-ordinator relaying nutritional knowledge about healthy eating through puppet plays and music. The co-ordinator used these venues both within a classroom setting and in the community (Pancer, nd; Hayward, 1994).

Obstacles / Barriers and Successes

Originally, the vice-principal's office became the kitchen for the snack program. As the room was very small, the Steering Committee wrote to the board of education requesting that improved kitchen facilities be incorporated into the program. Despite agreement by the board, no action on this issue had been noted as of March 1994 (Hayward, 1994).

The Nutrition Committee encountered several obstacles to the implementation and functioning of the snack program. Lack of experience both with the concept of running a snack program and the time factor to organize and receive funds for salaried positions were cited (Hayward, 1994). The target date of 1991 was not realized until March 1993. Exchanges of information with other schools may have provided guidance here.

On an interpersonal level, communication patterns and trust needed to be built between teachers, project staff and parent volunteers in order to handle "turf" problems. Many staff, both for the school and the project, were newly hired at the same time so communication patterns were not in place. As well, team-building efforts for the project staff and volunteers needed to be established while running the snack program. Recommendations by the Nutrition Committee suggested that in the future only a few new people be added at any one time (Hayward, 1994). Seeking additional funding sources to supply snacks for the older children required thought and preparation.

One year after the snack program began, communication between teachers, staff and volunteers had improved (Hayward, 1994). The project manager attended staff meetings to keep teachers informed about the program. Participation in the snack program is estimated at 95%, although records to confirm this number have not been kept (Hayward). Two community breakfasts held in the spring and fall of 1993 were well attended.

Summary

Parents in the Highfield School community in Etobicoke first identified the need for a nutrition program and pursued various contacts that led to the receipt of funds as a *Better Beginnings, Better Futures* research site. The nutrition program, initiated in March

1993, was based in the school and offered snacks three times weekly to all students, snacks before and after school for those involved in school activities, and lunches as needed for those without. The program also had an education component, as requested by parents, that was managed by the nutrition co-ordinator. Communication between teachers, project staff and volunteers had greatly improved by the end of the first year.

3.13 Summary of Programs in Cornwall. The *Better Beginnings, Better Futures* project in Cornwall, entitled “Partir d’un bon pas pour un avenir meilleur équipe de coordination de recherche” (*Partir d’un bon pas* for short), focuses on francophone children four to eight years of age (Pancer, nd). As of 1994, 220 families including 370 children were reached by this project (Pancer). Two of the five specific project goals relate to children’s academic success and behavioural problems (Pancer). Programs, now numbering more than 12, are aimed at three areas: children, parents and families, and community development. Food and nutrition programs were organized for both the children, through a breakfast program, and for parents and families using ‘theme boxes’ and Saturday playtime.

History

In December 1991, parents organized four work groups to be responsible for various community programs. Two of the groups, health and nutrition, merged several months later as the same parents were on each and interests overlapped. This new committee, comprising eight parents, one project co-ordinator and one community development person, established a mandate “to identify and respond to needs, while focusing on prevention” (Vincent-LeBlanc, 1994, p. 54). Children were coming to school with no breakfast, so meeting this need by operating a breakfast program appealed to

many group members. Consequently, in March 1992, a breakfast program commenced in seven schools. However, for the following two years, the program operated in four schools.

Programs

Seven goals were specified for the breakfast program:

1. Promote the importance of a good breakfast to start the day.
2. Create the habit of eating a good breakfast.
3. Promote the four food groups.
4. Reduce nutritional deficiencies in children whose parents cannot meet daily requirements.
5. Create sharing habits.
6. Reduce the number of inappropriate behaviours due to hunger during class time.
7. Increase attention span at school.

(Pancer, nd, p.54; Vincent-LeBlanc, 1994, p. 53)

The health/nutrition committee consulted with a dietician associated with the Eastern Ontario Health Bureau regarding breakfast menu suggestions. The breakfast program was then organized and managed by the community research team who handled the buying and storing of supplies and arranged deliveries (Vincent-LeBlanc, 1994). One breakfast employee per school was hired to serve foods and maintain an inventory. A "program supervision position" was created to monitor overall breakfast programming for the four schools, handle unexpected situations and ensure that the foods served were of high quality and met Canadian Food Guide standards (Vincent-LeBlanc). The program served 683 children at seven schools during 1991-2, 155 children in four schools in 1992-3 (range of 20% - 65% participation at each school), and 166 children at four schools during 1993-4 (range of 10% - 84% participated per school) (Vincent-LeBlanc). Students included in the program were in prekindergarten to grade two.

Two evaluations with school staff and parents were conducted in the summer of 1992 to identify problems. Teachers noted decreased teaching time and food wastage

(either thrown out or exchanged with home food). Parents on the other hand felt that association with the breakfast program implied poverty or low income status and thus were insulted. These revelations resulted in two changes: 1) implementation of a system to decrease food wastage, and 2) the distribution of program information each fall to parents, inviting registration into the breakfast program (Vincent-LeBlanc, 1994).

Families or teachers may borrow any of the 44 'boxes' that include games and activities centred around a theme. Health-nutrition-hygiene is one theme. A Saturday morning playtime was scheduled to commence in 1994 at one school, offering a variety of activities, such as cooking (Pancer, nd; Vincent-LeBlanc, 1994).

Obstacles/Barriers and Successes

Project personnel noted minimal initial parent involvement and input which they attributed to feelings of intimidation and unfamiliarity with the process of program development (Vincent-LeBlanc, 1994). However, this situation had greatly changed with parents actively participating in decision-making and sharing ideas (Vincent-LeBlanc). School staff have indicated improvements related to the breakfast program. Food theft has decreased, and behaviour and attention span have changed (Vincent-LeBlanc). Also, importantly, students were eating breakfast. Future suggestions include encouraging a more active parental role, for example, with food preparation.

Summary

The Cornwall project "Partir d'un bon pas pour un avenir meilleur équipe de coordination de recherche" first identified, in 1991, the need for a breakfast program since children were going to school hungry. The health/nutrition committee planned the program which was managed by the community research team. Problems such as food wastage and perceptions of poverty were identified and handled. Behaviour and

attention spans were a few of the changes noted by school staff as a result of the breakfast program. On a family level, theme boxes feature health and nutrition as one of 44 topics, and a Saturday playtime encourages cooking as one of its activities.

3.2 Research Objectives

All three communities placed emphasis on nutrition, and consequently prioritized the development of food and nutrition programs. Community involvement, however, arose in different ways in these three communities. Community agencies provided the impetus in Guelph whereas parents in Etobicoke and the school board in Cornwall acted as the initiators. But, these activities occurred over four years ago. What is the current situation regarding food / nutrition programs; what are the benefits and unmet needs?

To address these questions, four research objectives will be pursued:

1. To document people's perceptions of how nutrition and food programs were developed.
2. To determine if and how these programs have changed between 1993 and 1997.
3. To ascertain the current impact of these programs, i.e., the benefits obtained.
4. To identify any unmet needs and barriers.

4.0 METHODS

Small group interviews were conducted with key informants at three *Better Beginnings, Better Futures* communities: Cornwall, Guelph and Etobicoke. All three communities were chosen because of a strong interest in nutrition programs in the community. Guelph was selected as a younger cohort community because of previous involvement in a food security study (Badun et al, 1995). Etobicoke and Cornwall were selected because they are school-age cohorts.

4.1 Small Group Interviews

Small group interviews are in-depth discussions led by a trained moderator that are conducted with a small number of individuals, usually six to twelve, in order to obtain information regarding their experiences with, and knowledge about, a certain topic area. It is a qualitative research method. Focus groups, similar in format to small group interviews, are used to elicit people's opinions and feelings, as in marketing research. More recent terminology uses the phrase "focus group interviews". Current parlance in the nutrition field uses the terms 'small group interviews' and 'focus groups interviews' interchangeably. The latter phrase signifies either that a specific group of people is the target or that the discussion topic is focused on a limited number of issues; interviews are then conducted to obtain information relative to this area of interest (Shepherd and Achterberg, 1992; Stewart and Shamdasani, 1990). Focus groups are used in social and behavioural research to ascertain the attitudes and opinions, experience and perspectives of selected groups for program evaluation, exploratory research, to develop hypotheses, to obtain information regarding nutrient intake and food security

concerns, and to provide input into questionnaire development (Betts et al, 1996; Crockett et al, 1990; Hargrove et al, 1994; Kahn et al, 1991; Morgan, 1988; Stewart and Shamdasani).

The desired group number for an interview usually ranges from six to twelve. With less than eight people in the group, interaction may be limited; as well, one or two people may dominate (Hayes and Tatham, 1989; Stewart and Shamdasani, 1990). If there are more than ten or twelve, all respondents may not participate, and the moderator may have less directional control (Hayes and Tatham; Morgan, 1988). Krueger (1994) has indicated that group size should range from four to twelve, but that usually six to ten is ideal. When inviting participants one should overrecruit by two people (Stewart and Shamdasani). Several authors have suggested that group members be homogeneous, i.e., have similar demographic and educational backgrounds, so they will share common experiences and be relaxed with each other. For marketing research, members should be unknown to each other, so there are fewer inhibitions in truly expressing one's opinion, with several group interviews to obtain more information and serve as a reliability check (Greenbaum, 1988; Hayes and Tatham). In the case where a researcher needs background knowledge of a situation or event, respondents would be known to each other and have been involved in a specific project. Sampling, then, is "purposive" (Shepherd and Achterberg, 1992, p. 84). Stewart and Shamdasani indicate there is only a modest effect if respondents are familiar with each other.

The interview or discussion, usually lasting one and a half to two hours, follows a semi-structured outline related to a specific topic (Betts et al, 1996; Krueger, 1994). A series of open-ended questions, using the funnel method of moving from general to

more specific questions, would be posed by the moderator. Each is followed by probes and follow-up questions to clarify and extract more details. Questions should be carefully worded to avoid bias and judgmental attitudes; the use of "why" should be limited since it may put people on the spot (Trenkner and Achterberg, 1991). Thus, the interview is focused to follow a logical order but is also flexible to pursue interesting themes that arise (Krueger; Rubin and Rubin, 1995). A pilot test of the interview guideline and protocol is important to ensure clarity and logical flow of questions as well as sufficient time (Shepherd and Achterberg, 1992). The interviews are usually videotaped and/or audiotaped. Verbal consent for using these methods must be obtained from participants beforehand. The use of taping ensures the accuracy of information received, confirms who said what, and is important for hearing nonverbal nuances such as pauses and tonal volume. Notes are taken during the interview to augment taped information. Tapes are then transcribed, checked for accuracy and analyzed.

The moderator should be an individual trained in group dynamics and skilled in interviewing techniques (Stewart and Shamdasani, 1990). This individual is competent at leading discussions, following the prescribed outline and flexible at hearing and pursuing interesting themes. In addition, the moderator should be adept at establishing a comfortable atmosphere that encourages rapport among the participants and ensures that all of them contribute (Crockett et al, 1990; Greenbaum, 1988; Hayes and Tatham, 1989). Generally, the moderator uses a non-directive approach (Hayes and Tatham) and remains impassive in the ensuing discussion (Trenkner and Achterberg, 1991). This individual also ensures that members talk among each other rather than directing their comments to him/her (Hayes and Tatham). Thus, a moderator must possess the ability

to guide the discussion and have good listening skills to pursue and probe relevant areas that arise. Having two co-moderators allows for more support in focusing the discussion, for two listeners to probe interesting comments and ensures accuracy of the information received.

Discussions are held in a natural setting rather than a laboratory. The location should be convenient and comfortable for participants. The room should be small to encourage communication and good quality audiotaping. Serving light refreshments creates a relaxed atmosphere. A circular seating arrangement allows participants to feel equal contributors, and removes the moderator from the position of leader.

There are both advantages and disadvantages of utilizing the 'small group interview' method; these are reviewed next. Small group interviews generally are easy to organize, of short duration, relatively inexpensive and have high face validity (Hargrove et al, 1994; Krueger, 1994). This format is also appropriate for children and people with low literacy skills (Stewart and Shamdasani, 1990). Stewart and Shamdasani summarize the benefits of group interaction with a list of five "S's": synergy, snowballing, stimulation, security and spontaneity. People who are made to feel comfortable with each other will be more willing to contribute ideas, respond to comments and explore new ideas. As well, the moderator is able to clarify questions in a group setting (Khan et al, 1991). The spontaneity within the small group can yield unexpected data that may be clarified through the moderator's probing (Stewart and Shamdasani; Trenkner and Achterberg, 1991). The data obtained represent sources of rich information expressed in participants' own words and hence, are valuable for determining a more realistic perspective (Hargrove et al; Iszler et al, 1995; Krueger). Other group dynamics that play a part are cohesiveness, built through rapport and communication; social position where

members may influence each other; and nonverbal behaviour (Stewart and Shamdasani). In addition, the group must be co-operative, willing to participate and able to share their experiences and information (Marshall and Rossman, 1989).

The wealth of information retrieved through group interaction, however, must be balanced by the potential for bias, either by the questions, the moderator or the participants themselves; and by the lack of generalizability to a larger population since group numbers are small (Iszler et al, 1995; Kahn et al, 1991; Stewart and Shamdasani, 1990). Small group interviews are dependent upon the moderator's skill to direct and probe; the nature of group interaction itself provides less researcher control (Kindree et al, 1997; Krueger, 1994; Trenkner and Achterberg, 1991). Participants may not be knowledgeable about the topic or may be influenced by group dynamics if they feel uncomfortable expressing their opinions. However, community research committees at each site recommended participants who were familiar with programs; moderators arranged a relaxed comfortable atmosphere in a familiar location for the interviews and food was provided. Bias is a potential problem through the wording of questions; to address this, the wording and content were reviewed by each of the research teams. The direction taken by the moderator and the participant's understanding of the interview questions could also pose problems. A second experienced moderator was present to take notes and assist with clarifying questions for participants and redirecting the interviews, if needed, in Guelph. Other sites also utilized two moderators. A moderator influences the information obtained through probing questions, ensuring that everyone has the opportunity to contribute, and staying within the time frame. Thus, an unskilled moderator may miss opportunities to probe or seek clarification, lose control of the group or may not allow sufficient time to discuss all the questions. To ensure

productive interviews, two moderators were used to listen for probing opportunities and to clarify people's responses, as mentioned previously.

Qualitative research typically involves a small number of people who provide insights and information regarding a specific topic in an informal interview setting. However, both the small number of participants and the solicitation of volunteers, rather than using random selection, means that other information and/or alternate viewpoints may be missing; thereby precluding a representative community sample.

4.2 Recruitment

Key informants in four categories were interviewed: parents (P), teachers (T), project staff (S) and children (K). The adult groups, ranging in size from six to ten people, consisted of people identified by the community research team at each location as being interested stakeholders, involved in the community, knowledgeable about community programs or participants thereof, and some with involvement since 1991 in the project. Two of the parents in Guelph contributed information by phone as they were unable to attend the meeting. There were two parent groups in Etobicoke: English and Punjabi. Due to unforeseen circumstances - the ice storm in January 1998 and the autumn 1997 teachers' strike in Ontario - teachers in Cornwall were unable to participate in an interview. The children were all program participants, and the numbers per group ranged from four to eight. Thus, all interviewees were solicited volunteers, and most were known to each other.

Consent forms were obtained, including parental consent for the children (Appendix B). Participants were advised that they could withdraw before or during the interview, and refrain from answering. All information obtained from the small group

interviews, including consent forms, is retained in secure cabinets at the University of Guelph, and only research personnel have access to these files. Translators were used for all the Cornwall groups and for the Punjabi parents' group. In Guelph, questions were translated into Vietnamese for two parents.

The following table provides information about the interview participants, by category and community. Overall, there were 69 interviewees in 4 categories.

Table 1. SUMMARY OF SMALL GROUP PARTICIPANTS

	Cornwall	Guelph	Etobicoke	TOTAL
Children	5	4	8	17
Parents	6	6	9	21
Teachers	---	4	6	10
Project Staff	10	5	6	21
TOTAL	21	19	29	69

4.3 Interview Format

All interviews were taped and the resulting conversations transcribed; the tapes will be destroyed after checking for accuracy of the transcriptions. Interviews were held at locations convenient for the participants, and lasted from one to one and a half hours, depending upon other time commitments. The children's interviews were less than one hour. Participants were reminded of the interview time and place the day before. Either a refreshment or lunch was served, depending upon the time of the interview.

The interviews commenced with self introductions of the people present as an ice-breaker. The facilitator then outlined the purpose and general direction of the

interview, mentioned the need for using tape recorders, ensured consent forms were signed and specified rules, such as one person speaking at a time. The interview finished with a summary of the main points, a final question asking for comments and/or areas not discussed, and thanking the participants. Appendix C provides the suggested interview guideline.

The format consisted of a semi-structured interview; a series of non-directive questions were posed to guide the discussion while allowing for spontaneous interaction and the use of probes. Collaborative research allowed for each community to change and revise the suggested questions (Appendix D) to ensure that questions were appropriate and to elicit information desired by each particular community. The Cornwall research committee developed the children's questions which were then used in the other two sites. The Highfield research team in Etobicoke chose to add these questions about food security: "Do you feel that children in our community have enough food to eat?" [for parents] and "Do children in your class or school get enough food to keep them from going hungry?" [for teachers]. The process of confirming the question content with community staff beforehand, and allowing for revisions, served in lieu of pilot testing of the interview. The questions were made available to participants before attending the interviews to allow them time to consider responses. Thus, the format and the questions were basically the same for all three communities, except for the additional question in Etobicoke. The advantage of this method is that the discussion remains within the general framework of looking at program development and impact, but there is flexibility in the format to pursue various themes, clarify participants' comments and probe for missing information.

5.0 ANALYSIS

Audiotapes made during the interviews were transcribed and notes taken during the conversations were appended to the transcripts. Key words and themes appearing in the transcripts were then coded, and inter-rater reliability assessed.

5.1 Coding

ETHNOGRAPH ® (version 3.0), a software system for qualitative analysis, was used to number the lines and code key words and common themes. This procedure afforded some measure of standardization and enabled comparisons to be made within and between sites (Rubin and Rubin, 1995).

“Coding is the process of grouping interviewees’ responses into categories that bring together the similar ideas, concepts, or themes you have discovered” (Rubin and Rubin, 1995, p. 238). This procedure is a means of using key words to signify interpretations (Rubin and Rubin). A preliminary perusal of the transcripts resulted in a list of code words to describe topic areas or information categories, e.g., food, barriers and programs. With rereading the transcripts, code words were refined; for example, food was subdivided into access, hunger, new and nutrition. Common code words and themes and their descriptions are provided in Appendix E. Code words could overlap, e.g., a section could be categorized as both benefits to parents (benep) and money (\$). Interviewer statements were not coded. The researcher searches for repeated ideas and common themes, i.e., what people are really saying (Rubin and Rubin). Rubin and Rubin suggest various ways of determining these concepts. It may be the repetition of specific words or noting the opposite concept. Other times the researcher needs to

provide a label. During this process, the analyzer should consider which themes are related and fit cohesively, so that the pieces contribute to a larger picture. Thus, the transcripts were reread several times to locate and refine code words and themes, and to look for relationships between ideas.

Shepherd and Achterberg (1992) suggest that coding meets two criteria: "internal homogeneity and external heterogeneity" (p. 92). The former considers how well code words within a category reflect its concept, whereas the latter term appraises the exclusivity of each category.

The goal of this method of analysis is to determine what people are really saying, and to build this into a theory or explanation. Code words enable the researcher to analyze conversations in detail and then reassemble the themes to explain relevant topics that fit in with a broader picture (Rubin and Rubin, 1995). Themes may be analyzed both within and across groups. Code words may be counted to determine frequency of occurrence, or combined to create general categories of factors (Stewart et al, 1994).

5.2 Inter-rater Reliability

To ensure inter-rater reliability, both for consistency of coding and to reduce potential bias in interpretation, two people independently coded one transcribed interview; a reliability level of 0.75 or greater was considered acceptable (Stewart et al, 1994). Two measures of agreement between coders were calculated: agreement in choosing text and the co-efficiency of reliability, which "represents the degree of consistency between two coders assigning code words" (Stewart et al, p.35). For agreement in coding text, one hundred and sixteen passages were coded in total. The

raters both coded the same 97 sections and singly coded 19 sections. Thus, the rate of agreement was 0.84 (97÷116).

To calculate the co-efficient of reliability, the number of matching codes were divided by the number of agreements plus disagreements (Stewart et al, 1994). Codes are considered in agreement when the same word is used, general and more specific words in the same category are applied, and when similar ideas are implied, e.g., barriers and problems. Disagreements are characterized by the use of different words and by one person not coding a section. Coding agreement was evident for 95 sections and there was disagreement in 25 sections. Thus, the co-efficient of reliability was 0.79 (95÷120). Discrepancies between the two coders resulted from single coding for some sections; different interpretation of passages, e.g., barriers versus money, or food access and benefits; and disagreements, such as change in program versus recommendation.

Thus, inter-rater reliability exceeded the target of 0.75 using two criteria: agreement in choosing text for coding and similarity of code words used.

6.0 RESULTS

The results of the small group interviews are combined to allow for discussion of common themes that were discerned through content analysis. These themes are organized within a framework similar to the interview questions: benefits, problems and concerns, barriers, suggestions and children's themes. Differences across the communities were noted; these emphasize the need for local discourse and communication. Local differences are listed in the community and group summaries found in the appendices. A comparison of current and previous (1993) programming for each of the three communities, as well as a discussion of their history and development, precedes the discussion of themes. Pertinent quotes are presented.

6.1 Current Status, History and Development of Programs and Activities

Appendices F, G, and H list current and previous programs, as of 1993 (Pancer, 1994), of the *Better Beginnings, Better Futures* project in the communities of Cornwall, Guelph and Etobicoke, respectively. Similarities and changes are discussed along with the history and development, if given, of these programs. Information about current programs was obtained from participants and project records.

6.11 Current Status of Programs and Activities. In Cornwall, there were four programs operating in 1993 and six in 1997. The 'Saturday Play Day' is no longer functioning, but three new programs or activities are operating in 1997: the community garden, a monthly breakfast meeting and an annual dépôt . Several activities mentioned by staff and parents, such as a volunteer supper and workshops, are not included in this

list as they were occasional events. Parents and staff stated that there was always food at any meeting organized by the project.

There have been significant changes in programs in Guelph since 1993. Of the original 16 programs listed, six remain in a similar format: the Breakfast Club and childcare for children; Take-a-break, Women's Group and the Home Visitors for families; and community workshops. A few programs are no longer operating and one program listed in the Program Models report, Relief Care, did not occur. The Family Care and Infant Care Committees are now part of the Child and Family Team, the kindergarten readiness program has two groups, and the collective kitchen functions for a small group. New programs include karate and Teen Rap for children, Bread and Emergency Food Cupboard programs, and two social groups for Chinese and Vietnamese residents. No new programs for parents and families were given. Thus, there has been a noticeable change in the programs offered in Guelph compared to those given in 1993. This may indicate that programs are evolving to meet community needs.

All but one of the programs and activities listed in the Program Models Report (Pancer, 1993) in Etobicoke are still operating in 1998. Some of the committees had changed their organizational arrangements. For example, both the special events committee and the community and ethno-cultural relations groups are now part of the Community Development group. The nutrition program had been renamed the 'Snack Program'. New programs had been added; for example, hot lunches, reading circle and Nobody's Perfect. The Parent Relief program has ceased since childcare is provided through other parent programs. Several programs have increased their participant numbers and frequency of operation. Thus, many original programs are continuing,

although some have undergone changes and new ones have been added.

In summary, over the last four to five years, there have been changes to the programs and activities in these three communities. Cornwall has undergone the least change with two new programs added whereas both Guelph and Etobicoke have made several additions, deletions and organizational changes. This may relate to the larger number of programs offered in the latter two communities, over 20 programs each, compared to six in Cornwall. Guelph experienced the greatest change in program status, due to the addition of several new programs and organizational changes to others. A limited number of programs have ceased across the communities. Overall, programs are similar to their original lists, and additions have been made. These program changes reflect flexibility by staff to address community needs.

6.12 History and Development of Programs and Activities. Regarding the history of programs in Cornwall, project staff provided information that,

“... it was the parents that got together to develop this program [breakfast]. And that started back in 1991 or 1992, there were working committees established, and one of these committees was for the breakfast.”

As well, a nutrition profile of children in the area, initiated by the Community Health Centre, ascertained that children were missing vegetables. To address this need, “one of the solutions . . . was to start a community garden.”

Guelph project staff provided information about the history of the *Better Beginnings, Better Futures* project at Onward Willow. They indicated that at the proposal writing stage, it was noted that preschool children were hungry in the morning. As well, the need for and accessibility of healthful snacks for children and adults were targeted. It was assumed that food would be part of every program. Parents stated they did not

know any of the history or how programs were developed. Teachers did not mention any history.

In Etobicoke, again, only project staff were able to provide detailed historical information; the others did not know. Staff described a meeting between parents and a big committee to discuss programming for *Better Beginnings, Better Futures* funding. However, parents wanted programs for all school children, so a plan was developed to fund programs for children older than eight years of age. The *Better Beginnings, Better Futures* funding sponsored children from four to eight years of age. A co-ordinator was hired to organize the programs.

Thus, only project staff were knowledgeable about the history of the original proposal and programs in their community. This historical information was somewhat limited, as was knowledge about the development of programs. This may relate to the transient nature of community residents, to little provision of historical information to residents and to long-term involvement by project staff.

Programs developed in different ways within the three communities. In Cornwall, seven schools originally participated in the Breakfast Club for children from four to eight years of age (junior kindergarten to grade 2) but realization of the cost involved,

“that our budget could not meet the needs of 7 schools . . .
for 4 consecutive years . . .”,

meant readjusting the number of schools served to four. The Family Camp was developed jointly by project staff and a group of parents. It had one volunteer cook the first year, and then a parents' group for planning and cooking meals took over the second year. Parents became more organized and now

“have set up task teams ... [so] we really only had a few hours of work per day. We had groups identified as A, B and C. So, really, in a day, one of the groups made 1

meal.”

Snacks were given at the homework support program to increase children's concentration and attention span. The BBQ was an annual promotional activity for the Cornwall community to increase awareness of the *Better Beginnings, Better Futures* project, and for residents to meet each other. As staff said,

“the BBQs are prepared with the intention of getting parents to know about *Partir d'un Bon Pas* within the schools; ... it's more a reason to get people together.”

The annual BBQ has changed from offering just hot dogs to including various salads and desserts. 'Social activities' usually had one person responsible for planning meals. However, parents noted that the menus had changed from bringing and sharing meals to providing only desserts. Lunch was provided in the second year, not the first year, for volunteers at the dépôt.

No information was provided about program development in Guelph. In Etobicoke, the development of two programs: the Snack and Breakfast Clubs; was discussed as were initial resources. With the Snack program, staff said it was originally offered daily, but with the time commitment involved for the part-time nutrition coordinator, was reduced to three times per week. This action was based on a survey of teachers that indicated excessive food waste, lack of appreciation by the students, and the desire to encourage parental participation. The Breakfast Club, currently a pilot project one morning per week, was suggested four years ago by teachers. It is expected to operate two mornings a week in September. Resources involved in the initial phase, according to staff, were parents and committee members, the principal, agencies, Children's Aid Society, a nutritionist and the Public Health Department.

Thus, programs in these three communities have evolved since their inception. We do not have information about Guelph.

6.13 How Residents Learned about Programs. Parents learned about the *Better Beginnings, Better Futures* project through various sources. In Cornwall, these included the home visitor, the school, the newsletter (*Le Soleil Jaune*), and the radio. Guelph parents learned of programs and activities through the local school, the housing office, the Children's Aid Society, translators and word of mouth. In Etobicoke, information about programs was sent through the mail, in school newsletters, and passed along by word of mouth and personal invitation (Appendix I).

Residents of different cultural backgrounds learned of the programs through a translator, by word of mouth, invitations to volunteer, or received letters requesting help.

6.2 Benefits

Alleviation of hunger and food provision, and social contact were the key benefits. Other themes include developing a community network, improved nutrition, introduction of new foods, learning opportunities, improved behaviour in school, providing a role model and decreased tension. Table 2 lists the benefits identified by each community.

Table 2. THREE COMMUNITY SUMMARY OF RESPONSES

	CORNWALL	GUELPH	ETOBICOKE
BENEFITS:			
to children:	alleviation of hunger social contact nutritious food	alleviation of hunger social contact nutritious food school behaviour	alleviation of hunger social contact nutritious food
to parents/ families:	social contact increased participation	social contact alleviation of hunger food provision learning	social contact alleviation of hunger decreased stress safety and security
to teachers:	-----	teachable	bonding reward teaching opportunities
to the community:	community connections project promotion	neighbour connections contacts community feeling	community connections food provision company contacts "the extras"
PROBLEMS and CONCERNS:	food (insufficient, variety) allergies time; vandalism	food insufficiency nutrition volunteers	programs allergies hunger
BARRIERS:	pride financial age facilities	pride financial publicity culture distance & transport	pride financial parental culture
SUGGESTIONS:	more food programs more food variety sensitize parents protect garden more potlucks	more programs: food and educational more food variety more publicity multicultural: demos and new foods volunteer-friendly	more programs more food variety fundraise recruit volunteers replicate project
CHILDREN: Why offered:	food not good at home, nutritious food	for healthy bodies if not enough money if parents leave early	work harder in school keep healthy be role models

Alleviation of Hunger and Food Provision

Hunger was frequently noted for and mentioned by children: "I see many kids who are really hungry when they get to school". The provision of food through various programs addressed this need: "all of the groups ... have a snack for the kids." Because children represent the future, the importance of taking care of children in their early years and offering the best opportunities, especially food, was clearly expressed by the adults.

Snacks were provided to alleviate hunger for children who did not have breakfast or who were still hungry. Children late in arriving at the Guelph Breakfast Club still received food, and snacks for preschool playgroups filled the gap until lunch at home.

"I know that at least they're getting a snack and they're not going to be hungry"
"... when they [children] don't have the proper breakfast at home, ... like most of the kids don't want to eat in the morning, ... they have this healthy snack".

Teachers remarked that "their basic needs are met." They also felt that some families had enough food and some did not, but generally, "most children are fed adequately." They indicated that there was no reason for children in the school to be hungry as there were various access points to food through the different programs. Knowing that children would receive snacks to address hunger was important for parents.

Staff stated, "with every program, food is available." Children would be able to obtain food for lunch if they had forgotten theirs. Both staff and teachers stated that children were able to count on food being available at Family Gateway. Teachers also said,

"children get food when they need it and it's readily available on an ongoing basis."

The Breakfast Club in particular provided food for those with little or no food at home, and for children who were not hungry first thing in the morning, especially when they left home early. Parents could rely on their children getting breakfast. One parent stated:

“she [the daughter] did not want to eat in the morning because she was not completely awake. So in that sense, the program helped her eat in the morning.”

Staff said that,

“with the nutrition program ... it’s more a guarantee that kids will get something even if they left home without.”

Some teachers use food as a convenient, beneficial reward, whereas others commented that children:

“don’t have to do anything to get food They don’t have to earn that food. It’s just something they’re allowed to have because it’s breakfast time and everyone is allowed to have breakfast.”

Parents noted that children ate more when they were in a group setting, especially at family camp and in the homework program, and food provided a relaxing atmosphere. They also mentioned that the children liked the food, for example, bagels; and were happy to receive it.

As mentioned in the methods section (4.3), the research team at the Highfield *Better Beginnings, Better Futures* project added a question to the parent and teacher interviews to ascertain people’s perspective regarding children having sufficient food available in the community. Parents responded in the affirmative for children in the school. However, they made two qualifications: they were unable to assess the community situation at large, and they felt that although children may have food, it may not be nutritious and could include ‘junk’ food. Teachers said that: “some do, some don’t”, and one expects there to be hungry children in this area. Generally, though, they

felt that most children received adequate food.

Social Contact

Staff in all three communities found that food acted as “a good hook” to attract people and “promoted continued contact.” Parents mentioned that “you eat while you socialize”. Providing food increased program attendance and participation. Socially, children enjoyed being together and with their friends, having “someone to talk to them” and found it fun; “it’s a big event in their day”. As one parent said,

“The breakfast program is not only for children who don’t eat, but also for social contacts.”

“The child get to interact with other kids.”

Similarly, one staff person reported,

“I see many kids who are really hungry when they get to school and other ones who just need the company to talk to others.”

The social aspect of food provided a relaxing atmosphere, an opportunity to interact with different children or with their friends, and a happy contact with program volunteers,

“The kids, they are very happy to receive snacks ... and we are very happy ... to serve them.”

Parents found that their children enjoyed the games and interacting with different children. As well, the Breakfast Club provided the chance to interact with the principal of the local school, breakfast attendants and project staff. It was a positive experience for children and not stigmatizing.

Both child and adult social contact with friends, project staff, teachers and neighbours was reinforced through the provision of food. Thus, food became an important linking factor among residents.

“Most of our programs encourage socialization. They create an atmosphere either before or after an activity.... Everyone takes time to talk to each other.”

Social contact was the primary benefit mentioned by parents for themselves, i.e., being able to get out of the house, having a break from child care and meeting with other adults at programs.

“As soon as you put a group of people together, they think of drinking and eating It seems like we want to socialize at the same time [as doing volunteer work or working]”.

Parents experienced much pleasure and satisfaction working with other parents, serving the students, making new friends and attending volunteer outings. One parent said, through a translator,

“She was just sitting home doing nothing, so by ... volunteering for the snack program, she made new friends, ... she’s busy here, she has a good time, so it makes her happy.”

This social contact fostered neighbour support networks; a caring, nurturing atmosphere for children; and connections with community organizations and service clubs. These all promote community spirit and a sense of belonging. Food, then, is just as important a component of socializing as it is in alleviating hunger.

Teachers discussed the caring and nurturing atmosphere fostered by providing food. One teacher stated,

“there’s a special kind of bondingness ... children ... feel loved and nurtured, really basic stuff.” and “a special kind of bonding goes on when people exchange food ... a metaphor for love ... [and] nurturing.”

Food is offered to all children, to avoid stigmatization, which creates an atmosphere where children felt “like we’re caring for them ... and nurturing”. Families were encouraged to help themselves to food in the emergency food cupboard at Family

Gateway.

All teachers stated that they, along with other teachers in the school, provided food for their students on an ongoing basis. This ranged from keeping a cookie or cracker jar filled in the classroom, to using teachers' coffee milk supplies, to buying apples by the bushel in season to using food as a reward or at special events. All kindergarten teachers routinely provided snacks. If the teachers found that students who were hungry had no lunch or snack, they would contact Family Gateway to send food over. Teachers were also alert to chronic food need, and would relay this information to their principal. Teachers' responses are summarized in Appendix J.

Developing a Community Network

Communities can connect on an interpersonal level, between neighbours, and on an organizational level.

Having a community BBQ promoted the involvement of more families in the community and connected the school, parents and project staff. Staff indicated that the whole community benefits and provides a positive and caring atmosphere as people work together:

"I find they [residents] feel that we take care of them [discussing the dépôt]",

and through spontaneous subgroups associated with the community garden in Cornwall:

"They [residents] exchange many tips on gardening and they are starting to create a little garden committee."

Benefits of the Family camp, enumerated by parent participants, included fewer items to pack, the availability of good food, and "it went well because we all worked together."

Children would bring new children to the Breakfast Club. This would alert staff to new families in the community:

“...for a child to tell another child within the neighbourhood about the Breakfast Club and to bring them along ... the following dayAnd that will be our first time seeing them and meeting that parent.”

Neighbours connecting with neighbours through the various programs fostered an extra support system. Staff talking with program participants would learn of additional needs. The Punjabi parent group, who had older children, derived much satisfaction and pleasure in volunteering. They enjoyed meeting other parents, making new friends, and having a purpose and reason for involvement. They were:

“very happy that ... poor kids are getting a healthy snack”
“the children and the volunteers and the parents,
everybody’s benefitting.”

Teachers gave instances of a sense of community they had noted at school-sponsored events; for example, at the circus, parents felt they were doing it for “our kids”, not just their own children. Teachers said, “it was their contribution to the community.” The teachers also mentioned that,

“Onward Willow [and Family Gateway] has really made a difference ... everyone goes to the Gateway.”

The teachers willingly monitored their students for hunger and through their principal would relay this information to project staff so that the needs of children and their families could be addressed. Thus, there were strong links identified between the school and Onward Willow in Guelph. Communication and co-operation are key components, and they contribute to the effectiveness and scope of the Guelph *Better Beginnings*, *Better Futures* community.

Community benefits included links with community organizations and groups, to donate food and money, and to develop “a good profile in the community.”

“kids have come to associate us with food”, “there’s an atmosphere that we provide enrichment and the extras ...”

"It's a place to go and have fun."

Local businesses and organizations, such as Kiwanis and the Lion's Club, contributed to the Highfield community by donating money and food. The staff actively pursues other funding sources through lobbying and establishing connections. Last year they raised between \$20,000 and \$30,000. They have also lobbied successfully for additional funds to support programs; for example, the Etobicoke Breakfast Club in September 1998. The increasingly positive profile of the *Better Beginnings, Better Futures* project encouraged company and organizational support, contact and donations.

Improved Nutrition

Children, parents and project staff all mentioned nutrition as an important consideration. The children distinguished between what was good food, as offered in the breakfast program, and what was not good for breakfast:

"There are children that eat chips and other stuff that are not for breakfast."

All parent groups were pleased that the foods offered were healthy and nutritious, for example, fruits. "They are giving healthy snacks here." One volunteer said,

"They have more varieties now and when she [volunteer] goes home she talks about these things. They [parents] also feel very happy that they [volunteers] are giving healthy snacks here."

Generally, the children included healthful foods, such as fruit, vegetables, cereals and pasta in their favourite foods list (Table 2). Both Cornwall and Guelph children like cheese, whereas staff in Etobicoke indicated that:

"a lot of kids don't eat cheese.... More than half of the kids refuse cheese."

Children also remarked that the foods offered were nutritious and helped children be

healthier. They also said, "... we always try different things.", the foods are "good for you", apples were healthier than rice krispie squares, and "breakfast is the most important meal." Children also recognized that:

"cheese is made with milk. Milk is good for you. There's stuff in there we need. There are vitamins and also in the juice."

Parents mentioned that at the Homework support program,

"It was good food; it was not garbage, like they say, 'junk food' ... There was always ... fruits and cheese."

At the Family Camp as well, healthful snacks, such as fruits, were served. By offering fruits as snacks at programs and activities, staff demonstrated nutritious alternatives to chips and candies. Children recommended that project staff:

"continue giving out nutritious food for those children because most of them will, like if they want to work hard and pass a grade, ... want some food in their stomachs."

One staff person commented that,

"there was almost like ... an onus on children toward other children, to think nutritious".

Teachers would keep an eye on what children in their classrooms brought for snacks, and encourage them to eat healthful snacks. Teachers also taught the importance of breakfast and arranged for speakers to discuss nutrition.

Introduction of New Foods

The Breakfast Club provided opportunities for staff to present children with new fruits:

"many times, at breakfast, we also bring fruits that the kids don't know at home, like kiwis ... then we tell them where the fruits come from, which country and the nourishment in

them.”

The programs gave opportunities, especially for children of different cultures, to try new foods, such as cheese; and conversely, for Canadian children to try ethnic foods. One staff person said: “I have bought cultural foods, from egg rolls to fajitas for the children and most of them like it.”

Teachers made efforts to show interest in multicultural foods, both as a means of encouraging pride about one’s background and to get children to eat their food. Parents said their children enjoyed trying new foods:

“They’re experiencing other types of food which I don’t prepare at home and they’re enjoying that and they’re coming home and they’re even opening up my eyes to certain things, like, oh, Mom, this is good [e.g., samosas]”.

Parents mentioned they were learning about new foods from their children. All those interviewed appreciated the opportunity to experiment with new foods and to try different varieties; this could be different fruits, multicultural foods to Canadian children, and Canadian food to children of different cultural backgrounds. Both staff and teachers encouraged sampling of cultural foods as a means of positively recognizing different cultures.

Food presentation affected children’s eating. Staff noted:

“Slice the oranges and put them on the table and they will disappear right away. But leave the oranges not sliced in the plate and they will stay there.”

At the Breakfast club, bagels in small pieces, rather than just in half, were more manageable for children.

Learning Opportunities

Providing learning opportunities was an important theme. Children liked learning and practising new cooking skills as well as making food at the cooking club. Parents appreciated learning from the various workshops and classes; for example, budgeting, healthful snack ideas and discipline tips. Non-English speaking participants enjoyed practising English. Staff found that groups wanted to learn, share and teach. Some residents with different cultural backgrounds needed to learn “how to ask.” Staff jokingly remarked that the children would teach their parents. Teachers would suggest healthful snacks in the school newsletter sent home to parents.

In school, teachers used the programs as opportunities to teach manners, sharing, hygiene and nutrition. Teachers incorporated food into their nutrition curriculum, and said, “food helps in the learning process.”

Parents also used the opportunity of attending programs “not only ...to learn stuff, they come here to teach some, so they’re sharing information”. Punjabi parents cited learning how to cook and work in a group. All residents from different cultural backgrounds appreciated learning and practicing the English language.

Improved Behaviour in School

Children who participated in the food programs exhibited positive behavioural changes in school associated with having breakfast, as reported by teachers who said:

“a child who had breakfast was better inclined to study and he or she listened better ...”.

Other improvements included increased attention span and concentration. Parents mentioned that children were better behaved and performed better in class, and were absent less often. Staff found that children were more focused and attentive; “they’re learning.” Teachers noted that children were better able to concentrate and focus, were

more talkative and more willing to learn.

Teachers very clearly found that children who were fed were more willing to be taught. As one teacher said, it “makes my work easier.” Teachers mentioned the impact on children’s school behaviour:

“they’re able to concentrate ... much better focused ...
they’re happier ... they’re much more talkative.”

They were also pleased to know that children were satisfied and not hungry,

“You can teach them. You can get their attention ... and
capitalize on it. ...You’re not constantly dodging the
question that I’m hungry.”

Providing a Role Model

One child suggested that project staff acted as role models: “if we grow up ... we could be like you guys and the, like, we could do these [give food] to the kids.” In Guelph, teachers discussed how their attendance at the Breakfast Club could serve as a role model where they, as well as the local school principal, had the opportunity to participate and eat healthful foods.

Decreased Tension

As a result of having the breakfast club, staff found that tensions between the child and the parents were reduced. They said:

“The parents are in a hurry then they hurry the child, the
child eats too fast and then he feels sick. It relieves
tension.”

Staff also mentioned convenience for parents, their not having to rise early to feed children in the mornings, and peace of mind knowing that children were supervised. Stress reduction is another benefit, knowing: “they’re [children] at a place where you know it’s safe”, the children are fed and receiving healthful snacks, and the parent has a break from being with children. Parents added that providing snacks, especially healthful

foods, decreased their stress.

6.3 Problems and Concerns

Problems and concerns identified by group participants centred around hunger, food concerns, program issues, time constraints, lack of volunteers, social stigma and responsibility. Local issues are listed in Appendices K (Cornwall), L (Guelph) and M (Etobicoke).

Hunger

Hunger was identified as the main reason for offering food at the different programs. Despite the availability of food, however, hunger was a continuing concern, especially about children:

“just by the way they look at the fruits and they want to eat them like it’s never enough.”

Staff described children saying to them, “I’m really hungry, I didn’t have breakfast.”

Teachers noticed that some of their students were still hungry, and commented “that either the children are becoming more hungry or ... I’m more aware” of their needs; for example, with children who chronically forgot (or did not have) their lunch. Children mentioned that some children “might go home and not get dinner.”

Food Concerns

Insufficient food was a another common theme for all participants. When discussing food provided at the Breakfast Club, children indicated that they did not like receiving a small piece of fruit and then having to ask Madame for more. One child felt that it was not acceptable to have more, and said:

“They only gave me a banana, one piece cut in half, that’s what we had If you want more, you can’t.”

Children indicated they would like to have more food at the Breakfast Club, especially fruit. There was concern that children were not eating much while at Family Camp, possibly due to not liking the planned meals, as “there is only one meal on the menu and it may not necessarily appeal to them”; too much excitement; busy playing or tiredness. Even though the children may compensate for missed meals; for example, by having more food at breakfast or substituting a peanut butter sandwich, parents felt that this was a nutritional issue.

Parents found that sometimes the amount of food offered at programs was insufficient and the kinds of foods unpredictable, i.e., a lot of muffins. The Good Food Box (Guelph) contained too much food and did not meet the needs of residents with other cultural backgrounds in that some foods were unknown to them. Vegetarian preferences were not considered at some of the programs where meat was offered. Staff mentioned that they could tell from adult conversations that food insufficiency was an issue. Also, staff noted that food donations often did not include milk or foods preferred by residents of other cultural backgrounds.

The limited variety of foods was an issue. At the Breakfast Club in Cornwall, parents indicated that for some children,

“It’s always the same thing, muffins, cheese and fruits.”

Nutrition was mentioned by parents who said that breakfast may not be a balanced meal:

“There are a lot of children who maybe don’t eat at home because the parents think they have a more balanced breakfast at school, ... [but] they can get only half an apple”.

Further, they suggested that some parents often buy junk food because it is convenient, quick and easy. Both teachers and staff discussed their concern about offering non-nutritious snacks; for example, "sugary stuff" and pop tarts with icing. These foods had been donated by community organizations. While staff were grateful to receive food donations, they were concerned about their poor nutritional quality. Teachers stated:

"sometimes I would see a snack that is not really totally nutritious but I look the other way because I'm saying, 'I'd rather they had a full stomach.'"

Teachers were also concerned about the poor nutritional choices of grade five students, and that students of other ethnic groups felt uncomfortable eating their usual foods, which were of good nutritional value. With the Family Camp in Cornwall, parents mentioned the goal of balancing nutritious meals with ease of preparation and serving.

Both parents and staff discussed food allergies. Parents wanted assurances that the allergies of children in the Breakfast Club were noted and followed by breakfast attendants and staff. Staff were aware of children's allergies and concerned that these be listed on the registration forms. Staff pointed out that the foods usually served at programs; for example, fruits, did not cause allergic reactions unlike peanut butter.

Program Issues

English-speaking parents mentioned that changes in babysitting times created problems whereas the Punjabi parents in Etobicoke said they were no longer paid (previously they had received bimonthly payments for volunteering). Staff found that with increasing numbers of children in the programs, there was more tension, it was harder to serve lunch within the short lunch hour, and the nutrition puppet show had to be cancelled as the nutrition co-ordinator needed to spend more time on programs. Originally the Breakfast Club in Etobicoke (the teachers' suggestion) was to be a

partnership between the school and Highfield *Better Beginnings, Better Futures* project, but project staff ended up managing this program.

Time Constraints

Lack of time was mentioned by all participants. Parents felt there was insufficient time for eating lunches, especially for younger children, and the location for lunchtime (either in the classroom or the gym) contributed to this. Time issues also centred around allowing sufficient time for children to eat breakfast in the Breakfast Club. Similarly at Family camp, staff wanted to:

“make sure the children take enough time to eat. They are anxious to go play with their friends ... and the parents are busy they are less attentive to how much their child ate.”

Staff found that there was insufficient time for them to initiate, organize and run additional programs and workshops. They felt their role should be more facilitating rather than organizing and running programs, something that volunteers could manage.

Lack of Volunteers

Finding more volunteers who could work and then take over from the staff would be ideal, since “staff see themselves as facilitators rather than workers.” It seemed that some residents were unwilling to volunteer. The teachers were concerned that there was only a core group of volunteers available, with no back-up people.

Social Stigma

Staff expressed concern that assumptions were being made about people being unable to provide for their children. Hunger and insufficient food, both major concerns, especially for children; affected family pride. People feel they could or should provide for their children rather than taking food from the community centre.

The teachers gave examples of parents compensating for their disadvantaged circumstances by spending extra money when they had it; for instance, sending a fast food lunch to school by taxi.

Responsibility

Teachers struggled with the issue of responsibility for food provision, i.e., was it theirs or the parents? Teachers concluded that,

“we’re the stop gap in between. If they [parents] can’t provide, that’s where Onward Willow, Family Gateway and ourselves [come in].”

Local Issues

Cornwall staff said that vandalism with the community garden affected the children:

“[I’m] very sad that the children don’t get to see the result of their crop, they don’t see the whole process.”

Other problems listed by parents in Guelph were: stealing, confidentiality not being respected, and staff phone calls to the Children’s Aid Society. Staff in Etobicoke discussed the ‘love-hate’ relationship they encountered with school staff and caretakers; school staff appreciated the benefits for the children and community, but did not want more work or interference with their routine. Concerns about how to reach other members in the community were raised.

Children’s Concerns

Various concerns were raised by children in Cornwall and Guelph. However, children in Etobicoke reported, “I don’t really have a ‘don’t like’ about it.” Children recognized that decreased funding resulted in the cancellation of some programs, and that their age prohibited them from attending certain groups. One child commented that, regarding program or food suggestions: “they [staff] never listen to us.”

6.4 Barriers

Participants identified the *Better Beginnings, Better Futures* mandate, age of children, lack of money, pride, lack of publicity, parental issues, multicultural issues, program resources and external factors.

Better Beginnings, Better Futures Mandate

With the *Better Beginnings, Better Futures* mandate that programs for children focus on a specific age grouping, parents noted that children became ineligible by grade three.

“Because she can’t always be in the breakfast program, she is in third grade now and she is not eligible ... any more. I try to have her eat at home but it’s not easy.”

Staff also pointed out that for children attending the Breakfast Club, their older siblings, who had attended previously, would also have little to eat at home. The age restriction for the *Better Beginnings, Better Futures* project did not consider that children’s food needs continued.

Age of Children

Shyness was identified as a barrier for young children requesting more food, “the ones who are shy like my daughter, she won’t go and ask.”, as was not being hungry in the morning either at home or at school. Staff found that some young children forgot to come in for breakfast.

Lack of Money

Money was a barrier in different ways in the three communities. For example, money impacted on the purchase of cereals for the Breakfast Club, “...at one point, they had mentioned the purchase of cereals, but I think it was a cost concern.”; and

prohibited offering daily snacks. Fundraising efforts were necessary to purchase food for the Family Camp in Cornwall. In Guelph, insufficient project funds contributed to two program cancellations.

“We used to have the funding to have the after-school cook clubs Junior Rap is another one that’s kind of on the [back] burner ... on hold.”

Children were also cognizant of funding affecting the operation of programs.

Originally, the Breakfast Club in Cornwall was operating in seven schools for all pre-kindergarten children. When the research committee realized that the time commitment for operating the program was four consecutive years, they had to adjust their budget and offer the program in only four schools. Staff were willing to expand programs, for example,

“implementing a snack program in the schools during recess time We would need more money.”
“definitely, if we had more money, we could offer more programs.”

With more money staff indicated that they could also “offer the children more food.”

Project staff in Etobicoke stated that their operating budget had remained the same since the inception of *Better Beginnings, Better Futures* (five years previously), despite having doubled the number of people served. Consequently, this also impacted on offering variety and food choices.

Teachers mentioned that the Breakfast Club had to rely on donations in addition to *Better Beginnings, Better Futures* funding. On a personal level, parents identified that being on a fixed income, with a specific pay day, prevented participation in several programs, such as the Good Food Box.

“I haven’t had one either [Good Food Box]. I was going to get one but then it didn’t work out that I could take one.... When you’re on a fixed income you’re not [flexible].”

Teachers agreed, giving the example that, “the mother didn’t have the money at the pizza order time.” Parents suggested that nutritious foods could be expensive, and so it was easier for families to buy ‘junk’ foods.

Thus, lack of money affected people personally by preventing them from participating in some programs or buying food, and impacted on food provision and programming. Consequently, living in impoverished circumstances continues to impact on the quality of life for people.

Pride

Staff identified pride as an obstacle for parents:

“the parents who have more money see the breakfast program as: ‘Not for us but more for those who are underprivileged’. And the underprivileged ones, because of their pride, they would say: ‘I won’t go into the Breakfast program, I don’t need my kid to be identified as being underprivileged.’”

Thus, some stigma is still attached with the Breakfast Club. However, Etobicoke staff said:

“always been very conscientious about not making a stigmatization and [for] any program ... we wanted to make sure that it wasn’t shown that some children have to have this, need this [rather] it’s there for everybody.”

One parent commented,

“None of our families would open up and say, ‘I’d like to take whatever you have to offer’.... They don’t even want to go to food banks.”

On the other hand, another parent mentioned that:

“[one] can’t offer too much since people will feel needy. If people can help themselves then they’ll feel welcome.”

Staff found that pride was affected when parents felt like “losers” if they could not

provide for their children. Trying to ascertain one's food situation was too personal, and in many cases was hidden by nice outwardly appearances in children,

“without offending them stigmatizing them or saying ... I'm helping you.”

Also, low income families, having experienced humiliation elsewhere, assumed a similar attitude was present at Family Gateway in Guelph:

“...people are embarrassed, they're shy to ask and sometimes when they get access to food in other places it's a bit humiliating and so because of the humiliation elsewhere, they assume that it will be here too. And somewhere we've given out the message or society gives out the message that you're not good enough if you have to ask.”

Teachers agreed, stating that both children and parents were “too proud to ask” for food. Staff thought the Breakfast Club was still stigmatized to a certain extent, although less so with an immigrant population who viewed the club as a fun program.

Pride was a barrier mentioned less frequently by parents than by other adults. Possibly, parents who volunteered their time felt there was a reciprocal relationship in taking food, and pride became less of an issue for them.

Lack of Publicity

Parents felt that residents often did not know what programs were offered, for example, at Family Gateway in Guelph. One parent, new to the community, did not learn about the project for two months. Staff and teachers also believed that publicity was insufficient, especially for residents living at the outer boundaries of the community, and that families did not know what programs were available.

Parental Issues

Staff felt that some parents were threatened by food programs in the schools

and consequently could pose a barrier between children and the Breakfast Club by not enrolling them or by objecting to children receiving things from the community centre.

“They don’t think about the fact that their child also needs a good breakfast to perform better in class.”

“I know that family needs a lot and I know that ... to reach that family, even if you say hello, it’s very, why did you say that, sort of thing.... you know that the minute that child hits home and says oh, the community centre gave me this, it would be like, why did you take it.”

Staff further mentioned that parents needed to become aware of hunger:

“To sensitize the parents to the fact that even if the child ate early ... he or she may still be hungry when school starts.”

“there are some children who really need to have breakfast but the parents don’t send them.”

Parental concerns, such as not allowing children to walk alone, or not wanting to waken children earlier so they could attend the Breakfast Club, impacted on program attendance. One parent said it was cruel to wake up younger children to take the older child to breakfast.

Parental barriers were discussed by the interviewed parents, who mentioned that some parents let children take care of themselves, and by staff, who found that some parents either forgot to send lunches or sent inappropriate ones.

Multicultural Issues

Staff said that the multicultural nature of the Guelph and Etobicoke communities created several barriers; for example, lack of appropriate translators, cultural restrictions and unfamiliar food. However, one parent mentioned not seeing any barriers, suggesting that barriers were coming down.

Multicultural barriers included language problems and the need for translators in

different languages. This barrier had an impact on trying new unfamiliar foods (for new Canadians), either in programs or with the Good Food Box. Both staff and teachers felt that different cultural mores discouraged assertiveness, i.e., there “may be a stigma asking for food,” or asking for more food. Also, one staff person commented:

“there is one child that won’t take from the entire tray if one piece is dropped or if somebody has touched it.”

Teachers suggested that certain foods, (e.g., ham and meat) may be prohibited for religious reasons. Cultural barriers could also include “not knowing what to do with certain food, e.g., turkey...”, as well as food restrictions and language misunderstandings. With children, language barriers could be perceived as shyness.

Awareness of these barriers prompted staff to address such multicultural issues by hiring translators, offering Canadian food demonstrations and arranging support groups for people of different cultural backgrounds. New Canadians on the other hand were willing to learn about their new language and new foods. Thus, residents and staff within communities were actively involved in reframing this barrier into a challenge.

Program Resources

Etobicoke staff felt the location of their project within the school posed barriers for program expansion, and the increase in program attendance required efficient organization at lunch and prevented offering certain foods, such as soups.

Parents indicated that the lack of access to kitchen facilities prevented serving hot cereals; lunchroom locations interfered with some children eating their lunch.

In Guelph, children could only attend two programs per week (without parents).

External Factors

Parents found that external factors, such as distance and weather, affected their attendance. One parent said: “... the very bad weather, they have to bring them

[children] out and when they come in home [they] get sick.” Having to bundle children up in winter and then walk for 20 minutes was another deterrent. Staff also commented that transportation posed barriers since families either did not have a car or lacked money for buses. This transportation problem effected the cessation of the Good Food Box in that families were unable to pick up their boxes. Summaries of responses for parents, teachers and staff is found in Appendices I, J and N, respectively.

6.5 Suggestions

Offering more programs and a variety of foods were the unanimous suggestions made by the participants. More programs encompassed both food programs (frequently geared for children), and courses and workshops, such as healthful eating and budgeting. Other suggestions were changing the mandate of *Better Beginnings, Better Futures*; more publicity and making community connections.

More Programs

All groups thought arrangements should be made for more programs. For example, special food days could include soup or other warm lunches, fruit offered as an afternoon snack for children, and a recess snack program. Guelph wanted to reactivate two of its children’s programs, Junior Rap and the cooking club. Other program suggestions include more adult programs and courses, more potlucks, a community kitchen and food banks. Teachers and parents suggested program topics, for example, nutrition, budgeting, meal planning and food demonstrations. Regarding a nutrition course for parents, teachers explained that such a course would augment what the children were learning in school:

“We talk to the children all the time about what are good snacks but they’re [children] not packing it. The parents

are packing ...”;

Other participants mentioned offering healthful meal and snack workshops, shopping courses and meetings where adults cook one meal per week together. Staff in Etobicoke mentioned the following programs: Good Food Box, emergency freezer meals, a prenatal program providing oranges and milk, after-school snacks and a food warehouse/distributor.

To address foods of different cultures, suggestions were made to offer workshops featuring Canadian foods that would allow residents with other cultural backgrounds to try new foods and to learn ways of cooking them: “to educate new citizens as to how they could get more used to cooking some of our ordinary foods.” In addition, one community proposed introducing Vietnamese and Chinese food nights featuring foods from these cultures.

Food Provision

Regarding food for children, parents felt more attention should be given to cooking meals that the children liked in order to encourage them to eat at the Family Camp. Parents would like to return to the previous food organization pattern for social activities:

“For myself, I liked it better before when everyone would bring a meal, like ... spaghetti. You only had so many people who brought the desserts ... not 17 people bringing donuts or cakes.”

As well, staff wanted to actively encourage residents to take food from the emergency cupboard;

“do more things to encourage them [residents] to take food ... [for example, by saying] help us out by taking some of this food because we really can’t eat it all.”

As far as offering different foods, parents made suggestions about offering hot cereals and more variety of foods at the Breakfast Club, for example,

“Something more filling for the child who does not eat, that the children can have a choice.”

They also mentioned organizing snack and recess programs, special food days and soup at lunch in the winter. Teachers in Etobicoke recommended programs such as daily full-meal hot lunches and breakfast.

Suggestions were made to include more Canadian and Vietnamese foods in the Good Food Box. As well, parents wanted to learn more about Chinese and Vietnamese cooking, preferably through tasting! Staff also thought there should be more food cooking demonstrations.

Teachers felt that “families must have access” to food, that children readily get food “on an ongoing basis” and hoped:

“that this program becomes stronger and the funding continues too.”

Better Beginnings, Better Futures Mandate

Participants thought that the Breakfast Club age restrictions should be changed to include those who had benefitted in grade two, or for children in the same family. Staff said:

“...for the brother and the sister, who is in fourth grade, third grade and who have eaten for two or three years with us ... And they the next year when they reach the third grade, they can't come anymore. But they will still bring their siblings to breakfast, because they can still be part of the program, but not them. For those ones, ... I think we should be able to provide for the children of the same family. Because if the little one did not have anything to eat, the older one did not have anything either.”

“...if they had breakfast for four years and the following

year they can't come, it hurts them."

Publicity

More publicity was needed to advertise the project and its programs. Guelph parents suggested more involvement by the housing authority and the schools, and wider distribution of information. Staff mentioned inviting community leaders of other cultural backgrounds to serve as role models.

Community Connections

Teachers discussed seeking donations, either of food or money, from local companies. On the other hand, staff, who had previously been involved in fundraising from various foundations and provincial bodies, recommended more lobbying and advocacy to procure funding. Thus, the need to obtain more funds, whether through donations or lobbying; and to build on current contacts and resources, was a clear recommendation. Volunteer recruitment was another recommendation, as was more operating space in Etobicoke. With new cultural groups arriving in Guelph, teachers recommended learning more about them and their culture.

Participants agreed on the suggestion to continue the *Better Beginnings, Better Futures* initiative, and to consider replicating this project in other sites where other people or agencies would be responsible.

Local Issues

Staff in Cornwall suggested fencing the community garden or moving it to the school yards both to minimize vandalism and to provide easier access for families. "We need an electric fence ... high voltage!" Since young children may forget to attend the Breakfast Club, staff suggested using grade seven and eight students to bring these children in from outside at the appropriate time.

In Guelph, other recommendations included safety programs for children and making the project more volunteer friendly so that staff would serve more as facilitators rather than as workers.

The Punjabi parents suggested recognition for their volunteering, especially when they were not longer receiving financial remuneration.

6.6 Children's Comments

When asked about their favourite foods, children included muffins; fruits such as oranges, apples and pears; cereals, such as cornflakes; eggs; apple juice and especially cheese. At the Family Camp in Cornwall, the children enjoyed popcorn, maple candy and toasting marshmallows.

When asked who provided this food, the children named staff personnel, or people who served the food, i.e., the breakfast attendant or the school facilitator. One group mentioned receiving food from teachers.

In answer to the question about why people provided food, the children responded,

“sometimes, at home, it's not good”

“there are children that eat chips and other stuff that are not for breakfast.”

Children cited other reasons: “you would be able to work harder and think harder”, to ensure healthy bodies and provide energy for activities, “so you won't get cancer”, to have a social time sitting and talking with friends, “if not enough money” in the household, and “if parents leave early” in the morning. One group suggested that providing food set an example of caring about children.

In discussing benefits or what they liked about the programs, children said they could eat, play games and read; "it's fun." Children also acknowledged that the foods were nutritious to keep them healthy, and that they could stay until their parents came. Children in Etobicoke liked everything about the program and had no dislikes.

Children were asked with whom they attended the programs. In Cornwall, children said they attended the Breakfast Club with their friends and went with their families to the Family Camp. In Guelph and Etobicoke, children often went to programs alone or with siblings, although Guelph children mentioned attending karate and the Breakfast Club with friends.

Children were aware of nutrition, having discussed it in the cooking club, and knew what constituted healthful foods. Children stated that apples were nutritious and that "breakfast was the most important meal." The children enjoyed making food, learning new skills at the cooking club, and arriving on time for school.

The children recognized that the cooking club was no longer operating because of financial cutbacks, and that age limited their attendance at some programs. The children also indicated that staff "never listen to us" [with suggestions].

The children suggested using grade two children as helpers for the after-school snack program, and recommended continuing with nutritious foods. One child suggested that children should say thank you to the people who worked hard to provide the food.

Table 3 summarizes the children's responses.

Table 3. SUMMARY OF CHILDREN'S RESPONSES

	CORNWALL	GUELPH	ETOBICOKE
<i>Favourite foods:</i>	muffins, oranges, apples, apple juice, cheese	apples, pears, peaches, cereals, eggs, muffins, crackers, cheese	pizza, donuts, apples, cake, vegetables, popsicles, fruits, pasta NOT cheese (per staff)
<i>Benefits of programs:</i>	foods they liked; eat with friends; nutritious foods; when no food at home	like different foods; on time for school; nutritious foods; learn cooking skills; aware of nutrition; keep healthy	can eat, play games, read; nutritious foods; it's fun; stay till parent comes
<i>Barriers / Concerns:</i>	not enough at breakfast.	funding put 2 programs on hold; age restrictions; staff do not listen to them	no dislikes about the programs
<i>Who provides:</i>	breakfast attendant; school facilitator	staff personnel	snack program staff (of <i>Better Beginnings</i>); some teachers
<i>Why food provided:</i>	nutritious; if food not good at home; some children eat wrong foods.	for healthy bodies and energy; for a social time; if insufficient money at home; parents leave early; maybe no dinner	to keep healthy; to work and think harder in school; to provide nutritious foods; to serve as role models
<i>Suggestions:</i>	more food at breakfast	more food choices cooking club again	get more helpers for snack program (grade 2's); continue with nutritious foods
<i>Attend with whom:</i>	with friends to Breakfast Club; with family to camp	friends; siblings; alone	alone; siblings

7.0 DISCUSSION

The findings from this study confirm increased risk of food insecurity (which includes both insufficient food and the anxiety associated with obtaining adequate food) and hunger associated with poverty (Badun et al, 1995; Campbell, 1991; Davis and Tarasuk, 1994; Tarasuk and Davis, 1996; Tarasuk et al, 1998). All groups in all three communities continued to identify hunger and insufficient food as concerns primarily for children, but also for families. As well, parents and teachers stated that money impacted on food provision because of fixed incomes. Thus, despite official positions of organizations, such as the CDA (CDA, 1991); and international conferences that produced the World Declaration on Nutrition, (Joint Steering Committee, 1996), supporting the right to food security; or Action Statements (CPHA, 1996) proposing healthy public policy and reductions in income inequities, the results of these small group interviews clearly demonstrate that hunger and food insecurity are ongoing concerns, despite funding through projects such as the *Better Beginnings, Better Futures* initiative. This echoes the comments of Lewit and Kerrebrock (1997) about the continuing status of food insufficiency for American children, regardless of mandated food programs. More focus by policy makers is required to make changes towards addressing the issues of poverty and income equity. This comment aligns with the suggestion of Tarasuk and Davis that providing food does not address the societal issues of poverty.

Badun et al (1995) and Tarasuk and Davis (1996) stated that increasing numbers and use of food banks are indicative of rises in poverty levels. In the Etobicoke community, both staff and parents specifically recommended the organization of local

food banks in addition to access to emergency food supplies. Alternatively, staff recommended several ways of providing emergency food to community families. Thus, these recommendations align with the continuing and/or increasing circumstances of poverty in these communities. The demeaning aspect of using a food bank, described by Tarasuk and Davis, and Tarasuk et al (1998); was supported by staff in Etobicoke. In contrast, Guelph staff encouraged residents to take food whenever they wanted, as much as they needed, without the added stress of registering or being limited to using the service once per month. Thus, project staff actively worked to eliminate poverty stigmatization, both for children and for families.

Improved Behaviour in School

Studies examining the connection between nutrition and learning have shown the negative impact of poor nutrition on school performance (Parker, 1989; Pollitt, 1994; Troccoli, 1993) and, alternatively, the positive effect of supplementary feeding for two-year-olds (Pollitt) and in food programs through WIC (Tufts University, 1994). Anecdotal reports by teachers illustrate improved attitudes and school performance (Small World Communications, 1997). Teachers and parents in this project noted increased attention span and concentration for children who had breakfast. From another perspective, children and adults mentioned children being hungry in the morning; this reinforces the need for food at the beginning of the school day. This is contrary to McIntyre's finding in that only 5% of Nova Scotian children she interviewed missed breakfast (Nutriaction, 1994). Thus, food provision enables children to learn more effectively, based on interview comments. The adults interviewed consequently recommended more food and snack opportunities for children, recognizing that hunger may occur throughout the day.

In accordance with McIntyre et al (1992), Nutriaction (1994) and the Proceedings of the Research Design Workshop (1995), who found that identified needs such as hunger prompted action, Etobicoke staff identified teachers as the initiators for the Breakfast Club at Highfield School to address students' hunger. Parents in Cornwall similarly identified the need for breakfast. Thus, awareness of hunger prompts action.

A recent issue is the shift in responsibility for providing food for impoverished children from the community to the school system (McIntyre and Dayle, 1992; Nutriaction, 1994). Teachers were keenly aware of this dilemma, about who 'should' provide for children in the community, and all agreed that it WAS their responsibility to provide food or to access food resources on behalf of the children. Thus, teachers were willing to accept this responsibility, rather than finding it an imposition to provide food, due in part to their nurturing environment and because they did not want children to be hungry, to fall through the cracks.

Nutrition Education

The importance of nutrition to health and the awareness of healthful foods in the *Better Beginnings, Better Futures* programs were identified by those interviewed. Thus, the 'nutrition message' is being given and received in these three communities. This message is a component of nutrition education. In Canada and the United States there has been a shift in the focus of the education system to emphasize nutrition education as a means of promoting healthy lifelong habits. This addresses the realization that good nutrition habits are learned in childhood, and that their effects will be realized as good health in later years (Boulton et al, 1987). There is concern that people do not have adequate skills or knowledge for making healthful food choices. Hence the involvement of the education system, which has daily access to children to teach

nutrition knowledge and skills for long-term benefits. In Ontario, nutrition, mentioned in the Common Curriculum, is taught in an integrated manner; i.e., within other subjects such as health and physical education at the elementary level, and as an elective in family studies/home economics in secondary schools (Ministry of Education and Training, 1995). There is no nutrition education policy for either Ontario or Canada; thus, nutrition knowledge taught in schools may be minimal or lacking (Edward, 1996). Similarly in the United States, nutrition is often a component of comprehensive or integrated school health education (Brindis, 1993). As in Canada, there is no national nutrition teaching policy in the United States (Edward). Recommendations from the Proceedings of the Research Design Workshop (1995) suggest that food programs incorporate an educational component to increase knowledge, and teach nutritional skills such as healthful eating and food preparation.

There are two different goals of nutrition education programs: to increase knowledge, measured by outcomes like knowledge, attitude and behaviour; and to change behaviour, based on the Social Cognitive theory, that anticipates behavioural changes in eating patterns (Contento et al, 1995). Few outcome evaluations of nutrition programs have been conducted; those that have indicate that an active or hands-on component is effective (Lytle, 1994; Lytle and Achterberg, 1995; Mylly, 1997; Pilant, 1994). Staff in Guelph exemplified this step by using breakfast and snack opportunities to share and discuss new fruits with children, including their nutritional value. Two other important components for teaching and reinforcing healthful food and nutrition habits are adequate time and intensity (i.e., repetition), and family and community support (Contento et al; Lytle and Achterberg; Mylly; Reed, 1996). Peers are also influential (DeWolfe and Walters, 1994); this was confirmed by Etobicoke staff. Teachers and

project staff stated they used food provision as opportunities to discuss nutrition; unsolicited comments by children revealed that they were getting 'the message'. The nutrition co-ordinator in Etobicoke expressed success with her nutrition puppet show based on children's consequent food choices. Thus, repetition and consistency of this message are needed and effective. The fact that all the adults mentioned nutrition and the provision of nutritious foods as an important benefit for children illustrates the supportive environment for children. Parents also stated that knowing healthful foods were provided was important to them. As well, teachers identified that they acted as role models for children by attending the Breakfast Club. Thus, the *Better Beginnings, Better Futures* project is implementing effective components of nutrition education: hands-on learning, repetition and a supportive environment. One consideration, though, is the need to ensure that families have the financial resources to provide healthful meal choices for their children. As well, more courses on healthful eating and budgeting were requested by parents and suggested by teachers and staff.

Community Development

This project adds information to community development literature, i.e., models and relevant principles. Several models of community development have been suggested: the Community Organization and Development (COD) model (Braithwaite et al, 1994), the Community and Social Action model (Brown, 1991; Sen, 1994), the Action-oriented Community Diagnosis model (Eng and Blanchard, 1990-1), and the stages model (Moxley and Hannah, 1986). The COD model involves seven steps, including the identification of community leaders, the determination of community resources and a needs assessment. Brown's model of community action considers influencing public policy in the area of health promotion as one of its four phases. The

Action-oriented Community Diagnosis uses a three-step process to conduct a needs assessment, determine community resources and competencies, and develop community priorities (Eng and Blanchard). Moxley and Hannah (1986) discuss the different community development frameworks that define three, four or five stages or processes. For example, Hoffer (1958, cited in Moxley and Hannah) suggested three stages, Green and Mayo (1953, cited in Moxley and Hannah) found four stages, and Kaufman (1959, cited in Moxley and Hannah), Warren (1963, cited in Moxley and Hannah) and Wilkinson (1970, cited in Moxley and Hannah) delineated five stages. However, this determination may have been based on logic rather than on observation. Moxley and Hannah's study in North Carolina supported a three-stage model, which they listed as initiation (a needs assessment), legitimation (the community recognized and supported the prioritized needs) and action (movement towards the goal).

Despite the use of different terminology, various distinctions being made and differing outcomes, the models and stages indicate similar components: needs assessment, leadership, available community resources and the importance of skill training, e.g., problem-solving and leadership. Considering the process of program development in the selected *Better Beginnings, Better Futures* communities, needs were identified and confirmed at the original proposal stage in 1990-1. One criterion for receiving funding was the identification of a community group able to organize and mobilize the community, both for program identification and implementation. However, the importance of leadership or who filled this role, was not discussed. This lack of leadership distinction is at odds with the first three theories. We could speculate that the communities utilized a team approach, rather than having one community leader, or that the interview questions did not prompt information in this area. The three-stage model,

determined by Moxley and Hannah (1986) in North Carolina, more closely describes the process of community development in the *Better Beginnings, Better Futures* communities. After the initial needs assessment, the steps are legitimization, which for these communities was a prerequisite of receiving funding (a community group determined and developed programs based on local needs), and action, where programs are operating and changes made as needed. Leadership training, a component of the Community Diagnosis model, was a community program for Guelph and Etobicoke.

Most of the relevant community development principles mentioned in the literature review are supported by this project; two are not. Empowerment, described as gaining control (Labonte, 1994), may be subdivided into three levels: personal, interpersonal or community, and political (Plough and Olafson, 1994). Personal empowerment is evidenced by increased self esteem and taking responsibility (Eisen, 1994). Punjabi parents in Etobicoke became happy productive community members by helping with the food programs; parents in Cornwall assumed responsibility for organizing the Family Camp. At a community level of empowerment, teachers stated that parents were helping "our" or community children rather than just their own children. Parents also pointed out that the programs benefitted all people in the community, i.e., a 'win-win' situation.

Leadership, another relevant principle discussed by Plough and Olafson (1994), was not specifically mentioned during the interviews. It could be that participants were not cognizant of early leadership direction if they were new to the programs, the questions did not elicit this information or these projects could have truly become community team efforts with strong participatory boards. To support this latter view,

teachers in Guelph discussed the connections among themselves, the local school principal and the community centre for monitoring children's food needs.

The grassroots initiative (Dineros-Pineda, 1992; Florin and Wandersman, 1990) includes the concept of participation or active community involvement; this involves two aspects - volunteering or helping and input. Interviewees mentioned needing more volunteers and expanding the volunteer core. This concern correlates with social networking, or building community capacity, a construct proposed by Goodman et al (1998). Thus, the need for more community involvement was identified in this project. As well, the different perspectives of problems or barriers provided by the participants indicate that community groups need to meet more frequently to share viewpoints and provide input. This, then, highlights the need for communication. More intergroup communication would be beneficial for the community's growth and development, and to address unmet needs and barriers.

The two multicultural communities, Guelph and Etobicoke, were cognizant of potential language and cultural problems and seemed comfortable addressing them. This aligns with the assertion of Bird et al (1996) that using this knowledge of other cultures serves as a bridge within a community. The strategy of using indigenous residents for community connections was mentioned in the small group interviews by Guelph parents; these participants viewed this as a positive step.

Networking, either as a source of support (Tarasuk and Davis, 1996) or through coalitions (Ponzio et al, 1994), was another community development principle illustrated in the interviews. The Guelph community, for example, identified the importance of neighbours forming their own supportive networks. This coincides with the importance of social connections in increasing community participation (Goodman et al, 1998). Staff

discussed liaisons with community organizations, service groups and local businesses. In addition, Etobicoke staff actively pursued alternate funding sources, developed through their connections and lobbying efforts.

One finding of the TAG report (Ministry of Community and Social Services, 1990) was the need to be flexible in meeting community needs. This is especially true in a multicultural community, where residents from different cultures would determine what is appropriate for them. Etobicoke staff concurred with this, and indeed, identified this flexibility as a benefit of the *Better Beginnings, Better Futures* project.

Thus, this project lends credence to a three-step community development model, and confirms the relevant principles of empowerment, grassroots initiative, communication and networking. Leadership and conflict did not appear to be germane issues.

Benefits and Barriers

Food provision is an important issue in low-income communities; this was borne out unanimously by the interviewees. Nutrition was also deemed important by all participants, especially for children's growth and development. Using food increased program participation, promoted a relaxed and caring atmosphere and alleviated hunger. Another benefit identified by the communities was contacts and connections. Thus, food is an important factor in these communities, both for alleviating hunger and for making connections. It helps create community togetherness and support at both the interpersonal and community level.

One unexpected finding, clearly identified by all participants, was the importance of the social context of food. For children, offering food fosters a variety of learning opportunities which then impacts on their social skill development and later, their

remaining in school. Children's decreased abilities to interact socially are risk factors for dropping out of school (Brophy and Ryan, 1996). A screening tool to determine children's 'At-Risk Status' for quitting school was developed by Brophy and Ryan. This tool uses four subscales, two of which are based on social skills: **social confidence** and **social co-operation**. **Social confidence** may be affected as early as the primary grades (ages seven to nine) with students recognizing failure when they make social comparisons, which then reinforces their anxiety, negative self-image, loneliness and withdrawal from groups (Belsito, 1997; Rubin et al, 1990). This situation in turn impacts on children's interest and participation in school, their understanding of curricular material and willingness to request additional help (Belsito). **Social co-operation** considers children's willingness to accept adult authority and to resolve issues in a non-aggressive manner (Belsito). Children who express antisocial behaviour, such as aggressiveness, hostility and teasing; are often rejected from group activities, feel isolated, obtain lower academic ratings and are more likely to quit school (Belsito; Kupersmidt and Coie, 1990; Parker and Asher, 1987). Thus, children's social experiences in the early years of school may greatly impact on their willingness to learn and to remain in school.

The opportunities for social interaction provided by offering food through the *Better Beginnings, Better Futures* programs allow children the chance to learn and practise routines and social skills, for example, manners, washing hands, sharing and conversing; and to accept discipline. Children mentioned that they enjoyed being with their friends in a relaxed and fun atmosphere, thereby taking advantage of practising interpersonal skills. Fad and Ryser (1993) list several behaviours that teachers indicated were important for school success: interacting with various peers, developing and

maintaining relationships, and knowing how to join school activities. The *Better Beginnings, Better Futures* programs provide these social opportunities to learn and practise such behaviours. Thus, offering food to children is more than alleviating their hunger. Food provides a fun context in which to develop social skills, such as **social confidence and co-operation**, which in turn encourages children to remain in school and decreases their at-risk status.

Pride and money were significant barriers. Even though pride was identified by low-income parents as a barrier, it seemed irrelevant to them; possibly these parents, by contributing their time to the project, received food in return so that their pride remained intact. This, then, suggests a way of providing food while maintaining people's pride. Money remains an issue for low-income families despite food provision at the various programs. All staff seemed aware of multicultural issues and were addressing them. The different barriers identified by teachers, staff and parents reveal that these groups need to communicate more regularly.

Methodology

The small group interviews provided a wealth of information about food and nutrition programs and their impact. The participants, who ranged from new to older community residents, were co-operative and willing to discuss the questions asked. The size of groups was good (4 to 10). Time constraints necessitated shortening some interviews, so pertinent information may be missing. Ideally, having more groups in the same categories would have served as a reliability check, and might have revealed new information or alternate viewpoints. Also, this would have provided a more representative community sample.

Specific limitations for this project include the unavailability of one interview group, timelines, distance, moderators and language. Teachers in the Cornwall community were unable to participate as they needed to make up school time lost due to unforeseen circumstances. Because of the distance involved in travelling from Guelph, interviews were conducted by *Better Beginnings, Better Futures* research team members in Cornwall and Etobicoke. Although this meant that different moderators were used, the questions and interview format were the same, so resulting information was comparable. Since the interviews were translated into English from French in Cornwall and Punjabi for one parent group in Etobicoke, some information or nuances may have been lost. However, experienced translators were used. For the English interviews, a trained transcriber was hired, and the transcripts were checked with field notes made during the interviews to elaborate on the findings. Participants with limited understanding of English may not have grasped the question. To address this, interviews were translated into Vietnamese and given beforehand to those participants. As well, one parent served as a translator during the Guelph interview.

8.0 RECOMMENDATIONS

As a result of this project, several recommendations are made in the areas of programming, policy and research. Community residents and teachers had little information and knowledge about the historical background or program development in the *Better Beginnings, Better Futures* project. Therefore, information packages containing historical information should be available for all new residents to each community. This information would provide a context or framework within which residents and staff alike would work towards common goals, assess past experiences and be aware of resources and skills. This recommendation aligns with the suggestion of Goodman et al (1998) that knowledge of historical background shapes future directions. Interested stakeholders, for example, staff, parents and teachers; should meet regularly to address problems or unmet needs as well as to brainstorm for new suggestions or methods of implementing programs. The interviews revealed different perspectives; these should be considered at the local level. Volunteers should be more actively recruited, both to contribute to the participatory nature of the project and to provide needed hands. From the interviews, effective ways of recruiting include personal invitation and word of mouth.

For externally-funded projects involving low-income communities, we recommend a policy requiring that food be provided as an essential component of programs and activities, and that finances for such be allotted accordingly. Not only does food serve as a drawing card, it also is a tangible acknowledgment of people volunteering their time. Within the *Better Beginnings, Better Futures* project, a nutrition

education component should be developed and implemented both through schools, with Board approval, and community centres. Interview results indicate that children are learning about nutrition; a more systematic approach based on current research should be a required program area. We strongly encourage policy makers to more actively pursue reducing income inequities, as recommended in provincial and federal government documents. Despite projects like *Better Beginnings*, *Better Futures* that provide food, low-income families continue to have limited incomes which directly affect the health and well-being of families and children.

More research is needed in the area of program evaluation and community development. None of the programs in these three community had been evaluated. This project, therefore, allows opportunities for process and outcome evaluations; thereby contributing information about the effectiveness of food and nutrition programs in Ontario. Although confirmation of several relevant principles was evidenced in the interviews, more research is needed to clearly determine community development models and address the issue of leadership.

We also recommend the continuation of funding for the *Better Beginnings*, *Better Futures* project and expansion into other low-income communities. This project provides food for communities, but more importantly, allows community members to interact, form supportive networks, and develop the potential of their children.

9.0 SUMMARY AND CONCLUSIONS

The need for primary prevention programs for disadvantaged children to afford them opportunities for optimal overall growth and development was recognized from the results of the Ontario Child Health Study in 1986. Links have been established between poverty, food insecurity, nutrition and children's scholastic performance. To ameliorate any disadvantages faced by impoverished children, funding was provided by government ministries through the *Better Beginnings, Better Futures* initiative. Eight communities in Ontario, where residents had low incomes, were dependent upon social assistance and lived in subsidized housing, were selected. This funding encouraged those communities to develop programs and meet identified needs for local children and their families. Site reports and a Program Models Report (Pancer, 1994) indicate that food and nutrition were important foci; consequently many programs feature food or offer a food component. However, little information exists regarding the development of food and nutrition programs or their impact. This project addresses the paucity of information in this area. Four research objectives were specified: 1) to document people's perceptions about program development; 2) to determine program changes since 1993; 3) to ascertain the impact of these programs, e.g., benefits; and 4) to identify unmet need and barriers.

Small group interviews were conducted in three *Better Beginnings, Better Futures* communities: Cornwall, Guelph and Etobicoke, with groups of parents, teachers, project staff and children. Numbers per group ranged from four to ten, with sixty-nine participants overall. Interview questions were reviewed by the research

committee team in each community to provide opportunities to reword or revise the questions. The Etobicoke research team added a food insecurity question for parents and teachers. Questions were distributed beforehand so participants could consider responses. The interviews were transcribed and translated into English (from French in Cornwall and Punjabi in Etobicoke). Content analysis was used to determine common themes and relevant issues. Inter-rater reliability for agreement in choosing text and consistency of coding themes (co-efficient of reliability) was 0.84 and 0.79, respectively.

Analysis of results highlighted the key benefits of programs, for example, the alleviation of hunger, food provision and social contact. Other benefits include the provision of nutritious foods and improved behaviour of children in school, and community connections. Themes involving problems and concerns centred around hunger and insufficient food for all communities; local issues mentioned included programming, allergies, time and volunteering. Barriers for community residents focused on pride, financial constraints and different cultures. Main suggestions made by interviewees included more programs and more food provision. Other suggestions were increased publicity, more volunteer recruitment and more attention to multicultural opportunities. Children listed their favourite foods, were aware of the importance of nutrition, and offered several reasons why food was provided in their community. Teachers individually provided food to their students and as a group felt responsible for assisting in alleviating children's hunger.

Interview comments support the literature in that low-income families experience financial restrictions which then impact of food purchases. Despite food provision through programs sponsored by the *Better Beginnings, Better Futures* initiative, hunger and insufficient food concerns still exist. An unexpected finding was the importance of food in promoting social connections, both at the interpersonal and community levels. This finding augments research that identifies poor social skills as risk factors for children dropping out of school. Interview information about community development supports a three-stage model (Moxley and Hannah, 1986), and confirms relevant principles such as empowerment, grassroots initiatives, networking and communication. Leadership was not clearly identified, suggesting that the community may have developed true community direction.

Recommendations focus on programs, policy and research. The *Better Beginnings, Better Futures* initiative should be continued and expanded to other low-income communities. A nutrition education component should be added to food programs. Locally, stakeholders need to communicate more regularly to address concerns, barriers and suggestions, and to actively recruit volunteers. Food should be an integral component for all externally-funded projects in low-income communities. Policy makers need to actively reduce income inequities. More research is needed in the areas of community development and program evaluation for food and nutrition programs.

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APPENDIX A

**LIST OF PROGRAMS IN SEVEN *BETTER BEGINNINGS, BETTER
FUTURES* COMMUNITIES, WITH NUTRITION COMPONENTS
AS OF 1993**

Table 1: Guelph

Table 2: Etobicoke

Table 3: Cornwall

Table 4: Sudbury

Table 5: Kingston

Table 6: South East Ottawa

Table 7: Toronto

Table 1 Summary of programs at Guelph, listing nutrition components.

GUELPH (birth to 4 years)

PROGRAM GOALS (re: nutrition)	PROGRAMS	NUTRITION COMPONENT
Child-focused programs		
1. to provide quality care to enhance overall development	child care for parent groups	nutritious snacks
2. to provide nutritious snacks	ESL playgroup	nutritious snacks
	kindergarten readiness	nutritious snacks
	Breakfast Club	breakfast
	Stay in School; RAP; Jr. RAP	
Parent/Family programs		
1. promote and maintain mental and physical health	Parent Take-a-Break	may include cooking, baking
2. provide social supports	New and expectant parents group	discuss breastfeeding
	Women's group	
	Family care committee	emergency meals; bread
	Infant care committee	emergency formula; baby food
	Home Visitor Program	nutrition info; emergency food &/or infant supplies
	Relief Care	
Community programs		
1. Improve nutritional status of community members	dietician; health educator (CHC satellite)	nutrition info and advice
	Leadership Group	community meals
	Collective Kitchen	make and share meals; nutrition information
	Community Garden	grow food; 'harvest party'

**Table 2 Summary of programs at Etobicoke, listing nutrition components
ETOBICOKE (4 - 8 years)**

PROGRAM GOALS (re: nutrition)	PROGRAMS	NUTRITION COMPONENT
Children / School programs		
1. Improve eating habits and nutritional status 2. improve overall physical, health and well-being, academic performance and school attendance	Nutrition program	snacks 3x / week; nutrition information; lunch as needed
	Before and After School Program	nutritious snacks
	Summer and March Break program	
	In-School committee	assist with snack program
	Parent volunteers and assistants	
Parent / Family programs		
	Family resource drop-in	snacks
	Parents' Group	snacks
	Toy Lending library	theme boxes, e.g. snack ideas
	Home Visits program	connect to food banks
	Playgroups	
	Parent Relief	
Community programs		
	special events committee	community breakfasts
	nutrition co-ordinator	nutrition information
	Community and ethno-cultural relations	community breakfasts; serve ethnic foods
	ESL program	
	Neighbourhood Safety	
	Leadership program	

Table 3 Summary of programs at Cornwall, listing nutrition components

CORNWALL : Partir d'un bon pas pour un avenir meilleur équipe de coordination de recherche (4 - 8 years)

PROGRAM GOALS (re: nutrition)	PROGRAMS	NUTRITION COMPONENT
Children / School programs		
For Breakfast program: 1. promote importance of eating breakfast	Breakfast Program	daily breakfast; nutrition information to families
2.eat breakfast	Summer playground	visit to restaurant (with meal)
3. promote the 4 food groups	holiday activities	
4. decrease deficiencies	"Look, I'm growing" Clinic	
5.decrease behaviour problems; increase attention	School activities	
Parent / Family programs		
	Theme boxes (>40)	one theme: health/nutrition
	Family Visits	
	Toy library	
	Saturday playtime	one activity: cooking
Community programs		
	Homework help service	start with a snack
	Various committees and work groups	
	Information bulletin	

Table 4 Summary of programs at Sudbury, listing nutrition components

SUDBURY (4 - 8 years)

PROGRAM GOALS (re: nutrition)	PROGRAMS	NUTRITION COMPONENT
Children/School programs -create effective schools		
1.increase nutrition levels, health and fitness	Early Bird Program	nutritious snack
2.improve school performance	Peaceful Schools Program	
	Native and multi-cultural programs	
	Parent Support program	assist with 'pizza days'
	After School programs	nutritious snacks
	Summer programs	
Parent / Family programs		
1. increase adequate food	L'arc-en-ciel	collective cooking
2. increase healthy activities	Travelling Road Show	
	Summer Camp Experience	
	Tout pour reussir	
Community programs		
	Mediation Group	
	Environmental program	community garden
	You Won't Believe It's Theatre Group	
	Pre-teen program	
	Research program	collective cooking

Note: No 'Home Visit Program' mentioned

**Table 5 Summary of programs at Kingston, listing nutrition components
KINGSTON (birth to 4 years)**

PROGRAM GOALS (re: nutrition)	PROGRAMS	NUTRITION COMPONENT
Child-focused programs		
1. improve nutritional status	Parent Visitor program	nutrition info; breastfeeding
	Prenatal and Infant programs, e.g., Healthy Mom, Healthy Baby; Parent and Baby Get-together; Hey, what about me?; Baby's Coming	nutritious snack; vitamins; cooking; making baby food; emergency formula; info on nutrition and healthy lifestyles; breastfeeding
	Child care programs	nutritious snacks
	Child care enhancement	
Parent / Family programs		
1. Increase nutritional status	Family support program	meal or snack; locating food banks; emergency food
	Toy Library/ Story Centre	
	Parent relief	nutritious snacks
	Playgroups	nutritious snacks
	Nobody's Perfect Parenting Program	nutritious snacks; dinner if evening meeting
	Dinner Club	share dinner
Community programs		
1. Increase nutritional status	Low Income Needs Co-Op	refreshments
	Community Kitchens	collective cooking
	Test Kitchens	test community cookbook recipes; nutrition info
	Community Writers' Group	
	Neighbourhood newspaper	
	Special Events	community picnics; strawberry picking
	Multi-cultural outreach	
	Safety-Crossing Guard	

Table 6 Summary of programs at South East Ottawa, listing nutrition components

SOUTH EAST OTTAWA (birth to 4 years)

PROGRAM GOALS (re: nutrition)	PROGRAMS	NUTRITION COMPONENT
Child-focused programs		
1. provide favourable environment for overall development 2. provide nutritious food	Playgroups	nutritious snacks 'on demand'
	Family Visiting program	promote cooking and menu planning; nutrition info; breastfeeding
Parent / Family programs		
	Mobile Toy Lending Library	
-meet immediate food needs:	Parenting Workshops	supper
-provide support	Women's Group	
	Second Language Training	
-provide support	Coffee Time	
	Sewing Group	
Community programs		
-create healthy environment	Community nurse	
-meet food needs -provide knowledge	Cooking classes	food, nutrition knowledge and cooking techniques
	Kids in the Hood	
-provide get-togethers	Community Celebrations	
	Magic Bus	
	Newsletter	

Table 7 Summary of programs at Toronto, listing nutrition components

TORONTO: Parents for Better Beginnings (PFBB) (birth to 4 years)

PROGRAM GOALS (re: nutrition)	PROGRAMS	NUTRITION COMPONENT
Child-focused programs		
1. to nourish children	Community Visiting program	nutrition info
-provide nutritional info	Prenatal Group	nutritional info; snacks; breastfeeding
	Kindergarten Registration package	refreshments
	Take-a-Break playgroup	
	Child Care	
Parent / Family programs		
1. increase child's nutritional intake	Family Drop-In program	nutritious snacks and meals; nutrition info
2. increase parents' knowledge of nutritional needs of children	Take-a-Break discussion group	infant feeding info
	Parent Relief / Emergency Care	
	Family Resource Centre	emergency supplies
Community programs		
	Anti-racism training	
-increase awareness of infant nutritional needs	Emergency supplies	infant food; milk, fruit and vegetables; info on infant nutrition; budget shopping
	Welcome Basket	refreshments
	Community Outreach	
	Community and Special Events	nutritious snacks; ethnic foods

APPENDIX B

INFORMATION AND CONSENT FORM

The Development of Food and Nutrition Programs in

Better Beginnings, Better Futures Communities

Researchers: **H. Gayle Edward**, Division of Applied Human Nutrition,
Department of Family Studies, University of Guelph

Dr. Susan Evers, Division of Applied Human Nutrition,
Department of Family Studies, University of Guelph

The *Better Beginnings, Better Futures* initiative is a multi-disciplinary long-term study focusing on children from birth to eight years of age and families, in eight communities in Ontario. The project's goal is to improve the physical, mental, social, cognitive and emotional health of these children and their families.

From the program models report (Pancer, 1994) it is clear that communities regard food and nutrition as essential components of their programs, for example, as breakfast clubs, snack programs, emergency food programs, and community meals.

We wish to conduct small group interviews, one each for parents, teachers and community research teams, to discuss: what food and nutrition programs are currently in place, how these programs were developed, what benefits and barriers have been experienced and any unmet needs.

A final report of our findings will be forwarded to the research team in each community to help them refine their programs and address identified barriers.

If you have any questions or would like more information about this project, please call:

Gayle Edward at (519) 824-4120, ext. 3785
Dr. Susan Evers at (519) 824-4120, ext. 3780.

**The Development of Food and Nutrition Programs in
Better Beginnings, Better Futures Communities**

RESPONDENT CONSENT FORM

I (print name) _____, understand that my participation in this study is entirely voluntary.

I understand the purpose of the study as described in the attached letter.

If I choose to participate, I will be asked to attend one interview session lasting approximately two hours.

I understand that the interview session will be recorded. No names will be used. The audiotapes will be destroyed as soon as the information has been transcribed; in no instance will the tapes be kept for longer than 3 months.

All information collected will be kept in locked cabinets at the University of Guelph, accessible only to the researchers.

I may refuse to participate or may withdraw from the study at any time without consequences.

If I have any questions I can call **Gayle Edward** at (519) 824-4120, ext. 3785, or **Dr. Susan Evers** at (519) 824-4120, ext. 3780.

I have received a copy of this form for my records.

I consent to participate in this study by signing below.

Signature of participant _____ Date _____

Signature of witness _____ Date _____

**The Development of Food and Nutrition Programs in
Better Beginnings, Better Futures Communities**

Researchers: **H. Gayle Edward**, Division of Applied Human Nutrition, Department of Family Studies, University of Guelph

Dr. Susan Evers, Division of Applied Human Nutrition, Department of Family Studies, University of Guelph

The *Better Beginnings, Better Futures* initiative is a multi-disciplinary long-term study focusing on children, from birth to eight years of age, and families in eight communities in Ontario. The goal is to improve the physical, mental, social, cognitive and emotional health of children and their families.

From the program models report (Pancer, 1994) it is clear that communities regard food and nutrition as essential components of their programs, for example, as breakfast clubs, snack programs, emergency food programs, and community meals.

We wish to conduct small group interviews, one each for parents, teachers and project staff, to discuss: what food and nutrition programs are currently in place, how these programs were developed, what benefits and barriers have been experienced and any unmet needs. In addition, we would like to find out from children who are attending breakfast clubs and/or snack programs what they see as enjoyable and important about these programs.

A final report of our findings will be forwarded to the research team in each community to help them refine their programs and address identified barriers.

If you have any questions or would like more information about this project, please call:

Gayle Edward at (519) 824-4120, ext. 3785, or

Dr. Susan Evers at (519) 824-4120, ext. 3780.

SUBJECT CONSENT FORM

I (print name) _____, understand that my child's participation in this study is entirely voluntary.

I understand the purpose of the study as described on the attached letter.

If I choose to allow my child to participate, he/she will be asked to attend one interview session lasting approximately 30 minutes.

I understand that the interview session will be recorded. No names will be used. The audiotapes will be destroyed as soon as the information has been transcribed; in no instance will the tapes be kept for longer than 3 months.

All information collected will be kept in locked cabinets at the University of Guelph, accessible only to the researchers.

I may refuse to have my child participate or may withdraw him/her from the study at any time without consequences.

If I have any questions I can call **Gayle Edward** at (519) 824-4120, ext. 3785, or **Dr. Susan Evers** at (519) 824-4120, ext. 3780.

I have received a copy of this form for my records.

I consent to allow my child to participate in this study by signing below.

Signature of participant _____ Date _____

Signature of witness _____ Date _____

APPENDIX C

INTERVIEW GUIDE

1. Welcome and thanks for taking time and sharing your experiences.
 2. Self Introductions of group with short details, interest in *Better Beginnings*.
 3. Topic overview: important goal of *Better Beginnings* is to document how programs develop; this will help other communities; we're interested in YOUR OPINIONS about the food and nutrition programs in _____, and their effect on children and families.
 4. Moderator's requests: consents signed; explain reasons for audiotaping; all OK with that?
 - ground rules: speak up if concerns or problems; one person at a time; everyone has a turn; feel comfortable to express what you think
 5. Questions:
 - Topic: we're interested in the food and nutrition programs currently in _____.
 - Q. What programs currently provide food? Any others? What about snacks?
 - Q. THINK BACK: their history: how initiated, by whom, location.
 - Q. any changes? Describe; how; who was involved; reaction.
 - Q. benefits/ barriers? Describe - for whom; how long.
 - Q. your involvement with this program: if yes, what keeps you there?
if no, why not?
- Repeat for each program**
- Q. Future; new community needs? Describe.
 - How could they be addressed? Whom? Contacts? Where?
6. Summary question: summarize the main points and ask if correct, any comments.
 7. Final question: did we miss anything? Anything to add? Anyone else we should talk to?
 8. Thanks for contributing time and input; results to the RCU.
 9. Please fill out brief demographic questionnaire.
 10. Suggested probes: tell me more; I don't understand; give me examples; would you explain further; what do others feel; is there anything else? Describe what you mean.

APPENDIX D

INTERVIEW QUESTIONS

We are interested in ways people get food in this community.

Parents (P)

1. Do you attend activities or groups that provide food? Which ones?
2. How did you hear about them?
3. Do your children attend activities or groups that provide food? Which ones?
4. How were all of these activities developed?
[Discuss questions 5-7 for each activity]
5. Have there been changes to any of these activities since you started participating?
6. What are the benefits, to you and your child/ren?
7. Do you know of any problems or barriers?
8. Are there any other ways to offer food to children and their families?

Teachers (T)

1. Are you aware of food or nutrition programs for children attending your school? Identify.
2. Do you provide food for children? Do you know of other teachers in the school who do?
3. How were these programs and activities developed?
4. Have there been any changes?
5. What are the benefits to the teachers and students?
6. Are there concerns about or barriers to these programs and activities?
7. Are there any other ways that should be tried to provide food for children?

Project Staff (S)

1. What activities in this community have a food or nutrition component?
2. How was this need identified?
3. How did each activity develop?
4. Who were the people involved?
5. What resources were needed, e.g., knowledge, money, assistance?
6. What are the benefits of these activities, to children and their families?
7. Do you know of any problems or barriers?
8. Are there any other ways the community could provide food?

Children (K)

1. In which food or snack programs do you participate? Why?
2. Do you like to come to this/these? Why? What do you like/not like about it/them?
3. In this program, what do you get to eat? What is your favourite food? Why?
4. Who gives you this food?
5. Why do you think people give you these good foods?
6. Do you come alone to this/these program(s)? With a friend? With your family?

APPENDIX E
CODE WORDS for QUALITATIVE ANALYSIS

ineeds = initial needs: description of initial needs as identified at the proposal stage

history = historical information or background about the community or its programs;
includes the development of programs and resources needed

org = organization: includes the organization of the centre, its programs or staffing issues
and concerns

\$ = financial concerns and/or barriers; related to money

PROGRAMS:

apgm = actual programs: for actual programs and/or descriptions of programs that
either current or past

cpgm = changes to programs: indicates any changes that have occurred in the
program

(add mc to either to denote multicultural programs)

FOOD:

fooda = food access: includes the availability of or access to food, or its restriction;
kinds of foods available

foodh = hunger: hunger; lack or shortage of food

foodnew = new foods that are offered; trying new foods

foodp = how food is presented; ways of presenting foods

nutr = nutrition: includes discussion of nutrition and healthy foods, as well as an
awareness of unhealthy or junk foods (i.e., what's good and what's bad)

BENEFITS:

benek = benefits to/for kids

benep = benefits to/for parents and/or families

benec = benefits to/for the community: includes community organizations,
partnerships, and community spirit

PROBLEMS / CONCERNS: issues that affect the enjoyment or smooth running of
programs and/or activities, or that discourage attendance; concerns.

prob = problem or concern

time = time: includes lack of time or rushing as well as ensuring enough time

allg = allergies

probmc = problems relating to the multicultural community

BARRIERS: something that prevents or directly interferes with participation in programs or attending the centre and its activities

barrp = barriers associated with pride or stigma: related to poverty

barrage = barriers related to age

barrmc = multicultural barriers: includes religion, language, and other multicultural issues

barrpt = parental barriers: associated with parents, e.g., insensitivity, unawareness

barrtpn = transportation barriers: related to mobility

barr = other barriers not specified above

RECOMMENDATIONS: suggestions, recommendations and ideas about new ways of providing food to the community

recomm = recommendations, e.g., changes to programs, new ideas

recomm.mc = recommendations by/for the multicultural community

PUBLICITY:

pub = publicity: includes publicity, awareness or its lack thereof, of: programs, activities or community events

pubmc = publicity issues relating to the multicultural community

NUTRITION EDUCATION: includes nutrition education both for children and parents, the teaching of nutrition and healthy foods

nutred = nutrition education as described above

[Summary of mc (multicultural):

mc = multicultural

barrmc = multicultural barriers

recomm.mc = recommendations for/by the multicultural community

pubmc = publicity relating to mc issues

probmc = problems specific to the multicultural community]

APPENDIX F
CORNWALL PROGRAMS

	1993	1997
Children:		
Breakfast program	✓	✓
Saturday Play Day	✓	X
Homework Support Program	✓	✓
Parents/Families:		
Family Vacation Camp	✓	✓
Community:		
Community garden	X	✓ (new)
Breakfast Meeting (1/mo)	X	✓ (new)
Social Activities	✓	✓
Dépôt	X	✓ (new)

APPENDIX G

GUELPH PROGRAMS

	1993	1998
Children:		
Child care for parent groups	✓	✓
English as Second Language playgroup	✓	C
kindergarten readiness	✓	✓ (now 2 groups)
Breakfast Club	✓	✓
Stay in school, RAP, Jr. RAP	✓	C (now just Teen Rap)
reading readiness	X	✓ (new)
Teen RAP	X	✓ (new)
Karate	X	✓ (new)
Summer and March Break Camp	X	✓ (new)
daily snack program for school children	X	✓ (new)
Parents/Families:		
Parent Take-a-Break	✓	✓
New and expectant Parents Group	✓	X
Women's group	✓	✓
Family Care Committee	✓	C
Infant care committee	✓	C
Home Visitor Program	✓	✓
Relief Care	✓	X
Community:		
Bread Program	X	✓ (new)
Friends' Circle (Chinese)	X	✓ (new)
Ban Viet (Vietnamese)	X	✓ (new)
Emergency food cupboard	X	✓ (new)
Workshops	✓	✓
Collective Kitchen	✓	C
Community Garden	✓	X
dietician; health educator	✓	C
Leadership Group	✓	C
Management meetings	X	✓ (new)

APPENDIX H

ETOBICOKE PROGRAMS

	1993	1998
Children:		
Nutrition program	✓	C (now Snack Program)
Before and After School program	✓	✓
Summer and March Break program	✓	C
Breakfast Club	X	✓ (new)
Hot lunches	X	✓ (new)
Reading Circle	X	✓ (new)
Huff and Puff	X	✓ (new)
 Parents/Families:		
Family resource drop-in	✓	C
Parents' Group	✓	✓
Toy Lending Library	✓	✓
Home Visits Program	✓	✓
Playgroups	✓	✓
Parent Relief	✓	X
 Community:		
In-school committee	✓	C
Parent volunteers and assistants	✓	✓
Special events committee	✓	C
Nutrition co-ordinator	✓	✓
Community and ethno-cultural relations	✓	C
ESL program	✓	✓
Neighbourhood Safety	✓	C (now Neighbourhood Issues)
Leadership program	✓	✓

APPENDIX I

SUMMARY OF PARENTS' RESPONSES

	CORNWALL	GUELPH	ETOBICOKE-ENGLISH	ETOBICOKE-PUNJABI
BENEFITS: to children:	food provision social time nutritious foods relaxing milieu ate more in groups alleviation of hunger	food provision social time nutrition new foods school behaviour	social time nutrition new foods kids like it	food provision happy attitude nutritious foods
to parents / families:	social contact count on kids' food	socializing saves money food provision learning	social time saves money food provision less stress safe and secure	socializing [benefits to selves] learning satisfaction
to community:	meet neighbours promotional asset	---	---	help community all benefit
PROBLEMS and CONCERNS:	food: insufficient lack of variety desserts allergies time: short hunger: at camp in the morning	food: uncertain vegetarian multicultural allergies confidentiality stealing [safety]	allergies program time changes	not paid now
BARRIERS:	money age facilities	money pride publicity programs multicultural parental age distance / weather	money pride publicity "are coming down"	language
SUGGESTION	more food programs: hot lunches; soups; cereals; food: potlucks more variety meals for kids	more programs food: variety; multicultural learn more publicity	more food programs: daily snack; food banks	some recognition for volunteers
PUBLICITY:	school home visitor newsletter radio	school housing C.A.S. translator word of mouth	school newsletter mail	word of mouth letter personal request

APPENDIX J

SUMMARY OF TEACHERS' RESPONSES

	GUELPH	ETOBICOKE
BENEFITS: to children:	alleviation of hunger social contact monitor food provision nutrition school behaviour	alleviation of hunger social time monitor bonding reward learning cultural pride
to parents/families:	socializing helping out	---
to community:	neighbour connections community feeling 'strong link'	---
to teachers:	can teach students teacher's work is easier	teaching opportunities show caring reward satisfy basic need (hunger) gain insight into whole child
PROBLEMS and CONCERNS:	hunger responsibility insufficient food volunteers parental compensation environment	hunger responsibility food: multicultural not nutritious lunch location allergies
BARRIERS:	pride publicity money culture	---
SUGGESTIONS:	more programs continued food access food demonstrations learn new cultures	more food programs: daily full-meal lunch breakfast daily more money
FOOD PROVISION:	yes: cookie bin apples freeze leftovers from staff room	yes: as special events all kindergarten teachers do as a reward

APPENDIX K

CORNWALL RESPONSE SUMMARY

	PARENTS	STAFF
<p>BENEFITS:</p> <p>to children: alleviation of hunger social contact food provision (new and nutritious)</p> <p>to parents/families: social contact increased participation</p> <p>to the community: contact</p>	<p>alleviation of hunger social contact food provision nutritious foods ate more when in groups relaxing atmosphere</p> <p>social contact increased participation count on kids' breakfast</p> <p>meet neighbours promotional tool</p>	<p>alleviation of hunger social time try new foods less stealing of food better school behaviour increased participation</p> <p>social time increased participation less tension form own groups</p> <p>meet school and project staff community partners fundraise willingly</p>
<p>PROBLEMS AND CONCERNS:</p>	<p>food: insufficient at breakfast too many desserts lack of variety allergies time: short lunch hour hunger: at camp in the morning</p>	<p>food</p> <p>allergies time: short at breakfast hunger: at school vandalism (community garden)</p>
<p>BARRIERS:</p>	<p>age: for breakfast program; shyness financial: cost of cereals facilities</p>	<p>age: for breakfast program; memory financial: for more programs pride parental</p>
<p>SUGGESTIONS:</p>	<p>more food programs: soup, hot lunches food: more variety at breakfast; meals children like (camp); cereals; more potlucks</p>	<p>more food programs: snacks; snacks at recess; special food days; soup at lunch sensitize parents community garden: fence or move it</p>

APPENDIX L

GUELPH RESPONSE SUMMARY

	PARENTS	STAFF	TEACHERS
<p>BENEFITS: to children: food provision alleviation of hunger school behaviour social contact nutritious foods</p> <p>to parents/families: food provision social contact learning</p> <p>to the community: connections contacts community feeling</p>	<p>food provision</p> <p>social contact new foods nutritious foods school behaviour</p> <p>food provision</p> <p>saves money learning (tips, Eng.)</p> <p>----</p>	<p>food provision alleviation of hunger social contact new foods nutrition school behaviour</p> <p>food provision social contact new foods learning (foods, Eng.)</p> <p>child and neighbour connections increased profile contacts, donations</p>	<p>food provision alleviation of hunger social contact</p> <p>nutrition school behaviour</p> <p>food provision social contact nutrition</p> <p>connections community feeling communication</p>
<p>PROBLEMS and CONCERNS: food insufficiency; hunger nutrition volunteers</p>	<p>food unpredictable</p> <p>allergies transient area stealing non-confidentiality safety</p>	<p>hunger nutrition organization and volunteers</p>	<p>hunger nutrition volunteers</p> <p>responsibility parents environment</p>
<p>BARRIERS: pride publicity financial culture</p>	<p>publicity pride financial culture program ages parental distance, weather</p>	<p>publicity pride financial culture staff time</p> <p>transportation</p>	<p>publicity pride financial culture</p>
<p>SUGGESTIONS: more programs food variety publicity</p>	<p>more programs for children and adults (new and previous ones) food: variety and cultural publicity fundraise</p>	<p>more programs</p> <p>more food access</p> <p>publicity more volunteers</p>	<p>more educational courses</p> <p>ensure food access</p> <p>learn about new cultures</p>

APPENDIX M

ETOBICOKE RESPONSE SUMMARY

	PARENTS: English	PARENTS: Punjabi	STAFF	TEACHERS
<p>BENEFITS: to children: alleviation of hunger new foods social contact</p> <p>to parents:</p> <p>to community: food provision contacts community spirit</p>	<p>alleviation of hunger social time foods: new; nutritious; variety; kids like;</p> <p>food provision social contact know kids safe less stress</p> <p>healthy and new foods</p> <p>saves costs</p> <p>-----</p>	<p>alleviation of hunger kids happy nutritious food</p> <p>social time new friends satisfaction learning involvement help poor/busy parents everyone benefits</p>	<p>alleviation of hunger social contact foods: new; kids like; nutritious; learning no stigma caring atmosphere</p> <p>food provision</p> <p>alleviation of hunger</p> <p>convenience</p> <p>provides extras; place to go; food provision community contacts lobbying relationships little (no) stigma</p>	<p>meet basic needs (food) social time pride of ethnic foods learning reward nurturing</p> <p>-----</p> <p>-----</p>
<p>PROBLEMS and CONCERNS: with programs allergies</p>	<p>allergies nutrition programs: babysitting times changes</p>	<p>language no longer paid</p>	<p>allergies hunger programs: high no.; short lunch time outreach no partnership (BC)</p>	<p>allergies hunger food: ethnic; new; nutritious; location responsibility</p>
<p>BARRIERS: pride money parental issues</p>	<p>money pride parental issues publicity "don't see them"</p>	<p>-----</p>	<p>money pride parental issues multicultural</p>	<p>-----</p>
<p>SUGGESTIONS more programs</p>	<p>more programs: daily snacks; food banks</p>	<p>recognition for volunteering</p>	<p>more programs recruit volunteers food: more variety; more donations; more space more lobbying replicate program</p>	<p>more programs seek donations</p>

APPENDIX N

SUMMARY OF PROJECT STAFF RESPONSES

	CORNWALL	GUELPH	ETOBICOKE
<p>BENEFITS: to children: alleviation of hunger social time school behaviour new foods</p> <p>to parents/families</p> <p>to community: community contacts</p>	<p>alleviation of hunger social time better school behaviour</p> <p>new foods less stealing increased participation</p> <p>social time increased participation less tension form own groups</p> <p>meet people community partners fundraise willingly</p>	<p>alleviation of hunger social contact school behaviour nutritious foods new foods</p> <p>social contact food provision learning multicultural</p> <p>connections (neighb) community contact increased profile maintain contact</p>	<p>alleviation of hunger social time school behaviour nutrition food provision learning mc foods NO stigma caring atmosphere</p> <p>convenience parents know their children have food</p> <p>provide food and extras community contact lobbying</p>
<p>PROBLEMS and CONCERNS hunger</p>	<p>hunger: at school time: short food provision allergies</p> <p>vandalism</p>	<p>hunger</p> <p>nutrition</p> <p>organization</p>	<p>hunger time: short at lunch</p> <p>allergies no teacher partners no poverty assumptions who not reaching</p>
<p>BARRIERS: pride money</p>	<p>pride money parental age: club, memory</p>	<p>pride money</p> <p>staff time publicity multicultural transportation</p>	<p>pride money parental programming</p> <p>multicultural location</p>
<p>SUGGESTIONS: more programs</p>	<p>more programs sensitize parents fence community garden</p>	<p>more programs more food access more publicity more volunteers</p>	<p>more programs more volunteers more food variety more space more lobbying replicate project</p>