NutriSTEP® Licensee Progress Check

Case Study Two

Chatham-Kent

Fall 2009

Background

The Chatham-Kent Public Health Unit (CKPHU) began planning to implement the NutriSTEP® program in July 2008. A pilot run was then implemented within selected Ontario Early Years Centres (OEYCs) via NutriSTEP® Screening Clinics. Since then, CKPHU has integrated NutriSTEP® into several other public health programs and a variety of community partners' activities.

Launch of Implementation

November 2008

Geographic Location

Chatham-Kent, Ontario

Focal Audience

Parents of three- to five-year-olds in the community from primarily, but not exclusively, higher risk groups. A secondary audience is parents of two- and six-year-olds.

Delivery methods

#	Method	Implementation Notes
1.	Parents visiting OEYCs	One Registered Dietitian (RD) was on CKPHU staff to work on this project. Work on NutriSTEP® made up a large portion of her Full Time Equivalent (FTE). She visited the centres to do the questionnaire with parents through NutriSTEP® Screening Clinics approximately 3-5 times per month at various locations. OEYC staff were also trained to do it, but timing was an issue given their high workload. As the FTE RD position will end soon, the clinics will continue at a much less frequent basis. However, the remaining RDs on staff at the health unit are committed to continuing this program.
2.	Participants in Healthy Babies Healthy Children Programs (HBHC)	All CKPU PHNs have been trained to do the questionnaire for the HBHC program during in-home visits. This will help sustain the program once the FTE RD position no longer exists.
3.	Public health dental clinics	When a child within the relevant age range is identified by a dental hygienist as being in need of support, one of the CKPHU RDs completes a screen and consults with the family.
4.	CKPHU organized community fairs and events	At least one RD makes an effort to attend any community fair or event that has the potential of drawing in parents of 3- to 5-

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		year-olds. Examples include the Child & Youth Festival, the Mennonite Fair, and our first annual Learn Share Grow Event. The Learn Share Grow event drew in approximately 850 participants and provided a wide array of health information (including healthy eating) to preschoolers, their families, and childcare providers. NutriSTEP® screening was available and advertised. Advertising included posters throughout the community and within the health unit, public service announcements, newspaper articles, etc., to build awareness about the nutrition tool and events.
5.	Other CKPHU programs such as Partners in Play, parenting groups, Building Healthy Babies	At these groups, the NutriSTEP® program is primarily delivered by the FTE RD assigned to this project or another CKPHU RD. We decide whether to attend these groups based on the children's ages and whether they qualify to complete the screen.
6.	Primary health care provider offices	A mail-out of posters and an informational letter went to all local physicians and RDs to raise awareness about the tool and how it will be used within the community. After the mail-out, some RDs from Family Health Teams and some Nurse Practitioners contacted the health unit for details about the referral process, who qualifies, locations, etc. These discussions informed the refinement of our referral process. There were no questions from physicians and, to date, no follow-up has been done with them.

Follow-up methods

CKPHU follows an assisted referral process for NutriSTEP®. Parents fill out the questionnaire with an RD. The parents let the RD know when they are finished, and it is quickly reviewed with the parents. Everyone receives a summary sheet of their results, recommendations, and a standard education package. The RD checks off referrals that are appropriate for them (from a standard list), and, in some cases, gives more detail about the referrals (e.g., workshops, community referrals). When an RD is available to help parents complete the screenings on the spot, most questions are answered right away and thus do not require follow-up.

Implementation team

Job title	Roles	Time Investment
CKPHU RD	All development, implementation and evaluation of the project	Most of one FTE, over 1.5 years. Rough approximation of time allocations for some tasks: • Development of implementation plan (5 days) • Development of referral map, community partnerships for referrals, forms and promotional material (4-6 weeks initial investment plus 2 hours/week maintenance/updates) • Presentations and training for other practitioners (2-3 weeks to develop materials, 10 hours to deliver) • Implementation of tool at clinics and other settings (average of 10-12 hours a month, plus special events) • Development of evaluation tool and ongoing updates (2-3 days initial with occasional hours to update) • 35 evaluation follow-up phone calls (16 hours) • Spreadsheet to manage evaluation data (3-5 days initial set up and 2-3 hours/week to manage and update) • Reporting (1-2 weeks) • Management of content for Nutrition Resource Centre Website and Learning Community (1 hour/ week) • Miscellaneous management (1-2 days/week)
Other CKPHU RDs	Ad hoc consulting, reviewing drafts of materials, occasional completion of screen with parents	A few hours/month
Secretary		1-2 days/week
Director	Review, approvals	A few hours total
Public health epidemiologist	Occasional help with forms and evaluation	1-2 days total and as required
3 PHNs	Training to implement questionnaire for HBHC, implementing screening in HBHC	2-3 hours training, 8-10 hours of implementation time in HBHC to date. (Total time contribution for all PHNs together)

Community partners

Partner	Role	Notes
Two practitioners at OEYCs	5-6 hours of training (multiple sessions). About 7 hours dedicated to completing questionnaires with parents.	They found the tool very useful and the training they received sufficient; however, they were quite busy, so time was an issue.
Salvation Army	Participated in the second half of a planning/budgeting workshop.	There is a Salvation Army staff member in our area that has great influence with our high risk youth. Her connection to our workshop meant that youths were more likely to attend. She also offered very practical shopping tips and other content ideas to supplement the workshop. She was a particularly good fit because she already does occasional workshops through the Salvation Army on budgeting and grocery shopping.
Ontario Works	Allowed us to include advertising materials in the Ontario Works cheques that were mailed to those on assistance.	
Early Words Clinics (offered through the Children's Treatment Centre)	Allowed our RD to attend their clinics and offer the questionnaire to parents and their children while they attended speech and language appointments.	We recently stopped doing this because it makes the client visits too long.
Family Health Teams	Planning to offer the questionnaire as part of their clinic visits and checkups for three-year-old children.	We are just beginning their implementation at one site. Other site is hoping to create a regular check-up clinic for three year-old children, with NutriSTEP as one of the screens to be used.
School boards	NutriSTEP® is not yet a part of this environment. They have, however, allowed us to pilot a Preschool Readiness Booklet in the Fall of 2010 which includes a nutrition questionnaire for preschoolers.	Though this particular pilot test screening was not NutriSTEP®, our goal is to eventually replace the trial nutrition questionnaire with NutriSTEP®. We are pursuing board-wide implementation.
Local media outlets	Donated ad time/space	

Annual Costs (excluding staff)

Expense	Approximate funds required	Source of funds
Exercise equipment for a workshop (Fuel up for Fun for 3- to 6-year-olds) including balls, scarves, mats, and other preschool fitness supports	$1500	Best Start Funding
Copying and miscellaneous materials. Note: all of the resources used in our packages are now free of charge via Service Ontario Publications or our health unit (i.e., Eat Right, Be Active and Busy Bodies). At one time, there was a charge for select resources, but they are now free of charge again.	$1000	Best Start Funding
Food and supplies for the workshops.	$500	Best Start Funding
Mail-out to doctors and local community partners.	$100	Best Start Funding

Program challenges, proposed solutions

Challenge encountered	Possible solution, or way to avoid
In the beginning stages, we were starting from scratch. There were minimal resources to build on, as not many other organizations were implementing NutriSTEP®.	This is not a problem anymore.
There is a shortage of administrators to do the screen. We are reaching out to non-RDs, such as PHNs and Nurse Practitioners, but our evaluations show that if the parent does not receive an answer to a question at the time of the screen and are called after to discuss, they no longer have any questions. From now on, the non-RD disseminators will have to pass questions on to an RD and they will follow up with a phone call.	Provide enough support and administrators to sustain the program. Reach out to community RD's and Family Health Team's to provide screening.
RD follow-up for those without a doctor and who are at high risk is needed. We have an RD who has been able to see our high-risk parents, but we don't know how long she'll be able to do that.	Chatham-Kent Health Unit has a contract RD that sees parents as requested. She meets them at the closest OEYC location for nutrition counseling.
The word 'risk' is an alarm bell for some parents; it is a word that scares them a bit.	Find other words to classify people.
We have a concern that the risk categories don't capture everyone who needs a referral. For example, someone may score as low risk but still have several nutrition concerns that should be addressed. We have	Consider other situations when a referral may be required, and add those to the tool.

Challenge encountered	Possible solution, or way to avoid
incorporated that into our referral tree, but if non RDs are doing the screenings, it will become more difficult to catch all people who need to be referred.	
Mandatory physician referrals for high risk can be problematic. Many parents who get referred to a physician feel negative toward the referral, and say that it is not necessary and not useful.	Do not use this part of the referral process. We are sending all info to the physician but an actual referral is not made, this is left up to the parent if they wish to discuss it further with their physician.
Getting messages out into the community about how to access the NutriSTEP® questionnaire and to health care providers about how to integrate NutriSTEP® into their practices is ongoing.	Continued advertising of the program, sharing of results and success stories to encourage others to get involved.
There is a need to expand the tool to other age groups. 33% of the people we have screened are outside of the 3-5 range. When CKPHU advertises NutriSTEP® now, it is for 2- to 6-year olds.	Consider expansion.

Additional support required

Desired support
A full list of who is doing what and where, related to this project, would be helpful for networking and avoiding reinventing the wheel.

"I love the online community and find it very helpful. I hope to see more people, and more posting. I think that as more people get involved in this program, the website will blossom. As more post the referral trees, forms and so forth, others can use this information as building blocks and adjust them to fit their community. This will make the development and implementation stage much faster and less cumbersome. "

Outcomes expected

- Increased awareness and knowledge about healthy eating, healthy weights, and physical activity.
- Early intervention and decreased risk of serious nutrition consequences, such as anemia and overweight/obesity.
- Identifying children at risk for further assessment and treatment.
- Streamlined referral process and increased ability to prioritize services to those most in need.
- Increased ability to identify the needs in a population group to integrate services and target nutrition programs.

Evaluation data for November 2008-November 2009

Indicator	Findings
Number of screens completed	226
Percentage of those screened in each risk category	71% low risk, 18% moderate risk, 11% high nutritional risk
Perception of healthy weight	84% of respondents felt their child was the right weight.
Perception of level of physical activity	85% of respondents felt their child was getting enough physical activity.
Screen time	35% of respondents reported that their preschooler had 3 or more hours of screen time each day; 26% had between 1 and 3 hours. Only 39% reported that their child watched 1 hour or less of television each day.
Vegetable consumption	56% of respondents reported that their preschoolers eat vegetables at least twice per day.
Referrals	17% of respondents were referred to an RD. 73% were referred to a public health unit nutrition workshop. 11.5% were referred to their family physicians for more information. 56% of those referred to an RD declined the referral, feeling they had enough information already. It is not known how many followed through with the referral because efforts to contact respondents in follow-up were not successful (no answer, no call-back).

Expansion plans

Desired expansion	Barriers to proceeding
We have already begun expanding from the 3-5 age range to the 2-6 age range.	No barriers. We feel it is an effective tool for the 2-6 age group.
Before we worry about expansion, we must worry about sustaining what we are already doing. My FTE position is soon ending. At that point, the CKPHU will struggle to continue this program due to staffing.	Adequate funding for an additional RD position.
We wish to have a full fledged partnership with the school board.	Adequate funding and staffing to work closely with the school board to implement it properly board-wide.