



NutriSTEP® Licensee Progress Check

Case Study Three

Thunder Bay

Fall 2009





Background

The introduction of NutriSTEP® in Thunder Bay in 2008 started as a part of implementation research being conducted by the University of Guelph. The Thunder Bay Site Coordinator worked hard to integrate NutriSTEP® into the local Fair Start program, coordinated by the Thunder Bay District Health Unit (TBDHU). Fair Start is a screening program that promotes healthy child development. Screenings are done starting at 18 months and continue until entrance to Junior Kindergarten (JK) in all schools in Thunder Bay.

Child health screening using a valid and reliable screening tool such as NutriSTEP® is a requirement within the Ontario Public Health Standards (2008). There was thus a good fit between NutriSTEP® and Fair Start.

In addition to being a good screening tool, NutriSTEP® has also provided an opportunity to collect community baseline data about eating and activity habits in children 3- to 5-years old in the Thunder Bay District. The data will be used to help health unit staff develop future programming and to address the needs of preschoolers and their families in our district.

Launch of Implementation

Winter 2009

Geographic Location

Thunder Bay, Ontario

Focal Audience

Parents of three- and four-year-olds in the community, across ethnic and socio-economic groups



Delivery methods

| # | Method | Reach | Implementation Notes |
|----|--|--------|---|
| 1. | <i>Primary Focus:</i> All JK students, aged 3 and 4, in the region. | High | Parents receive the tool when they register their child for JK and are asked to return it to the school secretary. It is available in French and English. The program is run year-round, but the majority of tools are distributed and returned between February and May, the primary time parents register their children in JK. |
| 2. | Participants in Healthy Babies Healthy Children Programs (HBHC) | Low | It is used only if eating issues are identified for a preschooler during a home visit. |
| 3. | Daycare children who participate in 36 month Fair Start screenings | Medium | Only some daycares participate. |
| 4. | Community children who participate in 36 month Fair Start screenings | Low | |
| 5. | Primary care professionals | Unsure | Information about the program is sent in an annual resource package mail-out to physicians and nurse practitioners. |

Follow-up methods

When parents receive the tool, they also receive the “How to Build a Healthy Preschooler” education booklet. When the parent completes the tool, a screener/facilitator trained by Fair Start reviews the score with the parent and provides appropriate resources. If a child scores greater than 26, a referral form is completed and the parent is asked to follow up with their healthcare provider (a medical doctor (MD), a nurse practitioner (NP), or a registered dietitian (RD)). A fax of the form and the tool is then sent to the healthcare provider.

Implementation team

| Job title | Roles | Time Investment |
|--|---|--|
| Public Health Dietitian | Design referral map. Participate with Fair Start planning, presentations and training with screeners and nurses. On-going implementation needs. Development of database for monitoring and analysis of results for reporting. | ½ day a week, more intensive at the beginning and during data collection and analysis. The time commitment also picks up in September with screener training updates for the community and January for the school screeners. |
| 2 Fair Start staff | Adding tool to regular screening process. Advocating for inclusion of the tool to Fair Start executive committee (e.g., school boards). Training on an on-going basis for screeners and retired teacher volunteers. | Annually, two days for planning and training, two for evaluation, ongoing commitment for implementation – however, the majority of hours come from the volunteers. |
| Fair Start volunteers (trained screeners, including daycare staff, Best Start hub staff, school secretaries, and retired teachers) | Implementation of the tool – screeners provide the tool to parents and go over the results. They are responsible for providing referrals and entering the data into the Fair Start database. School secretaries are also responsible for giving booklets to parents registering their children and returning completed ones to the TBDHU. Referrals are sent directly by one school board, and the other board mails theirs to the TBDHU for referrals to be faxed. | Last year, we estimated 245 hours of time donated from volunteer screeners. |

Community partners

| Partner | Role | Notes |
|--|---|---|
| All District School boards | Allowed the addition of the NutriSTEP® to the JK screening booklets | Partnership has already been established through the Fair Start committee; this is the key element in the success of the implementation of NutriSTEP® |
| Fair Start Executive committee members (Best Start, School Boards, Children’s Services daycares, etc.) | Dissemination and follow-up support of a volunteer, when requested by a parent. | This group embraced the importance of nutrition and physical activity screening and therefore accepted the tool into its established program. |

Annual Costs (excluding staff)

| Expense | Approximate funds required | Source of funds |
|--|----------------------------|-----------------|
| Printing tools *now being provided by Service Ontario Publications free of charge | \$1000 | Program funds |
| Training – rooms, food *now absorbed by the Fair Start program | \$300 | Danone grant |
| Mail-out *this does not include the costs absorbed by the Fair Start program to run the screening process | \$200 | Program funds |

Program challenges, proposed solutions

| Challenge encountered | Possible solution, or way to avoid |
|--|---|
| Some of the Fair Start screeners were uncomfortable including this tool as they felt it was inappropriate. | We learned how to sell the tool and the importance of nutrition for learning and other forms of development. Luckily, we had screeners and administrators at the school board level that were on our side, and they became our advocates. |
| Lack of dietitians, or other health care providers. | One of the concerns in northern remote communities is access to an RD who can help families. |

Additional support required

“I already feel like I have enough support with the toolkit, the printing of the tools and handouts from Service Ontario Publications and the NutriSTEP® website.”

Outcomes expected

- Increased awareness among parents, teachers, and childcare workers about good nutrition for preschool children and resources available in the community.
- Surveillance data to inform programming in the future.

Evaluation data

| Indicator | Source of data | Collection method | Findings |
|-----------------------------------|-------------------------------------|--|--|
| Number of questionnaires returned | Schools, HBHC, daycares, Fair Start | Tools returned to HU for inputting in database | 664 completed in winter and spring 2009 47 returned in the fall of 2009 |
| Risk levels | | | Level of risk calculated on 664 returned: 84% low, 11.6% moderate, and 4.2% high risk. |
| Postal codes | | | We are looking at ways we might use the postal codes to target programs by neighbourhood in partnership with our Best Start Network. |
| Individual questions recorded | | | Visit www.tbdhu.com to see full report. |

"The feedback has been very positive from the facilitators, Fair Start staff and volunteers. The support from the school boards has led to easy and universal implementation in our district. More process will occur in 2010."

Expansion plans

| Desired expansion | Barriers to proceeding |
|--|---|
| More training of facilitators/screeners/Early Years staff on child nutrition and physical activity. | Staff time |
| Expand the surveillance database, do further analysis of the completed questionnaires' data, including the partnership with the Data Analyst Coordinator (DACs) to look at the relationship to eating and activity behaviours and the Early Developmental Index (EDI). | Time and expertise (namely with an epidemiologist). |