

BACKGROUND

We have a problem

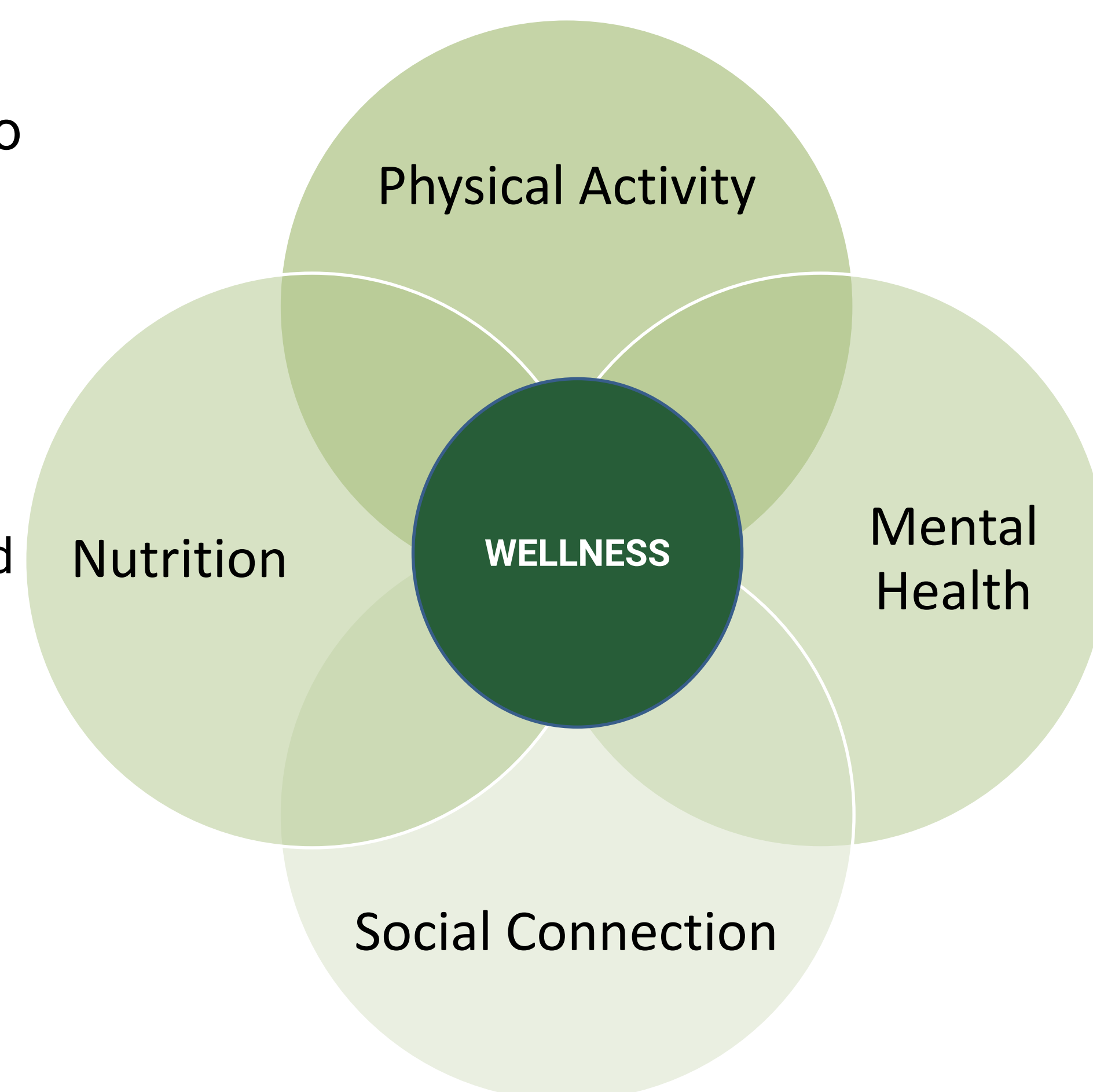
- 85% of Canadians fall short of physical activity recommendations (86% of youth)
- 60% of Canadians report eating fewer than 5 daily servings of fruits and vegetables (67% of youth)
- Approximately one-third of Canadian children are either overweight or obese; 30% also struggle with sleep
- Increased screen time for children, longer work hours for parents, and busier family schedules have created a connection problem
- Alberta currently faces increased rates of chronic disease, obesity and accompanying mental health problems → in both adults and youth

WHAT IF . . .

Families spent more time cooking and eating together?
 Families spent more time being active?
 Families focused on their strengths and assets?
 Families spent time connecting with each other and other families?

Change Health Community Program

- Works to support families in developing the motivation, knowledge, skills, and confidence to improve their health
 - Focuses on four main areas: Physical Activity, Nutrition, Mental Health, and Social Connection
 - Expansion of CHANGE Health’s evidence-based programs specifically designed to meet the needs of Alberta families
 - Uses a preventative, proactive, community-based model of care that focuses on lifelong wellness
 - Customized approach to health supported by an inter-professional team of family doctors, dietitians, kinesiologists, and mental health professionals
 - Links people to their community assets to support their health and well-being.
- Supported by University of Alberta, CHANGE Health Alberta, and Alberta Blue Cross



INTEGRATED FINDINGS

REAIM Framework Summary

REACH	11 Sites engaged in CHCP; 122 families (230 adults and 245 youth) registered in CHCP
EFFECTIVENESS	<p>QUAN: Nutrition ↑; Physical Activity →; Mental Health →; Social Connection ↑ Readiness for Change ↑</p> <p>QUAL: Success across pillars</p> <ul style="list-style-type: none"> • Developing cooking skills and eating healthier as a family • Incorporating physical activity more into their daily lives • Having hope and access to mental health resources • How CHCP reinforced the importance of community
ADOPTION	73% of sites have sustained programming past initial implementation Most sites prefer to return to some in-person programming
IMPLEMENTATION	Wave 1 and Wave 2 Sites (11 sites total) completed Implementation Enablers: Working as a multidisciplinary team, being responsive and flexible, and creating and leveraging community Challenges: Pivoting to online delivery, engaging through a pandemic, understanding what works for families, and planning for the future
MAINTENANCE	100% of Year 1 sites have completed letters of support or MOUs Continued discussions with sites about how to incorporate CHCP into regular programming Supports and materials provided to participants to sustain individual level change

Integrated Finding Highlights

- Participants were reminded about how to make healthy choices and worked towards this goal.
- Participants felt empowered to focus on their food habits and learned how to cook healthy and tasty options at home while balancing Health Canada recommendations for fruit and vegetable intake
- Participants knew that they needed to move and be active; integrated activity organically into their days and did so as a family
- Participants felt that they were able to integrate small things into their daily lives that helped them feel more hopeful and able to bounce back despite challenging circumstances.

DISCUSSION AND NEXT STEPS

- CHCP seems to be a protective factor, helping participants build resilience and protect from some of the harmful effects of the pandemic
- Allow time for planning, site preparation, and community engagement
- Pivoting to a virtual program allowed for unexpected benefits, including additional spread and solving technology issues
- Focusing on community partnerships is the way forward as it leverages strengths of multiple partners to deliver the CHCP

NEXT STEPS

- Explore the intensification of the Physical Activity portion of the CHCP with a return to some in-person programming
- Consistent with other province-wide initiatives (e.g. Apple Schools), allow time to gather more information about the initiative and possible models for scale and spread



EVALUATION PLAN

- Used an integrated mixed methods approach to data collection and analysis
 - Quantitative methods (e.g. surveys and questionnaires) and qualitative methods (e.g. interviews and/or focus groups) used to collect both breadth and depth of information related to the implementation of the CHCP and the experiences of participants
 - Collected data from a number of primary and complementary data sources (e.g. project documentation, CHCP participants, CHCP Program Staff) to ensure full picture of the CHCP
- Utilization-focused evaluation (UFE) approach to provide evidence of emerging outcomes, inform further development and refinement of the CHCP, and facilitate the transfer of the CHCP to new contexts and settings
- Evaluation Questions:
 1. Who is involved in the CHCP?
 2. How effective is the CHCP at impacting identified health outcomes?
 3. What are the experiences of those involved in the CHCP?
 4. How was the CHCP developed and implemented?

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