

# Food Skills for Families: Community Facilitator Engagement Summary

May 23, 2024



*Different ways of being  
Many cultures in one kitchen  
Beyond scope of food*

Three-line poem written by a member of the Food Skills for Families team during the analysis of the information gathered from the Engagement Sessions with Community Facilitators.

## Acknowledgements

The British Columbia Centre for Disease Control's (BCCDC) Food Skills for Families (FSF) program is hosted in various settings throughout British Columbia and across diverse communities and populations, including First Nations, Métis, and Inuit peoples. We are grateful to all the First Nations who have cared for and nurtured the lands and waters around us for all time.

Our main office is located on the traditional and ancestral lands of the x̣m̄əθk̄əȳəm (Musqueam), Sk̄wx̄wú7mesh Úxwumixw (Squamish), and sə́ílwətaʔ (Tsleil-Waututh) Nations.

We acknowledge the past and current inequities experienced by Indigenous Peoples and are committed to advancing Indigenous-specific anti-racism and creating culturally safer environments.

## Prepared for

Food Skills for Families Community and Partners

Population and Public Health Leadership team, BC Centre for Disease Control (BCCDC)

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## Abbreviations

BC	British Columbia
BCCDC	British Columbia Centre for Disease Control
CFs	Community Facilitators
FSF	Food Skills for Families

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## With gratitude

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*Dining on Food Skills for Families recipes*

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## Executive Summary

The Food Skills for Families (FSF) team set out to gather FSF Community Facilitator (CF) input to help inform how an updated FSF program could look to better support food literacy across BC communities. In addition to these considerations, program updates will also be guided by other ongoing projects, such as the pre-and post-program feedback from program participants, host evaluation forms, and findings from a food literature review on experiential food skills programming and population health outcomes.

For the purposes of this report, the FSF team focuses on CF input that was brought forth in the Engagement Sessions. With the aim to document diverse experiences and perspectives on facilitating the FSF program, a total of 39 CFs were invited to participate in a series of three Engagement Sessions across each of the five health regions.



*Cooking together*

## What We learned

Six high-level themes from the engagement were identified. Central ideas within each of these themes are briefly touched on below.

### 1. Program Reach and Participants

The program reaches participants beyond the current priority populations the program serves, for example youth and children. Future program updates need to reflect the diverse ethnocultural and socioeconomic backgrounds of participants attending.

### 2. Program Structure and Curriculum Adaptions

While a curriculum-based model supports easier program delivery, it's important to reconsider the limitations of a fixed, one-size-fits-all programming. Local context and place-based adaptations may better support the unique characteristics and dynamics of communities.

### 3. Food Values and Preferences

Personal values around food and regional food systems shaped the content that CFs wanted to see in the FSF program. CFs conveyed a desire for program adaptations to account for the wider environmental and social contexts in which the FSF program is delivered, including culturally diverse recipes, Indigenous food practices, and food seasonality.

## Executive Summary

### 4. Connection

CFs emphasised the value in coming together with others in their communities. CFs highlighted the need to think more explicitly about approaching adaptations to the program with an element of connection and belonging in mind. This would include connection amongst community participants; connection to local and regional programs and food assets, including land and waterways; and connection amongst CFs and to FSF facilitator network.

### 5. Training Needs

CFs already have a wealth of knowledge and skills they bring and share with community participants. Some additional skill building opportunities identified were ways to include and engage children and youth; food preservation, growing and foraging food, and learning about Indigenous-specific foods; and adapting recipes for allergies, sensitivities and dietary preferences.

### 6. Program Principles

The new principles created to guide the work of FSF reflect the value of welcoming diverse ways, sharing, bridging and building knowledge, and promoting connection and a sense of belonging. These principles were not currently being realized with the current program structure though updates better manifesting the principles mark the way forward for the program.

## Main Takeaways

- Account for the diversity of participants taking part in the program,
- Adapt program structure and content to consider community, environmental and socioeconomic contexts,
- Provide additional training and supports for Community Facilitators and participants,
- Create more space for intentional connection, and
- Work to embed program principles to guide ongoing and future work.

## Next Steps

- Creation of an ongoing reciprocal communication strategy with community.
- Continue collaborating with Indigenous-led food sovereignty initiatives to help inform and weave learnings into program updates.
- Adapt the program in a gradual and deliberate manner to ensure updates meet unique community needs and build capacity and connection to support food literacy.

## Engagement Plan

The [Food Skills for Families](#) (FSF) program has offered hands-on, healthy eating and cooking skills across the province of British Columbia (BC) since 2008. One key focus is on building and strengthening cooking skills and nutritional knowledge among the following priority populations: newcomers, lower-income families, seniors, Indigenous Peoples, and people of South Asian descent.

There have been minimal revisions to the structure and content of the FSF program since it was first launched. Based on feedback received in recent years and given communities' changing food system landscapes and food skill needs, members of the British Columbia Centre for Disease Control's (BCCDC) FSF team identified the need to revisit the content, format, and delivery of the FSF program while preserving the program's aim of delivering experiential learning to support and foster healthy eating and cooking skills.

CFs are the drivers of this program and embed the learnings into the contexts of their communities. The aim to engage CFs across the region ensures updates to this program are informed through the different lenses of community.



*Community Facilitators in Fraser Health*



Over the course of four months, members of BCCDC's FSF team, a Population and Public Health Evaluation Specialist and a FSF Lead Trainer engaged a group of FSF Community Facilitators (CFs) in a series of Engagement Sessions. The sessions were held across all five health regions in BC with the purpose of gathering input and feedback on the FSF program. These Engagement Sessions offered a relational way to collect ideas and suggestions from CFs that will help evolve the FSF program to better meet present-day community health and wellness needs.

**In the sessions, the FSF team gathered feedback and compiled information on how well the program is meeting its goals based on three updated principles:**

1. Welcoming diverse ways of accessing, preparing, and eating food that reflect the unique cultures, expectations, and experiences of Community Facilitators and their communities.
2. Sharing, bridging, and building knowledge around ancestral and regional foods, skills, and practices of Community Facilitators.
3. Promoting Community Facilitator connection and a sense of belonging to one another, the land and regional food networks.

**These principles are values guiding how the team approaches the work and aims to achieve program goals of:**

1. Building cooking skills and nutritional knowledge in priority populations.
2. Increasing capacity within communities by training CFs to improve food and nutrition knowledge and skills.
3. Enhancing existing food programs in BC communities.

During the Engagement Sessions, the FSF team asked the CFs how well the current FSF program's content, format, and delivery reflects the proposed principles and how the program could be improved to better reach its goals.



## How We Engaged

A small group of FSF program CFs from each health region was invited to participate in a series of three Engagement Sessions. The group size was limited to a maximum of 10 CFs per session to ensure adequate time and space to foster rich and productive discussions. Invitations were sent out to account for diverse experiences and perspectives that each CF would bring to the discussion (i.e. rural, remote, urban, cultural diversity, etc.). (See Figure 1 for selection process and Engagement Session structure.)

Fifteen sessions were held across BC's five health regions between September and December 2023. In total, 39 CFs (out of a pool of 181 CFs across the province) participated in the Engagement Sessions (see Figure 2 for Engagement Session schedule).

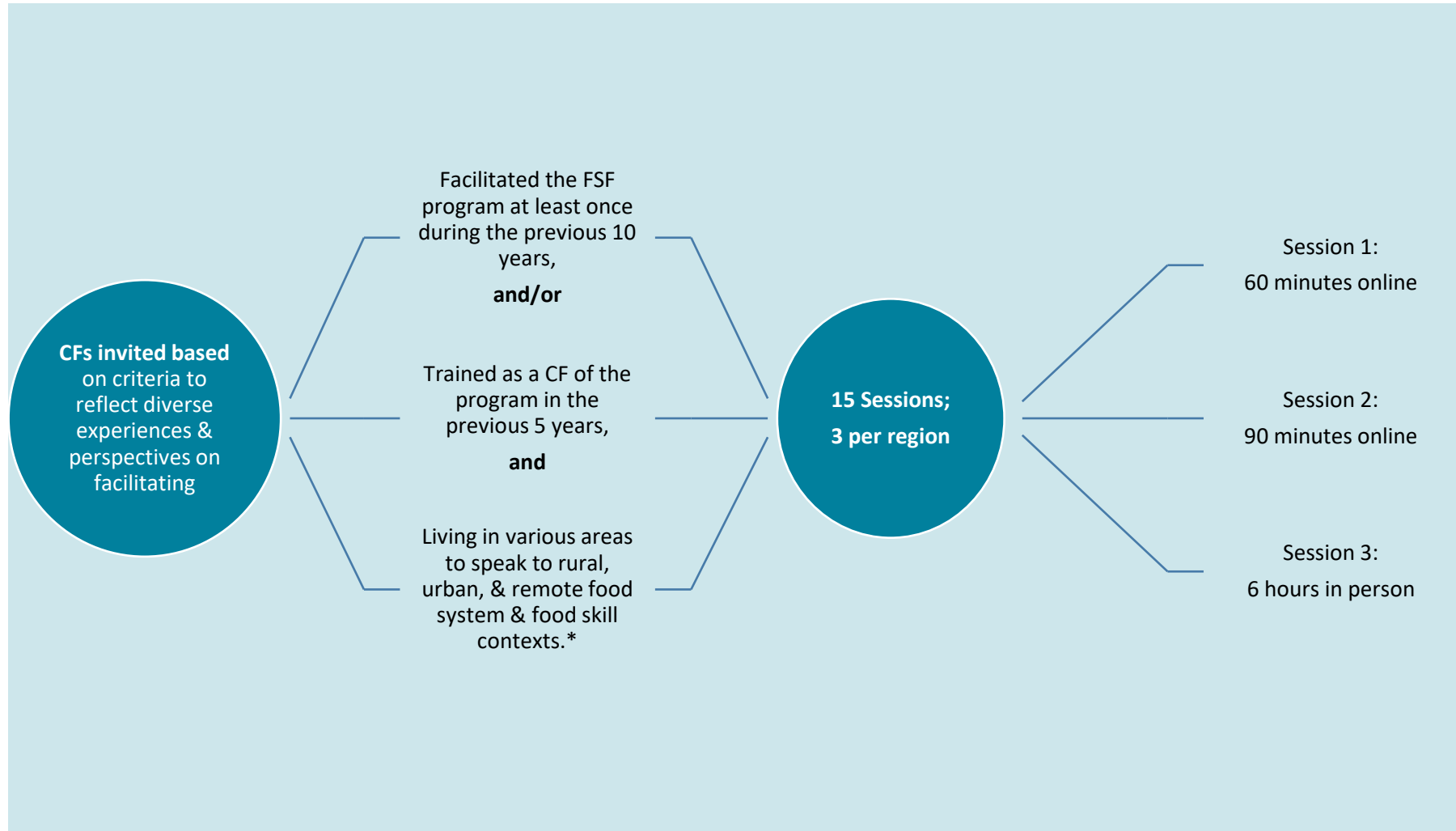
Though the main reason for the Engagement Sessions was to gain perspectives and feedback on the program, it was also an opportunity to cook, eat and re-connect with CFs. Through this connection, the program aimed to continue to engage CFs meaningfully and deepen relations with the CF network for meaningful engagement to continue throughout the upcoming stages of the FSF program update.

### The Engagement Sessions were structured around eight topics:

1. Setting-up program and administration
2. Grocery store tour experience
3. Safe food handling
4. Facilitation skills and food demonstration skills
5. Healthy eating
6. Adapting the program
7. Evaluation of the program using new principles
8. Blue sky dreaming and aligning with program principles

These topics were chosen to provide a discussion structure that was relatable to the CFs experience of the main segments of the FSF curriculum.

**Figure 1. Selection Process & Engagement Session Structure**



*\*Final invitations were sent out to select CFs who met the three selection criteria and confirmed availability and ability to attend all three engagement sessions.*

## Figure 2. 2023 Engagement Session Schedule



### Northern Health, Terrace

- September 11, 13 & 23
- Six (6) CFS



### Interior Health, Kamloops

- October 11, 13 & 16
- Eight (8) CFS



### Fraser Health, Langley

- October 24, 26 & 30
- Nine (9) CFS



### Island Health, Nanaimo

- November 6, 8 & 17
- Seven (7) CFS



### Vancouver Coastal Health, Vancouver

- December 5, 7 & 15
- Nine (9) CFS

## What We Learned

Overall, CFs expressed support for the FSF program in the Engagement Sessions in a variety of ways. The stories they shared about what it had taken to make it to the engagement sessions conveyed that the participating CFs felt strongly committed to the FSF program, its sustainability and growth, and their involvement in the refresh process. CFs acknowledged how the FSF program brought clear value to the communities where they lived. They also expressed appreciation for coming together to talk, connect with, and learn from other program CFs.

From the Engagement Sessions, the FSF team gained insights about the diverse needs of the CFs, the supports they want, and what they thought would be of most benefit to meet the present-day health and wellness needs of the FSF program participants and their community more broadly.



Upon completion of the Engagement sessions, a multidisciplinary team from BCCDC employed arts-based analysis methods that consisted of using creative writing tools and prompts to collectively and collaboratively identify six high-level themes:

1. Program reach and participants of the FSF program
2. Desired and required adaptations of the program structure and curriculum
3. Food values and preferences
4. Connections made and to be made through the program
5. Training needs of CFs
6. How well the current program manifests the updated principles

These areas are described in detail in the following pages.

## 1. Program Reach & Participants

One key theme was which priority populations the program currently reaches, and what populations are not a current focus of the program but could benefit.

### Current Reach

The current FSF program consists of five curriculums that are geared toward Indigenous Peoples, people of South Asian descent, lower-income families, seniors, and newcomers to Canada. CFs reported that the program is reaching the intended populations, including people with different demographics and levels of food knowledge and skills. CFs demonstrated versatility in how they are delivering the FSF curricula to adapt to this diversity, but also expressed varying levels of comfort in adapting the sessions for the participants who show up for the program.

*"I have teen moms, 20s moms, 30s, 40s, then seniors, that all come through my door doing different skills, and I've done the seniors, Food Skills for Seniors [curriculum]. I've done Food Skills for Families in a blended program, community programs, and some of our participants together. We had the seniors and the young ones together, which is really fun."*

*- Fraser Health CF, Session #3*

CFs also observed that the FSF program was reaching groups who are not in the program's current intended scope, for example children. They also shared that certain populations, including, seniors and newcomers, wanted to repeat the program or have extended program experiences.

While the program has reached diverse populations, CFs shared several barriers and challenges to meeting diverse needs during sessions. CFs reported that they sometimes deliver a single program to participants with diverse ethnocultural ways of accessing, preparing, and eating foods. For example, some Fraser Health CFs mentioned that the current program format poses challenges for meeting these diverse needs, such as delivering a single program to participants who speak multiple different languages and prepare recipes in different ways.

Additionally, CFs mentioned that childcare access and transportation costs are a barrier for many participants' ability to fully participate in the program. CFs from all regions shared that oftentimes participants could not attend all sessions due to family caregiving responsibilities or the inability to get to the program location.

## Future Reach & Focus

CFs provided different perspectives on who the program should reach in the future, or if the program should include priority populations at all. For example, CFs from Northern Health and Island Health thought the program could offer more content, materials, and resources for specific populations such as mothers and children's primary caregivers. These CFs felt this would allow them to deliver the best program possible to those who needed it most.

"[I] got a job at -- helping with babies and toddler group, I work with moms. So, I ran the program twice there and it's been such a great way to connect with our moms, especially after COVID, because all of our moms have pulled in, their mental health has been impacted. So, this has been a great way of building our community of moms who have no supports, no resources, and a lot of them are in poverty."

*- Northern Health CF, Session #3*

CFs also volunteered the idea of offering the program more explicitly to children, youth, and pre- and post-natal caregivers. Currently, FSF has procedures to include youth aged 13 to 18. However, it was pointed out that the current program structure and additional administrative steps required to include youth makes youth participation challenging, and there are currently no standard administrative guidelines to include children.

"I really feel it would be important to connect with - to do a family skills [program], because with my job, a lot of our moms are lacking that, right? The ability to teach their children how to cook, so there's a lot of vulnerable moms that feed their children Kraft dinner and wieners, and so I would love to teach them how to add extra to that, to make it a little more healthy, right? But in a way where they feel safe, where it's just like two family, maybe of six or seven people, and just Mom and children working together."

*- Northern Health CF, Session #3*



*Community Facilitators in Vancouver Coastal Health*

CFs from Northern Health, Island Health, and Fraser Health proposed that the program be designed for entire families, rather than individual participants. CFs thought that offering the program to families would enable children to come to the sessions with their parents and guardians, and to learn food skills alongside them in an intergenerational setting.

At the same time, a few CFs thought that the program should not be targeted at all and expressed a desire to meet participants where they were at by offering the program more broadly. For example, some CFs from Vancouver Coastal Health expressed a desire to deliver the program to anybody, including those that are unhoused. According to CFs, this was important given that many FSF program participants were enrolling in the program looking to connect with others, alongside gaining health benefits and food skills.

In general, CFs at the Engagement Sessions offered many thoughts of who the program could include that is beyond the current five populations, and these perspectives varied based on the composition of the communities they serve. What is clear is that CFs want the program to be flexible enough to include a diversity of groups, including youth, children, and other populations that are underserved in the community.



## 2. Program Structure & Curriculum Adaptations

CFs who participated in the Engagement Sessions consistently expressed a desire to adapt the current FSF program, such as having more flexibility around the content, structure, and delivery options. CFs suggested reconsidering the value of the fixed, one-size-fits all programming currently in place and the need to account for local contexts and dynamics. CFs wanted to make adaptations to the program based on participants' needs, the composition of the classes, and to address other constraints they faced, such as limited kitchen space and availability or the difficulties of getting through the program content within the time available.

### Adaptations to the program content

Overall, adaptations to the program content focused on being able to allow more time for group discussions, reflections, and cooking, and combining the talking and demonstration components of the sessions to feature the actual cooking skills more prominently.

CFs also expressed a desire to adapt the recipes included in the program so that they could cater to participants from a broader range of cultures, and to address participants' food allergies, sensitivities, and food restrictions. CFs were also interested in integrating local foods and food systems into the curriculum recipes.

"What I find so often -- there's so many more celiac, so many more dairy-free people, so many more people who have serious allergies that you can't -- you have to substitute, or you have to just fully remove different things from the [recipes] when you're doing the program."

*- Vancouver Coastal Health CF, Session #3*

Some CFs expressed a need for support in learning how to substitute ingredients while maintaining the nutritional value of the recipe, while others were already making these substitutions themselves and felt comfortable doing so.

### Adaptations to the program structure and delivery

Having more ability to adapt the program structure and delivery options was another topic raised by CFs. The FSF program is currently comprised of a block of six sessions, delivered once or twice a week, to the same cohort of participants, with each three-hour session focused on a specific theme. Participating CFs expressed a desire to be able to offer standalone sessions, rather than the fixed six-session block. According to the CFs, this change would give participants the flexibility to select between program lengths as their schedules allowed. It could also allow for the same participants, for example seniors facing loneliness and wanting more social connection, to participate in sessions beyond the block of six.

"Oh, and I just thought of one recommendation, actually, in the conversations when we're talking about the seniors: I think one barrier that I can think of from here is the number of repeat clients that we're allowed to have, or participants, I guess. I think it was a 40 percent of the participants could have taken the course before, but the preference is having newer participants. So, I think that would be the only thing, because I know they were eager. I could probably run it repeatedly with my seniors group weekly, and they would absolutely love it."

*- Interior Health CF, Session #1*

Likewise, one of the current program sessions, session five, consists of touring a local grocery store. Many CFs across health regions noted difficulties accessing the "grocery store tour" for both the participants and the CFs themselves. For example, some challenges to the store tour included long distances to stores in rural and remote regions, that large groups of people and groups including children were not welcomed in stores, language barriers for tours of participants from diverse and dissimilar linguistic abilities, and dietitians being unavailable to help lead the tour. In addition, some CFs mentioned wanting to offer alternative grocery shopping tours to food banks, community fridges and pantries, farms and farmers markets, community gardens, local businesses, smokehouses, or greenhouses.

Related to flexibility, CFs also encouraged the FSF team to rethink program logistics. In its current format, the FSF program team specifies requirements about the number of participants in the sessions, the kind of kitchen space needed to run the program, and the supplies and other equipment that CFs must have to host the program. At times, CFs struggled finding an appropriate kitchen space. Others mentioned that even when kitchen space was available, they would lack the required supplies and equipment needed. Additionally, the equipment listed as needed to cook the program's recipes, for example blenders, were not always available to the participants at home.

"I ended up having to seek a kitchen in the community, which became a really big challenge. In terms of -- then it cost money for us to rent a kitchen and finding a kitchen that was the appropriate size, and in a good location for participants to attend."

*- Island Health CF, Session #1*

Moreover, the CFs spoke to the need of getting co-facilitation support, or at least administrative support to be able to run the program more effectively. This kind of additional support was required across health regions and contexts, but we noticed that it would be especially helpful when working with diverse ethnocultural and linguistic groups.

### 3. Food Values, Preferences & Environments

Conversations revealed how CFs' food philosophies, or their personal values around food and food systems shaped the content and approach they wanted to see in the FSF program. This included local foods, food seasonality, cultural diversity, and different ways of being on the land and water. The desire to have these reflected in the program also demonstrated how community contexts and environments shape CF's perspectives on communities' food skills needs.

CF's spoke to the importance of recognizing personal and community values around food. CFs in Fraser Health conveyed a value around sharing and celebrating different communities' food cultures and wanted more celebratory sessions (last session of the program) and participant-driven cooking to be included within the FSF program. CFs in Vancouver Coastal Health emphasized their desire to support participants' healthy relationships towards and with food by meeting them where they were at, for example, by not judging them if they ate 'unhealthy' foods.

"It's not an all-or-nothing [approach]. People have been eating sweet food and spicy food and salty food for the entire history of humanity and it's -- there's a reason for that: Because it's enjoyable and because it creates different dynamics with people and relationships with your food, right?"

*- Vancouver Coastal Health CF, Session #3*

CFs also discussed the importance of local environments and social factors for shaping the concrete skills they wanted to learn and share. CFs from Northern Health and Interior Health highlighted the circumstances of rural, remote, and Indigenous communities in BC and challenges with food access. CFs shared a desire for skills that build greater food resilience, such as land-based learning, food preservation techniques, and preparation skills that honour ancestral and foundational food practices (e.g., smoking fish, foraging, harvesting, making bone broths, or preparing meat for fat rendering).



*Community Facilitators in Island Health*

"[We are] making sure that we always have a local food supply, that we're not depending on trucks coming in, and sea containers coming in with all this imported food. We just want more food sovereignty. [That is] so important."

*- Northern Health CF, Session #3*

"It's amazingly powerful foraging. And people were all this time throwing it out of their garden when they could be eating it."

*- Interior Health CF, Session #3*

Similarly, CFs referred to the socioeconomic circumstances that were shaping the delivery of and reception to the FSF program. For example, CFs referred often to rising food prices and the increased cost of living as barriers to food access for participants. CFs also relayed how floods and fires have interrupted food systems and the distribution of food as they knew it. From this perspective, CFs emphasized the value of being able to make nourishing meals using what people have at their disposal, learning to cook on a tighter budget, acquiring skills to feed themselves with fewer resources and ingredients, and cooking towards zero waste.

"A lot of people look in their pantry, "I don't exactly have that, but I have this... Yeah. Cooking out of their pantry, "What can I use this for and that for? If I don't have any oil, what can I use at all? It's "I don't have sugar, I've got apple sauce," right? How to do stuff like that."

*- Island Health CF, Session #3*

Notably, many CFs wanted to learn and share more about Indigenous food knowledges and practices. For example, CFs from Northern, Interior, and Island Health clearly wanted to invite Elders and knowledge-keepers into the programming and have them share their teachings. CFs from Fraser and Vancouver Coastal Health wanted to learn about ancestral cooking practices, Indigenous and local foods found on their lands, and how to incorporate them into meals.

## 4. Connection

Another key theme shared by CFs who participated in the Engagement Sessions was the need for the FSF program to support intentional connection to each other and connection to other food programming and regional food-related resources or assets. CFs emphasized how coming together to prepare and share food were vehicles for connection, and that both participants and CFs were seeking such opportunities.

CFs across all regions expressed that while many participants came to the FSF program to learn about healthy eating and food skills, they often ended up going away with something else of value: making friends, creating a community, and feeling a sense of belonging. For this reason, CFs said they want to meet past the program's sixth and final session for participants and CFs to continue sharing and learning from one another.

"Of course, when we were done yesterday, everybody's like, "When's the next one?" Because it's such -- it gives a place for them to come and meet new people, because this was with the newcomers group, so some just arrived four weeks ago and they were in this program, being socially active and making new friends, learning how to read recipes in English, because they never done it before."

*- Vancouver Coastal Health CF, Session #3*

The expressed emphasis and value in coming together with others in the community, indicates the need to think more explicitly about the importance of approaching adaptations to the program with an element of social connection and belonging in mind.



*Community Facilitators in kitchens across BC*

CFs also expressed a desire to connect with other CFs and other people in their communities, for example, Elders and knowledge keepers, local dietitians, farmers and hunters. They also want to learn from other CFs and remain connected to them on a more regular basis. There were suggestions to have a platform in which CFs could share tips and resources, such as how to facilitate conversations around healthy relationships with food and how to create learning environments where all cultures and experiences are honoured. CFs were also interested in participant recruitment and retention tips, and collaborations with other programs. Such a platform could support co-learning and sharing among CFs across the province.

"I feel like it's been really interesting connecting with everyone and hearing how the program has run in the various communities, and I'm kind of feeling there's a lot of tips and experiences that I can take away from everybody and apply to my own sessions."

*- Island Health CF, Session #3*

CFs also spoke of the challenges many participants experience and how the knowledge of, and connection to, a range of social service supports would be beneficial. CFs wanted to connect with other local programs and suggested initiatives such as youth and senior programs, community food pantries, food recovery programs, and the Farmers Market Nutrition Coupon program. Not only would this help connect CFs more broadly in their communities, but it would also help to expand supports available for FSF participants.



*Cooking with Community Facilitators in Island Health*

## 5. Training Needs

The training needs identified by participating CFs were skills related to intentionally include different populations and build social connection, and to address diverse food values, preferences, and environments. Overall, sharpening their culinary skills, upskilling their facilitation craft, and managing diverse group dynamics would provide CFs with more confidence to continue delivering the FSF program across BC.

The team documented a wealth of knowledge and skills that CFs bring when facilitating their sessions, and a clear desire from CFs to continue learning and building upon their existing knowledge related to food and facilitation skills.

*"I do a few trips of berry picking, so we do soap berry picking. We take a handful of people, because it's way out in the forest, right, it's pretty hard to get to. It's called soap berries. We call it xusume as well and it's a traditional drink that's really hard to get and it's healthy for us. So, I started teaching them [FSF program participants] how to make it and preserving berries and resourcing our local farms and trying to get -- showing them how to freeze and can. So, teaching a lot of that."*

*– Vancouver Coastal Health CF, Session #3*

## Food Skills Training



Training needs expressed across all regions by the CFs who participated in the Engagement Sessions included the following:

1. Adapting recipes for food allergies, sensitivities, and dietary preferences.
2. Adapting recipes for different tools and cooking equipment.
3. Learning and teaching knife skills.
4. Using a wide variety of spices in foods.
5. Learning and teaching food preservation techniques, like freezing, canning, and drying.
6. Food preparation skills, such as making bread.

It became clear that many of the CFs wanted to learn about Indigenous foods, and Indigenous ways of knowing, and different ways of weaving concepts, like food as medicine or combining Indigenous knowledge with current ways of doing, into the FSF curriculum.

The CFs in each region also had specific, context-dependent skills they wanted to gain, including wind drying in Interior Health, fermentation in Fraser Health, batch cooking in Vancouver Coastal Health, foraging in Island Health, and smoking fish in Northern Health. (More examples of desired skills can be reviewed in Figure 3.)

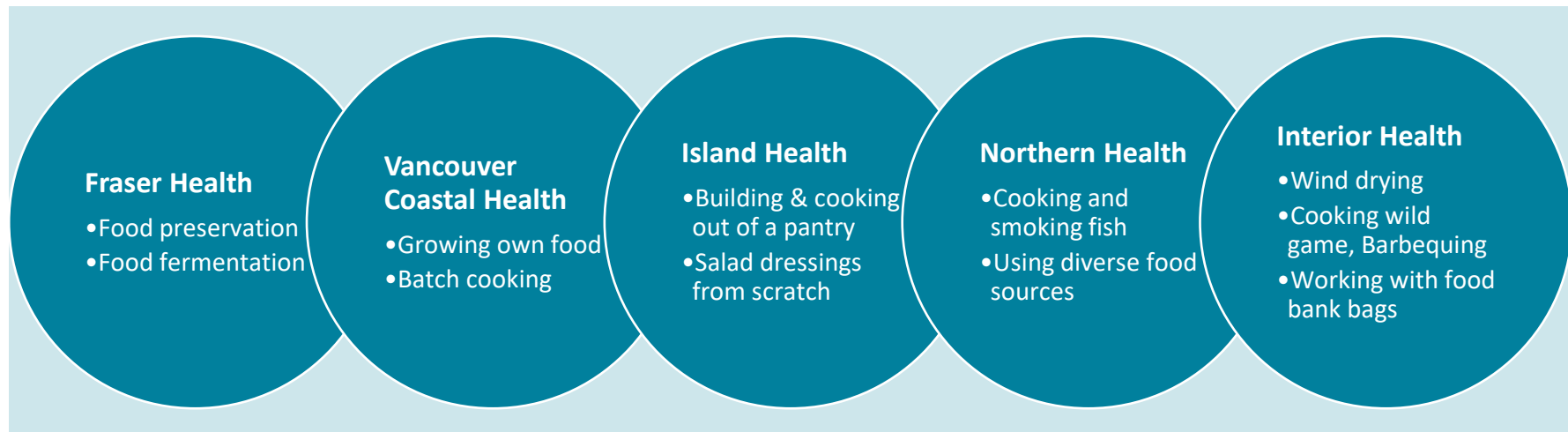
“One thing I want to talk is the fish, right? Because up here, in the Skeena, we have a lot [of fish]. I brought fish in here that my brother had got and we had fish in our freezer that I would love to be able to use and just teaching our moms, right? I think there'd be different ways of processing and cooking, like smoking, candying it, different ways we could preserve it, because being First Nations, I don't even know how to do it. So, I think that would be a skill that would be really good to pass on.”

– Northern Health CF, Session #2



Community Facilitators presenting in Interior Health

Figure 3. Desired Food Skills across Health Regions





## Facilitation Skills Training

Finally, more training in facilitation was identified as something critical for CFs to run the FSF program in a changing landscape of food availability, cost, and participant diversity. For example, CFs would benefit from learning more about how to facilitate healthy eating conversations and practices alongside food skills to multicultural, multilingual, and intergenerational groups.



*Lead Trainer & Community Facilitator in Northern Health*

Desired facilitation skills across all regions include the following:



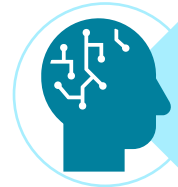
Keeping the group of FSF program participants engaged during and after the program.



Resolving in-group conflicts while working with diverse participants.



Including and engaging children and youth in the program.



Including knowledge around food nutrients and chronic disease prevention and management, such as diabetes (type 1, type 2, gestational), blood pressure, or cholesterol.



Facilitating conversations around healthy relationships with food.

## 6. Program Principles

Lastly, CFs were asked to provide feedback on the extent the current program content, structure, and delivery manifests the three proposed program principles:

1. Building cooking skills and nutritional knowledge in priority populations.
2. Increasing capacity within communities by training CFs to improve food and nutrition knowledge and skills.
3. Enhancing existing food programs in BC communities.

This was done by asking CFs to rate the current program against the updated program principles on a five-point scale from 'not very well' to 'very well.'

Most CFs shared that under the current FSF program structure and operations, the new principles ranked closer to “not very well” for being realized, particularly the principle of sharing, bridging, and building knowledge around ancestral and regional foods, skills, and practices of Community Facilitators.

CFs were asked to offer concrete suggestions for how to improve the way the program could apply these principles, to have them guide the work to best evolve the FSF program. Suggestions included going on field trips to explore local food sources, drawing on local and seasonal food products, and being able to spend more time, within the sessions, to discuss and share different food practices and philosophies.

Continuous evaluation on how well the FSF team is embedding and practicing the principles in the refresh work is required. Ongoing monitoring of the relevance of the proposed principles will also support the challenging and changing environments CFs and participants experience.



## Main Takeaways

The FSF team learned, and continues to learn, so much from these Engagement Sessions. Largely, CFs conveyed that the FSF program is meeting communities' food skills needs, but there are areas that could better serve the FSF program participants, CFs, and the community.

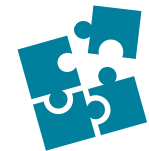
The FSF team learned that participants of the FSF program are a diverse group, and we need to better include participants who are showing up at the sessions (children, for example) or who would want to repeat the program several times (seniors, for example). Additionally, CFs want to see the program structure and curriculum have flexibility and be mindful of local contexts and the unique needs of participants and communities.

The Engagement Sessions also made it clear that fostering healthy eating and food skills in the social and environmental contexts of communities requires keen awareness and broader skill sets. The participating CFs spoke about facilitating within learning environments that support participants with different food values, preferences, and sensitivities. CFs were already intentional in moving towards these shifts, but there is a clear need to better equip them with expanded nutrition knowledge, food preparation, and facilitation skills. The interest of connection to broader food and social service supports was also highlighted by the participating CFs across the regions.

One finding that resonated strongly across the regions was related to the FSF program as a vehicle for increased connections and sense of belonging among participants, CFs, and communities. The proposed updated principles speak to this connection aspect, reinforcing the FSF team's thinking about how to better embed the proposed principles into the work to meet the program's goals.

The Engagement Sessions succeeded in involving about one-fifth of all the CFs across the province. One challenge is incorporating many of the CF's suggestions, as well as ongoing feedback from the full CF network within the FSF program. As evident in the *What we learned* section in this report, CFs offered many, and at times, differing suggestions for the program.

Another challenge involves adapting the "one-size-fits-all" provincial program to be flexible enough to include specific local contexts across BC. FSF will remain a province-wide program and will require a consistent foundation of knowledge and skills that acts as a baseline for future flexible curriculum. Updates to the program will aim to strike a balance between shared needs and specific differences across the health regions. The program updates need to provide structure and flexibility and consider offering a menu of options from which different communities and CFs can benefit.



## Next Steps

The community facilitator engagement is one of a few projects the FSF team is undertaking to inform the program update. Updates will also be guided by program participants through ongoing pre-and post-program evaluations, working with Indigenous partners and Nations to collaborate on their efforts towards food sovereignty, as well as findings from a food literature review on experiential food skills programming and population health outcomes.

Here is what the FSF team is currently thinking from what we have heard and know so far:

**1** Continuous input, feedback and learning is critical for the successful evolution of the program. The FSF team will explore methods for reciprocal communication with community members and partners to help adapt and amend the program. This may include the creation of a Community Advisory Committee or the invitation to participate in ongoing focus groups or regional working groups.

**2** The adaptations made to the FSF program will be step-by-step and iterative to ensure that progress is responsive to ongoing feedback and evaluation. Piloting and evaluating proposed changes before scaling them out across the province will ensure that they meet the current and changing needs of communities.

**3** The expressed interest in addressing the value of integrating Indigenous learnings and ways of accessing, preparing and preserving food into the program aligns with Indigenous initiatives the FSF program is currently collaborating with. Our learnings from these ongoing collaborations will help inform FSF program updates.

The FSF team is committed to work towards more equitable, culturally safer, community-centred programming that offers foundational food knowledge and skills with the flexibility to welcome unique community and regional contexts. The FSF team looks forward to keeping the FSF community and partners informed and engaged through this time of transition.

# FOOD SKILLS FOR FAMILIES

COMMUNITY FACILITATOR ENGAGEMENT  
TO INFORM PROGRAM UPDATE • FALL 2023

