

Evaluation of the Healthy Eating Nova Scotia Strategy



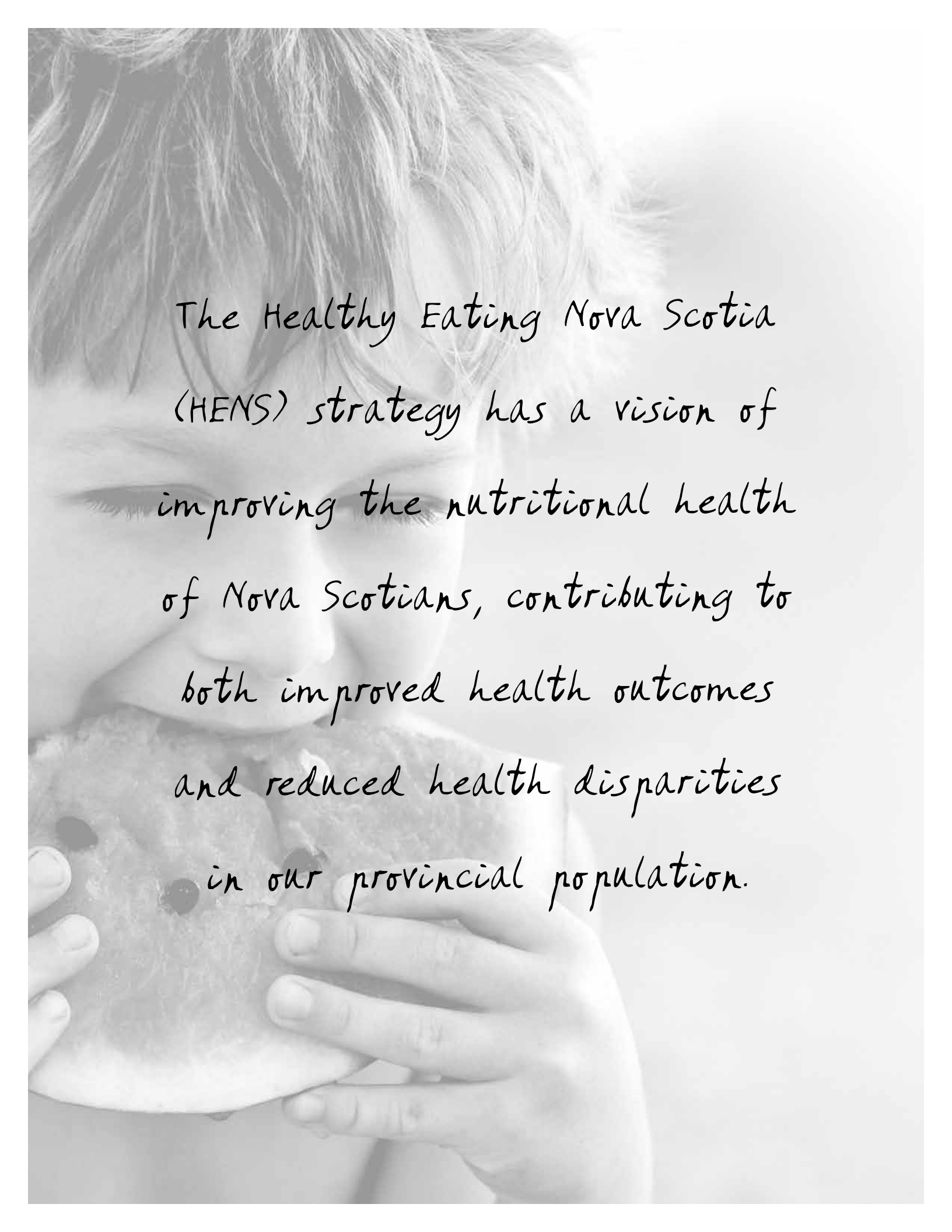
Evaluation of the Healthy Eating Nova Scotia Strategy

FINAL REPORT

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The Healthy Eating Nova Scotia (HENS) strategy has a vision of improving the nutritional health of Nova Scotians, contributing to both improved health outcomes and reduced health disparities in our provincial population.

Evaluation of the Healthy Eating Nova Scotia Strategy

Executive Summary

In 2005, Nova Scotia became a Canadian leader in population health by launching the first ever provincial healthy eating strategy. *The Healthy Eating Nova Scotia* (HENS) strategy has a vision of improving the nutritional health of Nova Scotians, contributing to both improved health outcomes and reduced health disparities in our provincial population.

Over the past five years, significant investments in capacity and other resources have been provided and/or leveraged by a variety of government departments and other stakeholders to support the actions identified in the strategy. Along with the development and enhancement of inter-sectoral partnerships, these investments have resulted in numerous critical outputs at a province-wide and local level, as well as the building of momentum toward shared responsibility for the priorities outlined in the strategy (breastfeeding, children and youth, fruit and vegetable consumption, food security).

In an effort to learn what has worked well for implementation of HENS, the Evaluation and Research Working Group of the HENS Guiding Group (HENS GG) prioritized a first-phase evaluation for the HENS strategy and contracted the Applied Research Collaborations for Health (ARCH) team at Dalhousie University to complete this work. Three evaluation activities were undertaken between June and December 2010: 1) a document review of high-level processes related to HENS; 2) an electronic survey with HENS stakeholders; and 3) key informant interviews that included past and present members of the HENS GG. The Health Science Research Ethics Board at Dalhousie University approved this evaluation. The integrated findings from these three activities form the basis for recommendations made to the HENS GG in support of ongoing implementation of the strategy.

Findings

The document review found that significant investments have been made across the five strategic directions of HENS, namely: 1) leadership; 2) community development and infrastructure; 3) knowledge development and translation; 4) public policy; and 5) health communications. These investments were further confirmed through the HENS stakeholder survey and the interviews with key informants. Three themes related to these five strategic directions also emerged from this evaluation and are summarized as follows:

Leadership and momentum

Momentum for the HENS strategy has been supported with generally effective formal leadership structures provided by the former Nova Scotia Department of Health Promotion and Protection (NSHPP)*, the HENS GG, dedicated staff within districts (typically positions held by public health nutritionists), and the formal partnerships between and among these entities. In addition, working groups within the four priority areas (breastfeeding, children and youth, fruit and vegetable consumption, food security) have made significant contributions to the work of HENS over the past

**In January 2011, the Nova Scotia Department of Health Promotion and Protection (NSHPP) merged with the Department of Health (DoH) to become the Nova Scotia Department of Health & Wellness (DHW). Since this evaluation took place prior to the merger, this report and accompanying documents refer to NSHPP for past activities, and DHW for future activities. It is understood that DHW will remain the lead government department in support of HENS.*

five years. The strategy has begun an evolution into implementation that is broader than these formal structures; this can also be attributed to formal and informal partnerships at a province-wide and local level, as well as a general recognition (cultural shift) of the importance of environments that support healthy eating.

Communications and clarity

As the activities related to the strategy grow and broaden, communications become increasingly vital. This includes broader communication (to continue to build efforts toward shared responsibility) and communication within and between the formal leadership structures. Communication and clarity were important themes throughout the evaluation, but in particular for the public health nutritionists, especially as it relates to their role and the allocation of HENS-related funding to the districts. This needs to be sensitively balanced with reference to the relationship between NSHPP and the districts and expectations surrounding this relationship (see recommendations below).

Achieving Outcomes

Notable achievements were recognized. These include new and enhanced cross-sectoral partnerships; acquiring resources to support the work of HENS; in-kind contributions; and healthy public policy developments. The unique relationship between NSHPP and the community to support public policy development and other HENS-related activity is another notable achievement. Work needs to continue in evaluation and research and developing policies that will impact sectors outside of health and education, as well as continued investments in policies that have already been developed.

Recommendations

There are several recommendations for the HENS GG that are consistent with the integrated findings from this initial evaluation of the implementation of HENS. These recommendations are grouped under the broad headings of leadership and communications.

Leadership

- We recommend that the “formal” leadership structures of the Nova Scotia Department of Health and Wellness (DHW); the HENS GG; and public health (led by public health nutritionists and their formal partnerships) continue to play a strong leadership role for the advancement of the HENS agenda in this province. Collectively, these have been valuable and effective at building momentum for action in relation to HENS. We recognize that the strategy is broadening its reach and taking on a “life of its own” through the ongoing partnerships at a province-wide and community level (both informal and formal). Nonetheless, these formal structures continue to play a critical role.
- We recommend that the role of public health in supporting HENS be clarified. Developing a formalized communication structure among the public health nutritionists is also encouraged. This will help facilitate consistency of activities across the province, improve communications and assist in problem-solving. Public health nutrition have specific core competencies; a formalized communication network allows for the recognition of these competencies and lends a collective voice to the activities that support HENS within this framework. The formalized public health nutrition structure may also help in communicating role clarity related to public health nutrition and

in expectations surrounding province-wide versus district level HENS-implementation (including HENS-funding allocation). Positive changes within the public health system related to nutrition may begin by facilitating these formal public health nutrition structures.

- We recommend that the role of non-government organizations (NGOs) and other community organizations in supporting HENS be better understood and expanded. NGOs and community organizations play a critical and valued role in supporting HENS-related activity that includes leadership positions through the HENS GG and HENS-related working groups. We recommend that the HENS leaders continue to support and further the leadership and engagement of NGOs and community organizations in HENS. This work will include initiating ongoing dialogue related to organizational capacity to participate and facilitating “making the links” where contributions can either be developed or strengthened. This will support continued advocacy for the healthy eating agenda, leveraging of resources and the “life of its own” transition.
- We recommend that DHW should continue its financial commitments to strategy implementation and focus on continued collaboration at the provincial level (cross-departmentally) and, through its role on the HENS GG, support other organizations to see the value of the HENS strategy and where they can contribute. As a member of the HENS GG, DHW also offers the links to both provincial and national activity. The people representing DHW have been most crucial in the support that this department has provided.
- We recommend that the HENS GG reaffirm its membership based on the direction of the strategy and expertise required for oversight (e.g. policy developments and/or initiatives). Diversity should be addressed beyond geographical representation and to expand beyond the dietitian/nutritionist role. As well as general oversight, the HENS GG should maintain its key roles in networking and advocacy, communications and broader HENS evaluation and/or research links. More decision-making power by the HENS GG should be explored within these contexts.

Communications

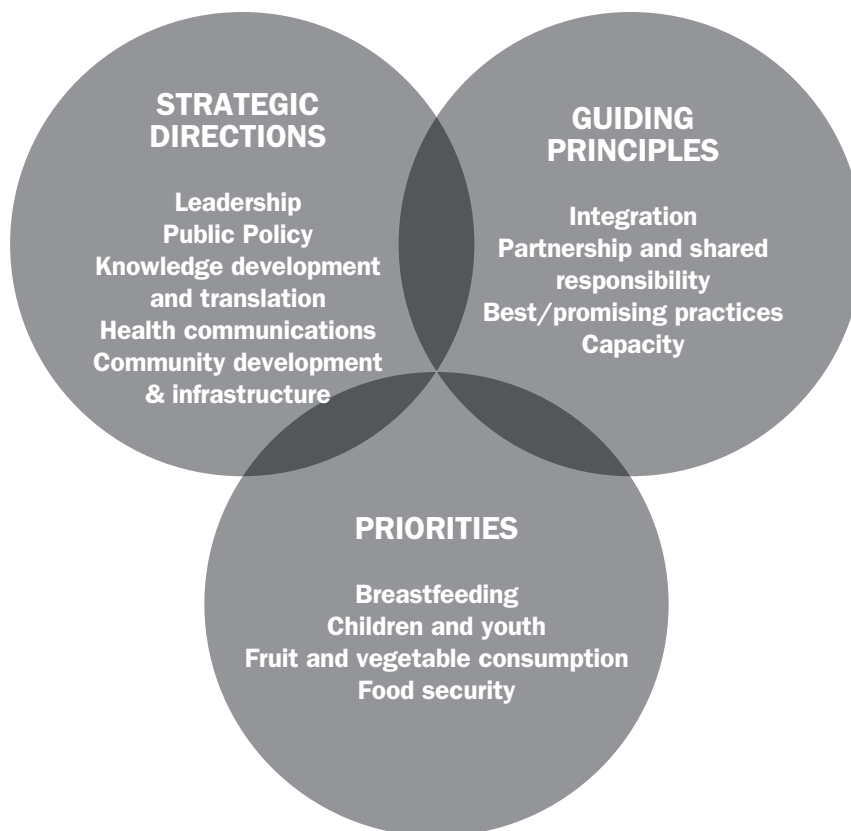
- We recommend that more frequent and broad communications occur in relation to HENS and the activities that formally (or informally) support the agenda. At a minimum, this “sharing what’s working well” activity might be supported by an annual, high-level reporting of HENS-related activity to the HENS GG, who would then be tasked with broader dissemination. More frequent communications about activities/initiatives in relation to the strategy will facilitate ongoing (high-level) evaluation, oversight and meet the broader communications roles for the HENS GG and help to identify areas where additional support may be required (e.g. partnership input, networking).
- We recommend that a “reaffirmation” activity should occur, to support re-engagement in the strategy and networking among those formally and informally linked. This activity may facilitate the development of new partnerships, enhance existing ones and provide opportunities to leverage resources. It will also serve as a point of celebration for the tremendous amount of work and commitment for this strategy over the past five years. We also recommend that the HENS GG take on this important role.

For the full report and to view the HENS Strategy document, please see
<http://www.gov.ns.ca/hpp/cdip/healthy-eating-strategy.asp>

Evaluation of the Healthy Eating Nova Scotia Strategy

Background

Healthy Eating Nova Scotia (HENS) was launched in March 2005. It is a population health-based planning framework with the vision of improving the nutritional health of Nova Scotians, contributing to both improved health outcomes and reduced health disparities in our provincial population. At the time of its launch, HENS represented the first and only province-wide comprehensive healthy eating strategy in Canada. The strategy was developed collaboratively by the Healthy Eating Action Group of the Alliance for Healthy Eating and Physical Activity, in partnership with the former Office of Health Promotion, and is a key support to the provincial Chronic Disease Prevention Strategy released in 2003. The lead agency for the strategy was identified as the Nova Scotia Department of Health Promotion and Protection (NSHPP). Implementation of the strategy is collaborative and cross-sectoral, with oversight and visioning provided by multiple stakeholders represented on the HENS Guiding Group (HENS GG) (a major leadership structure in support of HENS activity).



Evaluation of the Healthy Eating Nova Scotia Strategy

Purpose of the Evaluation

Five years have passed since the launch of HENS. Until now, implementation of the strategy has not been evaluated. Evaluation is a critical component to support ongoing strategy efforts by enabling stakeholders to assess how well the HENS strategy has been implemented in the province. The findings from this evaluation will not only be critical to support ongoing implementation of the strategy here in Nova Scotia, but will have the capacity to broadly inform similar strategy developments in other areas of the country, and internationally.

The Evaluation and Research Working Group of the HENS GG commissioned this evaluation, with support from NSHPP. The objective of the evaluation is to provide documented and anecdotal evidence on the implementation of HENS to date. The intent was not to evaluate outcomes in relation to the strategy (e.g. population-level changes in nutritional status or other similar indicators). The working group identified priority evaluation questions (see the HENS Evaluation Framework Prioritization Chart in appendix 1) from the evaluation framework that had been developed by the HENS Guiding Group.

Methods

The evaluation comprises the integration of three evaluation activities:

1. Document review;
2. Survey of key HENS stakeholders; and
3. Interviews with HENS GG members (both past and present).

Detailed reports for each of these three activities can be found in appendices 2-4.

Document Review

The primary purpose of the document review was to review processes used to support implementation of the HENS strategy and provide context for the activities and resources put in place to enable implementation and evaluation. A secondary objective of the document review was to identify any higher level formal policies and/or initiatives that were created, led by or leveraged as a result of HENS – in particular, those policies and/or initiatives which fall under the HENS priority action areas. Municipal and institutional policies that have been guided by the HENS strategy were also identified in this process.

Procedures

A complete overview of the document review process is found in appendix 2. Briefly, documents for review (n=156) were primarily obtained from representatives from NSHPP (or otherwise noted) and dated between 2004-2010. These were independently reviewed by two researchers who then discussed findings (similarities/contradictions) in relation to the evaluation questions and related indicators from the HENS Evaluation Framework Prioritization Chart (appendix 1). Findings were then organized by document and by indicators present within that document and then organized by HENS' strategic directions (identified in the strategy as necessary steps to support implementation). It is important to note that the documents reviewed were specific to the higher-level work of the HENS Guiding Group and its committees and not related to broader working group activities across the priority areas.

HENS Stakeholder Survey

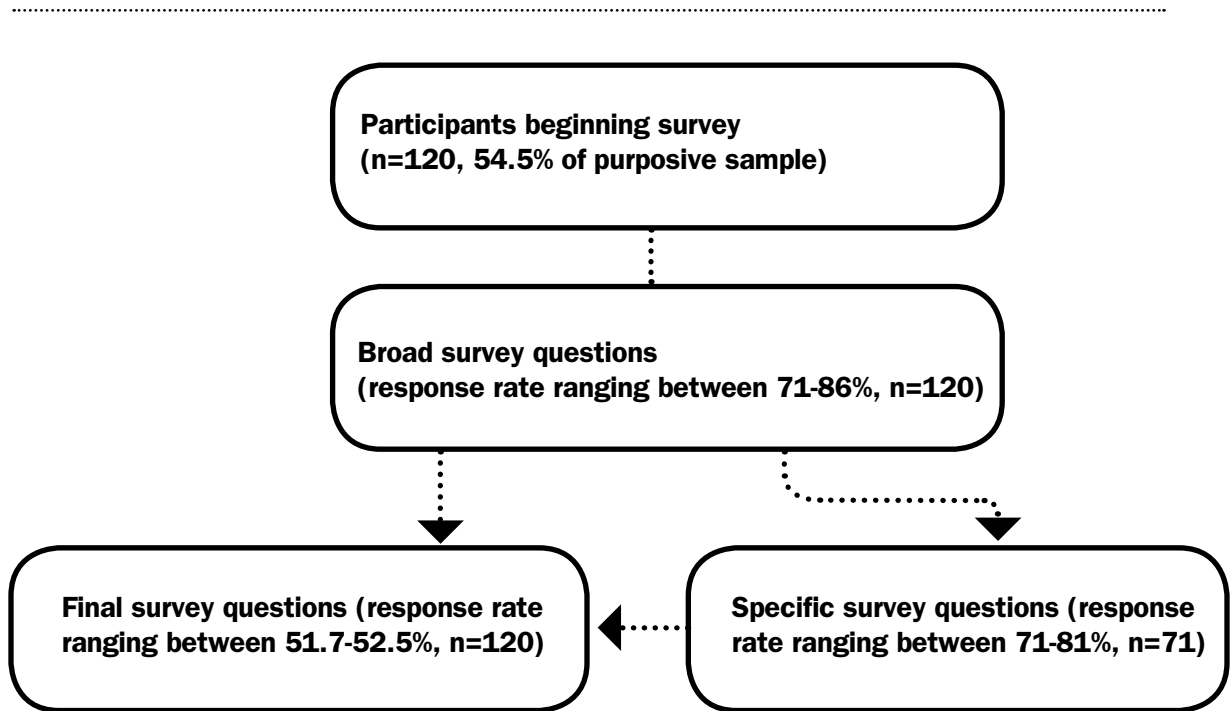
The intent for the HENS stakeholder survey was to elicit feedback and perspectives on the implementation of HENS from broader stakeholders engaged and/or interested in the healthy eating agenda in Nova Scotia.

Procedures

The electronic survey was developed collaboratively between the research team and the Evaluation and Research Working Group of HENS. It was hosted on a secure survey service located at Dalhousie University. The survey used a combination of nominal, ordinal ("Likert-scale" or ranking) and open-ended questions. A combination of purposive and snowball sampling strategies were used to recruit stakeholders to participate. Approximately 220 individuals received the "request to participate" email from the Healthy Eating Coordinator at NSHPP. These individuals represented a variety of stakeholders groups, including government, public health and community organizations. The survey was "live" for 3 weeks in November/December 2010.

The survey was organized into broader questions (that any stakeholder could answer) and specific questions (appropriate for those persons self-identifying as having a particular level of understanding of the HENS strategy). Additionally, respondents were "forwarded" to certain questions based on their responses. Respondents were not obligated to answer every question within the survey. The following diagram outlines the overall response pattern of respondents (nominal and ordinal questions only). Attrition was highest at the beginning of the survey.

Most respondents were past or present members of working groups in relation to HENS activity, and working for government and/or public health. Respondents came from a variety of backgrounds but were predominantly health professionals. The majority had at least some familiarity with HENS. Descriptive analyses were supported with the major themes present in the text-based questions. Complete details on the procedures for this evaluation step can be found in appendix 3. The Health Science Research Ethics Board at Dalhousie University approved this study.



Key Informant Interviews

The key informant interviews focused on the perceptions and observations for HENS implementation by both past and present members of the HENS Guiding Group, as well as select other individuals identified by the Evaluation and Research Working Group.

Procedures

Potential participants (n=19) were contacted by the research associate from Dalhousie University who then scheduled interviews based on participant preference. Face-to-face or telephone interviews (84%, n=19) were conducted between August and November 2010 and analysis occurred concurrently. The interview guide and preamble was developed collaboratively between the research team and the Evaluation and Research Working Group and was sent to all participants in advance of the interview. All interviews were digitally audio-taped with consent. Interviews were then transcribed verbatim to facilitate analysis by the research associate. NVIVO qualitative software (Version 8.0) was used to organize the data and determine emerging concepts and major patterns. These concepts and patterns were further organized into descriptive themes that were supported by participant narratives; collectively these were used to provide context for the impressions of HENS implementation in the province. Complete details on the procedures can be found in appendix 4. The Health Science Research Ethics Board at Dalhousie University approved this study.

Evaluation of the Healthy Eating Nova Scotia Strategy

Key Findings

Document Review

The document review process highlights the tremendous outputs and momentum that have been generated with respect to the strategy within a relatively short period of time. Key findings for the document review are summarized by the HENS' strategic directions.

Leadership

With the HENS strategy as the central focus, leadership has been driven through the collective work of NSHPP, the HENS GG, stakeholders and the broader HENS network, with each serving a particular purpose for enabling the strategy and its successes. Identified as the lead agency, the role of NSHPP has been one of primary funder for activities related to the strategy and of leveraging resources. Other important roles for NSHPP include providing human resource support to province-wide committees in relation to HENS; supporting the development of healthy public policy; and acting as communicator and advocate (both broadly and within government).

The HENS GG has evolved in both name and function since the launch of the strategy. Due to its inter-sectoral nature, the HENS GG has the capacity for oversight and visioning in relation to the strategy and, as part of this role, has completed many of the evaluation-related processes. Much energy and work was devoted to identifying its role and purpose, particularly in most recent years as the activities in relation to the strategy have grown, and the reach of the strategy has broadened to include others doing the "work". Through the action planning process, both communications and engagement with the broader HENS Network were identified as critical functions for the group at this time.

Stakeholders are defined as those individuals who may or may not be engaged in work that is directly guided or leveraged through HENS; these individuals include local and province-wide working groups and activities related to the four priority areas. The HENS Network serves as an important means for sharing and broader networking in relation to the HENS strategy and related activities. Collectively, their actions are reflected in direct and in-kind contributions made to strengthen the momentum of the healthy eating agenda in the province. Two large engagement activities supporting the HENS Network and broader stakeholders were held: the "Filling the Gaps" research forum in 2006 and the Fall Food Tour and Network Meeting in September 2007.

Community Development and Infrastructure

The financial and in-kind contributions of numerous organizations have been instrumental to building support for the strategy and ensuring momentum is maintained. Most of the activities in relation to infrastructure fall within three major categories: 1) increased human resource capacity; 2) program and/or initiative funding; and 3) action planning.

Between 2005 and 2010, human resource capacity increased for public health nutrition both at the provincial and district level. Funding for an additional public health nutritionist position was provided to each District Health Authority across the province. These positions were specifically created to enhance capacity around existing community nutrition efforts and support and coordinate the implementation of HENS at a local level. While the Healthy Eating Coordinator position was in existence prior to the launch, additional province-wide nutrition positions were created and/or expanded and linked to the strategy in accordance with needs identified over the course of implementation. Collectively, the increased human resource capacity created, enhanced or leveraged at both the local and provincial level provide another form of leadership and infrastructure to support the strategy.

Significant funding for programs and/or initiatives have been provided or leveraged through the HENS strategy. NSHPP has played a critical role in the disbursement and/or leveraging of these financial and in-kind resources. The total dollar value of contributions cannot be ascertained from the documents reviewed. As a collaborative and cross-sectoral strategy, there were multiple financial and in-kind contributions made over the past five years: from government departments (province-wide); District Health Authorities; federal departments; and non-government and community organizations to influence HENS-related activity and momentum. Significant investments have been made for the following initiatives: 1) provincial school breakfast program; 2) health promoting schools; 3) provincial school food and nutrition policy; 4) fruit and vegetable working group activity; 4) provincial breastfeeding policy; 5) food security projects; 6) evaluation; 7) HENS-related research activity; and 6) general support for implementation.

Action planning is the final major category of infrastructure development. This has been a major component of the work of the HENS Guiding Group and has helped more clearly identify their role as the strategy has grown and broadened. The action planning activities have also helped to support the development of evaluation processes and identify focused areas of activity for the next phase of the strategy.

Public Policy

The HENS strategy is a call to action to develop multiple healthy eating policies across a variety of settings. The existence of the strategy supported the development of some healthy eating public policy frameworks that were underway prior to the release of HENS. Other policies have emerged or been leveraged as a result of HENS. Significant policy activity is ongoing in the following priority areas:

- 1) Breastfeeding – implementation of the *Provincial Breastfeeding Policy* and supporting activities throughout Nova Scotia are being led through the Provincial Breastfeeding Steering Committee and related working groups. These committees/groups are comprised of myriad stakeholders including government departments/agencies and community organizations.
- 2) Children and youth – the *Food and Nutrition Policy for Nova Scotia Public Schools* was released in 2006 and, similar to the breastfeeding policy, its implementation and monitoring is supported through the ongoing efforts of key stakeholders from the public health and education sectors. The *Food and Nutrition Policy for Licensed Childcare* began its development in 2007 under similar collaborative fashion. Policy development was ongoing throughout 2010.

A food security and fruits and vegetables lens (the remaining HENS priority areas) are highlighted and prioritized throughout the development of healthy eating policies across a variety of settings (e.g. schools, childcare, workplaces). Policy work related to food security is facilitated through the Nova Scotia Food Security Network Steering Committee. The “Thought about Food? Background Paper and Policy Lens” (developed collaboratively and cross-sectorally with funding provided by the NSHPP) along with findings from the participatory food costing research (supported financially by NSHPP) are tools to facilitate the consideration of food security in policy and programming decisions. Activities which support the integration of fruit and vegetable messaging into policies affecting various settings include the *Goodness in Many Ways* social marketing campaign and the *Strive for Five at School!* resource binder for schools and families.

Policy work in recreation and healthcare institutions has begun. There is no indication from the documents reviewed that HENS has informed any broader social policies (e.g. income security, agriculture, environment).

Knowledge Development and Translation

A logic model and evaluation framework has been developed by the HENS GG in relation to the strategy. In addition, oversight for research and evaluation is supported by the Evaluation and Research Working Group of the HENS GG. Evaluation pertaining to policies and/or initiatives is managed by various working groups related to breastfeeding, children and youth, food security and fruits and vegetables. Surveillance of nutritional indicators in relation to the four priority areas is facilitated through NSHPP, where regular reporting of breastfeeding rates, fruit and vegetable consumption, body mass index and food insecurity in Nova Scotia are variables of particular interest. There have also been opportunities to influence federal priorities on nutrition-related surveillance through NSHPP’s participation on the Federal/Provincial/Territorial (F/P/T) Group on Nutrition.

The “Filling the Gaps” research forum provided a means for exchange to identify HENS research priorities. Projects related to food security and children and youth were of particular interest. A variety of research activities related to HENS have received funding from the Nova Scotia Health Research Foundation since 2000, particularly in the areas of food security, children and youth, and family food choice. It is presently unknown how many research projects supportive of the strategy are funded by agencies external to NSHRF. Other than support for the participatory food costing research, from the documents reviewed, it is unknown how HENS contributes to and/or influences research being done locally.

Health Communications

The Evaluation and Research Working Group did not prioritize evaluation questions pertaining to health communications for this document review. However, two social marketing campaigns have served as broader communication strategies and are key examples of the integration of leadership, engagement and resourcing in support of HENS and the healthy eating agenda. The *Breastfeeding: Learning Makes it Natural* campaign launched in 2009 and is the first of its kind in Nova Scotia. This campaign focused on providing information and support for women and their families learning to breastfeed. The *Goodness in Many Ways* campaign was launched in 2010. It places emphasis on barriers to consumption of fruits and vegetables (e.g. accessibility, affordability, and availability) and includes skill building workshops regarding healthy eating, cooking and preserving (i.e. canning and freezing) produce.

The strength of NSHPP's leadership

"NSHPP has shown great leadership in coordinating and funding the HENS strategy. Leadership at HPP has a vision for moving HENS work forward and an openness for dialogue and decision making amongst stakeholders to create the path and steps to attain that vision. A strength of HPP's leadership is the policies that have been put in place or are in progress that aim to create an environment where Nova Scotians find it easier to make healthy food choices".

Perceptions of HENS Strategy Implementation: Stakeholders

Effective leadership and momentum

Respondents were asked for their perceptions regarding the effectiveness of NSHPP and the HENS Guiding Group in "leading" the strategy. NSHPP was highly regarded among respondents for its leadership role – specifically in relation to funding, coordination, policy and resource development. A challenge of strong and effective leadership is the perception of imbalance in shared responsibility. Continuing to support capacity-building among the broader stakeholders will be particularly important in this context.

Additional recommendations were made by respondents to further strengthen the leadership and contributions made by NSHPP. These include the ongoing strengthening of partnerships (particularly across government departments); improving accountability structures as they relate to financial disbursement to the District Health Authorities; integration with other related policies (including the transition of province-wide policies to the local level); and encouraging a more formal public health nutrition networking structure.

The HENS GG was perceived to be most effective in the areas of networking, coordination and communication. Effectiveness for this group was also noted in its ability to reflect the principle of shared responsibility for the strategy and ensuring inter-sectoral commitment. Nonetheless, there was some confusion or unfamiliarity among respondents about the general purpose for the HENS GG and how it shapes the strategy. Consistent with the concept of shared responsibility, there were suggestions that decision-making power be increased by the HENS GG to minimize the perception that decision-making rests with the government.

The strength of the Guiding Group

“The group has provided the chance for those with a vested interest in the goals of HENS to be part of the process and ensure a voice of those involved with the work is heard.”

“I think that the Guiding Group presents opportunities for networking, coordination support to HPP and also plays a strong role as a champion for the HENS strategy in terms of their own respective organizations and outside of their organizations. Continued funding of the strategy will require commitment and buy-in by many stakeholders – members of the Guiding Group and working groups too, play this role.”

Momentum for the strategy has been built with the significant leadership and support provided by numerous province-wide and community organizations. Their contributions are valued amongst respondents. This momentum has been enhanced through multiple partnerships. In particular, partnerships and the contributions provided by NGOs were noted for importance: *“I think NGOs have played a significant role in moving the HENS strategy forward. Through providing co-leadership in both the steering committee (Guiding Group) and on various working groups, the investment has been significant. While NGOs cannot always contribute financially to these initiatives, NGOs have contributed significantly in kind to the HENS strategy.”*

Respondents wished to strengthen partnerships with primary and acute care, community health teams and within the public health system and workforce so that the strategy is not “silo’d” as nutrition only. Without wishing for the strategy to be seen as “government-heavy”, stakeholders also recognized the value of further strengthening cross-departmental support at the provincial level. Respondents also noted that the further inclusion of diverse groups and connections within food industry and the private sector will be important to enhance or develop the strategy further.

Organizations identified for making a leadership contribution to the HENS strategy include:

- Academic institutions (MSVU, including PARTC and CURA, Dalhousie, StFX)
- Alliance for Healthy Eating and Physical Activity
- Canadian Cancer Society
- Canadian Diabetes Association
- Community Health Boards
- Departments of Agriculture, Education and Community Services
- Dietitians of Canada
- Family Resource Centres (Kids Action Program and Apple Tree Landing Family Education Centre, other CPNP-linked)
- Heart and Stroke Foundation
- Nova Scotia Food Security Network and local food partnerships/networks
- Nova Scotia Fruit Growers Association
- Nova Scotia Health Promotion and Protection
- Nova Scotia Nutrition Council
- Provincial Breastfeeding Committees
- Public Health across DHAs
- Reproductive Care Program of Nova Scotia
- Schools and School Boards

Partnerships, while critical for leadership of the strategy, were also viewed to be ongoing challenges. This is within the context of the complexity of a strategy such as HENS. The following issues were noted:

- Capacity (resources, time, logistics, expertise); and
- Competing and shifting organizational priorities.

One respondent suggested that organizations and groups who are not as actively involved might need greater support in understanding the strategy and identifying where contributions can be made. The existing leadership structure, led by the HENS GG and NSHPP, might facilitate this role.

Integration and resourcing

Respondents value the strategy as an important evidence-based document; however, its use as a guiding framework is mainly confined to the District Health Authorities and government departments. NSHPP and public health nutritionists play a particularly important role in moving the HENS agenda forward. Perception around resourcing the strategy (how HENS-funds are used and decision-making on allocation of funds) and organizational challenges (support for priority areas and understanding linkages) all affect the ability to integrate the strategy. Respondents suggested that enhancing partnerships and improving communications about the value of the strategy would support further integration. Evaluation and research was also noted for its contributions – to help demonstrate both effectiveness of the initiatives and reaffirm the important work of HENS.

A multitude of resources (financial, in-kind) have been received or leveraged by a variety of stakeholders to support the strategy and were generally observed to be effective by the respondents. These resources have provided momentum for the various HENS-related initiatives to occur. Some respondents indicated a wish to allocate funds to other organizations such as the IWK Health Centre or into primary care initiatives.

The funding of positions (public health nutritionists and provincial nutritionists) has been a major financial contribution to the strategy and has helped serve as a “catalyst” for translating the strategy into local action and providing an “essential” and “seamless” link to province-wide work. Due to the magnitude of the work, many respondents would like to see additional human resources at a district-level in order to ensure sustainability. Contradictory comments about the role (and resourcing) of public health nutritionists suggest that role clarity is an important consideration for the future of the strategy.

Achievements and Outcomes

Many of the visible achievements in relation to HENS have been its ability to leverage policies in settings, particularly in the sectors of health and education. The strategy has been instrumental in bringing stakeholders together to work policy and/or provide consultation on policy development. Resource allocation to support policy development and implementation has also been helpful. Local policy work has also been influenced by the HENS strategy – breastfeeding, organization and district-based food policies and policies within healthcare institutions were several areas where local work has occurred.

“Understanding the role of public health nutritionists can bring and encourage focus on the true root causes of ill-health and poor nutrition. This would allow public health nutritionists to focus on advocacy and policy development.”

“The only comment I can make on this subject is that there are not enough PHNuts (Public Health Nutritionists) in the district to support HENS. There should be at least one for each of the 4 prongs (priority areas), and maybe more in larger districts...overwhelmingly I hear that there is little or no support on the ground to provide support in these settings. This is where the rubber meets the road...where day-to-day impacts can be made...instead everyone is in meetings deciding what has to be done at the higher levels and nobody is serving the population. It's a tragedy.”

“In (District Health Authority X) the nutritionists are rarely replaced when on leave and we are told that there is (sic) no funds to replace them. They also are very far removed from any other staff so there is NO knowledge translation occurring whatsoever. As a front line service provider I feel the funds are being fed elsewhere. There is a lack of transparency and all I know is that the nutritionists are not available to do nutrition work. The support they are able to ‘provide’ to the strategy is extremely broad and unable to reach down to the ground level.”

Thoughts about HENS and policy:

“Although there are limitations, the HENS strategy has stimulated more work and discussion around food related policy in the last 5 years than in the 20 years prior to HENS coming into place.”

“We are seeing policies created or are already in place because of HENS work within each of the priority areas (school food and nutrition policy, childcare setting policy, breastfeeding policy, etc). The challenge is that this work takes time but the outcome can be huge – healthy public policies can have the greatest impact on population health.”

The policy process is complex and while there have been tremendous gains and momentum, there is still work to be done – notably in sectors outside of health and education and in the ongoing implementation and buy-in of policies that have been developed. Stakeholders provided a range of potential future directions for the HENS policy agenda including:

- Social policies – income security, housing, transportation;
- Agriculture and environment – sustainable food procurement practices, conservation of land, community food security issues, exploration of agri-tourism;
- Institutions, facilities and private sector – acute care, academia, recreation/sport facilities, workplaces;
- Food industry – marketing/advertising to children, enforcing the WHO code, food taxation (incentives and disincentives) and regulations within food establishments (limiting the impact of the fast-food industry); and
- Municipalities and First Nations communities.

Within this context it is important to keep in mind the need to balance new policy direction with supporting implementation and enhancement of existing policies.

Perceptions of HENS Strategy Implementation: Key Informants

HENS is a unifying document

Participants regarded Healthy Eating Nova Scotia (the document) as the foundational piece unifying much of the “formalized” or linked work to HENS that has occurred over the past five years. For those working for NSHPP; the district-level public health system (e.g. nutritionists and/or formalized partnerships); or members of the HENS GG, the HENS strategy is the tangible document which “justifies” the work that they do on a daily basis and at the same time has enabled opportunities. Participants stated that the value of the strategy is in its “credibility” and “relevance.” It is an evidence-based guiding framework to help leverage decisions in relation to population health and affords the ability to access resources and forge partnerships in relation to the necessary work.

“it’s a well crafted document and just having that as an objective document that supports healthy eating underlying many government policies and priorities is a good thing to have.”

“having this strategy is very much a blessing in my mind because it is a way to focus our work. I think other public health professionals who don’t have a strategy to guide their work often struggle to bring clarity to how they work”.

In discussing the future directions for the strategy, participants commented both on a continued need to focus on the priority areas as well as questioning and challenging whether the focus is in the right areas. Evaluation and research will feed into any strategy reaffirmation.

Leadership and the transition to a “life of its own”

The key informant interviews helped to refine the formal leadership structures that exist in support of HENS-related activity. Leadership predominantly rests within four connected, and also separate entities:

- NSHPP;
- HENS GG;
- District-level staff (led by public health nutritionists); and
- Formal partners (including those linked with working groups related to the four priority areas).

Participants discussed both the value of each structure, as well as relationships among them throughout the interview process. First, NSHPP was highly regarded among participants for their role in leadership related to HENS. Specifically, the leveraging and resourcing of the strategy and their skills in collaboration (cross-departmentally and in other partnerships) and expertise and commitment were valued. Several participants from the community commented on the uniqueness of being able to work with NSHPP and how this has proven beneficial for the strategy.

“It’s a very unique situation actually...that’s one of the reasons I was willing or wanted to be involved, because it’s not often you get the opportunity to help influence government policy this way. (NSHPP) should be applauded...you know, you see a public consultation now on a lot of things but it’s not the same, you know, being able to give your views to a policy committee that’s circulating the province perhaps as it is to actually sit and be able to discuss the direction of things with government”

The effective leadership and primary role of strategy funder have also created some complexities and challenges – particularly as they relate to relationships between NSHPP and the districts (perceived hierarchies and expectations) and also in ensuring that the strategy retains its principle of shared responsibility. A taken-for-granted assumption of their leadership may ultimately impact on sustainability for the strategy.

“my biggest...dream I guess has always been how do we ensure the sustainability of that. Because you know, let’s say if one day healthy eating was no longer a priority? Then what? Not saying that’s happening and certainly not...you know what I mean but...”

“Well I take it for granted now that it’s in existence that’s going to stay.”

The HENS GG was also regarded to be an effective formal structure to support the work related to HENS. Its greatest value is in providing the perspective from outside of government, as this has enabled the principle of shared ownership to flourish. As stated by one participant, the HENS GG (in its membership) should ultimately reflect and represent interests of the Nova Scotia public. Participants valued the HENS GG for providing a “safe” and “comfortable” place for information exchange and dialogue for “what’s happening” relative to the strategy. It is also a place for “ideas to be generated – what are the next steps? What needs to be happening?” or visioning as well as communicating this information back to members’ respective colleagues and a role in broader communications. These are valuable functions for the HENS GG.

“it’s essential to have many, many perspectives around the table”

“the public will be more confident of HENS because it’s not isolated inside a government department. I mean, that, we know that works”

“I think it allows people from outside of the government to actually have a share in decision making and to be part of making decisions around healthy eating in Nova Scotia.”

Notwithstanding the value of the Guiding Group, some participants also voiced their frustrations and the struggles in coming to this purpose – mostly in relation to lengthy process pieces (e.g. development of logic models and evaluation frameworks) and ongoing conversations of “who are we?” and “what is our role?” Similarly, participants noted that the HENS Guiding Group has evolved into a stronger entity because of these struggles and the multiple perspectives at the table enabled the process to move forward.

“I feel that we probably needed that time, and all that discussion and all that work...and I think we did move to the working group (structure within HENS Guiding Group)...so I think that process might have been longer than it needed to be but, and we may never have moved on...it was having the diversity other than just health on that committee that has allowed us to get to a better place.”

Participants recognized the need to redefine membership of the HENS GG, but to balance this in relation to needs identified within the strategy (where is the strategy going?) and maintain a HENS GG that is effective both in size and in activities. Geographic diversity is not as much an issue as improving representation across cultures and languages, and engaging individuals who are not dietitians/nutritionists.

The vision for HENS was that it would not be owned by a particular group or by government, but that shared ownership of the strategy would occur. However, this also requires the recognition that initially, there was “appropriateness” in having formalized structures lead the momentum for HENS-related activity. The strategy is only five years old, and the transition to a “life of its own” is perceived to be happening, at least in some of the priority areas, and at varying stages of readiness. Participants repeatedly acknowledged the number of organizations and community-level partners participating in work that is guided by HENS or less formally linked. However, in a time of transition, there is still a need for formalized involvement and a critical role for the structures of NSHPP, the HENS GG and the Public Health system (and its formal partners) to encourage and support the work. The work of all three of these formal entities creates the momentum for the “life of its own” transition to occur.

"I still think that the majority of, even if ownership does sit with the nutrition folks at HPP and public health nutritionists, I think it's getting better. But it's going to take time as we continue to diversify the network and all of the working groups...just show up differently...the ownership won't seem so much like a government or public health document. It will kind of grow a bit more."

"I see it starting to happen...I do see us building more partnerships...Within our own district as well as within our own communities."

"Interviewer: Do you feel that HENS is at a point right now where there would be enough support across different sectors to move HENS forward if there was a reduction (in resources)? Participant: We're in a very different place, despite history, so there are many more people engaged in food and food security. Many more."

Clarity within the districts

The Healthy Eating Nova Scotia strategy enabled the leveraging of additional public health nutrition resources across the province. The increase in capacity for public health nutrition in the province was universally regarded to be a strength of the strategy. For the most part, public health nutritionists are mandated to support HENS-related work within the context of a population-health approach, which includes a reflection on the needs of their communities. However, there is no defined "provincial program" related to HENS. This results in a varied approach to how the HENS mandate has been applied within the "formal" public health structure (District Health Authorities); key informants identified specific challenges as they relate to this reality.

The role of public health nutrition is to bring an advocacy voice to the table and provide a community-development and capacity-building lens to population-level work. This is not the same as community dietitians or public health dietitians who provide individualized or group programming and direct service delivery. The role of the public health nutritionist in Nova Scotia is subject to interpretation depending on the district and this was perceived to be problematic when attempting to support HENS-related activity. Several participants commented on the importance of bringing forward some clarity on the role of the public health nutritionist position, which included communicating an understanding of public health nutrition "core competencies" and how it formally links to the HENS strategy.

Perceptions of support within DHA and the impact on HENS

"The sense that I'm getting, and again, these are comments at meetings and things like that, is that there are definitely challenges. And not everybody, I get the sense, is feeling supported by their district manager. Now whether that's my perception, whether that's individual people or an overall challenge, I'm not really sure, but it feels like there's some level of, lack of a better term - «clunkiness» in terms of «well you're the HENS person, you do that sort of stuff, so again, there's always that risk of if you're hiring public health nutritionists under the premise of HENS, you still need buy-in from the district and other public health nutritionists...there needs to be that broader level of support...in some areas if the District Health Authority didn't think that it was a good strategy then the nutritionists aren't even being supported to work on it, right? So I think it is not consistent and that's because of our system...how we're structured.»

«I think it can be perceived very strongly (a provincial strategy) in these districts...I mean I can't speak to the rest of the province and it's not only in relation to HENS - we've had these issues with other programs - like we're going to do it our own way...and I think sometimes that HPP maybe doesn't understand that they might have a vision but if the district doesn't support it or if my manager doesn't support it, there's not a lot I can do about it...let's be honest, anything that's sort of provincial doesn't get a lot of support. No matter if it's breastfeeding or if it's food security.»

"I know working at the district level, you kind of always feel like you're battling it though. It's always an uphill kind of, an uphill battle that we've got on our hands here..."

"Participant: 'Because of the relationship with the districts there's been a dilution of what we intended. So some of the pieces have come out really strong - it's great there's no question. But some of the other pieces...the districts may say 'You know what I don't want you wasting your time on that, so you're not going to do that' or 'I'd rather you do this.' Interviewer: «And you said it's very dependent on the VB and the directors at the district level and the CEO's? Participant: what they want, yeah»"

“Participant: We don't have consistency. Interviewer: So that is something that you would want to be changed, or is that something that...? Participant: Well and then it's about systems change right? So if you start to say we want us all to be working on the same thing that means that the districts have to agree that HPP, or all the districts have to agree that that's the priority so that it does happen all across the province. Interviewer: and do you see that as being a policy? I mean with a systems change could that even be a policy type piece? Participant: In terms of what we work on? Yeah. It could be...but whether you would get all the CEOs to agree, I don't think you would. So that's part of that systems change.”

Participants also commented about the resistance within districts related to the work of public health nutrition and the level of support from both an observational and experiential perspective. Overwhelmingly, these challenges appear to be related to a mix of organizational culture and managerial decisions, but also closely linked to a value for the HENS strategy and the role of the public health nutritionists. It also presents an example of the sensitivity of integrating a province-wide strategy into district-level and local needs and reflects the “formal” structure of public health in Nova Scotia. One participant pondered whether a different, more collective model would work to address these inconsistencies in implementation, roles and general support.

How resources are provided to districts to support HENS has evolved over the duration of the strategy. Initially, when HENS was released, HPP provided three funding streams to the DHAs to support local implementation of HENS. Beginning in the fiscal year of 2007-2008, HPP “rolled-up” funds distributed to the DHAs such that the three streams of HENS funding were incorporated into the Chronic Disease and Injury Prevention funding envelope.

This change in funding allocation has resulted in a range of outcomes. At one end of the spectrum are participants who felt there hadn't been an impact of this shift; while at the other end, participants acknowledged that it negatively impacted on HENS-related activities. Again, this links back to the previous points on resistance experienced at the district-level.

Currently, the public health nutritionists do not have a formalized mechanism for meeting and discussing issues of relevance. Their engagement with each other was described as being facilitated on an as-needed or ad-hoc way, or through their collective work on working groups in relation to key initiatives. A more formalized communication structure was desired by many of the participants in order to better enable working together and create “consistencies” across the province to encourage larger impact with the strategy. One participant noted that the public health system structure was problematic for allowing the type of communication needed to maximize effectiveness of strategy work.

Communication

Participant: I don't know if it's a deficit because of HENS or HPP but, what seems strange in this province is public health nutritionists...we wouldn't all get together and chat any time. So there's not a formal mechanism there. We have informal, like little, we'll know who's working where and give each other a call but there's been a lot of movement in this province around Public Health nutrition so... like I can't probably put a face to the name of half of them. Interviewer: Do you think that it would be...do you feel that that's a deficit? Participant: I think it's a deficit. Yes. For Public Health Nutrition I think that there could be some more collaboration or just even relationship building across the province around who's who and what are we working on. I know we're small but we don't have that network...it would be good just as a professional body to have that venue to talk about what's going on."

Enhancing communication is a common theme that was discussed by participants. This includes both communications between and among the entities that are formally "unified" by the strategy (see previous section on the communication within public health nutrition), but also broader communications about the strategy to those outside the more formalized groups. Communication is regarded as a critical piece that will continue to build and sustain momentum for the strategy both within the formalized structures but also enhance sustainability and the concept of shared ownership outside of the "formal" leader structures.

Several participants recognized that the HENS GG should play an active role in both communications to their respective organizations but also a broader communication role to others outside of the health and health promotion sectors.

Supporting communication between NSHPP and the public health system and between and among government departments was also viewed as a critical means of leveraging momentum and work on the ground.

Communication is also at the centre of building and maintaining momentum for the work both inside of formalized structures (including partnerships) and outside them. This includes communication within partnerships that can help to expand the reach of the strategy, gain buy-in and momentum, and facilitate shared ownership. Enhanced communication will also help minimize the perception of HENS being "owned" by the nutrition field or those major formalized structures (e.g. health promotion and public health) that have largely enabled the strategy to grow and maintain its momentum for the last five years. Communication in this sense involves helping to "make the links" and connections.

Achieving outcomes

Participants discussed the vast momentum that has been achieved in a short period of time since the strategy launch, keeping in mind that population-level strategies take time to evolve and make an impact. Collectively, the leveraging of partnerships (many community-level partnerships were particularly embraced), resources (funding and human) and the policy work (province-wide and local) has been valuable in enhancing the healthy eating agenda in the province. These are the critical successes in relation to HENS.

The active work on policy has resulted in numerous, visible successes – notably in the school and early childcare settings. Participants recognized that work on breastfeeding, food security and in other settings (publically-funded institutions and recreation for example) has also been augmented by having a HENS strategy to guide their work. Income security, continued work on breastfeeding and issues within the food industry (e.g. marketing to children, the WHO code, policies affecting the locations of fast-food establishments) were regarded to be the next steps with respect to policy development.

Participants also reflected that the strategy coincides with a general cultural shift recognizing the importance of healthy eating and its value to population health. This reality has created a complexity for participants, resulting in them questioning whether achievements should be linked with HENS (does it matter?) to discussing how HENS has been able to take advantage of this shift and add value to the agenda for healthy eating as a point of advocacy and celebration.

Evaluation of the Healthy Eating Nova Scotia Strategy

Recommendations

There are several recommendations for the HENS GG that are consistent with the integrated findings from this evaluation. These recommendations are grouped under the broad headings of leadership and communications.

Leadership

- We recommend that the “formal” leadership structures of the Nova Scotia Department of Health and Wellness (DHW), the HENS GG and public health (led by public health nutritionists and their formal partnerships) continue to play a strong leadership role for the advancement of the HENS agenda in this province. Collectively, these have been valuable and effective at building momentum for action in relation to HENS. We recognize that the strategy is broadening its reach and taking on a “life of its own” through the ongoing partnerships at a province-wide and community-level (both informal and formal). Nonetheless, these formal structures continue to play a critical role.
- We recommend that DHW should continue its financial commitments to strategy implementation and focus on continued collaboration at the provincial level (cross-departmentally) and, through its role on the HENS GG, support other organizations to see the value of the HENS strategy and where they can contribute. As a member of the HENS GG, DHW also offers the links to both province-wide and national activity. The people representing DHW have been most crucial in the support that this department has provided.
- We recommend that the HENS GG reaffirm its membership based on the direction of the strategy and expertise required for oversight (e.g. policy developments and/or initiatives). Diversity should be addressed beyond geographical representation and to expand beyond the dietitian/nutritionist role. As well as general oversight, the HENS GG should maintain its key roles in networking and advocacy, communications and broader HENS evaluation and/or research links. More decision-making power by the HENS GG should be explored within these contexts.
- We recommend that the role of public health in supporting HENS be clarified. Developing a formalized communication structure among the public health nutritionists is also encouraged. This will help facilitate consistency of activities across the province, improve communications and assist in problem-solving. Public health nutrition have specific core competencies; a formalized communication network allows for the recognition of these competencies and lends a collective voice to the activities that support HENS within this framework. The formalized public health nutrition structure may also help in communicating role clarity related to public health nutrition and in expectations surrounding province-wide versus district level HENS-implementation (including HENS-funding allocation). Positive changes within the public health system related to nutrition may begin by facilitating these formal public health nutrition structures.
- We recommend that the role of non-government organizations (NGOs) and other community organizations in supporting HENS be better understood and expanded. NGOs and community organizations play a critical and valued role in supporting HENS-related activity that includes leadership positions through the HENS GG and HENS-related working groups. We recommend that the HENS leaders continue to support and further the leadership and engagement of NGOs and community organizations in HENS. This work will include initiating ongoing dialogue related to organizational capacity to participate and facilitating “making the links” where contributions can either be developed or strengthened. This will support continued advocacy for the healthy eating agenda, leveraging of resources and the “life of its own” transition.

Communications

- We recommend that more frequent and broad communications occur in relation to HENS and the activities that formally (or informally) support the agenda. At a minimum, this “sharing what’s working well” activity might be supported by an annual, high-level reporting of HENS-related activity to the HENS GG, who would then be tasked with broader dissemination. More frequent communications about activities/initiatives in relation to the strategy will facilitate ongoing (high-level) evaluation, oversight and meet the broader communications roles for the HENS GG and help to identify areas where additional support may be required (e.g. partnership input, networking).
- We recommend that a “reaffirmation” activity should occur, to support re-engagement in the strategy and networking among those formally and informally linked. This activity may facilitate the development of new partnerships, enhance existing ones and provide opportunities to leverage resources. It will also serve as a point of celebration for the tremendous amount of work and commitment for this strategy over the past five years. We also recommend that the HENS GG take on this important role.

Evaluation of the Healthy Eating Nova Scotia Strategy

Concluding Remarks

This report highlights the processes that have occurred since the launch of HENS in 2005, and that have enabled the strategy to build momentum for population-level action on healthy eating. Perceptions and observations made by stakeholders and key informants with respect to implementation are important considerations for sustaining these actions. At the same time, findings should also be interpreted with the following considerations. First, the document review is not a comprehensive review of *all* processes that have enabled HENS action in the province; this evaluation clearly identifies that a great number of stakeholders (formal and not) have been engaged in HENS and the broader healthy eating agenda. Moreover, much of the work and outputs related to HENS began prior to the official launch of the strategy, and cannot solely be attributed to it. Finally, many of the respondents and/or participants within the stakeholder survey and interviews provided their perceptions of implementation based on their experience and lens as government and/or public health staff. The perceptions of community-level stakeholders were present, but to a lesser extent. Evaluation will play a critical role as the strategy continues its evolution and momentum, and as the reach broadens beyond the formal structures currently supporting it.

Evaluation of the Healthy Eating Nova Scotia (HENS) strategy: HENS Evaluation Framework Prioritization Chart



HENS Evaluation Framework Prioritization Chart

DATA COLLECTION METHOD	EVALUATION QUESTION	INDICATOR	NOTES ON RESOURCES, TIMING AND OTHER CONSIDERATIONS
Document Review	<p>What is the role and commitment of the lead agency in building and implementing HENS?</p> <p>Is there shared leadership representing the broader network?</p> <p>To what extent have sustainable resources been allocated to support the implementation and evaluation of HENS?</p> <p>Does the HENS Steering Committee work with partners to develop action plans that include the priority areas?</p> <p>Do the action plans reflect shared accountability for implementation?</p> <p>Have the priorities of HENS influenced policy around healthy eating?</p>	<p>Activities, processes, structures and policies implemented by the lead agency to build engagement and commitment to HENS (quantify staffing resources, funding and meetings)</p> <p>Description of Steering Committee (e.g., membership) # and type of structures and processes established to govern the operation and accountability of the Steering Committee (e.g., Terms of Reference, yearly action plans, Memorandums of Understanding, etc.)</p> <p># and type of PH nutritionist and other positions created to support HENS implementation (by District) (Healthy Living Coordinators, Sport Animators, Breakfast Program, Food Mentors..)</p> <p># and type of resources (voluntary, in kind, human, partner, financial) allocated to support the implementation, evaluation and sustainability of HENS (HPP, DHA)</p> <p>Description of the process to review, update and ensure sustainability of resources required to support HENS at provincial level and its evaluation</p> <p>Description of action plans developed that include the four priority areas # and type of stakeholders involved in the development of action plans that include the four priority areas</p> <p># and type of stakeholders/organizations with HENS implementation responsibilities as outlined in the action plans # and type of action plans which include shared decision making and responsibility for the outcomes of HENS and it's implementation # and type of evidence-based policies developed, enhanced and changed to support HENS across the lifespan and in multiple settings # and type of processes and structures used to develop and implement evidence-based policies to support HENS in multiple settings and across the lifespan # and type of stakeholders (e.g., partners) involved with the development, enhancement and/or changes in policies to support HENS in multiple settings across the lifespan</p>	<p>Estimate: 10 working days to conduct the document review</p> <p>Document review to begin at time that the Alliance for Healthy Eating started HENS</p> <p>Some history of HENS is in summary documents. Undertake the review over the summer</p> <p>Recommend report be:</p> <ul style="list-style-type: none"> - succinct - use boxes, charts, diagrams where possible - length – 10 pages? <hr/> <p>Michelle Murton will create list of documents to include in the review</p> <p>Michelle Murton will see who might be available to do the review.</p> <hr/> <p>HENS is the policy. What programs, policies and practices are generated by HENS?</p> <p>Emphasis in this document review will be on</p>

DATA COLLECTION METHOD	EVALUATION QUESTION	INDICATOR	NOTES ON RESOURCES, TIMING AND OTHER CONSIDERATIONS
	<p>Has HENS supported policies to support healthy eating across settings (eg. Schools, workplaces, community. Etc.)?</p> <p>Is HENS influencing policy outside of the health sector (economy – income security, agric, envir)</p> <p>Are policies to support HENS monitored and evaluated?</p> <p>How does HENS impact and/or influence provincial and national food and nutrition surveillance?</p> <p>How does HENS contribute to and influence research priorities and research being done provincially? how? (priority area groups)</p>	<p># and type of HENS stakeholders involved in advocacy for policies that reflect HENS priority areas (e.g. policies that promote food security, etc.)</p> <p># and type of policies implemented to support the four priority areas of HENS across the lifespan and in multiple settings</p> <p># and type of broader social policies informed by HENS (e.g., income related access to food and food supply issues)</p> <p>Minimum wage.</p> <p># and type of processes and structures used to influence broader social policies related to and/or impacting healthy eating</p> <p>Description of evaluation systems established to assess and monitor policies that support HENS</p> <p>Type and role of HENS stakeholders (e.g., partners) involved in the evaluation and monitoring of provincial policies (e.g., breastfeeding)</p> <p># and type of provincial and national food and nutrition surveillance systems which incorporate/ include the four HENS priorities</p> <p>CCHS impacted</p> <p># and type of supports and resources provided by HENS to local, provincial research and researchers in the four priority areas</p> <p># and type of gaps identified (four priority areas may have identified)</p>	<p>Higher level formal policies such as</p> <p>Food-school nutrition</p> <p>Breastfeeding</p> <p>Municipal – rec centres – beginning</p> <p>Institutional – beginning</p> <p>Food security – impact</p> <p>housing and minimum wage</p> <p>School based policies – CLASS 2 will capture</p> <p>.....</p> <p>NSHRF has list of local and provincial research on their website. Sara Kirk will look into this.</p>
Interviews with Steering Committee members	<p>What is the role and effectiveness of the lead in the implementation of HENS?</p> <p>Is there shared leadership representing the broader network?</p> <p>To what extent have sustainable resources been allocated to support the implementation and evaluation of HENS?</p>	<p>Perceived effectiveness of the lead agency in the implementation of HENS</p> <p>Perception of Steering Committee members and other stakeholders (e.g., Network) regarding the effectiveness (and diversity) of the Committee in fulfilling its role(s) (e.g., shared ownership and decision making)</p> <p>Stakeholder perception that SC membership is reflective of diversity of partners/ organizations</p> <p>Steering Committee perceptions regarding the resources to support HENS provincially and locally (e.g., PH nutritionists, community dietitians, other health care professionals, other sectors- agriculture) (if you didn't have these resources, where would you be? Achievements?)</p>	<p>Interviews could be done by external contractor who would</p> <ul style="list-style-type: none"> - develop the tool - conduct the interviews - analyze the data <p>Could be as many as 20 Steering Committee members</p> <p>Conduct late fall before doing the survey with network and key stakeholders</p>

DATA COLLECTION METHOD	EVALUATION QUESTION	INDICATOR	NOTES ON RESOURCES, TIMING AND OTHER CONSIDERATIONS
	<p>Are new partnerships created and existing partnerships enhanced at the provincial and local levels? (emphasis on connectivity rather than partnerships)</p> <p>Has nutrition capacity increased at a provincial and local level and if so how? (priority area groups)</p>	<p>Steering Committee perceptions regarding the benefits and challenges to partnerships at the local and provincial levels Type and description of strategies to address challenges of partnership work</p> <p>Stakeholder perceptions regarding the increases in PH nutritionist capacity at a provincial and local level (e.g. PH Nutritionist, Chronic Disease Prevention Coordinator, Community Home Visitor, PH Managers/ Directors, etc.) <i>(Have you noticed any difference? What has changed?)</i></p>	<p>In answering this question, SC members may report some actions that have taken place at the local level that could be examined further and highlighted in the report.</p> <p>We could also ask SC members about their recommendations for improving the implementation of HENS.</p>
<p>Questionnaire or interviews with Network and select key stakeholders</p>	<p>Is there shared leadership representing the broader network?</p> <p>Are new partnerships created and existing partnerships enhanced at the provincial and local levels? (emphasis on connectivity rather than partnerships)</p> <p>Do stakeholders have the capacity to support HENS within the scope of their work/area and are they supported by their organizations?</p>	<p>Perception of Steering Committee members and other stakeholders (e.g., Network) regarding the effectiveness (and diversity) of the Committee in fulfilling its role(s) (e.g., shared ownership and decision making) Stakeholder perception that SC membership is reflective of diversity of partners/ organizations</p> <p># and type of collaborative partnerships to support HENS at the local (e.g., family associations, DHAs, etc.) and provincial level # and type of processes and structures to build and strengthen partnerships at the provincial and local levels (e.g., Memorandum or Understanding, partner policies, formal agreements, Terms of Reference) <i>identify formal and informal</i> Stakeholder perceptions regarding the increases in PH nutritionist capacity at a provincial and local level (e.g. PH Nutritionist, Chronic Disease Prevention Coordinator, Community Home Visitor, PH Managers/ Directors, etc.)</p> <p># and type of stakeholders with HENS roles and responsibilities (Nutritionists, day cares, schools, fruit growers, food service workers (job descriptions <i>may not be updated</i>), expectations)</p>	<p>How many stakeholders?</p> <hr/> <p>40 elist of Alliance members Each priority area has a network Other government departments – Economic Dev. Agriculture Michelle Murton to create a list.</p> <hr/> <p>Conduct the survey winter 2009-10. Use an electronic tool with skip patterns that will allow more in-depth questions for respondents who have a formal connection to the network and/or HENS Survey could have both quantitative and qualitative questions.</p> <p>May follow up with interviews with key informants if needed.</p> <p>The external contractor could undertake this work including developing the tool, collecting and analyzing the data.</p>

DATA COLLECTION METHOD	EVALUATION QUESTION	INDICATOR	NOTES ON RESOURCES, TIMING AND OTHER CONSIDERATIONS
	<p>How has HENS created opportunities to build capacity to support the priorities of HENS? (engagement)</p> <p>To what extent have sustainable resources been allocated to support the implementation and evaluation of HENS?</p> <p>Does the HENS Steering Committee work with partners to develop action plans that include the priority areas?</p> <p>Have the priorities of HENS influenced policy around healthy eating across settings (eg. Schools, workplaces, community. Etc.)and outside of the health sector (economy – income security, agric, enviro)?</p>	<p># and type of opportunities to build capacity to support HENS</p> <p># and type of tools, materials, and training opportunities to address the four HENS priorities</p> <p>Stakeholder perceptions regarding the adequacy of resources to support HENS locally and provincially (e.g., PH nutritionists, community dietitians, other health care professionals, other sectors- agriculture)</p> <p>Stakeholder perceptions regarding the challenges and facilitators in developing and integrating action plans that include the four priority areas</p> <p>Stakeholder perceptions regarding the successes, challenges and facilitators to developing, implementing, enhancing, and/or changing policies to support HENS in multiple settings across the lifespan</p> <p>Perceptions regarding the successes, challenges and supports in the extent to which policies have been implemented to support HENS</p> <p>Stakeholder perceptions regarding the successes, challenges and facilitators in influencing broader social policies</p>	<p>S/he could combine the findings from the survey and from the key informant interviews with the results from the document review and the interviews with the HENS Steering Committee members.</p> <p>Final report prepared by March 2010.</p>

Evaluation of the Healthy Eating Nova Scotia (HENS) strategy: Document Review



Overview

This report summarizes the procedures and findings from the *Healthy Eating Nova Scotia (HENS)* document review. The documents reviewed spanned the timeline between consultation on the near final strategy, which was led in its development by the Alliance for Healthy Eating and Physical Activity (2004), and included documentation on present implementation of the strategy (up until 2010). The emphasis of the document review was on the higher-level formal policies and initiatives that were created, led, or leveraged as a result of HENS, in particular, those policies and/or initiatives that supported the four HENS priority areas: breastfeeding, children and youth, fruits and vegetables, and food security. The review also intended to capture any information on municipal and institutional-level policies that have been influenced by HENS. The findings outline an overview of the processes used to develop the HENS strategy and the structures put in place to facilitate implementation and evaluation of HENS.

Methods & Analysis

Documents included in this review were provided by the Evaluation Consultant with the Nova Scotia Department of Health Promotion and Protection (NSHPP) and the provincial Healthy Eating Coordinator (also at NSHPP). Additional documentation outlining HENS-related research activity was provided by the Manager of Research Enterprise Development Initiatives at the Nova Scotia Health Research Foundation (NSHRF). All documents (n=156) were dated between 2004 and 2010 and included the following:

- Meeting agendas and minutes;
- Email correspondence;
- Media releases;
- Presentations to stakeholder audiences;
- Updates on action in HENS priority areas;
- Committee and/or Network membership lists;
- Attendance lists at HENS-related initiatives;
- Funding allocations;
- Results of research database queries;
- Environmental scans;
- Consultation reports;
- Photos; and
- Evaluation documents (including logic models, frameworks, reports).

It is important to note that the documents reviewed were specific to the higher-level work of the HENS Guiding Group and its committees and not related to broader working group activities across the priority areas.

Two researchers independently reviewed all documents and classified content according to the evaluation questions and related indicators from the HENS Evaluation Framework Prioritization Chart. Findings were then organized by document and by indicators present within that document. The HENS Strategic Directions served as the organizing framework for presenting the document review findings by their most related (i.e. most appropriate) evaluation questions, as these are identified in the strategy as necessary steps to support implementation. In a collaborative and iterative fashion, members of the Evaluation and Research Working Group provided input and feedback on the report.

Findings

STRATEGIC DIRECTION #1: LEADERSHIP

Definition

Provide the governance, financial, administrative and human resources necessary to effectively sustain action on healthy eating.

Development of the strategy and early commitment and/or engagement activities

In 2004, the Healthy Eating Action Group of the Nova Scotia Alliance for Healthy Eating and Physical Activity, in partnership with the Office of Health Promotion (NSHPP), led development of the HENS strategy in a way that was collaborative, cross-sectoral and cross-governmental.

When the Healthy Eating Action Group completed a draft of the strategy, further consultation took place to build engagement and solicit feedback on the strategy. The consultation brought together 112 stakeholders in 10 sessions held across provincial District Health Authorities, to discuss and develop the strategic directions that would be required to guide or action the priority areas outlined in the strategy: breastfeeding, children and youth, fruit and vegetable consumption and food security.

The strategy was launched in March 2005 and is publically accessible through the NSHPP website. The strategy was also translated into French in 2007. The Alliance's Healthy Eating Action Group, through OHP, printed 500 copies of the strategy and distributed them to the following groups:

- District Health Authorities via public health nutritionists;
- Provincial organizations;
- Provincial government;
- Breastfeeding and Baby Friendly Initiative committees;
- School and Nutrition Policy Workgroup;
- Food Security Projects;
- St. Francis Xavier, Acadia, and Mount Saint Vincent Universities (all having accredited nutrition/dietetics programs); and
- Dietitians of Canada.

An additional 1000 copies of the strategy were also distributed to Nova Scotia public schools at the request of schools and school boards. This purposeful distribution of the strategy helped build early stakeholder engagement and commitment, and influenced healthy eating decision-making across settings and sectors.

HENS Leadership Structure (Figure 1)

Nova Scotia Department of Health Promotion and Protection

Nova Scotia Department of Health Promotion and Protection is the lead agency for HENS. Their role includes, but is not limited to:

- Co-chairing the HENS Guiding Group;
- Representation on provincial priority area working groups and/or committees;
- Supporting the development of healthy public policy related to HENS;

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- Communicating with the HENS Network;
 - Providing provincial staffing support to activities supportive of HENS;
 - Liaising and building engagement and commitment for the strategy in a cross-departmental (government) capacity; and
 - Providing key resources (including funding) for HENS-related initiatives.

HENS Guiding Group

The inter-sectoral committee that has provided oversight and guidance for HENS has evolved, both in name and in function, since 2005.

The Healthy Eating Action Group of the Alliance (which supported the development of the strategy document) evolved into the Healthy Eating Nova Scotia Working Group (WG) in 2005. The general mandate of the HENS WG was to support the implementation of the strategy. Initial discussions about structure, function, membership, accountability and resources were held by the Working Group, resulting in the formation of two groups: 1) a subcommittee that would closely examine and develop a working structure for the proposed HENS Coordinating Committee and 2) an implementation plan subcommittee established to revise the implementation plan, garner support for the implementation process and to determine funding avenues. It is around this time that the Alliance released itself of official leadership over strategy implementation.

At the outset, representation was lacking from the school food and nutrition area. By October 2005, recruitment for the HENS Coordinating Committee was ongoing with invitations being sent out to representatives from the Canadian Diabetes Association, Health Promotion Clearinghouse, school boards, and the school system (i.e. principals and teachers). New membership was solicited to represent each of the four priority areas. Emails and meeting minutes from this period indicate that there was still a lack of representation from stakeholders involved with daycares in the province.

As of December 2005, the initial HENS Coordinating Committee included 41 members representing the following:

- Provincial government – Departments of Health and Wellness, Agriculture and Fisheries, Office of Economic Development;
- Federal government – Public Health Agency of Canada;
- District Health Authorities – Public Health Services (public health nutritionists);
- Nova Scotia Regional School Boards;
- Private (food) industry;
- Non-governmental organizations (provincial and community);
- University; and
- Education staff (e.g. one teacher was recruited to the Committee from within the public school system).

Representatives from the Nova Scotia Department of Health Promotion and Protection, and an NGO – the Canadian Diabetes Association were named as co-chairs for the Coordinating Committee. At this time, a working group of the HENS Coordinating Committee was struck – the HENS Website Committee, which had the mandate for sharing activity related to the strategy (e.g. resources, tools) through a website portal housed on the Health Promotion Clearinghouse Website. This committee had a purpose of bringing the HENS Website to fruition while the Coordinating Committee would make recommendations on the function for this website. It appears that most of the work of the Website Committee did not begin until 2007, when a proposal was made to the Health Promotion Clearinghouse to host the site.

Figure 1. Healthy Eating Nova Scotia leadership structure



- 1 *Healthy Eating Nova Scotia serves as an evidence-based guiding framework and foundational policy for healthy eating action in the province*
- 2 *NSHPP acts as the lead government agency and primary liaison with other government departments*
- 3 *Stakeholders may or may not be engaged in work that is directly guided or leveraged through HENS; this includes local and provincial working groups and activities related to the priority areas and advancing the healthy eating agenda*
- 4 *HENS Guiding Group is the lead oversight body with inter-sectoral representation; the name and functions have evolved since the strategy launch*
- 5 *HENS Network is an important means of sharing and broader networking in relation to the HENS strategy and related activities*

In June 2006, the Terms of Reference for the HENS Coordinating Committee was finalized. The Coordinating Committee met twice yearly and, through its work, aimed to influence HENS-related activity both provincially and locally. Work conducted by a variety of committees representing the four priority areas of HENS would also link back to the Coordinating Committee. Updates on progress in the four priority areas, as well as local initiatives supported by HENS was the focus of these meetings. By late 2006, two other provincial government departments were represented on the Coordinating Committee – the Departments of Community Services and Education.

HENS Coordinating Committee

“Support the implementation of the Healthy Eating Nova Scotia (HENS) strategy throughout the province of Nova Scotia”.

- Terms of Reference, 2006

Mid- to late 2006 marked the formal restructuring of the HENS Coordinating Committee into the HENS Steering Committee and the HENS Network. The concept was for the HENS Steering Committee to consist of a smaller group of members from the Coordinating Committee, while the HENS Network would comprise both the core group of Steering Committee and the old Coordinating Committee membership. The vision at this time was to maintain the broader Healthy Eating Network with a mandate of sharing and networking, while establishing the Steering Committee to create more frequent connection and input. All Coordinating Committee members were invited to join the newly formed HENS Steering Committee and an effort was made to retain representation from each Public Health shared service area⁶, the four priority areas, and various government departments and NGOs on the HENS Steering Committee. By December 2006, the Steering Committee had representation and linkage to the provincial priority areas through the following members:

- Public Health Services;
- Alliance for Healthy Eating and Physical Activity;
- Dietitians of Canada;
- Government (Departments of Health Promotion and Protection, Community Services, Agriculture, Education);
- NGOs (Family Resource Centres, Nova Scotia Fruit Growers Association, Canadian Diabetes Association, and the Canadian Cancer Society); and
- Regional School Board (Annapolis Valley Regional School Board).

HENS Steering Committee

“To support and coordinate the implementation of the Healthy Eating Nova Scotia strategy (HENS) and provide ongoing support to the Healthy Eating Nova Scotia Network, including provincial groups supporting the work of the four (4) priority areas identified in the strategy – breastfeeding, children and youth, food security and fruits and vegetables”.

- Terms of Reference, 2007

Another working group of the HENS Steering Committee was struck – the Healthy Eating Research Advisory Committee, led by the Nova Scotia Health Research Foundation. The focus of this committee was to identify gaps in healthy eating research, evaluation and surveillance related to the four priority areas of HENS. This committee also organized and led the Research Forum held in the Fall of 2006 (see: Strategic Direction #4: Knowledge Development & Translation).

⁶ There are two shared service areas in the Nova Scotia Public Health system – districts 1,2 and 3 and districts 4,5 and 6. The remaining District Health Authorities – 7,8 and 9 are independent.

Specific areas of responsibility were not unlike the previous HENS Coordinating Committee structure; however, the completion of the research and evaluation agenda for HENS was listed as the first area of responsibility for the Steering Committee in this new Terms of Reference. Another major change was the size of the committee; membership decreased significantly. The meeting structure (twice yearly meetings) and meeting activities remained the same. In 2008, the Research and Evaluation Working Group of HENS, supported by an Evaluation Consultant with the Nova Scotia Department of Health Promotion and Protection, became a working group of the HENS Steering Committee.

By Fall of 2008, the HENS Steering Committee was again reflecting on its structure and role, specifically how the Steering Committee should be engaged with the four priority areas given that the working groups/committees for each of the provincial priority areas were independent of the Steering Committee. The exception to this was the Fruit and Vegetable Working Group – an ad-hoc working group of the HENS Steering Committee. The Steering Committee considered two questions: 1) what would be missing if there was no HENS Steering Committee and 2) what if the Steering Committee acted as HENS Network “guides” instead? In addition, the Steering Committee approached these meetings using an “action-planning lens.” It seems the idea behind this change was to stay true to the role of the Steering Committee, as agreed upon in October 2008, as a support system creating the environment and conditions to enable healthy eating in Nova Scotia. This would be done by building and supporting the Network, engaging the Network, and sharing leadership, responsibility and accountability.

Out of this meeting also came a document titled “Statement of Intention” of the HENS Network – Guiding Role. The role of the “Network Guides” is outlined in the Shared Purpose portion of this document:

“we exist to co-create the environment and conditions for healthy eating action (i.e. implementation of HENS) to occur in Nova Scotia. As Network Guides, we do this by guiding and supporting the work of the HENS Network, which includes action groups engaged in moving the work of the four (4) provincial priority areas identified in the strategy – breastfeeding, children and youth, food security and fruits and vegetables.”

Henceforth, the HENS Guiding Group was formed and the HENS Steering Committee was disbanded by early 2009. Another working group of the HENS Guiding Group – the Evaluation and Research Working Group formalized its composition and terms around the same time that the HENS Steering Committee ceased to exist.

In Fall 2009, the H1N1 pandemic struck. This caused a hiatus in the work of the HENS Guiding Group, largely due to shifting priorities and capacity within Public Health Services and the Nova Scotia Department of Health Promotion and Protection during this time. The Guiding Group reconvened in early 2010 to review action plan templates for three groups relating to Healthy Eating Nova Scotia – the HENS Engagement Group; the HENS Guiding Group and the HENS Communication Group.

Healthy Eating Nova Scotia (HENS) Network and Stakeholders

The HENS Network (or the Healthy Eating Network) evolved from the former HENS Coordinating Committee in 2007. The mandate of this informal network is:

“to share and network related to healthy eating priorities in Nova Scotia”.

Membership on this Network is maintained by the addition of names to a “Healthy Eating Network” electronic distribution list held by the co-chair representative from Nova Scotia Department of Health Promotion and Protection. The Network maintains connection to the HENS Guiding Group through email communication and has the opportunity to provide input and inform any implementation, monitoring and evaluation of the strategy.

We also include stakeholders (both informal and formal) as critical to the ongoing leadership in support of HENS and HENS-related activity. While there were no documents pertaining to their formal activities as part of this review, their actions are reflected in the in-kind contributions made to strengthen the momentum of the healthy eating agenda in this province and outputs (e.g. activities, programs and initiatives) that have been guided by, and also reflect, the priorities of HENS.

Other engagement/commitment activities

Two major events deserve recognition for building engagement and commitment for the strategy. The first event was the “Filling the Gaps: Engaging Nova Scotia in Creating a Healthy Eating Research Agenda” (research forum), held in November 2006 in partnership with the Nova Scotia Health Research Foundation. Other partners for this initiative included Cancer Care Nova Scotia, the Diabetes Care Program of Nova Scotia, Cardiovascular Health Nova Scotia, and the Nova Scotia Department of Health Promotion and Protection. The purpose of this Forum was to create a dialogue amongst stakeholders performing research relating to healthy eating. The objectives were:

- To identify funding and/or create funding opportunities to move the healthy eating research agenda forward;
- To identify gaps in research on the issue of healthy eating that are relevant to the HENS strategy;
- To create opportunities to facilitate knowledge transfer related to healthy eating;
- To create opportunities to profile prevention research among partnership organizations; and
- To create an opportunity for researchers, health promotion practitioners, policy makers and others from relevant disciplines to identify opportunities to work collaboratively on the healthy eating research agenda.

Attendees at the forum represented government departments and agencies, academia (both researchers and students from universities and related research centres), Public Health Services, and health professionals. The forum fostered an interest in research to support informed decision-making related to healthy eating. However, the forum also identified the need for broader stakeholder communications about the strategy and its development.

The second event, a HENS Network Fall Food Tour and Network Meeting, was held in September 2007. This event included a day-long tour of several farms and produce-packing facilities throughout the Annapolis Valley. The meeting consisted of updates on the priority areas and a discussion about what it meant to be part of the Healthy Eating Network. Similar to the research forum, this event was well attended with representation from a variety of government departments/agencies, Public Health Services, NGOs, nutrition and food-related coalitions, students, and those from the farming/producing sector.

STRATEGIC DIRECTION #2: COMMUNITY DEVELOPMENT AND INFRASTRUCTURE

Definition

Ensure an appropriate service system infrastructure and community capacity to plan, deliver and sustain interventions that support healthy eating.

As evidenced by the previous section on leadership, the financial and in-kind contributions of numerous organizations to the various leadership committees and working groups have been instrumental to building support for the strategy and moving work related to the strategy forward. Specific resource allocations for work related to the strategy are outlined below.

Human resource capacity

In 2005, to support the implementation of the strategy at the local level and enhance public health nutrition capacity in the province, NSHPP provided resources to each of the nine District Health Authorities for an additional public health nutritionist position. Specifically, the public health nutrition positions were created to enhance capacity around existing community nutrition efforts and support and coordinate the implementation of HENS at the local level.

After the strategy launch, human resource support was also added at the provincial level through NSHPP. While the provincial Healthy Eating Coordinator position was in existence prior to the strategy launch, additional provincial roles were created, expanded and/or linked with the strategy:

- School Nutritionist (full-time);
- Coordinator, Early Childhood Nutrition (full-time);
- Breakfast Program Consultant (part-time);
- Coordinator, Health Disparities (supportive of work related to food security); and
- Evaluation Consultant (support for evaluation activities in relation to the HENS strategy).

Collectively, the human resource capacity created, enhanced or leveraged at the local and provincial level provides another form of leadership and infrastructure to support the strategy.

Program and/or initiative funding

The government of Nova Scotia, mainly through NSHPP, has played a critical role in the disbursement and/or leveraging of financial and in-kind resources for programs and initiatives related to the HENS strategy.

Given that the strategy is collaborative, the total dollar value of contributions cannot be completely ascertained by the documents reviewed. Attempting to do so would risk a failure to recognize the multiple contributions made by other government departments (provincial), District Health Authorities, federal departments, and numerous in-kind and other contributions that have been made cross-sectorally (particularly from non-government and other community-based organizations) to influence HENS-related activity and momentum.

There is evidence; however, that significant investments (both financial and in-kind) have been made and/or leveraged for the following initiatives:

- Provincial school breakfast program;

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- Health Promoting Schools;
 - Provincial school food and nutrition policy;
 - Fruit and Vegetable Working Group (including environmental scan and social marketing campaign);
 - Breastfeeding (including social marketing campaign);
 - Food security projects (including participatory food costing);
 - Evaluation;
 - HENS-related research activity; and
 - General support for provincial HENS implementation.

Action planning

An action plan entitled “Implementation Plan” was developed in August 2005 to guide the implementation of the HENS strategy. Government departments and agencies, and national and local NGOs were identified as leads for parts of the action plan as a means of building the necessary infrastructure and capacity to support activities in relation to HENS.

The focused work of the HENS Steering Committee in 2007-2008 was on the renewal of this action plan. The renewal was done in order to effectively link the action plan to the HENS logic model and evaluation framework.

The action planning process allowed for a more thorough discussion of the role and structure of the HENS Steering Committee. Four areas of focus were identified for moving forward:

- Identifying areas for policy development;
- Engaging a range of stakeholders in supporting HENS;
- Developing communication strategies to build awareness and commitment among key stakeholders and network members; and
- Support the development of research, and surveillance and information systems to support healthy eating.

In 2009, in consultation with a range of stakeholders, the HENS Steering Committee developed an Action Plan Prioritization Chart. The chart outlined a list of actions/tasks for completion and suggested the involvement of multiple stakeholders, especially in identifying and supporting new and existing healthy eating policy processes. The criterion for each action/task was whether it met the activities of 1) building and supporting the Network; 2) engaging the Network; 3) forming shared leadership; 4) fostering shared responsibility; 5) creating shared accountability; and 6) reducing health disparities.

Through this prioritization process, the HENS Steering Committee clarified its roles and responsibilities, resulting in the change of leadership from HENS Steering Committee to the HENS Guiding Group. Action Planning Templates were created for each of these groups outlining the specific function of these groups, and how these support the strategy. It is clear from these action plans that general communications and engagement with the broader HENS Network were seen to be critical functions.

STRATEGIC DIRECTION #3: PUBLIC POLICY

Definition

Establish public policy frameworks that support healthy eating and chronic disease prevention.

The Healthy Eating Nova Scotia strategy is a call to action to develop multiple healthy eating policies in a variety of settings. The existence of a provincial healthy eating strategy supports the development of some healthy eating public policy frameworks that were underway prior to the release of HENS. Other policies have emerged or been leveraged as a result of HENS. The following sections outline the policies and related policy activity, organized by the HENS priority action areas.

Breastfeeding

The *Provincial Breastfeeding Policy* was released in October 2005 and updated in June 2006. This policy, titled “Breastfeeding in Nova Scotia: Responsibilities of the Nova Scotia Department of Health and the Nova Scotia Department of Health Promotion and Protection” is a joint policy between these government departments and has the following objectives:

- Provide leadership for the protection, promotion and support of breastfeeding;
- Improve the health status of mothers and babies by increasing breastfeeding initiation and duration in Nova Scotia; and
- Support the implementation of the Baby Friendly Initiative.

The policy also applies to District Health Authorities, the IWK Health Centre and all health system funded providers. There are a variety of policy directives included within the policy statement.

Work on this policy and other work within the breastfeeding priority area are facilitated through the diverse membership of the Provincial Breastfeeding and Baby Friendly Initiative (BFI) Committee (now the Provincial Breastfeeding Steering Committee or PBSC), which was formed in 1999, under the leadership of the NSHPP and the Department of Health. Their mandate is to provide provincial leadership for the protection, promotion and support of breastfeeding and the Baby Friendly Initiative in Nova Scotia. Committee representatives include District Health Authorities, Public Health Agency of Canada, First Nations Health Centres, Nova Scotia Dietetic Association, Dietitians of Canada, NSHPP, Department of Health, academia, Reproductive Care Program of Nova Scotia, La Leche League, and Association of Nova Scotia Midwives. The current PBSC is co-chaired by representatives from the Reproductive Care Program of Nova Scotia and the Department of Health Promotion and Protection. The PBSC oversees the implementation of the *Provincial Breastfeeding Policy* through the creation of Working Groups that include BFI Implementation, Monitoring and Evaluation (charged with evaluating and monitoring related activities and policies), Education Standards, Social Marketing, and Capacity Building.

Other key activities to support the breastfeeding priority area and the *Provincial Breastfeeding Policy* include the development of peer-to-peer breastfeeding telephone support lines; the provincial breastfeeding social marketing campaign; and the Family Friendly pledge – highlighting what families can expect when visiting health facilities regarding the promotion, protection and support of breastfeeding.

Children and Youth

The *Food and Nutrition Policy for Nova Scotia Public Schools* was released in September 2006. It was phased-in over a three-year period, with full policy implementation expected by June 2009. The policy was developed by a Policy Working Group that consisted of multiple stakeholders from government departments (Education, NSHPP, Agriculture and Fisheries), school boards, administrators/teachers, parent groups, regional projects, and Public Health Services. Public consultation was also a critical component of the policy development.

The purpose of the policy is to increase student and staff access to, and enjoyment of health promoting, safe, affordable food and beverages served and sold by Nova Scotia's public schools, and to make the healthy choice the easiest choice for students and staff. The policy statement refers to three broad areas: 1) access to food, 2) quality of foods served and sold, and 3) nutrition education. Financial and in-kind resources have been instrumental for policy implementation. By late 2006, the Policy Working Group that had informed the development of the policy became the Policy Advisory Committee, which was tasked with supporting implementation of the policy. A key function for this committee is the development of a monitoring and evaluation plan for the policy. The development of standardized guidelines for the provincial breakfast program and a supporting monitoring tool for the program (development starting in 2008) are also activities supporting the *Food and Nutrition Policy for Nova Scotia Public Schools*. Hardcopies were distributed to schools, school boards and Public Health Services across the province in early 2008 and are available on the NSHPP website.

Licensed childcare centres represent another key setting outlined in the strategy. A 1995 Memorandum of Agreement between NSHPP and Community Services outlined the role of public health nutritionists related to the childcare licensing program. Under this MOA, public health nutritionists: a) assess menus as part of the initial licensing process; b) assess menus and work with licensed childcare centres who are identified as not meeting the requirements of the Day Care Act; and c) offer, on a regular basis, a yearly workshop for staff on issues of infant & preschool nutrition and menu planning and assessment. The development of the *Food and Nutrition Policy for Licensed Childcare* began in December 2007 when a provincial Advisory Group (co-chaired by NSHPP and Community Services) was established to inform the development of this comprehensive policy, which will include a process for monitoring and evaluation. Public and stakeholder consultation on this policy, in draft form, began in early 2010.

Food security

A food security lens is highlighted and prioritized in the development of healthy eating policies across a variety of settings (e.g. schools, childcare, workplaces). Any policy work related to food security is facilitated through the Nova Scotia Food Security Network Steering Committee. This Committee has a mandate to support and guide any work/projects and focus on policy change at all levels (personal, organizational, public) to improve food security. Their specific objective (related to policy) is:

“promoting the use of the food security lens for assessing the impact of policy and budget decisions on food security.”

To address the focus on policy change, the Food Security Policy Working Group was formed in 2008. This group uses the *“Thought about Food? Understanding the Relationship Between Public Policy*

and Food Security in Nova Scotia: A Background Paper and Policy Lens” document in its work. This document, completed in 2006 and funded by NSHPP, is intended for policymakers to consider food security in policy and programming decisions. The Policy Lens was developed through the integration of research findings, a comprehensive literature review, policy consultations with key government departments (Health Promotion and Protection, Education, Agriculture, and Community Services) and other community stakeholders (e.g. Metropolitan Regional Housing Authority, Capital Health District Health Authority), an inter-sectoral working group, and an external review process.

In addition, participatory food costing research is completed and provides regular evaluation and monitoring of the cost of healthy eating in Nova Scotia. This research, which supports HENS, is specifically intended to generate new evidence in regards to the cost and affordability of a basic nutritious diet in Nova Scotia and is funded by NSHPP.

Fruits and Vegetables

Similar to food security, increased fruit and vegetable consumption is used as a lens within the development of healthy policy across all settings.

Upon release of the HENS strategy, the Fruit and Vegetable Working Group (a subcommittee of the HENS Guiding Group) completed an environmental scan to determine the most appropriate next steps to support implementation of this priority area of the strategy. Based on the results of the planning process, stakeholders identified, as a priority, the development of a social marketing campaign to increase skills related to, and consumption of, fruits and vegetables.

Work on this campaign began in early 2008 through bi-lateral funding between the Department of Health Promotion and Protection and the Public Health Agency of Canada. The campaign development was led through a partnership of the Heart and Stroke Foundation of Nova Scotia, the Canadian Cancer Society – Nova Scotia Division and NSHPP. The social marketing campaign was launched in March 2010.

Another support for the fruit and vegetable priority area of HENS was the development of *Strive for Five at School!*. Working through many partners including the Department of Agriculture, *Strive for Five at School!* was developed and then rolled-out provincially with financial support from NSHPP and the Department of Education. *Strive for Five at School!* is a resource binder for schools and families of school children with 80 different recipes to support consumption of 5 servings of vegetables and fruit per day at school. Workshops were held with school food service staff to facilitate use of the recipes. The resource was launched provincially in March 2010 and is available on the NSHPP, provincial Health Promoting Schools and the *Select Nova Scotia* websites. The resource has also been piloted for use in regulated childcare.

Policies in other settings

Recreation facilities and healthcare institutions are other settings where work has begun on healthy public policy related to healthy eating. Preliminary work in recreation facilities began in early 2008 in collaboration with the Nova Scotia Alliance for Healthy Eating and Physical Activity; this work is in the early stages of development and a provincial stakeholder gathering was held in late Fall 2010. District Health Authorities and NSHPP also began work on the development of a consistent approach to healthy eating policy for health care institutions.

Influence on broader social policies

There is no indication from the documents reviewed that HENS has informed any broader social policies (e.g. income security, agriculture, environment). Outside the official provincial policies mentioned in previous paragraphs and other policy-related activity, there is no mention of broader social policies developed as a result of or because of influence from HENS.

The “Thought about Food?” Policy Lens is used as a strategy for consideration of broader policy decision-making. As well, the Poverty Reduction Framework was presented to government by various community groups, and an inter-governmental committee is in the consultation phase and development of a provincial Poverty Reduction Strategy (which, can be assumed, might influence broader social policies). There is no mention of any other strategies, processes or structures in place within HENS to influence social policies related to, or impacting, healthy eating.

STRATEGIC DIRECTION #4: KNOWLEDGE DEVELOPMENT AND TRANSLATION

Definition

Ensure appropriate access to research and other types of evidence for informing policies, programs and practices that support healthy eating.

Evaluation of the HENS strategy

Planning for the evaluation of HENS began in February 2007 when it was determined there was a need for an evaluation framework for the strategy. The implementation plan being used to this point had last been updated in 2005 and was devised before the strategy was actually in place. The Implementation Plan WG recognized at this time the importance of developing a logic model and evaluation plan. There had also been some work being done by nutritionists at the local level with logic models for the purpose of planning and evaluating implementation in their respective areas.

With the help of an external consultant, work on the logic model and evaluation framework began in the Fall of 2007. Both were developed using a participatory process, engaging the HENS Steering Committee, and they were completed in the spring of 2008 (see also information under action planning). The evaluation framework is presented as a table and is based on the outputs and outcomes identified in the logic model.

In December 2008, it was suggested that the evaluation framework be revisited, based on the change in structure from the HENS Steering Committee to the HENS Guiding Group. The HENS Guiding Group recommended that their key role areas, i.e., communication, shared leadership and capacity building, be considered in the evaluation.

Oversight for research and evaluation related to HENS evolved from the Healthy Eating Research Advisory Committee of the HENS Steering Committee to the Evaluation and Research Working Group of the HENS Guiding Group. Representation on this group includes the HENS Guiding Group, HENS Network, research/academic community, Nova Scotia Health Research Foundation and NSHPP. The Group’s Terms of Reference was finalized in 2009. Their purpose is to:

“advocate, support, coordinate and make recommendations to the HENS Steering Committee regarding the evaluation of HENS and research related to healthy eating in Nova Scotia.”

In 2009, the Evaluation and Research Working Group prioritized evaluation questions to be addressed in this first phase of evaluation work. The Working Group outlined a data collection plan that included a document review, interviews with HENS Guiding Group members and a broader survey with key stakeholders. In 2010, Applied Research Collaborations for Health (ARCH) at Dalhousie University was provided with a research grant to conduct the data collection and analysis.

Surveillance

The HENS Steering Committee Action Planning Workshop held in 2008 identified the need to influence provincial and national surveillance relating to the four priority areas by:

- Influencing provincial and national systems across the four priority areas (e.g. the Canadian Community Health Survey, provincial food costing); and
- Stimulate thinking about how to use and link to existing databases.

The Evaluation and Research Working Group of the HENS Guiding Group agreed to support this activity. NSHPP has aligned its surveillance for healthy eating with the priority areas of the strategy through regular reporting on breastfeeding rates, fruit and vegetable consumption, body mass index, and food insecurity in Nova Scotia. In addition, there have been opportunities to influence federal priorities for surveillance through the Department’s participation on the Federal/Provincial/Territorial Group on Nutrition.

Influencing research related to Healthy Eating Nova Scotia

Mentioned previously, the *“Filling the Gaps: Engaging Nova Scotians in creating a Healthy Eating Research Agenda”* was held in November 2006. This collaborative initiative involved a broad range of stakeholders in identifying priorities for research in relation to healthy eating, specifically filling gaps in healthy eating research relevant to the HENS strategy. The forum was well attended and considered valuable from a networking and engagement perspective. Most specifically, research projects related to the priority areas of food security and children and youth were key discussion points. The focus on these priority areas is consistent with the type of healthy eating research that has been funded by the Nova Scotia Health Research Foundation locally (see Table 1).

Using the NSHRF database, a total of 29 research projects related to HENS have received Nova Scotia Health Research Foundation-funding since 2000 (Table 1) at a value of nearly \$1.2 million; 52% of these projects were funded from 2005 onward. The majority of these projects (83%) fall into the healthy public policy, health services and health outcomes categories of research⁷. More than two-thirds of funded projects were/are led by student researchers (Master’s and PhD level).

Of note is that this table is only limited to NSHRF-funded projects; therefore, all HENS relevant research previously or presently conducted in Nova Scotia with funding from other sources may not be captured in this review.

TABLE 1. DESCRIPTION OF NSHRF-FUNDED NUTRITION RESEARCH

Priority areas of HENS	% of all nutrition-related funded projects*
Breastfeeding	10.3
Children & youth	31.0
Food security	55.2
Other**	27.6

**totals will not add to 100 due to cross-over of several priority areas. While there was no research specific to fruit and vegetable consumption, as a major food group, it is assumed to be linked (directly or indirectly) with any nutrition-related research*

***nutrition research that is not specifically linked with HENS priorities*

Similarly, an environmental scan of healthy eating research conducted by Pyra Management Consulting Services in 2006 (updated in 2009) showed an emphasis on food security, children/youth and research related to family food choice.

The outcomes of these projects are unknown for their ability to influence HENS implementation. In addition, it is unclear as to how HENS contributes to and/or influences research being done locally.

7 The four categories of research outlined by the Nova Scotia Health Research Foundation are: 1) Medical – basic scientific and biomedical study; clinical and epidemiological investigations; 2) Health Public Policy – the impact of social factors, allocation of resources, legal and ethical issues and the administration, organization and financing of health care; 3) Health Outcomes – changes in the health status of population as a result of health programs or services; and 4) Health Services – how efficiently and effectively health services are managed, organized and delivered

STRATEGIC DIRECTION #5: HEALTH COMMUNICATIONS

Definition

Develop and implement strategies that support healthy eating.

The Evaluation and Research Working Group did not prioritize evaluation questions pertaining to health communications for this document review. However, two social marketing campaigns have served as broader communication strategies and are key examples of the integration of how leadership, engagement, and resourcing have been supportive of HENS and the healthy eating agenda.

The Breastfeeding Social Marketing Campaign titled *Breastfeeding: Learning Makes it Natural* launched in October 2009 (website address: www.first6weeks.ca) is the first campaign of its kind in Nova Scotia. This campaign focuses on providing information and support for women and their families learning to breastfeed. The campaign includes print and TV advertisements and an informational website (tools and resources).

The second social marketing campaign focuses on the Fruit and Vegetable priority area. Titled *Goodness in Many Ways* (website address: www.freshcannedfrozen.com), the campaign launched in March 2010. Similar to the breastfeeding campaign, *Goodness in Many Ways* features print and TV advertisements and an informational website (tools and resources) with an emphasis on skill building for fruits and vegetables. Because the campaign is meant to address real barriers to consumption (e.g. accessibility, affordability, availability), the campaign will include skill building workshops regarding healthy eating, cooking, and preserving produce (canning and freezing).

Evaluation of the Healthy Eating Nova Scotia (HENS) strategy: Stakeholder Survey



Overview

This report summarizes the procedures and findings from the Healthy Eating Nova Scotia (HENS) stakeholder survey. The intent of the survey was to elicit feedback on perceptions of HENS strategy implementation. Questions for the survey were developed in consultation with members of the Evaluation and Research Working Group of the HENS Guiding Group (HENS GG). Mirroring the document review and key informant interviews, questions were also based on the HENS Evaluation Framework Prioritization Chart. Select additional questions were added to the survey based on feedback obtained through interviews with key informants and/or information abstracted through the document review process. The survey included a combination of nominal, ordinal (Likert-based or ranking) and open-ended response-based questions. Demographic information on respondents was also collected. Ethical approval for the survey was obtained through the Dalhousie University Health Science Research Ethics Board.

Methods & Analysis

This web-based survey was conducted between November 24 and December 10, 2010 and hosted on Dalhousie University's 'Opinio' web-based, password-protected survey service, which maintained anonymity and confidentiality of the respondents. While IP addresses were unable to be traced, the software limited usage to one response per IP address, thus minimizing duplication of responses. No edits to the survey questions were made after the survey went live on November 24, 2010 (i.e., all potential respondents accessed the same survey).

Recruitment for the survey was facilitated through the Healthy Eating Coordinator with the Nova Scotia Department of Health Promotion and Protection (NSHPP). A combination of purposive and snowball sample strategies (non-probability) were used to recruit survey respondents. The purposive sampling strategy involved targeting certain individuals that had the potential to answer the survey questions under consideration. Approximately 220 stakeholders (unique email addresses) were purposively sampled for this survey, representing the following:

- Public Health (staff – including directors, managers and public health nutritionists);
- Provincial committees (Public Health Healthy Communities; Health Promoting Schools; Public Health Early Childhood; Breastfeeding; Food Security; Food Costing; Childcare; School Food and Nutrition);
- Non-government organizations (including Nova Scotia chapters of the Canadian Diabetes Association; Canadian Cancer Society; and the Heart and Stroke Foundation);
- HENS Guiding Group and the HENS Network;
- Provincial government staff (departments of Health and Wellness, Agriculture, Education, and Community Services); and
- Federal government staff.

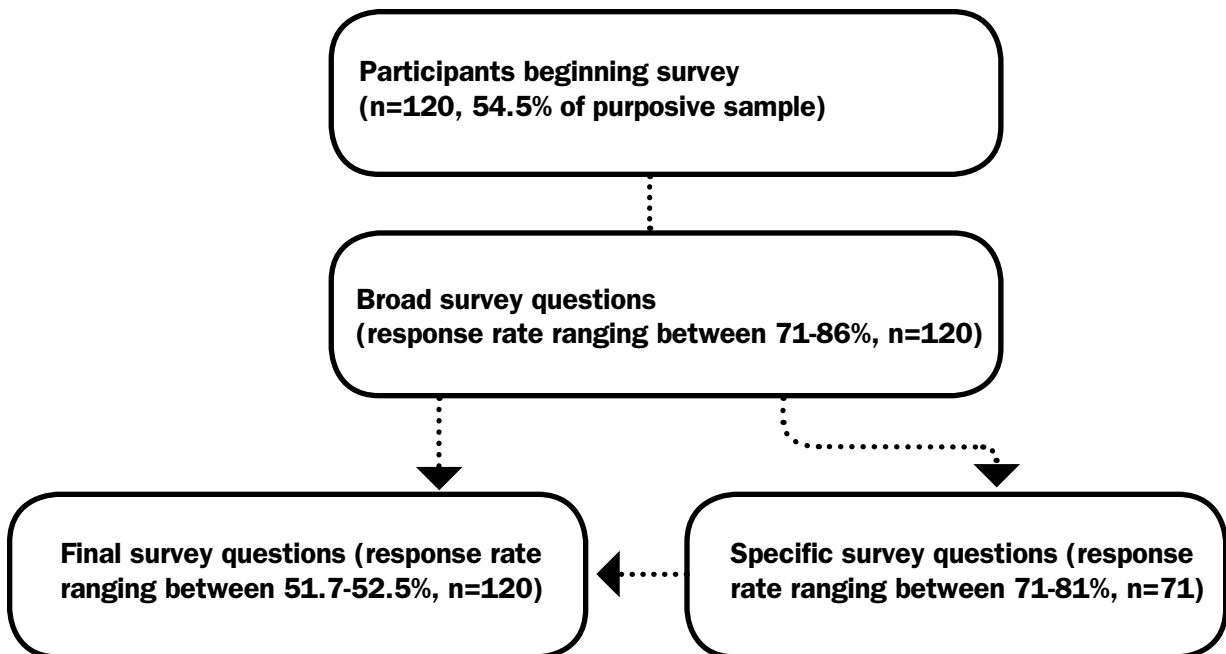
The Healthy Eating Coordinator sent potential respondents an electronic link to the survey. In the "request to participate" message that accompanied the survey link, respondents were also asked to forward the link to anyone they felt would be willing to participate and able to respond to survey questions. Neither the purposive or snowball sampling strategies involved the use of random

selection; therefore, the findings cannot be generalized and should be interpreted with caution. In addition, the response rate can only be based on those who were purposively sampled.

After the survey closed (December 10, 2010), data were downloaded to a secure computer at Dalhousie University for further analysis and organization. The 'Opinio' software creates descriptive summary reports based on survey responses and comment reports comprising all open-ended responses. Any additional descriptive analyses were completed using the raw data from the survey and Microsoft Excel software. Open-ended survey responses were coded for major themes. Consequently, findings summarized throughout this report use a combination of descriptive statistics, narratives, tables and figures.

Findings

The survey was organized into broader questions (that any stakeholder could answer) and specific questions (appropriate for those persons identifying as having a particular level of understanding of the HENS strategy). Additionally, respondents were "forwarded" to certain questions based on their responses. Respondents were not obligated to answer every question within the survey (see appendix 3.1). The following diagram outlines the overall response pattern of respondents (nominal and ordinal questions only). Attrition was highest at the beginning of the survey.



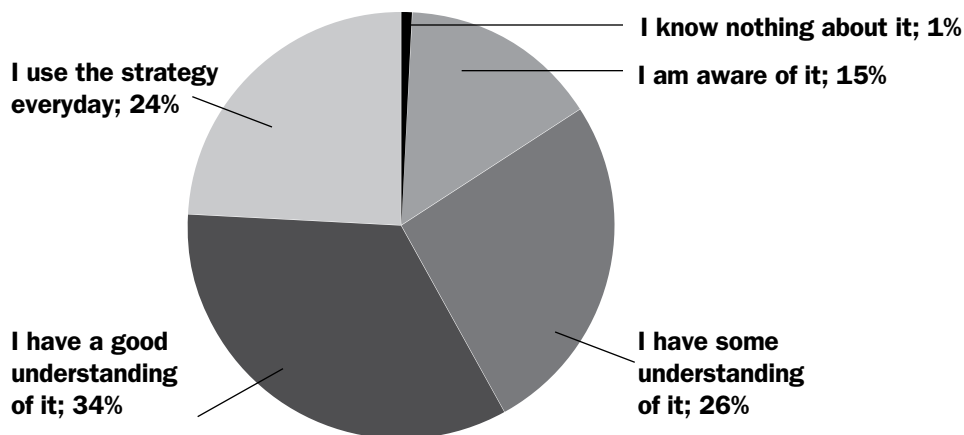
PROFILE OF RESPONDENTS

The following provides a general overview of survey respondents:

- Fifty-three per cent of respondents were past or present members of working groups related to, or guided by, the strategy (52.9%, n=102) and twenty-three per cent were members of the HENS Network (23.3%, n=103)
- The majority of respondents were not members of the HENS GG (past or present) (85.4%, n=103), or were members of another nutrition coalition (76.5%, n=98)
- Fifty-eight per cent of respondents were currently employed at one of the nine District Health Authorities (DHA) or the IWK Health Centre (58.2%, n=98) – the majority in the area of public health (71.9%, n=57); nineteen per cent with the provincial government (19.4%, n=98); remaining respondents came from either non-government organizations (7.1%, n=98) or “other” (including schools, consultant work, volunteer, etc) (15.3%, n=98)
- Respondents represented a diversity of backgrounds including (predominantly) health professionals (dietetics, nursing, dental hygiene), followed by educators (early childhood, school-age, health), physical activity professionals, policy, health promotion, lactation consultants and doulas, and other (agriculture, land-use)

The majority of respondents had at least some level of familiarity with HENS (figure 1). These respondents were invited to complete the full survey. Respondents who indicated minimal to no understanding of the strategy were redirected to answer some final questions near the end of the survey.

Figure 1. Level of familiarity with the HENS strategy (n=85)



ENGAGEMENT AND COMMUNICATIONS

Summary of Key Findings:

- **Stakeholders are engaged in the strategy in a variety of direct and indirect ways.**
- **Communication about the strategy is an important resource to stakeholders.**

About half of respondents (48.9%, n=96) indicated they had attended a workshop or presentation in relation to Healthy Eating Nova Scotia, which ranged from informal presentations on the strategy (e.g., those provided between staff members) to more formalized workshops/presentations. Respondents noted the following examples:

- Consultations in relation to activities within the four priority areas including policy development (early childhood, recreation centre, fruits/vegetables, breastfeeding, food security);
- Social marketing campaign launches (breastfeeding, fruits and vegetables) and the *Strive for Five At School!* launch;
- HENS Network gatherings;
- Presentations linking HENS to organizations (e.g. Dietitians of Canada, Nova Scotia Fruit Growers, recreation and sport);
- Updates on HENS for public health nutritionists;
- Fall Food Tour;
- HENS Research Forum;
- School-based workshops (policy, provincial breakfast program), including those run by the school boards; and
- Workshops related to the priority areas or activity within the strategy (e.g. evaluation framework).

Some respondents indicated they had attended a variety of different types of engagement activities. Others recalled attending them but could not indicate specifically which ones.

The majority of respondents also received communications about *Healthy Eating Nova Scotia* (64.5%, n=93). These communications were primarily provided by email update from NSHPP or DHA staff (including public health nutritionists). The provincial Healthy Eating Coordinator was consistently named as a person initiating communications in relation to HENS.

Communications were regarded as valuable to respondents and the majority wanted to continue to receive them, primarily through electronic media (email, weblink, “something visual”). However, a newsletter format (both electronic and hardcopy) and more frequent, in-person meetings (including those between “HENS nutritionists”) were also cited as worthwhile communication modes. One respondent provided a creative communication activity by suggesting that a “report card” be developed to provide updates on activities in relation to the priority areas of the strategy.

REFLECTIONS ON HENS LEADERSHIP AND ITS EFFECTIVENESS

Summary of Key Findings:

- **Nova Scotia Health and Wellness is highly regarded for their leadership in moving the strategy forward.**
- **Even within the effective leadership provided by NSHPP, the principle of shared ownership should continue to be promoted.**
- **The role of the HENS Guiding Group falls on a continuum of being an unknown entity to an important champion and point of networking for the strategy.**

When it was recommended that the Office of Health Promotion (NSHPP) be the lead agency for the HENS strategy there was little direction given (in the strategy document) as to what this leadership role might entail. Therefore, it is impossible to evaluate NSHPP's leadership role(s) in accordance to what they were "asked" to do. Despite this, the document review provided information about the leadership role that was assumed by NSHPP since the strategy launch. These roles were grouped into the following five major categories:

- Funding;
- Networking;
- Coordination;
- Communication; and
- Policy.

Similarly, the HENS GG was identified as an important oversight structure and linkage to both NSHPP and other stakeholders; however, its leadership role was not clarified (or identified) beyond this. Moreover, the Guiding Group, their purpose and activities, have evolved over the last five years, making evaluation of identified roles challenging. For the purposes of this survey, stakeholders were asked to rate the effectiveness of both NSHPP (table 1) and the HENS GG (table 2) in the five leadership categories (outlined in the aforementioned paragraph), and to provide additional feedback on their leadership. Respondents were also asked to include "additional" roles to the categories provided and rate NSHPP's or the HENS GG effectiveness in these. Where applicable, these "additional" roles are described in the footnotes of the tables.

Table 1. Stakeholder perceptions of the effectiveness of NSHPP in leadership roles

	Poor	Minimal	Neutral	Good	Excellent	Don't know/ can't answer	Respondents (n)
Funding	1.4% (1)	4.3% (3)	8.7% (6)	46.4% (32)	15.9% (11)	23.2% (16)	69
Networking	0% (0)	4.7% (3)	12.7% (8)	47.6% (30)	17.5% (11)	17.5% (11)	63
Coordination¹	1.4% (1)	2.9% (2)	16.2% (11)	45.6% (31)	22.1% (15)	13.2% (9)	69
Communication	1.5% (1)	6.0% (4)	14.9% (10)	50.7% (34)	14.9% (10)	11.9% (8)	67
Policy	2.9% (2)	0% (0)	8.6% (6)	47.1% (33)	28.6% (20)	12.6% (9)	70

¹ A respondent specifically indicated an additional role for NSHPP as "linkage with other HPP work/strategies (e.g. physical activity)" and their effectiveness as "poor" in this role; for the purposes of reporting, this role was grouped under the heading of "coordination"

The strength of NSHPP's leadership

„NSHPP has shown great leadership in coordinating and funding the HENS strategy. Leadership at HPP has a vision for moving HENS work forward and an openness for dialogue and decision making amongst stakeholders to create the path and steps to attain that vision. A strength of HPP's leadership are the policies that have been put in place or are in progress, that aim to create an environment where Nova Scotians find it easier to make healthy food choices.“

-Survey respondent

Respondents who provided additional comments were highly complimentary of the role that NSHPP has provided in leading the strategy. Specifically, their roles in funding, coordination, policy and resource development and the ability to bring partners to the table are perceived to have been instrumental to the success and continued relevance of the strategy.

One of the challenges of NSHPP's strength and effectiveness in their perceived leadership roles is to balance this with the perception of “controlling purse strings”. Addressing shared ownership and continuing to support capacity-building among broader stakeholders becomes particularly important within this context.

A number of recommendations were made to further strengthen the leadership and contributions made by NSHPP to the strategy. These included:

- Strengthening partnerships across government departments (the Department of Education in particular was mentioned);
- Ensuring accountability of HENS funding provided to the District Health Authorities;
- Connecting HENS with other NSHPP-related priorities (e.g. physical activity);
- Facilitating coordination and communication about provincial activities to avoid duplication and to strengthen the work;
- Organizing more formal networking among public health nutritionists working on HENS-related activities; and
- Clarifying the application of provincial policies to local areas.

Table 2. Stakeholder perceptions of the effectiveness of HENS Guiding Group in leadership roles

	Poor	Minimal	Neutral	Good	Excellent	Don't know/ can't answer	Respondents (n)
Funding	3.4% (2)	6.8% (4)	11.9% (7)	5.1% (3)	1.7% (1)	71.2% (42)	59
Networking¹	1.5% (1)	4.5% (3)	16.4% (11)	31.8% (21)	10.6% (7)	36.4% (24)	67
Coordination²	0% (0)	6.0% (4)	20.9% (14)	29.4% (20)	7.5% (5)	37.3% (25)	68
Communication	2.9% (2)	11.8% (8)	17.6% (12)	27.9% (19)	5.9% (4)	33.8% (23)	68
Policy	1.6% (1)	8.2% (5)	14.6% (9)	30.0% (14)	4.9% (3)	47.5% (29)	61

1,2 Two respondents specifically indicated an additional role for the HENS Guiding Group as “champion” and “evaluation”; their effectiveness was rated as “good” and “neutral”, respectively. For the purposes of reporting, the role of “champion” was grouped under “networking” and the role of “evaluation” was grouped under “coordination”

The majority of stakeholders were unable to respond as to the effectiveness of the HENS GG in the leadership roles of funding and policy (table 2). One stakeholder commented that the categories provided did not reflect their understanding of the leadership of the HENS Guiding Group, but did not provide further details on what they felt their leadership role was. The effectiveness of leadership for the HENS Guiding Group appears to fall mostly in networking, coordination and communication roles, where there is a perception of mostly neutral to good effectiveness (table 2).

The strength of the Guiding Group

“The group has provided the chance for those with a vested interest in the goals of HENS to be part of the process and ensure a voice of those involved with the work is heard.”

“I think that the Guiding Group presents opportunities for networking, coordination support to HPP (NSHPP) and also plays a strong role as a champion for the HENS strategy in terms of their own respective organizations and outside of their organizations. Continued funding of the strategy will require commitment and buy-in by many stakeholders – members of the Guiding Group and working groups too, play this role.”

-Survey respondents

Respondents perceived that the effectiveness of the HENS GG was also in its ability to reflect the principle of shared ownership of the strategy as well as an opportunity to network and communicate. The ability to champion the strategy and ensuring inter-sectoral commitment were also seen as strengths for the HENS GG.

While there was an acknowledgement about the importance of the HENS GG in leading the strategy (both in theory and reality) there was also confusion from some stakeholders about the group's purpose or general unfamiliarity with the work of the Guiding Group and how this shapes the strategy. A quote provided by one respondent summarizes this concept: *"I'm unsure what actions have taken place as a result of this group (would HPP accomplish the same things with or without the committee?)."*

Consistent with the earlier perception of balancing leadership and shared ownership across the HENS leadership structure, there was a suggestion that the ability to strengthen decision-making power, including the allocation of HENS funds and fund-use oversight within the HENS GG might help to minimize the perception that decision-making still rests at the government level.

COMMUNITY LEADERS AND PARTNERS

Summary of Key Findings:

- **The contributions of provincial and community organizations to the strategy have been critical.**
- **Partnerships have both facilitated and challenged strategy implementation.**

There is significant leadership and support provided by a number of provincial and community organizations to support HENS-related activity and these contributions are valued amongst respondents. The support for the strategy is leveraged through the development and enhancement of partnerships across the province, as many of the successful partnerships include organizations and groups that were also cited for making a strong contribution to leading the HENS strategy.

In particular, non-governmental organizations (NGOs) were noted for their contributions to the strategy: *"I think NGOs have played a significant role in moving the HENS strategy forward. Through providing co-leadership in both the steering committee (Guiding Group) and on various working groups, the investment has been significant. While NGOs cannot always contribute financially to these initiatives, NGOs have contributed significantly in kind to the HENS strategy."*

While the contributions of larger NGOs were obvious to the stakeholders surveyed this might be due in part to their ability to leverage the alignment of organizational priorities within the context of the strategy or in their capacity to champion some of the work. Within the concept of "competing partner priorities" and capacity constraint, other organizations might need greater support in understanding the strategy and identifying where contributions can be made. As suggested by one respondent, the existing leadership structure (including NSHPP and the HENS GG) could take an active role in facilitating this connection.

Other important partnerships cited by respondents include the Health Promoting Schools initiative and school boards (facilitating the implementation of the school food and nutrition policy and other school-related activities); local district partnerships (Annapolis Valley – related to the *Strive for Five At School!* initiative, local breastfeeding and food networks, food skills programs); daycare and early childhood centres; farmers and producers; recreation and physical activity; and the involvement of researchers in the strategy (Dr. Patty Williams and Dr. Sara Kirk were specifically mentioned).

Organizations identified for making a leadership contribution to the HENS strategy include:

- Academic institutions (MSVU, including PARTC and CURA, Dalhousie, StFX)
- Alliance for Healthy Eating and Physical Activity
- Canadian Cancer Society
- Canadian Diabetes Association
- Community Health Boards
- Departments of Agriculture, Education and Community Services
- Dietitians of Canada
- Family Resource Centres (Kids Action Program and Apple Tree Landing Family Education Centre, other CPNP-linked)
- Heart and Stroke Foundation
- Nova Scotia Food Security Network and local food partnerships/networks
- Nova Scotia Fruit Growers Association
- NSHPP
- Nova Scotia Nutrition Council
- Provincial Breastfeeding Committees
- Public Health across DHAs
- Reproductive Care Program of Nova Scotia
- Schools and School Boards

Respondents wished to strengthen partnerships with primary health care and acute care, community health teams and within the public health system and workforce so that the strategy is recognized beyond a “nutritionist” focus and helps non-public health staff see their role in the strategy. Without wanting the strategy to be “government heavy”, stakeholders also recognized the value of enhancing partnerships cross-departmentally at the provincial level – these partnerships include the Departments of Agriculture, Education and Community Services. Other suggested enhanced partnerships include physical activity partners; Food Policy Council; local farmers, producers; workplace; and unlicensed childcare centres.

Marginalized groups (e.g. low-income, youth, mental health), diverse communities (e.g. African Nova Scotian community) and connections with the food industry and business community (private sector) were also seen as important partnerships to continue to develop and/or enhance.

Partnerships are challenging and the HENS strategy is no exception. The scope and complexity of the work, coupled with capacity issues (resources, time, scheduling logistics, skills) has led to various stakeholders engaging in HENS-related work “off the sides of their desks” and has necessitated NSHPP taking on a key leadership and implementation role. However, one respondent acknowledged that this reality is slowly changing and was positive for the strategy, and important for shared ownership and sustainability.

Competing and shifting organizational or departmental priorities (which may or may not align with HENS) and bringing together “folks from various backgrounds” has also fuelled challenges with collaboration: *“Sometimes challenges arise when organizational priorities change and shift. As well, at times there can be challenges when there is a lack of clarity around roles, relationships, reporting, and expectations.”* Despite these challenges, respondents recognized that taking the necessary time to foster relationships are critical to the partnership and ongoing success of the strategy.

INTEGRATION AND USE OF HENS

Summary of Key Findings:

- **HENS is a valuable evidence-based document.**
- **Ongoing integration will be facilitated through engagement, communication, and coordination.**

Stakeholders or their respective organizations reported using the strategy as a framework to guide their work (82.8%, n=58); however, the majority of these were staff members of the District Health Authorities/IWK Health Centre or government (77.1%, n=48). Some used it to inform the work that they do daily (workplan, goals/objectives, prioritizing work, advocacy) while others used the document less frequently as a point of reference about healthy eating-related activities or for professional development of dietitians. One stakeholder referred to the document at national meetings when asked about provincial priorities. Others indicated that their contribution involved the passive promotion or marketing/communication of it through website links. Several stakeholders noted that the organization/affiliation that used the strategy was either public health or NSHPP.

Use of HENS...

“The strategy helps me to prioritize my role within a larger system and I use it as a lens for deciding how to link with other initiatives and partners. It helps me tailor my work around policy, advocacy and leadership because the strategy clearly defines requirements for focus in these areas.”

“My work is broader than HENS but I use HENS for any healthy eating related pieces of my work – it’s evidence based and provides a solid framework.”

-Survey respondent

Respondents reported that their organizations were generally supportive of the strategy, again reiterating the important role that both NSHPP and public health nutritionists play in moving the agenda forward: *“If the PH Nutritionists and HPP (NSHPP) staff were not here promoting it at the DHA and PH level, it (the strategy) would sit on the shelf.”*

There were also several perceptions about the challenges with organizational support for HENS:

- Resources – funding constraints and misinterpretation of how HENS-related funding is used (and decisions on allocation of how funding should be used) at a district level. This includes perceptions about the use of funding for supporting public health nutrition work (both staff and availability of “HENS-funds”).
- Priorities at the organizational level – support for breastfeeding and food security initiatives were noted as problematic for some organizations while another organization was not supportive of the strategy as it felt that a focus on healthy eating “silos” the issue of obesity. This might also relate to “not enough people knowing about [the strategy]” and understanding where linkages can be made.

Respondents indicated that the HENS strategy had influenced or guided both larger and local initiatives (policies, programs, activities). While some noted the importance of having this strategy to influence this work and leverage opportunities to move the agenda forward, another respondent observed: *“Whether HENS influenced this work or was a step ahead doesn’t really matter - it seems there was a readiness for healthy eating that is beginning to bring about a noticeable change.”* This concept was further reiterated in the following observation by another respondent who noted: *“not every partner sitting around these tables are aware that the work they are doing supports HENS work. The work happens without explicitly acknowledging the link between the work and the HENS strategy.”*

Several challenges were noted for continued integration. While resources (including adequate funding and staffing) were certainly cited as challenges, others pointed to the need to address continued engagement of partners (increase their understanding of the value of the strategy) and to enhance communication and coordination between districts on HENS-related activities for better integration to occur. The need to enhance partnerships (see previous section) will be another important step in moving the strategy forward. Evaluation and research was observed to be a critical point to address issues of integration, demonstrating both effectiveness of the initiatives and also a need for surveillance and personnel able to conduct this level of work to reaffirm the need to address the HENS priorities.

HENS influences the following :

- The *Goodness in Many Ways* and the *Breastfeeding: Learning Makes it Natural* social marketing campaigns for vegetables and fruit and breastfeeding
 - Baby Friendly Initiative and other breastfeeding work (Making a Difference course, peer support)
 - Health Promoting Schools & Our Healthy School
 - Policies – School Food and Nutrition, Breastfeeding, Licensed Childcare, institution-based
 - Alphabet Soup
 - Parent programs
 - *Strive for Five At School!*
 - Food security – including research, community gardens, food mentor programs, food networks
 - Hypertension resources (HENS fruit and vegetable messaging)
-

IMPRESSIONS OF RESOURCING THE STRATEGY

Summary of Key Findings:

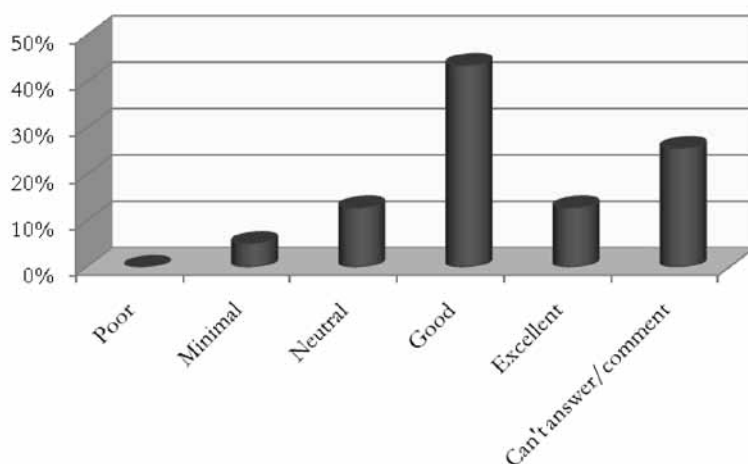
- Respondents cited many resources that have been received or leveraged through the use of HENS; the development of tools and funding for positions was particularly noted
- Funding accountability structures need to be explored
- Staff resourcing has been beneficial for implementation; role clarity may need greater support
- Resources, particularly human, while effective are also generally perceived to be inadequate for the volume of work

A multitude of resources have been received or leveraged by stakeholders to support the strategy. Staff of the District Health Authorities/IWK Health Centre or government departments were the respondents who mostly reported receiving and/or leveraging these resources (86.0%, n=43). The range of resources included the funding of positions – public health nutritionists at a local level and provincial nutritionists, as well as development and/or distribution of tools, toolkits, and resources, which may be accessed or utilized by a variety of stakeholders. In addition to the funding support for positions, resources that were specifically mentioned included the following:

- *Strive for Five at School!* (funding provided to a school board for its development);
- *Thought about Food* and the food security lens for policies (funding provided to an academic institution);
- Workshops for community-level organizations (including Family Resource Centres);
- Health Promoting Schools and breakfast programs (funding provided to school boards);
- Baby Friendly Initiative (funding provided to District Health Authorities);
- Social marketing campaigns guided by HENS (funding provided to NGO for the fruit and vegetable campaign; NSHPP directly funded the breastfeeding campaign); and
- Copies of the HENS strategy itself.

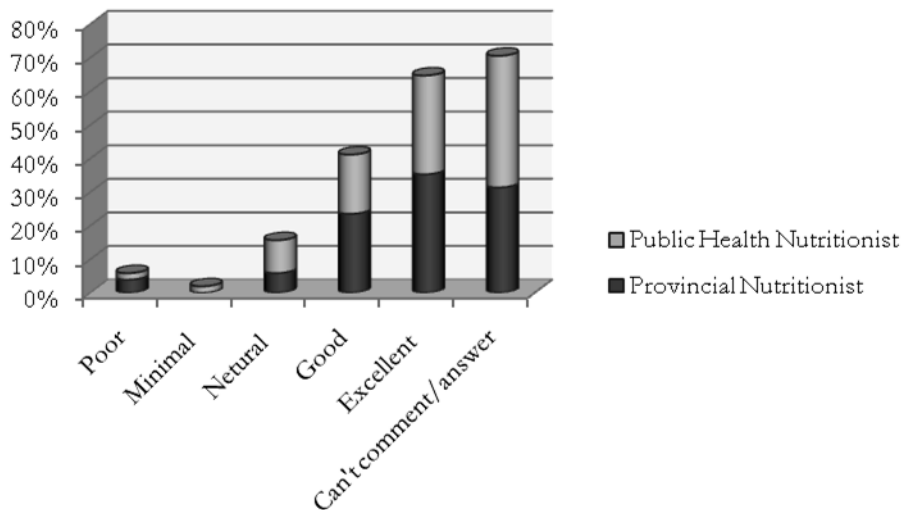
Examples of leveraged resources included in-kind contributions from other organizations, use and engagement of other public health staff (outside of nutrition) to support the strategy, grants obtained from other organizations/agencies (e.g. New Horizons, Public Health Agency of Canada), and the allocation of funds to support community-based activities. Stakeholders who received or leveraged resources felt these to be generally effective in supporting HENS implementation (figure 2).

Figure 2. Stakeholders' perception of effectiveness of resources either received or leveraged in support of HENS implementation (n=39)



Staff resourcing has been a major financial contribution to the HENS strategy. These resources have also been regarded as generally effective in supporting HENS-implementation (figure 3). Stakeholders commented on these “leadership” positions serving as the “catalyst” for translating the strategy into local action and providing an “essential” and “seamless” link to provincial work. Due to the magnitude and scope of work, many stakeholders would like to see additional human resources at a district-level in order to ensure sustainability for the strategy: *“Most districts were understaffed in the area of public health nutrition before HENS. The funding has made a big difference - although we could use more.”*

Figure 3. Stakeholder perceptions of the effectiveness of the addition of public health and provincial nutrition positions in support of HENS implementation (n=51)



Role clarity may also be important to maximize the use and skills of local staff resources and help others understand their value and link to HENS implementation. As observed by one respondent: *“Understanding of the role of PH Nutritionists can bring and encourage focus on the true root causes of ill-health and poor nutrition. This would allow PH Nutritionists to focus on advocacy and policy development.”*

Contradictory comments about the resourcing and role of public health nutritionists in relation to the strategy suggest that clarity would be helpful.

“The only comment I can make on this subject is that there are not enough PHNuts (Public Health Nutritionists) in the district to support HENS. There should be at least one for each of the 4 prongs (priority areas), and maybe more in larger districts...overwhelmingly I hear that there is little or no support on the ground to provide support in these settings. This is where the rubber meets the road...where day-to-day impacts can be made...instead everyone is in meetings deciding what has to be done at the higher levels and nobody is serving the population. It's a tragedy.”

“In (District Health Authority X) the nutritionists are rarely replaced when on leave and we are told that there is no funds to replace them. They also are very far removed from any other staff so there is NO knowledge translation occurring whatsoever. As a front line service provider I feel the funds are being fed elsewhere. There is a lack of transparency and all I know is that the nutritionists are not available to do nutrition work. The support they are able to ‘provide’ to the strategy is extremely broad and unable to reach down to the ground level.”

Additional challenges that were observed with resourcing the strategy appeared mostly to lie within the allocation of funding to the districts to support staffing and/or specific community programs and initiatives. Notably, the district-level financial structures and perceived lack of clarity surrounding funding availability at the district level (i.e. how funding is to be used when it isn't designated as “HENS” money) was recognized as a challenge to effective resourcing by several respondents.

Additional suggestions included using a funding formula based on population levels (rather than funding per district) to support adequate public health nutrition positions and capacity within the district and allocating funding to other organizations such as the IWK Health Centre or primary health care.

Challenges within HENS resourcing:

“There are adequate funds allotted for community work but there is some inability to access easily because of district level financial structures and the way that money is forwarded to the districts. This money needs to be protected for HENS!!”

“(there is) confusion related to HENS funding to support PH Nutritionist/programs due to merging of this funding within other programs/positions contained in the chronic disease prevention budget line. In the past 2 years, nutritionists have been unable to access HENS funding provided to the DHA beyond those attached to staffing positions.”

Even while most agreed that the resources they received had been effective, there were also comments regarding insufficient resources to support HENS work, echoing many of the aforementioned points: *“This is “the” Healthy Eating Nova Scotia strategy. Sure, policy, principles and strategic direction are critical for long term planning but at the end of the day you need actual people supporting people at the everyday grassroots levels for program and service delivery. This is sadly lacking. Fund more people, in DHAs, in school boards, in NGOs – wherever there is a tangible reach for the target population.”*

INFLUENCING POLICY

Most stakeholders perceived that having a provincial healthy eating strategy had been effective for influencing policy across settings (figure 4) and sectors (figure 5), with slightly more support for its effectiveness in implementing policy in settings.

Thoughts about HENS and policy:

“Although there are limitations, the HENS strategy has stimulated more work and discussion around food related policy in the last 5 years than in the 20 years prior to HENS coming into place.”

“We are seeing policies created or are already in place because of HENS work within each of the priority areas (school food and nutrition policy, childcare setting policy, breastfeeding policy, etc). The challenge is that this work takes time but the outcome can be huge – healthy public policies can have the greatest impact on population health.”

The strategy has been instrumental in bringing stakeholders together to work on policy or to provide consultation on policy development. In addition, resource allocation to support policy development has been instrumental. As summarized by one respondent: *“Having the framework of the provincial strategy and the resources that have accompanied it have been huge facilitators in influencing policy across settings. The strategy was developed by stakeholders from across settings and that has helped to facilitate partnerships when we have moved into policy development.”*

Local policy work has also been influenced by the HENS strategy. The Baby Friendly Initiative, organization and district-based food policies and the development of policies within food and nutrition services at acute care facilities were several areas where local work has occurred. The policy process is complex and while there have been tremendous gains and momentum, there is still work to be done – notably in sectors outside of health and education and in the implementation and buy-in of policies that have been developed. Continued momentum can be built by focusing on:

1. Continued partnership within and between sectors so the policy is not owned by just one sector. This might require reframing HENS so that the language within it is understood by those that don't work exclusively in the area of health promotion; and
2. Supporting implementation of policy, including resources, and addressing financial barriers.

“HENS needs to be a foundational piece of all policy sectors. Food and healthy eating reaches every single government/community/geographic region of this province. Why should we settle for anything less than full integration into the policies that will ultimately influence our health, well being for ourselves and future generations?”

Figure 4. Stakeholders' perceptions of the level of effectiveness of having a provincial Healthy eating strategy for influencing policy across settings (n=63)

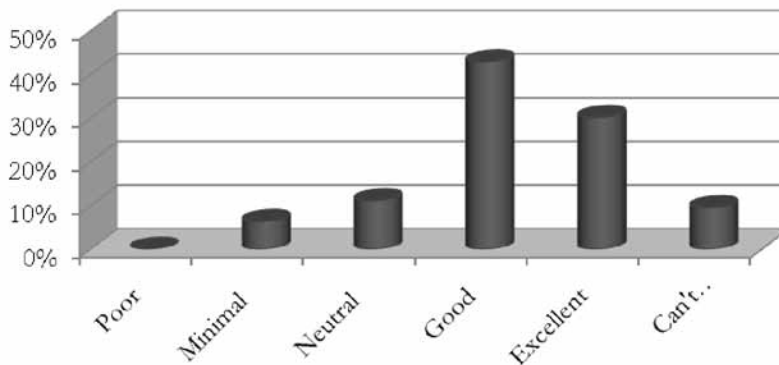
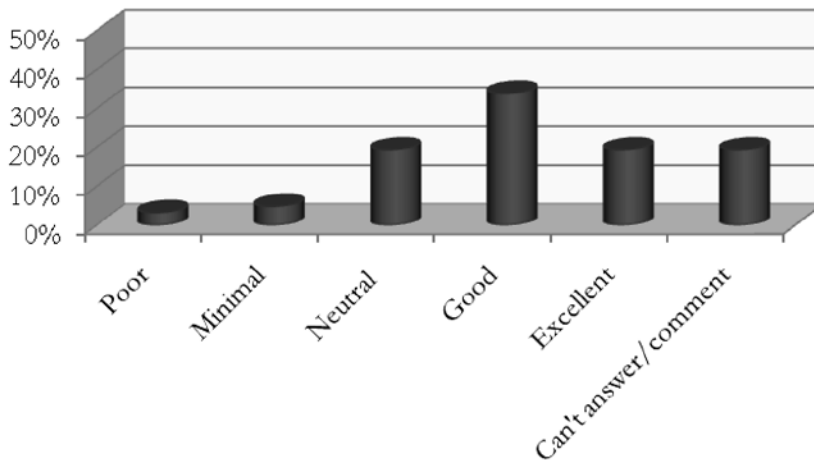


Figure 5. Stakeholders' perceptions of the level of effectiveness of having a provincial Healthy eating strategy for influencing policy across sectors (n=62)



Stakeholders provided a range of potential future directions for the HENS policy agenda. The following areas were of particular interest:

- Social policies – including those linked with income assistance/supports, fair wages, housing and transportation;
- Agriculture and the environment – ensuring sustainable food procurement practices, conservation of agricultural land, community food security, and the exploration of agri-tourism;
- Institutions, facilities and private sector – acute care, academia, recreation/sport facilities, workplaces;
- Food industry – marketing and advertising to children, enforcing the WHO code, food taxation (incentives and disincentives) and regulations within food establishments – including limiting the impact of the fast food industry; and
- Municipalities and First Nations communities.

However, it is important to keep in mind the need to balance new policy direction with supporting implementation and enhancement of existing policies: “Policy enforcement on current strategies are as much of a priority as developing new ones. Let’s place our eggs in a few baskets only and ensure we finish what we started before adding more to the strategy.”

MILESTONE ACHIEVEMENTS AND VISION FOR THE FUTURE

Summary of Key Findings:

- **Key successes of the HENS strategy include policy development and collaboration across and within sectors.**
- **The strategy should be reaffirmed with continued work in policy development and implementation in the four priority areas.**
- **Investing in research and evaluation and sharing of insights is an important future direction.**

Most respondents felt that the milestone successes of HENS were related to policy development, particularly the *Food and Nutrition Policy for Nova Scotia Public Schools*. Other successes were noted in the momentum and work around breastfeeding; licensed childcare; food security issues – including local foods, and food costing work; social marketing campaigns; and work in hospital settings. One respondent commented on the development of the working groups and how this has strengthened leadership and engagement.

Reflections on vision ranged from continued investments and work in areas currently touched by the HENS strategy (reaffirming many previous comments related to community and policy work across various settings and sectors and the ongoing development of partnerships and resource allocation) to tackling the “economic and societal issues” and “bigger policy pieces” such as marketing to children and addressing poverty.

This final thought summarizes the reflections on achievement and the hope for the future of Healthy Eating Nova Scotia: *“To become a driving force in the continued implementation of healthy eating initiatives throughout Nova Scotia and to serve as a model for similar strategies across Canada and globally.”*

Reflections on achievements:

“I think HENS has put healthy eating on the table and made more people and organizations aware that something has to be done. It has promoted awareness and change in a positive direction and has gathered many people to champion the cause.”

“I really believe the milestone has been the collaboration between sectors, organizations and individuals to develop and implement nutrition and breastfeeding policies across settings.”

“The launch of the strategy was the crowning achievement.”

Appendix 3.1

Stakeholder Survey

Background information. The following questions will give the research team a sense of who is responding to this survey.

A. I am: (check all that apply)

1. a HENS Network member
2. a HENS Guiding Group member
 - a. Present
 - b. Past
3. Past or present member of a working group related to, or guided by, Healthy Eating Nova Scotia:
 - a. Present member (which groups: _____)
 - b. Past member (which groups: _____)
4. a member of a nutrition coalition (if checked, please indicate – check all that apply)
 - a. Nova Scotia Nutrition Council
 - b. Nova Scotia Alliance for Healthy Eating and Physical Activity
 - c. Other (please specify): _____
5. a Staff member (check) or volunteer (check) of the District Health Authorities (DHAs) and/or IWK Health Centre (if checked, please specify, check all that apply):
My role is in:
 - a. Public health
 - b. Acute care
 - c. Administration (Manager/VP)
 - d. Other (please specify): _____
6. a staff member with a provincial government department (if checked, please specify)
 - a. Which department? _____
7. a Staff member (check) or volunteer (check) with a non-governmental organization/health charity
8. Other (please specify): _____

(If applicable), please describe your professional background (e.g. health professional designation):

Present or past engagement with Healthy Eating Nova Scotia

- A. Have you attended any workshops, presentations or any other stakeholder engagement opportunities in relation to Healthy Eating Nova Scotia?
 - a. Yes (if yes, please specify): _____
 - b. No
 - B. Do you receive communications related to Healthy Eating Nova Scotia?
 - a. Yes (if yes, please specify what type of communication and from whom): _____
-

-
- b. No (if no)
- i. Would you like to receive communications related to HENS?
 - 1. Yes (if yes, what is your preferred mode of communication – e.g. email, newsletter, other): _____
 - 2. No

Released in 2005, the Healthy Eating Nova Scotia Strategy addresses four priority areas (breastfeeding, children and youth, fruits and vegetables, and food security). Please indicate your level of familiarity with the Healthy Eating Nova Scotia strategy by checking the appropriate statement that aligns best your level of familiarity with the strategy (1-5, with 1=poor familiarity, i.e. knowing nothing about the strategy and 5=excellent familiarity, i.e. using the strategy daily)

- 1 – "I don't know anything about it" (poor familiarity) (skip to questions abc)
- 2 – "I'm aware of it" (minimal familiarity) (skip to questions abc)
- 3 – "I have some understanding of it" (neutral) (skip to questions xyz)
- 4 – "I have a good understanding of it" (good familiarity) (skip to questions xyz)
- 5 – "I use the strategy everyday" (excellent familiarity) (skip to questions xyz)

NOTE: the survey participants would only see the statements, the 1-5 scale i.e. poor, minimal, neutral, good, excellent would not be in their view

XYZ respondents ONLY (respondents who have at least some understanding/familiarity with the strategy)

Leadership and shared ownership are important principles of the Healthy Eating Nova Scotia strategy. The following sections contain questions pertaining to leadership.

- A. Nova Scotia Department of Health Promotion & Protection (HPP) is identified as the lead government agency for the Healthy Eating Nova Scotia strategy. In your opinion, what do they do for HENS? (choose a maximum of 3)
- a. Funding
 - b. Networking
 - c. Coordination
 - d. Communication
 - e. Policy
 - f. Other (please specify): _____
 - g. I'm unsure/can't comment on this question
 - i. On a scale of 1-5, please rate HPP's level of effectiveness in this role (Likert scale for each response given, 1=poor effectiveness i.e. not very effective in this leadership role, 5=excellent effectiveness, i.e. very effective in this leadership role)
 - 1. 1=poor effectiveness
 - 2. 2=minimal effectiveness
 - 3. 3=neutral
 - 4. 4=good effectiveness
 - 5. 5=excellent effectiveness
 - ii. please provide other comments regarding HPP's leadership effectiveness here:

-
- B. The HENS Guiding Group (also known as the HENS Steering Committee) is another important leadership structure to support HENS implementation. In your opinion, what does the Guiding Group do for HENS? (choose a maximum of 3)
- a. Funding
 - b. Networking
 - c. Coordination
 - d. Communication
 - e. Policy
 - f. Other (please specify): _____
 - g. I'm unsure/can't comment on this question
 - i. On a scale of 1-5, please rate their level of effectiveness in this role (1=poor, 5=excellent)
 - 1. 1=poor effectiveness
 - 2. 2=minimal effectiveness
 - 3. 3=neutral
 - 4. 4=good effectiveness
 - 5. 5=excellent effectiveness
 - ii. please provide other comments regarding the Guiding Groups' leadership effectiveness here: _____
- C. Please feel free to provide further comments on HENS leadership here, including other community organizations, NGOs, or other groups that you feel have played a significant leadership role in moving the HENS strategy forward: _____

XYZ respondents ONLY (respondents who have at least some understanding/familiarity with the strategy)

Partnerships. The following sections contain questions pertaining to partnerships.

- A. Can you identify some partnerships to support HENS work that you feel have been successful?
- _____
- a. What has made these successful? _____
- B. Can you identify any challenges to partnerships that support HENS work? Please describe
- _____
- C. What are some of the partnerships you would like to see that, to your knowledge, don't currently exist? (describe partnership and for what purpose you would like to see the partnership exist) _____
- D. What current partnerships, in your opinion, need to be enhanced to support HENS implementation? (describe partnership(s)), for what purpose is/are the partnership(s)/ existing and what needs to be enhanced)
- E. Please feel free to provide further comments on partnerships related to HENS here:
- _____

**XYZ respondents ONLY (respondents with at least some understanding/
familiarity with the strategy)**

Integration helps ensure sustainability and continued momentum for the strategy. The following questions pertain to integration.

- A. Do you currently use the Healthy Eating Nova Scotia strategy as a framework to guide your work?
- c. Yes
 - i. Please provide further comments on how you use this strategy to guide your work:

 - d. No
 - e. My organization/affiliation(s) does, but I do not (please specify, organization/affiliation and how the strategy is used): _____
- B. (if yes to questions A-a or A-c) What are your observations about the level of support provided by your organization/affiliation to support HENS? _____
(i.e. is your organization/affiliation supportive of the strategy? If yes, describe, if not, also describe)
- C. HENS might have influenced the development of a variety of programs, plans and activities locally and provincially. Can you provide some examples of local and/or provincial programs, plans and activities that you believe have been influenced by HENS? _____
- a. What have been the challenges to integrating HENS with these plans/activities?

 - b. What facilitates integration of HENS with other plans/activities?

 - C. Please feel free to provide any further comments on integration here:

**XYZ respondents ONLY (respondents with at least some understanding/
familiarity with HENS)**

A variety of resources have been received or leveraged through HPP, other government departments, District Health Authorities, school boards, and other organizations across Nova Scotia to support HENS implementation. These resources could include financial, human, in-kind, tools, materials, and other. The following questions pertain to resources.

- A. To your knowledge, has your District Health Authority, organization and/or affiliation received resources to support HENS?
- a. Yes (if yes, please specify what resources, for what purpose and from whom received)

 - i. If yes, what has been the effectiveness of these resources in supporting HENS implementation: 1=not effective, 5=very effective (a scale would be repeated for each resource added)
 - b. No
- B. To your knowledge, has your District Health Authority, organization and/or affiliation leveraged resources to support HENS?

.....

- a. Yes (if yes, please specify what resources, for what purpose and from whom received)

- i. If yes, what has been the effectiveness of these resources in supporting HENS implementation: 1=not effective, 5=very effective (similar to above, a scale would be repeated for each resource added)
- b. No

- C. Additional public health nutrition positions were funded in the District Health Authorities along with additional provincial nutritionist positions to support implementation of the strategy. Could you please indicate the effectiveness of these resources in supporting HENS? (1=not effective, 5=very effective, Likert rating provided for each job grouping)
 - a. Provide further comments on the Public Health Nutritionist and Provincial Nutrition positions here: _____

- D. Do you perceive there to be adequate resources to support HENS?
 - a. Yes
 - b. No (please specify, why not and what other resource(s) might be required):

- E. Please feel free to provide further comments on resources related to HENS here:

ABC & XYZ respondents (respondents who have minimal to excellent familiarity with the strategy)

Healthy Eating Nova Scotia can help inform and improve public policy in settings across the province (i.e. in workplaces, schools, community centres, government buildings) and across sectors (i.e. health, agriculture, transportation). The following questions pertain to public policy informed by HENS.

- A. On a scale of 1-5, please indicate the effectiveness of having a provincial healthy eating strategy in influencing public policy across settings? (by settings, we mean such things as schools, healthcare institutions, recreation facilities, jails, workplaces, etc) (1=poor, 5=excellent)
 - a. 1=poor
 - b. 2=minimal
 - c. 3=neutral
 - d. 4=good
 - e. 5=excellent
 - i. (please explain your response thinking of challenges and facilitators, and the type of policy referring to): _____
 - ii. what policy/setting would you like to see informed by HENS? _____

- B. On a scale of 1-5, please indicate the effectiveness of having a provincial healthy eating strategy in influencing public policy across sectors? (by sectors, we mean such things like health, environment, agriculture, justice, etc) (1=poor, 5=excellent)
 - a. 1=poor
 - b. 2=minimal
 - c. 3=neutral
 - d. 4=good

.....

- e. 5=excellent
 - i. (please explain your response thinking of challenges and facilitators, and the type of policy referring to): _____
 - ii. what policy/sector would you like to see informed by HENS? _____

C. Please indicate any policies in your organization/affiliation or in your community that have been informed by HENS: _____

D. Please feel free to provide any further comments about policy here: _____

Final Questions (abc/xyz) (respondents who have minimal to excellent familiarity with the strategy)

What do you perceive has/have been the milestone achievement(s) of Healthy Eating Nova Scotia between 2005 (launch) and now? _____

What is your vision of Healthy Eating Nova Scotia in the next 5 years? _____

Thank you for your help.

By clicking here , I agree to submit my responses for the purposes of this study.

HENS Interview Report



Overview

The final report summarizes the procedures and findings from the *Healthy Eating Nova Scotia* (HENS) key informant interviews. Key informants included those persons who were both past and present members of the HENS Guiding Group (HENS GG) and others identified as important to interview by members of the Evaluation and Research Working Group of the HENS GG. The purpose of conducting the interviews was to gain insight into their observations and perspectives in relation to the implementation of the HENS strategy. Questions were developed by the Dalhousie Research team in collaboration with members of the Evaluation and Research Working Group of the HENS GG (see appendix 4.1). Consistent with the document review and the stakeholder survey, questions for the interview guide were based on the HENS Evaluation Framework Prioritization Chart. The interviews followed a semi-structured format, which allowed for probing and the insertion of additional questions depending on the line of questioning and information provided throughout the interview by the participants. All interviews were audio-taped with consent from the interview participants. Approval to conduct the key informant interviews was obtained through the Dalhousie University Health Science Research Ethics Board.

Methods & Analysis

Key informant interviews were conducted between August and November 2010 and analyses occurred concurrently. Recruitment focused on the purposive sampling of both past and present members of the HENS GG and others, who, because of their particular level of historical or present engagement with the strategy, were able to respond to more in-depth questions pertaining to the implementation of HENS. In addition, most of the potential interview participants were aware of the HENS evaluation underway and supportive of the evaluation activities.

Recruitment for interviews was facilitated through the Healthy Eating Coordinator with the Nova Scotia Department of Health Promotion and Protection (NSHPP). Potential interviewees (n=19) received a “request to participate” by email. Interviews (dates/times) were scheduled and a reminder email sent in advance of the scheduled interview, along with a copy of the interview guide/ interview preamble to facilitate the process.

All interviews were conducted either in-person or by telephone, based on participant preference. Three potential interviewees declined or were unable to participate in the interview for a final sample of 16 participants (84.2%, n=19). One interview was conducted jointly with two participants, with the remaining interviews conducted individually. The length of interviews ranged from 57 minutes to just over 2 hours, with most interviews lasting approximately 1.5 hours. All interviews were digitally audio-recorded with participant consent, to ensure that observations and perspectives were captured accurately. At the beginning of each interview, the participant(s) were reminded of the confidentiality of the interviews.

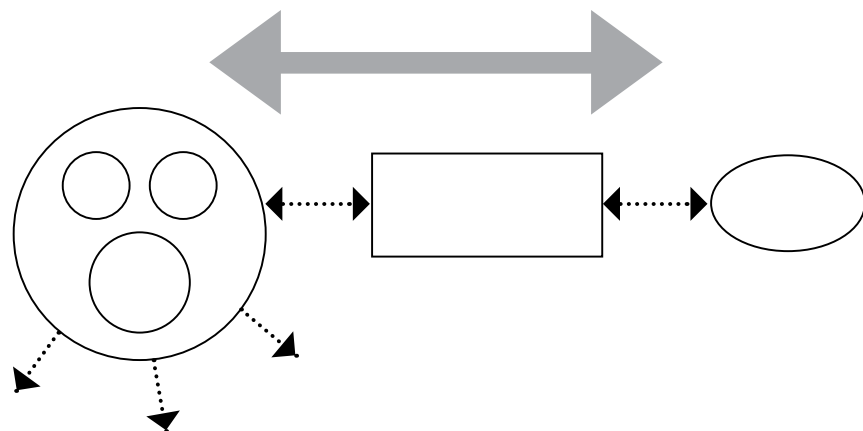
The audio-recordings were transcribed verbatim and softcopies of the audio-recordings and transcripts as well as hard copies of the transcripts were stored on a secure computer or in a locked filing cabinet, respectively, at Dalhousie University. The integrity of all digital recordings remained intact prior to transcription, except for one interview, in which only 14 minutes of the almost 1.5 hour interview was retained. Despite the unfortunate loss of the majority of data from this particular interview, the remaining transcribed data were included in the analysis.

Interviews were analyzed through a process of coding (assigning meaning) with the intent of generating themes and identifying concepts and emerging patterns in the data. Transcripts were read for concepts and general thematic content in relation to the interview questions. Organization of the data (including the coding process) was facilitated through the use of qualitative research software (NVivo, Version 8.0). Collectively, the concepts and themes that emerged from the interviews form the basis of the observations and perceptions made by key informants about the HENS strategy.

Findings

The common thread linking the key insights emerging from the interviews relates to the relationships among the “structures” or collection of systems that have formed to support the momentum for HENS and HENS-related activity in Nova Scotia. At one end of the system is the collection of formalized structures – the leadership entities, resourcing and formal partnerships and integration activities that are guided by or leveraged through the HENS strategy. At the other end of the spectrum is the “life of its own” structure where ownership has occurred through a less formalized or indirect means. The “life of its own” concept also encompasses those organizations, groups, actions and activities that are recognized to be HENS-related (or generally related to an increasingly favorable climate for a healthy eating agenda) but may or may not formally link. Collectively, the outputs of both major structures have evolved over the past five years to create a more supportive environment for healthy eating in the province than was in existence before the strategy. A model for this concept is illustrated in Figure 1.

Figure 1. Model for structures in support of healthy eating activities in the province of Nova Scotia



These “structures” and their outputs will be interwoven into discussions on major concepts and themes, including reflections on how they have been supportive of HENS-related activities, important future considerations for the relationships between and among them, and how best to maximize their effectiveness and roles into the future.

THE STRATEGY AS A UNIFIER

Participants regarded *Healthy Eating Nova Scotia* (the document) as the foundational piece unifying much of the “formalized” or linked work to HENS that has occurred over the past five years. For those working for NSHPP; the district-level public health system (e.g. nutritionists and/or formalized

partnerships); or as a member of the HENS GG, the HENS strategy is the tangible document which “justifies” the work that they do on a daily basis and at the same time, has enabled opportunities. Participants stated that the value of the strategy is in its “credibility” and “relevance”. It is an evidence-based guiding framework to help leverage decisions in relation to population health and affords the ability to access resources and forge partnerships in relation to the necessary work.

“Like this is where we’ve come since we came out with Healthy Eating Nova Scotia and here are the areas that haven’t been addressed.”

“I don’t know what it is honestly, do you have different priorities? Are they the same and if it’s benchmarking you’re looking at, well, what do we still have left to do? And if there’s some work left to do in all of these areas, but are there still areas that have the traction that clearly did five years ago?”

“Generally I think it’s still pretty relevant and the directions are on the right path...maybe it just needs to be re-communicated.”

“The work that’s identified in it isn’t a checklist, ok, we’re done in five years, ten years, even 20 years, so it’s not like the priorities can shift quickly like that and move away from using it.”

Participants discussed the future directions for the strategy. Comments ranged from a continued focus on the priority areas because of their relevance to questioning and challenging whether the focus is in the right areas. A renewal or reaffirmation of the strategy was also supported by participants and evaluation and research will play a critical role here.

FORMAL LEADERS AND TRANSITIONING TO “A LIFE OF ITS OWN”

The participants discussed that the formal leadership within HENS currently rests predominantly into four connected, and also separate entities:

- NSHPP;
- HENS GG;
- District-level staff (led by public health nutritionists); and
- Formal partners (including those linked with working groups related to the four priority areas).

Themes related to the formal structures of NSHPP and the HENS GG are summarized below. Themes arising from formal leadership structures at the district-level as well as discussion of partnerships are interwoven throughout the report.

Nova Scotia Department of Health Promotion and Protection

The Nova Scotia Department of Health Promotion and Protection was highly regarded among participants for their effective leadership role in supporting the strategy and helping to build momentum to move its agenda forward. The department’s mandate to improve health outcomes in Nova Scotia by addressing determinants of health provided the environment for health practitioners to come together to develop and implement the *Healthy Eating Nova Scotia* strategy. The financial

resources that NSHPP has provided and/or leveraged to districts, organizations and others were regarded for their value in supporting a multitude of HENS-related initiatives. NSHPP also plays an important role in making links at the government level, and bringing these perspectives to the HENS GG.

Participants also recognized the importance of the expertise and passion of the *people* working on HENS at NSHPP. One participant noted that despite the lack of clarity in what their role would entail the staff at NSHPP explored their role to the fullest extent possible.

“It’s a very unique situation actually...that’s one of the reasons I was willing or wanted to be involved, because it’s not often you get the opportunity to help influence government policy this way. (NSHPP) should be applauded...you know, you see a public consultation now on a lot of things but it’s not the same, you know, being able to give your views to a policy committee that’s circulating the province perhaps as it is to actually sit and be able to discuss the direction of things with government.”

“Like – they just get it...when I got involved in this, I’m thinking...HPP as the lead? – I was thinking community should be the lead, cause the government? So truthfully I think that I’ve developed a trust, and I’ve learned, because I’ve been involved in so many things when that hasn’t been the case...and what I’ve discovered is that they are one of the biggest advocates for this strategy...hmm can this really be?...That hasn’t played out in the way that other groups have played out...there is a respect that is communicated all the time.”

One participant who was initially wary of the role that government might play as an identified “lead” in the strategy was surprised at how well it has functioned over the years, attributing this back to the people representing NSHPP.

While most participants acknowledged that NSHPP was both an effective and appropriate leader for the strategy, there were also some concerns that this effectiveness and strength has presented challenges. First, being viewed as a strong leader might mean that others don’t feel the need to “step up” and take ownership for the strategy themselves. Therefore this strength may result in a taken-for-granted assumption that the continued leadership from NSHPP will always exist and this might ultimately impact on the sustainability of leadership for the strategy.

Leadership and sustainability

“my biggest dream I guess, has always been how do we ensure the sustainability of that. Because you know, let’s say if one day healthy eating was no longer a priority? Then what? Not saying that’s happening and certainly not...you know what I mean but...”

“Well I take it for granted now that it’s an existence that’s going to stay.”

“the public will be more confident of HENS because it’s not isolated inside a government department. I mean, that, we know that works.”

There is also the challenge of accountability, expectations and a “hierarchy” that could be perceived from government playing a strong leadership role. This is ultimately a cost of being a strong funding partner for the strategy as well as balancing the formal relationship between the province and the districts as leads and the structure of the public health system as a whole.

HENS Guiding Group

The HENS GG was also regarded to be an effective formal structure to support the work related to HENS. Its greatest value is in providing the perspective from outside of government, as this has enabled the principle of shared ownership to flourish. As stated by one participant, the HENS GG (in its membership) should ultimately reflect and represent interests of the Nova Scotia public.

Participants valued the HENS GG for providing a “safe” and “comfortable” place for information exchange and dialogue for “what’s happening” relative to the strategy. It is also a place for “ideas to be generated – what are the next steps? What needs to be happening?” or visioning as well as communicating this information back to members’ respective colleagues and a role in broader communications. These are valuable functions for the HENS GG. Notwithstanding the value of the GG, some participants also voiced their frustrations and the struggles in coming to this purpose – mostly in relation to lengthy process pieces (e.g. development of logic models and evaluation frameworks) and ongoing conversations of “who are we?” and “what is our role?”

Participants noted that the HENS GG has evolved into a stronger entity because of these struggles and the multiple perspectives at the table enabled the process to move forward.

“I still think that the majority of, even if ownership does sit with the nutrition folks at HPP and public health nutritionists, I think it’s getting better. But it’s going to take time as we continue to diversify the network and all of the working groups...just show up differently...the ownership won’t seem so much like a government or public health document. It will kind of grow a bit more.”

CLARITY WITHIN AND BETWEEN DISTRICT HEALTH AUTHORITIES

When discussing both the impact of the additional human resource capacity, participants also discussed the possibilities of what might happen if changes to this human resource capacity were to occur.

For the most part, public health nutritionists are mandated with supporting HENS-related work within the context of a population-health approach, which includes a reflection on the needs of their communities. In addition, there is no defined “provincial program” related to HENS. This results in a varied approach to how the HENS mandate has been applied within the “formal” public health structure (District Health Authorities). The following paragraphs summarize some of the challenges

that have resulted by balancing a provincial strategy with increased public health nutrition capacity to “do the work of HENS” at a district level.

“I think we’d be losing our on the ground champions. Which I think is a huge role that I sort of see, of the public health nutritionists. And I think that would be quite detrimental, because recognizing that it can’t be sort of a, I’m trying to think of somebody, (Public Health Nutritionist name) I almost see (her) as so much more than just a HENS implementer obviously, she’s a champion. She’s sort of sharing the strategy with other people, kind of, yeah I guess a champion and gaining more buy in, more support, more engagement, which is really what I think that’s more about. So yeah, I think we’d lose a lot, and just the partnerships, all of those ... that people have been able to establish under that sort of HENS lens, HENS engagement, getting by and getting support.”

“If those positions were diluted to one, the ability to support community development related to nutrition would be eroded...it is probably at a good level now, if we lost even one position I think it would really slow down progress.”

The public health nutritionist role

The role of public health nutrition is to bring an advocacy voice to the table and provide a community-development and capacity-building lens to population-level work. This is not the same as community dietitians or public health dietitians who provide individualized or group programming and direct service delivery. Several participants commented on the importance of bringing forward some clarity on the role of the public health nutritionist position, which included communicating an understanding of public health nutrition “core competencies” and how it formally links to the HENS strategy.

Resistance in the District Health Authorities

Participants expressed both observations and experiences of challenges with respect to the level of support (“buy-in”) for the work of public health nutrition within the District Health Authorities. Overwhelmingly, these challenges are related to a mix of organizational culture and managerial decisions, but also closely linked to a value for the HENS strategy and the role of the public health nutritionists. It also presents an example of the sensitivity of integrating a provincial strategy into district-level and local needs and reflects the “formal” structure of public health in Nova Scotia. One participant reflected on ways to address these inconsistencies in support and implementation.

“The sense that I’m getting, and again, these are comments at meetings and things like that, is that there are definitely challenges. And not everybody, I get the sense, is feeling supported by their district manager. Now whether that’s my perception, whether that’s individual people or an overall challenge, I’m not really sure, but it feels like there’s some level of, lack of a better term – “clunkiness” in terms of “well you’re the HENS person, you do that sort of stuff, so again, there’s always that risk of if you’re hiring public health nutritionists under the premise of HENS, you still need buy-in from the district and other public health nutritionists...there needs to be that broader level of support...in some areas if the District Health Authority

didn't think that it was a good strategy then the nutritionists aren't even being supported to work on it, right? So I think it is not consistent and that's because of our system...how we're structured."

"I think it can be perceived very strongly (a provincial strategy) in these districts...I mean I can't speak to the rest of the province and it's not only in relation to HENS - we've had these issues with other programs - like we're going to do it our own way...and I think sometimes that HPP maybe doesn't understand that they might have a vision but if the district doesn't support it or if my manager doesn't support it, there's not a lot I can do about it...let's be honest, anything that's sort of provincial doesn't get a lot of support. No matter if it's breastfeeding or if it's food security."

"Participant: «Because of the relationship with the districts there's been a dilution of what we intended. So some of the pieces have come out really strong - it's great there's no question. But some of the other pieces...the districts may say 'You know what I don't want you wasting your time on that, so you're not going to do that' or 'I'd rather you do this.' Interviewer: «And you said it's very dependent on the VB and the directors at the district level and the CEO's? Participant: what they want, yeah"

Accessing resources to support HENS

How resources are provided to districts to support HENS has evolved over the duration of the strategy. Initially, NSHPP provided three funding streams to DHAs to support local implementation of HENS. One supported the hiring of an additional public health nutritionist; one provided funds for local implementation of HENS and the third stream provided funds to support breastfeeding and the Breastfeeding Friendly Initiative. In 2007-08, HENS implementation funding was rolled into the Chronic Disease and Injury Prevention funding line in order to better support DHA's in strategically using funds to meet the needs of their communities and partners. This change in funding allocation has resulted in a range of outcomes; at one end of the spectrum are participants who felt that this change hadn't made an impact, while at the other end, participants acknowledged that it negatively impacted HENS-related activities.

"I don't know, like there was a feeling that we would lose some of the money. I don't know if that's happened, I don't know if we've been too hard done by it... but I don't know, things could change...there hasn't been that much of a switch in the money...it's just been grouped together, I mean it's definitely nice to know specifically...and that's just another way to show that it's supported, is that there's targeted money."

Connecting with peers

Currently, the public health nutritionists do not have a formalized mechanism for meeting and discussing issues of relevance. Their engagement with each other was described as being facilitated on an as-needed or ad-hoc way, or through their collective work on working groups in relation to key initiatives. A more formalized communication structure was desired by many of the participants in order to better enable working together and create “consistencies” across the province to encourage larger impact with the strategy. One participant noted that the public health system structure was problematic for allowing the type of communication needed to maximize effectiveness of strategy work.

COMMUNICATION

Several participants recognized that the HENS GG should play an active role in both communications to their respective organizations but also a broader communication role to others outside of the health and health promotion sectors.

Supporting communication between NSHPP and the public health system and also between and among government departments was also viewed as a critical means of leveraging momentum and work on the ground.

ACHIEVING OUTCOMES

Participants discussed the vast momentum that has been achieved in a short period of time since the strategy launch, keeping in mind that population-level strategies take time to evolve and make an impact. In particular, the leveraging of partnerships (many - community-level **partnerships** were particularly embraced), **resources** (funding and human) and the **policy work** (provincial and local) have collectively been valuable to advance the healthy eating agenda in the province. These are the critical successes in relation to HENS.

The active work on policy has resulted in numerous, **visible successes** – notably in the school and early childcare settings. Participants recognized that work on breastfeeding, food security and in other settings (publically-funded institutions and recreation for example) have also been augmented by having a HENS strategy to guide their work.

Participants also reflected that the strategy coincides with a general cultural shift recognizing the importance of healthy eating and its value to population health. This reality has created a complexity for participants, resulting in them questioning whether achievements should be linked with HENS (*does it matter?*) to discussing how HENS has been able to take advantage of this shift and add value to the agenda for healthy eating as a point of advocacy and celebration.

“I think there’s great stuff happening. I don’t think it matters that the average person on the street knows there’s a healthy eating strategy...and how can we say how much or how little was the healthy eating strategy? The time has come...things are coming from everywhere and happening.”

“I’m not sure all the time if they go – oh this is because of Healthy Eating Nova Scotia, I don’t know if that link is there but...I’m not sure if it matters or not. Like I’m trying to decide – does that matter? Or does it not? I’m sure as long as the work happens...but sometimes maybe it’s important if you want to highlight healthy eating or do advocacy.”

