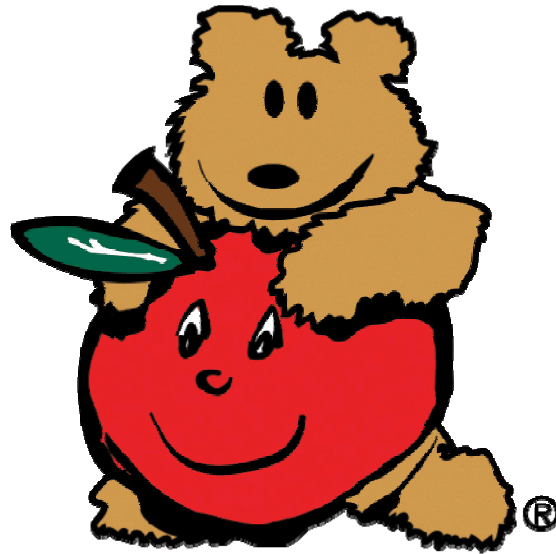


Public Health Unit Needs Assessment Results



NutriSTEP®

**Nutrition Screening Tool
for Every Preschooler**

**Évaluation de l'alimentation
des enfants d'âge préscolaire**

September 2011



NUTRITION
RESOURCE
CENTRE

CENTRE DE
RESSOURCES
EN NUTRITION

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Background

In mid June 2011, 36 Registered Dietitians (one from each Ontario Public Health Unit) were contacted with an email request to complete a short (online) NutriSTEP[®] needs assessment survey. The invitation looked as follows:

Dear colleague:

Thank-you for your interest in NutriSTEP[®] (Nutrition Screening Tool for Every Preschooler). We would appreciate your help completing a short survey (approximately 20 minutes). The purpose of this survey is to collect information about who is using the NutriSTEP[®] screening questionnaire and for what purposes. We would also like information about the benefits and challenges experienced by public health practitioners and their partners. This survey is intended for practitioners who know about NutriSTEP[®], are working toward implementing NutriSTEP[®] or have already begun to implement NutriSTEP[®]. We hope to receive one completed survey completed from each of the 36 Ontario public health units. All respondents who enter their mailing address will receive a \$25 Chapters gift certificate as a thank you for participation.

All responses will be confidential and not linked in any way to individual or health unit identifiers. The data will be collated and reported at a provincial level for program planning purposes only.

The survey was open for 7 weeks, during which time 35 of the 36 health units responded to the survey. The results are shown below.

Survey Results

1. Are you/is your organization currently implementing NutriSTEP®?

Yes	18
No	17

2. If you are not currently implementing NutriSTEP® please choose the option that best describes your situation.

We are not implementing NutriSTEP® and have no concrete plans to implement	6
We are not implementing NutriSTEP®, but we have firm plans to start implementing it soon.	7
None of the above.	4

3. If you are not yet implementing NutriSTEP® but have firm plans to start implementing it soon, how likely is it that your organization will implement NutriSTEP® in the next 12 months?

Definitely	2
Likely	4
Not sure	0
Unlikely	1
Definitely not	0

Comment: We are waiting for the implementation of the 18 month screening model to be put into practice in our area and the release of the toddler NutriSTEP®

4. If you are currently implementing NutriSTEP®, please choose the option that best describes your situation.

We are implementing NutriSTEP® and will continue to do so.	7
We are implementing NutriSTEP® and have concrete plans to expand implementation.	3
We are implementing NutriSTEP® and have ideas about how to expand implementation but no concrete plans to expand yet.	8
We have done some implementation of NutriSTEP®, but we will not be continuing with it.	0
None of the above.	0

5. How long ago did you/your organization begin to implement NutriSTEP®?

Less than six months ago	2
6-12 months ago	5
More than one year ago	11

6. Approximately how many NutriSTEP® questionnaires do you distribute each year?

Less than 100	8
100-500	4
501-1000	2
More than 1000	3
Don't know	1

7. Approximately how many parents complete the NutriSTEP® questionnaire each year?

Less than 100	7
100-500	4
501-1000	3
More than 1000	0
Don't know	4

8. What models/methods are you using or planning to use to disseminate NutriSTEP®? Please check all that apply.

Healthy Babies, Healthy Children	16
early years screening clinics	10
preschool screening programs	9
parent child drop in programs	9
JK/SK registration/parent orientation sessions	9
dental clinics	2
immunization clinics	1
Don't know	1
Other	8

Others:

- child care/daycare (2)
- Home visitors, Community Liaison workers (Best Start – Ontario’s maternal, newborn and early child development resource centre - if funding continues)

- health fairs, school parent's night/report card for Junior Kindergarten (JK) and Senior Kindergarten (SK)
- Early Intervention Services
- School Readiness Programs

**9. In what settings do or will the models/methods noted above take place?
Please check all that apply.**

Ontario Early Years Centres/Best Start hubs	14
home visits	13
schools	11
child care centres	9
Family Health Teams	6
physician offices	4
Don't know	4
Community Health Centres	1
Other	3

Others:

- Faith Based Organizations
- Better Beginnings for Kingston Children
- Our annual Preschool Health Fair (Screening fair for children starting JK)

10. Please tell us about your target population/s. For example are they of a specific social-economic status; do they live within a certain area? Please check all that apply.

General population/Community at Large/Universal	20
Lower Socioeconomic status	12
High risk regarding school readiness, developmental, etc	7
Rural	7
Don't Know	2
Other	2

Others:

- Healthy Babies Healthy Children (HBHC) clients
- Mixed socio-economic status, 4 sites in Cornwall, Ontario (46,000 population), 2 sites in Alexandria (4,000 population)

**11. What referral method/s are you using/will you use for NutriSTEP®?
Please check all that apply.**

Guided (screen administrator reviews score, advises parent and parent is responsible to follow up on referrals)	14
Assisted (screen administrator reviews score, advises parent and follows up by forwarding appropriate referrals)	6
Self (parent independently reviews scores, identifies risk level and makes own referrals)	6
Some combination of the above.	7
Don't know	1

Combinations:

- Still under consideration. Partners recognize that assisted referral leads to better uptake, but we're still organizing the 'who, where and when' of implementation.
- As the questionnaire is distributed by professionals in the community (e.g., doctors, Public Health Nurses (PHNs), Early Interventionists, Family Health Teams (FHTs), Registered Dietitians (RDs), I would think that sometimes these professionals will administer the questionnaire using the assisted or guided methods.
- Possibly assisted for the high risk group
- we are in the discussion of using self referral for schools, assisted referral for the KIDS LINE phone service, and guided referral for our screening clinics

12. Please list some of your most significant NutriSTEP® implementation successes to date.

N/A – 9

- District wide addition to JK preschool screening booklets, data collected and trends being monitored since 2009, involvement in toddler tool development
- Currently we are only implementing NutriSTEP® with our HBHC program by our Parent Resource Visitors (lay home visitors). They find it a useful screening and education tool. We have attempted to secure funding to expand into our preschool/school readiness screening with our partner health unit but were unsuccessful.
- Internal interest and support for implementation. Had a meeting with day care providers committee with representation from Ontario Early Years Centres (OEYCs), Best Start, Child and Family Services and independent day care providers to discuss possibility of partnering and to investigate who, when and where they see possibilities for implementation - all participants were highly receptive and supportive.
- Creation of a database to compile NutriSTEP® surveys, HBHC policy and procedure as part of protocols of care
- Take-up by parents at Child Health Fairs has been excellent and it has been proven to be a great way to start conversations about feeding children.

- Our Mayor mentioned NutriSTEP[®] in his address to Ottawa Public Health (OPH) staff in recognition of Marie-Helene Traversy, the PHN that is leading the pilot and implementation of NutriSTEP[®] at OPH.
- With childcare centres, a centre that provided a newsletter with information in support of NutriSTEP[®] prior to distribution of the tool had a 90%+ return rate compared to some other childcares with less support. It is extremely important to get buy-in from the child care staff.
- NutriSTEP[®] has been successfully implemented in HBHC and results from preliminary evaluation have been positive. NutriSTEP[®] has raised parental awareness about preschool nutrition and has helped parents to make changes to their preschoolers eating and activity habits. Most children identified as high risk have followed up with their physician or a dietitian. This success has allowed us to move forward with expanding NutriSTEP[®] screening to OEYCs.
- We have just started our implementation process and have had limited distribution to date.
- We trained OEYC staff at Toronto Public Health and two community partners. We completed one pilot NutriSTEP[®] screening clinic.
- We used to have a dietitian on staff who was allocated to work primarily on NutriSTEP[®] and its implementation. She held monthly screenings at OEYC drop in centres, trained the PHNs to complete the screens at home visits, and developed a series of follow-up presentation sessions that OEYCs could book. She also started to expand capacity, by training local FHTs. We have since lost her position and are now struggling with staff capacity for completing screens and initial follow up from screen (we always have a brief education session with the parents after completion of the screen).
- Partnership with local Family Health Team.
- Increased awareness about preschool nutrition. Reassurance to parents whose child is identified as "low risk".
- We see approximately 800 children each year before attending JK at our annual Preschool Health Fair where we screen for hearing, vision, speech, dental, immunization check.

13. What are the reasons for these successes? Please check all that apply.

Strong management support	9
Grant/funds to support planning and implementation	2
Large in-kind contribution from partners	3
Don't know	1
Other	4

Others:

- It's a good tool for parent education and awareness
- Recommendation from Supervisor
- NutriSTEP[®] toolkit and discussions with other health units/sharing NutriSTEP[®] resources

14. What are some of the challenges you have faced while implementing the program? Please check all that apply. Note: If checking 'other', please be specific. For example, if you have found that you do not have enough staff/dollars/time, please be clear about what having more of these would allow you to do, or what having not enough is stopping you from doing.

There is no/insufficient staff to plan, implement and/or follow up with parents.	10
The NutriSTEP® questionnaire is only valid for use with 3-5 year olds.	9
There is no/insufficient strategy to track the completed screen results.	7
Parents do not follow up with instructions regarding their child's risk score, i.e., contact the health unit.	7
Parents do not follow up with referrals.	6
There is no/insufficient method to collect the completed screen results.	4
The NutriSTEP® questionnaire and/or parent education booklet is not available in a language for my priority population(s).	0
Other	7
N/A or Don't Know	6

Others:

- In addition to limited staff/time/dollars, we also find there is limited referral options in some of the communities we work with.
- Not all parents have access to a primary care provider. Not all parents have access to a RD.
- We would like to see this on-line for parents to complete, get scores and then an automatic referral to the RD for high scores for follow-up.
- Eat Right Be Active 3-5 years is no longer available which was one of the main resources used for parent education and staff training. Busy Bodies has also been a valuable resource used with NutriSTEP® and print copies were used with HBHC clients and families visiting OEYCs.
- Our first planned implementation was in our Welcome to Kindergarten sessions and our largest school board decided not to allow dissemination of the NutriSTEP® screen and the "How to Build A Healthy Preschooler" Resource as they decided that the preschooler parent handout was too high in literacy. We provided information on how the resource had been focus tested with parents but they would not change their mind for this year.
- Training the large number of community partners in Toronto. Need more handouts specific to age group and common concerns such as picky eating, force feeding.
- Internal challenges related to structure.

15. The table below lists objectives that may be met by implementing NutriSTEP®. Please tell us which of these objective(s) you/your organization hopes to achieve and whether you believe you are achieving this with NutriSTEP®.

Objectives that may be met with NutriSTEP®.	Are you using or will you use NutriSTEP® to achieve this objective?	Do you believe you are achieving this objective, with NutriSTEP®?	Comments
Identify preschoolers at risk for nutritional issues	<ul style="list-style-type: none"> • Yes, this is the primary reason - 21 • Yes, but it is a secondary reason - 1 • Don't know - 0 • No - 1 	<ul style="list-style-type: none"> • We have not yet started implementation - 7 • Definitely - 4 • Partially - 8 • Don't know - 3 • A bit - 1 • Not at all - 0 	<ul style="list-style-type: none"> • We are still missing preschoolers as not all parents complete and return their green screening booklets and NutriSTEP® tool. Some schools/boards are very strict about having this completed and others aren't before children start school. • We haven't yet implemented in the preschool/school readiness setting. • Using the self-referral method, the parent identifies their child's risk, but unfortunately, not our health unit • We have had very limited distribution and as we are using self-referral model we have no data at this point to see if parents are using the screen and following up on suggested referrals such as EatRight Ontario or our Parent Child Information Line. • Staff capacity and ability to reach entire target population are challenges • Not enough questionnaires distributed to date to know.
Connect families with referrals and community resources	<ul style="list-style-type: none"> • Yes, this is the primary reason - 12 • Yes, but it is a secondary reason - 12 • Don't know - 0 	<ul style="list-style-type: none"> • We have not yet started implementation - 7 • Definitely - 3 • Partially - 9 • Don't know - 3 	<ul style="list-style-type: none"> • The families our Parent Resource Visitors (PRVs) work with are typically higher-risk - which makes referral follow-up more challenging. Our PRVs aren't as comfortable with the referral requirements and options as I'd like to see to ensure the families

	<ul style="list-style-type: none"> No - 0 	<ul style="list-style-type: none"> A bit - 2 Not at all - 0 	<p>get to the right professional in a timely manner.</p> <ul style="list-style-type: none"> Parents aren't following through with calling the health unit As above. Not enough questionnaires distributed to date to know
Provide nutrition education and resources	<ul style="list-style-type: none"> Yes, this is the primary reason - 11 Yes, but it is a secondary reason - 12 Don't know - 0 No - 1 	<ul style="list-style-type: none"> We have not yet started implementation - 5 Definitely - 9 Partially - 6 Don't know - 3 A bit - 0 Not at all - 0 	<ul style="list-style-type: none"> I think this is what our PRVs find most helpful. It's a good way to start the conversation about food and nutrition with the families they work with. As above. Parents like the take home packages for them to refer to later - we do a mini-education session after each screen is finished (usually by a dietitian or PHN) that is tailored to concerns from the screen Not enough questionnaires distributed to date to know
Gather surveillance data for planning purposes	<ul style="list-style-type: none"> Yes, this is the primary reason - 2 Yes, but it is a secondary reason - 15 Don't know - 3 No - 4 	<ul style="list-style-type: none"> We have not yet started implementation - 5 Definitely - 5 Partially - 2 Don't know - 1 A bit - 4 Not at all - 0 	<ul style="list-style-type: none"> Although the numbers of returned screens went down this past year over the first need to work with Fair Start partners about how this could be improved at the school level. We have not used this data for this purpose at this point. Gathered this data as part of a pilot, but no longer gathering due to lack of staff, funding and my Director's willingness Inadequate screens completed due to staff capacity limits generalization of results for planning purposes Need to go through ethics review process and then expand the implementation to other venues (HBHC, Parent-child playgroups) before data will be used for surveillance and planning purposes The data is currently being collected, but has not

			been analyzed.
Better understand our client population	<ul style="list-style-type: none"> • Yes, this is the primary reason - 4 • Yes, but it is a secondary reason - 15 • Don't know - 2 • No - 3 	<ul style="list-style-type: none"> • We have not yet started implementation - 6 • Definitely - 1 • Partially - 7 • Don't know - 2 • A bit - 2 • Not at all - 0 	<ul style="list-style-type: none"> • So far this has been used only anecdotally. • Limited by staff capacity to perform screens • Need to go through ethics review process and then expand the implementation to other venues (HBHC, Parent-child playgroups) before data will be used for surveillance and planning purposes
Have a more streamlined nutrition assessment process for preschoolers	<ul style="list-style-type: none"> • Yes, this is the primary reason - 2 • Yes, but it is a secondary reason - 8 • Don't know - 6 • No - 8 	<ul style="list-style-type: none"> • We have not yet started implementation - 4 • Definitely - 1 • Partially - 4 • Don't know - 1 • A bit - 0 • Not at all - 0 	<ul style="list-style-type: none"> • We are challenged by lack of staff/time/money, but also by the fact that our school boards overlap with another health unit region, so we need to work together to implement in the school readiness preschool screening - we have to deal with different challenges within the 2 health units and 2 counties. • Question not clear. • Very easy to administer and score; however, much time needed for review/education post screen
Increase staff awareness of the importance of nutrition screening in preschoolers	<ul style="list-style-type: none"> • Yes, this is the primary reason - 3 • Yes, but it is a secondary reason - 14 • Don't know - 3 • No - 4 	<ul style="list-style-type: none"> • We have not yet started implementation - 1 • Definitely - 4 • Partially - 9 • Don't know - 3 • A bit - 0 • Not at all - 0 	<ul style="list-style-type: none"> • Our PRVs are aware but because of cuts to HBHC the nurses are spending less time with families. • Nutrition ends up competing with other priorities for time and attention. • Not enough questionnaires distributed to date to know.
Increase parent knowledge	<ul style="list-style-type: none"> • Yes, this is the primary reason - 16 • Yes, but it is a secondary reason - 8 • Don't know - 0 • No - 0 	<ul style="list-style-type: none"> • We have not yet started implementation - 6 • Definitely - 5 • Partially - 7 • Don't know - 4 • A bit - 1 • Not at all - 0 	<ul style="list-style-type: none"> • I think this will be better addressed if we are successful in offering this at the universal screening for school readiness. • Many parents appear to be quite receptive and thankful for feeding strategies/suggestions given • Not enough questionnaires distributed to date to know.

			<ul style="list-style-type: none"> We send out personalized letters and appropriate resources for all moderate and high risk families. The information sent is tailored to their areas of concern found from the questionnaire.
Change parent behaviours	<ul style="list-style-type: none"> Yes, this is the primary reason - 15 Yes, but it is a secondary reason - 8 Don't know - 0 No - 1 	<ul style="list-style-type: none"> We have not yet started implementation - 6 Definitely - 0 Partially - 6 Don't know - 10 A bit - 1 Not at all - 0 	<ul style="list-style-type: none"> More staff/time/money would help us to implement supportive programs and other measures to support behaviour change. I know that parents do indeed change some behaviours because of NutriSTEP[®] research that I participated in We are planning a follow-up evaluation 4-6 months after a workshop for parents whose children scored moderate or high-risk. In pilot stage. Unknown if effective due to no follow up post screen from health unit Not enough questionnaires distributed to date to know.
Improve school readiness	<ul style="list-style-type: none"> Yes, this is the primary reason - 1 Yes, but it is a secondary reason - 13 Don't know - 5 No - 5 	<ul style="list-style-type: none"> We have not yet started implementation - 4 Definitely - 0 Partially - 1 Don't know - 8 A bit - 1 Not at all - 0 	<ul style="list-style-type: none"> In pilot stage. May be used for this purpose in the future. School readiness scores are low in our area.
Lower BMI	<ul style="list-style-type: none"> Yes, this is the primary reason - 1 Yes, but it is a secondary reason - 8 Don't know - 7 No - 8 	<ul style="list-style-type: none"> We have not yet started implementation - 2 Definitely - 0 Partially - 1 Don't know - 4 A bit - 2 Not at all - 0 	<ul style="list-style-type: none"> This is not a primary or secondary reason, the focus is on health behaviours and definitely not BMI for kids A healthy BMI is one of the goals of changing parents knowledge and behaviour - by promoting healthy eating and physical activity.

Lower nutrition risk	<ul style="list-style-type: none"> • Yes, this is the primary reason - 15 • Yes, but it is a secondary reason - 5 • Don't know - 3 • No - 1 	<ul style="list-style-type: none"> • We have not yet started implementation - 5 • Definitely - 1 • Partially - 2 • Don't know - 10 • A bit - 2 • Not at all - 0 	
Improve parent follow-through on referrals	<ul style="list-style-type: none"> • Yes, this is the primary reason - 2 • Yes, but it is a secondary reason - 5 • Don't know - 9 • No - 8 	<ul style="list-style-type: none"> • We have not yet started implementation - 2 • Definitely - 1 • Partially - 1 • Don't know - 2 • A bit - 1 • Not at all - 0 	<ul style="list-style-type: none"> • This is an area that still needs to be strategized around. • We have not had any luck tracking our success of follow-through with referrals.
Change parent attitudes and beliefs	<ul style="list-style-type: none"> • Yes, this is the primary reason - 7 • Yes, but it is a secondary reason - 11 • Don't know - 2 • No - 3 	<ul style="list-style-type: none"> • We have not yet started implementation - 5 • Definitely - 0 • Partially - 4 • Don't know - 9 • A bit - 1 • Not at all - 0 	<ul style="list-style-type: none"> • We only want to change parents attitudes and beliefs that do not align with age appropriate feeding practices and physical activity recommendations. • We feel like we are 'opening parents' eyes' especially about the division of responsibility of feeding, but long term outcomes unknown
Change child behaviour	<ul style="list-style-type: none"> • Yes, this is the primary reason - 4 • Yes, but it is a secondary reason - 10 • Don't know - 5 • No - 5 	<ul style="list-style-type: none"> • We have not yet started implementation - 1 • Definitely - 0 • Partially - 3 • Don't know - 7 • A bit - 2 • Not at all - 0 	<ul style="list-style-type: none"> • Our objective is to change the parent's feeding behaviour which will result in a change in the child's eating habits • Children behaviour will be changed indirectly through parents learning about age appropriate feeding practices and physical activity recommendations. • Child behaviour definitely influenced by parent behaviour at meal time, but long term outcomes unknown

16. Please tell us whether you/your organization is already, or is planning to collect any of the following types of evaluation data. Please check all that apply.

Counting screening questionnaires distributed	19
Counting people reached/people who complete the screening questionnaire	14
Counting agencies/partners involved in implementation	14
Counting events and/or number of activities held	13
Surveys of partners/staff involved in NutriSTEP®; implementation, about their experience	10
Surveys of screen participants about their general impressions of NutriSTEP®	8
Focus groups or one on one interviews with partners/staff involved in NutriSTEP® implementation, about their experience	4
Follow up with screen participants to track changes in behaviour, attitudes, etc	3
Follow up with referral agencies to track whether people are acting on the recommended referrals	3
Focus groups or one on one interviews with screen participants about their experience with NutriSTEP®	1
Other -	6
None	0

Others:

- Collecting tools and recording responses to the 17 questions for 500+ kids
- Voluntary parent/caregiver feedback form to be returned
- We may use some of these other methods but that's yet TBD
- I would love to know what types of survey questions other health units use or plan to use with their partners
- Considering the above, just not sure yet b/c have not started implementation - I would expect we would gather a combination of almost all types of data above

17. We are interested in your knowledge and experience with the tools/resources to support the implementation of NutriSTEP® in Ontario. For each of the tools/resources in the table below, please answer each of the questions.

Tool / resource	Are you aware of this tool / resource?	How would you rate the quality of this tool / resource?	Have you used it?	How useful did you find this resource?	What did you like best about this tool / resource?	Do you have any suggestions about how to improve this tool / resource?
NutriSTEP® Questionnaires (Print versions from Service Ontario Publications)	Yes - 24 No - 0	High - 19 Good - 4 Not very good - 0 Poor - 0 N/A - 0	Yes - 18 No - 5 N/A - 1	Very useful - 18 Somewhat useful - 0 Not very useful - 0 Not at all useful - 0 N/A - 1	<ul style="list-style-type: none"> • That it was free and in both languages • Easy to use • Affordable • High gloss • Easy for parents to complete • Simple wording; easy to use; always available for free • Validated, reliable, translated, quick and easy for parents to complete, free • Free • Parent administered, • It covers five areas and makes parents more aware of their feeding practices and increased parents knowledge on healthy eating and physical activity. 	<ul style="list-style-type: none"> • Maintain • Assessment of growth is parent perception which is not always accurate - this may skew results of screen but not sure what else to suggest • Maintain print versions and also have electronic versions • Looking forward to the NutriSTEP® for toddlers • No comments at this time. • The French translation of page 4 (Que signifie la cote NutriSTEP®) is poor.

					<ul style="list-style-type: none"> - easy to use Validated Quick to complete Simple, few questions. Covers all the important issues/concerns. 	
NutriSTEP® Questionnaires (Electronic versions from Flintbox)	Yes - 12 No - 12	High - 5 Good - 6 Not very good - 0 Poor - 0 N/A - 1	Yes - 7 No - 4 N/A - 1	Very useful - 5 Somewhat useful - 2 Not very useful - 0 Not at all useful - 0 N/A - 1	<ul style="list-style-type: none"> Use this less frequently now that can access through Services Ontario - makes it easier as costly to print less gloss but handy when out of Service Ontario Publications 	<ul style="list-style-type: none"> Maintain I don't understand. How is this a tool/resource, i.e., can we give the link to the electronic versions on Flintbox to parents?
“How to Build a Healthy Preschooler” education booklets (Print versions from Service Ontario Publications)	Yes - 23 No - 1	High - 12 Good - 12 Not very good - 0 Poor - 0 N/A - 0	Yes - 19 No - 1 N/A - 2	Very useful - 13 Somewhat useful - 6 Not very useful - 0 Not at all useful - 0 N/A - 0	<ul style="list-style-type: none"> Love that these too have been available to be ordered free of charge really helps to allow us to implement the program across our district. Good handout for families Appropriate information High gloss It is very text heavy - alphabet format on first page is very long - not sure parents will read through perhaps pull out key info and present in way easier to read- more white space Addresses most or all issues 	<ul style="list-style-type: none"> Maintain Perhaps pull out key info and present in way easier to read- more white space Lower literacy; fewer words Keep other languages as up-to-date as English/French versions Provide more information on preschool nutrition e.g. feeding challenges, child size portions, link for Busy Bodies for activities and recipes The A-Z information should be grouped according to nutrition challenges and positive

					<ul style="list-style-type: none"> • Free/colourful • Information on food guide, sample meal plan • Our agency uses this resource but our largest school board would not allow dissemination of it to parents due to the literacy of the first page. • The teaching is very comprehensive and easy to explain to parents • quick tips, comprehensive resource that has been focus tested • Great summary, colourful • I like the inside pages, give a good snap shot of preschool nutrition. 	<p>feeding practices for easier comprehension and finding of specific information.</p> <ul style="list-style-type: none"> • Organize the first page by topic instead of a-z (too much reading, organized by topic would make it easier for busy parents to find info quickly) • The literacy level is high and there is a lot of information on one page. May not be appropriate for all parents. • The front page is very overwhelming.
<p>“How to Build a Healthy Preschooler” education booklets (Electronic versions from NRC or Eat Right Ontario)</p>	<p>Yes - 18 No - 5</p>	<p>High - 10 Good - 8 Not very good - 0 Poor - 0 N/A - 1</p>	<p>Yes - 14 No - 4 N/A - 1</p>	<p>Very useful - 8 Somewhat useful - 7 Not very useful - 0 Not at all useful - 0 N/A - 0</p>	<ul style="list-style-type: none"> • Prefer the print copies to give to parents and like that they are in both English and French. • Can link from our website Send link to community partners/parents • Covers key concerns/issues • Less gloss but handy when out of Service Ontario Publications • Can refer parents to on-line resource 	<ul style="list-style-type: none"> • Create a low literacy version • Maintain • See above • This will be more useful along with an electronic questionnaire • Consumers/parents do not always have access. We do not have a colour printer in office! • Prefer the Eat Right Be Active booklet b/c it is more comprehensive

					<ul style="list-style-type: none"> • Able to copy/download • Easy to access • Easy access 	<ul style="list-style-type: none"> • Lower literacy on page 1
Implementati on Toolkit (Online version from Website or Flintbox)	Yes - 21 No - 2	High - 14 Good - 5 Not very good - 0 Poor - 0 N/A - 2	Yes - 16 No - 3 N/A - 1	Very useful - 13 Somewhat useful - 5 Not very useful - 0 Not at all useful - 0 N/A - 0	<ul style="list-style-type: none"> • Lots of good tools Easy access • Especially the French version • Comprehensive information on how to use NutriSTEP[®], excellent resources e.g., backgrounder, sample letters and articles, feedback forms etc • Very comprehensive and supports community planning and implementation. • Resources can be tailored to suit program needs. • Case study examples 	<ul style="list-style-type: none"> • Maintain • Include evaluation info for the toddler version when it is available • Expand on the tasks involved for the various scenarios (i.e., a checklist) • It was difficult to access
Implementati on Toolkit (Binder with CD version from NRC)	Yes - 19 No - 5	High - 12 Good - 5 Not very good - 0 Poor - 0 N/A - 1	Yes - 18 No - 1 N/A - 0	Very useful - 15 Somewhat useful - 3 Not very useful - 0 Not at all useful - 0 N/A - 0	<ul style="list-style-type: none"> • Nice to have a colour copy to share with colleagues for review of content • Especially the French version • Beneficial to have a hardcopy of the toolkit-easier to find information from the hardcopy compared to the online toolkit. • Very comprehensive and 	<ul style="list-style-type: none"> • Maintain • Same as above

					<p>supports community planning and implementation. Resources can be tailored to suit program needs.</p> <ul style="list-style-type: none"> • Background and rationale for NutriSTEP® Ready to go materials Background nutrition info provided (modules) 	
NutriSTEP® Website	<p>Yes - 24 No - 0</p>	<p>High - 7 Good - 15 Not very good - 1 Poor - 0 N/A - 1</p>	<p>Yes - 23 No - 0 N/A - 0</p>	<p>Very useful - 6 Somewhat useful - 16 Not very useful - 1 Not at all useful - 0 N/A - 0</p>	<ul style="list-style-type: none"> • Lots of information • See new stuff happening • Info for health professionals is very useful • Colourful • Success stories and case studies have been useful, RD primers are easily accessible, health professionals and community partners have been directed to the website for more information • Information provided by other health units on implementation has been extremely useful. Question and Answer section. All information provided. • RD modules layout 	<ul style="list-style-type: none"> • Hard to navigate • Include consumer friendly info • I think that the site will be more useful when the tool is electronic and can be accessed. I've heard others are frustrated as not able to access the tool.

					<p>resources archived webinars etc.</p> <ul style="list-style-type: none"> • Stories/tools shared by others implementing or planning to implement NutriSTEP® 	
RD Primers	<p>Yes - 23 No - 1</p>	<p>High - 9 Good - 8 Not very good - 0 Poor - 0 N/A - 5</p>	<p>Yes - 16 No - 7 N/A - 0</p>	<p>Very useful - 8 Somewhat useful - 8 Not very useful - 0 Not at all useful - 0 N/A - 0</p>	<ul style="list-style-type: none"> • These are a great resource to dietitians and other professionals working in this area to give them an overview of the scientific background around the recommendations. I could be promoting these more in my community. • Especially the French for training new RD, dietetic students, dietetic interns • FHT and Community Health Centre (CHC) RDs have used this resource to update their knowledge on preschool nutrition. • comprehensive • A good review before I started doing the NutriSTEP® screens • Excellent information 	<ul style="list-style-type: none"> • Update to include WHO-Canada Growth Charts
Online Community	<p>Yes - 18 No - 5</p>	<p>High - 1 Good - 6 Not very good - 6 Poor - 2</p>	<p>Yes - 13 No - 5 N/A - 0</p>	<p>Very useful - 2 Somewhat useful - 4 Not very useful - 6 Not at all useful - 1 N/A - 0</p>	<ul style="list-style-type: none"> • I haven't yet used the newer online community • Connection with others implementing NutriSTEP® 	<ul style="list-style-type: none"> • I am not able to access yahoo or yahoo group from work. • Difficult to get on • I ended up receiving a lot

		N/A - 3			<ul style="list-style-type: none"> • Not friendly user to exchange and receive alerts of new information about NutriSTEP® • Resource sharing • Opportunity for support from other colleagues and to get ideas / hear success stories • I thought this was the same as the NutriSTEP® website 	<p>of spam from being on it and discontinued as a result</p> <ul style="list-style-type: none"> • I'm not sure if I have accessed this • Lack of activity from members • Not actively used by many community members • Takes time to get into online community. It's not checked often e.g. I posted a question and no one got back to me. We should just have a regular listserv like OSNPPH and post questions to RDs that are implementing NutriSTEP®. • I often forgot about the online community and don't remember a lot of people using it. If I had anyways questions I usually connected directly with the coordinator.
Case studies	Yes - 17 No - 7	High - 9 Good - 7 Not very good - 0 Poor - 0 N/A - 1	Yes - 13 No - 3 N/A - 0	Very useful - 8 Somewhat useful - 6 Not very useful - 0 Not at all useful - 0 N/A - 0	<ul style="list-style-type: none"> • I haven't really used it accept to refer others to go there to read. I did write one though. • Practical suggestions and tips • Especially the French for 	<ul style="list-style-type: none"> • Could be expanded • checklists or timelines of steps taken to implement

					<p>training new RD, dietetic students, dietetic interns</p> <ul style="list-style-type: none"> • Can relate to similar situations • Scenarios and variability in how implemented • Hands-on activity to become familiar and comfortable with specific topics • Consistent format. 	
Webcasts (June 2009; Nov 2010)	Yes - 24 No - 0	High - 7 Good - 13 Not very good - 0 Poor - 0 N/A - 3	Yes - 19 No - 3 N/A - 0	Very useful - 10 Somewhat useful - 9 Not very useful - 0 Not at all useful - 0 N/A - 0	<ul style="list-style-type: none"> • I attended • Will be useful for someone who has already implemented the NutriSTEP® program and looking for improvements • Examples • Great to hear other's success stories • Great to hear the variety of ways that NutriSTEP® is being implemented. 	
Face to Face Training Workshops	Yes - 1 No - 23	High - 0 Good - 0 Not very good - 0 Poor - 0 N/A - 1	Yes - 0 No - 1 N/A - 0	Very useful - 0 Somewhat useful - 0 Not very useful - 0 Not at all useful - 0 N/A - 0		
Promotional Brochure (Print or	Yes - 22 No - 2	High - 8 Good - 11 Not very	Yes - 12 No - 8 N/A - 1	Very useful - 5 Somewhat useful - 7 Not very useful - 0	<ul style="list-style-type: none"> • High gloss, also bilingual • Colourful • Professional looking 	<ul style="list-style-type: none"> • Not sure which brochure you mean. Is this the new brochure that went to the

electronic versions from NRC)		good - 0 Poor - 0 N/A - 1		Not at all useful - 0 N/A - 0	<ul style="list-style-type: none"> • Ready to go and very professional • Helpful to share with health professionals to give an overview of the program. 	<p>MOHs?</p> <ul style="list-style-type: none"> • No • would like to adapt specifically for our community • Include a place to insert local information.
NRC Consultations (email, phone)	Yes - 13 No - 11	High - 10 Good - 2 Not very good - 0 Poor - 0 N/A - 0	Yes - 11 No - 1 N/A - 0	Very useful - 9 Somewhat useful - 2 Not very useful - 0 Not at all useful - 0 N/A - 0	<ul style="list-style-type: none"> • That's the best! • Receiving current, direct, timely information and updates. • Prompt response • Connections to others with similar issues/questions and how they were addressed • Connecting directly with the coordinator was a very helpful resource during the implementation. 	<ul style="list-style-type: none"> • Provide more assistance to Lee; she must be overwhelmed • Love the opportunity for phone consultations - makes it much easier to implement the program
Eat Right Ontario Call Centre Support	Yes - 19 No - 4	High - 6 Good - 10 Not very good - 1 Poor - 0 N/A - 3	Yes - 11 No - 8 N/A - 1	Very useful - 6 Somewhat useful - 5 Not very useful - 1 Not at all useful - 0 N/A - 0	<ul style="list-style-type: none"> • As RDs trained on NutriSTEP® they are a good resource/referral source for the public. • Great to be able to refer to a free RD service (helps with staff capacity) • Referred participants here if they were low-mod risk. 	<ul style="list-style-type: none"> • Would like to know more about the process for updating Eat Right Ontario (ERO) and what info is shared with our community who is the contact? • Have designated person to address NutriSTEP® questions • love that ERO would be a resource for NutriSTEP® implementation

<p>NRC Communications e.g., NRC website, NRC Nibbles.</p>	<p>Yes - 22 No - 1</p>	<p>High - 10 Good - 10 Not very good - 0 Poor - 0 N/A - 2</p>	<p>Yes - 21 No - 2 N/A - 0</p>	<p>Very useful - 12 Somewhat useful - 9 Not very useful - 0 Not at all useful - 0 N/A - 0</p>	<ul style="list-style-type: none"> • The website I use mostly for the resources that have been developed centrally that all health units can use. I love that we have someone doing that and we can all access those resources. • On-going news of NutriSTEP® • General information. • update 	<ul style="list-style-type: none"> • Used it to keep informed in general on how NutriSTEP® is progressing
<p>Other</p>	<p>Yes - 1 No - 1</p>	<p>High - 1 Good - 0 Not very good - 0 Poor - 0 N/A - 0</p>	<p>Yes - 1 No - 0 N/A - 0</p>	<p>Very useful - 1 Somewhat useful - 0 Not very useful - 0 Not at all useful - 0 N/A - 0</p>	<ul style="list-style-type: none"> • This resource is easy to read, incorporates active living messages, gives good examples, is well liked by all professionals at our health units and our clients. Bring it back!!! 	

18. Please let us know your thoughts about the following ideas to expand the NutriSTEP® infrastructure.

	Would your organization participate in this endeavour?	How important do you think it is to set something like this up for NutriSTEP®?	Additional Comments
A mechanism for the NutriSTEP® questionnaire results to be entered (and accessed) from a provincial database such as Healthy Babies Healthy Children (HBHC), Early Developmental Index (EDI), Rapid Risk Factor Surveillance System (RRFSS), etc.	<ul style="list-style-type: none"> • Yes, definitely. - 8 • Probably - 7 • Don't know - 7 • Probably not - 1 • Definitely not - 0 	<ul style="list-style-type: none"> • Very important - 13 • Somewhat important - 7 • Don't know - 2 • Not very important - 0 • Not at all important - 0 	<ul style="list-style-type: none"> • Any mode of evaluation to compare ourselves regionally, provincially or nationally • It would be ideal to have this information captured in the HBHC data system • As a PH Nutritionist, I think that this is important. I'm not sure that management would have the same priority. • Once privacy concerns are addressed. • See below
A mechanism for the NutriSTEP® questionnaire results to be entered (and accessed) from a national database such as Canadian Community Health Survey (CCHS), Canada Health Measures Survey (CHMS), etc.	<ul style="list-style-type: none"> • Yes, definitely. - 4 • Probably - 11 • Don't know - 7 • Probably not - 1 • Definitely not - 0 	<ul style="list-style-type: none"> • Very important - 11 • Somewhat important - 8 • Don't know - 4 • Not very important - 0 • Not at all important - 0 	<ul style="list-style-type: none"> • Any mode of evaluation to compare ourselves regionally, provincially or nationally • Once privacy concerns are addressed. • Having info available at provincial and national level would provide great surveillance data and program planning data.
A mechanism for the NutriSTEP® questionnaire results to be entered (and accessed) from a research database such as CAPTURE	<ul style="list-style-type: none"> • Yes, definitely. - 0 • Probably - 2 • Don't know - 20 • Probably not - 0 • Definitely not - 0 	<ul style="list-style-type: none"> • Very important - 2 • Somewhat important - 4 • Don't know - 17 • Not very important - 0 • Not at all important - 0 	<ul style="list-style-type: none"> • Any mode of evaluation to compare ourselves regionally, provincially or nationally • Not really sure what that is and what benefits that offers • Don't know what CAPTURE is If it's for collecting local data it would be ideal for

			local program planning and evaluation.
<p>A mechanism for the NutriSTEP® questionnaire to be completed online and generate recommendations and referrals based on risk scores.</p>	<ul style="list-style-type: none"> • Yes, definitely. - 7 • Probably - 10 • Don't know - 5 • Probably not - 0 • Definitely not - 0 	<ul style="list-style-type: none"> • Very important - 13 • Somewhat important - 8 • Don't know - 1 • Not very important - 0 • Not at all important - 0 	<ul style="list-style-type: none"> • of all the new project, this is the one that would have most interest in our health unit • This would be a great tool, but not sure how the referral process would work for each local area • I think that management would agree to refer to local resources • The more access the better. Once privacy concerns are addressed. • Not everyone has access or concerned about differences in IT support and capabilities • Many of our target population do not have the internet • It would be difficult to keep this database maintained. If parents do not get connected to proper place it could be frustrating for them and they will not pursue it. Especially important for high risk to get accurate follow-up/referral information. Could this be done through ERO? • Parents may be more inclined to participate in something they can do in the privacy of their own home - but this cannot replace hard copies and ones distributed with professional interaction - many of our clients are still on dial-up internet and would not be able to do it electronically (we are rural)

19. **What feedback or advice do you have for the NRC and NutriSTEP® owners about supporting you, and others like you, to implement the NutriSTEP® program at a local, provincial and/or national level. Please put your ideas for various supports in the table below.**

Desired support	Comments or clarification about this support.
ANSWERS RELATED TO FUNDING/STAFFING/REFERRAL CAPACITY	
Financial resources and time	Our nutrition program is currently down 1FTE and struggle to meet Ontario Public Health Standards (OPHS) as is. Additional provincial support (financial for staff time) would potentially help with the "background" work. Additional staff time would allow
Funding opportunities	Information to link us to funding opportunities to help with thorough implementation of screening and education tools/workshops. It would be especially helpful if we had staff to see clients who can't be referred elsewhere and that's a capacity and resource
Financial support	We require more staff to implement this program community wide, universally. We also require RDs to refer high risk clients to.
More RDs generally	High risk children would have to travel out of province to see an RD
Enhanced funding for outpatient RD's at the community level in rural areas.	We cannot consider implementing NutriSTEP® until there are adequate community resources to support parents and caregivers. It is unethical to screen, when the services to address potential issues that may arise during screening are not available.
Referral capacity.	A major concern was the lack of family doctors and out-patient dietitians to be referred to. If the program is every implemented at a provincial or national level, this concern would need to be addressed.

Additional training/information to Family Health Teams	Our main issue locally is when looking at the referral mapping we do not have adequate local resources for identified high risk clientele. HBHC staffs have budgetary issues and don't feel that they can take on additional work. FHT RDs can only support their own clients within their practice and local paediatricians are separate from FHTs without RD support. As well, our community does not have outpatient RDs at our local Regional Health Centre (hospital).
Support for rural areas where there are few supports for those children/families identified as high risk by the screen.	
Train nurses to understand it and its importance as well as implement it	Most HU do not have the RD staff to implement these great nutrition tools - need to utilize the nurses more effectively for this - either to promote it to parents/teachers or implement it themselves
Promotion of RD as ideal professional to implement NutriSTEP®	
ANSWERS RELATED TO DEVELOPING OR MAINTAINING SUPPLEMENTARY TOOLS/RESOURCES TO SUPPORT IMPLEMENTATION	
A resource like the Eat Right Be Active booklet for 3-5 year olds is a great tool to give to parents - a resource to replace this would be good to have to go along with the How to Build a Healthy Preschooler resource	
On going/sustained provision of resources appropriate for the different age groups in English and in different languages.	Resources such as "Eat Right Be Active ages 3-5" is no longer available due to changes in the activity section. This resource should be updated and revised/printed and made available for public use. Provision of other appropriate resources for dissemination. Handouts and
Maintain consistent resources for distribution.	Resources like Eat Right Be Active are excellent resources that our organization (health unit) does not have the funds to produce. Having these resources available provincially and/or nationally ensures consistent messaging to the public and saves health

Sample letters for approaching FHTs, CHCs, doctor's offices, and school boards about including NutriSTEP [®] screens in their practice and with JK/SK registration	
It will be helpful if there is a document to guide the development of a proposal in order for the health unit to approach the school board and ask the board to allow NutriSTEP [®] to be integrated into their registration package	I noticed collecting identification information is a big issue for schools. But if we don't collect their contact information, then parents have to self refer, which does not always happen.
Updated NutriSTEP [®] toolkit	
Provide ongoing updates as to what challenges & opportunities others are finding with the program and potential solutions.	Provide the support/relevant documents on the website (not as an online community)
NutriSTEP [®] listserv vs. Online Community	
ANSWERS RELATED TO PROVINCIAL/NATIONAL LEVEL COORDINATION/IMPLEMENTATION	
I think the government should continue to support this program through organizations such as the NRC to allow central administration that can be useful across all 36 health units. NutriSTEP [®] has tremendous amounts of evidence behind not only its development but also its implementation methods. Such high quality programs should continue to get government dollars and kudos.	
A dedicated provincial dietitian to lead and support local level implementation. (Not through ER Ontario).	
Materials and training for primary care physicians sent through their professional associations/provincial government	Information and materials sent from professional associations or from the province may get more attention from primary care providers than materials sent from the health unit.

<p>Help break down barriers to organizational/partner support</p>	<p>Our FHTs think it's public health's responsibility to implement. But our health unit thinks it would be a good fit with FHTs - although not all residents have access to FHTs. Lack of physicians and therefore dietitians is still an issue in our community. A provincial strategy that is communicated to organizational decision makers might be helpful.</p>
<p>A provincial implementation would be helpful - would encourage managers to support the program and resources to implement effectively on a local level</p>	
<p>National marketing strategy for the tool.</p>	<p>Marketing campaign for the tool to physicians and other health practitioners so that it becomes a household tool like NDDS etc.</p>
<p>Integration with the 18month screening</p>	
<p>Involve MDs or Paediatricians - make it part of well -infant check ups?</p>	<p>This might be a little too big to bite off!</p>
<p>Information for school boards</p>	<p>Our school boards want consistent implementation across the 2 counties, but we have very different structures and issues both within the 2 health units and within the 2 counties health care systems. I think if our schools felt it was a priority they may not put up as many barriers to implementation.</p>
<p>COMMENTS RELATED TO SURVEILLANCE/DATABASE TRACKING</p>	
<p>Electronic database to collect survey results to support use of NutriSTEP® for surveillance purposes</p>	<p>It takes resources to develop and we don't have the capacity at this time; if there were an electronic version available to use it would be useful.</p>

Have it mandated provincially as a surveillance tool - right now it is just an option in the standards	
Database for entering NutriSTEP® scores and parent participant feedback questions (follow-up survey in toolkit - Appendix D2)	
COMMENTS RELATED TO THE NutriSTEP® TOOL ITSELF	
The ability to alter the actual questionnaire. We have found that respondents go back and change their answers after they see the scoring on the last page. We would like to be able to remove the scoring legend on the last page.	
The tool remains intimidating to lower literacy and low income individuals.	We realize the tool was focus tested, but do not feel it meets the needs of our priority populations.
Provide toddler and electronic versions	It is frustrating for parents when we are in the child care centres and cannot provide a tool for their child - or provide a tool for one child but not another.
Throughout the division where we have the greatest impact to re-allocate human resources • Human resources will be re-allocated to Nurturing The Next Generation for focused, dedicated work in research, knowledge translation (relating knowledge from research to practice) and communications	
Free access to the tool by the public and agencies/organizations.	The tool should not only be available to the public through Public Health Units. Tracking measures should be installed online.
OTHER	

This is a transitional state where our health unit is re-evaluating how we currently provide service and identify interventions which best impact our population • At present we need to focus on service	
Media Advocacy	We have promoted the tool throughout our city so awareness has increased. We are also including promoting access to NutriSTEP® as part of Raising the Bar - an award system for child care centres.

20. Where is your health unit located?

- North West - 2
- North East - 5
- Eastern - 4
- Central East - 7
- Toronto - 1
- Central West - 8
- South West - 6

21. If you consulted other health unit staff to complete this survey, please tell us how many people you consulted and their position(s).

- Just myself, an RD.
- 1 - Manager of Child Health
- No.
- Consulted with one other staff, Consultant Health Promotion, Early Years in our Health Unit.
- Another public health dietitian
- 2 RD's, 1 Health Promoter and 1 CDIP Program Manager.
- Two. Coordinator and Manager.