



# RESEARCH STUDY PROPOSAL

## FRESH FOOD WEEKLY

A nutrition-based intervention program

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# COMMUNITY HEALTH GROUPS

## Problem Statement

Food insecurity continues to be an issue for marginalized groups in Canada including the elderly, women, single mothers, Indigenous and Black families. As the cost of living continues to increase these groups must make hard choices between paying rent and their bills or buying groceries. Food insecurity, however, is but one piece of the complex issue that leads to the marginalization of these groups. The societal issues around poverty lead to mental and physical health issues as individuals are forced to make choices to survive.

Individuals give up nutritious food for cheaper options or they give up social interaction in favour of additional working hours. Each of these choices leads to a deterioration in mental and physical health. Through a critical participatory action research and co-design approach this study will develop community hubs similar to the Japanese Han Groups that monitor and promote community wellbeing. In 2004 nearly 250,000 community members belonged to one of the 26,127 Han Groups in Japan and as of 2021 these groups have grown to more than 40,000 members (Pestoff, 2021). The Han Groups act as co-producers of health services in collaboration with doctors and nurses providing valuable health status information that can address conditions before they become severe. This project will utilize a similar community-based approach through the development of Community Health Groups. These Community Health Groups would implement three key programs:

- Physical health monitoring and promotion
- Nutritional assistance, and
- Mental health support.

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## Research Questions

### 1. HEALTHCARE UTILIZATION

Does participation in a community based health group reduce health care utilization compared to the period prior to participation and result in improved health measures, e.g., obesity, blood pressure, pulse rate and respiration?

### 2. FOOD SECURITY

Does a fresh food delivery program impact a person's sense of food security, fruit and vegetable consumption, self-reported health outcomes?

### 3. COMMUNITY-BASED MENTAL HEALTH SUPPORT PROGRAM

Does a community based mental health support program assist in reducing the major psychological issues facing Canadians today, a) Social Phobia, b) Depressive episodes and c) General anxiety disorder?

## Methods

This project will utilize critical Participatory Action Research (cPAR) and a Co-Design methodology. cPAR is a collaborative commitment to engaging in iterative cycles of planning, acting, observing, and reflecting to address untoward consequences of social practices, often rooted in global concerns (that is, concerns connected to social movements such as protecting the environment, or access to healthcare) (Kemmis, McTaggart, & Nixon, 2014). One of the key components of cPAR is that the participants can do research for themselves (Fals-Borda & Rahman, 1991). The insider knowledge (lived experience) adds value to the research outcomes by incorporating knowledge of the local into the outcomes which is critical to developing a functioning and healthy community.

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A Co-Design approach engages stakeholders (community members, healthcare professionals, government) and places individuals with the greatest difficulties in accessing complex systems and who will feel the impact from new designs as equal actors in the development process (Faldi, Fisher, & Moretto, 2021). The Co-Design process will see three key interventions applied to communities through the Community Health Groups, 1) Individual physical activity and monitoring programs, 2) Nutritional Intervention programs, and 3) Mental Health Interventions.

The Individual physical activity and monitoring programs will be developed in collaboration with doctors and physical therapists. Individuals will be assessed to provide a baseline physical health check. The physical activity program will be developed, implemented, and monitored through the Community Health Groups. Community Health Group members will receive training on physical fitness and health monitoring.

The Nutritional Intervention will consist of a pre/post study where community members will receive nutritional guidance and resources, i.e., fresh foods. Community Health Groups will enact training programs on how to eat well and monitor food intake and health outcomes such as food intake, weight, cholesterol, blood glucose and other measures.

The Mental Health Interventions will include increased socialization with the community to address issues of social phobia, feelings of isolation and depression episodes. Community Health Group Members will assess individuals to determine a baseline mental health level followed by an intervention guided by mental health experts such as support groups, one-on-one communications, and group activities. A post measurement of each individual's mental health will be assessed following each intervention and over the course of this project.

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To effectively engage communities as partners in the Co-Design and cPAR methodologies researchers will act as connectors and trainers focused on building the human and social capital within the Community Health Groups. Researchers will collect, analyze, and report findings from the data collected by the Community Health Groups providing feedback on the outcomes of the physical, nutritional, and mental health interventions.

### **Outcomes**

Research outcomes will be communicated to Community Health Groups to be disseminated to each community member. The communication from researchers to Community Health Groups will be ongoing throughout the project via newsletters, community focus groups, project website and other direct means.

It is anticipated that the outcomes from this research project will be a decreased reliance on the healthcare system, both mental and physical, as community members will be encouraged to engage in healthy behaviours.