

## **Making the invisible (a tiny bit) visible**

### ***Issue:***

Sexual orientation and gender identity are not explicit as social determinants of health and are not often seen/heard in health promotion strategies and materials.

### ***Upstream solutions:***

There is much work to do to make sexual orientation and gender identity issues safe and okay to talk about. Creating forums like this roundtable are a good place to start.

## **Building Alliances to Promote Mental Health**

### ***Issue:***

There is a disconnection between organizations and those that are directly affected by mental health issues. Organizations have to respond to the mandate of the funders, therefore, some issues are being addressed while other issues may not be.

### ***Upstream solutions:***

Ensuring we are using the same “language” establishes clarity about what mental health is and helps to build alliances to promote mental health.

## **Moving Toward Healthy Schools: Essential Partnerships**

### ***Issue:***

Schools tend to be more reactive rather than proactive on health issues. Within the schools there are silos (e.g. physical education/sports health must compete with rest of curriculum). Public health units also build their own silos. Community partners and politicians are not well engaged.

### ***Upstream solutions:***

Support student driven projects. Work with community partners in order to decrease barriers. Work together, across the lifespan, in multiple settings like homes, neighbourhoods, schools, and workplaces. Finding champions in settings is critical as is using the language of the community.

## **Social Determinants of Health: Surmounting Resistance**

### ***Issue:***

Governments have a short-term vision and do not understand health promotion and the social determinants of health.

### ***Upstream solutions:***

Be politically active at all levels. Get connected with other sectors. Raise awareness. Use votes to influence politics. Report on poverty not obesity, for example. Train staff and mentor new recruits.

## **Developing Culturally Appropriate Services**

### ***Issue:***

New immigrants face many problems in Canada such as loss of status and identity, economic hardship, and lack of access to health care.

### ***Upstream solutions:***

Find community champions and leaders to boost programs, e.g via electronic and newspaper media. Children are often a way to reach parents when English is not their first language. Outreach to communities, don't expect them always come to you.

Build partners and respect diversity. Build awareness in mainstream communities of the challenges faced by new immigrants in order to get adequate resources for culturally and linguistically appropriate services.

## Empowering Female Immigrants

### **Issue:**

Women immigrants often experience a lack of access to culturally and linguistically resources and services.

### **Upstream solutions:**

Engage women and build their confidence. Culturally appropriate does not mean that all aspects of a culture must be adopted. There is good and bad within all cultures.

Try to balance mainstream and culturally sensitive approaches. Skill training is important to achieving this.

## Working with Youth and Addressing Gun Violence

### **Issue:**

Racism is systemic. Gender and racial stereotypes are around us and within the media.

### **Upstream solutions:**

Confront our own racism. Confront systemic racism. Discuss and challenge racism with courage and humility. Work to equalize power relationships.

## Building Capacity for Community Level Preschool Nutrition Screening

### **Issue:**

Development of a screening tool for preschoolers at risk for nutritional deficits.

### **Upstream solutions:**

Involve the right partners and parents from the beginning. Use rigour to ensure tool will be consistent and reliable and therefore valued.

## Youth Engagement, Our Hope for Upstream

### **Issue:**

How to meaningfully engage with disenfranchised youth.

### **Upstream solutions:**

Don't give lip service. Have realistic expectations. Peer leaders are important. Keep it simple, intentional, and fun. Listening and acceptance are important as is education of professionals who want to work with and engage youth.

## Building a Canadian Community for Dialogue and Deliberation

### **Issue:**

How to have "effective" conversations at the community and societal level that actually influence good decisions, action and results? What is a model for a collaborative discussion?

### **Upstream solutions:**

The Romanow Commission was a successful example of citizen engagement. Some key approaches in collaborative or deliberative dialogue:

- 1) "visual" displays
- 2) café style conversations
- 3) links/networks/utilize existing connections
- 4) Aboriginal style/practice - "circular"
- 5) Using online dialogue input
- 6) Highlight research that is related to conversation
- 7) Promote environment of trust and mutual respect (making it practical)
- 8) Grassroots contribution to higher profiles of policy and government
- 9) Have confidence it will bring change and results.

## Economic Evaluation to Promote Disease Prevention

### **Issue:**

We can start making the case for the economic impact of the social determinants of health, e.g. poverty is the most reliable indicator of heart disease.

### **Upstream solutions:**

It is a good strategy to raise the profile of an issue but caution must be exercised because the argument is not to take money out of the health care system. Health Canada has EBIC –economic burden of disease online. Genuine Progress Index <http://www.gpiatlantic.org/> also has good resources. In order to make a cogent economic argument, you must have comprehensive evaluations of specific interventions to demonstrate effectiveness.

## Community Development in Action

### **Issue:**

There is a need to document community development in action. There is a history of this to build on and learn from.

### **Upstream solutions:**

Start where the community is, ensure grassroots community involvement, take a bottom up approach, move slowly and build mutual trust and understanding. Create a partnership agreement.

## Connecting the Dots for Chronic Disease Prevention

### **Issue:**

The traditional medical model may not be enough. Connecting the Dots asks the question of how to best respond to the needs of high risk populations, rural communities, children's issues which cross sectors (justice, poverty, etc.)? How to best match resources and needs?

### **Upstream solutions:**

For example, the Ontario Stroke Strategy is focussed on prevention. Integrating the resources of family health teams and blending clinical prevention and health promotion. Public health is a resource and so is IT, for example the Canadian Health Network. Connecting the dots is about blending upstream and downstream approaches. It is imperative to engage Ministry officials, educate in order to empower and begin to quantify the power of interventions.

## Inclusion as a Framework

### **Issue:**

There must be willingness to adapt/revise/discard/reinvent your agenda. Don't be afraid of an 'open-ended outcome'. Remember that our processes can be exclusive, despite our valiant attempts to be inclusive.

### **Upstream solutions:**

Actions must be 'respect' driven (not tokenism or soft inclusion). You must have people with strong, fully developed facilitation skills, and be open to a variety of methods. Move inclusion to the problem framing stage to influence policy, rather than waiting until program definition stage. As a starting point, consider identifying targets (e.g. reduction in disparity) at multiple levels, from a variety of perspectives, let this guide your work and not limit you.

## Innovative Partnerships while Breaking the Rules

### **Issue:**

Partnerships are not fast. They are based on respect for diversity. Patience and time is needed—10 times as much as you think it will take. "Steward leadership": be there to serve and also be there to lead. The key is to know when to serve and when to lead, when to consult and when to not. Be clear about strategies directions and about where the need is. Part of this is being open and transparent about carrying turf, serving the needs of the partners.

### **Upstream solutions:**

Prevention Institute in California has a number of tools on collaboration. Consider the “collaboration spectrum: Communication→cooperation→coordination→collaborate→consolidation, coordinated voice. Know where you are on that spectrum and where you want to be—that will determine where you start.

## **Social Housing**

### ***Issue:***

Housing and community are back-drops to health and thriving.

### ***Upstream solutions:***

- Focus on building community (not housing).
- Involve businesses, universities, and congregations.
- Document the truth about homelessness.
- Leverage city owned lands.
- Community building agenda must be set by tenants.
- Food/social/ playtime matters and feeds community.
- Tax land speculation—transfer land into social housing and parking lots
- Big Projects fail, mixed and integrated communities work!
- Long term planning is critical.
- Find political champions.
- Hold fast to the vision (despite monumental obstacles)
- Lead through “doing it”, not just begging elected officials to do it for us (less waiting)
- Embrace difficulty, complexity and get messy

## **Liveable Cities: Impacting Healthy Communities**

### ***Issue:***

There is a relationship between built environments and physical health. How do we mobilize and make cities liveable?

### ***Upstream solutions:***

There is a danger in not addressing inequalities. Everyone must be involved. Value social inclusion. Redefine what community is and how average citizens can get involved. We are more than consumers. We can all contribute to a liveable city. Don't wait for governments, we can start connecting now. Learn from past urban renewal projects. Crisis can be a catalyst for change e.g. New Orleans. Earmark funds for social infrastructure and funding for the arts. A vision or demand might be that every neighbourhood has a centre that provides a hub of services, children centers, etc. Leverage the education system to bring cities alive. Nimbyism (Not in my bank yard) can be an opportunity to draw people into the planning process.