



AGIR EN AMONT
ENSEMBLE

21-22 February
2006

Celebrating the 20th Anniversary of
OPC and the Ottawa Charter
at
89 Chestnut, University of Toronto

PARTNERING FOR ONTARIO'S FUTURE HEALTH AND WELL-BEING
COLLABORER POUR LA SANTÉ ET LE BIEN-ÊTRE FUTURS DE L'ONTARIO

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21 February 2006 – Day 1 : Opening Address by the Honourable Minister of Health Promotion, Jim Watson

Good evening, everyone.

I am honoured to have this opportunity to open this year's Ontario Prevention Clearinghouse conference, "Moving Upstream Together: Partnering For Ontario's Future Health and Well-Being."

Et je suis particulièrement heureux d'être ici ce soir pour célébrer le vingtième anniversaire de la création du Centre ontarien d'information en prévention.

And I am very pleased to be able to be here to help celebrate the 20th anniversary of the Clearinghouse. I understand that your original focus was predominantly the development of a network of social service providers and community members to prevent mental health problems among families and children.

The fact that you have widened that scope, and that your original supporting ministries of Community and Social Services and Health supported this change, is an important recognition of the impact that the social determinants of health have on every aspect of our lives and the work that needs to be done in the prevention field.

Health promotion is a concept that is gaining popularity in nations around the world. Just as it is your 20th anniversary, it is also the 20th anniversary of the Ottawa Charter that gave birth to the concept of Health Promotion, so we have much in common and much to celebrate.

The Ottawa Charter – as it was known – was the result of the determination of industrialized countries around the globe to focus on the public health of all citizens.

The charter encouraged countries to advocate a clear commitment among communities, health professionals, organizations and people to work together to contribute to the health and wellbeing of people everywhere. This includes Ontario.

Last year, Premier McGuinty took an unprecedented step in this province by creating a portfolio that is exclusively devoted to promoting the benefits of healthy Ontarians and a healthy Ontario.

The Ministry of Health Promotion has five key priorities. They are:

- Creating a Smoke-Free Ontario
- Healthy Eating
- Active living, including competitive sports
- Injury prevention
- Mental health and addictions

We've already made tremendous strides in our efforts to create a smoke-free Ontario.

A little over one year ago, in December 2004, we introduced the Smoke-Free Ontario Act. This legislation will ban smoking in all enclosed workplaces and enclosed public places as of May 31, 2006. It will also mean stronger measures to ensure that only those over the age of 19 can buy cigarettes in this province. And it will phase out the display of tobacco products — with a complete ban taking effect May 31, 2008.

La stratégie antitabac de l'Ontario est sans conteste la plus musclée, la plus ambitieuse et la plus complète en Amérique du Nord.

The reasons are clear. Tobacco is the number one killer and the number one cause of preventable death in this province.

Smoking costs Ontario \$4.3 billion each year — \$1.7 billion in health care costs and \$2.6 billion in lost productivity. Smoking is responsible for 90 per cent of all lung cancer deaths in men and 80 per cent in women.

These are financial – and human – costs we simply cannot afford. That's why Ontario is at the forefront of the most stringent anti-tobacco legislation on this continent. Let me now turn to healthy eating and active living in Ontario.

Eating healthy, nutritious foods, and being physically active each day are important components of building and maintaining good health. Our attention – over the next year or two – will be on children and youth.

Encouraging children to make healthy, active choices at an early stage in their lives will help them grow into healthy, active adults. A healthier population means a healthier society and a stronger economy.

My priority is to encourage disease prevention through healthy, active living at the front-end of the health care system – so that there is reduced dependence on the more expensive back end.

Right now, for example, Ontario spends an incredible \$7 billion each year in hospital, drug and medical costs that are largely preventable.

En sensibilisant nos citoyens et en promouvant auprès d'eux des modes de vie sains et actifs, particulièrement pour nos enfants, nous pouvons faire un meilleur usage de l'argent alloué aux soins de santé et devenir les chefs de file du mieux-être.

In her report called *Healthy Weights, Healthy Lives*, Ontario's Chief Medical Officer of Health, Dr. Sheela Basrur, stated an alarming fact – Ontario faces an epidemic of obesity – especially among our children. Because health promotion is essential to the mandate of public health, Dr. Sheela Basrur reports jointly to the Ministry of Health and Long-Term Care and the Ministry of Health Promotion.

In her report, Dr. Basrur indicated that between 1981 and 1996, the number of obese children in Canada between the ages of seven and 13 tripled. This is contributing to an astonishing rise in illnesses such as type 2 diabetes, heart disease, stroke, hypertension and some cancers.

These are serious diseases that are expensive to treat – and entirely preventable – among children and adults in this province.

And just last week, the Heart and Stroke Foundation, in its 2006 annual report on the health of Canadians, found that obesity rates among baby boomers have soared by nearly 60 per cent compared to 10 years ago. About 52 per cent of baby boomers are inactive, and yet 80 per cent still think they will enjoy a longer life expectancy than previous generations.

Clearly, there is much work to do to increase awareness of the need for healthy foods and regular physical activity.

Notre stratégie pour des modes de vie sains et actifs s'attaquera de front à ce défi.

We expect to be able to introduce our strategy this year, with a plan to introduce new and innovative ways to combine healthy eating and regular physical exercise in this province.

Notre gouvernement veut voir grandir une génération d'enfants actifs et en santé, qui choisiront de passer plus de temps à s'amuser sur un terrain de baseball qu'à naviguer sur Internet et qui préféreront manger une pomme qu'engloutir une frite format géant.

We recognize that changing attitudes, behaviours, environments and policies towards health and wellbeing is a challenge.

For this reason, our success will depend on building effective partnerships – with people, communities, organizations, all levels of government and the private sector – to create a culture of health and wellbeing in this province.

We believe that it is important to look at how communities are planned. We believe it is important to work with the agriculture sector to ensure access to fresh produce throughout the province. We believe in examining all of the determinants of health and ensuring that government policy is doing the job it intended as well as encouraging healthy living.

That is why I have been mandated by the Premier to form an Interministerial Committee with a number of my colleagues.

Certainly this initiative has received great support from those of you in the health promotion sector. I'm very pleased to let you know that our Interministerial Committee is well underway and has the active engagement of the Minister's of Education, Children and Youth Services, Environment, Labour, Public Infrastructure, Health, Agriculture and others.

Through this forum we are developing the ability to look across all of our government departments and make every effort to have coordinated, complimentary efforts in our communities, schools, workplaces and throughout Ontario. So, I thank you and you colleagues for the supportive nods and the endorsement of the need for this component of my work.

As a government, our vision is a province where families and communities work together to help make Ontario a healthy, prosperous place to live, work, play, learn and visit.

To help us reach our vision, we will rely on four principles:

- Education
- Engagement
- Empowerment
- Action

Education is key to healthy lives and communities because the more people, organizations and communities understand about the factors that affect our health, the more likely they are to take steps to improve health.

Engagement is all about shared responsibility for good health. Everyone in Ontario, regardless of age, gender, physical ability, culture, language or geography should have the opportunity to achieve good health.

Empowerment is about supporting Ontarians and their communities in their efforts to get healthy. Our research indicates Ontarians believe they are responsible for their own health and need the support of their communities to become and stay healthy.

To support the people of this province in their efforts to lead healthy and active lives, the Ministry of Health Promotion will work with stakeholders to provide education and influence the development of healthy public policy, so that we can help individuals and communities become healthier and stronger.

Ontario Prevention Clearinghouse is a great example of how effective partnerships can be. With 20 years of leadership in the field of health promotion, you are clearly experts in your field. And clearly adept at recognizing – at very early stages – how important it is to keep our children, families and communities healthy.

21 February 2006 – Day 1 : Keynote Address

Speaker: Charles E Pascal, Executive Director, Atkinson Charitable Foundation

Charles E. Pascal lauded members of the audience for past accomplishments and challenged listeners about the need to be strategic and vigilant.

He referenced Roy Romanow's 7 tips for a healthy life from a speech called [Connecting the Dots: From Health Care and Illness to Wellbeing](#):

1. Don't be poor - income and income inequalities are most related to poor health
2. Pick your parents well - nurture a sense of children's opportunities in their early years.
3. Graduate from high school - basic schooling is highly associated with social and health status
4. Do not work in low paid stressful jobs - having more control of decisions is healthy
5. Do not lose your job - being unemployed undercuts income and social networks
6. Know your neighbours - good housing and robust social networks are key to good health
7. Live in a good community - in terms of people and also environmentally safe and clean

He introduced the Canadian Index of Well-Being as a new tool to measure social well-being:

- Gross Domestic Product (GDP) tracks domestic spending but it does not tell us about social success and failings.
- The Health Council of Canada tracks public expenditures on medical treatment, but has no mandate to report on income distribution.
- We must reinvent indicators, policy and social infrastructures
- The Canadian Index of Well-Being - the mother of all policy tools - has been collaboratively designed to measure well-being.

Pascal offered reasons for hope:

- Many vibrant groups are showing leadership, OPC among them
- Minister of Health Promotion, Jim Watson has struck an inter ministerial committee.

He concluded by emphasizing one aspect of moving upstream:

- Nothing illustrates whether we care about the future of the planet more than how we take care of our children. He asked each conference participant to take a moment to focus on one child, think about our wishes for that child, and how we can each personally help put social change in play to make a difference in his or her life.

21 February 2006 – Day 1 : Pre-conference workshop

Speakers: Dr. Suzanne Jackson, *Director, Centre for Health Promotion, University of Toronto* and Suzanne Schwenger, *Health Promotion Consultant, Ontario Prevention Clearinghouse*

Suzanne Jackson reviewed developments in health promotion, internationally, over the last twenty years.

She began with the Ottawa Charter, signed in 1986, which established a definition of health promotion and is a seminal document for health promoters.

The Ottawa Charter:

- Identifies pre-requisites for health such as peace, shelter, education, food, income
- Recognizes that many pre-requisites lie outside of the health system
- Lays out 5 action areas which are meant to work together not stand alone
- Reinforces that to be successful, health promotion requires people to participate
- Starts with what promotes health, e.g. strengths and assets
- Recognizes that multiple strategies at multiple levels work best to promote health

Since the Ottawa Charter of 1986, the World Health Organization (WHO) has held seven subsequent meetings around the world. The themes that emerged from the first two meetings were:

- Focus outside the individual on the broader environment
- Focus on women since it has been proven that the health and education of women has a significant impact on the health of the whole family and of society as a whole
- Strengthening community action through building partnership and coalitions
- Build alliances between private sector and government
- Recognition that there is a need for global accountability

In the last three conferences, governments were called to account for their actions, since very little was done to implement health promotion in a concrete way.

In Jakarta, the focus was on building relationships between the private and the public sectors.

In Mexico, the ministries of health were asked to sign onto statements such as "health is positive" and "health promotion is fundamental and a priority".

Two important components were identified in Sundvall: the need for action on inequities and the need for the involvement of Indigenous people.

As a result of the Ottawa Charter and subsequent meetings, the healthy setting movement expanded and strengthened. Themes are starting to emerge such as:

- Need for community involvement
- Need for infrastructure
- Expand partnership
- Need to invest in health
- Social equity
- Global accountability

Key points were added to the Bangkok Charter of 2005:

- Base health on human rights
- Emphasis on the determinants of health
- Need to regulate and legislate
- Continue to build
- Partner and build alliances

There is a need to bring health promotion to the table when trade, economic and other agendas are discussed. Corporations have to be part of the agenda of health promotion. The difficulty is to operate between different jurisdictions (e.g. federal and provincial in Canada).

Most health promotion practice happens at the local level and we have to figure out how to make the connections. The healthy setting movement has given us experience on how to connect and engage.

22 February 2006 – Day 2 : Morning Plenary Address

Speaker: Connie Clement, Executive Director, Ontario Prevention clearinghouse (OPC)

Connie's presentation launched OPC's new report *The Case for Prevention: Moving Upstream to Improve Health for All Ontarians*. Connie began by describing 'moving upstream' and why OPC chose this as our 20th anniversary theme.

She called upon the audience to get behind Ontario's need for a prevention system that will rival the treatment and care system - a system that will focus on health, not illness.

Connie highlighted three areas for immediate investment and described social and economic benefits that would result:

- early child development
- chronic disease prevention
- inclusion

A society committed to prevention and promotion of health - rather than treatment of the sick and sicker - will focus on common determinants that mutually reinforce one another and sustain healthy conditions.

Connie highlighted barriers to healthy public policy identified in *The Case for Prevention* and the paper's recommendations that call upon the Ontario Government to build prevention capacity in Ontario.

She called upon conference participants to work together and form partnerships to engage in aligned and effective action to build a prevention movement.

22 February 2006 – Day 2 : Morning Concurrent Dialogues

1A – Can we change the system? How?

Panelists: **Helen C. Cooper** - Board Member, Ontario Prevention Clearinghouse;
Ruth Grier - Chair of the Environmental and Occupational Working Group of the Toronto Cancer Prevention Coalition, Member of the Provincial Cancer Prevention and Screening Council;
Doris Grinspun - Executive Director, Registered Nurses' Association of Ontario

Ruth Grier presented critical elements required to achieve system level change in terms of timing, communications strategy and resources.

Timing:

- Need a climate that is open to change, including a critical mass of public opinion
- Timing is a matter of opportunity; be flexible and seize opportunities as they appear
- Value in influencing the political agenda early, in time to position issues and gain momentum before the next election arrives.

Resources:

- A critical mass of people who are advocates (look for unlikely supporters and find a champion - someone with ability who has access to elected members)
- Find the resources you need to address an issue - whether it's new money or reallocating existing funds.

Communications Strategy:

- Don't underestimate the need for public awareness/education.
- Do the research, give people the facts and trust that they will mobilize around them to take action.
- Focus on the short term while not losing sight of the long term.
- Maximize all communication options available (TV, print and/or electronic options including blogs, letters, talk shows, etc.)
- Demonstrate the economic costs and benefits. At the same time, be aware of powerful interests and be prepared to address them.

Doris Grinspun outlined a simple equation to achieving system level change. She says 3 components are needed:

1. Find people representing extremes of the same issue
2. Find people in a position of power
3. Find negotiators who can bring the 2 sides together - to build strategies and action plans.

2A – Where are the determinants of health?

Panelists: **Carmen R. Connolly** - President, Carmen R. Connolly Consulting Inc.; Board Member, Ontario Prevention Clearinghouse ;
Stephen Samis - Director, Health Policy, Heart and Stroke Foundation of Canada ;
Sandra Laclé - Interim Director, Clinical Services Division, Sudbury & District Health Unit.

Stephen Samis provided an inside look at the organizational changes that the Heart and Stroke Foundation (HSFC) has undertaken to integrate a health determinants perspective. HSFC acknowledges health determinants. However, until 2005, it had not addressed determinants in research, health promotion or advocacy.

Change has started:

- Created a strategic research fund to look at priorities of obesity, resuscitation, stroke and evaluation
- Using the Ottawa Charter for health promotion as a foundation

- Working with the Chronic Disease Prevention Alliance of Canada (CDPAC) which can collectively speak out on determinants, without affecting individual mandates and missions of member organizations

Lessons learned:

- Identify opportunities to address determinants (tie to mission, policies, champions)
- Addressing determinants of health can be threatening - find comfort level and fit
- Work to bring others on side through use of evidence and "frame" for addressing key determinants
- Focus on one or more determinants but not all - too hard
- Work in collaboration with others on the spectrum of determinants
- One step can lead to another

Sandra Lacle of the Sudbury & District Health Unit said there is an increasing awareness of the need for public health to address determinants of health in their work - but it is a difficult undertaking.

The Sudbury District Health Unit hosted a determinants of health 'stream' at the 2005 Ontario Public Health Association (OPHA) and Association of Local Public Health Agencies (aLPHa) conference.

In order for a revitalized public health system in Ontario to have a clear role in working to address social and economic factors, there needs to be mandate, structural support interministerially, overarching common goals and paying attention to signs.

The image of a stop light 'tree' simultaneously showing green, yellow and red, was used to highlight the signs for public health to move ahead, be cautious and understand the blockages.

Green lights:

- Local public health leadership
- Competencies and governance
- Political and community receptivity
- Partnerships
- Public health is a credible voice on local issues

Red lights:

- Belief that determinants are ideological and therefore illegitimate
- Belief that public health mandate, scope and workforce do not cover determinants
- Gaps in evidence and knowledge transfer

At the conference, the public health resolution passed calling for policy changes and local supports for determinants. The challenge is not just for public health but for all of us to see how to integrate determinants into our work.

3A - Breaking out of silos: The critical need for partnership

Panelists: **Amanuel Melles** - Director, Organizational Capacity Building, United Way of Greater Toronto ;
Dr. Ronald Colman - Founder and Executive Director, GPI Atlantic ;
Carla Palmer - Executive Director, Barrie Community Health Centre

Carla Palmer said that partnerships are important, both externally and within an organization, when one part of the organization doesn't know what another part is doing. Sometimes there can be a conflict in culture.

Balanced scorecard strategy mapping- need to assess the right conditions for this. Ministry of Health and LHINs are using this tool. Looks at learning and growth, culture, values, internal processes and a measurable statement of outcomes. In a subtle way, it can influence thinking.

Ronald Colman built on what Charles Pascal referred to as two conditions facing our policy makers: "hardening of the categories" and "short-termism". Our political structures foster silos through funding etc.

- On a deeper level, how do we hold our governments accountable? Right now, we only have one indicator: Is the economy growing or not?
- As long as we keep our accounting on one sole indicator, we miss all the other indicators of a healthy society: education, social, environment.

- He suggests 'infiltrating', rather than actually 'busting' silos. Need to start where people are at and infiltrate through influence; subversively.
- Develop an integrated series of accounts for population health: human capital, social capital, natural capital
- We need to use this language with the Ministry of Finance. E.g.- In our report of the cost of chronic disease in Nova Scotia, we looked at the economic burden of disease and created a database. In Nova Scotia, chronic disease costs the economy \$3 billion/year, 60% in loss productivity and 40% in direct health care costs.
- Unpaid work counts for nothing in our GDP (our measure of progress).
- Using the language of 'finance' and 'economics' to talk about society is a tool or strategy. Otherwise, it could be dangerous if our ideas were taken over by other agendas
- Health care costs are spiraling out of control. WE can make a business case that not investing in health promotion is not good business...they are suddenly interested.
- Roy Romanow put forward a formula for spending more money (supply side). He didn't look at the demand side. We need to bust our own silos. If we look at the demand side, they will be interested.
- "Health Promotion is a wise investment" (the Minister of Health Promotion said this last night).

Breaking out of our own silos:

- This is the scary part- you have to start measuring outside your comfort zone, using numbers to state specifically how many are affected.

Beginning with ourselves:

- Listen very carefully to where others are coming from
- Who have we not been reaching
- What is their language?
- Become far more political to hold governments accountable. Right now, no one asks you , "If you were elected, what would you do about rising obesity rates." No one asks politicians, "Since you were elected..." (identify examples)

Change the dialogue, change the paradigm. You don't turn the direction of a huge ocean liner very quickly, but you can make small changes at one time and still find that you are turning over time. Accountability is the tough part: change the dialogue and shift the language!

Tips for working with the private sector:

Values are what unites us together. "Livelihood security", 'Clean air, clean water, healthy populations". Social responsibility is very popular in the private sector today.

4A – Access alone is not enough: Solutions for Francophone communities

Panelists: *Lise Girard - Senior Management Advisor, Renewal of Health Care Services, Department of Health and Wellness of New Brunswick;*

Antoine Dérose - Program Consultant, Policy, Education and Health Promotion, Centre of Addiction and Mental Health;

Paul J. A. Chaput - President, Creative Consulting; Board Member, Ontario Prevention Clearinghouse.

Dans le contexte du sujet, " L'accès aux services à lui seul ne suffit pas, solutions pour les collectivités francophones " deux approches de développement de services en français ont été présentées à cette table ronde.

L'allocation d'Antoine Dérose du Centre de toxicomanie et de santé mentale s'est penché sur les problématiques de développement des services en français qui font fi non seulement des besoins réels des groupes ethno-culturelles francophones mais aussi de leur existence statistique au sein des communautés francophones.

En considérant seulement les francophones qui ont le français comme langue maternelle, les statistiques indiquant le nombre de francophones ayant droit aux services en français sont éronnés au départ. L'accès aux

ressources est par conséquent alloué sur des évaluations de besoins qui ne correspondent pas à la réalité.

En 1999, seulement 4% des organismes communautaires ethnoculturels de langue française reçoivent du financement pour leurs services en français. Afin d'agir davantage en amont, selon Monsieur Dérose, il est primordial de commencer à investir dans le développement des capacités des organisations ethnoculturelles francophones. Il faut les outiller à mieux rencontrer les critères gouvernementaux face aux financements, et par conséquent permettre à ces communautés d'être davantage engagées dans l'élaboration des services qui les concernent.

Il faut réussir à développer des services qui tiennent compte de la dimension culturelle de chacun. Selon Monsieur Dérose, il y a accès quand :

" Les bénéficiaires de services peuvent profiter des services sans perdre quoi que ce soit lorsqu'ils entrent en contact avec l'institution qui les dessert. Cela signifie qu'on les encourage à amener avec eux la langue dans laquelle ils communiquent avec aisance et compétence (le français) et autres composantes importantes de leur culture. Le processus de guérison et d'amélioration de la santé est capable de puiser dans les forces issues des systèmes de foi et de croyance présents dans ces communautés. Cela exige également que le personnel et les professionnels désignés soient bien préparés et formés pour voir et servir la personne dans son intégralité quand ils sont en présence de membres des groupes désignés. "

Madame Lise Girard du ministère de la santé et du mieux-être du Nouveau-Brunswick pour sa part, a davantage présenté le développement des services en français dans un contexte systémique en s'inspirant de l'exemple de l'établissement des réseaux francophones de santé dans les communautés minoritaires canadiennes.

Un des principes de base principal pour le développement des services en français selon cette approche est la gouvernance par les francophones des services qui leur sont destinés basés sur les déterminants de la santé qui affectent leurs problématiques.

Même si nous avons très peu de données sur l'état de santé des francophones en situation minoritaire, nous savons que la langue est un important déterminant de la santé. Nous pouvons ainsi supposer que les francophones en situation minoritaire sont en moins bonne santé que la moyenne canadienne considérant que 55% d'entre eux ont peu ou pas accès à des services de santé dans leur langue.

" 99% des ressources sont alloués à l'accès aux systèmes de santé qui a 11% de l'impact sur la santé. " En fait, " sur le 43% de l'impact qu'à les habitudes de vie sur la santé, nous pouvons conclure que l'influence des déterminants de la santé sociaux (l'emploi, réseaux de soutien social, l'éducation) jouent un grand rôle dans cette dynamique. " ce qui supporterait une approche de développement des services davantage axée sur les principes de la promotion de la santé; " renforcer le potentiel des personnes, soutenir le développement des communautés, participer aux actions intersectorielles favorisant la santé, soutenir les groupes vulnérables, encourager le recours aux pratiques cliniques préventives efficaces. "

Les conditions gagnantes de l'accès accru aux services de santé en français reposent sur l'implication des communautés dans l'identification des besoins, la souplesse, et l'innovation dans le choix du modèle de services, l'accès à de l'information stratégique et politique sur le système, l'obtention d'un soutien financier, technologique et professionnel dans la mise en place des services et d'une approche de partenariats égaux.

Sur ce dernier point, l'établissement des réseaux de santé francophones en situation minoritaire à travers le pays est basé sur l'importance d'amener à la table de discussion les cinq partenaires principaux d'un partenariat efficace selon L'Organisation mondiale de la Santé; les décideurs politiques; les gestionnaires de la santé ; les professionnels de la santé; les institutions académiques et les communautés.

5A – How the private sector can help us paddle upstream

Panelists: Mary F. Sylver - *mfsylver & associates, Board Member-Ontario Prevention Clearinghouse; Chris Lowry* - *Coordinator, Toronto Business Alliance for a Local Living Economy, BALLE;*
Donna Morton - *Co-Founder and Executive Director, Centre for Integral Economics (CIE).*

Donna Morton championed tax policies to ensure that the corporate sector is contributing to healthier

communities both environmentally and socially.

- We have to hold companies to account and make tax policies align with what we care about
- Never accept the line "it's jobs versus the environment". The notion that the economy is sacrosanct and that it exists outside of our value system is a mythology
- There is a need to separate good and bad businesses and to reward the companies who do the right thing using the tax system
- At the moment, the worst ones are rewarded with tax shelters

Chris Lowry presented several principles to consider in harnessing the private sector's clout, influence and resources to create healthier communities.

- Support businesses that are locally owned and operated
- Amplify the organizations that are doing good work across sectors (focus on win-win).
- Engage the arts and culture / the soul of the community
- The diversity question is critical. We have a lot to learn from businesses stemming from different communities
- Build a local living economy: embed value of social justice within the market place
- Triple bottom line: Economic profit as well as environmental and social consequences
- The calculation of profit of a business owner should include the money that they put back into charity/ donations/ air quality, etc

Some key communication messages that illustrate these principles:

- "Healthy market place enables healthy communities."
- "Hybrid organizations are as important to the economy as hybrid cars."

How to formalize the partnership between the private sector and the NGO sector?

- Transparency is critical
- Look for places where you overlap; don't get stuck in places where you diverge
- Get the values up front early on
- It is about listening and offering the private sector options that are interesting and beneficial to them.
- Social capital is a word that business understands (use of common language)

We, as citizens, have to demonstrate first that it works and then the government will follow.

22 February 2006 – Day 2 : Lunch Session - Prevention Then and Now

Speaker: Malcolm Shookner , *Community Development Project Director, Nova Scotia Voluntary Planning*

Appendix A – Chronology of Events

Malcolm Shookner, the founding president of the Ontario Prevention Clearinghouse (OPC), provided a timeline (Appendix A) for prevention over the past 20 years. Linking the context of prevention with various stages of OPC's development, Malcolm referred to distinct phases:

- Sowing the Seeds of Prevention (1977-1984)
- Prevention - an idea whose time has come (1985-1989)
- Moving Upstream (the 1990s)
- Entering the New Millenium (the 2000s)

What's Next?

How will we gain a greater social commitment to our work on prevention, health promotion and healthy communities in this new environment?

- Minority government in Ottawa means opposition parties will play a significant role in federal budgets and policies
- Canada Social Transfer as focal point for debate on public policies to support social programs and the social determinants of health; Canadian Council for Social Development leading the advocacy
- Growing evidence of the links between social inequality and "health for all" (as per WHO)
- National Collaborating Centre on Social Determinants of Health (PHAC) can provide evidence for policy and program development
- Canadian Index of Well-Being being established by the Atkinson Foundation, with Roy Romanow as spokesman, to provide a way of measuring how we are doing as a society

OPC has a 20 year track record of social innovation, leadership, and resource development for prevention, health promotion and healthy communities. How will it rise to meet these new challenges at the dawn of the new millennium?

22 February 2006 – Day 2 : Roundtables

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.

22 February 2006 – Day 2 : Moving Upstream: Talking with Leaders of Tomorrow

Speakers: Sonia Dong, Program Director, Citizens' Environment Watch (CEW); Simon Lalonde, President, Interim Council, Assemblée de la francophonie de l'Ontario; Kehinde Bah, Children and Youth Program Associate, Laidlaw Foundation

Youth are engaged not only through conversation but also through action. It's a good idea to start with the school system, with kids and their parents, including them in the message you want to get out. Providing subsidies for conferences such as this one, so youth can participate, is a good start.

No one listens to poor and marginalized youth:

- When people become marginalized they don't feel their presence is valued
- As well, it can be very hard for youth in poverty to talk about it
- It's very empowering to be listened to, but it's a big challenge for young people to speak up and be heard
- Mentors are valuable in boosting young people's confidence, in building leadership, and in encouraging young people to find their voice and to speak up

The symbolism of having successful, empowered young people, particularly young black men, is important. At the same time, nobody likes to feel like a token. When you want to include young people, you must adapt:

- You have to take the time to create an environment which welcomes youth
 - To do this we need to break down silos between age groups and sectors
 - It can take time to merge the attitudes and philosophies of the various groups: it's taken fifteen or 20 years to arrive even at this point!
-

Appendix A – Chronology of Events

Sowing the Seeds of Prevention (1977-1984)

1977 - Ontario Ministry of Community and Social Services (MCSS) sets up **Children's Services Division** to reform the disjointed services for children in Ontario.

1978 - The Children's Services Division (CSD) publishes **Program Priorities for Children's Services**, which identifies prevention at the #1 priority.

- Malcolm Shookner (MS), policy advisor in MCSS, spearheaded the development of these priorities, which were championed by Judge George Thomson and Dr. Clive Chamberlain.

1979 – The CSD publishes **The State of the Art: A Background Paper on Prevention** to describe its approach to prevention.

- Paper authored by Dr. Naomi Rae-Grant, with contributions from Marna Ramsden, Bob Glass, Bob Penney, Doug Brown, Jim MacNiven, and MS
- MS drafted a Scenario for a Community Prevention Program, illustrating both the community-wide and developmental milestone approaches to prevention
- MCSS designates \$1 million fund for demonstration and research projects, as well as supplementary grants for agencies involved in primary prevention.

- Prevention projects underway at that time (over 30), including:

Child Care Networks (Toronto), School for Parents (St. Catharines), Jane-Finch Community and Family Centre (North York), Training and Prevention Program (Dellcrest – North York), Windsor Early ID Project, Parent Preschool Resource Centre (Ottawa), L'il Beavers (Cochrane, North Bay and Sault Ste. Marie), Otherways (Hastings and Prince Edward Counties).

1982 – *Prevention Congress I* at York University, sponsored by Dellcrest Children's Centre, Bryan Hayday (BH) a key organizer. Over 100 people in attendance.

- ***Ontario Prevention Network*** is formed to link the various projects together and create a "constituency for prevention." It includes both community-based and agency-based projects.
- ***Public Health in the '80s*** report identifies "health promotion" as the way of the future in public health.

1983

- ***Prevention Congress II*** - Toronto.
- Initial discussion regarding provincial resource centre focused on primary prevention.

1984

- Healthy Cities movement was first conceived in Canada in 1984 as a result of the ***Healthy Toronto 2000: Beyond Health Care*** symposium
- Office of Health Promotion is established in the Ministry of Health.
- Two provincial ministries are now in the picture
- Feasibility survey conducted province-wide regarding a resource centre/information clearinghouse on primary prevention.
 - MS, BH and Myrna Francis (among others) test the waters for the "prevention constituency."
- Proposal submitted to MCSS and MOH regarding ***Ontario Prevention Clearinghouse*** (OPC).
 - Proposal drafted at my dining room table, with BH and MF

"Prevention - an idea whose time had come..." (1985 - 1989)

1985

OPC began as a network of social service providers and community workers who were attempting to put more emphasis on preventing child and family mental health problems rather than continually treating them. This expanded to include public/community health workers who wanted professionals and organizations to take direct action around the conditions that influence health and well-being. At the same time, provincial reports and federal initiatives were generating ideas around understanding health in communities.

- ***Ontario Prevention Clearinghouse*** receives project funding to March 31, 1986, with governmental option to renew contract to March 31, 1987. The purpose was to increase province-wide awareness of prevention alternatives by providing information exchange within the emerging field of prevention.
- Board of Directors established
- BH is the first staff person of OPC as Executive Director.
- Ministry of Education joins Clearinghouse Provincial Advisory Committee. Three ministries now supporting prevention, moving it toward the mainstream of human services.
- Established an office at the Ontario Mental Health Association
 - MS and BH "interview" Howard Richardson at CMHA about being provincial sponsor
 - Peggy Schultz hired as the first Consultant for OPC
- Decision made to put emerging Information Technology at the core of the operation – databases, e-mail
 - Steering Committee uses e-mail to communicate, based on an experimental network established at the University of Calgary to provide communication for people with disabilities.
 - Puts OPC on the leading edge of development, where it stays through the turbulent '90s and into the next millennium.

1986

- ***Healthy Cities*** movement launched in Europe by the World Health Organization
 - The healthy cities movement was defined as "healthy communities" in Canada because so many Canadians do not live in cities.

- **Ottawa Charter on Health Promotion** is published
 - Health promotion is defined as “the process of enabling people to increase control over, and to improve their health.”
 - Five strategies for health promotion include healthy public policies and strengthening community action
- Development of an information centre on prevention programs, resources, research and contacts.
- Initiated databases of requests, programs and mailing lists to support information exchange and networking across Ontario, including publication of the Newsletter (in English and French).
- **Social Assistance Review Commission** established under leadership of George Thomson.

1987

- External evaluation of Ontario Prevention Clearinghouse, as directed by MCSS and MOH. **Prevention Congress III** - Kitchener.
- With emergence of health promotion out of the public health system in the '80s, debate ensues about the relationship of prevention to health promotion and the roles of MCSS and MoH.

1988

- OPC proposal to MoH to expand health promotion information and consultation services. Funded in 1988 for two years, conditional upon external evaluation, including regional focus groups and workshops to increase networking and visibility.
- Health promotion takes on more prominence as MCSS commitment to prevention stagnates.
- Social Assistance Review Commission report, **Transitions**, provides a blueprint for social assistance reform.

1989

- **Prevention Congress IV** - Toronto.
- Funding of **Better Beginnings, Better Futures** (BBBF) launched as a major primary prevention program.
 - MS consults with MCSS on design of the program;
 - key feature, community-wide programs in high-risk communities, rather than targeted programs.
 - 5 year funding program established
- The Healthy Communities movement gains recognition and momentum
 - First (and only) **Canadian Healthy Communities Conference** held in Montreal
 - Trevor Hancock becomes champion for healthy communities in Canada and at the World Health Organization
- Determinants of Health are recognized as non-medical factors that contribute to health and illness.

OPC Moves Upstream (the 1990s)

1990

- **Social Assistance Reform Coalition** (SARC) is launched to educate and create support of public and corporate leaders for Social Welfare Reform.
 - Poverty recognized as a leading cause of poor health
 - OPC plays a leading role in organizing a campaign to gain public support for reform – “Invest \$400 million” campaign
 - BH provides leadership
- **Best Start Project** funded in pilot communities.
- **French Language Services** developed and established at OPC.
 - Become a mainstay of OPC programs and services, with commitment to bilingual capacity.

1991

- Better Beginnings Better Futures consultation conducted on behalf of MCSS.

1992

- **Prevention Congress V** - London.
- **Transitions: Corporate Strategies** receives funding from Ontario.
- **Ontario Healthy Communities Coalition** formed.
 - OPC provides sponsorship and a home for it
 - Trevor Hancock is chair of coalition
 - Social, health, environment and CED sectors at the table

- Municipalities play a key role

1994

- opc.on.ca on the Internet; home page under construction.
- **Prevention Congress VI** - Toronto.
- Conference on **Building Healthy Sustainable Communities Together**, held in Picton, co-sponsored by Ontario Healthy Communities Coalition, Ontario Social Development Council, Green Communities Initiative, Ontario Community Economic Development Alliance and Ontario Roundtable on Environment and Economy.
 - Introducing concept of “sustainability” to communities, inspired by the Earth Summit in 1992

1995

- **Transitions: Corporate Strategies** completes successful pilot; meets 70% employment target.
- **Centre ontarien d'information en prévention** (COIP) completes voluntary designation process under French Language Services Act.
- **UN World Summit on Social Development** introduces “sustainable human development” as the relationship among social, economic and environmental aspects of development – the central theme of the healthy communities movement.
 - Convergence of concepts from social, health, economic and environmental realms
- The federal budget ends the **Canada Assistance Plan** and funding for post-secondary education – the CHST is created to replace them
 - \$7 billion taken out of federal transfers to the provinces for social programs, including prevention.
- **“Common Sense Revolution”** takes power in June 1995
 - Within 90 days, millions slashed from social programs across the province
 - Cessation of funding for **Transitions: Corporate Strategies** (Sept)
- The **Quality of Life Index for Ontario** is launched by the Ontario Social Development Council and the Social Planning Network of Ontario to measure the impact of changes in public policies on the quality of life in communities.
 - Funded, in part, by Health Canada
 - Quality of life defined as “the interplay of social, health, economic, and environmental factors that contribute to human and social development.”

1996

- Transitions: Corporate Strategies ceases operations (January 1996).
- **Cessation of core funding for OPC** by the Ministry of Community and Social Services (MCSS).
- Incorporated as OPC-COIP Inc., established **Innovaction** as an affiliate, non-profit, fee-for-service consulting organization.
- **Prevention Congress VII** – Ottawa – Open Space Technology used

1997

- **Voices for Children** launched
- Alliance with the **Centre for Health Promotion**, University of Toronto formalized.
- Listserv **Click4HP** started.
- **Ontario Health Promotion Email Bulletin** (OHPE) created.

1998

- **Prevention Congress VIII** - Hamilton, hosted in collaboration with the Canadian Pediatric Society.
- A small band of Canadian NGOs travels to Geneva to challenge Canada’s record on human rights during the 50th anniversary celebration of the Universal Declaration of Human Rights.
 - led by Low Income Families Together (Josephine Grey).
 - MS also in the delegation, representing the Ontario Social Development Council.

1999

- **Ontario Health Promotion Resource Centre System** development - OPC provides lead role in development and implementation of on-line collaboration among 12 health promotion resource centres.
- Social determinants of health increasingly recognized as framework for action

Enter the New Millennium (the 2000s)

2000

- MS moves to Halifax, takes up position with Population Health Research Unit at Dalhousie University
- OPC's affiliate partner **Innovaction** ceased operations in December 2000, resulting in infrastructure challenges for OPC.
- **Common Sense Revolution** re-elected
 - Health promoters and social activists brace for 4 more years of cuts to social programs

2001

- Connie Clement hired as Executive Director; Bryan Hayday (founding ED) resigned.

2002

- **Social Determinants of Health across the Lifespan** – Conference at York
 - over 400 Canadian social and health policy experts, community representatives, and health researchers met at York University in Toronto, Canada to consider the state of ten key social or societal determinants of health across Canada; explore the implications of these conditions for the health of Canadians; and outline policy directions to improve the health of Canadians by influencing the quality of these determinants of health. The conference took place at a time when Canadian social and health policies were undergoing profound changes related to shifting political, economic, and social conditions
 - The conference was also a response to accumulating evidence that growing social and economic inequalities among Canadians are contributing to higher health care costs and other social burdens.
 - Evidence was also accumulating that a high level of poverty – an outcome of the growing gap between rich and poor – has profound societal effects as poor children are at higher risk for health and learning problems in childhood, adolescence, and later life, and are less likely to achieve their full potential as contributors to Canadian society
 - Social determinants of health are being weakened by short-sighted governmental policymaking.
 - As a result of the conference, the **Toronto Charter on the Social Determinants of Health** was developed as a tool for promoting health and social justice, both within and outside of Canada.
 - Social determinants of health linked to human rights - **International Covenant on Economic, Social and Cultural Rights**.

2004

- Romanow Commission releases its report on the **Health Care Reform System in Canada**
 - Health promotion not featured in recommendations
 - Canada Health Transfer recommended for accountability of spending on health care

2005

- **Canada Health Transfer** implemented
 - **Canada Social Transfer** falls out as what's left over from CHST
- **Public Health Agency of Canada** formed in response to SARS crisis
 - Health Promotion a key component of the agency
 - **National Collaborating Centre on Social Determinants of Health** announced for Atlantic Canada

2006

- Conservatives elected to minority government

Closing Comments

How will we gain a greater social commitment to our work on prevention, health promotion and healthy communities in this new environment?

- **Minority government** in Ottawa means opposition parties will play a significant role in federal budgets and policies
- **Canada Social Transfer** as focal point for debate on public policies to support social programs and the social determinants of health; Canadian Council for Social Development leading the advocacy
- Growing evidence of the links between **social inequality** and “health for all” (as per WHO)
- **National Collaborating Centre on Social Determinants of Health** (PHAC) can provide evidence for policy and program development
- **Canadian Index of Well-Being** being established by the Atkinson Foundation, with Roy Romanow as spokesman, to provide a way of measuring how we are doing as a society

OPC has a 20 year track record of **social innovation, leadership, and resource development** for prevention, health promotion and healthy communities.

How will it rise to meet these new challenges at the dawn of the new millennium?
