

## Proceedings - Celebrating & Building Our Communities Conference

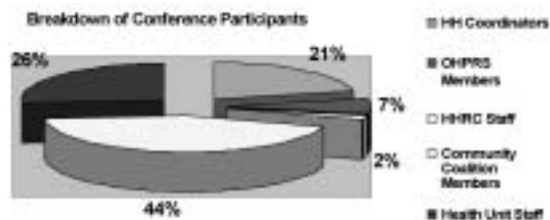
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### The focus of this issue is on the Heart Health Conference held in Ottawa, November 17 & 18, 2003.

#### A message from the Conference Chairs ...

It was a pleasure to work with the Planning Committee to bring the 4th Bi-annual OHNN / HHRC Conference to the 197 delegates who attended. The breakdown within this number is highlighted in the graph below. Of particular note was the highest ever attendance of 44% of community partners at this conference and all but one OHHP Coordinator.



Ottawa. In addition to the session content, 20 exhibits, most from community projects, were on display as well as an on-line internet showcase highlighted community Web sites.

The content and timing of the conference were carefully selected given the current context of heart health in Ontario. With 37 Community Partnerships in the throws of local planning to prepare for the second five-year phase, there were a lot of initiatives to be shared among these colleagues. But it wasn't all work. The local organizers kept the personal growth needs of the participants in mind, all part of a Personal Passport, that included walking tours, shopping excursions and squash.

We are also pleased to be able to share with you these Proceedings. The highlights presented here will be of interest to those who were not able to attend the conference or to delegates to fill in the blanks for sessions they missed. We have also scattered some of the evaluation comments throughout so you get a direct sense of not only the positive thoughts but the suggestions for changes. Additional details on many of the sessions presented can be found in the speakers' PowerPoint presentations on the HHRC Web site (<http://www.hhrc.net/about/activity.htm>).

Lastly, the whole experience would not have been possible without the support of the Government of Ontario and the following sponsors:

The Heart Health Resource Centre  
The Ontario Heart Health Network

Ottawa HeartBeat and the City of Ottawa Public Health  
The Heart and Stroke Foundation of Ontario.

*Karima Kassam*  
Co-Chair

*Art Manhire*  
Co-Chair

#### Special thanks to the CONFERENCE PLANNING COMMITTEE

- Mary Lynn Barron - Grey Bruce Partners in Health
- Zaheeda Daya - Toronto Heart Health Partnership (West Region)
- Julie DeMarchi, Heart & Stroke Foundation
- Cochrane - Timiskaming
- Carol Gold - MOHLTC
- Karima Kassam - Heart Health Resource Centre
- Carolyn MacDonald - Durham Region Health Department
- Art Manhire - Ottawa Heart Beat
- Uma Sebastiampillai - Healthy Living Hamilton
- Karen Stearne - Heart Niagara
- Shawn Woods - Durham Regional Health Department
- Jackie VanRyswyck - Healthy at Heart Elgin



Some members of our Planning Committee: (from left to right) Zaheeda Daya, Julie deMarchi, Karima Kassam, Jackie VanRyswyck

## CONFERENCE OBJECTIVES

### Celebrate Our Accomplishments

- ❶ To celebrate the people and programs in heart health in Ontario.
- ❷ To showcase successful community partnerships, their outcomes and achievements.

### Look to the Future

- ❸ To develop strategies to move the Heart Health Program into Phase II.
- ❹ To build knowledge and expertise of Coordinators and Community Partners as the program evolves to Phase II.
- ❺ To foster continued sharing of resources and ideas across the 37 heart health projects.

### Personal Development

- ❻ To enhance the personal development of each participant.
- ❼ To have an opportunity to experience heart healthy living.

In support of these objectives, many sessions were presented. Excerpts of many are included here.



Just one example of the creative displays participants enjoyed.

## Keynote Presentation



Presented by: Alex Munter, former City of Ottawa Councillor

### "Community - Harnessing the Real Power, to Make Things Happen"

Described in 2000 by local CJOH-TV news as "possibly Kanata's most popular politician", Alex Munter addressed the conference as the opening keynote speaker bringing four terms of office as a city councillor to the group and the Chairmanship of the the Health, Recreation and Social Services Committee with the first amalgamated Council for Ottawa, which oversees public health, for six years. As well, in 1982, at age 14, Alex founded the Kanata Kourier and was the newspaper's editor and publisher until December 1989.

Mr. Munter brought to the group his belief in "**healthy communities**", which includes the core Canadian values of Judith Maxwell, President and Founder of the Canadian Policy Research Network: compassion, investment, and self-reliance.

Mr. Munter was keen to illustrate through his talk, the value, and essential role, that government plays in the health of a community. In his words, *"the spirit of community can accomplish so much more than individuals acting alone. We are constrained only by the limits of our aspirations and ingenuity. The health and well-being of cities will determine the health of our planet."*

- Compassion
  - Investment
  - Self-reliance

*"Great cities can flourish when these values are exercised."*

The context of municipal government was explored. Mr. Munter explained the process whereby private sector capital follows public investment so building cities is a public/private partnership. However, when a new business looks for a place to invest, they look for places where local government has led the way by investing in such things as schools, transportation systems and recreation. This however, grows increasingly difficult because of the shift in funding arrangements with other levels of government. Specifically, Ontario cities used to receive unconditional block funding from the provincial government whereas now cities pay the province instead. For example, Ottawa sent \$45.5 million to Queens Park for one provincial program. This is more than the local costs for child care, health and ambulance service combined.

Mr. Munter extolled the contribution that Ottawa HeartBeat has made to their city and challenged other communities to work with their municipal government as *"heart health is helping great cities flourish"*.

Many participants left the presentation inspired to find or cultivate a politician in their community with such aspirations, vision, leadership and understanding of public health as Mr. Munter exuded.

#### ✓ ACTION IDEA

The Heart Health Resource Centre is part of the Ontario Health Promotion Resource System which is comprised of 14 resource centres. All can be accessed via [www.ohprs.ca](http://www.ohprs.ca)

*"There is no such thing as society. There are individual men and women, and there are families. And no government can do anything except through people, and people must look to themselves first."*

Margaret Thatcher, 1987.

Presented by: Barb Riley, RBJ Health Management Associates

## "A Tour of Heart Health in Ontario: A Context for OHHP-Phase II"



## Concurrent Presentation

As communities across Ontario plan for the next five years of heart health programming, this session was designed to provide a context for this planning by looking to the past and the present. Dr. Riley is the lead on the evaluation team examining the OHHP and she described four foundations, which have provided a solid base for the OHHP of today.

The key lessons from the demonstration phase of heart health (the "Ontario Heart Health Action Program, 1990-1996), were shared:

- There were new ways of working with public health & community agencies possible.
- There was a need for "*recommended programs*" as well as innovation.
- It was necessary to shape & manage expectations, especially with respect to the timeframe in which change could be expected.
- A preliminary model for heart health in Ontario was emerging.
- Seven key elements of community projects were established: mandate, human & financial resources, structures, culture, operations / processes, intervention design and research & evaluation.
- Four necessary support services were identified: training workshops, consultation, information & educational resources, and funding.

Ontario then entered the first phase of the OHHP (1998-2003). Evaluation results available to date suggest several learnings. There are positive provincial trends in capacity and implementation for heart health and the OHHP is contributing to these trends. However more needs to be done, especially with the move towards chronic disease prevention. The elements of the OHHP that were found to be particularly supportive of progress included local funding, community partnerships (especially with non-traditional partners), a Heart Health Coordinator, the availability of resources and programs, networking opportunities and training and consultation supports.

Improvements could be made to the OHHP by addressing six areas, Barb suggests:

- 1 Timing for funding decisions.
- 2 Local reporting requirements.
- 3 Provincial goals and objectives.
- 4 Provincial structure and leadership.
- 5 Retention of HH Coordinators.
- 6 Partnerships – specifically working on language, roles, expectations, fit with public health and their strategic focus.

Barb concluded by sharing five opportunities for the future of heart health in Ontario: integrate heart health with other issues and chronic diseases, integrate planning and evaluation more fully, use and contribute to "*recommended programs*", balance provincial direction and consistency with local priorities and flexibility, and "*up the dose*".

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### The solid foundation for "OHHP – TAFHL" is built on:

- 1 Pioneering projects in the U.S. & Europe that demonstrated the effectiveness of community-based programs.
- 2 The Canadian Heart Health Initiative that illustrated how programs of this nature can be integrated into existing systems, such as public health.
- 3 The Health Promotion Branch within the Ontario Ministry of Health (at the time) became a catalyst for health promotion.
- 4 The 1997 public health mandated programs that emphasized healthy lifestyles.



Barb Riley encourages others to "join the parade of Heart Health champions in Ontario".

*"I must commend the organizers for allowing leisure time. Often conferences are too packed with sessions and I often don't attend every session and I did this time."*

## Presentation

### The Five Practices and Ten Commitments of Leadership

#### Practice

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable Others to Act
- Encourage the Heart

#### Commitment

- 1 Find your source by clarifying your personal values.
- 2 Set the example by aligning actions with shared values.
- 3 Envision the future by imagining exciting and enabling possibilities.
- 4 Enlist others in a common vision by appealing to shared aspirations.
- 5 Search for opportunities by seeking innovative ways to change, grow, and improve.
- 6 Experiment and take risks by constantly generating small wins and learning from mistakes.
- 7 Foster collaboration by promoting cooperative goals and building trust.
- 8 Strengthen others by sharing power and discretion.
- 9 Recognize contributions by showing appreciation for individual excellence.
- 10 Celebrate the values and victories by creating a spirit of community.

Source: The Leadership Challenge by James M. Kouzes and Barry Z. Posner. Copyright 2002

Presented by: Kim Bergeron, HKPR Health for life

## "Building Leadership Capacity in Health Promotion"

Kim Bergeron, OHHP Coordinator in Haliburton, Kawartha, Pine Ridge, combined three common concepts to introduce her session on Leadership and then described leadership as "the capacity to lead"; as a relationship and these are what shape success; and it involves engaging in the practice first and then engaging others.

Based on "**The Leadership Challenge**" by James Kouzes & Barry Posner, Kim shared five essential practices of strong leadership, each with its own personal commitments for the leader.



In applying this to heart health, many practical suggestions were offered for those in a leadership role.

- Keep people focused by constantly affirming publicly what everyone stands for.
- Create a sense of larger purpose for the partners so that the vision is owned by all.
- Facilitate forward thinking through consultation & collaboration.
- Promote innovation and the freedom to challenge the status quo.
- Support a lifelong learning and trusting environment. Search for opportunities for partners to exceed their previous levels of performance. Send as much information as you can about the changing world of health promotion.
- Review the structure of your partnership and think about how you work within it.
- Be the first to trust and this will create a climate for trust.
- Recognize the contributions of individuals through intrinsic and extrinsic rewards.
- Celebrate successes. Take action to bring forth the best from others. Feedback keeps everyone engaged.

Kim left the group with the challenge that developing effective leadership skills requires constant learning and self-reflection. It will also require making connections, a genuine belief in the capacity of others, and the ability to express optimism for the future.

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### Recommended Resources:



#### Print Resources

**The Leadership Challenge.** Kouzes, J. and Posner, B  
[www.josseybass.com/WileyCDA/WileyTitle/productCd-0787986783.html](http://www.josseybass.com/WileyCDA/WileyTitle/productCd-0787986783.html)

**Leadership Wisdom from the Monk Who Sold His Ferrari.** Robin Sharma  
[www.robinsharma.com/shop/cdn/index.html](http://www.robinsharma.com/shop/cdn/index.html)



#### Internet Resources

**Leader Values:** [www.leader-values.com](http://www.leader-values.com)

**Big Dog's Leadership Guide:** [www.nwlink.com/~donclark/leader/leader.html](http://www.nwlink.com/~donclark/leader/leader.html)

**Leadership and Organization Development Journal:**  
<http://fidelio.emeraldinsight.com/vl=8512123/cl=14/nw=1/rpsv/loj.htm>

Leadership  
+  
Community  
Development  
+  
Health Promotion  
=  
Effective Community  
Partnerships

Presented by: Sheila Lupsom, Ruby Brewer, Tracey Idle – Good Hearted Living (Middlesex-London)

## “Women with Heart”

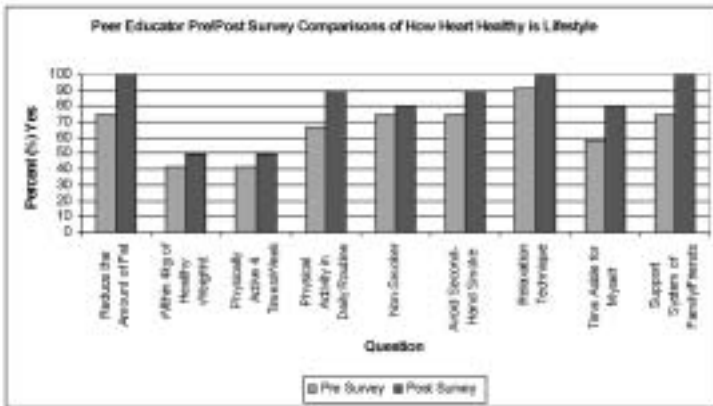


## Presentation

This program, based on a Stages of Change model, focuses on engaging marginalized women as peer leaders for heart health. It is part of an overall Community-at-Large strategy that includes a variety of educational aspects (educational evenings, interactive displays, grocery store contests) and environmental aspects (Community Gardens, walking map, collective kitchens, Eat Smart and a Treasure Chest). The goal was to create confidence and a feeling of empowerment in the peer trainers. The objectives for the project were to:

- Educate marginalized women about risk factors associated with heart disease and promote healthy lifestyles.
- Build skills in women, which will assist them to promote the healthy lifestyle message.
- Further the cohesiveness of established groups through the recommended strategies.
- Develop a media strategy to better inform the public of the importance of a healthy lifestyle.

**Program Details:** Twenty peer educators were selected from existing groups and trained over one day (10:00 – 3:00) with the intent that each would lead two sessions with a minimum of six participants per session. An evaluation was also conducted of the program and a recognition celebration for the educators. The cost for the program, including the development of the resource, the training event, childcare, refreshments and the celebration was \$9750.00. Educators received binders, bags, handouts, flip chart resources, certificates and surveys. The Educators represented several populations: 7 leaders from 3 aboriginal agencies, 2 leaders from a child-focused agency, 14 leaders from Newcomer agencies (Latin, Slavic, Rwandan, Polish, Bosnian and others), and one church leader.



Results: Peer Educators indicated improvements to their own heart health in all indicators from the pre to the post survey.

For more information:

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 Ruby Brewer, [ruby.brewer@mlhu.on.ca](mailto:ruby.brewer@mlhu.on.ca)  
 Tracey D. Idle, [tracey.idle@mlhu.on.ca](mailto:tracey.idle@mlhu.on.ca)

To order the table top resource:

T. Wilkerson Consulting  
 Tricia Wilkerson  
 519.273.6191  
[twilkerson@sympatico.ca](mailto:twilkerson@sympatico.ca)



### Key Partners & Their Role

- Ontario Self-Help Network – peer train the trainer project regarding how to support new Canadians to engage in volunteerism  
 Phone: 416.487.4355 1.888.283.8806  
[www.selfhelp.on.ca](http://www.selfhelp.on.ca)
- London Community Resource Centre was the local pilot site for the Train the Trainer session

### Key Learnings

- Reduction of barriers to participation is the key for marginalized populations (childcare, reimbursement).
- Celebration & acknowledgement were important.

*“A lot of work went into this conference.”*

*“Congratulations on a very successful conference.”*

*“Great job.”*

*“Thank you to all who worked to put this together.”*

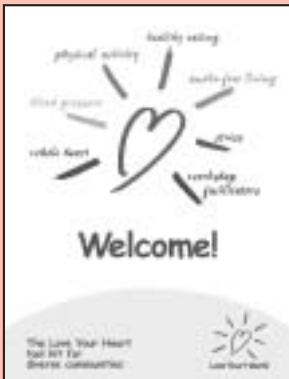
## Presentation



### Mission of the MHHP

To foster heart health within the culturally diverse populations of Toronto South Region by:

- Building partnerships within the community
- Increasing accessibility to culturally & linguistically appropriate heart health information, resources & services
- Increasing awareness of heart health
- Advocacy
- Developing community capacity.



### The 7 modules of the Tool Kit:

- One for facilitators ("Open Me First")
- Six workshop modules (1-2 hours each)
  - ① Your Whole Heart
  - ② On the Menu Tonight
  - ③ Keep it Moving
  - ④ Cut it Out! (tobacco)
  - ⑤ Don't Stress It!
  - ⑥ Check it Out! (blood pressure)

Presented by: Krystyna Lewicki, Community Nutritionist, The Four Villages CHC  
Lisa Swimmer, Public Health Nutritionist, Toronto Public Health (Toronto)

## "Development of the "Love Your Heart Tool Kit for Diverse Communities" – a journey of the Multicultural Heart Health Partnership"

The Multicultural Heart Health Partnership (MHHP), formed in 1999, is a group of 14 agencies, including 6 CHC's, centred in the southern region, that is part of the overall Toronto HH Partnership. In 2000/2001, they undertook an inventory of multicultural heart health resources and in 2001 documented the best practices for heart health with culturally diverse communities. From this process came the recommendation to develop a Tool Kit for use by community facilitators when leading heart health workshops. This Tool Kit was piloted and then distributed in 2003.

Facilitators are encouraged to utilize the "4 E's of a Successful Workshop":

**Elicit** – ask for participants' views, needs, and goals for the workshop

**Explain** – present information in the context of heart healthy living

**Experience** – create opportunities for personalizing the information & examine barriers to adopting the heart health practices

**Encourage** – encourage participants to share their barriers, supports and action plans.

*"No coalition will perform properly unless there is a central rallying point or goal sufficiently attractive to mobilize all."*

The Tool Kit served this purpose for the MHHP.

Several unique features of the Tool Kit were included. It was adaptable to meet the needs of different groups, addressed the Stages of Change model and included socio-economic barriers to change, recognized different learning styles, used clear language with a conversational tone and inclusive graphics, took a "lay person's" perspective in that one didn't need to be a health professional to deliver it, and is packaged in a unique format. This format includes a multi-coloured program identifier, colour-coded modules, self-supporting "easel-style" cerlox-bound manuals with one side for the facilitator and the other side for the participants, an envelope pocket for inserts and overhead templates and handouts.

Six key lessons have been learned through the process of developing this resource:

- ① **Partnership** – By coming together, community agencies are able to secure more funding to develop new initiatives.
- ② **Resources** – Without human resources for coordination, committee maintenance takes precedence over new initiatives.
- ③ **Terms of Reference** – Clarity regarding membership, purpose, roles, expectations, decision-making and accountability need to be in place for the committee as well as committee projects.
- ④ **Involvement** – Shared commitment and the meaningful involvement of all partners will ensure sustainability and success. When working with consultants, members must be involved.
- ⑤ **Organizational Support** – ED / organizational support is necessary for meaningful staff participation on committees.
- ⑥ **Leadership** – In order to move projects along, strong leaders and leadership skills are required.

For the future, the MHHP plans to develop a video component to the Tool Kit, translate it into other languages and work collaboratively with other relevant workgroups of the Toronto Heart Health Partnership.

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lswimmer@toronto.ca

Presented by: Myrna G. Wright, Senior Health Education Consultant, Cancer Care Ontario

## "Evaluation Results of 'Take 5: 5-10 a day...your way' Pilot"

In setting the context for the Take 5 program, Myrna Wright provided the mandate of CCO and outlined the burden of cancer in Ontario today.

The clear evidence-based link was then provided between eating more vegetables and fruit (V&F) and the corresponding decrease in many chronic diseases, namely coronary heart disease, Type 2 Diabetes and stroke. Lastly, current Ontario consumption rates were shared, and although slightly different based on the source, well over half, and perhaps closer to three-quarters of the population eat fewer than five daily servings of V&F. More men than women fit this profile.

An effective, population-based approach to increase the number of people consuming 5-10 servings of V&F daily was needed. A literature search, scan of existing programs, and consultations led to the identification of the following characteristics of the most effective interventions:

- Used **participatory models** for planning and implementing interventions
- **Grounded in theory** (most notably Social Cognitive Theory)
- Incorporated **multiple strategies**
- Provided essential **training and support**
- Targeted individual **stage of change**
- **Involved the family** as a source of support
- **Adequate intensity and duration**
- Gave **clear**, strongly worded, simple **messages**
- Considered the **political climate** in which the intervention was being implemented
- Kept the lines of **communication open** between the implementing body and other organizations
- Allowed the **implementing body** to take initiative and **assume leadership**.



From here, the program details were developed. The target audience was women aged 25-45 and their families and the program consists of 6 modules of approximately two hours each. Behaviour change components are woven throughout the program: goal setting, self-monitoring, active participation, skill building, social support, repeated contact. The program is intended to increase self-efficacy, reduce barriers to consumption through group learning exercises and experience sharing, and foster social support. Several behaviour change theories were considered and focus groups held at the conceptual stage.

This all led to the development of "Take 5: 5-10 a day...your way", which has now been piloted in 12 sites across Ontario - 5 CHC's and 7 Public Health Units. Each site was given seed funding for implementation in the amount of \$3000-\$5000.

An evaluation was conducted involving a 110-question pre, post and 3-month post questionnaire. The RE-AIM evaluation framework was used.

Here's what the results showed:

- Consumption increased 1.8 times per day for combined vegetables and fruit, on average and these increases were sustained over the 3-month follow-up period.
- In terms of Stages of Change, at the end of the program, the large majority of participants advanced from the preparation stage to the action stage and at 3-months post program, the large majority of participants remained in action and maintenance stage.

The next steps for the program include province-wide dissemination of the program through 37 Ontario public health units and 55 CHC's in the spring of 2004. Financial support has been received from Canadian Cancer Society and the Heart and Stroke Foundation of Ontario. CCO is working with the Nutrition Resource Centre & MOHLTC to secure funding for training and technical assistance.

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## Presentation

### The Current Cancer Burden

- Every day in 2003, 145 new cancer cases are diagnosed
- Every day in 2003, 67 people die of cancer in Ontario
- About 40% of Ontarians will develop cancer at some point in their lives and close to half will die of it
- New cancer cases will increase by two-thirds by 2020
- Over 50% of cancer cases can be prevented
- In Ontario less than 1% of cancer spending is directed to prevention and screening

### The Mandate of Cancer Care Ontario

- 1 To provide leadership across all areas of the cancer system, integrating and coordinating:
  - Cancer Prevention
  - Screening for early detection
  - Treatment
    - cancer surgery
    - chemotherapy & other drug treatments
    - radiation treatment
  - Supportive Care
  - Research
  - Education
- 2 To be the MOHLTC's principal adviser on cancer issues.

### The RE-AIM Framework

Reflects individual and organizational level dimensions:

- **Reach:** proportion of population who participated in the intervention
- **Efficacy:** success rate defined as positive outcomes minus negative outcomes
- **Adoption:** proportion of settings, practices and plans that will adopt the intervention (e.g. degree of adoption by public health and community health centres)
- **Implementation:** extent to which intervention is implemented across the province.
- **Maintenance:** extent to which the intervention is sustained over time.
- Dimensions interact to determine the overall public health or population based impact of an intervention.
- The RE-AIM framework guided evaluation efforts and the development of a province-wide dissemination plan.

## Presentation



Presented by: Karen Bays, Ottawa Heart Beat and Heather Seaman, Physical Activity Project Officer, City of Ottawa

## "Ottawa's Physical Activity Strategy"



### Ottawa's 7 Principles for their 20/20 Human Services Plan:

- 1 A Responsible and Responsive City
- 2 A Caring and Inclusive City
- 3 A Creative City Rich in Heritage, Unique in Identity
- 4 A Green and Environmentally Sensitive City
- 5 A City of Distinct, Liveable Communities
- 6 An Innovative City Where Prosperity is Shared Among All
- 7 A Healthy and Active City



Kicking Up a Storm: Heather Seaman, Karen Bays (Ottawa) and Colleen Logue (Nutrition Resource Centre).

*"Venue was fabulous!  
Ottawa is a beautiful city and I am thrilled to have had the opportunity to visit."*

Ottawa has embarked on a five-year city-wide initiative to encourage and support Ottawa residents and visitors of all ages in being physically active. This is part of a larger initiative undertaken in 2000 when several communities were amalgamated into the larger City of Ottawa and seven principles were established – known as pillars – on which the new city would be built. One of these was that Ottawa would be a healthy, active city.

### Their vision for this strategy:

When a newcomer enters Ottawa, the impression is one of people being active: cyclists, walkers, skaters, and joggers are evident. The proposed strategy will strengthen and build on this image - to establish Ottawa as being a city where physical activity is easy -- part of everyone's daily life. This strategy will contribute to Ottawa as an attractive place to live, raise a family, retire, spend leisure time, and to locate business - a place where there's a climate of enthusiasm, optimism and a readiness to "get up and move". It will also contribute to an increase in the rate of successful school outcomes, an increase in employee productivity and reduction in sick days, and improvements in health and well-being and a reduction in health care costs.

### So how will it be achieved?

- **Community-Wide Initiatives**
  - **Promotion, Education and Information:** General public education campaign (involving participation from key community leaders, media celebrities) aimed at practical "how to" tips for building movement into daily life (media campaign around key events 2-3 times per year)
  - **Smart Start Sessions:** Offered by city recreation staff and fitness club partners in all areas of the city to help residents who want to increase their activity to access skill development, facilities, and mutual support
  - **Ottawa Active Buddies:** Providing those who are currently active with support to engage colleagues, friends and family members in being active with them
  - **Ottawa Active Sources:** Information, kits, and merchandise will be available from a number of outlets through fitness partners, Ottawa Public Library, Recreation and Cultural Services, a special web page on the City site (see, for example: Saskatoon's [www.in-motion.ca](http://www.in-motion.ca), where residents of Saskatoon can access practical individualized self-assessment, and how-to tips; link with walking clubs, etc.).
  - **Community Events:** There will be efforts to take part in key community events to demonstrate and promote how to build more activity into daily life for all ages.
  - **City Policy:** The City and the National Capital Commission will be asked to review policies related to public transportation, urban design, use of green space, design of pathways, sidewalks, etc. to maximize opportunities for activity for residents within their neighbourhoods - work will be done with the Federation of Canadian Municipalities to focus on municipal policies that support physical activity - a conference may be part of this focus.
  - **Taking the "Pulse":** In the fall of 2002, the City will release baseline data collected by CFLRI on the current physical activity levels of Ottawa residents based on a sample size of 1000 in this area. This baseline data will help kick off a campaign. Regular surveys will be repeated to track how Ottawa is doing in reaching its five-year goal.
  - **City to City Challenges:** The City of Saskatoon is currently implementing an "In Motion" city-wide physical activity promotional campaign similar to the one outlined here. Ottawa and Saskatoon could enter into challenging one another as a way to increase participation in both communities.

## Ottawa's Physical Activity Strategy Cont'd:

### • School Initiatives

- **School Sign-On:** Schools will be invited to "sign-on" as participants in Ottawa Actif. Sign-on could include, for example:
  - **Training:** for student and parent leaders, teachers and principals in campaign leadership
  - **School Activities:** within school, board, and between schools to build activity into daily school routines and calendars. These activities will be supported by resource kits provided by organizers.

### • Workplace Initiatives

- **Employer Sign-On:** Workplaces will be invited to take an active part in the campaign. Signed on workplaces will build in visible events and supports for physical activity within their work day. Competitions between participating workplaces will be a focal point for promotion.
- **City of Ottawa Employees:** To set an example for the rest of the city, the City of Ottawa will lead the way as a workplace. City employees will be offered the opportunity to demonstrate how physical activity can make a difference to absentee rates, productivity, and job satisfaction.

### • Health Practitioner Initiatives

- **Health Practitioner Participation:** Physicians will be invited to provide individualized counselling to patients of all ages regarding physical activity. The University of Ottawa Faculties of Medicine, Health Science, and Kinesiology, as well as Carleton University, Algonquin College, and la Cité Collégiale will be enrolled to support this strategy to reach physicians and allied health practitioners.

- **"Nobody on the Side Lines":** Access strategies in collaboration with service clubs, sports clubs, and local fitness industry to make access to participation in physical activity barrier-free. This may include:

- **Resource Generation:** through the sale of merchandise, and through fund-raising and sports equipment donation
- **Policy Work:** with City subsidy policy to extend availability, application, and level of support; and with private sector and volunteer clubs to support them in extending their accessibility. Ideas include: City providing a "fitness voucher" that can be redeemed at any fitness outlet for membership, or equipment; working with clubs to encourage subsidies, and to help organize transportation-sharing, buddy systems, etc.
- **Facility Adaptation:** encouraging sports spectators to participate in physical activity while watching the game - e.g. through adapting facilities and equipment available rink-side and field-side
- **Ontario Works Strategy:** drawing from Gina Brown's research, making "Ready, Set, Go" groups and recreation consultation available for free to Ontario Works recipients and families
- **Special Population Strategies:** identifying populations that have low rates of participation (e.g. ethno-cultural residents, particularly women; parents of young children; youth at risk; girls and women post age 13; disabled residents; residents over age 45), and developing strategies particularly designed to enable them to take part in the campaign. This may involve:
  - Extending special recreation and integrated programming that has been shown to work in Ottawa or other communities
  - Adapting community facilities and programs to be appropriate and welcoming to the population
  - Adapting transportation and fee structures
  - Engaging community leaders in promotion
  - Special events.

For more information, contact:

Heather Seaman  
613.724.4122 ext. 23444  
heather.seaman@ottawa.ca



Rick Cox from the Leisure Information Network ( [www.lin.ca](http://www.lin.ca) ). Illustrates interactive heart health web sites designed for Waterloo & Halton.

*"Thank you so much.  
Fabulous sharing and learning  
so we can transplant these ideas  
and grow healthier communities  
together!"*



Your conference co-chairs - having fun while getting the job done!

#### ✓ ACTION IDEA

For more details on Ottawa's Physical Activity Strategy, visit the Web site:

<http://www.ottawaheartbeat.com/2003-init1.htm>



*"We are building our symphony one instrument at a time."*

## Presentation

### Future Plans for the Tool Kit

- Creating a membership data base so that practitioners can be contacted when new interventions related to their areas of interest are posted
- Helping communities modify and use media campaign resources
- Refining the expert reviewers' protocol
- Allowing practitioners to post their practical lessons about programs.



*"I would like to see more emphasis on train-the-trainer workshops."*

Presented by: Karen McLean, Program Training and Consultation Centre and Suzanne Thibault, Toronto Public Health

## "The PTCC's Electronic Toolkit of Better Practices" (applied to Breathing Space: Community Partners for Smoke-free Homes as a "recommended" program)

This Toolkit is designed to help community workers in Ontario make the best use of limited resources. This new on-line database currently contains 19 tobacco control interventions that tobacco control experts at the Ontario Tobacco Research Unit have assessed to be either "recommended" or "promising". In addition they are suitable for replication in Ontario based on local context and experience. Four of the 19 are assessed as "recommended" while 15 are rated as "promising".



Each intervention summary includes a detailed description, comments from expert reviewers, and step-by-step instructions to replicate the program. The programs have been assessed using an adapted version of the criteria developed for the HHRC by Dr. Roy Cameron and colleagues to assess heart health best practices. This methodology assesses "effectiveness" and "plausibility".

For more information, contact:

Karen McLean  
416.449.7251  
mclean@sympatico.ca

✓ ACTION IDEA

Find the Tool Kit at:  
<http://www.ptcc.on.ca/bpt/bpt.cfm>

*"A lot of effort, energy and planning went into this conference. However... I believe it is important to include the perspective, expertise and talents of the multicultural...visible minorities... we form part of the community... need to be included in the Celebration."*

Presented by: Nancy Dubois, The Health Communication Unit

## “On-line & Interactive: A Campaign Planning Tool”

The Health Communication Unit ([www.thcu.ca](http://www.thcu.ca)) supports health promoters in Ontario in a number of areas, one of which, as the name suggests, is Health Communication. To assist in planning effective campaigns on any number of health promotion topics, a 12 step process has been developed. Long promoted in written and electronic formats, this process is now able to be used on-line to create an actual plan.

The tool allows one to click on available choices, or enter new ones, to capture the details of your communication plan – the audiences, your objectives, channels, and timing. It won't make the decisions for you, but will capture and store them until you are ready to print out the results. Add to it at any time – like after the next committee meeting when more decisions are made. Have a look at the sample campaigns to get you going.



The printout, as illustrated, will plot on a timeline, the elements you have decided on. Printing in colour will distinguish your objectives from one another.

THCU is also still available to consult with and train health promoters in developing communication campaigns. With or without training, this on-line resource is intended to make the job easier!

For more information:  
Nancy Dubois, [n.dubois@utoronto.ca](mailto:n.dubois@utoronto.ca)  
519.446.3636

*“We need more skill building sessions/workshops. I think we have heard enough of what other communities are doing, but we need to know how!!”*

## Presentation



### Developing a Health Communication Plan: THCU's 12 Step Model

- 1 Project Management
- 2 Revisit Your Health Promotion Strategy
- 3 Analyze and Segment Audiences
- 4 Develop Inventory of Communication Resources
- 5 Set Communication Objectives
- 6 Select Channels and Vehicles
- 7 Combine and Sequence Communication Activities
- 8 Develop the Message Strategy
- 9 Develop Project Identity
- 10 Develop Materials
- 11 Implement Your Campaign
- 12 Complete the Campaign Evaluation



#### ✓ ACTION IDEA

Access the On-line Interactive Workbook at:

<http://www.thcu.ca/infoandresources/ohc/myworkbook/login/login.asp>



## Presentation

Presented by: Pat Doucette, Community Care & Franca Moss, Zonta Club of Niagara Falls (Niagara)

### "Savoury Sampling: Introducing Heart-Healthy Eating to Low-Income Individuals"



#### Tips for Success

- Friendly, knowledgeable volunteers
- Visible location in entrance or waiting area
- Signs directing to Savoury Samplings table
- Bright and cheery table setting.
- Preparation on site of savoury samplings recipe for pleasing aromas.
- Featured recipe available at location of the ingredients in food room.

This program of Healthy Living Niagara has as its purpose to promote awareness of economical heart healthy recipes that could be prepared from basic food ingredients typically found on food bank shelves. To this end, participants in this session were treated to the sample simmering in the crock pot. Begun in January of 2000, in St. Catharines, it now operates in three additional communities: Niagara Falls, Beamsville and Thorold.

Here's how it works. Each week, volunteers research nutritious and economical recipes and on Mondays, they prepare one of the recipes on site in the staff kitchen. Volunteers then set up in the reception area and offer clients a "sample test". Clients may then take one of 65 take-home packages (packaged on Fridays by volunteers) containing all necessary ingredients for preparation of the recipe at home.

As a result of the interaction that takes place with volunteers and recipients on sampling day, it became evident that clients would also be interested in learning about preparing preserves. In summer 2002, the "samplings crew" organized several canning days for clients who were excited and proud to prepare and take home their very own "preserves".

A "savoury Sampling" cookbook is also available from the Web site below.

For more information:

[www.healthylivingniagara.com](http://www.healthylivingniagara.com)

or contact Marcy Heit at Community Care in St. Catharines at 905.685.1349.



Sampling some of the Byward Market's best Italian fare.

#### ✓ ACTION IDEA

For more information:  
[www.healthylivingniagara.com](http://www.healthylivingniagara.com)

*"The "Savoury Samplings" (Niagara) session was amazing – a real model in the province."*

Presented by: Frances Whissel, Heart Health Coalition member from The Sensenbrenner Hospital, Kapuskasing

## "Take Your Heart for a Walk: A Walking Map"

Within Cochrane District, just north of Timmins, in northern Ontario lies Kapuskasing, the model town of the north. There, an idea was born to create a community walking map because of mortality and hospitality statistics that were much higher than the provincial averages. This, coupled with Ontario Health Survey data that indicated that a large percentage of the population felt that "exercise was the most important change to improve health" and the fact that walking is "the simplest, safest and one of the most effective forms of exercise" gave rise to a committee to develop a Walking Map.



One group of "gOTTAWalkers" at the conference.

The committee consisted of professionals from the Heart Health coalition as well as the Recreation Director, a physiotherapist and the conference presenter, a cardiology technologist specializing in exercise tolerance testing. Their work focused on defining the routes, determining the distances and colour coding the routes. The map also served as an opportunity to provide simplified, pertinent information on exercising in a condensed form.



A Launch was planned for the map, which included a planned outing, specialized personnel to provide support and instruction on different aspects of exercising and a draw for participating.

4000 maps were printed in English and French and distributed through motels, the Health Unit, the hospital, doctors' offices, pharmacies, gyms, the Chamber of Commerce and businesses. A large bulletin board version was displayed at special events as well. All this for \$1760.00!

For more information, contact:

Frances Whissel

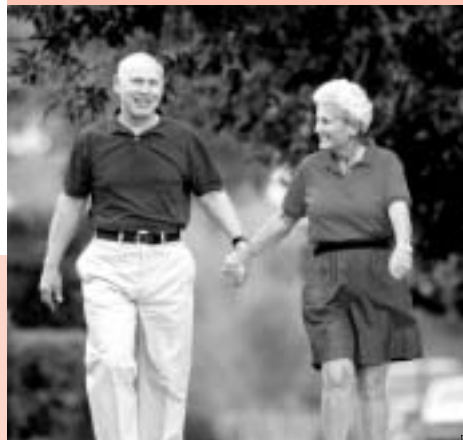
416.449.7251

fwhissel@sensenbrennerhospital.on.ca

## Presentation

### Topics included in the Walking Map

- Benefits of getting active
- Where to begin
- Shoe box tips
- Warm up / workout / cool down
- Developing an exercise program
- Target heart rate range
- Taking your pulse
- Walking tips
- Stretches



*"True enjoyment comes from activity of the mind and exercise of the body, the two are united."*

*Alexander Von Humboldt*

## Presentation



Presented by: Karen Bays, former Coordinator of Ottawa Heart Beat

## "A Peace of My Mind, A Knitter's Welcome"



### Some "peaces of Karen's mind":

- When frustration emerges, Karen turns to John McKnight to re-learn his magic about "out-there-ness".
- "We live in a squeaky wheel culture where the silent voice is not heard; a few voices are a whisper; and many voices are a squeak." One of the challenges of the OHHP Coordinator is to support the creation of the effective squeak.
- Understand the timeframes of others. When Karen contacted the Aide to the Minister of Finance to inquire about the pending end of current OHHP funds and potential renewal dates, they described "six months as a long time". Similarly, when trying to get dates for the upcoming SummerActive campaign, Karen received a great letter back from the Ministry ... but no dates!
- Beware of "evil-mail" – it can replace conversation!

And my favourite ...  
(as the "@heart Editor" I get to choose!! ...)

- When trying to decide whether or not to say something to someone, follow Karen's mom's advice: It has to be at least two of the following: true, kind, necessary.

### What do you think of our Karen?

- She started our squeaking.
- It is Karen the person we appreciate the most.
- The basic black dress with great accessories.
- The big red button on the hot tub.
- The best hotel in Ottawa.
- It's impossible to leave a Heart Health conference without her influence.
- Walk your talk.
- Love what you do.
- Give credit where it is due.
- Be yourself – have style in all that you do.
- COMMUNITY! COMMUNITY!  
COMMUNITY!

Karen Bays has been a champion within heart health both locally in Ottawa and provincially within the OHHP for over 12 years. She brings the energy, fun and creativity of a recreationist and combines it with the compassion and insight of a community developer... along with a love of penguins! In this closing keynote address to the conference, Karen was asked to share her insights about what guides her work as the Heart Health Coordinator in Ontario of longest standing.



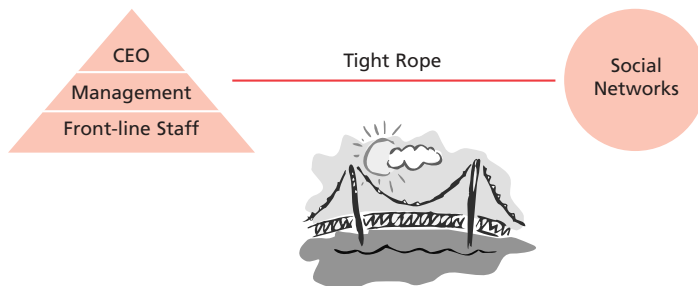
Karen, true to her community spirit, approached this challenge by sharing stories. Some of Karen's insights are captured here although this summary does not do justice to hearing them first hand.

### Professionalization

We have professionalized so much of our lives. We forget that we serve the people and sometimes people aren't allowed to fend for themselves. Within the OHHP we have balanced this tendency with enabling.

### The Tight Rope

Within our jobs, we are often part of structural triangle. Middle managers, where OHHP Coordinators sit, often have a great deal of stress and are so busy managing that there is no time to lead. She describes this role as "always working in the urgent and important box" and that's not where we should be ... we are frantic, not efficient, not fun".



At the other end of the tight rope is the community, which McKnight illustrates as a circle of social networks. The OHHP Coordinators find themselves trying to work within both these challenging places simultaneously. The tight rope runs between this rock and hard place. The trick is to make it a bridge instead of a tight rope.

### The Irony

Karen relayed a story often shared by Dr. Andrew Pipe of the University of Ottawa's Heart Institute about some of the ethical struggles attached to our type of work. Dr. Pipe tells of an encounter with a homeless man on Rideau Street in Ottawa who was begging for change, unnoticed by those passing by until he suffered a heart attack. At that point, \$40-60,000 was invested in the ambulance transit and hospital treatment he received over two days, only to be released back to the street.

A Peace of My Mind, A Knitter's Welcome Cont'd:

### The Fuel for the Plane

In the words of Douglas Fairburn, Chair of the National Capital Commission in the 1970's, the federal government has all the money, the provincial governments have all the power and the local government has all the problems. Karen expressed her firm belief that, money aside, the real importance is in building relationships – part of that bridge. The OHHP Coordinator needs to be the "fuel for the plane" that secures the input of volunteers and input to the overall picture. These relationships that make the bridge are powerful, as much more can happen with them than without them. Even more can happen when the people who are working together, know each other. Even better yet – they like each other.

*"Don't put your feet up; 2007 will be here before you know it. Start now to build the future."*

### It's What You Save

Karen is the first to admit she likes a bargain. *"It's not what you spend, it's what you save."* Like the time she tried to salvage the jumbo box of Christmas Rice Krispies by picking apart the red from the green ones ... cuz, you know, Valentine's Day and St. Patrick's Day will be here before you know it! This attention to savings extends to the heart health world where Karen questions some of the statements about the amounts saved through our prevention work. Where does this money that is supposedly saved go? These funds need to be found and shared.

### On Consultants ...

Before opting for bringing a consultant into your local process, Karen suggests you carefully examine whether you need one. Sometimes they can make volunteers and staff feel inadequate. Instead, *"tap the richest and gifted around you"*.

### The Car

Is this the next public health frontier? Karen shared her insight into the role the automobile plays in being the focus for how communities are planned these days. The car is directly related to many chronic diseases. But it is not an easy enemy – in the U.S. there are more cars than drivers. Working towards such things as working from home, compressed work weeks and active transportation options were some of her suggestions for action.

### And, of course, Knitting ...

Like the work in heart health, it is well documented that knitting has far-reaching impacts that often go unnoticed and not realised. Historically, knitting has kept children warm, reduced infant mortality and increased parental attachment to children.

### And the final words of wisdom ... MAKE STONE SOUP.

Once upon a time, somewhere in Eastern Europe, there was a great famine. People jealously hoarded whatever food they could find, hiding it even from their friends and neighbors.

One day a peddler drove his wagon into a village, sold a few of his wares, and began asking questions as if he planned to stay for the night.

*"There's not a bite to eat in the whole province,"* he was told. *"Better keep moving on."*

*"Oh, I have everything I need,"* he said. *"In fact, I was thinking of making some stone soup to share with all of you."* He pulled an iron cauldron from his wagon, filled it with water, and built a fire under it. Then, with great ceremony, he drew an ordinary-looking stone from a velvet bag and dropped it into the water.

By now, hearing the rumour of food, most of the villagers had come to the square or watched from their windows. As the peddler sniffed the "broth" and licked his lips in anticipation, hunger began to overcome their skepticism.

*"Ahh,"* the peddler said to himself rather loudly, *"I do like a tasty stone soup. Of course, stone soup with CABBAGE -- that's hard to beat."*

Soon a villager approached hesitantly, holding a cabbage he'd retrieved from its hiding place, and added it to the pot. *"Capital!"* cried the peddler. *"You know, I once had stone soup with cabbage and a bit of salt beef as well, and it was fit for a king."*

The village butcher managed to find some salt beef...and so it went, through potatoes, onions, carrots, mushrooms, and so on, until there was indeed a delicious meal for all. The villagers offered the peddler a great deal of money for the magic stone, but he refused to sell and traveled on the next day. And from that time on, long after the famine had ended, they reminisced about the finest soup they'd ever had.



A tisket. A tasket. Lots of loving thoughts fill her basket.

## Presentation



Presented by: Louise Choquette, Formerly of the Physical Activity Resource Centre (PARC)

## "Physical Activity & Chronic Disease Prevention"



### Key Points

- In general, for prevention purposes, follow Canada's Physical Activity Guide for the appropriate age group and encourage a gradual build up of activity.
- Physical activity has a preventive role in many chronic diseases. See the full presentation for details related to Cancer, Arthritis, Osteoporosis, Type 2 Diabetes and Cardiovascular Disease.

### ✓ ACTION IDEA

The game materials are available on the PARC Web site at:  
<http://www.ophea.net/parc>

In true Louise fashion, this session engaged participants in a learning opportunity that also incorporated physical activity. The "Risk Factors Relay" was unveiled as an interactive way to educate people about the relationship between physical inactivity and a variety of chronic diseases.

In the presentation component of the session, Louise shared key statistics regarding the scope of chronic diseases in Canada. As well, the link was established between physical activity and obesity management, Metabolic Syndrome and disease management.

### What is Metabolic Syndrome?

A cluster of medical conditions that often include obesity (especially abdominal fat), high blood sugar, high triglycerides, high blood cholesterol, and high blood pressure. Some 47 million Americans suffer from this, including 1 million teens. Associated with Metabolic Syndrome is a significantly increased risk of diabetes and heart disease. Physical activity plays a key role in reversing Metabolic Syndrome by increasing the metabolism and reducing weight.

Although the focus of the session was on the specific relationships between physical activity and a variety of diseases, participants were left with the reminder that promoting physical activity as a means to gaining positive ends may be the better slant, as opposed to a focus on the negative aspects.



# 16

# @heart

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A Feature from Ontario's Heart Health Resource Centre

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