

## The focus of this issue is on "Addressing the Social Determinants of Health through a Heart Health Lens".

In March 2005 the Heart Health Resource Centre worked with the Ontario Heart Health Program-Taking Action for Healthy Living (OHHP-TAFHL) in Ontario's Eastern Region to implement a workshop that has formed the basis for this feature. The purpose of the session was to share examples from a variety of communities where work has been done to address the social determinants of health while staying "true" to the lifestyle-based risk factors of the provincial heart health initiative, OHHP-TAFHL. Nancy Dubois, a Heart Health Resource Consultant facilitated this session.

This issue of the @Heart Newsletter explores the concepts of the determinants of health and health inequalities. It focuses on three social determinants of health: housing, access to food/link to obesity and neighbourhoods/built environment. A population health framework is used to discuss these determinants and the potential role for the OHHP-TAFHL partnerships is shared. Stories outlining how OHHP-TAFHL community partnerships in Eastern Ontario are addressing the social determinants of health through chronic disease prevention efforts are featured. Also featured are several recommended resources on the topic of addressing the social determinants of health, including a Determinants Scanning Tool developed by the British Columbia Heart Health Project.

*"Life expectancy is shorter and most diseases are more common further down the social ladder in each society. This is a global issue and a global problem."  
(Nancy Dubois, Workshop Facilitator).*

*"Poverty is known to go from generation to generation, so if we are going to start looking at where to address the issue, we need to start looking at where the problem starts" (Workshop Participant).*

*"Social determinants of health are the economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole. [They] determine whether individuals stay healthy or become ill. [They] also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members."*

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Although the concept is consistent, the specific components included in the list of determinants varies across sources:

Ottawa Charter for Health Promotion's Prerequisites for Health	Health Canada's Determinants of Health	Wilkinson & Marmot's Social Determinants of Health (UK)	York University's Social Determinants of Health
<ul style="list-style-type: none"> <li>• Peace</li> <li>• Shelter</li> <li>• Education</li> <li>• Food</li> <li>• Income</li> <li>• A stable ecosystem</li> <li>• Sustainable resources</li> <li>• Social justice</li> <li>• Equity</li> </ul>	<ul style="list-style-type: none"> <li>• Income and social status</li> <li>• Social support networks</li> <li>• Education</li> <li>• Employment and working conditions</li> <li>• Physical and social environments</li> <li>• Biology and genetic endowment</li> <li>• Personal health practices and coping skills</li> <li>• Healthy child development</li> <li>• Health services</li> <li>• Gender</li> <li>• Culture</li> </ul>	<ul style="list-style-type: none"> <li>• Social (class health) gradient</li> <li>• Stress</li> <li>• Early life</li> <li>• Social exclusion</li> <li>• Work</li> <li>• Unemployment</li> <li>• Social support</li> <li>• Addiction</li> <li>• Food</li> <li>• Transport</li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal status</li> <li>• Early life</li> <li>• Education</li> <li>• Employment and working conditions</li> <li>• Food security</li> <li>• Health care services</li> <li>• Housing</li> <li>• Income and its distribution</li> <li>• Social safety net</li> <li>• Social exclusion</li> <li>• Unemployment and employment security</li> </ul>

Source: D. Raphael. *Social Determinants of Health: Canadian Perspectives*. 2004.

Three "determinants" were chosen to be explored in the March 2005 workshop. These were housing, food access/link to obesity and the built environment. These three determinants will be explored in greater detail in this publication.

The levels of possible actions to address SDH through the OHHP-TAFHL include:

- Increased access to existing programs.
- Programs targeted to specific populations.
- Actions to address SDH as root causes.

These determinants are presented within the framework of a population health approach.

#### Underlying Assumptions of a Population Health Approach:

- Health is determined by the complex interactions between individual characteristics, social and economic factors and physical environments.
- The Health of a population is closely linked to the distribution of wealth across the population.
- Strategies to improve population health must address the entire range of factors that determine health.
- Important health gains can be achieved by focusing interventions on the health of the entire population (or significant sub populations) rather than individuals.
- Improving health is a shared responsibility that requires the development of healthy public policies in areas outside the traditional health system.

(Health Canada, 2002).

## Integrate Disparities Reduction into Health Programs and Services

*The health system is a key determinant of population health. If health care and public health programs and services do not include a focus on the needs of disadvantaged individuals, populations and communities, there is a risk of increasing rather than reducing health disparities. The health sector also has an important role to play in mitigating the causes and effects of other determinants of health through interventions with disadvantaged individuals, populations and communities.*

Source: *The Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security, 2004, p.7).*

## Social Inequality: Single Leading Condition for Poor Health

In a recent report, the Heart and Stroke Foundation of Canada highlighted a link between social determinants of health and cardiovascular disease. In the **Tipping the Scale of Progress: Heart Disease and Stroke in Canada 2006** the Heart and Stroke Foundation of Canada states, "*Social inequality, whether measured at the population or individual level, is the single leading condition for poor health, including cardiovascular diseases and related risk factors. Notably, obesity, smoking and physical inactivity are most prevalent among Canadians with the lowest incomes. The impact of socioeconomic status on health, particularly cardiovascular health, cannot be ignored*" (p.11). They further acknowledge that "those in the poorest income group consistently demonstrate higher obesity, than those in the richest income group" (p.9).

What Does the Heart and Stroke Foundation of Canada (2006) recommend on this issue? "*The Heart and Stroke Foundation recommends that the federal government: address socioeconomic factors, such as poverty, and other determinants of health that place communities at high risk for cardiovascular disease*" (p.17).

A copy of The Heart and Stroke Foundation report can be found at [www.heartandstroke.ca](http://www.heartandstroke.ca)

### "Roy Romanow's Advice"

- Don't be poor
- Get a good start in life
- Graduate from high school
- Get a job
- Pick your community
- Live in quality housing



Source: Gyorfi-Dyke, E. (2005). *Social Determinants of Health in Canada*. Canadian Population Health Initiative.



*"All of society feels the impact of health disparities- directly and indirectly. Health disparities are inconsistent with Canadian values. In addition to the excess burden of illness on those who are already disadvantaged, health disparities threaten the cohesiveness of community and society, challenge the sustainability of the health system and have an impact on the economy. These consequences are avoidable and can be successfully addressed"*

(Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security, 2004, p.3).

An analogy:

## The Adapted Upstream-Downstream Story

Three people stood on a riverbank. All of a sudden, they heard a cry for help from a person, caught in a river's fast moving current and trying desperately to stay above the water. One person immediately dove in and pulled the drowning person to safety. The second person checked the patient's vital signs and treated them for hypothermia and shock. The third person assessed the client's knowledge of water safety and subsequently provided a series of swimming lessons.



As they were congratulating themselves for their quick and effective response, they noticed more people floating down the river in need of help. They quickly called other people to come and help. In time, they had developed an efficient system of rescue, treatment and education.

Over time, more and more people came floating down the river calling for help. It soon became impossible to pull them all out. Some floated by despite everyone's best efforts and were lost. Others, who were pulled out, ended up back in the river. It was getting too expensive to keep pulling people out of the water.

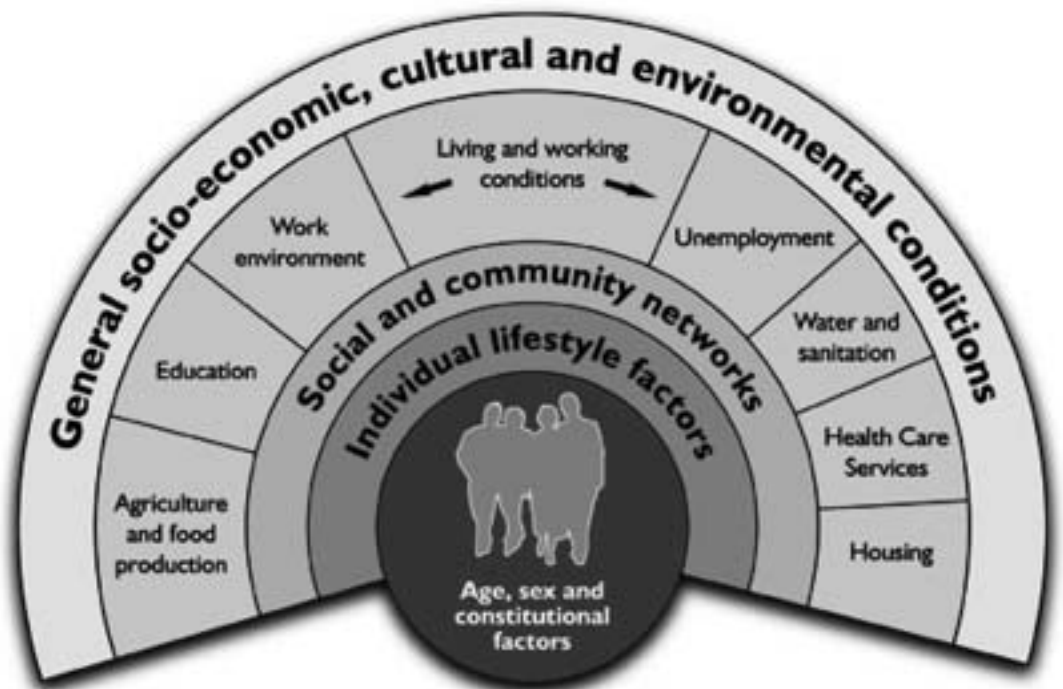
It soon became clear that pulling people out of the river was necessary, but would never be sufficient to reduce the problem. Too many people kept falling in the water. Finally, a group of people decided to head upstream to see what was causing so many people to fall into the river!

Adapted from: Wallach, L., Dorfman, L., Jernigan, D., & Themba, M. (1993). *Media Advocacy and Public Health* (pp.1-25). Newbury Park, CA. Sage.

## Determinants of Health - Broadening Involvement

"Societal factors, such as living in communities that are safe for walking and playing and where there are recreational spaces, are more likely to be rated as being very important in preventing obesity by Canadian adults with lower education and income levels" (p.80).

Source: Canadian Population Health Initiative (2006) *Improving the Health of Canadians: Promoting Healthy Weights*. Canadian Institute for Health Information retrieved from [www.cihi.ca](http://www.cihi.ca)



Whitehead and Dahlgren (1996) *Tackling Inequalities in Health*

**Key determinants of health call for an 'open' health sector  
Environment, water and sanitation, education, employment, trade,  
tourism, agriculture, fisheries and food, transport and infrastructure,  
social policy and welfare, energy, accommodation and housing**

## Housing and Population Health

Everyone needs to live somewhere. But what if your home is physically falling down, the ground around it contaminated and crime a common occurrence in the neighborhood? How would your physical and emotional health be under these conditions? The Canadian Population Health Initiative (CPHI, 2004) states, "numerous studies have found that residents of poor neighborhoods suffer a diverse set of poorer health outcomes than those in richer neighborhoods" (p.v). Pay the rent? or feed the Kids? This is a struggle faced by many residents in our communities who don't have adequate income to secure housing and feed their families. This limits the choices of where they are able to live and impacts on their health (CPHI, 2004).

What is needed to better understand the relationship between housing and health?

- Better research and evaluation data to identify which types of interventions are likely to have a greater health impact.
- Better information upon which to base decision-making.
- Ensure research studies have strong designs.
- Multi-stakeholder involvement to identify priorities, sponsor research, and develop policies, including those from housing, health, and municipalities.

Source: Canadian Population Health Initiative (2004). Housing and Population Health: The State of Current Research Knowledge. Canadian Institute for Health Information Retrieved from [www.cihi.ca](http://www.cihi.ca)

## Where the "OHHP – TAFHL" fits in Jason's Story -

No single organization or sector can address all of the issues presented in the story, nor should they. While all of the issues need some attention, they should ideally be addressed in a co-ordinated and comprehensive manner. Initiatives such as the "**Ontario Heart Health Program – Taking Action for Healthy Living**" (OHHP-TAFHL) have an important place in this continuum of health promotion. Every link in the story has an intervention attached to it in order for something to happen in terms of trying to prevent or deal with the issue.

The Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security (2004) identifies the following key elements as an effective strategy to reduce health disparities:

- Sustaining focus over time to achieve results.
- Involving a wide range of organizations in an investment of effort and resources.
- Combining universal and targeted (to disadvantaged groups) interventions, based on evidence of effectiveness.
- Informing and engaging the public.
- Increasing intersectoral and international collaboration.
- Supporting community capacity development.

OHHP-TAFHL community partnerships reflect these key elements and have a role to reduce health disparities within their communities through their chronic disease prevention efforts. Why do they have a role? OHHP-TAFHL has a long history of working in partnerships, is involved with a wide range of community partners locally and provincially, models health promotion strategies, educates the public and supports developing community capacity locally. These are all the key elements needed to reduce health disparities in Ontario.

"Housing is a central focus of everyday life and is likely to influence the ways in which socio-economic factors impact health"

(Canadian Population Health Initiative, 2004, p.21).



## "Why is Jason in the hospital?"

Because he has a bad infection in his leg.

*But why does he have an infection?*

Because he has a cut on his leg and it got infected.

*But why does he have a cut on his leg?*

Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

*But why was he playing in a junk yard?*

Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.

*But why does he live in that neighbourhood?*

Because his parents can't afford a nicer place to live.

*But why can't his parents afford a nicer place to live?*

Because his Dad is unemployed and his Mom is sick.

*But why is his Dad unemployed?*

Because he doesn't have much education and he can't find a job.

*But why ...?"*

Health Canada

"Housing is related to most of the determinants of health, including social support networks, quality of the physical environment, and healthy child development" (Canadian Population Health Initiative, 2004, p.7).

"Living in poverty is associated with a 58% increase in chronic conditions, and daily smoking among normal-weight adults is associated with a 25% increase in chronic conditions. After controlling for chronic conditions, obesity was also associated with worse physical health-related quality of life at a level comparable to poverty's impact" (Strum, 2002 as cited in Raine, 2004, p 11).



"We now realize that how we design the built environment may hold tremendous potential for addressing many of the nation's greatest current public health concerns, including obesity, cardiovascular disease, diabetes, asthma, injury, depression, violence, and social inequities" (Jackson, 2003, American Journal of Public Health Vol 93, No. 9).

## Overweight and Obesity in Canada: A Population Health Perspective

A report has found that food prices are higher in low-income neighborhoods and due to lower literacy or English as a second-language, people tend to purchase food products with a recognized brand/label. Moreover, due to dependence on convenience stores and lack of access/transportation to larger grocery outlets these foods are more costly.

The report, written by Kim Raine on behalf of the Canadian Institute for Health Information, reviews how obesity intersects with food access and identifies clearly that there are increasing rates of obesity among the poorest of Canadians. "There is evidence to suggest that behaviour patterns of people living in poverty are more likely to promote obesity than those of their higher-income counterparts. However, those behaviours are embedded within environmental and social contexts that are well beyond individual control. Availability of low-cost, nutritious food and safe, inexpensive places to be active may be limited for low-income people" (Raine, 2004, p.vi).

Raine (2004) states that this report presents "many examples of viable policy options for population-based obesity prevention, based upon evidence generated from Canadian and international knowledge and experiences with other health issues (such as tobacco). Evaluation of large-scale interventions, including economic-impact evaluations and long-term surveillance of program impacts, are suggested to increase the evidence base for public health decision-making at the policy level and to combat an environment that promotes obesity" (p.vii).

To learn more from this report, check out [www.cihi.ca](http://www.cihi.ca)

## Environmental Strategies to Promote Healthy Living

Sample of Strategies related to addressing food access presented in Raine (2004) p. 50.

Environmental Setting	Strategy	Description	Strength of Evidence	Barriers to Implementation	Canadian Initiatives
Community	Point-of-choice nutrition education	"Signposts" or logos indicating healthier alternatives	Simplify consumer choice Motivate food reformulation	Standards and policies require development	Heart and Stroke Foundation of Canada's Health Check
Community	Pricing strategies	Decreased pricing for healthy food choices	Effective in promoting lower-fat snack purchases from vending machines <sup>204</sup>	Resources	
Community	Re-organization of retail food outlets	Inconspicuous placement of less healthy foods Candy-free checkout aisles	Little evidence	Potential for corporate resistance <sup>189</sup>	
Community	Food security programs and policies	Collective kitchens Collective gardens	Effective primarily in low-income populations <sup>206</sup>	Resources Political Will	Toronto Food Policy Council <sup>206</sup>

## Neighborhoods and Health

Neighborhood design and location impact on resident's health. There are aspects of the neighborhood or built environment that can promote or damage health. Some of the aspects that promote health are safe, walkable pathways that lead to where people need to go such as to work, shops or parks. Aspects that can be damaging to resident's health are poor lighting, no sidewalks or pathways, crime and dependency on motorized modes of transportation, particularly the use of cars. "Areas where there are high rates of unemployment may be stigmatized and suffer from 'address discrimination' such that local residents may be less likely to obtain employment, bank loans, or other forms of credit" and "Residents in poor neighborhoods experience a 'double jeopardy' whereby not only are they personally poor, but they are also likely to live in the sorts of neighborhoods that lack the infrastructure to lead a healthy life" (Macintyre and Ellaway, 2003 in Neighborhoods and Health, edited by Kawachi & Beckman, Oxford Press Inc, p.34).

## Role for OHHP-TAFHL Community Partnerships:

### Educate government officials on:

- The health benefits of using the design of streets to encourage physical activity.
- The evidence of the link between land use and health.
- The Governments role in ensuring that private development takes into account the benefits and burdens of their designs on residents.
- The benefits of reviewing street grid patterns to ensure that they lead somewhere and are designed with active living in mind.
- The link between land use decisions and social determinants of health.

### To Promote:

- The benefits of walking.
- The increasing of pedestrian supports such as have pathways lead someplace and have community's model good design to make walking or biking more attractive. Therefore, reducing the physical and psychological barriers of residents being active where they live.
- The need to address health disparities through the built environment. This can be done through advocating for food sources and increase access to physical activity resources and programs close to where people live.

### Other efforts to improve health:

- Ensure all residents have access to affordable healthy food choices, especially fruits and vegetables.
- Ensure community and architectural designs includes features such as adequate street and building lighting, building design that promote "eyes on the street" and careful consideration of layout of the neighborhood.

Source: Bergeron, 2006, *Built Environment and Health: The Role for Community Health Professionals*. CHNET-Works! Fireside Chats



### Built environment:

"comprises urban design, land use, and the transportation system, and encompassing patterns of human activity with the physical environment" (Handy et al., 2002, How the built environment affects physical activity: Views from Urban Planning.

*American Journal of Medicine*, Vol 23 (2S), p.65).



"The engine of a successful active living movement in a community is a partnership. Partnerships are vital for active living because they can bring together the many disciplines that have influence in a community, such as public health, urban planning, transportation, recreation, architecture and others. A capable partnership can consider the range of perspectives related to active living issues and can advocate for policy change and physical projects as one voice" Active Living By Design, retrieved from [www.activelivingbydesign.org/index.php?id=293](http://www.activelivingbydesign.org/index.php?id=293).

## OHHP-TAFHL Addressing the Social Determinants of Health in Eastern Ontario

OHHP-TAFHL community partners had an opportunity during the March 2005 workshop to share local programs and services that address social determinants of health through chronic disease prevention efforts. Sharing these stories provides ideas of programs and resources that may make a difference in other communities and to model ways to address the social determinants of health through the provincial heart health initiative OHHP-TAFHL.

### ACCESS: Accessible Chances for Everyone to Stop Smoking

This is a smoking cessation program that has been running for fourteen years. The ACCESS Committee is comprised of a representative from public health, CHC and CRC. The Committee hires Facilitators to provide an 8-week support program and one ongoing drop-in program. The funding provided by Heart Beat covers the cost of the Facilitator. The CHC/CRC is responsible to assist eligible participants by reimbursing the cost of transportation and childcare. The intent is to eliminate barriers for participants. This program can be tailored to meet the needs of special populations such as the GBLT (gays, bi, lesbian and trans-sexual), mentally disabled participants or groups of women. Based on the Centers ability to support the program, they are held on a rotating basis in both an urban and rural setting. **For more information contact Carole Legault at [carole.legault@ottawa.ca](mailto:carole.legault@ottawa.ca)**

### Walk Away from Diabetes Project

This is a multi-strategy project aimed at various target populations with one component focusing on the Somali population in Ottawa. Some Somali videos are produced locally and this presented a unique opportunity to have a local "trailer" put on at the beginning of each of Somali video (the community uses the first couple of minutes of videos as advertisements for an event or community messaging). Ottawa Heartbeat worked with a local producer to have a Somali Community Nurse record a two minute presentation on diabetes prevention in English and Somali. This producer was instrumental in bringing this project idea forward. It is customary in the Somali culture to play videos at social gatherings or when people are visiting thus ensuring broad dissemination of the information. Over 2000 videos, DVD's, CD's have a two minute presentation in English and Somali on diabetes prevention. This was an excellent way to promote diabetes prevention and break down the barriers of culture, personal practice, social environment, social support networks as well as education and literacy. **For more information contact Bev Wilcox at 613-580-6744 ext. 23424 or Maureen Lapointe, ext. 26137.**

### Woman Alive

The purpose of this program is to provide affordable physical activity programs to women on a limited income. A Woman Alive Leader's Manual has been created highlighting excellent method of pooling resources to offer effective and affordable programs and is available in English and French. This program also includes a health education piece. The program is advertised at the Food Bank, Community Health Centres and other partner organizations. This program has been running since 1999 and the women themselves have been found to be the biggest recruiters. Funds from Ottawa Heartbeat cover transportation, child care and cost of equipment. The Running Room provides women with second hand sneakers and this has been a new partnership. **For more information contact Nathalie McKeena at 613-580-6744.**

### Partners Involved in Ottawa Heartbeat

Ottawa Public Health	Somalia Centre
Community Resource Centers (CRC)	Recreation Centres
Community Health Centers (CHC)	Women's Organizations
South East Ottawa Centre	Food Bank
for a Healthy Community	Running Room
Better Beginnings	

*"Another barrier that we heard women saying was that they always had to prove that they were low income, have their finances assessed by a program. We don't ask them to do that"*  
(Nathalie McKeena, Woman Alive Partner)

Name of Program	Social Determinants of Health Strategy
OHHP-TAFHL Partnership	Health for Life, Peterborough <a href="http://www.healthforlifepeterborough.ca">www.healthforlifepeterborough.ca</a>
Purpose	Began in 2001/2002 when some community partners challenged the traditional "lifestyle" approach to chronic disease prevention. The partnership expressed a desire to address the social and economic factors that have a profound impact on health.
Partners Involved	YWCA of Peterborough, Peterborough Social Planning Council, Diabetes Association, Peterborough County-City Health Unit, Health for Life HKPRD,
Outcomes/Results	<p>In 2003 Dennis Raphael made a presentation to health unit staff and Health For Life members on SDH. As a result, the Health For Life partnership developed a position statement with respect to SDH.</p> <p>Within the health unit, a Social Determinants of Health Committee was struck and included representation from the Health For Life partnership.</p> <p>2003 was also the year that the Board of Health endorsed the Toronto Charter for a Healthy Canada. <a href="http://www.socialjustice.org/subsites/conference/charter.htm">www.socialjustice.org/subsites/conference/charter.htm</a></p> <p>In 2004 the Health For Life partnership submitted an "SDH Advocacy" program plan as part of their OHHP-TAFHL application. The Ministry did not agree to fund this initiative, but the partnership felt so strongly about moving forward with their plan that they did so without OHHP-TAFHL funds.</p> <p>The local YWCA offered training for health unit staff, Board of Health members, and Health For Life partners, on this topic.</p> <p>In 2005 Health For Life met with the local MPP to congratulate the provincial government on the release of the "Report to The Honourable Sandra Pupatello, Minister of Community &amp; Social Services, Review of Employment Assistance Programs in Ontario Works &amp; Ontario Disability Support Program" by Deb Matthews, Parliamentary Assistant to the Minister, and to support the recommendations of the report available from <a href="http://www.mcsc.gov.on.ca/CFCS/en/newsRoom/newsReleases/041201.htm">http://www.mcsc.gov.on.ca/CFCS/en/newsRoom/newsReleases/041201.htm</a></p> <p>Also in 2005, Health For Life endorsed the "Walk, Wheel, Ride for Dignity: Ontario Needs a Raise" campaign which called for an increase to social assistance rates and minimum wage.</p> <p>In addition, the partnership worked with the Health for Life HKPRD partnership on a child poverty campaign.</p>
Contact Information	Anne Adair <a href="mailto:aadair@pcchu.ca">aadair@pcchu.ca</a> or 705-743-1000 ex 261



Health for Life, Peterborough [www.healthforlifepeterborough.ca](http://www.healthforlifepeterborough.ca)

*"Community Partnership's are encouraged to direct their risk-factor based programming to those segments of their population that have been determined to be priorities, which may include those with less access to the basic determinants of health" (Reference Material, Heart Health Resource Centre, 2003, p.5).*



### Partners Involved in Health for Life

Health for Life: Peterborough  
Peterborough County-City Health Unit  
Haliburton, Kawartha, Pine Ridge District  
Health Unit  
Heart and Stroke Foundation  
Haliburton Highland Hospital Services  
City of Kawartha Lakes Boys and  
Girls Club  
Northumberland YMCA

### Building Healthy Communities- Media Campaign

The purpose was to develop a brochure to outline the connection between helping children, better wages, coping with life and the neighbourhoods where people live all matter to health. This resource was developed to influence community and policy decision-makers in the HKPR District. Also developed was a community display based on this brochure and used by partners at community events. This was the beginning of our OHHP-TAFHL partnership to publicly promote that not only are they interested in helping individuals eat well, be active and stay smoke-free, but now we are going to ask community decision makers what are they doing to ensure that everybody has access to healthy living choices where they work, live and play. **For more information contact Kim Bergeron at [kbergeron@hkpr.on.ca](mailto:kbergeron@hkpr.on.ca)**

### Child Poverty Media Campaign

The purpose was to develop a public service announcement (PSA) and a brochure that identifies the link between child poverty and the ability to participate in physical activity, access to healthy foods and make other healthy lifestyle choices. The target population for this campaign is male decision-makers. A 30 second PSA was created and promoted on a local television station and a brochure was developed. This brochure was sent in 2006 to all municipal council members with a cover letter requesting an invitation to present on this topic at a council meeting. Health for Life representatives have been invited to present to seven different council meetings throughout the district and to our Board of Health. These presentations have been well received. A PowerPoint presentation has been created as another resource for this program. **For more information contact Kim Bergeron at [kbergeron@hkpr.on.ca](mailto:kbergeron@hkpr.on.ca)**

### Collective Lessons Learned

- Talk about the issue and develop a position statement.
- Get the Board of Health and Medical Officer of Health on side.
- Look for local opportunities. Provide support to existing groups and initiatives which address the SDH.
- Strike a balance between "lifestyle" initiatives and SDH approach.
- Create programs and services where people don't have to identify eligibility.
- Build capacity within the partnership so that everyone is working together and sharing resources.
- The importance of working with multicultural partners to develop culturally appropriate strategies.
- Because multicultural community leaders are so few they are extremely busy, often juggling several part time jobs and also volunteering in their community. Some multicultural coalition partners may not be able to attend many meetings but still may be very committed to a project and can contribute substantially. Create ways for these community members to participate outside of attending meetings.

### Collective Challenges

- Time required for community mobilization.
- Difficulty matching community mobilization products to funding timelines.
- Key people leave. Need to ensure the whole organization supports the program.
- Change is slow and difficult to see at times.



## Recommended Resources Determinants Scanning Tool

The British Columbia Heart Health Project moved forward with addressing cardiovascular disease through the lens of social determinants of health. A "Determinants Approach to Heart Health" was described by the research team from the British Columbia Heart Health Demonstration Project in 1996. By 2006, a Determinants Scanning Tool was developed.

**Determinants Scanning Tool:**

This checklist can be used to

1. Review your existing cardiovascular disease prevention activities to determine the extent to which they address the determinants of health and identify any gaps or strengths.
2. Compare program/policy options that are generated to meet an identified need.
- 3.

*Note: This checklist is intended for consideration during program/policy development in combination with other factors such as relevance, feasibility, effectiveness, and sustainability.*

**DIRECTIONS:**

- a) List your programs in the vertical columns
- b) Tick all the determinants of health that the program/policy/activity addresses

SAMPLE

Determinants	Policy or Program					
<b>Living &amp; Working Conditions</b>						
Employment						
Working Conditions						
Income						
Food Security						
Social Support & Participation						
Education						
Childcare						
<b>Individual Capacities &amp; Skills</b>						
Coping & Stress Management Skills						
Sense of Identity & Self-esteem						
Sense of Control						
Knowledge & Problem-solving skills						
Health Practices						
<b>Physical Environment</b>						
Human-built environment (Housing, community design, road design quality and sustainability)						
Natural Environment (eg. air, water quality, sustainability)						
Sustainability						
<b>Health Services</b>						
Availability of health services that maintain, prevent and restore health and contribute to population health.						
Utilization						
<b>Culture</b>						
<b>Gender</b>						
<b>Genetic Endowment</b>						

## Chronic Disease Prevention Alliance of Canada (CDPAC)

The **Chronic Disease Prevention Alliance of Canada (CDPAC)** is a networked community of organizations and individuals who share a common vision for an integrated system of chronic disease prevention in Canada. Their mission is to foster and help sustain a coordinated, countrywide movement towards an integrated population health approach for prevention of chronic diseases in Canada through collaborative leadership, advocacy, and capacity building. CDPAC produced a report in 2006 entitled "Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities". 14 recommendations were made, including two specific to determinants of health and health inequalities. A summary of this report is available at <http://www.opha.on.ca/projects/ocdpa/resources/CDP-SummaryReport-Mar06.pdf>

Population and Public Health Branch, Atlantic Region (2002). **An Inclusion Lens Workbook for Looking at Social and Economic Exclusion and Inclusion**. Health Canada, Halifax, Nova Scotia. Available at [www.ifsnetwork.org/uploads/inclusion-lens-workbook-2002.pdf](http://www.ifsnetwork.org/uploads/inclusion-lens-workbook-2002.pdf)

Population and Public Health Branch Manitoba and Saskatchewan Region (2003)  
**How our programs affect population health determinants: A workbook for better planning and accountability**.

Available at <http://www.phac-aspc.gc.ca/ph-sp/phdd/progphd/index.html>



## Commission of Social Determinants of Health (CSDH)

CSDH was created by the World Health Organization in March 2005 and will operate until May 2008. Its goal is to strengthen health equity. It aims to do so by catalyzing policy and institutional change to address SDH within countries. It will achieve their goal through the work of twenty commissioners defined as partner countries, evidence-gathering knowledge networks, civil society organizations and global institutions who have been chosen for being innovators in science, public health, policymaking and action for social change. For more information check out [www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en)

## Individual and Household Food Insecurity in Canada: Position of Dietitians of Canada (2005)

The position of Dietitians of Canada (DC) is that all Canadians must have food security. Recognizing food security as a social determinant of health, DC recommends a population health approach to food security: that is, an approach that seeks to reduce health inequities through the pursuit of social justice. A population health approach addresses the root cause of individual and household food insecurity – poverty – through improvements to the social safety net. This position paper calls for improvements in the social safety net in order to address the root cause of individual and household food insecurity – poverty. Download a copy of this position paper from <http://www.dietitians.ca/resources/resourcesearch.asp?fn=view&contentid=3941>

Source: Information retrieved from the Dietitians of Canada at [www.dietitians.ca](http://www.dietitians.ca)



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