

- 1 • Introduction
- 2 • Health Equity = Reducing Unfair Differences  
• Determinants of Health: What Makes Canadians Healthy or Unhealthy?  
• The Health Gradient
- 3 • Sudbury & District Health Unit (SDHU) – Acting on the Social Determinants of Health
- 4 • Sudbury & District Health Unit (SDHU) – Acting on the Social Determinants of Health (cont.)
- 5 • Success Stories: Programs, Projects and Practices of Community Partnerships  
• Addressing Equity and Social Determinants of Health: Marginalized Women and Inclusion
- 6 • A Media Campaign to Raise Awareness of Health Inequities
- 7 • The "Fitness for Moms on Limited Income" Project – Timiskaming Heart Health Project
- 8 • African Caribbean Diabetes Prevention and Heart Health Education Program
- 9 • Camps United
- 10 • Woolwich Healthy Communities
- 11 • Benefits of Student Nutrition Programs for Youth go Beyond Health
- 12 • Increasing Access to Locally Produced Food
- 14 • Summary
- 15 • Resources: Inequality, Poverty & Health

## Health Equity: Programs, Projects and Practice

### Introduction

*Pam Kinzie, Program Coordinator, HHRC*

*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 ...?"*

Many of you may have already seen this excerpt in other resources on the social determinants of health, but I have included it here because it illustrates the interconnectedness of the factors influencing the health of every Canadian.

The notion of health equity raises complex issues, since it is difficult to pinpoint what causes what. You only know what equity is in reference to inequity.<sup>2</sup> It is hoped that this edition of the @heart newsletter will enable you to relate the social determinants of health to the challenges you face in developing and delivering effective health promotion programs; identify how other jurisdictions are addressing health inequity; and identify how other community partnerships are addressing the social determinants of health in their health promotion programs.

*"Health is a universal human aspiration and a basic human need. The development of society, rich or poor, can be judged by the quality of its population's health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage as a result of ill-health.*

*The vast majority of inequalities in health, between and within countries, are avoidable and, hence, inequitable. Our success in improving health and reducing these inequities depends on serious attention to the underlying societal causes. Technical solutions within the health sector are important, but are not sufficient. Dealing with the social determinants of health may yield greater and sustainable returns."*

Interim Statement Achieving Health Equity: from root causes to fair outcomes  
World Health Organization



<sup>1</sup>Toward a Healthy Future: Second Report on the Health of Canadians, retrieved from <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html>, accessed Dec.19, 2007

<sup>2</sup>Richard Prial, Equity: A Priority for Ontario's Health System, Presented at the HHRC symposium, Health Equity: Are We There Yet?, Nov. 29, 2007

## Health Equity = Reducing Unfair Differences

The most common definition of health equity is:

"working to reduce differences in health outcomes that are **avoidable, unfair and systematically related to social inequality and disadvantage**".

This definition is:

- clear, understandable & actionable
- it identifies the problem that policies will try to solve
- it's also tied to widely accepted notions of fairness and social justice

It sees health equity as eliminating – or at least drastically reducing - socially structured inequalities in health outcomes and status and it provides a forward-looking and positive vision.

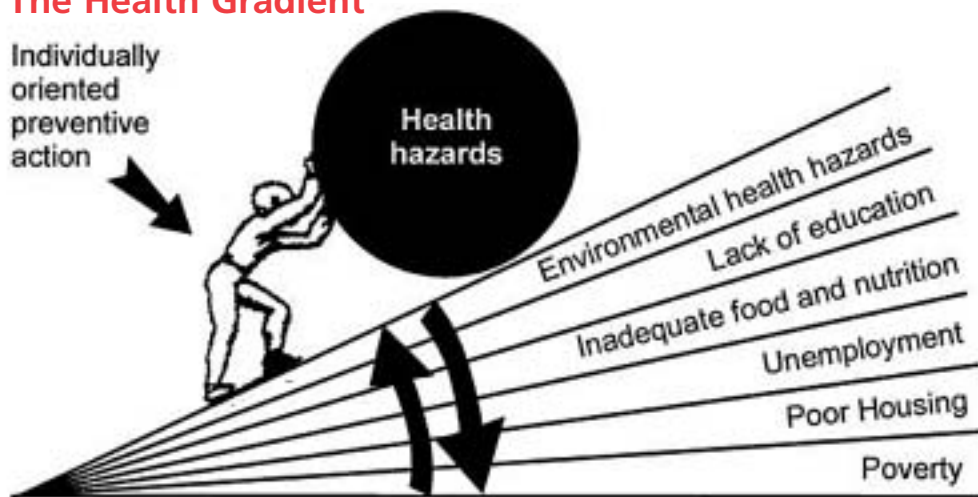
Simply stated - Health equity = equal opportunities for good health.



## Determinants of Health: What Makes Canadians Healthy or Unhealthy?

The United Way stated that 30% of two-parent families with two children in Toronto live on less than \$27,500/yr while 20% of all families across Ontario live on less than \$27,500/yr.<sup>3</sup> As you move up the social ladder, you see a step-wise progression toward better health indicators. Even now, there is a five year difference in life expectancy between the poorest and highest incomes in urban Canada.<sup>4</sup> What is it about income groups that explains the difference? Do poor people exhibit poor health behaviours? If so, why? What role does personal empowerment play? According to Dr. Charles Gardner, a sense that one lacks control causes stress, impacting on our hormonal milieu and in turn on our immune response. Differences in mortality rates are not explained by lifestyle. The strongest predictors of disparities in Canada are socio-economic and Aboriginal status, gender and geographic location.

### The Health Gradient



Source: adapted from Making Partners: intersectoral action for health.

### What is being done?

There have always been groups advocating for people with low incomes, but now the public health community has decided to bring its perspective into the dialogue. Globally, eminent leaders have been brought together by the Collaborating Centre for Policy Research on the Social Determinants of Health of the World Health Organization. They have published several reports and interim statements designed to guide public policy.<sup>5</sup> A new one is anticipated this spring. Roy Romanow is spearheading the development of the Canadian Index of Wellbeing adopting the premise that how well a country is doing cannot be captured by Gross Domestic Product (GDP), stock market or other economic indices, but rather by social and cultural indicators and other facets of wellbeing.<sup>6</sup>

The provincial government has struck an Equity Research Initiative to examine policy strategies across ministries. But what can individual health units, health promotion professionals and community partnerships do to make a difference in their communities?

<sup>3</sup>United Way of Greater Toronto, Loosing Ground: the persistent growth of family poverty in Canada's largest city. Nov. 2007.

<sup>4</sup>Charles Gardner, A Comprehensive Approach to Reducing Health Inequities and Improving Heart Health, Presented at the HHRC symposium, Health Equity: Are We There Yet?, Nov. 29, 2007

<sup>5</sup>M. Whitehead and C. Dahlgren, Health Equity: from root causes to fair outcomes, retrieved from [www.euro.who.int/document/e8938.pdf](http://www.euro.who.int/document/e8938.pdf) on Dec. 19, 2007.

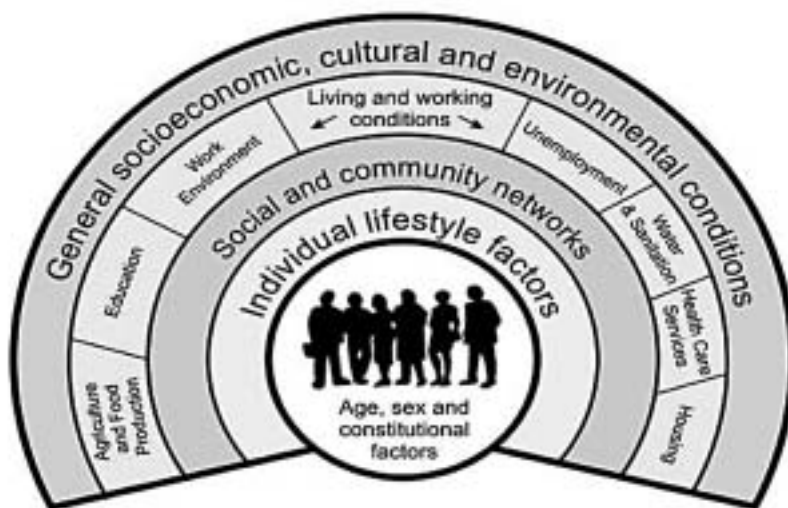
<sup>6</sup>For information on the Canadian Index of Wellbeing go to [www.atkinsonfoundation.ca/ciw](http://www.atkinsonfoundation.ca/ciw)

## Sudbury & District Health Unit (SDHU) – Acting on the Social Determinants of Health

Sandra Laclé, Acting CEO of the Health Unit opened a recent HHRC symposium called *Health Equity: Are we There Yet?* She stressed the importance of choosing a model such as the one developed by Dahlgren and Whitehead (1991) to guide program development and direct strategy. Sandra suggested that health units not get bogged down in discussions of the specific distinctions between the layers of the model, but rather understand that the key to reducing health disparities includes assessing health inequities through the lens that the model provides. Universal health promotion strategies such as education tend to work better with higher economic groups; she advises, for instance, on focusing on peer led programs to increase the uptake among at risk groups in a positive way. She advised program planners to be inclusive in programming. Know what the inequities are so that you can really drill down your intervention. For example, the number of smoke-free homes in Sudbury was significantly higher in higher income groups. Knowing this is helping the Health Unit to target its efforts appropriately.

### Towards a Comprehensive Strategy to Tackle Social Inequities in Health

Source: G Dahlgren and M Whitehead, Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991



### How Can Public Health Improve the Social and Economic Conditions That Put Individuals at Greater Risk of Poor Health?

SDHU uses a number of strategies to accomplish this. Examples of their related projects and current actions are noted below.

- **Inform public opinion – Act as a catalyst and enabler**
  - o Produced and publicized reports on local health status by the social determinants such as dental caries by income group and the cost of a nutritious food basket by general welfare rates
  - o Conducted a needs assessment of Sudbury's working poor population and produced a *High Costs of Low Pay Report*
- **Assist or lead in the development of a health charter**
  - o Participated with partners in the creation of a children's health charter which asks for organizational commitment in addressing the social and economic conditions needed to improve to child health
- **Advocacy – participate in equity-based local planning**
  - o SDHU maintains membership on the local social planning council and has supported the local poverty plan
  - o Joined other health units to present a framework to integrate social and economic determinants of health into public health to the Ministry of Health and Long Term Care (MOHLTC)
  - o Continue to speak at conferences and participate in working groups to address the social and economic inequities that are the root causes of health inequities
- **Improve environments where people live, work and play so that priority populations have greater access to opportunities for health**
  - o Held focus groups with youth to uncover barriers to participation
  - o Actively creating recreational opportunities for broad range of residents
  - o Offer programs such as community gardens and community food advisor training
  - o Provided volunteer child minding and transportation to increase access
  - o Facilitated youth to develop a tobacco cessation program. This peer led program was developed with and by the youth with health unit staff providing existing cessation resources.
  - o Participate in the Aboriginal Community Food Advisor Program
  - o Provide clinical services at locations accessible to those with the greatest needs

### What *Doesn't* Seem to Mitigate Disparities?

- Spending more on health care without targeting to high-needs populations
- Increases in total GDP or average income
- Population wide prevention programs-(the well-off respond better than the disadvantaged)
- A fragmented and episode-oriented health care system (not good at addressing complex, multi-faceted needs)

### What *Does* Seem to Mitigate Disparities?

- Classic public health measures, especially clean water, infection control, water fluoridation
- Low unemployment rates
- Strong social safety net
- Early childhood development programs
- Universal access to health care
- A more egalitarian political ethos



Acting on the Social Determinants of Health (cont.)

### In what ways can public health foster greater social support and community participation among priority populations?

Social inclusion principles suggest that all participants are valued members of society. They also help to create a shared sense of belonging. SDHU has as a strategic direction to increase community voices for public health and is moving more in the direction of encouraging communities to participate in the planning, delivery and evaluation of programs and services. The SDHU participates with local community action networks, has conducted a "Count Me In" campaign and is beginning to use the Best Start hub locations to provide programs that are easily accessible for higher risk families.

### In what way can public health support healthy lifestyles among priority populations?

According to the SDHU...The bottom line is that public health must act on the social determinants of health – or real gains in the population's health will be limited!

## Success Stories: Programs, Projects and Practices of Community Partnerships

The following are accounts of how individual programs, projects and practices within health units and community partnerships have addressed social inequities in health. Many of these were presented at the HHRC symposium, but several have since been "discovered".

### Addressing Equity and Social Determinants of Health: Marginalized Women and Inclusion

Tekla Hendrickson, Provincial Director of the Ontario Women's Health Network

The Ontario Women's Health Network (OWHN) was created in 1997 to give voice to women's health issues, advocate on these issues to policy makers, service providers and the public, link women to health-related resources and strengthen the ability of women and communities to promote their health.

The network conducted a series of focus groups to identify the specific needs of marginalized women. The participants said they were tired of being asked what they wanted without any follow-up or involvement. As a result the Network adopted the practice of Inclusion Research. This is a form of participatory research which involved marginalized women in every part of the research process, to ensure that their voices were heard, that they were "at the table," and that the appropriate actions were taken to meet their needs. Inclusion Research was developed by a wide collaboration of cross-sectoral partners. It united the framework of Inclusion developed by Ontario Prevention Clearinghouse, the experience of listening to women gained by OWHN through conducting focus groups, a methodology of training people who are homeless as researchers, pioneered by the Asset Mapping Research Project, the experience in health promotion among marginalized populations of Toronto Public Health, and the collective analysis methodology developed by Centre for Health Promotion.

#### Methodology

The Inclusion Research approach creates circles of investigation, uniting researchers from the populations under study with professionals to create new policy approaches to difficult problems. At the centre of this methodology were marginalized women who were trained and supported to conduct Inclusion Research with the support of project investigators. This methodology was successfully used in two projects:

- Count Us In! Inclusion and Homeless Women in Downtown East Toronto (funded by the Wellesley Institute) Produced *Charter for Offering Services to Women*
- Marginalized Women, Inclusion and Stroke (funded by the Ontario Ministry of Health and Long Term Care and Ministry of Health Promotion) Produced *Key to Women's Health: A Health Promotion Framework to Prevent Stroke among Marginalized Women*

#### Lessons Learned

- **Relevant and effective research**  
Including women who are marginalized ensures that the work being done is relevant and effective.
- **Desire to be actively involved**  
Women who are marginalized want to have power over their lives, defining the issues and finding the solutions.
- **Increases quality of work**  
Inclusion Research enables different stakeholders to be at the table: marginalized women, researchers, policy makers.  
The result is better research and better policy.

For further information contact: [OWHN@opc.on.ca](mailto:OWHN@opc.on.ca)

### Moving From the Margins

Society needs to challenge its structure and ways of working to ensure that everyone is included by involving them in circles of:

- Inclusion Research
- Policy/program development
- Advocacy for change

Ontario Women's Health Network, 2007



A Feature from Ontario's Heart Health Resource Centre

## A Media Campaign to Raise Awareness of Health Inequities

Anne Adair, Former Coordinator, Health for Life, Peterborough



In November 2006 a Statistics Canada survey conducted in Peterborough, Ontario, revealed that as household income increased, residents' recognition of the importance of the determinants of health decreased. While virtually all survey respondents, regardless of income, rated "availability of doctors" as "very important to health", the same consistency in responses was not seen when ranking select determinants of health. For example, 88.4% of low-income residents ranked "adequate income" as "very important to health", yet only 73.8% of high-income residents recognized that "adequate income" was "very important to health". Similarly divergent response rates were seen between income levels when residents were asked to rank the importance of "access to nutritious food" and "social support networks".

Recognizing that decision-makers are more likely to be higher-income earners, it was felt that increasing awareness of the determinants of health among this segment of the population was prudent. To that end, Health for Life Peterborough and the Peterborough County-City Health Unit worked with local CBC affiliate, CHEX Television, to create a series of ads which would highlight health inequalities. The intent of the ads was to shift the dominant thinking from how the medical system and individual behaviours affect health, to how social programs and policy decisions affect health.

Three ads, targeting middle- and upper-income residents of Peterborough, were produced which presented adequate income, access to food, and affordable housing, as essential to good health. The ads directed viewers to the health unit website for further information on the determinants of health, links to related websites, and suggestions on how citizens could take action to support a healthier community.

Total cost for production and placement of the ads was \$5,500.00. They aired 114 times during the fall of 2007. Feedback on the ads has been positive. The Statistics Canada survey question related to the determinants of health will be repeated in late 2008.

To view the television ads, visit the "Poverty and Health" section of the health unit's website at [www.pcchu.ca](http://www.pcchu.ca). For more information please contact Health Promoter, Christine Post, at the Peterborough County-City Health Unit, 705-743-1000 ext.293 or [cpost@pcchu.ca](mailto:cpost@pcchu.ca).





### **African Caribbean Diabetes Prevention and Heart Health Education Program,**

Julie Charlebois, Toronto Heart Health Partnership and Dr. Miriam Rossi, University of Toronto

**Partners:** The Black Secretariat  
Anglican Church of the Nativity  
Revivaltime Tabernacle  
Church of the Pentecost (two locations)

This project implements comprehensive public education strategies that are culturally appropriate and that reflect an integrated approach to addressing the modifiable risk factors. The activities occur in four faith-based communities. All projects are volunteer-delivered, with a heavy emphasis on train-the-trainer supports. Activities have included: Cook, Glow and Grow, Food and Health Fairs, Ebony Yoga, Cooking at the Heart of Diabetes, Nutrition and Stress, Meditation, Move to the Beat, ReggaeSize and the On the Move Walking Program.

#### **Successes/Impacts:**

Four churches have acted as hosts for activities targeting the surrounding communities as well as their own parish. Successes have been numerous, as these programs have been very responsive to the cultural practices of the audience. Some examples:

- This programming, while targeting youth, has had great intergenerational effect.
- People who don't usually attend the churches participated.
- An aboriginal residence opened beside one of the churches; inter-cultural outreach took place; first nations leaders and leaders of the black community have created joint programming that is attended by both cultural communities.
- Two week March Break camp was implemented since many youth are left on their own because of working parents. Two retired principles were enlisted to run the program; address lifestyles, tutoring, job skills, financing.
- Children in the programs have had healthy eating modeled for them and are requesting veggie and fruit-based snacks. Some parents report that their children now want these types of 'healthy' foods and whole grain bread, not white bread, at home.
- Two engineering professors volunteered to tutor young males without fathers, working to increase self-esteem, skills and ultimately health.
- The positive impact on young people is visible.
- Programming in one site is offered in both English and Tweek (Ghana).

For further information contact Dr. Rossi at: [miriam.rossi@utoronto.ca](mailto:miriam.rossi@utoronto.ca)

## Camps United

Tracy Cato, Executive Director, It's In Me Education and Training Programs, Etobicoke, ON

### *Major Partners:*

City of Toronto Parks, Recreation and Forestry - Elmbank Community Centre, Humber College, Humber Student Federation, Chartwell Services, Toronto District School Board, Toronto Community Housing Corporation, It's In Me Education and Training Programs, West Indian Volunteer Support Services, Albion Neighbourhood Services, North York Harvest Food Bank, Second Harvest

Camps United has provided innovative programs to children and youth in the Jamestown corridor of Etobicoke. A large proportion of residents have low incomes. The extensive list of partners above enables organizers to offer free swimming, sailing, African dance and drumming, arts and crafts and flight simulation classes. Yes – flight simulation! Groups of ten participants have two leaders who teach them and escort them to and from the sites of the classes. Students are given breakfast and lunch. Some children receive food to take home after their classes.

### *Future pilots?*

Camps United offers a very popular flight simulation program to kids from 9 to 15 yr. The youth attend classes at the Rexdale Pro Tech Media Centre. The Urban Pilots Network, an organization of black pilots, participates in the program. The students tour Buttonville Airport and see areas not always open to the public. They learn about mechanics and finally, they each fly in the cockpit of a 4-seater Cessna. Some of the "graduates" have enrolled in the Air Cadets to further their training and learn navigation.

### *Successes*

Over the last 5 years, 500 children and youth ages 3 – 15yr. have participated in the after school programs. Children and youth who participate are exposed to opportunities that they might otherwise not have. Their expectations about what is possible are enhanced beyond those of their peer groups who don't participate in the programs. They believe the possibilities are endless. Dane, aged 12yr. doesn't talk about finishing high school – he talks about college and university. The Camps United programs are aimed at increasing the expectations of children and youth in Jamestown by engaging them in innovative ways.

### *Important learning*

Most of the available spots for the camps in Jamestown were initially taken by parents outside the area who booked them online. Parents in Jamestown who don't have easy access to computers were unable to register their children. This problem was solved by having many of the programs targeted to low income children taken out of the City's program catalogue so that parents had to register in person. This better suited the local parents and resulted in high registrations of local children and youth.

For further information contact Tracy Cato at: [itsinmeprograms@yahoo.com](mailto:itsinmeprograms@yahoo.com)



## Woolwich Healthy Communities

Lorna Heidenheim, Executive Director, Ontario Healthy Communities Coalition

Woolwich Healthy Communities is the longest-standing and quite likely the most active of all of the Healthy Community coalitions in Ontario. Woolwich is a rural township known for its Mennonite history and its population of Mennonite farmers.

In 1988 ground water contaminants were discovered. The Waterloo Regional Government appointed a committee to respond to the resulting health concerns, which included representatives from health care, government, local environmental groups and local citizens. This committee sponsored a Visioning Day to involve the people of the township directly in identifying and addressing their concerns using the Healthy Communities approach. Fifty-three people attended, most of whom continued to stay involved with subsequent activities.

As a result of the Visioning Day, the Woolwich Healthy Communities Coordinating Committee was formed to promote the Healthy Communities concept and develop future initiatives. Members included: local politicians and people representing education, business, health and social services. The Woolwich Township Council endorsed the 'Healthy Communities' concept and directed that "council and staff representatives work with WHCCC and other interested organizations and individuals on the formation of healthy community guiding principles for Council's approval".

Three clear themes emerged from Visioning Day: stream rehabilitation, hiking and biking trails and sustainable development. Several subcommittees were formed to plan and implement action in all of these areas. Since then, many programs and initiatives have been carried out by Woolwich Healthy Communities, such as creek stabilization and tree-planting projects in cooperation with local farmers, trails development, and events such as alternative energy tours, a Green Technology Fair, buy local initiatives promoting local foods, and workshops on promotion for local farmers.

In 1995 Woolwich Township approved a set of *Guiding Principles* developed by Woolwich Healthy Communities. The principles express their community's values in an organized, applicable way. They can be used as an assessment tool for decision-making.

### *Guiding Principles*

Is this decision/plan likely to:

1. Build a Feeling of Community?
2. Give Voice and Choice?
3. Support Farming?
4. Support Local Business?
5. Treat Waste as a Resource?
6. Improve Community Amenities?
7. Improve the Quality of the Environment?
8. Provide for People's Basic Needs?
9. Honour the Past, Safeguard the Future?



There are many factors involved in the success of Woolwich Healthy Communities. First is the large number of willing volunteers that are involved in many different capacities, from being on various committees to helping out at events. They receive excellent staff support from the Woolwich Community Health Centre and the Region of Waterloo Public Health Department. The Township has also provided staff support and resources to the group. Using a Healthy Communities framework was a catalyst to action and created mechanisms for dialogue and developing partnerships. The success of their approach to working with Mennonite farmers and the relationship with the Township were all clearly results of using a Healthy Communities approach.

For further information contact Lorna Heidenheim at: [lornah@healthycommunities.on.ca](mailto:lornah@healthycommunities.on.ca)

## Benefits of Student Nutrition Programs for Youth go Beyond Health

Lesley Macaskill, Supervisor, Student Nutrition Program, Toronto Public Health

The Toronto Partners for Student Nutrition, which include Toronto Public Health, Toronto District School Board, Toronto Catholic District School Board, Angel Foundation for Learning, Toronto Foundation for Student Success and FoodShare, work collaboratively to ensure high quality, community-based sustainable nutrition programs. They serve over 80,000 meals and snacks to Toronto children and youth each day.

Student nutrition programs provide nutritious food to children and youth before, during and after school. In a growing number of alternative schools across Toronto, nutrition programs are becoming part of the daily curriculum. Alternative schools include those that exist for students expelled or suspended from the regular school system. Many youth attending these programs are living in poverty, some living independently, having to select, acquire/purchase and prepare all of their own food. Teachers have reported the enormous impact the food has had on their students since 2005, when City of Toronto funding became available to support these programs.

Students are fully involved in the planning and preparation of one or two meals and snacks each school day. They are acquiring essential life skills such as menu planning, budgeting, shopping, healthy eating, cooking and safe food handling. Teachers report that overall behaviour has improved throughout the school day and students are learning to enjoy the process of cooking and sharing food together. Perhaps the most important effect of these programs is the powerful incentive of food to keep these students attending school and arriving on time. From our perspective as health professionals, we know that they are ensured access to nutritious foods and learning how to prepare them for themselves and their future families. From the educators' perspectives, these youth are learning the benefits of staying in school and are seeing first-hand how some learning has direct benefits to their lives. These youth don't know it yet, but they are helping to reduce their future risk of chronic diseases and food insecurity just by showing up.

For further information contact Lesley Macaskill at: [Imacask@toronto.ca](mailto:Imacask@toronto.ca)



Students and staff at George Harvey Collegiate Institute's Jumpstart Breakfast Program.



A Feature from Ontario's Heart Health Resource Centre

### Increasing Access to Locally Produced Food

Barb Eles, Heart Health Lead for the Sudbury & Manitoulin Districts Heart Health



In 2003 the Sudbury East Heart Health Coalition identified the need to support healthy eating in its local communities. Sudbury East consists of four municipalities in a widespread geographic area. They are Markstay-Warren, which includes Hagar and Ratter Lake; St.-Charles, which includes West Arm; Rivière des Français (French River), which includes Noelville, Monetville, Ouellette, Rutter and Alban; and Killarney. The communities are rural in nature. This large geographical area, also known as Land of the Voyageur, shares a history that is rich in agriculture, forestry, and tourism. The Sudbury East region has a population of 7,110 covering 3,076 km<sup>2</sup> and is located approximately 60 to 80 km from the City of Greater Sudbury. The population doubles in the summer. Fifty-three per cent of the population in the Sudbury East region is Francophone. This compares to 28% for the whole Sudbury & District Health Unit area. Sixty per cent of the Sudbury East population is fluent in both English and French, and approximately 38% is fluent in English only.

The challenge was that we needed a strategy that would provide the community with environmental supports for healthy eating.

A multi-faceted approach was used with programming for school-aged children including the opportunity to plant in a local garden. In addition, the community was mobilized to create a producers map to promote the availability of local food.

In 2004 students from the two schools in Warren were involved with the "Reap & Eat ~ Sow & Grow" project. A coalition member donated land to create a community garden. Teachers walked the children from school to the garden and planted pumpkin seeds. They were also encouraged to adopt a garden plot with their family and to monitor the progress of the crops over the summer months. That fall, a coalition member with food preparation training, prepared and served roasted pumpkin seeds, muffins, and soup.

In the second year of the "Reap & Eat ~ Sow & Grow" project (2005) the students grew beets and Sudbury East Coalition partners prepared and served beet cake, borsch, and beet chips. The students raved about how good everything tasted and were sold on the idea of fresh produce. In the third year (2006) students grew carrots and squash, and they were served carrot bread, pickled carrot sticks, and sweet potato and carrot casserole. A third school was involved and students grew pumpkins for their first gardening endeavour.

Rules for sharing the garden plots were developed to keep the gardens as environmentally pure as possible.

In Killarney students produced herbs at an alternative indoor garden in the local school. The students produced placemats depicting healthy meals for use at the local church bazaar.

Another aspect of this program focused on the availability of local foods. Local producers attended a brainstorming activity where potential projects were discussed. A follow-up luncheon resulted in a decision to create a map showing the location of food producers in Sudbury East as well as the foods they offer. The map was created using pictures from local farms, local producers, local food stores, and local crops. It demonstrates the diverse agricultural richness of the area. The map was also translated into French.

The local producers were thanked at a luncheon. The maps have been disseminated at key locations in each of the four municipalities that comprise Sudbury East. There has been a great demand for the maps by both local residents and tourists. The maps were requested for Foire Gourmande, an annual festival in August that celebrates regional food of the Lake Temiskaming basin in northeastern Ontario and northwestern Quebec. This culinary feast hosted over 35,000 people over a three-day weekend. The maps were also available in Toronto at the Royal Agricultural Fair.

Challenges have occurred in securing and maintaining gardening sites. School interest remains high.

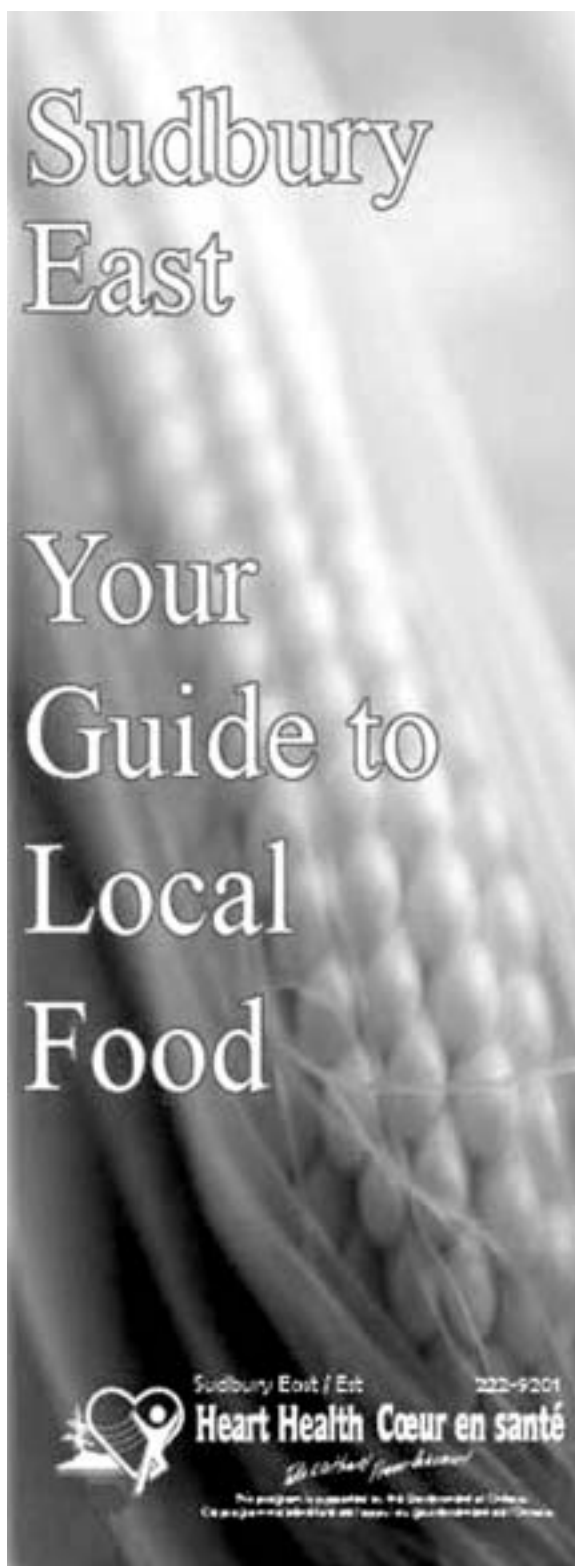
The final step of this project will be the production of the map as a placemat. Dissemination will be to Sudbury East restaurants and lodges in the spring of 2008.

The Sudbury East Heart Health Coalition emphasizes the importance of healthy eating. It will continue to support the consumption of locally produced food to improve the lifestyle of our communities.

#### Results:

- Distribution of 4,000 maps in 2007.
- Community gardens established in two communities.
- Forty-four food producers and eight local grocery stores participating in the "Your Guide to Local Food".
- Community Partners engaged in development of the map and school program delivery.
- Three schools were involved.
- Increased awareness of availability of locally produced foods.

For more information please contact:  
Sudbury East Heart Health Coalition - Sudbury & Manitoulin Districts Heart Health Project 1-866-522-9200, ext. 215





### Summary

All of the programs, projects and practices above demonstrate innovative ways to address at least one aspect of health inequity. They do this in innovative ways unique to the communities which they serve.

It may seem like we are a million miles away from achieving health equity in Ontario, but what is really important now is that we move ourselves along. The health sector has some capacity to reduce disparities by making programs more effective and responsive. We have a role to play in awareness-raising, reporting, advocacy and fostering inclusion through diverse partnerships. Although we can learn from European reports and experiences, we can learn from each other too.

## Resources: Inequality, Poverty & Health

### On the Social Determinants of Health

Bergeron, K. Ed. *Addressing the Social Determinants of Health through a Heart Health Lens* @ heart, Heart Health Resource Centre, Issue 23, Summer, 2006 available at: [www.hhrc.net/pubs/hh\\_newsletters/@heart\\_23.pdf](http://www.hhrc.net/pubs/hh_newsletters/@heart_23.pdf)

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Raphael, D. *Poverty and Policy in Canada: Implications for Health and Quality of Life*. Available at: <http://tinyurl.com/2uds3s>

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### On Poverty & Health

Campaign 2000 – End child poverty in Canada: [www.campaign2000.ca](http://www.campaign2000.ca)

Pong, R.W. (2007) *Rural Poverty and Health: What Do We Know?* Invited presentation to the Standing Senate Committee on Agriculture and Forestry. Ottawa, Ontario, Canada; May 29, 2007. available at: [www.cranhr.ca/pdf/Presentation\\_Senate\\_Committee\\_on\\_rural\\_poverty\\_-\\_May\\_2007.pdf](http://www.cranhr.ca/pdf/Presentation_Senate_Committee_on_rural_poverty_-_May_2007.pdf)

The National Anti Poverty Organization (NAPO) – Working to eliminate poverty in Canada: [www.napo-onap.ca](http://www.napo-onap.ca)

### Reports

Child Poverty Action Network: <http://www.renfrewcountycpan.ca/>

Colour of Poverty: [www.colourofpoverty.ca](http://www.colourofpoverty.ca)

Social Planning Network of Ontario: [www.spno.ca](http://www.spno.ca) Links to local reports from social planning organizations in Ontario.

Thunder Bay Economic Justice Committee: <http://www.kalc.ca/tbejc.htm>

Toronto Health Profiles: <http://www.torontohealthprofiles.ca>

The Pembina Institute: Ontario Community Sustainability Report — 2007. <http://www.pembina.org/pub/1512>

HHRC wishes to thank Sheila Lupson of the Ontario Healthy Communities Coalition for her contribution to this list of resources.

A Feature from Ontario's Heart Health Resource Centre



# 26

# @heart

Issue 26, Winter 2008

A Feature from Ontario's Heart Health Resource Centre

**@heart production:**

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Design by:

The Graffic Link Design Studio, Brantford

@heart is published regularly as a Feature to focus on topics of current interest to the provincial heart health partnerships that comprise the Ontario Heart Health Program (OHHP).

@heart is published by the Heart Health Resource Centre, c/o Ontario Public Health Association, 700 Lawrence Ave. W, Suite 310, Toronto, Ontario, M6A 3B4

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