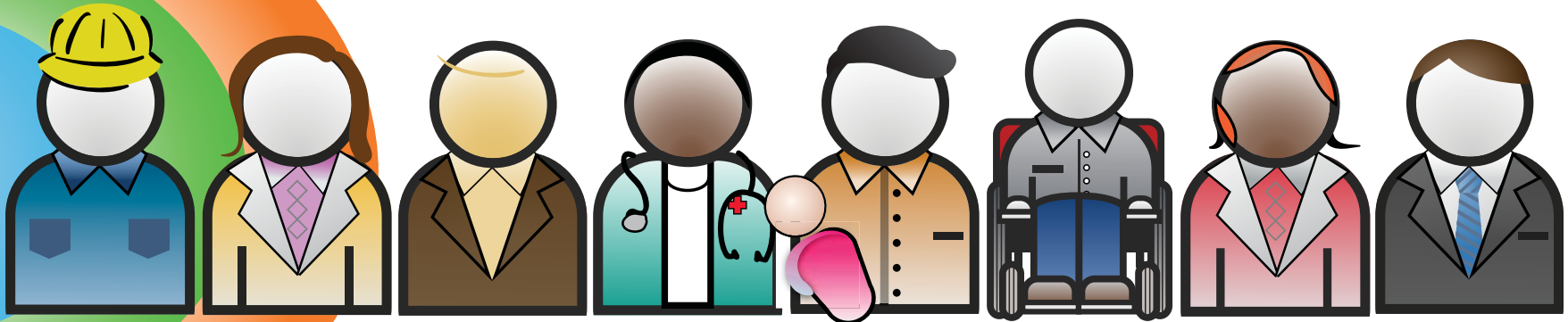




# Let's Start a Conversation About *Health* . . .

and Not Talk About *Health Care* at All

## USER GUIDE



# Acknowledgements

The Halton Region Health Department wishes to express our gratitude and thanks to the Sudbury & District Health Unit for developing this resource and allowing us to adapt the video and user guide for use in Halton. While this resource has been developed primarily for use by a public health audience we encourage others to use it as well.

We also wish to thank Emily Murphy and Community Development Halton for providing input to the “Challenging common perceptions” section to help ensure that the Halton perspective has been included.

Lastly we wish to thank the following organizations for sharing their stories highlighted in the *Ideas and inspiration for action* section:

- Halton Food for Thought
- North Halton Mental Health Clinic
- Our Kids Network
- Sheridan College – Enhanced Language Training Pathways Program
- Voices for Change Halton

This local input has been invaluable in ensuring that this user guide is reflective of the Halton context.

Adapted with permission from the Sudbury & District Health Unit © 2011

The resource was prepared by staff at the Sudbury & District Health Unit and adapted by Halton Region staff. This resource may be reproduced from educational purposes on the condition that full credit is given to the Sudbury & District Health Unit and Halton Region. This resource may not be reproduced or used for revenue generation purposes.

# Contents

1	A few words from our Medical Officer of Health	1
2	About the <i>Let's Start a Conversation . . .</i> video	2
3	Five key messages from <i>Let's Start a Conversation</i>	3
4	How to use this guide	4
5	Anita's story—a reminder about health equity	5
6	Communicating a complex message . . . simply	7
7	Challenging common perceptions about health	10
8	Tips and tools for starting a conversation	12
9	Ideas and inspiration for action	15
10	Additional resources	19

# 1

## A few words from the Medical Officer of Health

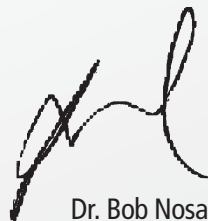
### Let's start a conversation about health . . . and not talk about health care at all.

The Halton Region Health Department believes that all residents should have the opportunity to make choices that allow them to live a long, healthy life, regardless of diversities such as income, education or ethnic backgrounds. This idea is reflected in our mission statement "*Together with the Halton Community, the Health Department works to achieve the best possible health for **all**.*" As a result, we are committed to providing accessible, affordable public health services to all Halton residents.

However, avoidable differences in health do exist among citizens. We know that adults in Halton are more likely to report being in excellent or very good health as household income increases. We also know that residents in the most socially and economically deprived areas within Halton visit emergency departments more often, are hospitalized more frequently and have higher rates of premature death.

So why do these health differences exist? Good health is about much more than having access to health care. It is about our living conditions - income, education, jobs, housing, social supports – that shape our opportunities to be healthy. Everyone needs access to health care, but healthy communities and living conditions reduce our need for health services.

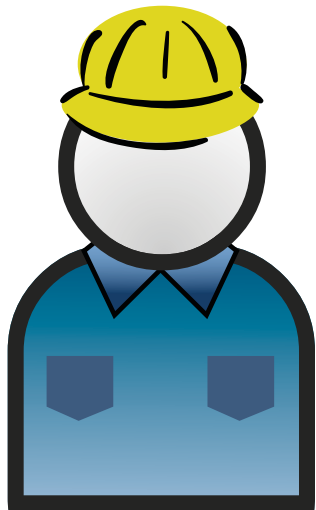
Our hope is that this video and user guide will be shown and used throughout the Halton community. While this user guide has been developed primarily for a public health audience, we encourage others to use it as well. As the video states, "We are Halton. We are known for our high quality of life. We are known for working together to solve complex problems. The evidence is all around us." We have featured several local success stories in this guide. These stories highlight people working together to build healthy communities that create opportunities for Halton residents to be healthy. We encourage the Halton community to come together and use this video and user guide to spark further conversations that can lead to more innovative ideas and solutions for improving the health of our communities.



Dr. Bob Nosal  
Medical Officer of Health  
Halton Region

# 2

## About the *Let's Start a Conversation . . .* video



*Let's Start a Conversation about Health ...and Not Talk about Health Care at All* is a five-minute video highlighting that HEALTH is about much more than access to medical care. It highlights that everyone has different opportunities for health, largely influenced by their social and economic conditions. Using this broad view of health, the video describes actions that many different people and organizations can take. It encourages everyone – nurses, teachers, builders, parents, business owners, students, volunteers, community leaders ... to start a conversation about health ...and not talk about health care at all.

**You** **Have you seen it yet?**  
**Tube** Watch the video online at  
[www.halton.ca/healthequity](http://www.halton.ca/healthequity)

# 3

## Five key messages

## from

## *Let's Start a Conversation . . .*



**1 Health improves at every rung up the income and social ladder.** Yes, our health is influenced by genetics and behaviours such as smoking, diet, and physical activity. However, a consistently important predictor of how healthy we are is our social and economic status. For example, within the lowest income areas of Halton, residents experience the highest rates of early death, greatest hospitalization rates and the highest rates of emergency room visits.

**2 Everyone has different opportunities for health, largely influenced by their social and economic conditions.**

*Let's Start a Conversation* ...presents the story of Anita. Anita's asthma is worse because of her stuffy apartment and she is stressed. While our own behaviours certainly make a difference to our health, our behaviours are influenced by many other factors in our lives. Anita is working at a minimum wage job with no benefits. She is unable to afford air conditioning or her asthma medications. With few friends and a limited social network, she finds it difficult to cope with her challenging circumstances. This has a big impact on both her physical and mental health. Jobs, education, housing, social networks – each of these factors can promote, or limit, opportunities for health.

**3 Social and economic conditions are the result of actions that all of us can take. Individually and collectively we CAN make decisions and choices that are good for our communities and good for our health.** For example, as individuals, how we vote influences

the decisions that are made by governments and community leaders. As businesses and agencies, the programs and services we provide can contribute to healthy environments. As professionals, the way in which we work with clients and colleagues can enhance community capacity, participation, and inclusion. As leaders and elected officials, the policies we support – housing, finance, education, transportation – all shape the way we live, and our opportunities to be healthy.

**4 Health care alone cannot fix our health problems.** An effective health care system is essential for treating us when we are ill. But our system is expensive and growing at a rate that is outpacing other sectors; a rate that many believe is unsustainable. Health, of course, is about much more than illness care. Individual and community health, well-being and prosperity are created when all sectors invest in health-supporting actions.

**5 WE ALL HAVE A ROLE TO PLAY!**

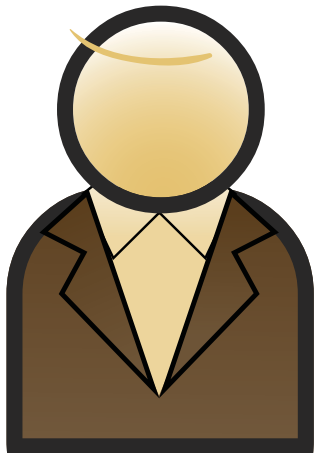
Public health staff, partners and community members from all sectors and backgrounds possess unique strengths, skills, and perspectives on what makes our community healthy. Let's start a conversation about the actions we can all take to improve health ... without talking about health care at all. Contact the Halton Region Health Department at 311 or 1-866-442-5866.



Visit the health equity web pages  
[www.halton.ca/healthequity](http://www.halton.ca/healthequity)

# 4

## How to use this guide



## What would you say if you were asked the question, “What do you do in public health?”

You might say you provide immunizations, promote car seat safety, collect health data, inspect restaurants, or work to make our communities more physically active. However, as a staff member of the *Halton Region Health Department*, you could just as likely say that you work to reduce health inequities, create jobs, reduce poverty, or encourage inclusiveness. This video and *User Guide* are designed to help you navigate through a variety of complex issues that impact our health.

### Use this guide . . .

- ✓ As a resource to **build your own understanding** of the diverse factors that impact health.
- ✓ As a “go-to” source for **answers to frequently asked questions.**
- ✓ As a tool to help **lead and participate in discussions with others.**

### For example:

You are leading your team through its annual program planning process. You refer to the *Ideas and inspiration for action* section starting on page 15 of this guide for some concrete examples of how you might engage other sectors in your work to reduce health inequities.

You shared the *Let’s Start a Conversation . . .* video with a colleague at another community agency. She asks you, “So, are you trying to say that we should stop funding hospitals and give more money to public health?” You refer to the guide’s sections on *Challenging common perceptions about health* (page 10) and *Communicating a complex message . . . simply* (page 7) for suggestions to help answer the question.

You are helping to coordinate a group of local community residents and agency representatives interested in promoting physical activity. At one of your meetings, you view *Let’s Start a Conversation . . .* and use some of the guide’s *Tips and tools for starting a conversation* (page 12 – 14) to lead a discussion about how it may influence the group’s future advocacy and health promotion activities.

# 5

## Anita's story— a reminder about health equity



Our health is influenced by a broad range of factors. These include genetics, individual lifestyles and behaviours, as well as the physical, social, and economic environments in which we live. **Let's Start a Conversation**... presents the story of Anita. Anita is in the emergency department because of her worsening asthma. She lives in a stuffy apartment and is stressed out. She works at a low paying job and does not have any benefits. Her limited education and experience makes it difficult for her to find a better paying job. Certainly, Anita's health may be influenced by some of her personal choices and behaviours, such as how she copes with stress. Her behaviours, however, have been influenced by some very challenging social and economic circumstances.

## So . . . what does Anita's story have to do with health equity?

Health inequities are the differences in health status experienced by different groups of people that are systematic, socially produced, and unfair and unjust. **In other words: The avoidable differences in health between groups that are caused by our living conditions (jobs, schools, housing, neighbourhoods, etc.).**

### In Anita's case, her asthma attack is:

- **socially produced** – by her unhealthy housing, lack of a good job with benefits, limited education and experience, and a limited social network
- **avoidable** – through increased access to affordable, appropriate, accessible housing, employment and training opportunities, and supportive, inclusive neighbourhoods.

Anita is at greater risk of poor health because of her social and economic conditions. Examples of others who may be at risk of health inequities include people with limited education, people who are unemployed or underemployed, people who are living with disabilities or mental illness and addictions, people who are homeless or precariously housed, and people who might be discriminated against due to culture, race, language, sexual orientation, etc.

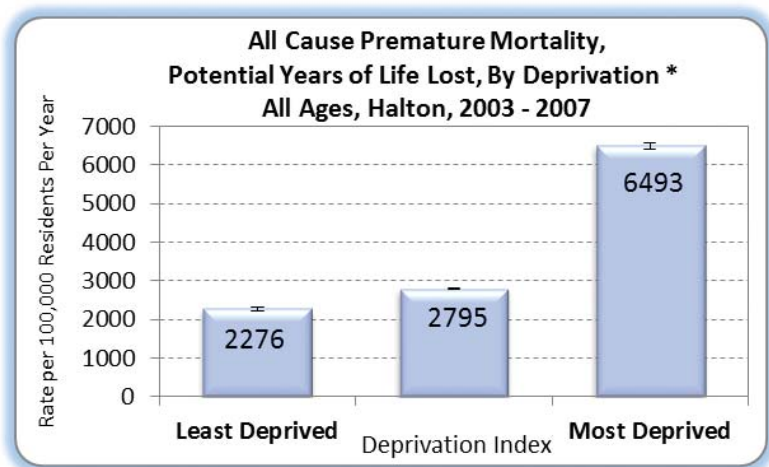


# 5

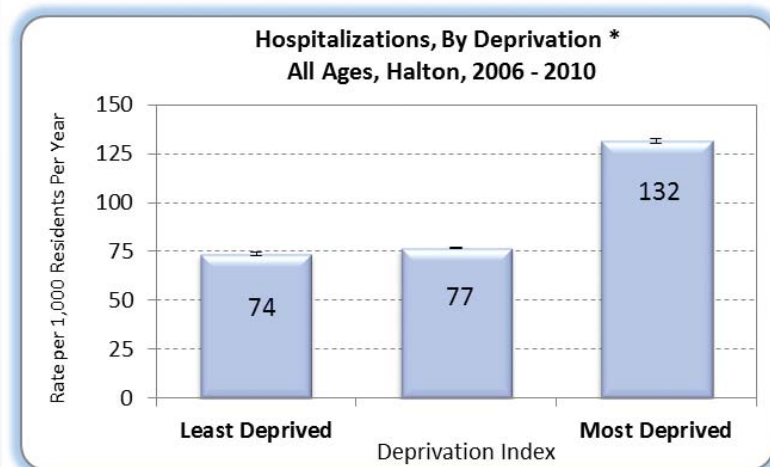
## What does local data tell us about health inequities in Halton?

Residents in the most socially and economically deprived\* areas within Halton Region:

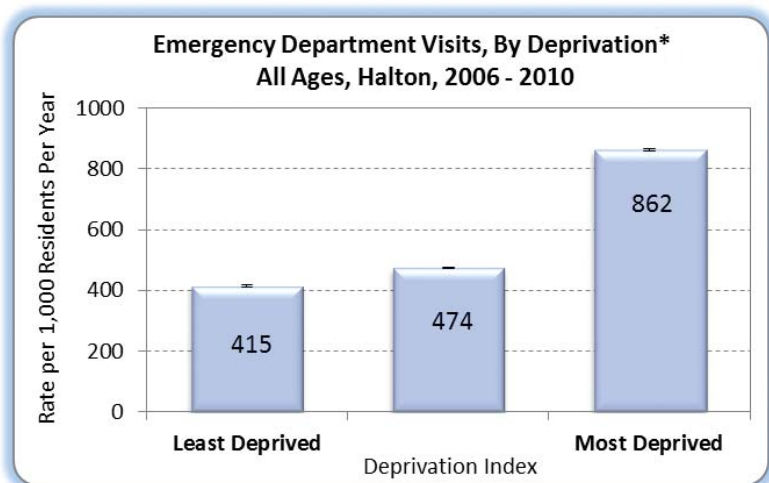
i) Have higher rates of premature death



ii) Are hospitalized more frequently



iii) Visit the emergency department more often



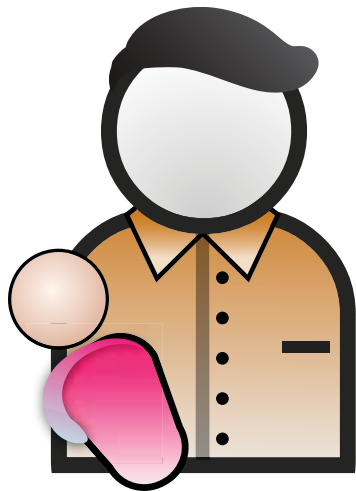
### NOTES:

- Data Sources:
  - Ontario Mortality Database 2003-2007, IntelliHealth, MOHLTC, Extracted July 24, 2012.
  - National Ambulatory Care Reporting System, IntelliHEALTH Ontario, 2006-2010, Ontario MOHLTC
  - Statistics Canada, 2006 Census, Population Counts by Dissemination Area.
  - Institut national de santé publique, Quebec. INSPQ Deprivation Index using 2006 census data by dissemination area. Retrieved from: <http://www.inspq.qc.ca/santescopes/indexeddefavoeng.asp?NoIndD=9&Lg=en>.
- All rates are age standardized to the 1991 Canadian population.
- The methodology used for this analysis was based on the CIHI approach that grouped residents into three levels of deprivation based on the quintiles of social and material deprivation (INSPQ deprivation scale) associated with each census dissemination area. This approach resulted in: 19% of Halton residents categorized as living in areas of "least deprivation", 11% of residents in areas of "most deprivation", and the remaining 70% in between.
- ⊥ indicates the 95% Confidence Intervals

\*Deprivation is when people live in conditions that don't meet basic needs for physical or mental health. Material deprivation looks at if people finished high school, if they have a job and how much money they earn. Social deprivation looks at if people are living alone, are divorced or are single parent families.

# 6

## Communicating a complex message ... simply



Some content adapted from: *A New Way to Talk About the Social Determinants of Health*, Robert Wood Johnson Foundation, 2010.

## Health, health equity, social inequities in health

These terms hold different meanings for different people. It can be challenging to find the right words to explain messages about health. In addition, the language we use shapes the audience's perceptions, understanding, and their ability to connect with the ideas we are sharing. Both the *Tips for talking about health and health equity* (page 8) and *Plain language glossary* (page 9), provide simple explanations for commonly used public health concepts and expressions (a.k.a. jargon). It also provides some general tips for sharing the messages of *Let's Start a Conversation* ... with others.



Check out this touching video called The Power of Words for an example of how our choice of words can dramatically influence our message at:

[www.youtube.com/purplecontent](http://www.youtube.com/purplecontent)

# 6

## Tips for talking about health and health equity

- 1 Describe ideas—don't use jargon.** It is possible to explain social inequities in health without using the term “equity” at all. Try these **phrases** to describe the concepts of social determinants of health and health equity:
  - *Health starts long before illness – in our homes, schools, and jobs.*
  - *Not all members of our communities have the same opportunities to be healthy.*
  - *Everyone should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.*
  - *Neighbourhoods and jobs shouldn't be hazardous to health.*
  - *Opportunities for health start long before medical care is needed.*
  - *Health begins where we live, learn, work, and play.*
- 2 Use simple, informal language.** Avoid using academic terms or jargon. Examples: Use “a good start in life” rather than “prenatal health”; “living conditions” rather than “social determinants of health”.
- 3 Identify the problem, but focus on solutions.** The closing message of *Let's Start a Conversation ...* is “Let's get moving!” Provide others with concrete examples of actions they can take to improve the health of their communities. Remember, actions can be as small as “starting a conversation” with others, or as large as creating a policy or program within their organization.

See the **Ideas and Inspiration for action** section starting on page 15 of this guide for examples of actions that could be supported by a variety of community sectors.

- 4 Acknowledge, but challenge commonly accepted perceptions about health.** Example: “Eating well and exercising are important, but the things that contribute most to our health are how much money we have and our status within our community.”

See the **Challenging common perceptions about health** section on pages 10 and 11 of this guide for more ideas and examples.

- 5 Use statistical data carefully.** The way in which data is presented influences how it will be perceived and understood. To help make data easily understood for your audience:
  - *Use one important fact rather than many facts in one message.*
  - *Present data within a larger context or “story” to make it more meaningful. Try using visual tools such as graphs or maps, to illustrate statistical information.*
- 6 Emphasize different messages for different audiences, but remember, we ALL have a role to play.** Different audiences may relate to some messages from *Let's Start a Conversation ...* more than others. Health sector audiences may connect most with the need to reduce health care costs. Members of the business community may appreciate the call for a diversified economy. Many viewers may already be very active in the area of improving community living conditions and influencing the decisions that shape health. Highlight the many positive efforts already underway and focus on the benefits of having different sectors work together to strengthen actions and advocacy efforts. Although the emphasis of your discussions may change, the ultimate message of *Let's Start a Conversation ...* is that everyone – nurses, teachers, builders, parents, business owners, students, volunteers, community leaders – can start a conversation about health ... and not talk about health care at all.

# 6

## Plain language glossary

**This glossary provides simple explanations to common jargon.**

### deprivation:

When people live in conditions that don't meet basic needs for physical or mental well being.

Deprivation is often measured by a tool called the INSPQ Social and Material Deprivation Index. Material deprivation looks at if people finished high school, if they have a job and how much money they earn. Social deprivation looks at if people are living alone, are divorced or are single parent families.

### food desert:

Areas where it is difficult to purchase fresh, affordable, healthy food.

### health equity

When all members of our communities have good opportunities to be healthy. Everyone should have the opportunity to make choices that allow them to live a long healthy life, regardless of their income, education, or ethnic background.

### levelling up

Giving everyone a chance to live a healthy life.

Working to reduce the gap in health between the most advantaged and least advantaged members of our communities.

### living wage

An income which allows people to put food on the table, support their families and have a place to call home.

### low income workers / working poor

People who work for a living and still struggle to get by.

### policies

Formal or informal rules that set common expectations and guide actions. Policies can be set by individuals, groups, agencies, or governments.

### poverty

Families who can't afford the basics in life.  
People who struggle to get by.

### priority or vulnerable populations

People who face significant barriers to health.  
People who have fewer opportunities to be healthy.

### social advantage or disadvantage

A person's place on the income and social ladder (their wealth, education, job, etc.). Our social status shapes our ability to be healthy.

### social determinants of health

The living conditions – income, education, jobs, housing, social supports – that shape our opportunities to be healthy.

Health starts where we live, learn, work, and play.

Everyone needs access to health care but healthy communities and living conditions make it less likely that we will need it.

### social inclusion

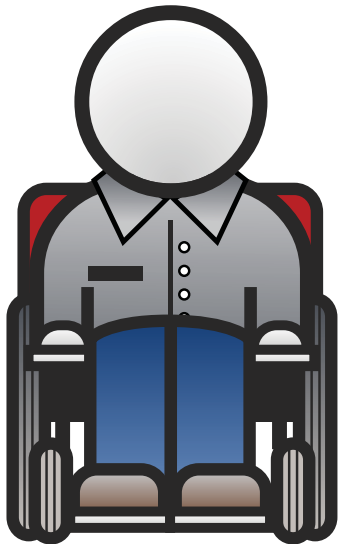
An inclusive community offers support, respect, and opportunities to participate.

### social inequities in health

The avoidable differences in health between groups that are caused by our living conditions, (jobs, schools, housing, neighbourhoods, etc.).

# 7

## Challenging common perceptions about health



**There is no silver bullet,** *no single word or fact that will suddenly transform how people think about health. It is an intensely personal issue that carries with it complex beliefs, conflicted values and a deeply divided electorate about what leads to better health.*

*Robert Wood Johnson Foundation, 2010*

We all carry existing beliefs and perceptions about health; what causes us to be healthy or sick, and what actions and conditions will help us to stay well. One of the objectives of **Let's Start a Conversation** ... is to challenge some of the most commonly held myths about health. Use the examples provided on the following pages to encourage others to think about health in new ways and about their own role in creating healthy communities.

## Perception

- 1 Individual choices and health behaviours – diet, smoking, physical activity, etc. – are the reason that some people are healthier than others.**
- 2 The greatest influence on our health is our ability to access quality health care and treatment. Health care challenges, such as wait times, doctor and nurse shortages, hospital bed shortages, etc., are the reason for poor health.**
- 3 Health inequities are the differences in health experienced by different groups of people. They are natural and normal within communities. These inequities have always existed and will continue to exist regardless of our actions or government interventions.**
- 4 Many of the policies and actions that are needed to support health and reduce health inequities are too costly and are not sustainable.**
- 5 Health inequities are not relevant in Halton where there is such a high quality of life.**

## Challenging the perception

**Acknowledge that lifestyle choices can have a significant impact on people’s health and well-being. Discuss that people don’t intentionally choose to be unhealthy. Use the story of Anita to encourage discussion about how the choices individuals make are shaped by the opportunities they have.** Personal choices such as diet, drinking, smoking, and physical activity, are crucial to our overall health. But making healthy choices isn’t just about having good habits, common sense, or discipline. For example, the ability to access and use fresh food varies depending on people’s life circumstances, including where they live in relation to grocery stores (i.e., food deserts), the cost of the groceries in relation to available income, time and energy levels. The choices we make are influenced by our living conditions and the opportunities that we have.

**Acknowledge the critical importance of quality health care in order to treat illness and restore health. Highlight that people with fewer resources and increased vulnerability for health risks are often the people who have the most difficulty accessing health care. And most importantly that healthy social and economic conditions can help to prevent illness and disease in the first place.** Access to health care (or illness care) does have a significant impact on our health. However, the greatest predictor of our health is where our income, education, and occupation place us on the income and social ladder. The conditions in which we live, learn, work, and play, largely determine whether or not we need to visit our doctor, clinic, or hospital in the first place.

**There will always be some people who are healthier than others. Emphasize, however, that we can make decisions, and shape our communities in ways that increase everyone’s opportunities to be healthy.** Health inequities are defined as “unfair, unjust and avoidable”. They are neither natural, nor inevitable. These concepts are based on human rights and are used by the World Health Organization. Highlight that health, and health inequities are the direct result of decisions that are made by all of us – individuals, agencies, businesses, communities, and every level of government. Ensuring groups of people aren’t excluded by these decisions helps control these unfair, unjust and avoidable health differences. More importantly, we CAN make decisions differently for the health of our communities.

**Highlight some of the known positive economic impacts of healthy communities and individuals. Draw attention to the information presented in Let’s Start a Conversation ... about the increasing costs of health care that will likely continue if we don’t invest in healthy social and economic conditions.** Sustained health improvements among individuals and communities stimulate economic growth. Supporting opportunities for health where people live, work, learn, and play supports productive employees, customers, and communities. Real benefits will come from systematic change more than just charity alone. Healthy people support healthy economies through their participation and spending. Money that might otherwise be spent providing health treatment for unhealthy individuals may now be invested in different ways across community sectors.

**Highlight that Halton has poverty hidden within its neighbourhoods.** In Halton 8.5 % of persons live in low income (under low income cut offs (LICO)) and 10% of children and youth (less than 18 years of age) live in low income, according to 2006 census data from Statistics Canada. When poverty is not visible this creates an alienating experience for people living in poverty.

For more ideas and ways to communicate messages about health and health equity, refer to the **Communicating a complex message ... simply** section on pages 7-9 of this guide.

# 8

## Tips and tools for starting a conversation



Some content taken or adapted from the UNNATURAL CAUSES Discussion Guide and Action Toolkit, a project of California Newsreel. Copyright © 2008 California Newsreel

## Tips

Before you start a conversation with others . . .



**Remember**, social inequities impact each of us in different ways. Although we may all be working towards the same goals – better health, increased opportunities – we bring different experiences, assumptions, and resources to the task. Individual wealth, job status, language, race/ethnicity, skin colour, gender, and sexual orientation affect our views and how we are viewed by others. *Let's Start a Conversation* . . . is a tool to help encourage discussion and reflection, challenge some existing perceptions, and generate ideas for action. As someone sharing this tool, your job is to create dialogue, be non-judgemental, explore creative options, and help inspire action.



**Ask yourself** what's happening outside your organization or field that may support your work and your message? How can you promote successes in other sectors such as a promising initiative or new report? Where can you find allies to help you share your message, overcome obstacles, or bring new partners to the table? How will you handle conflict and criticism when different perspectives are shared?



**Prepare to follow up.** Sharing *Let's Start a Conversation* . . . with others is a first step; the "real" work begins after people watch it. How can you continue to engage others over the long term? How can you maintain momentum and action after the excitement generated by the video fades?

Refer to the **Ideas and inspiration** section starting on page 15 of this guide for some examples of next steps for action.

# 8 Tools

## A Beliefs: before and after

Everyone has certain beliefs about health: what makes people healthy, and what makes people sick. Before watching *Let's Start a Conversation* ... ask the group a few questions about their own beliefs about health. Participants should answer questions individually to allow for the most honest and reflective responses.

### Questions you may want to ask include:

- What determines if a person is sick or healthy?
- Are some groups or members of the Halton community more at risk of being unhealthy? Why?
- Who or what is most responsible for how healthy people are? Why?
- What kinds of things can we do to improve people's health (as individuals, as communities, as governments, etc.)?

Ask these questions again, after watching *Let's Start a Conversation* ... Facilitate a group discussion about whether or not people's ideas have changed? How have they changed? Why or why not?

## B Community focus

Health starts in the communities where we live, work, learn, and play. Our communities represent great opportunities and resources for action to improve health and reduce health inequities. Use *Let's Start a Conversation* ... to prompt viewers to think about their own communities and the factors that impact their community's health.

### You might ask:

- For better or for worse, what conditions depicted in *Let's Start a Conversation* ... do you feel most affect health in your community (housing, education, employment, social inclusion, etc.)? In what ways?
- How can you make things better in your community? What are the greatest challenges? What additional resources are needed? Who are your natural allies and partners?
- What initiatives are already underway in your community that can help improve health? How can you build off of the momentum of these initiatives?

## C Five key messages: facilitated discussion questions

*Let's Start a Conversation* ... presents five key messages about the conditions and actions that determine health. These messages can be explored through facilitated discussion.

### Questions that might prompt meaningful dialogue include:

What social and economic conditions described in *Let's Start a Conversation* ... support and encourage healthy choices?

- o What actions and policies at the local, provincial, and federal level (for example, education, transportation, housing, etc.) might increase people's opportunities to be healthy and reduce health inequities?
- o Why do we typically only think of health in terms of health care and personal behaviours? Where do these perceptions come from?
- o What role might you play in improving the health of our communities?

A Refer to the **Challenging common perceptions about health** section on page 10 and 11 of this guide for more information about commonly held beliefs about health and health inequities.

B The **Community strengths and stressors** exercise on page 14 may spark additional ideas about existing conditions and opportunities within communities.



# 8 Tools

## D Community strengths and stressors

The following chart lists some of the factors that had an impact on Anita from *Let's Start a Conversation* ... These factors may be positive or negative influences in people's lives and in our communities.

+		-
<b>Community Strength</b> <b>Why is this a positive influence on health?</b>	Affordable, quality housing Quality education Good jobs and employment opportunities Income and wealth Social supports Business and economic development Quality health care	<b>Community Stressor</b> <b>Why is this a negative influence on health?</b>

1. As a group, or individually, have participants think about each factor. Have them think about whether each factor is generally a positive or negative influence on the health of their community, and have them explain why. There will likely be multiple, even contradictory answers for each topic.
2. As a group, ask participants to share their results. What are the similarities and differences between their responses? Explore why differing perspectives might exist.
3. Are there any commonly identified negative influences on health? What actions do participants feel may be necessary to improve those conditions?
4. Change the list of factors presented in the chart to best reflect issues affecting your community. Other possible factors may include: food access and availability, public safety, transportation, green spaces, recreational opportunities, etc.

## E Who is Anita in your community?

Everyone – teachers, builders, parents, nurses, business owners, students, volunteers, community leaders – has a story to tell about their health and the health of their community. They may even know their own “Anita”. Provide participants with an opportunity to share their own experiences with the social and economic factors that influence health.

You may find that participants naturally share stories that focus on health behaviours or access to health care services. Try to keep the discussion focused on the social and economic conditions that have influenced people's opportunities to be healthy.

For example:

### Instead of asking

“How can we promote healthier behaviours?”

“Who has the worst health?”

“How to we improve access to health care services?”

### Ask

**“How can we create the conditions that people need to make healthy choices?”**

**“Why do some people have fewer opportunities to be healthy?”**

**“How can we improve living conditions so that people need less access to health care?”**

# 9

## Ideas and inspiration **for** **action**



### Everyone contributes to the health of their community

The closing message of *Let's Start a Conversation* ... is, "Let's get moving!" It is meant to prompt viewers to ask "What can I do?" or "What is my role?" Although, not an exhaustive list, the following pages provide samples of concrete actions that community members from all sectors might take to improve the health of their communities.

# 9

## Ideas and inspiration for action

### General public

- Become involved in your community; start small; strive to find ways to make your neighbourhood friendly and inclusive.
- Get to know your neighbours; recognize and support those who might be going through a difficult time.
- Become involved with local boards, advisory panels, or begin a new community group.
- Write a letter to your local / provincial government to request changes to policies that affect the health of our communities.
- Be vocal against discrimination and injustice in your community.
- Try to reframe your thinking before you judge others; consider the underlying reasons that may lead someone to make unhealthy choices.
- Educate others on factors that influence the health of people in our community ... without talking about health care.

### In Action

Through community Hubs, community and youth-led projects, programs and events, Our Kids Network (OKN), located in Halton Region, mobilizes people to create positive opportunities, experiences and environments for children and youth. Our Kids Network Community Hubs are located in schools and are within walking distance for most families who are involved. Each of the Hubs has a distinct character that reflects the needs of the families and service partners who connect in that environment.

### Health care sector

- Consider the social and economic conditions that influence your clients and their health.
- Participate in advocacy efforts organized by your professional associations (for example, Registered Nurses Association of Ontario).
- Organize professional development opportunities with other health sector professionals.
- Know what community resources are available to clients to address their social and economic needs (for example, food security, social assistance, subsidized child care, employment training, etc.).
- Share your own experience of how living conditions have impacted the health of your clients.

The North Halton Mental Health Clinic (NHMHC) provides assessment, consultation and treatment with people experiencing complex mental health issues in North Halton. The NHMHC has formally adopted a “No Wrong Door” philosophy. This philosophy is embedded in all policies and services by providing support that is unique to each individual. Even if the person does not meet NHMHC’s specific criteria they are connected with community partners who can provide the required service. NHMHC services are focused not just on biology or medicine but also look at broader client needs such as lifestyle choices, physical health, income, employment, gender, diversity, stigma, and housing. Essentially, NHMHC services are provided with a belief that there can be “no health without mental health”.

# 9

## Ideas and inspiration for action

### Community and social services sector

- Identify and address service gaps that reduce opportunities for health for some members of our community.
- Partner with others to lobby for changes to policies that impact the health of our communities; there is power in numbers with partners working together towards common goals.
- Consider the health impact of your agencies policies and initiatives.
- Seek opportunities to support other agencies with initiatives that improve quality of life in our community.
- Share your own experience of how living conditions have impacted the health of your clients.

### In Action

Voices for Change Halton (Voices) is a grassroots anti-poverty advocacy group. Through Voices, people struggling with low income have come together to take collective action to effect positive change in their communities. The group participated in the Social Assistance Review and met with local candidates in preparation for the 2011 provincial election. Once the group was established it began to co-ordinate with other anti-poverty initiatives, taking part in the Put Food in the Budget campaign and partnering with the Halton Interfaith Council and Halton Poverty Roundtable to participate in a Poverty Free Ontario media event. With these experiences building the capacity of its members, Voices has begun to undertake projects such as a Tenant School and the development of a peer mentoring program organized in conjunction with Halton Community Legal Services. Voices members will use their experience to advocate for the applicants and recipients of services, guiding them and informing them of the options available to them in their community.

### Education sector

- Provide flexible and inclusive opportunities for parents to become involved in their child's education.
- Support programs that address the social and economic needs of students and families within educational settings. This may include school meal or snack programs, subsidized field trips and school events, or culturally specific learning opportunities.
- Provide safe environments and opportunities for students to express personal needs.
- Provide students with resources that promote awareness of the many factors that make and keep us healthy. These could include websites, campaigns, and activities such as the Do the Math Challenge, The Last Straw board game, and The Poverty Game. See the **Additional resources** section on page 19 for more information about these resources.
- Encourage and support students to become actively involved with community service initiatives that address the social determinants of health.
- Encourage student involvement in policy change on topics such as social assistance rates, housing, minimum wage increases, and student employment opportunities.
- Share your own experience of how living conditions have impacted the health and success of students.

Halton Food for Thought (HFFT) is a program that improves the learning capacity and well-being of students through the provision of universal student nutrition programs. The breakfast, in-class snack, front hallway grab-and go stations, and lunch programs positively impact students' self-confidence, social relationships, behaviour in the classroom and academic performance. HFFT relies on volunteer participation and provides numerous opportunities for parents and community members to integrate into the schools.

EvenStart is a Halton summer program for children entering kindergarten without preschool experience. An initiative of the Our Kids Network, kindergarten teachers, Early Childhood Educators and settlement workers from Halton Multicultural Council work collaboratively to promote a positive transition into kindergarten. During the four week period the children develop social, language, literacy and independence skills and become familiar with the routines and structures of school. A parent education component is delivered cooperatively by Ontario Early Years Centres, parent educators, public health nurses and Halton Multicultural Council settlement workers.

# 9

## Ideas and inspiration for action

### Government/political sector

- Provide opportunities for the public to become involved in decisions that affect their communities.
- Consider the health impact of all proposed policies and initiatives.
- Continue to support a healthy built environment (sidewalks, parks, playgrounds, bicycle paths).
- Encourage the creation of green spaces in your community.
- Promote policies and programs that:
  - provide community members with healthy, affordable food sources including fresh local fruit and vegetables
  - increase access to quality, affordable child care
  - improve access to transportation
  - support living wages
  - provide low-cost and no-cost recreation opportunities
  - help to make your community inclusive and accessible

### Economic sector

- Consider the social and economic conditions that influence your employees and their health.
- Provide flexible work hours and job security.
- Provide on-the-job learning and training opportunities.
- Incorporate workplace wellness initiatives in your workplace.
- Offer advice and support to others wishing to start businesses in your community.
- Educate others on the benefits of having a healthy, engaged, fully participating workforce.

### In Action

Halton Region's strategic plan (The Citizens' Priorities 2011-2014 Action Plan) was developed through an innovative public consultation that included a Citizen's Reference Panel, telephone and online surveys, focus groups and public roundtable meetings. The outcome was 25 priorities tied to key initiatives and actions for the region to undertake that reflect what residents like about living and working in Halton, and what to focus on to make it even better. Active Transportation, Promoting Healthy Living and Public Engagement are among the priorities identified in the plan.

Sheridan College's Enhanced Language Training Program – "ELT Pathways" (Citizenship and Immigration Canada funded) assists Internationally Trained and Experienced Newcomers to Ontario prepare, plan and transition into the Canadian workplace. Together the team, the business community and the larger Sheridan College community work collaboratively to assist newcomers reach benchmarks such as increasing English language proficiency, developing clear and actionable career and educational goals and adjusting to the Canadian workplace culture. The ELT Pathways program instills the skills necessary for our students to take ownership of their success and transition into their respective career paths, i.e. business communications, work place culture and etiquette training, enhance workplace essential skills training, engage in job search activities and employment preparedness training (job search documentation, interview strategies and practice), opportunity to meet community business leaders and lastly, gain Canadian work experience through an 8 week unpaid work placement. One of the special benefits of this program is the sustained relationships and friendships that evolve between newcomers and community members.

# 10

## Additional resources



### [Health Equity – Creating Better Health for All](http://www.halton.ca/healthequity) [www.halton.ca/healthequity](http://www.halton.ca/healthequity)

This section of the Halton Region website, presents the issue of health inequity in the Halton community, why these inequities exist, and invites citizens to get involved and learn more.

### [10 Promising Practices](http://www.sdhu.com) [www.sdhu.com](http://www.sdhu.com) – search “10 promising practices”

The Sudbury & District Health Unit identified 10 practices that are promising in their potential to reduce social inequities in health in our communities. These fact sheets are designed to help public health practitioners and community partners apply each of the 10 Promising Practices to reduce social inequities in health.

### [Communicating the Social Determinants of Health: Scoping Paper](#)

In an internet search engine - search “Communicating the Social Determinants of Health: Scoping Paper”.

This Canadian resource highlights some of the challenges and opportunities for raising awareness and understanding about social determinants of health and health inequities.

### [Do the Math Challenge](http://www.dothemath.thestop.org) [www.dothemath.thestop.org](http://www.dothemath.thestop.org)

Does a single person on social assistance receive enough income to live with health and dignity? Do the Math will help you determine how much you think one needs to live frugally, but in dignity and in reasonable health in Ontario.

### [Health Equity into Policy Action: FAQs](http://www.wellesleyinstitute.com) [www.wellesleyinstitute.com](http://www.wellesleyinstitute.com)

Search “Frequently asked questions”.

A resource of the Wellesley Institute, these Frequently Asked Questions (FAQs) are designed to provide a basic overview of health equity. They provide a definition of health equity and other questions related to why it is important, key issues, challenges, and promising initiatives and programs designed to address health disparities.

### [Jason’s Story](http://www.phac-aspc.gc.ca) [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca)

Search “What makes Canadians healthy or unhealthy, Jason’s story”. This deceptively simple story speaks to the complex set of factors or conditions that determine the level of health of every Canadian.

# 10



### [The Last Straw Game](http://www.thelaststraw.ca) [www.thelaststraw.ca](http://www.thelaststraw.ca)

This board game has been designed to promote discussion and teach participants about the Social Determinants of Health.

### [National Collaborating Centre for the Determinants of Health](http://www.nccdh.ca) [www.nccdh.ca](http://www.nccdh.ca)

As one of six National Collaborating Centres for Public Health, the National Collaborating Centre for the Determinants of Health produces and shares a variety of evidence-based resources that can be used to influence and advance health equity work.

### [A New Way to Talk About the Social Determinants of Health](http://www.rwjf.org) [www.rwjf.org](http://www.rwjf.org)

Search "A New Way to Talk About the Social Determinants of Health".

Developed by the Robert Wood Johnson Foundation, this resource presents "a series of lessons, best practices, recommended language, and "watch-outs" that can support better and more persuasive messages" related to the social determinants of health.

### [The Poverty Game](http://www.playspent.org) [www.playspent.org](http://www.playspent.org)

In this online game, players have \$1000 to live on for one month. The goal is to get to the end of the month before the money runs out. However, players are forced to make tough decisions in order to make the money last.

### [Social Determinants of Health: The Canadian Facts](http://www.thecanadianfacts.org) [www.thecanadianfacts.org](http://www.thecanadianfacts.org)

A thorough introduction to the social determinants of health - why they are important, and what we can do to improve them.

### [Unnatural Causes](http://www.unnaturalcauses.org) [www.unnaturalcauses.org](http://www.unnaturalcauses.org)

This documentary series by California Newsreel highlights the root causes of socio-economic and racial inequities in health in the United States. The Unnatural Causes website includes links to series excerpts, resources, activities, and examples of positive actions taken by communities across North America.

# The **Halton Region Health Department** is here to help.

If you have any questions about the **Let's Start a Conversation** ... resources, or about health equity in general, let the Halton Region Health Department know.

[www.halton.ca/healthequity](http://www.halton.ca/healthequity)

## Access Halton

Dial 311  [www.halton.ca](http://www.halton.ca)

COMMUNITY PROSPERITY

MORE ILLNESS CARE

