

## OCDPA e-bulletin - April 2007

On March 23, 2007, The Ontario Chronic Disease Prevention Alliance (OCDPA) hosted a meeting of Alliance members and affiliates at the Novotel Hotel in Toronto. The purpose of the meeting was to provide information on the national landscape with respect to CDP, stimulate discussion on systems approaches to CDP and develop preliminary action steps for the Alliance's six key priorities. Approximately 60 individuals attended the meeting, which was made possible with funding from the Ministry of Health Promotion (MHP).

A planning committee consisting of six Alliance members undertook the initial planning for the event, discussing purpose, objectives, outcomes and potential invitees. The committee hired a Consultant to facilitate the meeting and assist in the design of the agenda.

The morning session featured two key-note speakers: the first one, Jean Harvey of the CDPAC spoke about the national CDP landscape, while the second, Barbara Riley of CBRPE, focused on the critical importance of strategic alignment (of interventions, functions, organizations and people) and stressed the need for a systems approach if CDP is to be successful in Ontario. Speakers posed questions to the participants as part of their introduction. Following the presentation, participants discussed their responses in small groups and then offered highlights to the larger group.

The afternoon session was open to Alliance members only since it focused on six priorities identified in a previous planning exercise. The purpose of the afternoon was to develop a work plan for each priority. The afternoon opened with a presentation by Deb Keen, Director of the Prevention Unit (Cancer Care Ontario) who outlined the provincial landscape with respect to CDP. Participants then self-selected into groups based on their priority area of interest and answered questions designed to shape the work plan.

The 6 priorities for the OCDPA are:

1. Integrating chronic disease prevention into local health systems
2. Develop common messaging
3. Apply learnings from tobacco
4. Advocate for implementation dose of best practices
5. Address health disparities
6. Provide knowledge exchange opportunities and advocate around the components of the healthy eating and active living strategy.