



HAPPY HOLIDAYS!

The staff of the Ontario Chronic Disease Prevention Alliance (OCDPA) would like to wish everyone "Happy Holidays".

Instead of reading by the fireplace, take advantage of the Canadian winter and integrate activity into your family fun! Sledging, snowboarding, skiing, skating, snowshoeing, strolling are just a few ways to keep active and enjoy the outdoors.

If the weather is too severe, stay active indoors by joining a walk-a-mall program or strolling the aisles.

OCDPA BI-MONTHLY

What's Happening Now: Current Projects

Common Messages:

The OCDPA hired a consulting firm to work on our Common Messages plan and project. On November 13th, the OCDPA partners met to brainstorm and identify directions for the project. The group supported a multi-level message approach to reach the multiple stakeholders who are involved in chronic disease prevention. A survey is under development, and a meeting scheduled for all members to attend on February 13th, 2008, 8:30 a.m. to 4:00 p.m. Details to follow.

for this project and have set out the process to best proceed. Invitations were sent out to key informants to request participation; to date, all 13 have replied with positive responses. We are now in the process of meeting with each of the key informants and have scheduled a date for the group discussion meeting amongst all key informants.

Tobacco to HEAL:

Our Advisory Committee identified several individuals as key informants

Branding and Communications:

The OCDPA has finalized our marketing materials (promotional brochure and bookmarks). These items are now available on our website www.ocdpa.on.ca Those who would like to promote the OCDPA at conferences or workshops, please contact Hoi Ki at ocdpa@opha.on.ca.

Note from the Chair

Season's Greetings!

Welcome to the winter edition of OCDPA's newsletter, just in time for the snowy weather! I want to take this opportunity, on behalf of the Co-chairs, to wish everyone a very happy holiday and a successful new year. With the holiday seasons and its many parties upon us, I was interested to read the feature on the Centre for Addiction and Mental Health and its related activities in the OCDPA Members Showcase this month, starting on page 2.

This season is a time to reflect not only on issues around healthy eating, low-risk drinking and active living, but also on issues of income distribution and access as it relates to those individuals, families and children living in low income and poverty situations. As part of our ongoing priorities, OCDPA is looking at health inequities and issues of access as it relates to chronic disease and its prevention, and are committed to continuing this work in 2008.

Cheers,

Linda Stewart, Co-Chair.

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X'mas Medley

(We Wish You a Merry Christmas)

We wish you a healthy Christmas
We wish you an active Christmas
We wish you a stress-free Christmas
And a happy new year.

(Jingle Bell)

Dashing through the snow
On a pair of mountain skis
Over the hills we go
Laughing all the way
Haahaahaa...

Beeps on heart monitors ring
Showing heart rates rise
Oh what fun it is to get up and play
And get some exercise
OH....

(Have a holly, jolly Christmas)

Have a holly, jolly Christmas
It's the best time of the year
I don't know if there'll be snow
But don't drink too much beer

Have a holly, jolly Christmas
And when you walk down the street
Say Hello to those on-the-go
And everyone you meet!

Oh, ho, the Staircase you go
Ready to walk or run;
Friends on the elevator
Will miss this heart health fun!

Have a holly jolly Christmas
And in case you didn't hear
Oh by golly, have a healthy
Active Christmas this year!



OCDPA Member Showcase

The OCDPA would like to increase communication among our members! This section will regularly feature an OCDPA member and their work in relation to chronic disease prevention.

This issue features the profile of Centre for Addiction and Mental Health (CAMH).

Centre for Addiction and Mental Health (CAMH)

www.camh.net

Interviewed Persons

Norman Giesbrecht, Research
Marianne Kobus-Matthews, Health Promotion
Pam Benson, FOCUS Resource Centre

Russell Site

33 Russell Street,
Toronto, Ontario
M5S 2S1



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The Centre for Addiction and Mental Health (CAMH) is Canada's leading addiction and mental health teaching hospital. CAMH succeeds in transforming the lives of people affected by addiction and mental illness, by applying the latest in scientific advances, through integrated and compassionate clinical practice, health promotion, education and research. We have central facilities located in Toronto, Ontario and 32 community locations throughout the province. CAMH is a Pan American Health Organization and World Health Organization Collaborating Centre, and as a teaching hospital and research institute, CAMH is fully affiliated with the University of Toronto.

Some examples of CAMH's commitment to and involvement in chronic disease prevention:

- CAMH researchers led the Comparative Risk Analyses for Alcohol within the Global Burden of Disease Study under the umbrella of the World Health Organization. The aim of the study was to quantify and compare the impact of 26 health risk factors on global burden of disease. Alcohol was found to be the most important risk factor in developing countries with overall low mortality, such as China, and the third most important risk factor in established market economies, such as Canada (after tobacco and high blood pressure).
- Commissioned by OCDPA and OPHA, CAMH prepared the report, *Chronic Disease In Ontario and Canada: Determinants, Risk Factors, and Prevention Priorities* (2005). The report discusses the epidemiological data and sociobehavioural risks related to chronic disease, reviews individual level and population level health models, and provides an overview of "what works" in the prevention of chronic disease.
- CAMH, the Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (aLPHa) are the primary partners in the provincial dissemination of the Low-Risk Drinking Guidelines (LRDG). The LRDG are a health promotion / population health communication designed for healthy adults to help them make informed decisions about their alcohol consumption, including reducing the risks related to chronic disease.
- CAMH, in partnership with the Ontario Ministry of Health Promotion, engaged 14,000 smokers to explore the most effective methods to help Ontarians quit smoking through the STOP (Smoking Treatment for Ontario Patients) Study. The study shows promising results, which will have positive implications for Ontario smokers, including CAMH clients, 80% of whom smoke.
- The FOCUS Resource Centre (FRC) is sponsored by CAMH and services 22 FOCUS coalitions throughout the province providing health promotion, injury prevention and chronic disease prevention programming on alcohol and other drug issues.



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Questions & Answers

OCDPA: *What is CAMH involved in for your projects/activities that relate to chronic disease prevention? If there are many, please highlight 2-3 priorities.*

Marianne: Through its work in research, clinical care, policy development, education, health promotion and prevention, CAMH contributes to the discourse and action at the local, provincial, national and international levels to prevent chronic disease. Some current examples:

- WHO's Study on the Global Burden of Disease, and the associated cost of alcohol problems in a study sponsored by the Canadian Centre on Substance Abuse and Health Canada
- Presenting at public forums (e.g. CAMH, as a member of the Toronto Cancer Prevention Coalition, presented at the "Alcohol, Cancer & Public Policy: A seminar on recent research and emerging prevention opportunities." October 31, 2007)
- Advisors to the national alcohol strategy, "Reducing Alcohol-Related Harm in Canada: Toward a Culture of Moderation", including the review & development of national drinking guidelines
- The FOCUS Resource Centre organizes and manages FOCUS-wide media campaigns on alcohol and chronic disease

OCDPA: *What is your (Norman) area of research focus, and can you tell us one of your interesting finds in relation to CDP?*

Norman: My research includes studies of alcohol policy development and implementation at the local, provincial and national levels, impact on policies on both alcohol-related chronic disease and trauma, and community-based project to reduce alcohol-related problems. I also look at public opinion on alcohol policy issues.

There are many interesting findings related to chronic disease, but I would like to highlight a few:

In Canada, deaths from alcohol-related chronic disease are at least equal to if not greater than deaths from alcohol-related trauma (accidents and violence). However, the public perception is that the main problems related to alcohol are either dependence/ addiction or drinking and driving. Cancers, gastrointestinal problems, neuropsychiatric problems and other chronic conditions are not highly visible as damage from alcohol even if they are quite prevalence. So there is a contrast between epidemiology and public perception.

Also, the level of consumption at which relative risk is elevated is quite low - such as 18 grams for breast cancer (just over 1 standard drink a day), and

"In Canada, deaths from alcohol-related chronic disease are at least equal to if not greater than deaths from alcohol-related trauma (accidents and violence)."
- Norman Giesbrecht

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about 2 standard drinks for other potential risks.

Last but not least, there appears to be a fairly major disconnect between science and policy practice or advocacy. When I (Norman) became involved in chronic disease related research some years ago, I naively expected that evidence of alcohol as a risk factor would be widely accepted and there would be concrete collective steps to take action. However, just the opposite has been my experience at times, but less so in recent months than some time ago. (I think that specialists working with environmental and occupational risk factors related to chronic disease may have at times experienced a similar rather lukewarm response.) Some risk factors are more popular than others and this is not necessarily determined by the evidence but by the optics of the day. This illustrates that persistent advocacy is required in order to insure that science informs action.

OCDPA: *What is the greatest barrier to support health promotion around alcohol and pregnancy?*

Marianne: Many people have heard mixed messages about alcohol, leaving them confused or asking questions about alcohol and their health. The Low-Risk Drinking Guidelines (LRDG) help healthy adults make informed decisions about drinking. The Guidelines include both daily & weekly drinking limits, and describe drinking practices that balance the health benefits of alcohol while minimizing risks such as drinking & driving, injuries, alcohol dependence and chronic diseases, including certain types of cancer.

The Guidelines are directed at the general population, and identify certain groups for whom the Guidelines do not apply. Women, who are pregnant or planning to become pregnant, are advised not to drink in order to reduce the risk of having a baby with developmental delays or problems associated with fetal alcohol spectrum disorder. If people have questions or concerns about alcohol and health, they should check with their health care provider.

For further information about the Low-Risk Drinking Guidelines go to: www.lrdg.net and http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/low_risk_drinking_guidelines.html

OCDPA: *How long has CAMH been a member of OCDPA? How long have you been involved with OCDPA?*

Marianne: CAMH has been a member of the Alliance since its inception and the Focus Resource Centre joined as an Affiliate in 2005.

“Many people have heard mixed messages about alcohol, leaving them confused...”
- Marianne Kobus-Matthews

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OCDPA: *What is significant of being an OCDPA member and what is CAMH's interest in the Alliance?*

Norman: I think that OCDPA and other organizations, such as the Toronto Cancer Prevention Coalition and the Ontario Cancer Prevention and Screening Council, need to be commended for being inclusive in the risk factors that they consider. At the national level in the last few years when you looked at initiatives with regard to chronic disease, it was very difficult to see a clear mention of some risk factors and conditions, such as alcohol, other drugs, mental illness, and environmental and social contexts. OCDPA and these two other organizations are to be recognized for taking the initiative to 'step out of the box', and show leadership, instead of waiting for groundswell of networking and funding to emerge. For example, alcohol needs to be acknowledged as a risk factor for chronic disease, even if the information is still emerging as to who the prevention players are and what a coordinated multi-sector response would be."

OCDPA: *What is your role in the Alliance and what have you been involved in?*

Norman:

- CAMH is a member of OCDPA's LHIN working group convened to address the Alliance's priority: integration of chronic disease prevention at the local system level. Marianne is a member of the LHIN committee and was a member of the Knowledge Exchange working group.
- Along with the OCDPA manager, Norman represents the Alliance on the CDPAC Provincial/Territorial committee. He was a member of the Strategic Planning Group in 2005-2006, and served as Vice-chair of OCDPA between 2004 and 2006.
- Representing the Focus Resource Centre, Pam Benson is a member of the full Alliance committee.

There have been two reports prepared in affiliation with OCDPA, they are:

Haydon, E., Roerecke, M., Giesbrecht, N., Rehm, J. & Kobus-Matthews, M. (2005) *Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities*. Toronto: Ontario Chronic Disease Prevention Alliance & Ontario Public Health Association.

Patra, J., Popova, S., Rehm, J., Bondy, S., Flint, R. and Giesbrecht, N. (2007) *Economic Cost of Chronic Disease in Canada, 1995-2003*. Toronto: Ontario Chronic Disease Prevention Alliance and the Ontario Public Health Association

In addition, there have been three reports focusing on chronic disease, that are also highly relevant to OCDPA activities, sponsored by Centre for Addiction and Mental Health, Health Canada, and the Ontario Public Health Association:

To view the Haydon et al., 2005 and/or the Patra et al., 2007 reports, please log on to www.ocdpa.on.ca – publication section.

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Giesbrecht, N., Roerecke, M. & Rehm, J. (2005) *Alcohol and Chronic Disease: Implications for Policies and Prevention Strategies in Canada*. Ottawa: Health Canada

Giesbrecht, N. & McAllister, J. (2006) *Alcohol and Cancer: Best Advice*. Toronto: Centre for Addiction and Mental Health.

Roerecke, M., Haydon, E. & Giesbrecht, N. (2007) *Alcohol and Chronic Disease: An Ontario Perspective*. Toronto: The Alcohol Policy Network and the Ontario Public Health Association.

OCDPA: *What would you like to see the government to focus on in relation to chronic disease prevention?*

Norman: During holiday season, when there is heavier alcohol consumption, pay attention to drinking and driving. But keep the spotlight on the broad damage caused by alcohol throughout the year.

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maximize life, minimize risk

You may have heard that alcohol is good for your heart.

What you may not have heard is that:

- The health benefits of alcohol apply mainly to people over the age of 45. A little goes a long way. In most cases, one drink of beer, wine or liquor every other day is enough.
- For most people, more than two drinks a day does more harm than good.
- Women who have more than nine drinks a week have higher rates of cancer and other problems than women who drink less.
- Men who have more than fourteen drinks a week also have higher rates of alcohol-related problems.
- Young people have very low rates of heart disease but very high rates of alcohol-related injuries and death.
- If you want to improve your health, you're better off eating a healthier diet, getting more exercise and giving up smoking, rather than drinking more or starting to drink.

To read more about the "Low-Risk Drinking Guidelines" please visit www.lrdg.net.




Source: www.lrdg.net

The Low-Risk Drinking Guidelines have been developed by a team of medical and social researchers from the University of Toronto and the Centre for Addiction and Mental Health

Low-Risk Drinking Guidelines

0	Zero drinks – lowest risk of an alcohol-related problem
2	No more than 2 standard drinks on any one day
9	Women: up to 9 standard drinks a week
14	Men: up to 14 standard drinks a week

1 standard drink = 13.6 grams of alcohol =

wine	spirits	beer
	OR 	OR 
5 oz/142 mL of wine (12% alcohol)	1.5 oz/43 mL of spirits (40% alcohol)	12 oz/341 mL of regular strength beer (5% alcohol)

Higher alcohol beers and coolers have more alcohol than one standard drink.

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Evidence of effective interventions in controlling alcohol-related damage can be used as a resource to inform existing provincial strategies (e.g., Health Eating, Active Living (HEAL), and this experience can, in turn, help inform the emergence of an alcohol strategy.

Still much to be done & to look across risk factors & look for the control of other risk factors and what is transferable to the areas of alcohol, other drugs and mental illness. Alcohol-related chronic disease has been linked with overall rates of consumption at the population level, and high-risk drinking. However, in Canada and Ontario both overall consumption and high-risk drinking are on the increase in recent years. The governments (national, provincial and local) need to make it a priority to curtail both overall consumption and high-risk drinking. Also the provincial government needs to encourage the liquor board to pay much closer attention to their control mandate.

The following have been shown to be effective in international evaluations and need to be included in a comprehensive approach to reduce alcohol-related chronic disease:

- The price of alcoholic beverages should keep pace with cost of living;
- Control the density of alcohol outlets (number per capita) and hours of sale;
- Provide effective server intervention programs and more effective controls on home delivery services;
- Scale back alcohol marketing and promotion;
- Offer brief interventions for high-risk drinkers.

OCDPA: Please tell us an example of personal practice that you do for your own health/well-being in relation to chronic disease prevention?

Marianne: My grandchildren, Paige (5 years) & Logan (2 years), are the primary incentive for my efforts toward leading and modeling a healthier lifestyle, which includes more physical activity (e.g. playing 'chase' & swimming) and reducing my time in front of the television.

Norman: A major challenge is eating more fruits and vegetables, and my granddaughter, Laudi (2 years) provides a very good role model for me with her healthy eating habits, boundless energy and daily interest in tackling new challenges.

Pam Benson: Practicing a healthier lifestyle by using the LRDG and increasing the amount of exercise I do, as well as trying to make sure there is a good work/life balance.



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OCDPA: *Is there anything that you would like to say to other members or readers?*

Marianne: During the holiday season, CAMH would like everyone to have fun and be safe. For the social host, here are some great tips to keep your guests safe and reduce your risk as a host:

- Stay in control: drink moderately or don't drink at all.
- Serve alcohol instead of having an open bar.
- If serving alcohol, offer regular-sized, standard drinks.
- Avoid serving doubles or shooters and don't permit drinking games. Never offer a guest "one for the road" right before they leave the party.
- Serve food throughout the party or event.
- Offer low-alcohol and alcohol-free cocktails and other drinks, including water, when you serve alcohol. There are great 'mocktail' recipes that can be found on the Internet.
- Decide in advance how you will deal with guests who drink too much (e.g. before the party, ask friends to be non-drinking helpers).
- Make sure that a guest who has had too much alcohol gets home safely. As a host, be prepared to ask for a guest's car keys or invite your guest to stay overnight.
- Know your designated drivers. Are they sober? Have cash and phone numbers ready for taxis.

As a host, you want to enjoy your party or event. Plan ahead and use these tips to prevent problems, reduce risk and have a good time! For more information about the tips, go to:

http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/having_party.html



Left: Marianne Kobus-Matthews,
Senior Health Promotion Consultant at CAMH



Norman Giesbrecht,
Senior Scientist at CAMH

Healthy Holidays!

Yum Yum...get ready to gobble gobble up this recipe that is low fat and great tasting. Cheers to your health!

SPECIAL RECIPE

Grilled Turkey Scallopini with Herbs and Garlic

Source: www.heartandstroke.ca

Makes 4 servings

This dish is extremely fast and easy, and very tasty. Because turkey is tender and this is a fairly strong-flavored marinade, it doesn't need hours of marinating and can be prepared at the last minute or an hour or two in advance.

Ingredients

- 3 cloves garlic, minced
- ½ tsp (2 mL) each dried thyme, rosemary, and oregano
- 2 tbsp (25 mL) olive oil
- 2 tbsp (24 mL) lemon juice
- ¼ tsp (1 mL) salt
- Freshly ground pepper
- 1 lb (500 g) turkey scallopini*

Directions

In a small bowl, combine garlic, thyme, rosemary, oregano, oil, lemon juice, salt and pepper to taste; mix well.

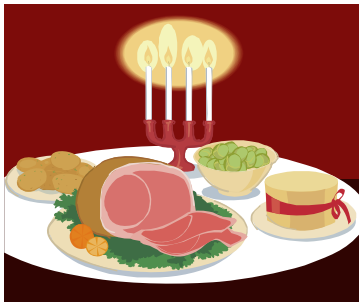
Brush over both sides of turkey. (Grill immediately or cover and let stand at room temperature for 30 minutes or refrigerate for up to 2 hours).

On lightly greased grill over high heat, grill turkey for 2 minutes on each side or just until cooked through.

*If turkey scallopini aren't available in your store, slice partially frozen turkey breast meat thinly, then pound between two pieces of waxed paper into ¼ inch / 5 mm-thick slices.

Nutritional information per serving

- Calories: 206
- Protein: 27 g
- Fat: 10 g
- Saturated fat: 2 g
- Dietary cholesterol: 62 mg
- Carbohydrate: 2 g
- Dietary fibre: trace
- Sodium: 201 mg
- Potassium: 294 mg



Recipe from *The New Lighthearted Cooking*® by Anne Lindsay with the Heart and Stroke Foundation of Canada, published in 2005 by Key Porter Books and supported by an educational grant from Becel.

The recipe is reprinted with permission from the Heart and Stroke Foundation.

MOCKTAIL RECIPES

Created by PACE: The Hamilton Project on Fetal Alcohol Spectrum Disorder.

For those party planners who want to make their guests happy and content without going through the trouble of calling taxis; arranging designated drivers; or providing a free over-night stay in your comfortable home – why not try an alcohol-free party?

Here are some ideas:

Sangria Punch

Ingredients

- 1 pouch raspberry drink mix
- 4 cups cranberry juice
- 1 cup orange juice
- 1 cup white grape juice
- 2 cups club soda
- Orange slices

Directions

Combine drink mix crystals and juices together and refrigerate. Pour club soda into juice mixture just before serving and stir gently. Garnish with orange slices.

Virgin Pina Colada

Ingredients

- 2 oz coconut cream
- 1½ oz crushed pineapple
- 1 oz pineapple juice
- ¼ cup crushed ice
- 1 orange slice
- 1 maraschino cherry

Mock Champagne

Ingredients

- 4 cups club soda
- 4 cups ginger ale
- 3 cups unsweetened white grape juice
- Ice

Directions

Chill club soda, ginger ale and grape juice overnight. Combine all ingredients in a large pitcher and serve immediately over ice.

Directions

Place all ingredients in a blender and blend at high setting until smooth -- about 30 seconds. Strain into highball or Collins glass and garnish with orange slice and cherry (makes 1 serving).

NOTE: Crushed pineapple juice canned in its own juice is preferable for a less-sweet drink; use pineapple canned in syrup for a sweeter concoction.



Maria's Wishes



Left: Maya; Right: Maria

Happy Holidays from my family to yours! I'm looking forward to seeing everyone very soon, in June 2008. Best wishes for a Happy New Year to all!

Maria Grant, Manager of OCDPA
(Currently on maternity leave)

CDP In the Media

Your neighbourhood matters! – Study finds a relationship between diabetes prevalence and low income areas in Toronto.

Poverty and immigration are key factors in developing type 2 diabetes. The lead author of a three year comprehensive study of 140 Toronto neighbourhoods, Dr. Rick Glazier, points to obesity as one of the contributing factors to the onset of type 2 diabetes.

Neighbourhood Environments and Resources for Healthy Living: A Focus on Diabetes in Toronto - ICES Atlas by Ontario's Institute for Clinical Evaluative Sciences (ICES) and St. Michael's Hospital is the first Canadian study which examined the role which neighbourhoods play in the diabetes epidemic.

In summary, this study found that neighbourhoods with the highest rates of diabetes had low incomes and high concentrations of visible minority residents. These neighbourhoods are located in the suburban areas where there is reduced access to healthy resources and where "active friendliness" is lower.

According to Dr. Rick Glazier, "obesity and its consequences, including diabetes, is the tobacco of

the 21st century". It can be prevented and controlled through healthy eating and increased physical activity. Here are some recommendations made by the study:

- Invest in high-need communities to help reduce the risk of diabetes and improve the control of the disease in affected people.
- Change planning, development and zoning practices to reduce urban sprawl, increase residential density and promote mixed land use.
- Increase access to public transit.
- Provide incentives for stores selling fresh produce and other services to move into high-need areas.
- For neighbourhoods requiring investments, policies should take into account the health needs of the local population and the existing availability of resources to promote healthier lifestyles.
- Policies that promotes healthier food choices by consumers and healthier menu offerings by food retailers should be pursued.

The complete study, *Neighbourhood Environments and Resources for Healthy Living: A Focus on Diabetes in Toronto - ICES Atlas* is available at www.ices.on.ca.

Source: www.ices.on.ca

WE'RE ON THE WEB!
www.ocdpa.on.ca

Working Towards a **Chronic Disease Prevention System** For Ontario

The Ontario Chronic Disease Prevention Alliance is a collective voice on effective Chronic Disease Prevention policy and programming.

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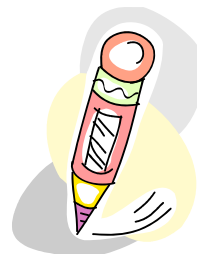
Do You Have Something To Say? Send Us Your Story!

To increase information sharing and provide opportunities for our members to showcase their activities and work, the OCDPA is inviting organizations to submit articles, stories or ideas for our newsletter. Interested persons should forward their ideas and submissions to ocdpa@opha.on.ca

THANKS!!

Let us know about your upcoming events, forums and conferences!

We will highlight them on our website and send notices to our members and informed guests. Email your flyers and material to Hoi Ki at ocdpa@opha.on.ca



Upcoming Meetings

January 16, 2008
180 Dundas Street W.
19th Floor, Conference Room

- Common Messages:
9am–12pm (Partners)
- Members Meeting:
1pm–4pm (General)

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Picture from page 12 courtesy of Maria Grant.

Logo from lower corner of page 2 from www.camh.net.