OCTOBER 2008 Volume 2, Issue 5

Ontario Chronic Disease Prevention Alliance

OCDPA BI-MONTHLY

What's Happening Now: Current Projects

OCDPA: Moving Forward as a System

The OCDPA received 1 year funding from the Ministry of Health Promotion to support its work on moving forward on a system for chronic disease. Three priority areas were identified, where three workgroups were formed to support related activities. Priorities include integrating chronic disease prevention into local systems; applying learnings from tobacco to the area of healthy eating, active living and to address high risk alcohol consumption; and addressing health disparities with a focus on poverty.

OCDPA: Common Messages

A working session was held at the September Members meeting to review the draft OCDPA messages developed in March 2008 and to discuss their content overall. This project will continue to progress and our messages being highlighted when complete.

OCDPA: FSIO Conference

Also in September, the OCDPA presented a panel discussion at the Family Supports Institute Ontario (FSIO) Conference. The panel topic was "Promoting health and preventing chronic disease in children and families". Many thanks to our members who volunteered to represent OCDPA and their individual organization at this discussion: Chris Markham (Ophea), Donna Howard (OCGHEPA), Louise Choquette (Health Nexus), Lynn Roblin (Dietitians of Canada), and Hoi Ki Ding (OCDPA). A copy of the presentations will be available for download at www.ocdpa.on.ca

Early Environmental Exposures and Chronic Disease Joint Constellation Project

An engaging Steering Committee meeting was held on September 18th to discuss the project goals, scope and deliverables; to review the draft report outline, project governance model and evaluation and framework. Meeting attendees included representatives from the Canadian Partnership for Children's Health & Environment (CPCHE), OCDPA, the Ontario Trillium Foundation and MacComm International Inc, the evaluation consultant. The project staff and the Steering Committee are now in the process of refining the report outline and the collaborative agreement between the two networks. Furthermore, an evaluation framework for the project is underway. A Full Constellation meeting will be held on December 9th, 2008 to engage all CPCHE and OCDPA Partners and Members in the advancement of the joint initiative.

Photo: (Left) Donna Howard from the Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA); (Right) Louise Choquette from Health Nexus at FSIO Conference

Health Inequities are…

"*avoidable* inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies. Social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs."

From World Health Organization's Commission on Social Determinants of Health. Key Concepts.

www.who.int/social_determinants/final_report/key_concepts/

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Note from the Chair

Connie Uetrecht, OCDPA Co-Chair

Fall is here, and so the time to celebrate Ramadan, Roshashana, and Thanksgiving. It is a time for charity, giving thanks and reflecting on the world around us. While many of us are in the midst of, or preparing for time with family and friends, we should consider that approximately 44% of Ontario's children and their families are currently living in poverty and over 1 million of Ontario's employed workers earn $10 an hour minimum wage and most live in poverty.

Over the summer months, a number of reports were launched focusing on this very issue of health equity and the social determinants of health, including Canadian reports from the Public Health Agency of Canada, "Health Equity through Intersectoral Action" and the Senate's "Fourth Report on Population Health of the Senate Sub-committee on Social Affairs, Science and Technology". Most recently, the World Health Organization released its much anticipated report by the Commission on the Social Determinants of Health entitled, "Closing the Gap in a Generation".

Locally, our government and community groups have been advocating for a number of policy initiatives to address the social determinants of health. In Ontario, actions include community consultations and submissions to Ontario's Poverty Reduction Cabinet, under the leadership of Minister Deb Mathews and the development of a Childhood Obesity Prevention Strategy with a focus on after-school programming for children and youth to address a number of determinants of health. The OCDPA itself has made "Addressing Health Disparities" one of our priority focuses this year, along with a number of other projects on the go and in development.

Back in July, I was fortunate enough to attend the Summer Institute: KSTE in Action, held in Kelowna, B.C. and hosted by the Public Health Agency of Canada's National Collaborating Centres for Public Health (NCCPH). One of the six collaborating centres that make up the NCCPH is the National Collaborating Centre on Determinants of Health. This centre, along with other collaborating centres, is focusing on Early Childhood Development as a major social determinant of health. I welcome you to check out their website and view their activities. As a reminder, you may also want to register to attend their post conference workshop **Knowledge Translation Forum: Early Child Development Interventions in Public Health** at the Public Health Summit.

We invite you also to look throughout this edition for more information about the actions on social determinants that aim to reduce health disparity.

Connie Uetrecht, OCDPA Co-Chair

Save the date...

Making Healthy Communities Count
Public Health Summit
October 26 - 29, 2008
Niagara Falls, Ontario

www.publichealthsummit.com

Making Healthy Communities Count

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Barriers to Addressing the Social Determinants of Health in Canada

Adapted from Raphael D, et al. (2008). Barriers to addressing the social determinants of health.

The development of chronic diseases is often associated with modifiable risk factors such as tobacco use, high risk alcohol consumption, unhealthy eating and physical inactivity. In recent decades, social factors and conditions including income, employment, education, housing and others, have been shown to associate with the development of chronic diseases; these factors which have an influence on health are called the social determinants of health.

Income, housing and food insecurity continue to persist in Canada. Over the past 10 years, only the top 20% of Canadian with the most income showed income gains. Dennis Raphael et al. (2008) discussed the barriers which Canadians face in addressing the social determinants of health.

Positivist Approaches to the Health Sciences

Positivist science is based on a natural sciences approached focusing on the concrete and observable. This reductionist approach is often used to identify putative causes and effects. Positivist science has made significant contribution to the field of natural sciences, but its application has been problematic to the fields of health sciences.

Positive science generally avoids dealing with aspects of broader environments, including the political, economic and social forces which shape the quality of the environments. "Within the traditional health sciences approach, health problems remain individualized, localized, desocialized, and de-politicized."

The Ideology of Individualism

Individualism is the belief that one's place in the social hierarchy is the result of one's own efforts. The idea of individualism in health is a challenge to having a social determinants of health approach as it:

- leads to the idea that health problems are individual problems rather than the societal ones;
- specifies that the causes of the health problem (i.e. biomedical markers, individual motivations and risk behaviours) are under the individual's control;
- specifies that modifying those causes will improve health status;
- Does not acknowledge that reorganizing society and its structure will have an influence on health;
- Does not recommend how such societal structures could be modified.

Increasing Market Orientation of Canadian Society

The rise of market-oriented society in Canada, where there is minimal governmental intervention in the market place and in the provision of security for its citizens, weakens the support for social determinants of health approach to promoting health.

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Policy Options to Support the Social Determinants of Health*

Policies to reduce the incidence of poverty
• Raise the minimum wage to a living wage • Improve pay equity • Restore and improve income supports for those unable to gain employment • Provide a guaranteed minimum income
Policies to reduce social exclusion
• Enforce legislation that protects the rights of minority groups, particularly concerning employment rights and anti-discrimination • Ensure that families have sufficient income to provide their children with the means of attaining healthy development • Reduce inequalities in income and wealth within the population, through progressive taxation of income and inherited wealth • Assure access to educational, training, and employment opportunities, especially for those such as the long-term unemployed • Remove barriers to health and social services which will involve understanding where and why such barriers exist • Provide adequate follow up support for those leaving institutional care • Create housing policies that provide enough affordable housing of reasonable standard • Institute employment policies that preserve and create jobs • Direct attention to the health needs of immigrants and to the unfavourable socioeconomic position of many groups, including the particular difficulties many New Canadians face in accessing health and other care services
Policies to restore and enhance Canada's social infrastructure
• Restore health and service program spending to the average level of OECD nations • Develop a national housing strategy and allocate an additional 1% of federal spending for affordable housing • Provide a national day care program • Provide a national pharmacare program • Restore eligibility and level of employment benefits to previous levels • Require that provincial social assistance programs are accessible and funded at levels to assure health • Assure that supports are available to support Canadians through critical life transitions

*Taken from Raphael D, et al., Barriers to addressing the social determinants of health: Insights from the Canadian experience, Health Policy (2008).

Reference:

Raphael D, et al., Barriers to addressing the social determinants of health: Insights from the Canadian experience, Health Policy (2008), doi:10.1016/j.healthpol.2008.03.015

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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 profiles the Canadian Diabetes Association.

Canadian Diabetes Association

235 Yorkland Boulevard, Suite 200
Toronto, Ontario
M2J 4Y8
www.diabetes.ca

Interviewed Persons

Gary O'Connor, Executive Director

Kim McKinnon, Public Programs & Services Advocacy Officer

Established over 50 years ago, the Canadian Diabetes Association is a charitable organization that has grown to include a presence in more than 100 communities across the country. The Canadian Diabetes Association promotes the health of Canadians through diabetes research, education, service and advocacy.

The Canadian Diabetes Association works collaboratively with other organizations who deal with chronic diseases. An example of this is through the National Policy Summit – June 2008, in which we were able to look at public policy framework and the required adaptation of chronic disease management models to reduce and prevent diabetes complications.

"Diabetes is often the first of a cascade of chronic diseases that afflict people."

Questions & Answers

OCDPA: How long has the Canadian Diabetes Association (CDA) been a member of the OCDPA?

CDA: The Canadian Diabetes Association is one of the founding members of the OCDPA.

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

CDA: We believe it is significant to work on integrated approaches to chronic disease prevention and management. Diabetes is often the first of a cascade of chronic diseases that afflict people. All groups will be more successful at prevention and management of chronic diseases by working collaboratively.

OCDPA: Recently, there have been reports relating specific Toronto neighborhoods to the increased prevalence of diabetes. Could you please tell us why neighborhoods matter and how it contributes to the risk of developing diabetes?

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CDA: Each neighborhood is impacted by health disparities, economic disparities, social and physical environments (which influence physical activity), availability and accessibility of recreational space (neighborhood and public), availability of accessing fresh produce, availability and accessibility of physicians and access to Diabetes Education Programs. Determinants of health factors listed above have very serious impact on the risk of developing diabetes and should always be considered when speaking to diabetes and it prevalence.

OCDPA: Briefly, please describe the programs/initiatives currently in place to support the prevention of diabetes in Ontario.

CDA: The Canadian Diabetes Association works in communities across the country to promote the health of Canadians and eliminate diabetes through our strong nationwide network of volunteers, employees, health care professionals, researchers, partners and supporters.

Within the CDA itself we provide education to the public on healthy living, diabetes and the prevention of diabetes through expos, community briefings, speaker presentations, training, literature, and information tools.

With limited resources we concentrate on a community mobilization approach with high risk groups to encourage diabetes education and prevention empowering communities to take action to manage or prevent diabetes and its complications.

We also advocate for individuals, families, and communities with governments, school boards, employers etc. We recognize the need for access to healthy foods and physical activity, while creating awareness of the more marginalized communities facing geographical disparities and economic disparities.

"We recognize the cost of diabetes is astronomical and the government needs to ensure that individuals have access to necessary supplies, regardless of their income."

OCDPA: How does the new Ontario diabetes strategy build on these existing programs/initiatives to support the prevention of diabetes?

CDA: Through the Ontario Diabetes Strategy, awareness of the management and prevention of type 1, type 2 and gestational diabetes will be increased through increased access to medicines and pumps and supplies, educational campaigns with high risk groups, and the creation of a Diabetes Registry. We will continue to provide education to the community and organizations regarding diabetes and preventative measures.

OCDPA: Individuals who live in poverty are more likely to develop diabetes than those with an adequate income. How does CDA's work/positions support Ontario's Poverty Reduction Plan to fight against poverty?

CDA: The CDA has always and will continue to advocate for full access to supplies and services for persons with diabetes. We recognize the cost of diabetes is astronomical and the government needs to ensure that individuals have access to necessary supplies, regardless of their income.

At the regional and local branch level many of our staff and volunteers are active with equity and access activities and groups. We are also currently engaged in the Poverty Committee of the OCDPA, working towards educating public officials of the relation between chronic disease and poverty.

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

CDA: Continue their commitment to prevention and management of diabetes the diabetes strategy and the promises that underpin the $741 million commitment the Ontario Government has made to diabetes over the next 4 years.

We also encourage the government to ensure kids who have diabetes or any other chronic diseases are under good care in school by supporting the passing of Kids in School legislation.

Homelessness and Mental Health in Ontario

"People who are homeless are more likely to experience compromised mental health and mental illness than the general population." Several factors may contribute to the onset of homelessness and most are related to income, employment, housing and other board social determinants.

Many challenges exist when determining the scope of homelessness in Canada, mainly due to issues in data collection, data reporting, as well as in how homeless is defined. In Canada, it is estimated that more than 10 000 people are homeless on any given night. The point-in-time prevalence estimates of the number of homeless in large urban centres of Ontario are listed below:

City	Point-in-Time Estimates*
Durham Region	133
Hamilton	100
Kingston	40
Toronto	5052
Windsor	100

Similarly, barriers exist in accurately determining the status of mental health and mental illness among the homeless. Below lists the prevalence of reported mental illness among the homeless in Ontario:

City	Prevalence of Reported Mental Illness Among the Homeless*
Greater Sudbury	12%
Hamilton	13%
London	45%
Oshawa	28%
Toronto	27%
Waterloo Region	35-40%

* Numbers taken from Canadian Institute for Health Information. *Improving the Health of Canadians: Mental Health and Homelessness.* (Ottawa: CIHI, 2007)

Reference:

Canadian Institute for Health Information. *Improving the Health of Canadians: Mental Health and Homelessness.* (Ottawa: CIHI, 2007)

Closing the gap in a generation

The World Health Organization's Commission on Social Determinants of Health recently released a report, "Closing the gap in a generation – Health equity through action on the social determinants of health" (2008), which presents global evidence on the social determinants of health and their impact on health inequity.

Three principles of action were recommended in this report:

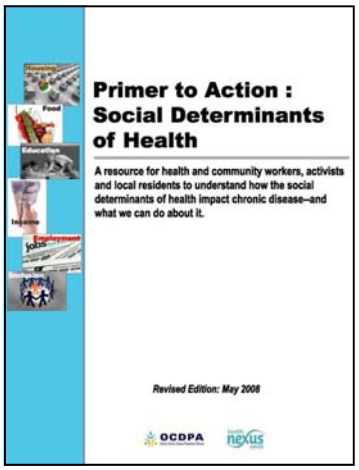
1. Improve the conditions of daily life – the circumstances in which people are born, grown, live, work and age.
2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in social determinants of health, and raise public awareness about the social determinants of health.

For more information, please read the full report: CSDH (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization.

The report is available for download at: www.who.int/social_determinants/en/

Introducing...
Primer to Action: Social Determinants of Health 2nd Edition

Submitted by Subha Sankaran, Health Nexus



Primer to Action: Social Determinants of Health is an electronic, bilingual resource that helps us understand how the social determinants of health affect chronic disease—and what we can do about it.

How do we *take action*?

Cancer, diabetes, heart and lung disease, stroke, and arthritis are on the rise. A growing body of research links these chronic disease to the conditions in which people live, work, play and love. Acting on determinants such as housing, education and income is more urgent than ever.

But there's a gap out there: many who work to prevent chronic disease remain focused on healthy lifestyles and pay little attention to the social determinants of health. At the same time, many who work in social services sectors do not recognize their work as being linked to health and disease prevention.

Primer helps us to *move upstream*

Set in an electronic, easy-to-read format, with hundreds of links and resources, the "Primer" is a practical resource for busy health and community workers and activists that helps us move toward upstream actions to impact health. It is designed to help users approach their work in ways that may be new and different.

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Key features of the revised edition:

- expanded content on six key social determinants of health: housing, education, employment, income, food security, inclusion
- links to chronic disease for each determinant
- promising practices, planning tools and further resources
- increased focus on health equity
- more than 400 links to provincial, national and international resources!

There are many ways to use the Primer:

- **planning**- it's a great planning tool that helps you think systematically about how to address issues in your work.
- **proposal writing**-a good starting point for funding.
- **learning**- Build on lessons and experiences of other communities
- **staff orientation** -to understand links between different sectors and how they affect our health.
- **community dialogue**- helps shift the dialogue on chronic disease from focus on healthy lifestyles messages to include a social determinants of health perspective.

Background

The first edition of *Primer to Action* was produced in 2007 by Health Nexus (then Ontario Prevention Clearinghouse), the Ontario Chronic Disease Prevention Alliance (OCDPA), and the Canadian Cancer Society, Ontario Region. This revised edition is produced as a follow up to the initial resource, and is a partnership between Health Nexus and the OCDPA. The 2008 edition incorporates feedback from workshop participants across Ontario; key informants; five content reviewers from different sectors (English and French); advisory committee members; an electronic survey; comments from readers; and an evaluation. Funding for this project was provided by the Public Health Agency of Canada, Ontario and Nunavut.

Many sectors can benefit from the Primer to Action - here are just a few:

- **Community based organizations**-including health, housing, settlement, mental health, poverty action.
- **Primary health care**-including Community Health Centres and Family Health Teams.
- **Chronic disease specialists**-such as cancer, stroke, heart disease, diabetes, mental illness, arthritis and lung disease.
- **Provincial**-level organizations working for change.
- **Policy makers**, including LHINs and government.

The *Primer* is available both in English and French.

Copies can be downloaded at www.healthnexus.ca and at www.ocdpa.on.ca.

We want to hear from you!

A resource of this kind is a work in progress and is never complete. We want to keep the Primer updated regularly. We welcome your comments and suggestions!

Please write to us at primertoaction@healthnexus.ca

SPECIAL RECIPES

FOOD SHARE

FoodShare is a not for profit organization who takes a multifaceted, innovative and long-term approach to hunger and food issues. They are involved in diverse actions including: grassroots program delivery, advocacy for social assistance reform, job creation and training, nutrition education, farmland preservation and campaigns for comprehensive food labeling.

FoodShare believes that food is vital to the health of individuals and communities, and that access to good, healthy food is a basic human right. In support of this philosophy, *the Good Food Box* Program, a non-profit fresh food distribution system, packs and distributes between 2,500 and 3000 boxes per month through 200 neighborhood-based drop-offs. *The Good Food Box* makes top-quality, fresh food available in a way that does not stigmatize people, fosters community development and promotes healthy eating. For more information about FoodShare and its programs, please visit www.foodshare.ca.

Moroccan Peppers & Eggplant with Chick Peas

Ingredients:

- 1 large onion cut in half and sliced thin
- 5 medium garlic cloves , pressed
- 1 medium red bell pepper cut in 1 inch squares
- 1 medium eggplant, cut into 1 inch pieces
- 1 pinch chili pepper flakes
- 2 tsp turmeric
- ½ tsp garam masala
- 1 15oz can chick peas
- 1 15oz can lentils, drained
- ½ cup tomato sauce
- 1¼ cups + 1 tbsp vegetable broth
- ½ cup raisins
- 1 tbsp chopped fresh cilantro
- salt & black pepper to taste

Preparation:

Heat 1 tbsp broth in a 10-12 inch skillet.

Sauté onion in broth over medium heat for 5 minutes stirring frequently.

Add garlic, red bell pepper, eggplant, garam masala, and turmeric.

Stir to mix well for a minute, and add broth and tomato sauce.

Stir again to mix, cover, and cook over medium low heat for 15 minutes, stirring occasionally, or until peppers and eggplant are tender.

Add chick peas, lentils, red chili flakes, and raisins.

Simmer for another 5 minutes.

Season with salt and pepper and sprinkle with chopped cilantro.

Serves 4

Recipes Courtesy of FoodShare. Please visit www.foodshare.ca for more information about FoodShare and to view the "Good Food News" - the bi-weekly newsletter of FoodShare Toronto's Good Food Box for newsletter for more recipes.

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Celery and Apple Salad Dijon

Ingredients:

- 2 tbsp mayonnaise
- 1 tbsp Dijon-style mustard
- 1 tsp cider vinegar
- ¼ tsp sugar
- 1 tsp minced fresh tarragon leaves or ¼ tsp, crumbled leaves
- 4 ribs of celery, cut into 1 ½-inch matchsticks
- 1 crisp tart apple, cut into 1 ½-inch matchsticks
- celery leaves for garnish

Preparation:

In bowl, whisk together mayonnaise, mustard, vinegar, tarragon until the dressing is smooth; add salt and pepper to taste.

Add celery and apple sticks.

Toss the salad and serve it garnished with the celery leaves.

Variations: Add toasted walnuts or almonds or sliced dried apricots.

Add some curry powder to taste in the mayonnaise dressing for added zip.

Stuffed Green Bell Peppers

Ingredients:

- 4 green bell peppers, split, seeds removed
- 1 tbsp finely chopped onion
- 1 cup soft bread crumbs, divided
- 1 egg, slightly beaten
- ½ cup milk
- salt and pepper to taste
- 1 tsp fresh lemon juice
- 1 can (7 ½ ounces) tuna, flaked
- 2 tbsp butter or margarine

Preparation:

Boil peppers in boiling salted water for 5 minutes; drain well.

Combine onion, ½ cup bread crumbs, egg, milk, salt and pepper, lemon juice, and tuna.

Fill pepper shells.

Mix melted butter with remaining ½ cup bread crumbs; sprinkle over stuffed peppers.

Place in a shallow baking dish at 400° for 15 minutes.

Serves 4

Baked Cider-Maple Squash with Apples

Ingredients:

- 2 acorn or pepper squash
- 1 tsp salt
- 2 large cooking apples; unpeeled
- ½ cup butter
- ¼ cup maple syrup
- ¼ cup apple cider or juice

Preparation:

Cut squash in half and remove seeds.

Sprinkle with salt and place cut side down in baking pan.

Cover and bake in 375°F oven until almost tender, about 40 min.

Peel and cut into thick slices or wedges.

Cut apples in half, core, and cut into thick slices or wedges.

In small baking dish, arrange squash and apples alternately and overlapping slightly.

Heat butter with syrup and cider.

Pour over squash and apples.

Bake for 20 minutes or until tender; baste often.

Arabian Squash Casserole

Ingredients:

4 cups cooked squash or pumpkin, mashed or pureed

1 tbsp olive oil

1½ cups chopped onion

1 tsp salt

2 small bell peppers (one red and one green, if possible) minced

4 medium cloves garlic, minced

Black pepper and cayenne, to taste

½ cup firm yogurt

1 cup crumbled feta cheese

Optional: Sunflower seeds and/or minced walnuts, for the top

Preparation:

Preheat oven to 375°F.

Place the cooked and mashed or pureed squash in a large bowl.

Heat the olive oil in a medium-sized skillet.

Add onion, and sauté over medium heat for about 5 min.

All salt and bell peppers.

Sauté about 5 min, or until the peppers begin to get soft.

Add garlic, black pepper, and cayenne, and sauté for a few more minutes.

Add the sauté, along with yogurt and feta, to the squash, and mix well.

Spread into an ungreased 9-inch square baking pan, sprinkle the top lightly with sunflower seeds and/or minced walnuts.

Bake uncovered for 25 to 30 min, or until bubbly.

Serve good with Tabouli Salad or with warmed pita bread and Spinach Salad with ripe tomatoes.

Marrakesh Express Red Lentil Soup

Ingredients:

- 4 ribs celery, chopped
- ½ onion, chopped
- 2 tsp light olive oil
- ½ tsp ginger
- ½ tsp turmeric
- 6 cups good-quality vegetable broth
- 4 plum tomatoes, diced
- 1 cup red lentils
- 1 15-ounce can garbanzo beans, drained and rinsed
- 1 bunch cilantro, chopped
- 2 tbsp lemon juice
- Salt to taste

Preparation:

In a large soup pot, sauté the onion and celery in the oil until tender.

Add ginger, cinnamon, turmeric, vegetable broth, tomatoes, lentils, and garbanzo beans.

Bring to a boil; reduce heat to low; cover; and simmer for 45min or until lentils are tender; stirring occasionally.

Right before serving, add cilantro and lemon juice.

Add salt to taste.

Serves 6

Recipes Courtesy of FoodShare. Please visit www.foodshare.ca for more information about FoodShare and to view the "Good Food News" - the bi-weekly newsletter of FoodShare Toronto's Good Food Box for newsletter for more recipes.

OCDPA
Ontario Chronic Disease Prevention Alliance

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

Ontario Chronic Disease Prevention Alliance

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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The OPHA-alPHa Joint Working Group on Social Determinants of Health

The Ontario Public Health Association (OPHA) and the Association of Local Public Health Agencies (alPHa) has launched a new joint working group to provide leadership and common messaging related to the social determinants of health and how Ontario's Public Health system can act.

This workgroup sets out to:

- Promote the inclusion of activities to address the social determinants of health within the mandate of local Public Health units.
- Advocate provincially and nationally for reducing health inequities.
- Present one Ontario Public Health voice on issues related to the social determinants of health.

For more information on the workgroup, please contact:

Theresa Schumilas, Workgroup Chair

stheresa@region.waterloo.on.ca

Upcoming Meetings

Members Meeting

Date: December 9, 2008
Time: 12:00pm—5:00pm
Location:
Ontario Trillium Foundation
45 Charles Street East
Toronto, Ontario

Partners Meeting

Date: January 13, 2008
Time: 12:00pm—5:00pm
Location:
OPHA Boardroom, Suite 310
700 Lawrence Avenue West
Toronto, Ontario

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