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# OCDPA e-bulletin

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## OCDPA SUMMARY AND CELEBRATION

### *Planning Year 2005 - 2006*

This e-bulletin provides an overview of The Ontario Chronic Disease Prevention Alliance (OCDPA) activities, and celebrates its accomplishments from the 2005 – 2006 planning year.

The year began with little secured money but with stout hearts and the need to develop an Ontario Chronic Disease Prevention Strategy, we marched forward in good faith.

By year end, both the Ministry of Health Promotion and the Public Health Agency of Canada provided the finances to fund various projects, including secretariat support for the Alliance. In mid-October Giselle Sicchia and Ann-Marie Kungl joined Tracy Howson in providing this support.

The focus for much of this year was on the development of the Ontario Chronic Disease Prevention Strategy, and introducing ourselves to the new Ministry of Health Promotion, and Minister of Health Promotion Jim Watson, to the world of health promotion and prevention of chronic disease.

This last year has seen many changes, with the emerging of the new Ministry and Minister of Health Promotion being one of the most dramatic. There have been many changes, with many more yet to come, including the outcomes of the Capacity Review final report, pending announcement of some sort of Healthy Active Living Strategy and, upcoming review of Mandatory Core Programs.

The following is a brief summary of the work we have undertaken this year.

### ***Ontario Chronic Disease Prevention Strategy: “aka” System Plan***

This undertaking, which has consumed much of the energy and resources this year, has involved exploration and creation of a Chronic Disease Prevention Strategy System for Ontario.

The System Plan resulted from a culmination of extensive consultation, reflections and revisions. In August of 2005 consultants, Wendy Pinder, Nancy Dubois, Dr. Donna Mitchell and Suzanne Schwenger, were engaged. They undertook think tanks and consultations, which lead up to the November pre-conference planning-symposium event at the Harbour Castle. The day was deliberately chosen to piggyback on the larger and established OPHA/alpha Conference.

This gathering was very well attended, with 140 people participating. Presentations by Lianne Vardy from the Public Health Agency of Canada, Dr. Norman Giesbrecht, and Dr. Sheela Basrur

were followed by an afternoon of planning, lead by the consultants.

We were thrilled that Dr. Basrur was able to attend the pre-conference forum. In her famous refreshing and open style, she spoke to the assembly and responded to questions. For those in attendance, we were again inspired by both Sheela’s message and how she maintained poise and good humour through the fire alarm... literally.

During the afternoon breakout, groups were organized and information was gathered by the Consultants which culminated in their Strategy report. Additional evidence and input gathered following the event strongly indicated that although a Strategy is needed, the immediate focus required was a plan that provides a systems approach to chronic disease prevention.

The OCDPA is proposing a system consisting of six elements – the “what” of chronic disease prevention, which are associated with specific communi-

ties of practice. These six elements are:

- Capacity Development – human or personnel development and environmental supports required by individuals, organizations or communities to prevent chronic disease
- Best Practices – the identification and utilization of practices and activities that are consistent with health promotion values and theories and supported by the best available evidence
- Research – new knowledge generation
- Surveillance and Monitoring – tracking and monitoring the incidence and prevalence of chronic disease and associated risk factors, social conditions, behaviour and implementation of interventions, which in turn supports planning and evaluation
- Evaluation – program and policy evaluation that makes it possible to identify effective interventions and components of success
- Program and Policy Interventions – implementation of programs and policies that support behavioural change and healthy social conditions and environments

The OCDPA has identified three processes (the “how”) that are essential to the system and which cross-cut all six of the system elements. They are:

- Planning and Coordination
- Knowledge Exchange
- Advocacy

### ***Canadian Public Health Association Conference – OCDPA Workshop***

Ann-Marie will present and workshop and a poster on what the OCDPA has learned in the strategy/system plan development process at the CPHA conference in Vancouver, with particular focus on the Ontario experience in examining integration.

### ***Chronic Disease Prevention in Ontario and Canada - French Translation***

OCDPA had previously received resources from the Public Health Agency of Canada to update a document on chronic disease. Dr. Norman Giesbrecht, not only oversaw and nurtured its creation, he created an executive summary. To obtain a paper copy please contact Norman at CAMH [norman\\_giesbrecht@camh.net](mailto:norman_giesbrecht@camh.net) or Giselle at OPHA [gsicchia@opha.on.ca](mailto:gsicchia@opha.on.ca). Otherwise you can download the full report or the executive summary document from the OPHA/OCDPA web-

page <http://www.opha.on.ca/projects/ocdpa/whatsnew.html#4>. Make sure your printer has lots of paper if you are getting the full report!! When Norm produces a research document you get your money’s worth. We feel that regular updating of this document will ensure it remains a very valuable tool.

This year we have also been able to translate and make available the executive version in French. A joint venture with the Heart Health Resource Centre has made it possible to produce paper copies of the document in both English and French, and these will be sent out as complementary copies to OHHP-TAFAL (Ontario Heart Health Program – Taking Action for Healthy Living), Public Health Departments through their Manager of Chronic Disease, and Community Health Centres.

### ***Health Message Development***

Corrine Hodgins was contracted to undertake a review of key health messages. The report will provide the groundwork to help identify key messages that OCDPA partners could adopt. For more information please contact Michelle Brownrigg at [mbrownrigg@laidlawfdn.org](mailto:mbrownrigg@laidlawfdn.org).

### ***Evaluation***

OCDPA provided support to the School Health Action, Planning and Evaluation (SHAPES) program to convene content experts in youth tobacco as it relates to the measurement. It is the hope that future support can also be provided in the areas of nutrition, healthy eating, and physical activity.

### ***Communication Strategy Development***

The Communications Working Group with staff support from Giselle Sicchia, engaged a consultant to develop a communications overview. They have also investigated possible logos or project identifiers for OCDPA. For more information please contact Giselle at [gsicchia@opha.on.ca](mailto:gsicchia@opha.on.ca).

### ***Advocacy***

The Advocacy Committee working group is chaired by Rowena Pinto with staff support of Ann-Marie Kungl. Papers were submitted to the Ministry of Finance and the Legislative Assembly focusing on support in 3 areas: Tobacco Taxes, Support for the implementation of the recommendations of the

"Healthy Weights, Healthy Lives" Report, and the support for a Chronic Disease Prevention Strategy. For more information please contact either Rowena Pinto at rpinto@ontario.cancer.ca or Ann-Marie akungl@opha.on.ca.

### ***Milestones***

Milestones and future indicators had been identified by a small working group. The task was then to collect the information. The final product will provide OCDPA with a benchmark for the future. The report will be available shortly. For more information please contact Ann-Marie at akungl@opha.on.ca.

### ***Engagement and Development***

During this past year we have been proud to help facilitate the birth of the new Ontario Chronic Disease Prevention Managers in Public Health (OCDPMPH). The purpose of the group is to provide a mechanism for networking, collaborative planning, and a collective voice and action for those in management roles in the area of chronic disease prevention in public health units across Ontario.

In an amazingly short period of time this group has formed and created their mission, terms of reference, regional representation, fact sheet, goals, objectives, and priorities, and have begun to reach out and engage others. The chair is Christine Bushey from the Simcoe Muskoka Health Unit and the vice chair is Linda Ferguson from Toronto Public Health. For more information please contact Christine at Christine.Bushey@smdhu.org

### ***OHHP-Continuation Working Group III***

The OCDPA Manager participated with the work of the OHHP-TAFHL Continuation working group III. The Heart Health program has evolved since the demonstration phase in the 1980s to their current activity of engaging multiple community stakeholders and receiving millions of dollars of in-kind support with a primarily chronic disease prevention focus. The projects have in the past been funded in 5 year increments, and OCDPA, recognizing the significance of the OHHP, has supported the work to see that the projects continue the chronic disease prevention work at the community level. For more information about OHHP – CWG III contact Kim Bergeron at

kbergeron@hkpr.on.ca.

### ***Environmental Scan and Database Development for a Web-Hosted Resource***

We have begun a scan of programs and services that address primary health promotion for the prevention of chronic disease. This project, funded by the Public Health Agency of Canada, will continue into 2006-2007. Rebecca Byers was contracted to undertake developing the survey tool and collecting the data. Initial input was provided by Dr. Donna Mitchell and Eric Lee, experts in the field of collecting community program data. An advisory group made up of representatives from both provincial and federal governments provided initially input. Additionally, representatives from the Heart and Stroke Foundation and the Ontario Heart Health Program provided feedback in the initial focus group and survey tool development. The first phase of this project is complete. The second phase, now underway is a scan of programs and services to include other Public Health Department and Community Health Centre programs and services. The eventual data will be housed on a web-based searchable database. For more information please contact Ann-Marie akungl@opha.on.ca or Giselle gsicchia@opha.on.ca

### ***Compendium Profiling Core Organizations***

Dr. Joe Baker from York University and his graduate students undertook a scan of NGO programs and services using the categories of the survey tool in the community environmental scan referenced above. They also created a compendium profiling each of the core partner organizations. This information will be useful in both populating the database but also in the system planning, and orientation of new members to the OCDPA. For more information contact Ann-Marie at akungl@opha.on.ca.

### ***Knowledge Exchange***

The Knowledge Exchange Working Group is chaired by H el ene Gagn e with staff support by Ann-Marie Kungl. A paper has been drafted highlighting the role of the Alliance in the knowledge exchange process as a facilitator in the discovery, sharing and application of knowledge around chronic disease prevention in Ontario. The paper and accompanying model has been largely informed by the CAMH knowledge exchange paper written by Nevin Coston. Feedback was sought in the early stages of develop-

ment from Geoff Dunkley, Steve Manske, Barb Riley and Paula Robeson. The current draft product has been shaped to align with the Strategic Planning Working Group's "System Plan" paper. Core members will be reviewing the draft paper at their May 11<sup>th</sup> meeting. For more information please contact H el ene Gagn e at Helene.gagne@cancercare.on.ca or Ann-Marie at akungl@opha.on.ca.

### ***Core Partnership***

OCDPA core membership grew from the original 9 members to 11. The new partners now include The Arthritis Society and The Kidney Foundation of Canada.

The core partners include:

- Canadian Cancer Society Ontario Division
- Canadian Diabetes Association
- Cancer Care Ontario
- Centre for Addiction and Mental Health
- Heart and Stroke Foundation of Ontario
- Ontario Prevention Clearinghouse
- Osteoporosis Canada
- The Arthritis Society
- The Kidney Foundation of Canada
- The Lung Association
- The Ontario Public Health Association

### ***Membership***

Membership also grew with new members now including the Ontario Heart Health Program, the Ontario Collaborative Group on Healthy Eating and Physical Activity, the Ontario Health Promotion Resource System, and the most recent invitation to the Ontario Chronic Disease Prevention Managers in Public Health.

### ***Participation with the Pan Canadian Healthy Living Strategy***

OCDPA and OPHA have been fortunate to have been invited to provide participation on the Federal governments Pan Canadian Health Living Strategy. At the most recent meeting on March 17, Connie Clement represented OCDPA, and Ann-Marie Kungl attended representing OPHA. Neither Tracy Howson for OCDPA or Connie Uetrecht for OPHA was able to attend.

### ***Chronic Disease Prevention Alliance of Canada (CDPAC): Provincial / Territorial Network***

Each province has the option to have 2 provincial representatives on the Provincial/Territorial Network. The meetings are organized by CDPAC, and provide an opportunity to network and plan with other provincial alliances and network members. The representatives for Ontario and the OCDPA are Norman Giesbrecht and Tracy Howson. Teleconferences occur quarterly with and a face to face meeting took place in Ottawa November 25, 2006.

### **WHAT DOES THE NEXT YEAR HOLD, WHAT ARE THE NEXT STEPS?**

We are very excited about the Chronic Disease Prevention System Plan. The plan will require considerable collaboration and agreement from all parties. It will also require considerable work in order to continue the convening and engagement of folks in the various system elements.

Unfortunately concrete data on what levels of funding are needed to successfully implement a strong health promotion system or strategy is not clearly known. However, the incidence of Heart Disease is increasing; cancer is still killing many, diabetes rates are exploding at all age levels, but specifically frightening are the fact that Type II Diabetes is happening at ages, unheard of until recently. We know that environmental toxins are having a global impact. We do not have the luxury of waiting until we know what the ideal investment might be. The investments will be adequate when the rates of chronic disease begin to decline.

The soft underbelly of health is showing and the wallpaper on the wall is not just peeling, it is on fire. To shift the current situation will take unprecedented efforts, and desire. If we continue with short-term thinking it will result in an exploding health care system that is not sustainable. The system is nearly unsustainable now. We worry about another pandemic. Our communities, cities, and families will better survive the illness if we are in the best health possible.

*What do we need?*

Support to those on the ground!

Communities need programs that have shown to be effective and policies that will allow people the supports they need. Basic requirements of living, such as sufficient and adequate housing, good daycare, decent wages, good food, good places to walk, fresh air and clean water are imperative. The needs are simple, however as we all know, the will to make this happen is complex.

Governments will come and go with good intentions, but unfortunately the intentions are coloured through a short window and need. That is our system. We can blame our politicians, we can blame the governments, we can blame the large for-profit-companies, we can blame the large not-for-profits, we can blame the large institutions, but until we realize that we need to find a way to work this out together, we are on a sinking ship. We must save ourselves, because there isn't anyone else that can. We are it. The consequences if we do not, are untenable. Unfortunately time waits for no one.

As this year closes, another chapter begins. I have chosen to step away from the position of Manager of the OCDPA. It has been an amazing and humbling experience to work with the OCDPA and meet so many of you. It is now time for another to step into the role and move the Alliance forward to where it must go.

In the interim, the very able Giselle and Ann-Marie will be continuing their work, with consultant support from Michelle Brownrigg, to provide transition management until a new manager is in place. I hope you have enjoyed this review of the year's activities.

If you have any questions please feel free to email me at [thowson@opha.on.ca](mailto:thowson@opha.on.ca) or Michelle Brownrigg at [mbrownrigg@laidlawfdn.org](mailto:mbrownrigg@laidlawfdn.org).

Shalom, Miigwech, Salut, Ciao, and Thank-you.

*Tracy Howson  
OCDPA Manager*



**OCDPA CORE MEMBERS**

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The Kidney Foundation of Canada

*Ms. Lucy Bonanno*

Osteoporosis Canada

*Ms. Connie Clement*

Ontario Prevention Clearinghouse

*Dr. Norman Giesbrecht*

Centre for Addiction and Mental Health

*Ms. Laurie Hurley*

The Arthritis Society Ontario Division

*Ms. Deb Keen*

Cancer Care Ontario

*Ms. Marianne Kobus-Matthews*

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*Ms. Sylvia Leonard*

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*Ms. Mary Lewis*

Heart and Stroke Foundation of Ontario

*Mr. Alan McFarlane*

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*Mr. Gary O'Connor*

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