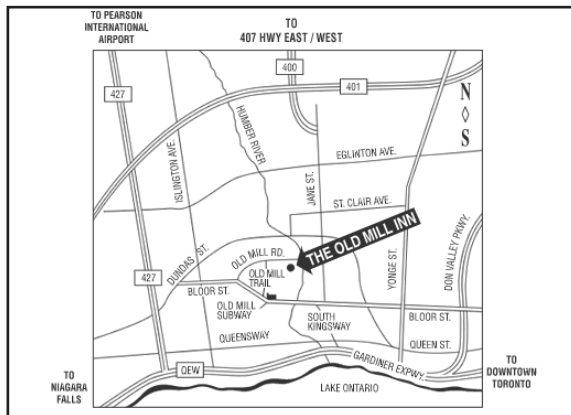


PROGRAM

- 8:00 AM - 8:45 AM** **REGISTRATION**
- 8:45 AM - 9:00 AM** **WELCOME**
Carolyn Baker, President & CEO, SJHC
Marianne Kobus-Matthews, Co-Chair, OHHPN
Laura Pisko-Bezruchko, Senior Director,
Planning, Integration & Community Engagement,
Toronto Central LHIN
- MC - Dr. Michael Rachlis, Health Policy Analyst**
- 9:00 AM - 10:00 AM** **KEYNOTE SPEAKER**
Lynda McCloy, Director Population Strategy,
Population Continuums Team, Vancouver Coastal
Health, Vancouver BC
- 10:00 AM - 10:20 AM** **BREAK**
- 10:20 AM - 12:00 PM** **KEYNOTE RESPONSE**
Michael Hillmer, MoHLTC ~ *Ontario's Chronic
Disease Prevention & Management Framework*
Matt Anderson, UHN-CIO ~ *Ontario's E-health
Strategy for Chronic Disease Prevention &
Management*
Connie Clement, The Ontario Chronic Disease
Prevention Alliance ~ *Thinking Like a System: The
Way Forward to Prevent Chronic Disease in Ontario*
- 12:00 NOON - 12:45 PM** **LUNCH**
- 12:45 PM - 1:45 PM** **PROJECT OVERVIEWS**
- 1:45 PM - 3:45 PM** **PROJECT WORKSHOPS**
Chronic Disease Prevention & Management Successes
1. Betty Harvey - London Diabetes Project
2. Tomislav Svoboda - Toronto Client Access to
Integrated Services & Information (CAISI) Project
3. Lynne Raskin/CHC-GT - Using the Urban
Health Framework for Health Equity Initiatives
4. Suzanne Schwenger, Ontario Prevention
Clearing House - Connecting the Dots: Community-
Wide Stroke Prevention and Health Promotion
5. Partners for Parkdale Health Network -
A Free West End Oral Health Clinic for Marginalized
Clients
- 3:45 PM - 4:15 PM** **REPORT BACK**
- 4:15 PM - 4:30 PM** **CLOSING REMARKS**
- 4:30 PM** **ADJOURNMENT**



THE OLD MILL INN

21 Old Mill Road, Toronto, 416-236-2641

REGISTRATION

Complete registration form and return to contact at bottom of form. Registration forms can be obtained from www.stjoe.on.ca or by calling 416-530-6486 ext. 4500.

CANCELLATION POLICY

A registration fee refund, less an administration charge of \$15, will be made on cancellation requests received before April 28th, 2008. Refunds will not be issued after April 28th, 2008. If you are unable to attend, your registration can be transferred to a substitute delegate at no additional cost. Please call us with the name of the substitute before the conference date.

No shows (no formal cancellation) are not entitled to a refund.

FOR MORE INFORMATION

Please call 416-530-6486 ext. 4500



The Ontario Hospital Health Promotion Network
&
St. Joseph's Health Centre
present

Working Together To Prevent And Manage Chronic Disease: IDEAS, INNOVATION, AND INSIGHT

FRIDAY, MAY 23, 2008

HELD AT THE OLD MILL INN,
TORONTO, ONTARIO



Working Together To Prevent And Manage Chronic Disease: IDEAS, INNOVATION, AND INSIGHT

INTRODUCTION

Chronic diseases account for the largest proportion of death and disease burden nationally and provincially. The prevention and management of chronic disease to improve population health is an Ontario health system priority.

Yet, while everyone recognizes that an integrated approach to chronic disease is critical to augment and enhance sector-specific strategies, the current system still faces barriers to collaborative action to prevent and manage chronic disease.

We all know that collaborative action is supposed to be a good thing, but how do we do it? What are the actual nuts and bolts of working together?

The Ontario Hospital Health Promotion Network (OHHPN) and St. Joseph's Health Centre, Toronto, are pleased to host this one-day conference for providers from across hospital, community health and social service, health promotion, public health, and long-term care sectors to work on practical relationships to provide an integrated, system response to chronic disease prevention and management.

OVERVIEW

Lynda McCloy, Director Population Strategy, Population Continuums Team, Vancouver Coastal Health (VCH), will provide us with a big-picture overview and the story of VCH's 'whole system' population health initiatives.

In response to Ms. McCloy's presentation, three panelists will speak to components of Ontario's chronic disease prevention and management strategy. How does what we are doing in Ontario compare to VCH, and what can we learn from that comparison?

Following lunch, we will feature five chronic disease prevention and management projects with track

records of success. Overviews of the projects will be presented, then participants will break into preselected cross-sectoral workshop groups to examine the opportunities, barriers and practical steps required for local health service providers to work together if they want to implement one of the featured projects in their own communities.

Dr. Michael Rachlis, renowned Canadian health policy analyst, will be our Master of Ceremonies and provide concluding remarks.

WORKSHOP DESCRIPTIONS

1. The London Diabetes Project was developed by the London InterCommunity Health Centre to deliver a community-based Type two diabetes primary prevention and disease management program targeting Latino-Canadian families especially. The focus on prevention included a targeted community screening service to identify those at high risk. A selective risk management service engaged families of children at risk in a monthly monitoring and support program, while the disease management service was delivered by a multidisciplinary team operating within a chronic disease care model. This workshop will help you with everything you need to know to deliver community-based management of diabetes in your own area.

2. The CAISI (Client Access to Integrated Services and Information) Project is working to end chronic homelessness and enhance the quality of life of people who are homeless by enhancing the integration of care among agencies through the use of an electronic information system. The project includes: 1) The development of the open source system software; 2) Building community and agency capacity by integrating care among agencies. This workshop will allow participants to work out the details of setting up integrated electronic systems for vulnerable populations.

3. The Urban Health Framework developed by the Community Health Centres of Greater Toronto (CHC-GT) has been designed to both strengthen existing and guide the development of new policy, planning, and service delivery processes to enhance equity in health and wellness opportunities for populations facing access barriers in the urban environment. The framework is based on the premise that urban health requires access to a system of primary, secondary and tertiary health services all committed to reducing barriers to health for marginalized or vulnerable populations. This session will work through the kinds of detailed relationships and activities entailed by such a commitment.

4. Connecting the Dots: Community-Wide Stroke Prevention and Health Promotion is a community-based Coordinated Stroke Strategy initiative that connects the dots about current practice and engages the community toward collective action. "Connecting the Dots" includes representatives from across the community and throughout the continuum of stroke, including health promotion, public health, hospitals, community services, and long-term care. The goal is to increase awareness and opportunities for collaboration by introducing people to one another and brainstorming new ways of working together. Participate in this workshop to set the stage for further collaborative work.

5. The West End Oral Health Clinic was developed by the Partners for Parkdale Health Network (PPHN) to provide free oral health care for marginalized individuals who have no dental coverage and live within a vulnerable community. Partners were drawn from the housing, community health and social services, and hospital sectors. This session will take participants through the questions to be answered and connections among sectors to be made to establish a free oral health clinic.