



ONTARIO PUBLIC HEALTH ASSOCIATION
L'ASSOCIATION POUR LA SANTÉ PUBLIQUE DE L'ONTARIO

Determinants of Health

September 1992 – December 1993

Project Report

Foreword

It is no coincidence that the Ontario Public Health Association has declared that a determinants of health project will shape all of its policy recommendations.

The determinants of health in a policy framework is a fundamental acknowledgement that the health of individuals does not exist in isolation of healthy communities and that healthy communities have healthy homes, workplaces and environments. As fundamental to this equation are the importance of education, equity, and meaningful employment. Therefore education policy is health policy; tax policy is health policy; employment policy is health policy.

The 9 provincial conference presentations and 18 regional workshops organized through this project provided an opportunity for representatives of Community Health Centres, District Health Councils, Public Health Units as well as individuals from education, social service and other sectors to build a common understanding of the determinants of health in their own region or chosen profession, and in the context of their own issues.

People who are active in community and public health are in the vanguard of supporters for the determinants of health. What you hear in this report is an appeal from front line workers throughout Ontario for program, administrative and policy support for their efforts. OPHA stands by their appeal and will bring their issues and recommendations to programmers, administrators and policy makers.

The fact that the consultative process undertaken by Project Co-ordinator Ron Foley made it secure for their voices to be heard is a testament to his skill as a facilitator and community organizer. I applaud his talent, patience and perseverance. It is my hope that this Report will echo through the halls of volunteer, community and government agencies.

Peter R. Elson
Executive Director

DETERMINANTS OF HEALTH

September 1992 - December 1993

Project Report

Ron Foley

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Acknowledgements

The Determinants of Health project was implemented with the financial support of the Premier's Council on Health, Well-being and Social Justice. The Ontario Public Health Association wishes to thank the Premier's Council, and in particular the Determinants of Health Committee, for their support and participation in the implementation of the project.

The project was carried out in collaboration with the Association of Ontario Health Centres. We appreciate the cooperation received from the Association's Executive Director, Sonny Arrojado, who was instrumental in introducing the project to her member organizations.

OPHA would also like to acknowledge the valuable input and guidance received from members of the project's Advisory Committee:

Association of District Health Councils - *France Gélinas*

Association of Local Official Health Agencies - *Dr. Colin D'Cunha*

Association of Ontario Health Centres - *Sonny Arrojado*

Institute of Cultural Affairs - *Wayne Nelson*

Ontario Public Health Association - *Jane Underwood* and *Peter Elson*

Ontario Social Development Council - *Malcolm Shookner*

Premier's Council on Health, Well-being and Social Justice - *Mark Woollard*

We are particularly appreciative of the time and energy devoted by working group members and contact persons to the planning and organization of provincial and regional workshops. The constructive and serious manner in which they responded to the prospect of helping to organize a workshop in their area, and the commitment which they subsequently brought to the task, made implementation of the project both possible and a pleasure. A list of these persons is found in Appendix A to this Report.

A special word of acknowledgment is due to the over 1000 participants who, by their attendance and fruitful deliberations at workshops, have increased the capacity for communities across Ontario to address the determinants of health.

And finally, the project coordinator wishes to express his sincere appreciation for the level and quality of support received from OPHA's Executive Director, Peter Elson, and staff of the Association. A particular word of appreciation is extended to Kathleen Orth, Determinants of Health Project Assistant, whose efficiency and thoroughness contributed greatly to the success of the project.

Ron Foley
Coordinator

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DETERMINANTS OF HEALTH PROJECT

Summary

The Determinants of Health Project was implemented by the Ontario Public Health Association with the financial support of the Premier's Council on Health, Well-being and Social Justice and the collaboration of the Association of Ontario Health Centres. The project coordinator received valuable input and guidance from members of an Advisory Committee made up of representatives of the Association of Local Official Health Agencies, the Association of Ontario Health Centres, the Association of District Health Councils, the Institute of Cultural Affairs, the Ontario Public Health Association, the Ontario Social Development Council and the Premier's Council on Health, Well-being and Social Justice.

The project allowed the OPHA to develop and organize 2 series of workshops. The first involved 9 workshops on the implications of the determinants of health framework for professional practice, one in each of seven provincial level meetings of the Constituent Societies of OPHA, as well as one in each of the OPHA and Association of Ontario Health Centres (AOHC) annual conferences planned within the period of September 1, 1992 and December 31, 1993. The second series involved the organization of 18 regional workshops, three per health planning region.

The purpose of the workshops was 1) to begin to build a common understanding of the determinants of health, recognizing that individually, most participants already had some understanding of the concept; 2) to consider, in small groups, the implications of the determinants of health for their professional practice, their organizations and their work with other organizations / sectors and their communities; and 3) to identify initiatives which might be taken to address the determinants of health.

Workshops were organized in consultation with provincial association contact persons and, in the case of the majority of regional workshops, local working groups. The latter were made up of representatives of community health centres, district health councils and public health units, and in one instance, a social planning council. Local participation in workshop planning and organization necessitated a longer lead time than originally anticipated but was critical to ensuring the relevance to local needs and priorities.

In excess of 1000 persons participated in the project. Of this number, just over 500 participants attended workshops held during provincial association meetings and conferences. An additional workshop in this category was conducted at Brock University in the context of a first year Health Studies course and involved some 120 students.

Just under 400 participants attended 18 regional workshops. One of two workshops held in Ottawa was conducted in French; the remaining 17 were conducted in English, with materials available in both languages.

Participation at individual workshops ranged from 12 to 35 persons. Community health centres (if found in the area), district health councils and health units were constants in all but one area and, in some cases, constituted the entire workshop group. Provision was made for participation by social planning agencies, providing overlap with another partnership arrangement between the Ontario Social Development Council and the Premier's Council. Several workshops were open to broader participation and drew participants from a variety of organizations and sectors.

A cross-section of organizational levels was represented at workshops. The actual profile of an individual event thus varied, based on decisions made by local organizers and the availability and motivation of those invited.

The Determinants of Health Project Report features a number of key implications and recommendations stemming from the discussions of workshop participants.

These include:

- the need to pursue the work of building awareness and understanding of the determinants of health;
- the skills needed in order to work from a determinants of health perspective;
- the importance of establishing a shared vision, coupled with policies and programs which reflect this approach;
- the need for support at all levels to facilitate efforts by individuals and organizations to address the determinants in their spheres of activity;
- sufficient flexibility to allow for adaptation of policies and programs to local needs and circumstances;
- the active pursuit of collaborative ventures among agencies and sectors concerned with the complexities inherent in the determinants of health; and
- measures to ensure community involvement in needs identification and planning and implementation of strategies.

The report emphasizes that topics raised are of relevance to everyone working in organizations and communities around the province and do not apply solely to the public health sector and its member agencies. Nor do they apply strictly at the local level. They have implications for the centralized agencies which play significant roles in shaping the policies and programs which govern not only *what* is done by agencies across the province but also, and very importantly from a determinants' perspective, *how* the work is done.

These recommendations are made with the intent of stating that the issues and concerns raised by participants must be addressed as a precursor to action throughout the province to address the determinants of health.



1. PROJECT IMPLEMENTATION

Background

In September 1992, the Ontario Public Health Association, in collaboration with the Association of Ontario Health Centres, undertook the Determinants of Health project with the support of the Premier's Council on Health, Well-being and Social Justice.

The term determinants of health refers to those fundamental factors and influences which shape (ie. determine) the health of individuals and communities. They are not limited to the clinical state of one's health at any particular time nor to specific lifestyle behaviours. Rather, they include such basic questions as whether or not a person has access to and is then able to afford adequate housing and food; is employed; has the social supports necessary for balanced emotional and psychological health; and lives in a clean and nurturing environment.

References made throughout this report to a determinants of health approach or perspective assume a way of understanding and strategizing around the needs and concerns of Ontarians which takes into account these fundamental factors and the need for creative and multi-sectoral ways to address them.

The following report describes the process by which the project was implemented; identifies some key implications identified by participants during workshop discussions; and makes a series of recommendations intended to facilitate action to address the determinants of health in the Province of Ontario.

Purpose of the project

The purpose of the project as stated in a letter of agreement between the Premier's Council and the OPHA was to:

- 1) Support the OPHA in developing and organizing 9 workshops on the implications of the determinants of health framework for professional practice, one in each of seven provincial level meetings of the Constituent Societies of OPHA, as well as one in each of the OPHA and Association of Ontario Health Centres (AOHC) annual conferences planned within the period of September 1, 1992 and December 31, 1993.

- 2) Support the OPHA in developing and organizing 18 regional workshops of approximately 22 participants each for district health council staff, community and public health professionals, and social development planners across the province. These workshops and follow-up support aim to equip participants with the tools to be able to initiate/participate in multi-sectoral community dialogue/action on the determinants of health.

Workshop objectives

The specific objectives identified for participants at the beginning of each workshop were as follows:

1. Begin to build a common understanding of determinants of health
2. Consider implications of the determinants of health
3. Identify initiatives to address the determinants of health

Process:

- i) *Advisory committee*

The project was implemented with the assistance and guidance of an advisory committee made up of representatives from the following organizations:

Association of District Health Councils
Association of Local Official Health Agencies
Association of Ontario Health Centres
Institute of Cultural Affairs
Ontario Public Health Association
Ontario Social Development Council
Premier's Council on Health, Well-being and Social Justice

The committee's terms of reference are attached at Appendix B.

The committee met four times during the term of the project.

ii) *Workshop organization*

The project coordinator consulted with representatives of each provincial organization to plan and organize a determinants of health workshop at their 1993 annual meeting.

Regional workshops were also planned and organized in consultation with individuals in each of the six health planning regions of the province. With few exceptions, a working group made up of participants drawn from community health centres, district health councils and public health departments was formed to plan and organize each of the regional workshops. In addition to this core group, the working group responsible for the organization of the Haldimand-Norfolk and Niagara Districts' workshop included the Niagara Social Planning Council.

This consultative process required more time to get to the point of actually conducting workshops than the project proposal had anticipated. Rather than beginning workshops in the fall of 1992 as planned, the first regional workshop was not held until April 30, 1993. During this period, the coordinator was engaged in telephone and on-site discussions with local contact persons and working groups around the province. This work was facilitated by a 1-800 number which allowed participants to call OPHA free of charge from any location in the province.

The purpose of these discussions was to introduce the project, to explore its possible relevance to local needs and circumstances, to address concerns and scepticism over "yet another workshop", and to begin the work of planning and organizing workshops. These discussions continued until the fall of 1993 when arrangements for all workshops were finally concluded.

The consultative process required substantial time commitments for both coordinator and local contacts and working groups. Several factors made this both necessary and important for the project's success:

- time was required for preliminary discussions with local contacts and working groups regarding the purpose and potential benefit of a workshop to their agencies and communities

- people at the local level needed to discover ways in which the proposed activity would be relevant to their needs and priorities
- it allowed them to participate in decisions such as the orientation a workshop ought to take locally and who should participate
- the scheduling of workshops was subject to existing priorities and prior commitments of local participants and their organizations
- it created an opportunity for persons in host communities to work collaboratively with professionals from other organizations (in many cases, there was not a pre-existing working relationship among agencies to facilitate the organization of workshops at the local level and many working group members indicated that, in the regular course of events, they have little opportunity to work with others in this way)
- participation in decision-making as outlined above itself set the stage for those at the local level to participate and to take ownership for the event in a substantial and meaningful way

The prospect of organizing a determinants of health workshop received a positive response in most areas of the province. In some cases, however, varying degrees of resistance needed to be addressed. The fact that the project was a collaborative effort between the Premier's Council and OPHA stimulated curiosity and lent credibility to the proposed activity. A regional workshop participant indicated that he would not have taken the time to attend if the workshop had been another locally conceived and organized event and that he had been attracted by the involvement of the Premier's Council.

The project was implemented in the context of social contract negotiations and cutbacks. This had implications for the planning of workshops by local working groups and the ability of some individuals and their agencies to participate due to the social contract timetable. At the same time, the circumstances of the past year themselves prompted many to attend, as they recognized the added urgency of addressing the determinants of health.

Participation

Provincial Workshops

Just over 1000 persons participated in the project. Of this number, just over 500 participants attended workshops held during provincial association meetings and conferences. This category was made up of participants at the annual meetings and conferences of OPHA, the constituent societies of OPHA and the Association of Ontario Health Centres. Participants at most of these events thus formed relatively homogeneous groups.

One of the constituent societies of OPHA, the Association of Supervisors of Public Health Inspectors of Ontario, did not participate due to the cancellation of their Fall 1993 meeting. The Association nevertheless requested copies of workshop materials for distribution to its members.

An additional workshop in this category was conducted at Brock University in the context of a first year Health Studies course. Some 120 students enrolled in the course attended this workshop. Feedback from the professor who requested the workshop indicates that students are investigating determinants of health issues in their course work.

A preliminary report on the project was made during a workshop at the OPHA annual conference in November 1993. This workshop presented the results of various initiatives of the Premier's Council on Health, Well-being and Social Justice and provided an opportunity for participants to react to a draft report to be presented to Council in February 1994.

Regional Workshops

The project was designed with the expectation that regional workshops would include approximately 20 participants drawn from community health centres (in those areas of the province where they are located), district health councils and public health departments. An additional 2 places were allocated for participation by social planning agencies, providing some overlap with another partnership arrangement between the Ontario Social Development Council and the Premier's Council.

Early consultations with various regional contacts around the province pointed to the need for flexibility in the planning and organization of workshops and local participation in decision-making, based on local/regional needs and circumstances. This meant that, in some cases, a decision was made to focus participation on the community and public health sectors (community health centres, district health councils, and public health units); in others, workshops were open to participation by other sectors concerned with the determinants of health of their communities.

As planning of the various events proceeded, other questions such as the number of participants to be invited to a workshop and the organizational level to be targeted for participation became subject to discussion and decision-making with local organizers.

Just under 400 participants attended 18 regional workshops. One of two workshops held in Ottawa with participants drawn from the Ottawa-Carleton and Eastern Districts was conducted in French. The remaining 17 were conducted in English. Materials were nevertheless available in both languages at each event.

Participation at individual workshops ranged from 12 to 35 persons. Community health centres (if found in the area), district health councils and public health units were constants in all but one area and, in some cases, constituted the entire workshop group. The single exception was that of Peel district which decided that its needs would best be served by offering its full complement of spaces to community participants.

A cross-section of organizational levels was represented at workshops, ranging from front-line workers to managers, Medical Officers of Health and executive directors of agencies. The actual profile of an individual event varied based on decisions made by local organizers and the availability and interest of those invited.

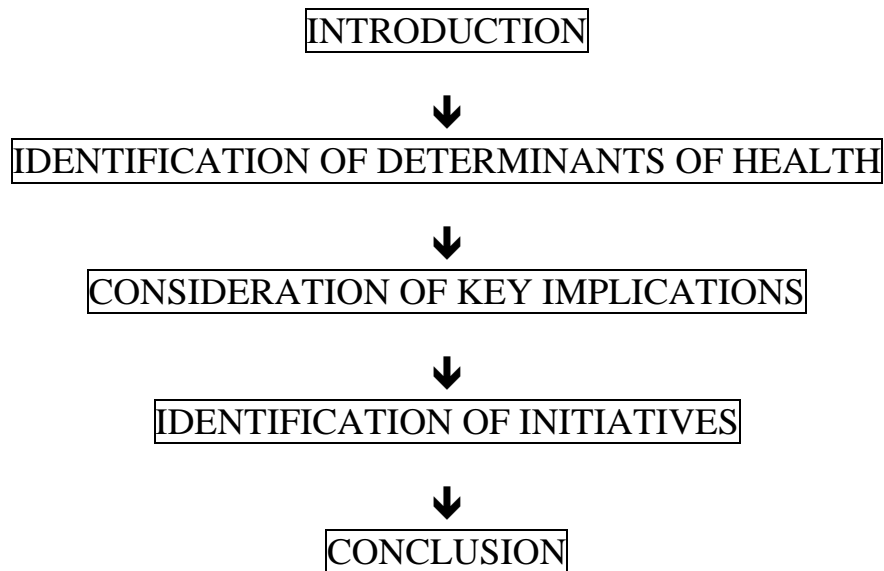
In addition to public and community health agencies, other areas from which participants were drawn included: provincial ministries (COMSOC, Environment, Agriculture and Food), Social Planning Councils, social service agencies (eg women's shelters, food banks), municipal counsellors / mayors, Chambers of

Commerce, hospitals, doctors, religious demoninations, education (community colleges, trustees, principals, students) and community participants who, for the most part, identified specific areas of concern such as land use or seniors' issues prompting their participation.

Workshop design

Workshops were designed in consultation with Wayne Nelson of the Institute of Cultural Affairs; in consultation with Mark Woollard of the Premier's Council; and with input and direction from the project's Advisory Committee. Designs were tested and modified based on feedback received from participants in early workshops in the series.

Provincial association conference and regional workshops followed similar basic designs and included the following components:



The principal factor dictating differences in the designs was the time available for a determinants of health workshop. The length of provincial association workshops ranged from 1½ to 3 hours. Regional workshops were, with one exception, of full day duration and thus allowed for more in-depth exploration of the determinants by participants.

The exception, a half-day regional workshop held in the Windsor-Essex area, brought together members of a recently created Community Development Committee. The committee was established to provide input into the Windsor-Essex Health System Reconfiguration, particularly the possible utilization of funds available to the community as a result of hospital rationalization in the area.

Workshop steps

Introduction

The project facilitator began the workshops with introductory remarks introducing himself and the Premier's Council representative, providing a brief backgrounder on the project and presenting workshop objectives. Regional workshop participants were then invited to introduce themselves and to state their motivation for attending. A member or staff-member of the Premier's Council on Health, Well-being and Social Justice then addressed participants, informing them of various Council initiatives and helping to set the stage by presenting an overview of the determinants of health.

Identification of determinants of health

In preparation for reflection on the implications of a determinants of health approach, participants were invited to identify what, from their professional, organizational and community perspectives, were the priority determinants of health with which they were concerned. This list was then reviewed to identify possible groupings of determinants for purposes of small group work.

Consideration of key implications

Participants divided into small groups to identify key implications of their determinants from different perspectives - professional, organizational, community

and, possibly, personal. Regional workshop participants shared the results of their work with other groups before moving on to the next step. Provincial workshop participants continued without interruption.

Identification of initiatives

This next step prompted groups to build on their implications work by asking what actions they could propose which would address the determinants they were considering. At regional workshops, a further step involved selection of one collaborative initiative from among those identified by the group, for detailed development.

Conclusion

Following the final plenary, participants were invited to share any final observations or insights they had had during the workshop. They were also asked what they could in fact do following the workshop to address the determinants in their sphere of activity. For some, the question was a rhetorical one which they took away with them; others made clear statements of their intention to take specific actions.

Workshop materials

Workshop materials, available in both English and French, included:

- a workshop agenda
- a 2-page discussion on the determinants of health
- a series of worksheets for use by participants during and following the workshop
- a list of contacts and resources
- a workshop assessment and follow-up form
- the Nurturing Health document

- Premier's Council media releases
- a determinants of health Annotated Bibliography (English only) prepared for the Premier's Council by Dr. Joanne Marshall and graduate students at the University of Toronto Faculty of Library & Information Science

Workshop outcomes

Materials reported in plenary discussions by participants attending provincial and regional workshops were subsequently catalogued by OPHA, with assistance from the Premier's Council. This information was then returned to a provincial association contact or a regional working group for distribution to workshop participants. This practice was intended to allow participants to review and make use of the results of the work they had done with others during the workshop. At the very least, it served as a tangible reminder of their participation. A discussion of the substantive outcomes of workshops is found in.

Section 2 - Implications and Initiatives.

Workshop assessment and follow-up

Workshop participants were asked to assess their level of satisfaction with the workshop they had attended. At the same time and on a separate form, they were invited to indicate whether they were interested in receiving further information on the determinants of health and whether they were prepared to be contacted for follow-up purposes.

Information on participants' assessments of workshops is contained in the Audit Report referred to in the **Project audit** section below.

The project coordinator conducted a series of telephone follow-up conversations with a selection of workshop participants. The purpose of these contacts was basically to seek any further feedback participants might wish to make following attendance at a workshop and to enquire into possible ways in which participation may have contributed to their work. The results of this activity are discussed in the **Initiatives** section of this report.

[Workshop schedule

The following table indicates the provincial and regional workshops held during the project:]

DATE	LOCATION	TYPE
November 17	Ontario Public Health Association (1992)	Provincial
March 26	Community Health Nurses Interest Group	Provincial
April 22	Association of Nursing Directors and Supervisors of Ontario	Provincial
April 29	Ontario Association of Health Promotion Specialists in Public Health	Provincial
April 30	Halton, Hamilton-Wentworth	Regional
May 10	Brant, Waterloo, Wellington-Dufferin	Regional
May 14	Kingston, Frontenac, Lennox & Addington, Hastings & Prince Edward Counties, Rideau Valley	Regional
June 3	Ontario Society of Nutritionists in Public Health	Provincial
June 4	Association of Ontario Health Centres	Provincial
June 11	Ontario Society of Public Health Dentists	Provincial
June 24	Thunder Bay	Regional
June 28	Metropolitan Toronto	Regional
July 20	Canadian Institute of Public Health Inspectors (Ontario Branch)	Provincial
July 23	Ontario Society of Public Health Dentists	Provincial
July 29	Windsor-Essex	Regional

DATE	LOCATION	TYPE
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September 15	Haldimand-Norfolk, Niagara	Regional
September 17	Algoma, Sudbury-Manitoulin	Regional
September 20	Ottawa-Carleton, Eastern Ontario, Renfrew (English)	Regional
September 21	Ottawa-Carleton, Eastern Ontario (French)	Regional
September 29	North Bay, Muskoka-Parry Sound, South Temiskaming	Regional
September 30	Cochrane, North Temiskaming	Regional
October 19	Bruce-Grey, Owen Sound, Huron	Regional
October 20	Brock University	Provincial
October 25	Dryden	Regional
October 26	Fort Frances	Regional
October 29	Durham, Haliburton, Kawartha & Pine Ridge, Peterborough	Regional
November 1	Peel, Simcoe, York	Regional
November 4	Elgin-St. Thomas, Kent-Chatham, Lambton, London-Middlesex	Regional
November 16	Ontario Public Health Association (1993)	Provincial
Cancelled	Association of Supervisors of Public Health Inspectors (Ontario)	Provincial

Project Audit

The firm of Davie and Associates was contracted to perform a project audit of the determinants of health project. The audit was intended to verify that the project was implemented in line with its approved purpose and objectives. The project coordinator and principal program auditor, Lynn Davie, worked jointly to design a process and related instruments to track progress made based on project goals. An interim report on project implementation and outcomes based on information available at mid-point was completed by the consultant in July 1993. This report indicated that the project appeared to be unfolding in an appropriate manner. The project Advisory Committee reviewed the report and, on its basis, suggested some minor changes to data collection.

A final audit report based on information provided by participants and project staff as well as information gleaned from a survey of a sample of workshop participants was conducted by Davie and Associates and submitted in March 1994.

Interim project reports and financial statements

The project coordinator prepared interim progress reports for submission to the Premier's Council on a quarterly basis. These reports were accompanied by budget figures indicating a record of receipts and expenditures to the end of each quarter.

Final and audited budget figures have been submitted under separate cover to the Premier's Council.



2. IMPLICATIONS AND INITIATIVES

Determinants of health

Participants at each workshop identified what, from the perspective of their professional, agency and community experience, are the priority determinants of health which need to be addressed. While the number of determinants identified and the words used to describe them may have varied from one workshop to the next, they have been grouped as follows:

- family experience
- self-esteem
- employment
- socio-economic status
- education / training
- social supports
- sense of control
- environment
- public policy
- access - education / training, availability of services, basic needs, geography
- recreation
- marginalization - language, gender, race, sexual orientation, poverty

The specific outcomes for each provincial and regional workshop were compiled and returned to participants for their information and reference in doing follow-up to the workshop proceedings.

In this section of the report on the determinants of health project, we will draw on those results to feature some key themes which have been distilled from the reflections and discussions of participants during workshops.

The topics treated here are of relevance to everyone working in organizations and communities around the province. They do not apply solely to the public health sector and its member agencies. Nor do they apply strictly at the local level. They have implications for the centralized agencies which play significant roles in shaping the policies and programs which govern not only *what* is done by agencies across the province but also, and very importantly, *how* the work is done. It is our intent that the issues and concerns of participants reported here will help to prepare the terrain for action throughout the province to address the determinants of health.

Implications identified by participants

"Preaching to the converted"

This phrase was used by many persons around the province when they considered the prospect of helping to organize or of participating in a workshop. In some areas, the proposal to hold a determinants of health workshop was welcomed as an opportunity to increase local awareness and understanding or to build on previous initiatives. In other quarters, however, the prospect was met with varying degrees of scepticism and cynicism. This was expressed in a variety of ways:

- what was the context in which the project was being implemented?
- who else was to be involved in it?
- who's talking to Queen's Park about the determinants of health?
- who's talking to the institutional sector?

These were legitimate questions which needed to be addressed in the process of organizing workshops. Indeed, their importance and relevance have not diminished as will be seen as this discussion of implications unfolds.

"We understand the concept but how do we work this way?"

As consultations around the province continued and workshops began, it became apparent that a conceptual familiarity with the determinants of health could not be equated with individual or organizational practice. For some participants, the question of "how to" work in this way prompted their interest in attending a workshop. Others needed to distinguish between rhetoric and practice in order to move beyond the conceptual realm. In other words, identifying and implementing concrete strategies was the purpose for their attendance.

Discussions with workshop organizers and the work done by participants during workshops clearly indicated that wherever one might be in understanding the determinants of health, no one can claim to have completed the work that needs to be done in order to be effectively working in this way. Individuals, agencies and communities around the province are at different points in understanding and operationalizing a determinants of health approach to the shaping and delivery of services to meet identified needs. Much remains to be done even on the part of those agencies where there is substantial support for this way of doing things.

Early in the consultative process by which workshops were organized, it became clear that this project needed to be positioned in a manner that recognized both the level of awareness and activity that existed prior to its implementation. Indeed both the project coordinator and the Premier's Council representative made statements to this effect at the beginning of a workshop and indicated that the objective of the workshop was to allow participants to further a process that most had likely already begun prior to the event.

Insights of the "already converted"

Many participants, including self-avowed "already converted", reported that participation in the workshop had deepened their understanding of the determinants of health and, in particular, the extent to which they are interconnected. With testimonies such as "we thought we knew this stuff" and "I didn't know this was so hard to do", the workshops helped to deepen appreciation of the implications and challenges involved in operationalizing strategies to address the determinants.

A shared vision

As participants in several workshops reflected on the implications of the determinants of health for professionals, their organizations and communities, they identified the need for a coherent vision based on a determinants of health framework and progress which would be guided by shared goals and objectives. In the absence of such a vision which is shared by different stakeholder groups, efforts to address the determinants of health will be hampered by fragmentation and frustration, and risk remaining the exception rather than being the norm.

It was further emphasized that to be effective, "this vision needs to have teeth." And it must not be a tool designed for use solely at the local level. Rather, it must permeate the system at all levels and in all sectors. Participants across the province made clear that this implies a political (provincial, municipal, boards) and bureaucratic commitment as a prerequisite to meaningful action to address determinants in the province.

The challenge is how do we as a society establish this shared vision?

Support for a "determinants" approach

While there are pockets of "determinants" activity in areas around the province, these efforts are but a beginning. Participants were, for their part, almost unanimous in indicating their support for action to address the determinants of health. A major factor influencing their ability to do so however is the extent to which they feel empowered to work in this manner. Some indicated that they have simply decided to proceed until they receive notice to the contrary.

A larger number pointed to a lack of support within their organizations for any activity which does not adhere to a strictly defined and conventional interpretation of their role in service delivery to the community. While this lack of support may, in part, be of local origin, it is clearly reinforced by the lack of policy and directives from Queen's Park on this subject.

The largest group of participants at workshops was drawn from public health departments. They identified an inconsistency between the implications of a determinants of health paradigm and the way they currently conduct their business and must report on their professional activity within their organizations and to the Ministry. The fact that they are, in the words of a participant, "still counting widgets", limits their ability to work in a different way.

What participants are talking about is the lack of supportive policies, procedures and environments throughout the system in which they work and live. And they are calling for basic acknowledgement and support for their ability to approach the needs of their communities in different ways than they have in the past.

From words to action

Each workshop group, without exception, made a consistent call for the government, its ministries and other agencies to support and facilitate the shift which those working at the local level are hearing in words but do not find in practice.

In January 1992, the Minister of Health identified the determinants of health as a basis of health care reform. Participants point out, however, that this statement of intent has yet to be reflected in the rules and regulations which govern their work. This situation will probably persist until such time as decision-makers at central and local levels subscribe in real ways to the need for a determinants of health approach.

Movement towards a determinants approach would be greatly boosted in communities around the province if local agencies and their staff felt authorized to work in this way. This will require, among other things, a critical examination of Ministries in order to:

- identify their respective impact on the determinants of health;
- assess whether current policies, programs and administrative practice facilitate or block working in this way;

- establish clear roles and mandates in support of action to address the determinants of health;
- identify structural reforms which may be necessary.

Sensitive policies and programmes

To many, the need to ensure that policies and programs are sensitive to varying needs and circumstances around the province might sound like an unnecessary statement. This was clearly not the case for the number of participants and workshop groups who identified this as an on-going obstacle to their ability to work effectively in their communities. The word "Toronto" was used in this context by many participants to refer to a policy or program which has been developed centrally with little apparent awareness of the local realities in which it is expected to be applied.

While the "Toronto" problem is not exclusive to the North, participants in northern communities were clear and vocal in articulating the effects that failing to consider the challenge and difficulties posed by the geography and demographics of the large areas in which they are located.

Indeed, this very issue arose in a practical way in the context of the determinants of health project during preliminary discussions with workshop organizers. Considering the large territories covered by each of the Northern workshops, a number of community organizations would have been precluded from participation if the Premier's Council had not agreed to authorize a request made by regional contacts for a travel subsidy for those located in remote areas.

In another area, francophone participants at a French language workshop in Eastern Ontario pointed to difficulties they experience as a result of policies and programs which do not reflect the particular linguistic and cultural circumstances and needs of their communities.

Encumbered or facilitated?

A determinants of health approach, by definition, requires that, as a minimum, those charged with the delivery of service at the local level not be encumbered in their work by policies and programs which are poor fits for local needs. At best, their work will be facilitated and rewarded.

Participants stressed the importance of flexibility in decision-making regarding programming and resource allocation suited to the local environment. For participants at several workshops this meant the ability to focus organizational mandates and allocate resources based on locally defined needs.

They also pointed to the need for multiple strategies to accommodate the varying needs and circumstances of individuals in their communities. For public health participants, this meant having the flexibility to engage in broad based programming as well as one-on-one or group strategies.

When developing policy and programs, the following line of questioning needs to be carefully considered:

- from where do they most appropriately originate?
- are policies and programs reflective of the province's diversity of needs and circumstances?
- do they necessarily apply in all areas?
- how do we introduce sufficient flexibility into provincial policies and programs to allow for adaptation to local needs and thereby ensure their relevance?
- ought policies to be expressed differently or designed specifically for each district; planning region; or more generally, for Metropolitan Toronto, Southern and Northern Ontario?

Complex issues require collaborative strategies

The need for a greater degree of collaboration and coordination at all levels was a prime implication of a determinants of health approach identified at each provincial and regional workshop in the series. This stems primarily from a recognition that the complexity and interconnectedness of, for example, poverty, employment or the environment, severely limit the ability of a single sector or agency to address them effectively. Multi-sectoral collaboration, on the other hand, offers a window for effective action.

The development of a multi-sectoral approach has, however, implications for the role agencies are accustomed to playing in a community. It also has implications for their relations with other agencies. Participants recognized that multi-sectoral partnerships are in most areas yet to be developed and that a lead agency or grouping of agencies needs to take some initiative in order to bring it about.

The workshops organized in the context of this project were in most cases the result of collaboration among representatives of community health centres, district health councils, public health departments and, in one instance, a social planning agency. Many of these groups pointed out that they have few opportunities, in the normal course of events, for working with other agencies and that the workgroups, and subsequently the workshops for many of the participants, became collaborative experiences which they appreciated and from which they benefited.

Local and central collaboration

Participants were clear in emphasizing that this need for collaboration does not apply solely to local agencies and communities. Central agencies as well must take steps to ensure that their planning and programming is developed and implemented on a coordinated and collaborative basis.

In addition to the obvious benefits of avoiding unnecessary duplication of service and budgets required for their delivery, increased coordination and collaboration will improve the quality and potential effectiveness of policies and programs informed by the differing perspectives of various sectors, agencies and systemic levels concerned with an issue. The Better Beginnings program was frequently

cited as a successful example of inter-ministerial and inter-agency collaboration which offers a model for other initiatives of this type.

Governments need to dovetail

Each level of government - provincial, regional, and municipal, was seen to have a stake and a role to play vis-à-vis the determinants of health. Participants underlined the importance of bringing about a greater degree of coordination to ensure that decisions at one level do not contradict or impede those taken at another level and in so doing obstruct the delivery of appropriate and effective service at the local level.

Overcoming "turfism"

They were aware however that some will have to be convinced of the need for and benefits of a coordinated and collaborative approach to local action. One of the prime obstacles to working on a partnership basis is the practice of territorialism whereby agencies and decision-makers jealously guard their jurisdictions against the threat of invasion or reduction. A number of factors can prompt this practice - traditional mandates, prestige, competition for limited financial resources, personalities and insecurity over the prospect of change, to name a few.

Those engaged in partnership arrangements point out that, in their experience, competition and territorialism continue to figure prominently. The need to take them into account in developing and nurturing collaborative ventures is accentuated by the continuing pressure on agencies and sectors to manage with increasingly tight fiscal resources.

Importance of community participation

In reflecting on the implications of a determinants of health approach for what they do and how they do it, participants in workshops across the province identified a need to adopt a needs-based approach to service delivery. To achieve this requires community / consumer involvement.

This has obvious implications for traditional positions of expert / authority vis-à-vis the community. It involves a departure from a practice of decision-making with

respect to the programs and services delivered by provincially funded agencies, which is controlled by centralized policy makers and managers or local organizations. In its stead, participants identified a need to engage a community in the work of identifying its own needs and the best ways to address them.

This realization stemmed from participants' own recognition that they too "need to get more connected to their communities." Looking around the room, many participants stated that they had the "wrong people in the room" and that the community (ie consumers) needed to be involved in the kind of reflection and discussion they were having. These statements were made even in those workshops where a decision had been made to open participation beyond agencies in the community and public health sectors.

Process is part of the solution

The objective of adopting a determinants of health approach is to arrive at effective solutions to important and fundamental issues which determine the health of communities around the province. Participants nevertheless stressed the importance of allowing these solutions to issue from a collaborative and participatory process. Some of the features of this process identified by them are that it takes time, patience, perseverance, skills, support, risk-taking and resources. If process is sacrificed in favour of expediency and control, the solutions arrived at in this way may not address some important needs which have been overlooked and may lack the support of key stakeholders necessary to guarantee their implementation and anticipated results.

Education and training

Having identified this need to involve the community, participants at several workshops wondered how to bring it about. They indicated that their training "prepared them to work with other professionals" but not to engage the community in this way.

If agencies are to involve communities in the identification of needs and appropriate programs and services to address them, their staff will need in-service training to develop the necessary skills in this area.

As well and in a more pro-active way, students currently enrolled in professional educational programs need to receive training in new approaches to work with communities.

Participants identified a specific concern which this training needs to address, namely the need to find ways of proceeding that contribute to the empowerment of *all* stakeholders including themselves and their agencies.

Factors to consider in mixing professionals and volunteers

Working groups and participants alike were aware of some of the challenges inherent in mixing professionals and volunteers from the community. Some of the factors influencing these initiatives include:

- differing use of language
- levels of information and knowledge
- attitudes towards each other
- comfort levels in particular environments
- differing perceptions based on such factors as the relevance of particular issues and concerns, priorities, values, and relative positions of power and influence

At the workshop planning stage, some working groups were ready to immediately involve the community. Others decided that it was premature to do so and that, as a first step, a workshop would be best used for a meeting of participants from the three organizations (community health centres / district health councils / public health units) specifically targeted by the project. In these cases, the community would then be involved in a subsequent phase.

Consumer education and training

In the same way that participants expressed the need for training for themselves to effectively involve the community, so too did they recognize a need for consumers to learn how to participate in identifying priorities and developing strategies to address community needs.

While recognizing and in some cases, offering some constructive criticism of the Premier's Council's public education activities, participants pointed out that more needs to be done to inform and sensitize the public about the nature and objectives of shifts that are happening in our understanding and approach to health.

These need to include strategies for reorienting the public's perception and expectations of government and agencies as they make policy, program and procedural shifts which may be necessary to address the determinants of health in a community.

Education and training for other sectors

A determinants of health approach has implications for others as well. Participants pointed to the need to sensitize decision makers, including politicians, to the importance of addressing the basic determinants of health and the implications for their respective jurisdictions of doing so.

Initiatives

The project was implemented with the expectation that the experience would not end for participants with attendance at a workshop. It was initially conceived as a vehicle for training participants to engage others within their own or other organizations and sectors in discussions on the determinants of health. As the project proceeded, however, the type of anticipated follow-up which participants might do was broadened to encompass specific initiatives to address determinants of health issues which they indicated an interest in pursuing.

This section is intended to give a sense of the kind of initiatives that were identified during workshops or in follow-up telephone conversations between the project coordinator and a sampling of participants from each workshop.

A full record of initiatives proposed by participants at each workshop is included in the record of workshop outcomes.

Some of the proposed initiatives call for follow-up at the association level, local and regional levels, or a combination of the two.

Others, of provincial scope, were identified by participants for action by central decision-makers and agencies. In addition to steps which participants can take to help bring this about, they called for transmission of these items through this Report and a Report prepared by the Premier's Council on Health, Well-being and Social Justice which is scheduled for submission to Council in February 1994.

Range of initiatives

Participants at each workshop identified a broad range of possible initiatives. In some cases, they proposed to undertake activities designed to increase awareness and understanding by others of a determinants of health approach and its application to work within their organizations and communities. Other proposals involved action to facilitate the work of those concerned with the determinants of health or to address specific issues discussed during workshops. A number of participants indicated a readiness to pursue concrete proposals which stemmed from their discussions.

Provincial associations

Participants at provincial workshops identified a multi-directional role for their associations to play in supporting efforts to address the determinants of health in the province. Participants recommended initiatives which focused on:

- an association's internal activities and services to members
- its profile on the provincial scene
- the role it can play to support members in their work locally

More specifically, this includes:

- ensuring its structures, programs and services reflect and emphasize the importance of a determinants of health approach
- providing training and development opportunities to strengthen members' skills

- representing the perspective of their members from a determinants' point of view, at the provincial level
- providing policy and program advice at the political and administrative levels of the provincial government
- providing support to members in their work at the local level
- collaborating with other organizations and sectors to address the determinants of health

Regional workshops

Developing a critical mass

In line with the initial thrust of the project, many participants indicated their readiness to assume an educating and advocacy role to increase understanding of the determinants of health and to prompt action to address them. They proposed different approaches to achieve this including:

- discussions with colleagues during management and staff meetings
- community meetings to discuss the determinants of health
- meetings with other organizations

Participants at a workshop in the South-West region identified the need to "develop a critical mass" by promoting an understanding of the questions needing to be addressed across the region.

A nursing manager in York Region proposed to make use of workshop materials to engage her Health Department's public health nurses in a determinants of health training process.

The determinants of health in policy and program development

Participants at many workshops stressed the importance of reflecting a determinants of health perspective in policy and program development activities, as in the case of the development of an official plan for Halton Region.

There was general consensus around the province that communities need to be directly involved in the work of identifying priority areas for action. Many participants indicated these assessments as one of the early steps they need to take to address the determinants in their communities.

A sampling of initiatives

A variety of specific initiatives were proposed by participants at workshops or reported in subsequent conversations with the project coordinator. A sampling of these follows:

- participants at the workshop attended by persons from Haldimand-Norfolk proposed the creation of a Human Services Planning Council for their district
- a workshop in Sault Ste Marie has prompted a group of participants to begin the work of obtaining Municipal Council endorsement of the Sault as a Healthy Community
- the Wellness Council of the Kingston, Frontenac and Lennox & Addington District Health Council is working with the County's Public School Board to integrate the determinants of health into school curriculum
- participants at a French-language workshop proposed the creation of a directory of francophone resource persons in the five Eastern counties, identifying their fields of expertise
- participants at a workshop in Thunder Bay proposed to convene a meeting to explore restarting a stalled Healthy Community dialogue

- a working group at a Timmins-based workshop proposed the creation of "Health on Wheels", a mobile wellness clinic, to serve a number of small communities in the region; providing screening, counselling, health education, follow-up and monitoring, a prime benefit of this project would be to improve access to basic services for people living in remote and underserved communities
- a Community Health Centre participant at Metro's workshop has subsequently initiated a consultative process with other service agencies to identify strategies for addressing the needs of their multi-racial apartment dwelling community and including members of the community in the planning of those strategies
- the Grey-Bruce Public Health Department has begun incorporating the determinants of health into its programs and services through such means as an article on C.P. Shaw's report on the Impact of Unemployment on the Health of Canadians and recommendations for action by health professionals in a newsletter which is distributed to some 400 family physicians, nurses, pharmacists and other health professionals; and preliminary discussions with family physicians regarding a practical workshop on their role in addressing the needs of unemployed persons in their communities

A role for all

What is clear from the discussions and outcomes of workshops is that there is much which needs to be done in order for meaningful action on the determinants of health to occur. It is equally clear that no single sector or level can expect or be expected to undertake all that needs doing single-handedly. ***There is a role for stakeholders at all levels to play.***

Participants made it equally clear that the action taken by these various stakeholders at different levels needs to be orchestrated in ways that are mutually supportive and efficient, particularly in the light of current economic circumstances.

Given the magnitude and the complexity of the issues to be addressed, participants in workshops around the province recognized the risk of feeling overwhelmed by the task. Rather, it is a question of getting a start and achieving perceivable progress with which to maintain momentum, this being a key to successful and sustained community development.

They also stressed the importance of some individual, agency or group taking the initiative to set things in motion. While initiators need to be sensitive to and indeed self-regulate around issues of control and territorialism, they are nevertheless essential catalysts of action.

Once again, participants were clear that the need for leadership in launching action to address the determinants of health does not apply solely to the local level. If local efforts are to be supported by policies and programs based on the determinants of health, so too must there be champions of this approach at work centrally to make it a reality. ***By asking what we can do, how we can do it, and with whom, we begin to set in motion the process which leads to action.***



3. RECOMMENDATIONS

The following recommendations have been formulated on the basis of the ideas expressed by the over 1,000 participants at the determinants of health workshops described in the present report. In reviewing the discussions of workshop participants as reported above, several areas emerge that indicate the need for further work.

These recommendations are presented for consideration by everyone concerned with strategies to address the determinants of health in the province of Ontario. They reflect the fact that, while a beginning has been made, much remains to be done at both the local and provincial levels.

The recommendations are as follows:

I A SHARED VISION AND MULTI-SECTORAL ACTION

1 *A collective vision is needed to guide action on the determinants of health.*

Steps must be taken collectively to establish a common vision based on a determinants of health approach, to guide progress toward shared goals and objectives at all levels and in all sectors.

2 *Planning and programming must be developed multi-sectorally.*

Strategies to address determinants of health must take into account the possible role and contribution of the different organizations and sectors concerned.

3 *Everyone needs to identify the role they can play to further action to address the determinants of health.*

The outcomes and recommendations contained in this report identify a variety of areas for action by stakeholders concerned with the determinants of health.

II ACTION AT THE LOCAL LEVEL

- 1 *Everyone can contribute by helping to expand the number of individuals and organizations prepared to engage in action to address the determinants of health.***

Everyone can take the initiative within their sphere of activity, particularly in their own organization, to further develop and nurture the conceptual and practical understanding necessary for effective action across the province to address the determinants of health.

- 2 *Workshop participants can contribute by helping to establish inter-sectoral links.***

As indicated by many workshop participants, they are in positions to take the initiative in their communities to explore with those working in other organizations and sectors, the implications of the determinants of health and to identify collaborative steps to address them.

- 3 *To be effective, policy and services must be based on the expressed needs of a community.***

Working from a determinants of health perspective requires that agencies adopt a needs-based approach to policy development and service delivery with active community / consumer involvement at all stages of the process.

- 4 *Communities must have the latitude to organize and to allocate resources to meet their needs.***

Communities need sufficient flexibility to realign agency mandates and allocate financial and other resources as necessary in support of initiatives to address the determinants of health.

5 *There is a need for in-service training programs to help develop the skills required to work in new and innovative ways.*

In-service training programs designed for those in need of developing new skills to address the determinants of health include such topics as community participation, community development, organizational development, conflict resolution, and group facilitation.

III ADVOCACY FOR A DETERMINANTS OF HEALTH APPROACH

1 *A determinants champion must advocate and support a systemic shift to a determinants of health approach*

There continues to be a need for a central agency such as the Premier's Council on Health, Well-being and Social Justice to assume a lead role in advancing the shift to a determinants of health approach particularly at the provincial government level.

This lead agency will work with other supportive stakeholders to facilitate action taken by communities across the province to address the determinants of health.

Leaders at the local level must also receive the support they need to pursue action on the determinants of health.

2 *Provincial associations have a role to play in supporting action to address the determinants of health.*

Each provincial association needs to identify the role it can play, individually and in relationship with other stakeholders, to support action to address the determinants of health.

3. ***Profiles of initiatives taken to address the determinants need to be made available to those wishing to benefit from the experience of others.***

These determinants profiles will include such information as a discussion of supportive factors, obstacles encountered and strategies to address these obstacles.

- 4 ***Specific strategies must be designed to address the needs of disadvantaged Ontarians.***

A mechanism, such as an economic advisory committee or similar body made up primarily of those living in disadvantaged circumstances (unemployed, social assistance recipients), would monitor and recommend appropriate actions with respect to the economic status of disadvantaged Ontarians.

IV GOVERNMENT'S ROLE IN THE DETERMINANTS OF HEALTH

- 1 ***Political and bureaucratic support is required at all levels to facilitate strategies to address the determinants of health.***

Steps must be taken to ensure that persons working at all political and bureaucratic levels - municipal, regional and provincial, are aware of the nature and implications of a determinants of health approach and support the shifts required to facilitate strategies to address the determinants across the province.

- 2 ***There are specific steps which the Provincial Government can take.***
 - i) **Provincial Ministries need to review and modify, as necessary, their roles and structures in relation to the determinants of health.**

More specifically, it is recommended:

- that each Ministry, and in particular the Ministry of Health's Public Health Branch, identify its respective impact on the factors that determine the health of Ontarians;
 - that the roles and mandates of each Ministry in support of action to address the determinants of health be clearly established;
 - that Ministries identify structural reforms which would increase their ability to support determinants initiatives.
- ii) ***Provincial Ministries need to review their policies and programs in the light of the determinants of health***

This recommendation proposes:

- that Ministries assess whether current policies, programs and administrative practice facilitate or block working from a determinants of health perspective;
- that Ministries examine new policy and program initiatives in the light of their potential impact on the determinants of health;
- that Ministries coordinate their affairs with those of other Ministries;
- that policies and programs be sufficiently flexible to allow for adaptation to local needs, thereby ensuring their relevance and effectiveness at the community level.

3 Local government and agencies have a key role to play in supporting local action to address the determinants of health.

Steps which can be taken include:

- i) making a public commitment of support for action to address the determinants of health
- ii) taking corrective action when existing policy, programs and procedures are found to impede local efforts to address the determinants of health
- iii) ensuring that new policies and programs support local action to address the determinants of health

V LEARNING ABOUT THE DETERMINANTS OF HEALTH

1 *The determinants need to be incorporated into professional education and training programs in all relevant sectors.*

In addition to the health sector, this initiative includes other sectors such as environmental studies, architecture, religious studies, business and management studies, and education.

Education and training strategies must also be developed to prepare consumers and the general public for participation in initiatives to address the determinants of health. They will also help prepare the terrain for possible adjustments in the public's expectations of publicly funded agencies as they make policy, program and procedural shifts which may be necessary to address the determinants of health in a community.

2 *Implementation of the determinants of health project has yielded a number of learnings for future projects.*

i) Allow sufficient lead time.

Planning for an undertaking such as the determinants of health project must allow sufficient lead time for the developmental work crucial to sensitive and meaningful participation at the community level.

ii) Local participation is a critical ingredient.

Persons working at the local level need to participate in the development and implementation of similar undertakings.

iii) Flexibility allows for implementation of a project in ways that reflect local needs.

Undertakings such as the determinants of health project must be designed with sufficient flexibility for adaptation to local needs, circumstances and schedules.

iv) An appropriate balance is needed between process and outcomes.

While maintaining this balance, it is important to recognize that a participatory and multi-agency / sectoral approach requires time, patience and an openness to experiential learning.



4. CONCLUSION

The process of implementing the determinants of health project, workshop experience, participant assessments and follow-up contacts with participants has been an important step in the process of making the shift to new ways of addressing the fundamental determinants of the well-being of Ontarians. Participants in this project are part of a growing critical mass necessary for these changes to occur.

It is clear, nevertheless, that much remains to be done if the shift is indeed to become a reality. Workshop participants were clear in calling for the support and tools they will need in order to work effectively in their communities.

It is equally clear that at this relatively early stage in the process, the determinants of health approach needs champions, both centrally and locally, to advocate for the changes necessary to allow individuals, agencies and sectors to work in this way. Sensitive, constructive and honest address of issues of power and control will help set the stage for the level of endorsement and practical support needed to bring about meaningful action on the determinants of health.



APPENDIX A

Provincial association and regional workshop contacts and working group members:

PROVINCIAL ASSOCIATIONS

Drs Abramson, Locker and Tipping - Ontario Society of Public Health Dentists
Sonny Arrojado - Association of Ontario Health Centres
Carolyn Bray and Nadia Zurba - Ontario Association of Health Promotion Specialists
in Public Health
Peter Elson - Ontario Public Health Association
Kim Klint - Brock University Health Studies students
Carol MacDougall - Community Health Nurses Interest Group
Stephanie Oonpuu - Ontario Society of Nutritionists in Public Health
James Reffle - Canadian Institute of Public Health Inspectors
Mary Martin Smith - Association of Nursing Directors and Supervisors of Ontario
Jim Stone - Association of Supervisory Public Health Inspectors (Ontario)

REGIONS

Central East

Metropolitan Toronto

Carolyn Acker (Regent Park Community Health Centre), Denise DePape (North York Public Health Department), Lynne Lawrie (Metropolitan Toronto District Health Council)

Durham, Haliburton, Kawartha & Pine Ridge, Peterborough

Dawn Berry Merriam (Haliburton, Kawartha & Pine Ridge District Health Council), Margaret Froud (Durham Regional Health Department), Linda Hessey (Durham Region District Health Council), Dr. Alex Hukowich (Haliburton, Kawartha, Pine Ridge District Health Unit), Doreen Hume-McKenna (Durham Region District Health Council), Maureen McKeen (Peterborough County-City Health Unit), Fred Zufferey (South Oshawa Community Health Centre)

Peel, Simcoe, York

Heather Edgar (Simcoe Health Unit), Grace Rylet (Peel Regional Health Unit), Colleen Stanton (York Regional Health Unit), Jan Tennent (Barrie Community Health Centre), Bob Youtz (Peel District Health Council)

Central West

Brant, Waterloo, Wellington-Dufferin

Gayle Barker (Waterloo Region District Health Council), Shirley Borges (Wellington-Dufferin District Health Council), Sandy Isaacs (Guelph Health Unit), Rita-Marie Hadley (Brant District Health Council), Ruth O'Donnell (Brant County Health Unit), Clint Rohr (Woolwich Community Health Centre), Dr. Ron Sax (Waterloo Health Unit)

Haldimand-Norfolk, Niagara

Lynn Bowering (Haldimand-Norfolk District Health Council), Karen Capendale-Smith (Niagara District Health Council), Julie Darnay (Niagara Falls Social Planning Council), Pat Johns (Niagara District Health Council), Debbie McCulloch (Regional Niagara Health Services Department), Patti Moore (Haldimand-Norfolk Regional Health Department)

Halton, Hamilton-Wentworth

Jane Sanders (Halton District Health Council), Jane Underwood (Hamilton-Wentworth Regional Health Unit), Maggie Fischbuch (Hamilton-Wentworth District Health Council)

Eastern

Kingston-Frontenac & Lennox & Addington, Hastings & Prince Edward Counties, Rideau Valley

Elaine Burman (Kingston-Frontenac & Lennox & Addington District Health Council)

Ottawa-Carleton, Eastern Ontario, Renfrew

Dr. Mike Corriveau (Renfrew County and District Health Unit), Glenda Clarke (Renfrew County District Health Council), Bonnie Dinning (Ottawa-Carleton Health Department), Shauna Graham (Ottawa-Carleton Health Department), Ken Hoffman (Sandy Hill Community Health Centre), Heather McCormack (Ottawa-Carleton Regional District Health Council), Dr. Mark McLean (University of Ottawa), Cindy Moriarty (Social Planning Council), Alwynn Moyer (Ottawa-Carleton Health Department), Michèle Perrault (Ottawa-Carleton Regional District Health Council), Donald St. Pierre (District Health Council of Eastern Ontario)

North East

Algoma, Sudbury-Manitoulin

Shehnaz Alidina (Algoma District Health Council), Gayle Broad (Algoma District Health Council), Mary Ann Clark (Algoma District Health Council), France Gélinas (Manitoulin-Sudbury District Health Council), Anne McLeod (Algoma Health Unit), Art Osborne (Group Health Centre), Helen Ross (Group Health Centre), Anna Zuccato (Algoma Health Unit)

Cochrane, North Temiskaming

Elizabeth Pokotylo (Cochrane District Health Council)

North Bay, Muskoka-Parry Sound, South Temiskaming

Dr. Nancy Cameron (Muskoka/Parry Sound Health Unit), Wendy Carew (North Bay and District Health Unit), Ann Fudge (Nipissing-Timiskaming District Health Council), Joe Pilon (St. Joseph's General Hospital, North Bay), Diane Rivet (Nipissing-Timiskaming District Health Council: Timiskaming Area), Jill Somerville (Muskoka/Parry Sound District Health Council), Susan Stewart (North Bay and District Health Unit), Calvin Tant (Almaguin Health Centre), Dr. Catherine Whiting (Nipissing-Timiskaming District Health Council: Nipissing Area), Hélène Wilkinson (Coalition for a Healthy Community)

North West

Dryden and Fort Frances

Janice Brown (Dryden & District Association for Community Living), Joe Brown (Kenora-Rainy River District Health Council), Daryl Coté (Mary Berglund Community Health Centre), Claudia Westland (Northwestern Health Unit), Dr. John Hammett (Northwestern Health Unit), Dave Murray (Comprehensive Health Organization)

Thunder Bay

Sue Berry (Health Sciences North), Lori Chow (Thunder Bay District Health Unit), Janice Hewson (Ogden-East End Community Health Centre), Nicolette Kaszor (Thunder Bay District Health Council)

South West

Bruce-Grey, Owen Sound, Huron

Peter Bantock (Grey-Bruce District Health Council), Dr. Maarten Bokhout (Huron County Health Unit), Dr. Murray McQuigge (Grey-Bruce, Owen Sound Health Unit)

Elgin-St. Thomas, Kent-Chatham, Lambton, London-Middlesex

Linda Hebel (Thames Valley District Health Council), Dr. Douglas Pudden (Middlesex-London Health Unit), Shanthi Radcliffe (London Intercommunity Health Centre)

Windsor-Essex

Dr. G. Heimann (Windsor-Essex County Health Unit)

APPENDIX B

DETERMINANTS OF HEALTH ADVISORY COMMITTEE TERMS OF REFERENCE

Members of the Determinants of Health Advisory Committee will:

- assist in the identification of appropriate objectives for proposed Conference and regional workshops;
- provide input and guidance with respect to proposed conference and regional workshop programs and materials, in the light of project objectives and the priorities and circumstances of members' sectors;
- assist in the development of a method to identify and select workshop participants and regional contact persons.

Meetings:

An estimated 6 meetings during this project which is scheduled for completion by December 31, 1993, 3 during the project development stage, 2 mid-stream and 1 near project completion.

Meetings will vary in length from 2 to 3 hours. Times and locations will be communicated for each meeting.

While the project budget does not provide for travel expenses incurred with respect to attendance at Advisory Committee meetings, OPHA wishes to be informed of any organization's inability to cover the travel expenses of a representative wishing to sit on the Committee.

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