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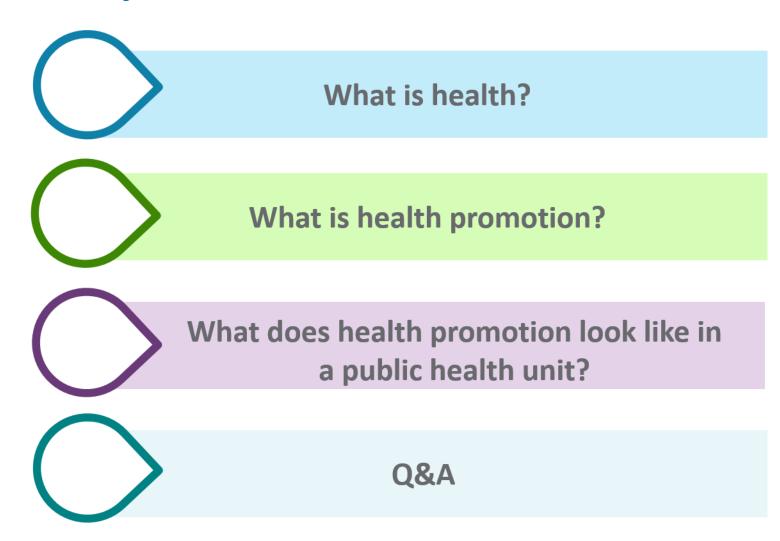


Santé publique Ontario

Promoting Health: a (re)Introduction to Health Promotion

Andrea Bodkin, Senior Program Specialist in Health Promotion, Public Health Ontario Julie Slack, Acting Manager, Chronic Disease Prevention, Northwestern Health Unit

Today's webinar



Let's Talk About Health



Models of Health¹

Biomedical Model

Health is the absence of disease

Behavioural Model Health is the product of behaviours and habits

Socioenvironmental model Health is the product of social, economic and environmental circumstances

The Canadian Social Determinants of health²

- 1. Income and social status
- 2. Employment and working conditions
- 3. Education and literacy
- 4. Childhood experiences
- 5. Physical environments
- 6. Social supports and coping skills
- 7. Healthy behaviours
- 8. Access to health services
- 9. Biology and genetics
- 10. Gender
- 11. Culture
- 12. Racism, marginalization and colonial structures



A New Definition of Health^{4,5}

"Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. It is a resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities."

An Indigenous Perspective of Health ⁶

Proximal Determinants

'Surface' level factors

- Health care availability/access
- Physical environment
- Health behaviour

Intermediate Determinants

Underlying and persistent factors

- Community infrastructure and relationships
- Kinship networks
- Knowledge sharing

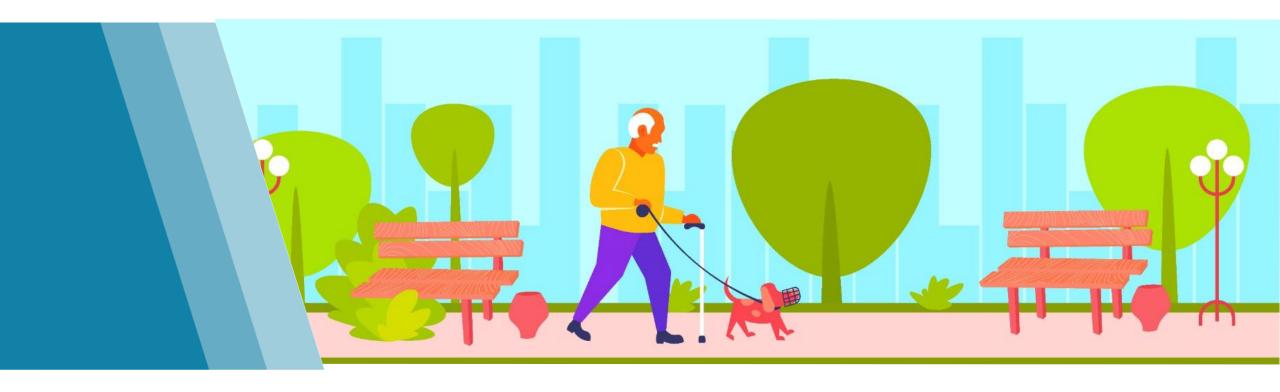
Structural Determinants

Historical, political, ideological, economic, and social foundations/systems

- Colonialism, Indian act, residential schools, systemic racism
- Indigenous world views, spirituality, and resilience

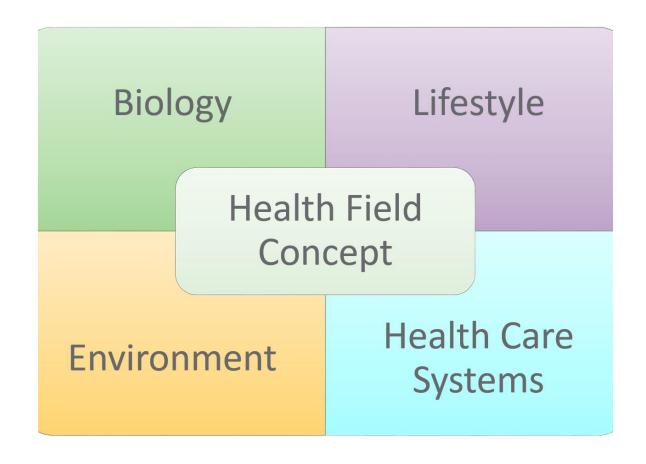
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What is Health Promotion?



A New Perspective on the Health of Canadians⁷⁻⁹

The Lalonde Report was the first document by a central government of a major developed country that advocated to invest resources beyond health services/health care to improve the health of the population.



The Ottawa Charter^{5,10,11}

Health promotion is the process of enabling people to increase control over, and to improve their health and its determinants.

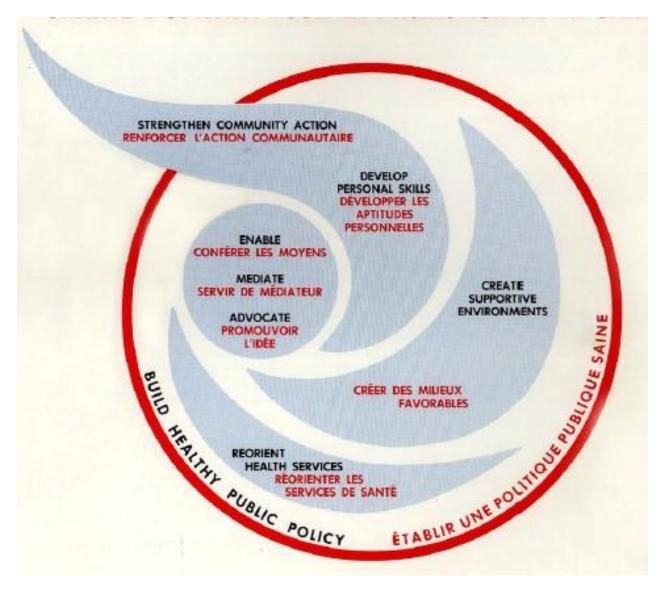
To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Enable, Mediate, Advocate⁵

5 Action Areas

- 1. Build healthy public policy
- 2. Create supportive environments
- 3. Strengthen community action
- 4. Develop personal skills
- 5. Reorient health services



What Does the Ottawa Charter Mean Today?

- What about truth and reconciliation?
- Is it effective?
- Is it relevant today?



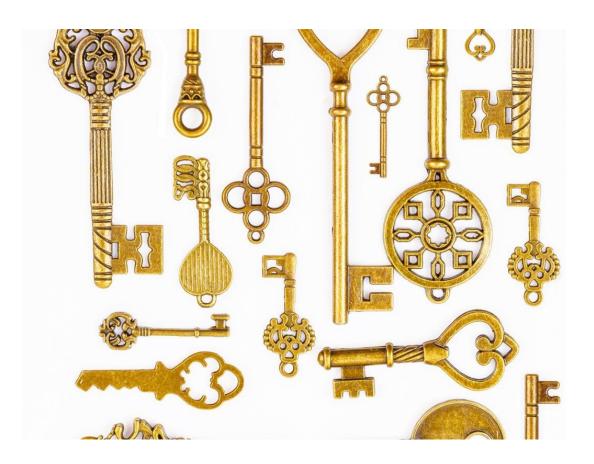
What Does the Ottawa Charter Mean for Truth and Reconciliation? 12-

Indigenous health promotion goes beyond making mainstream health promotion more 'culturally appropriate'. Ceding space to Indigenous voices and knowledge is one way forward to overcoming this limitation and decolonizing the field.¹³

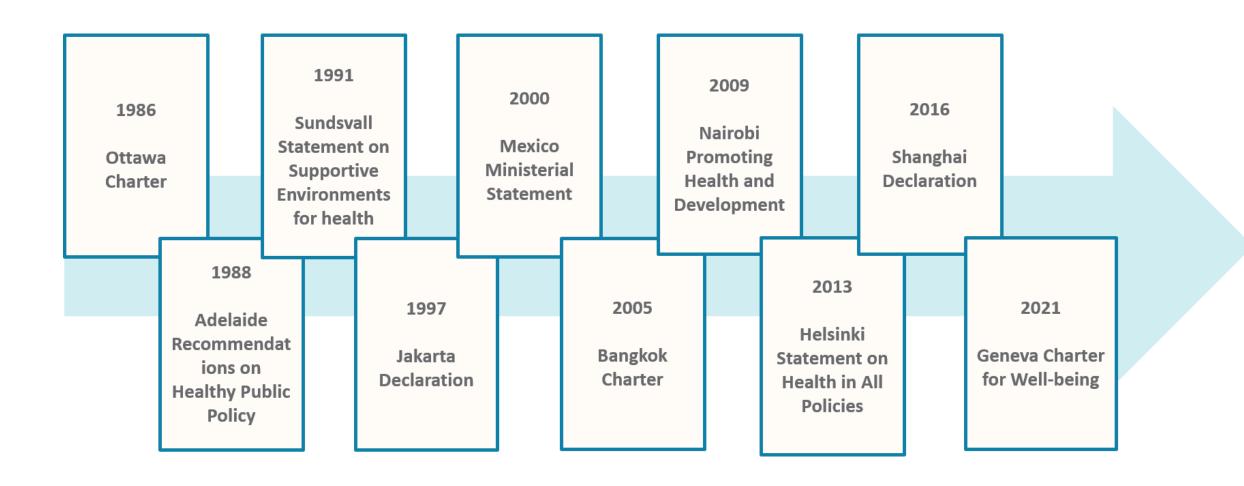


Is the Charter Effective? Six Key Lessons¹⁴⁻¹⁵

- 1. Investment in building healthy public policy is a key strategy;
- 2. Supportive environments need to be created at all levels;
- 3. The effectiveness of strengthening community action is not clear;
- 4. Personal skills development must be combined with other strategies to be effective;
- Interventions employing multiple strategies and actions at multiple levels are most effective;
- 6. Specific actions are central to effectiveness.



Is the Ottawa Charter Relevant Today?



Health Promotion as a Practice and a Normative Ideal 17-18



Health Promotion as a Practice: practitioners implement a wide variety of strategies and projects

Health Promotion as a Normative Ideal: A vision for how society should be

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- 14. Fry D, Zask A. Applying the Ottawa Charter to inform health promotion programme design. Health Promo Int. 2017;32(5):901-12. Available from:
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Northwestern Health Unit

www.nwhu.on.ca

Health Promotion at the Northwestern Health Unit

Julie Slack, MSc, RD
(A) Manager, Chronic Disease Prevention
July 11, 2022



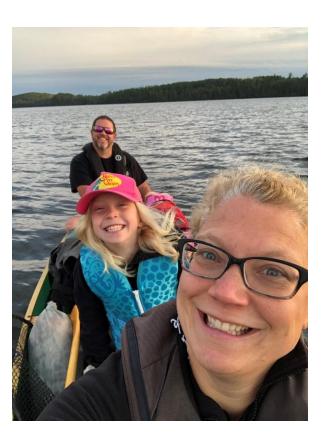


Who am I?





Just down the road from Quetico Provincial Park



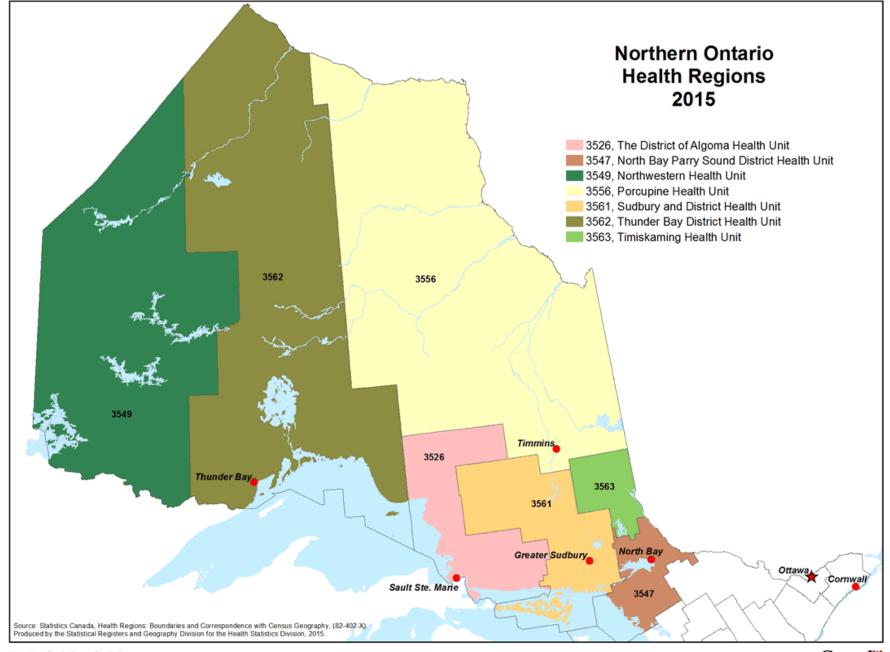




The catchement area of the Northwestern Health Unit stretches across approximately one-fifth of the Province of Ontario?

True or False





The Northwestern Health Unit maintains how many offices and provide services to how many municipalities?

- a) 3 offices and 19 municipalities
- b) 10 offices and 10 municipalities
- c) 13 offices and 19 municipalities
- d) 5 offices and 13 municipalities



About the Northwestern Health Unit

- Rainy River District / western part of the Kenora District
 - 19 municipalities,
 - 39 First Nation communities (Treaty 3, 9 and 5)
 - Two unincorporated territories (Kenora Unorganized and Rainy River Unorganized)
- 160 staff
- 13 offices





Approximately how many hours does it take to drive from Rainy River to Pickle Lake?

- a) 3 hours
- b) 2.5 hours
- c) 9 hours
- d) 5 hours



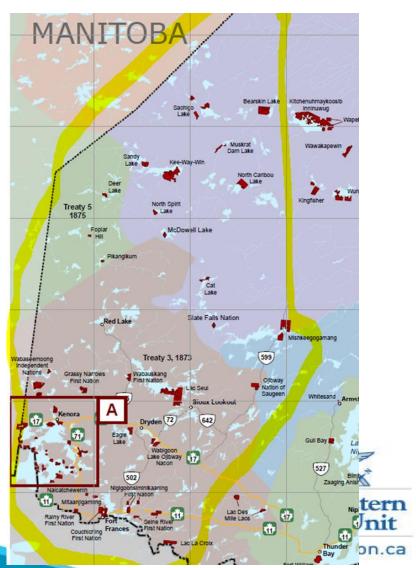
Approximately what % of our population identifies as Indigenous?

- a)70%
- b)25%
- c) 20%
- d)30%



Northwestern Health Unit

- One of the largest
 populations of Indigenous
 people in the province
- Almost 1/3 of our population identifies as Indigenous



39 First Nation Communities

Anishinaabeg of

Naongashiing

Anishinabe of Wauzhusk

Onigum

Bearskin Lake

Cat Lake

Couchiching

Deer Lake

Eagle Lake

Grassy Narrows

Iskatewizaagegan

Kee-Way-Win

Koocheching

Lac La Croix

Lac Seul

Ochiichagwe'Babigo'Ining

Ojibway Nation of Saugeen

Ojibways of Onigaming

Pikangikum

Poplar Hill

Rainy River

Sachigo Lake

Sandy Lake

Seine River

Shoal Lake 40

Slate Falls

Wabaseemoong Independent

Nations

Wabauskang

Wabigoon Lake Ojibway Nation

MacDowell Lake

Mishkeegogamang

Mishkosiminiziibiing

Mitaanjigamiing

Muskrat Dam Lake

Naicatchewenin

Naotkamegwanning

Nigigoonsiminikaaning

North Caribou Lake

North Spirit Lake

Northwest Angle #33

Northwest Angle #37

Obashkaandagaang

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Chronic Disease Prevention Team

- Ontario Public Health Standards, 2018
 - Chronic Disease Prevention and Well-Being
 - Substance Use and Injury Prevention
 - Health Equity
 - School Health (lead)
- Ministry Funded Programs
 - Northern Fruit and Vegetable Program (includes FN)
 - Student Nutrition Program (MCCSS)
 - Indigenous Engagement (Student Support Navigators)



Who Are We

Regional Positions:

- Registered Dietitians
- Topic Health Promoters -Physical Activity
 - Health Equity
 - Tobacco
 - Mental Health
 - Substance
 - Injury Prevention
 - SNP
 - Tobacco Youth Engagement

Local Position:

- Health Educators
- Local Implementation



Meet the TEAM



How We Work

Health Promotors

- Evidence summaries
- Set topic priorities
- Train and support Health Educators
- Support other NWHU Programs/Cross program collaboration

Health Educators

- Local program implementation
- Local partnerships/coalitions
- Finger on pulse in community!



What We Do

- Multiple levels:
 - Individual (skill-building/life skills, one on one support)
 - Setting-based (school/workplace) policies and environments
 - changing the default
 - Community (policies, education/awareness raising/campaigns)
- Health equity lens



Comprehensive School Health

Management

MOUs – School Boards/NWHU – priority topics, priority schools

Health Promotors

- Help with creating positive environments policy support
- Support with curriculum and teaching resources
- Teacher/Board education

Health Educators

 Life Skills/Education programs - food literacy programs, PALS, Presentations

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SNP/NFVP

Limited HR Capacity = Unique Approaches

- We have a large spread out geography with limited human resources.
- Shared positions with school boards benefits both organizations.
- Examples:
 - Pickle Lake Healthy Living Community Coordinator (HLCC)
 - Student Support Navigators (SSN)



Pickle Lake - HLCC

- PL 400 residents, far north end of the road.
- Limited HR resources.
- School board employee, 0.4 FTE Healthy Living Community Coordinator.
- Provides community level health promotion activities, liaises with PHNs and oral health staff who parachute into community.
- School is hub of the work but HLCC also connects with community partners





Healthy Living Community Coordinator

Pickle Lake, ON 2016-2021

A shared position of KPDSB and MWHU, to:

- Enhance delive or or public health programs in Pickle Lake.
- Enhance wraparound services to richlidren in the school.

Pickle Lake:

- Population 400 located in Northern Ontario
- Recover as "the last from tier"

Cloilar ob Elementary and Secondary Schoot

- Only school in Pickie Lake
- Approximately 80 students in K-12.

Healthy Libring Community Coordinator:

- Established September 2016 by contract agreement.
- 0.4 FTE, combined with a 0.6 Education Assistant position.
- Employee of KPDSB, reporting to the Principal
- Receives an annual work plan with deliverables from NWHU
- Public health program in gin school and community.

Objective si

- Încrease tire # of he aith promotible programs/activities delivered. In Pickle Lake
- Increase aware ress of M/VHU services and supports among comm us by partie is
- Increase the uptake of Health Unit programs and services in the school

2020/2021 ies etts

- NAVHU de live red 11 he aith promotion programs/activités from July 2020-July 2021, reaching students, staff and the bloader community.
- Students in need continued to receive emergency stood during. school closure. In April 2021.
- Common the by was provided with extreme weather supports (warming flems in winter, water in the summe b.
- Local partie is hips attengthened through joint programming. with Town of Pickle Lake and OPP, however COVID-19 limited opportunity for community on telachitists year.



SSNs - Four Directions

- Shared goal of FNMI students attaining their educational potential – graduation rates. Health equity link.
- Four directions program began in 2014.
- Grad coach (school board employee) addresses academic barriers to achieving graduation.
- SSNs addresses barriers to education outside of the school environment – pathways.
- The SSN and grad coach work together in a shared space in the school – Four directions room.
- Before Four Directions (2008-09) 14.9% graduation rate

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Within 2 years – 43.8% graduation rate

Four Directions



My job is to help connect students with the services and supports they need to live their best life.

737-3500 x 1099 jess.crawford@k12.kpdsb.ca FB: Jess FourDirections



2018-2021 Evaluation Highlights

% of Indigenous students engaged in needs assessment process	37%	52%	69%
% of Indigenous students engaging in Pathway support to address identified needs	37%	52%	64%
# of Indigenous students taking part in group sessions offered	341	428	437
# of community partners offering Pathway support	42	38	48
Program satisfaction reported by students (satisfied or very satisfied)	100%	85%	95%
Level of SSN program satisfaction	Very satisfied	Very satisfied	Very satisfied



Where does SSN fit in to NWHU?

- Indigenous Engagement, health equity, school health standard
- Connect HU services to the school (and community partners and health services)
- School Board MOUs sets stage for a high level of partnership required to be able to share staff/employee spaces.

OPHS:

 Health Equity, Chronic Disease Prevention and Well-Being, Healthy Growth and Development, School Health, Substance Use and Injury

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Thank you Miigwech



