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Celebrating 40 Years of the Ottawa Charter: Moving Health Promotion Upstream

Andrea Bodkin, Public Health Ontario

Liben Gebremikael, TAIBU Community Health Centre

Tara Wincott, Niagara Region Public Health & Emergency Services

Tawnia Healy, North Bay Parry Sound District Health Unit

October 15, 2026

Rounds

Land Acknowledgement



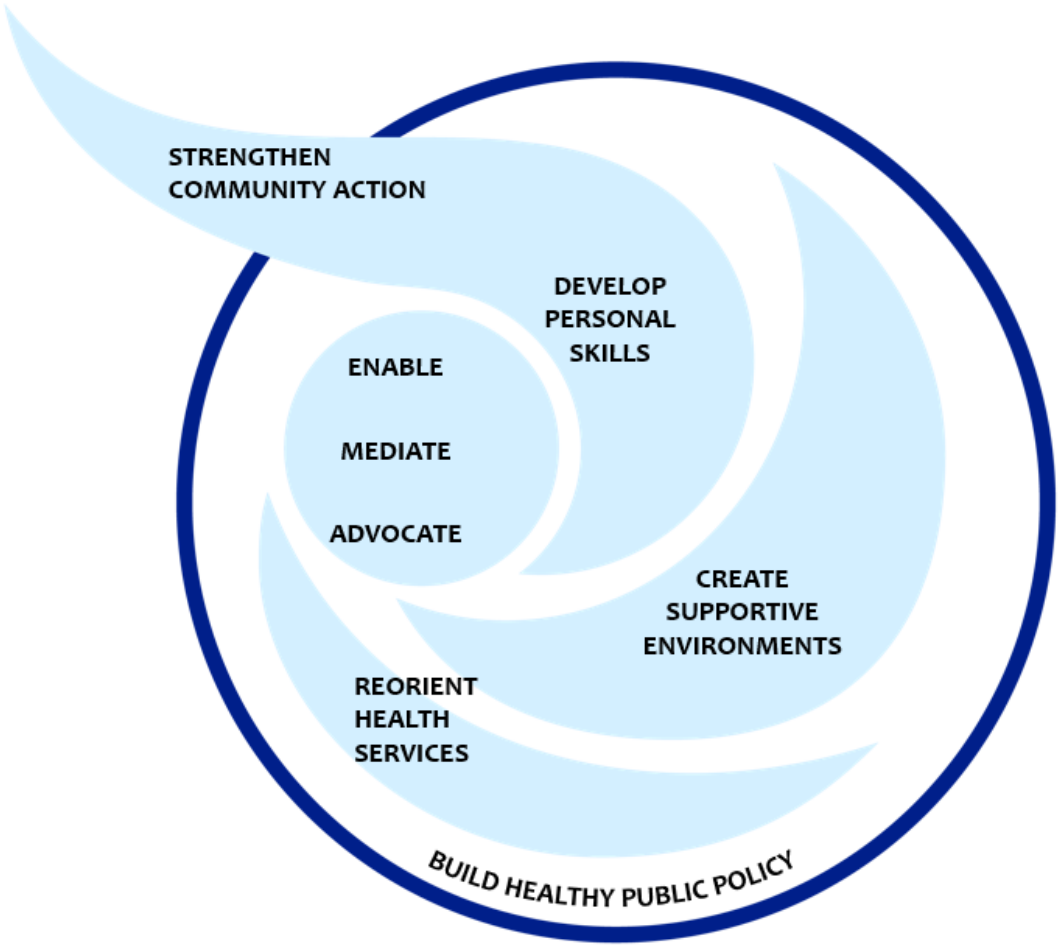
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Disclosure

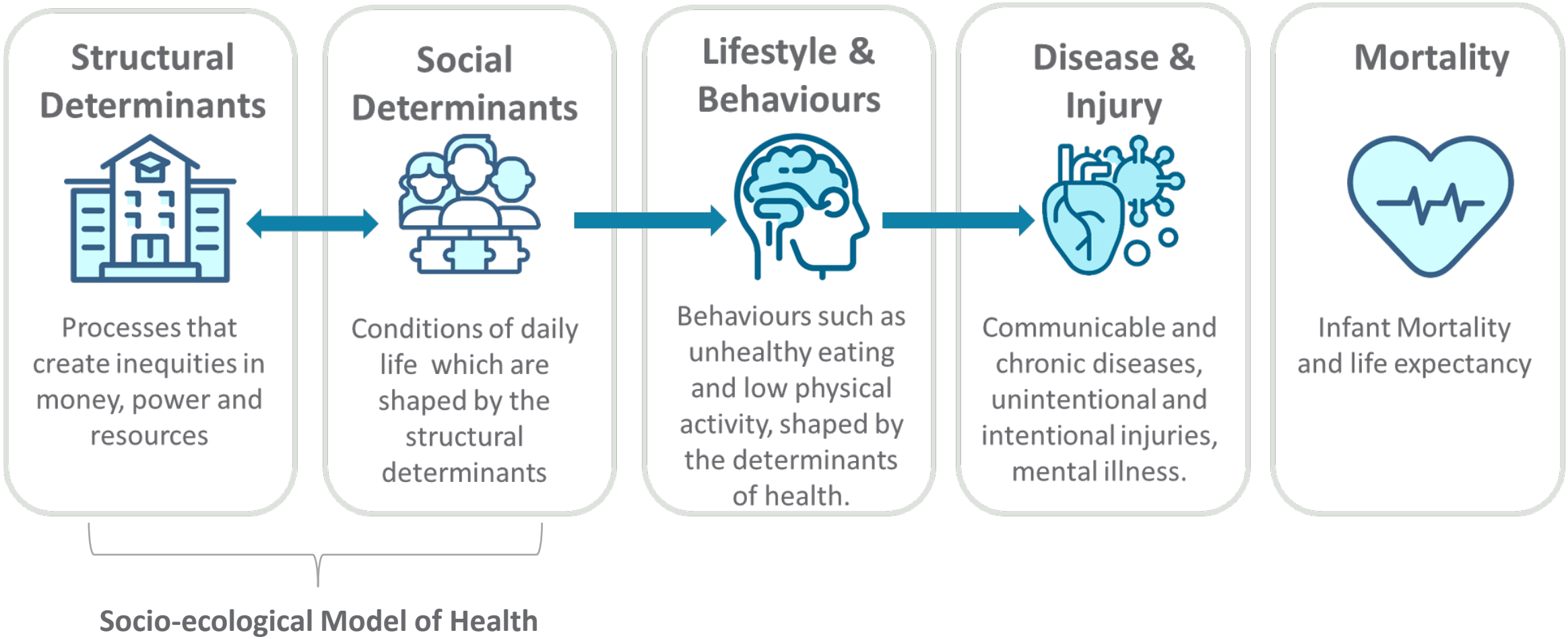
The speakers have no disclosures to declare.

40th Anniversary of the Ottawa Charter for Health Promotion



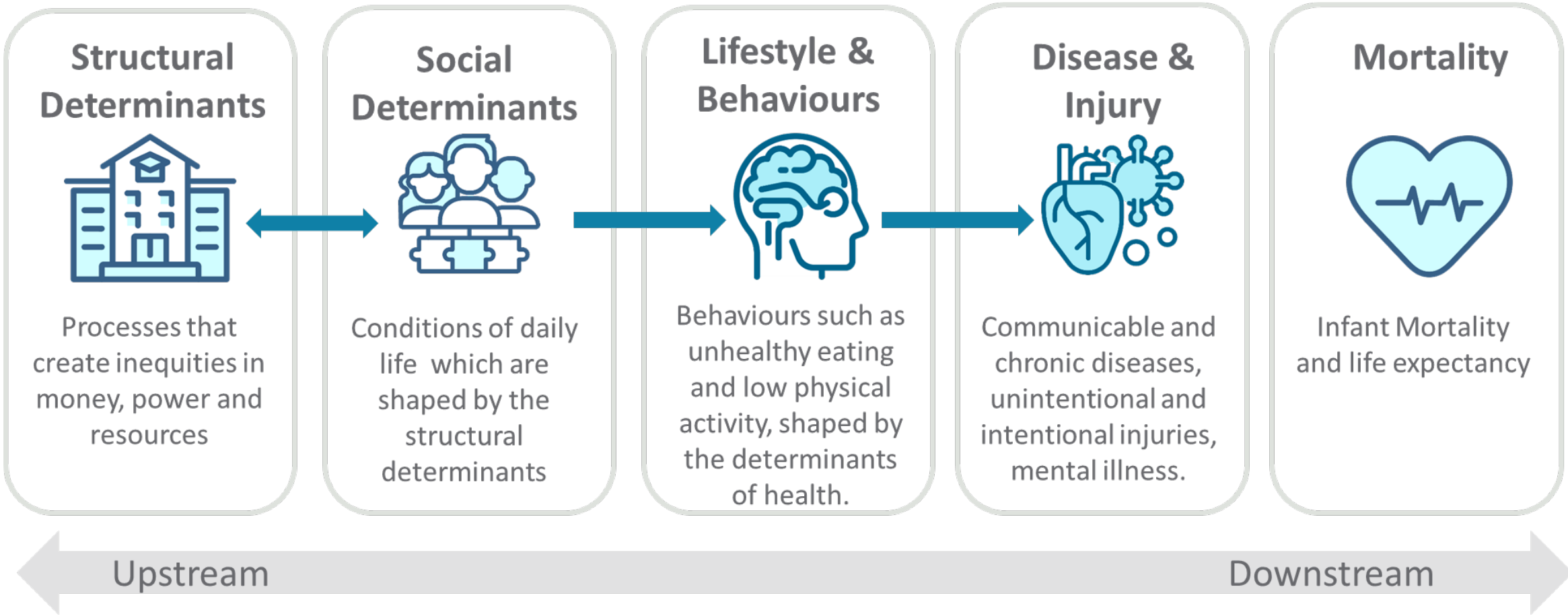
World Health Organization (WHO); Health and Welfare Canada; Canadian Public Health Association. Ottawa charter for health promotion: an international conference on health promotion. Geneva: WHO; 1986

What Influences Health?



Adapted from: Bay Area Regional Health Inequities Initiative. A public health framework for reducing health inequities [Internet]. San Francisco, CA: Bay Area Regional Health Inequities Initiative; 2023.

Moving Health Promotion Upstream



Adapted from: Bay Area Regional Health Inequities Initiative. A public health framework for reducing health inequities [Internet]. San Francisco, CA: Bay Area Regional Health Inequities Initiative; 2023.

Learning Objectives

- Describe the Cliff Analogy and the concepts of upstream, midstream and downstream
- Differentiate between upstream, midstream and downstream health promotion approaches
- Reflect on where your current work is positioned and identify opportunities to move further upstream

Today's Speakers



Liben Gebremikael,
Executive Director,
TAIBU Community Health Centre



Tara Wincott, Manager, Comprehensive Health Promotion Team, Niagara Region Public Health & Emergency Services



Tawnia Healy, Mental Health Coordinator, North Bay Parry Sound District Health Unit

TABU COMMUNITY HEALTH CENTRE

Health Promotion For Black Communities

From the bottom to the top of the Cliff

Our Mission

TAIBU Community Health Provides primary health care & Social Services for Black populations across the Greater Toronto Region. We **advance** and **improve** Black health outcomes through **evidence -based**, **Africentric** programs and services

Our Vision

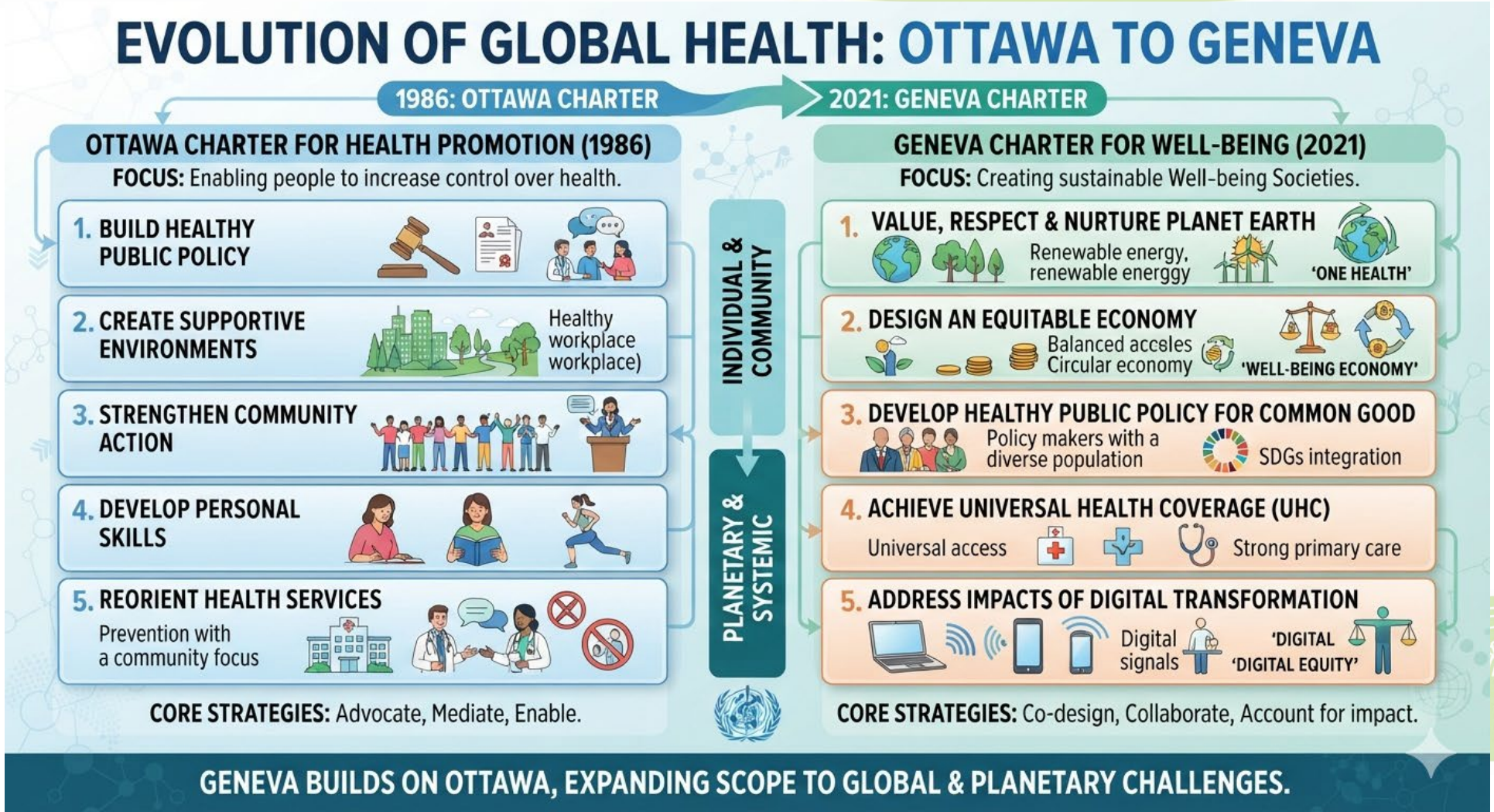
We will achieve and maintain health through **community development**, **knowledge exchange**, **empowerment** and working toward the **elimination** of **systemic racism** and other forms of prejudice and discrimination in healthcare. We will improve Black health outcomes through **intersectional**, **equity-based** and **culturally affirming practices** that promote **holistic wellness**, **health education** and **prevention**



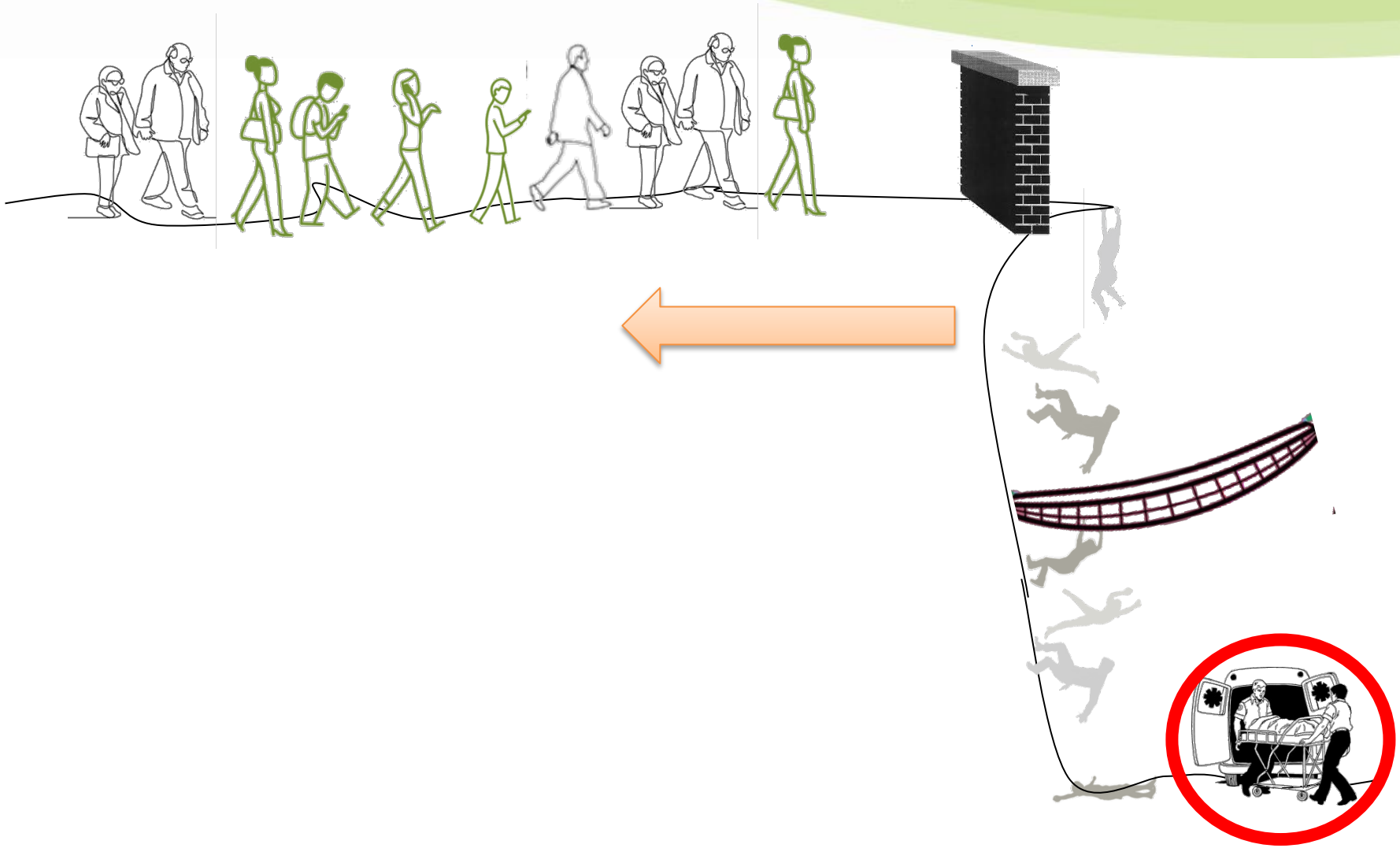
Our Values

- Leadership
- Community Driven
- Africentricity
- Quality
- Equity

Ottawa Charter of Health Promotion 1986-2021



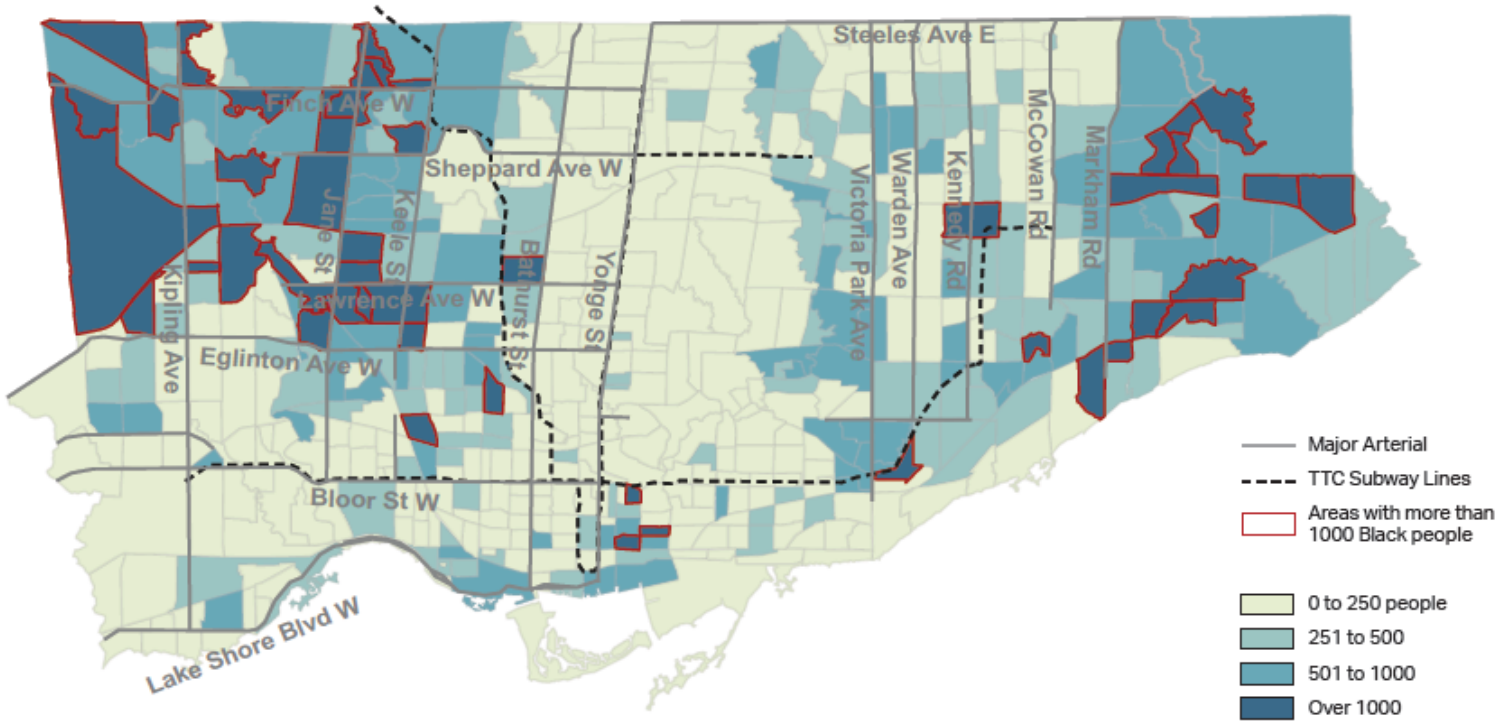
Social Determinants of Health



In 2011, there were three main regions where Black communities were concentrated in Toronto: Etobicoke North, North York, and Scarborough.

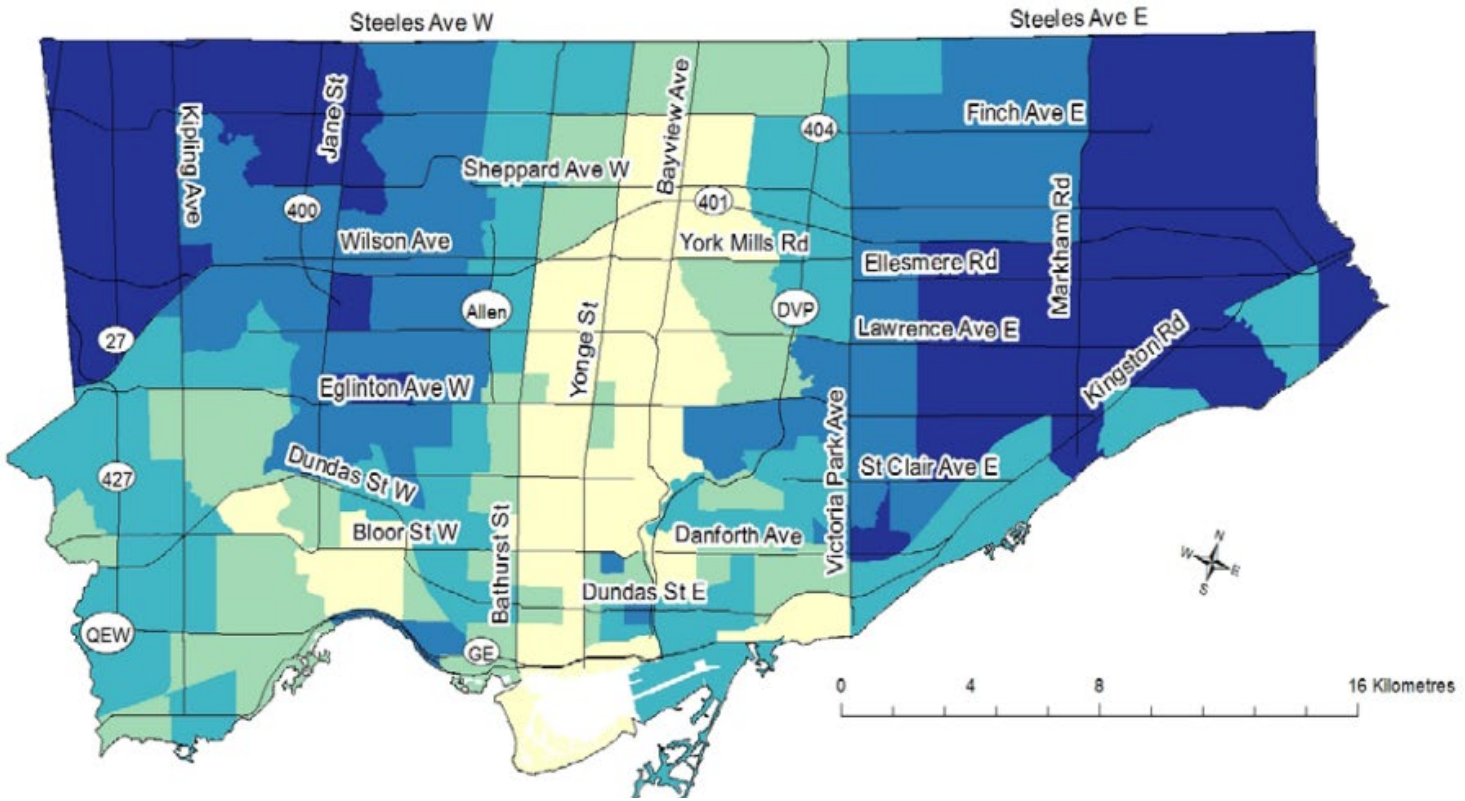
Etobicoke North neighbourhoods with significant Black communities included Humber West and Rexdale, while North York neighbourhoods with significant Black communities included Black Creek, York University Heights, Downsview, Eglinton West, and Weston. The Scarborough neighbourhoods with significant Black communities were Malvern, Rouge, Centennial Scarborough, and West Hill.

Figure 2. 2011 Areas with Significant Black Populations

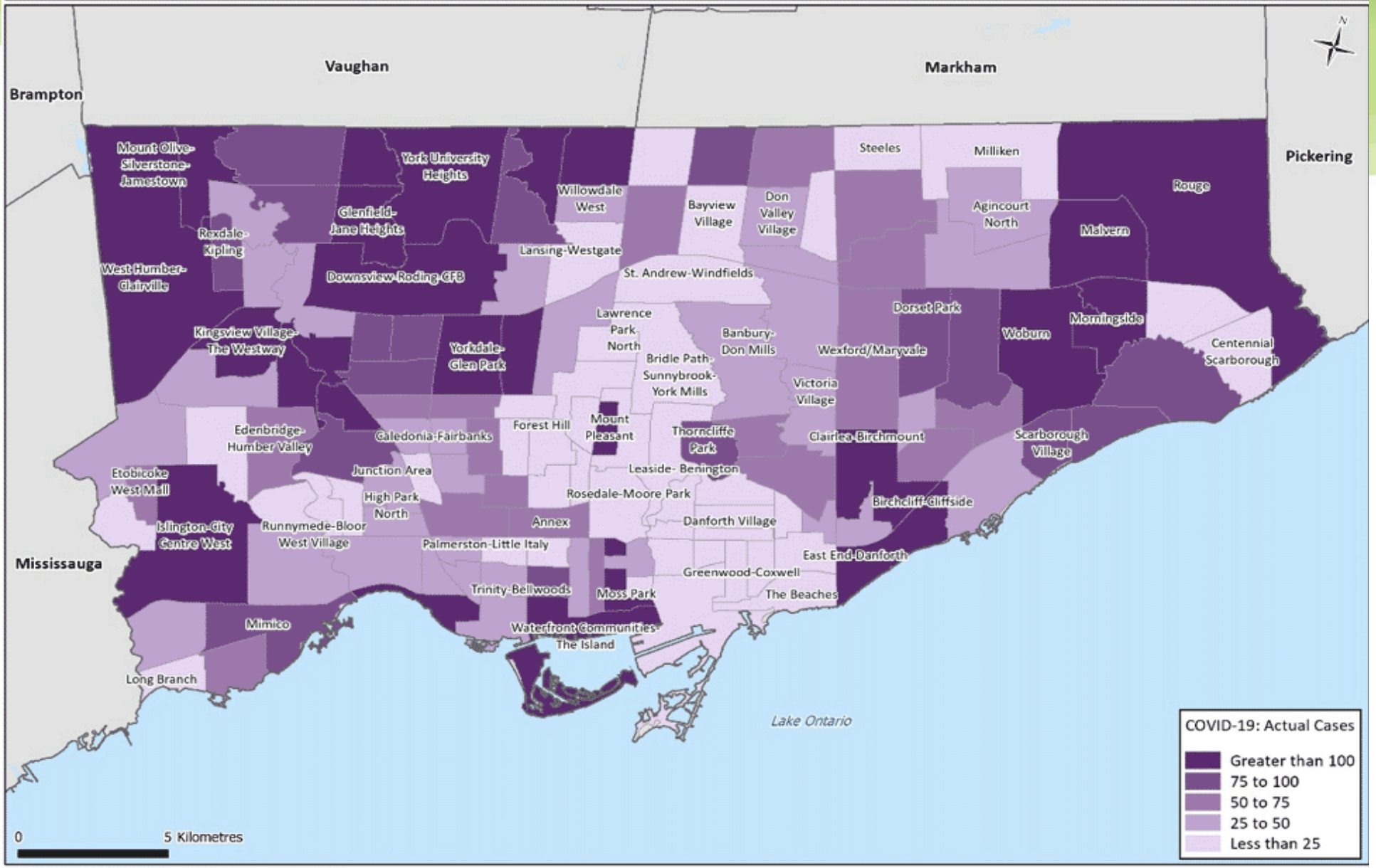


Data Source: *Analysis based on 2011 National Household Survey data, custom-run by Statistics Canada for Black Health Alliance*

Map 1: Age-Standardized Diabetes Prevalence (%) by Neighbourhood, Toronto, 2014.



COVID-19: Actual Cases
As of May 30, 2020



Toronto Census Subdivision by City of Toronto Neighbourhood
Analysis based on City of Toronto data and Environics Analytics PRIZM

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No information on any individual or household was made available to Environics Analytics by Statistics Canada. PRIZM is a registered trademark of Claritas, LLC and is used with permission.

MAPPING HOUSING INEQUITY

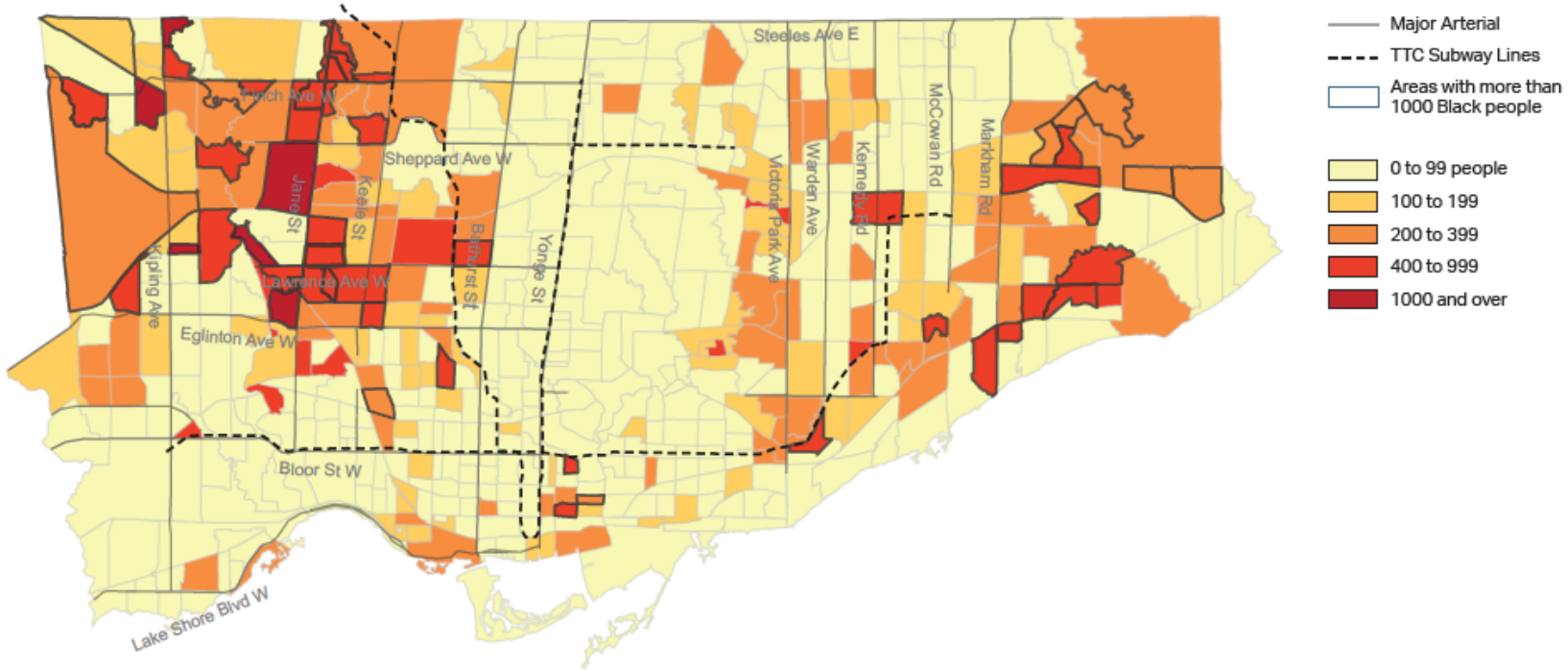
2011 Black Population Living in Below-Standard Housing

- Housing was below standard for Black folks in Etobicoke North, Black Creek, and Scarborough.
- Black communities may be at increased risk for evictions because areas with larger Black populations have twice the eviction rates.

Reasons for eviction can include landlord-tenant disputes, economic incentives for landlords to evict tenants, and discrimination, among others.[4]

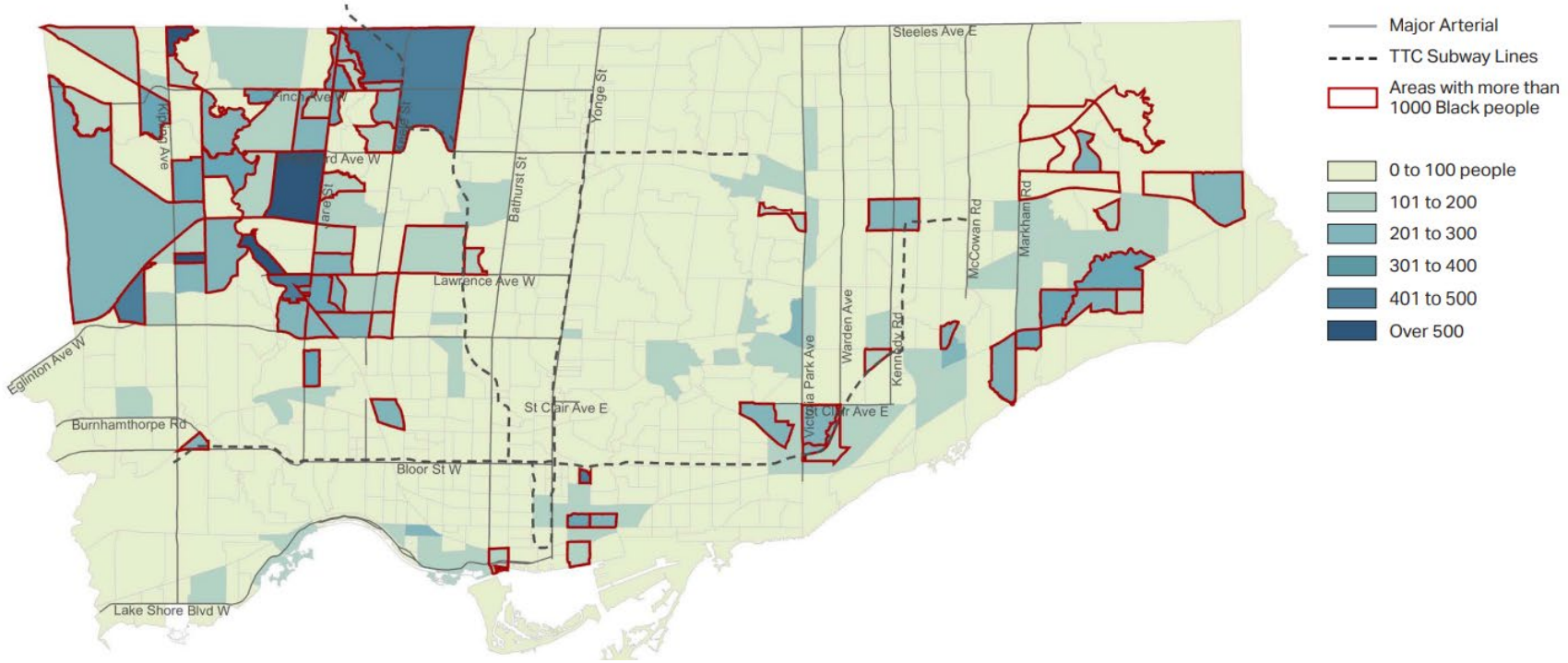
- Black people made up a significant amount (31%) of non-white people experiencing homelessness. Black people make up about 14% of the non-white population, so they are overrepresented in evictions in comparison to their population size.

Figure 12. 2011 Black Population Living in Below-Standard Housing

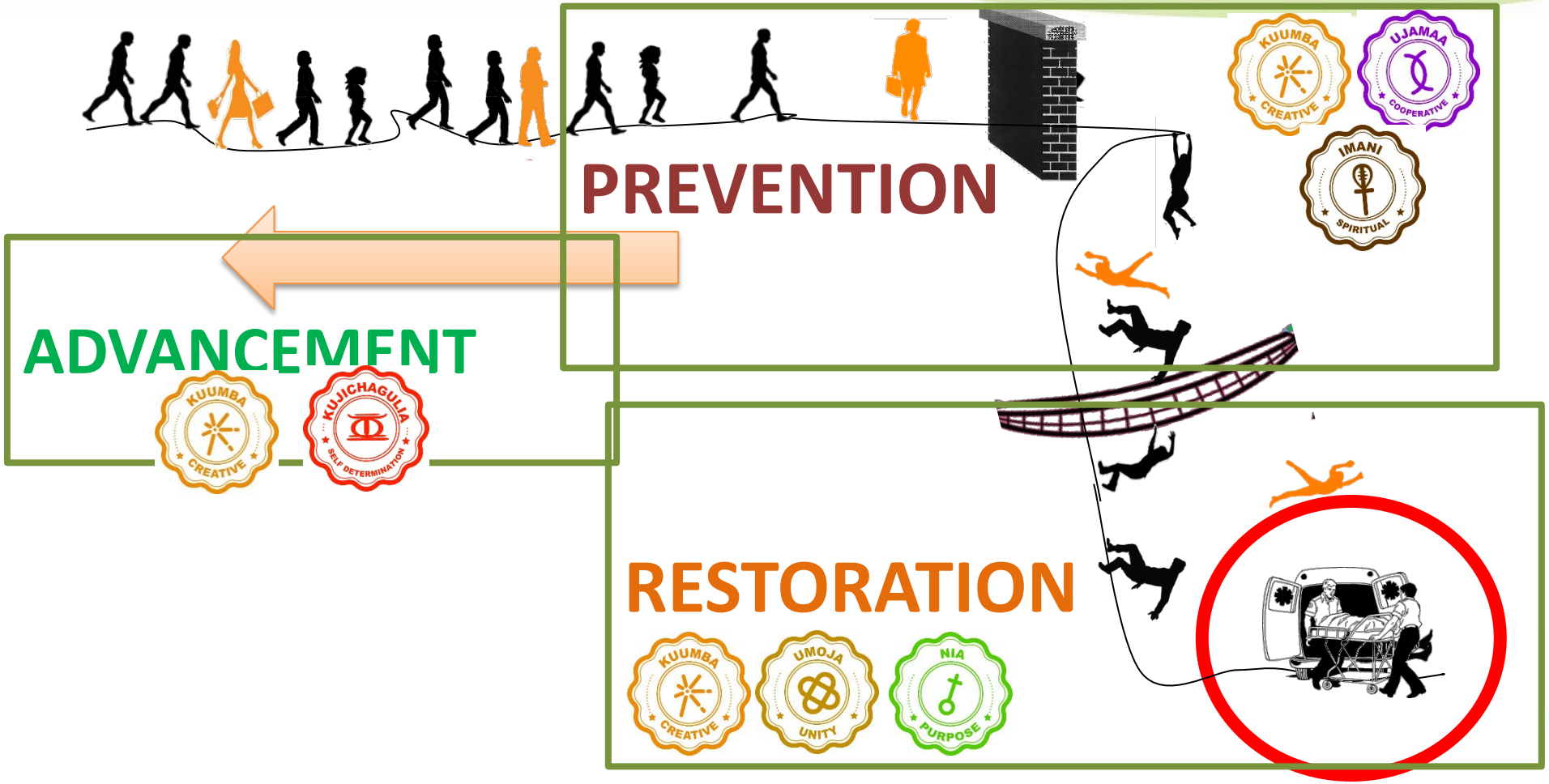


Data Source: *Analysis based on 2011 National Household Survey Data, custom-run by Statistics Canada for Black Health Alliance*

Figure 9. 2021 Black Population Living in Poverty (Market Basket Measure)



Social Determinants of Equity



ACKNOWLEDGEMENT

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ACCOUNTABILITY

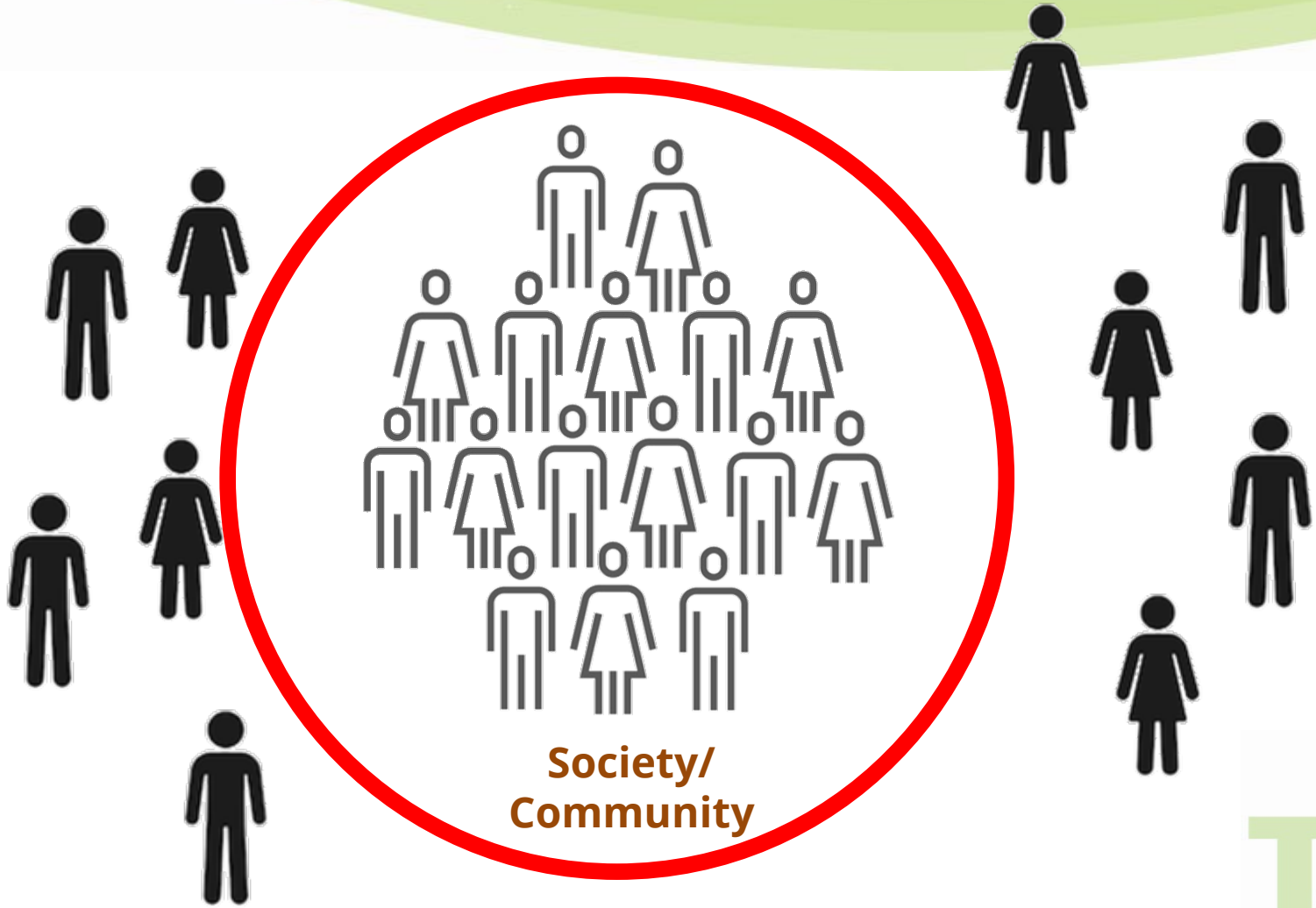
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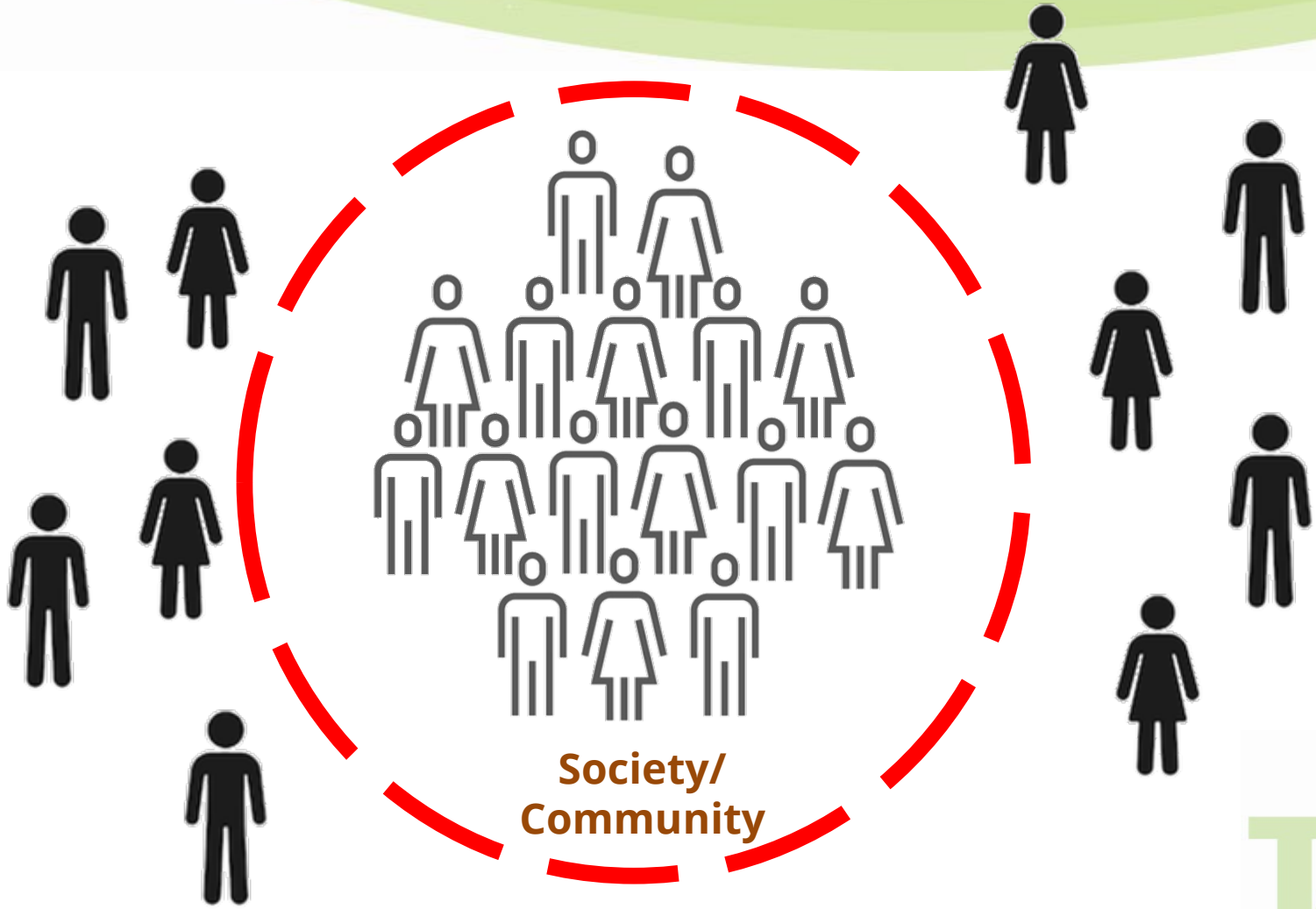
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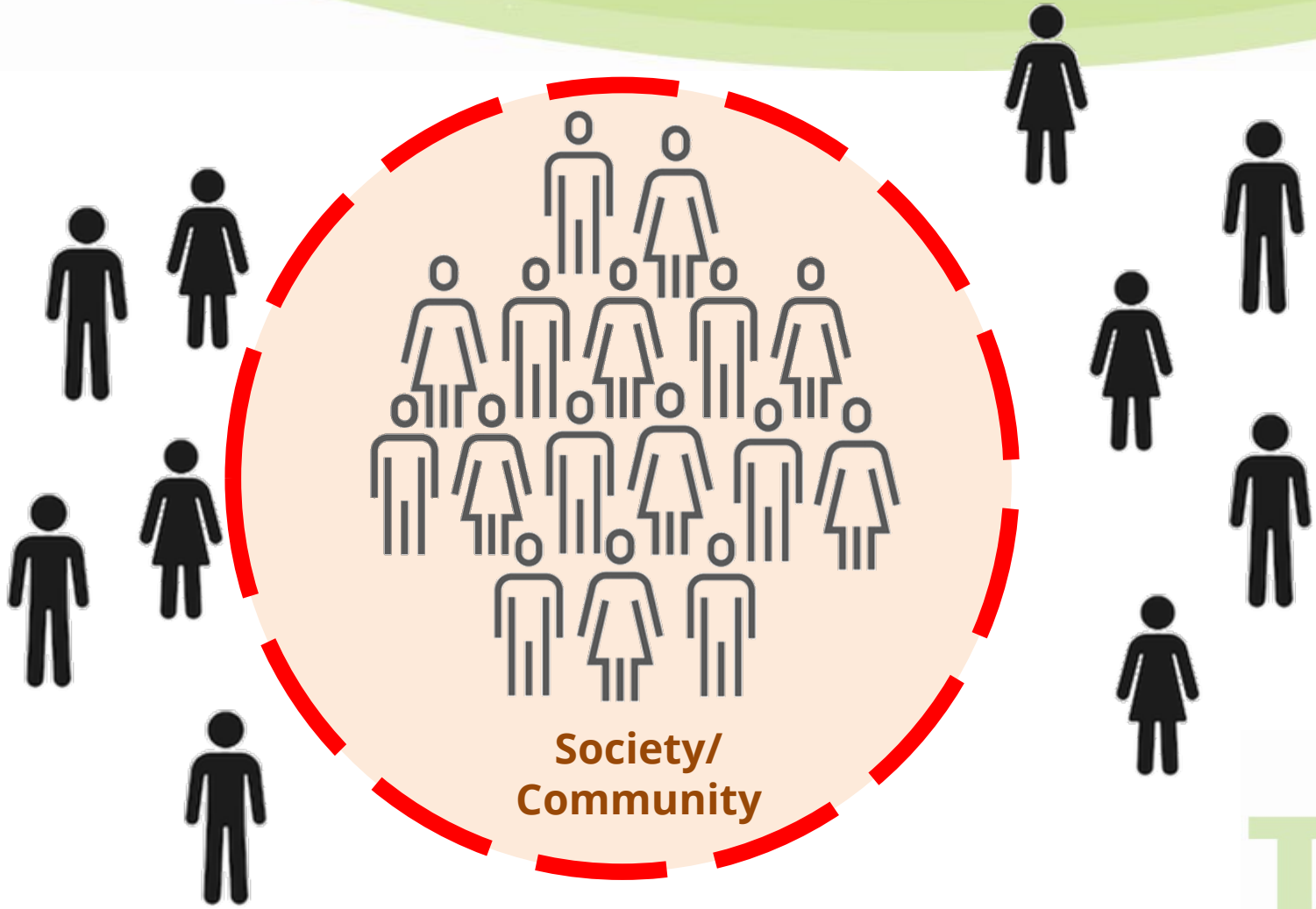
Racialization & Marginalization



Racialization & Marginalization



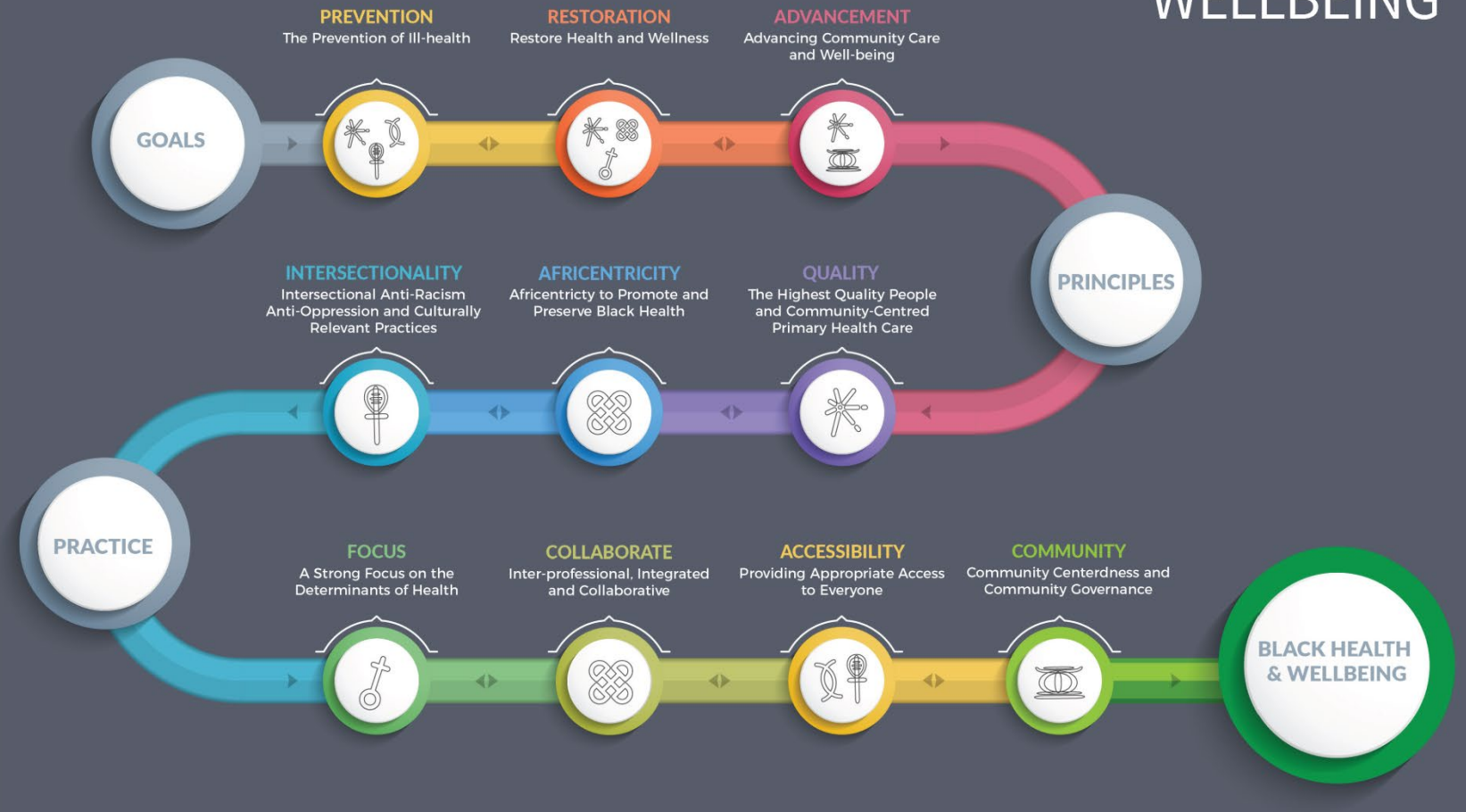
Racialization & Marginalization



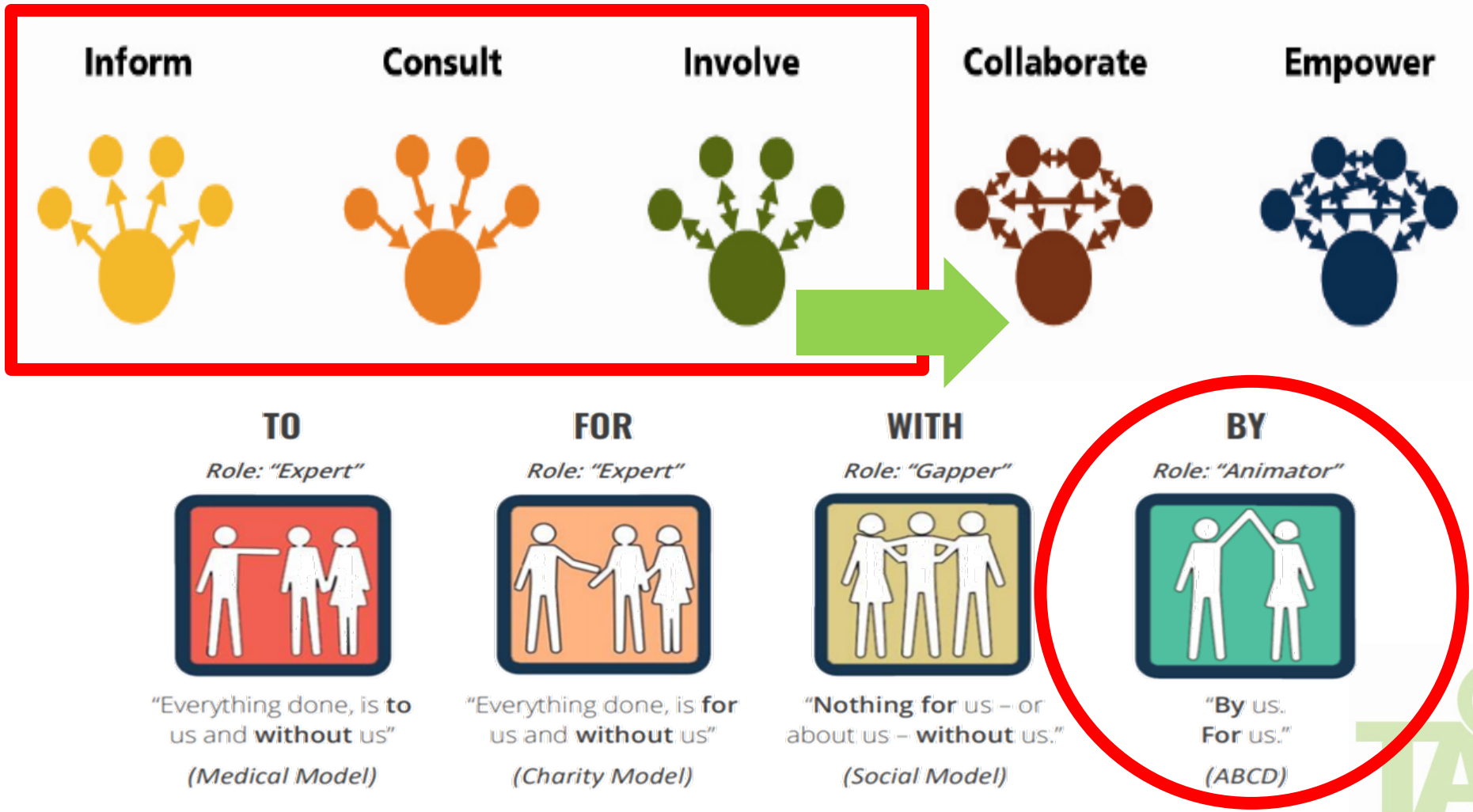
Racialization & Marginalization



TAIBU CHC MODEL OF BLACK HEALTH & WELLBEING



Community Engagement



Defining Midstream and Upstream in Niagara

October 15, 2026

Tara Wincott

Manager, Health Promotion

Niagara Region | Growing Better Together

Learning Objectives

- Differentiate between upstream, midstream and downstream health promotion approaches
- Highlight complementary tools to move from a priority health outcome to practical, locally relevant theories of change

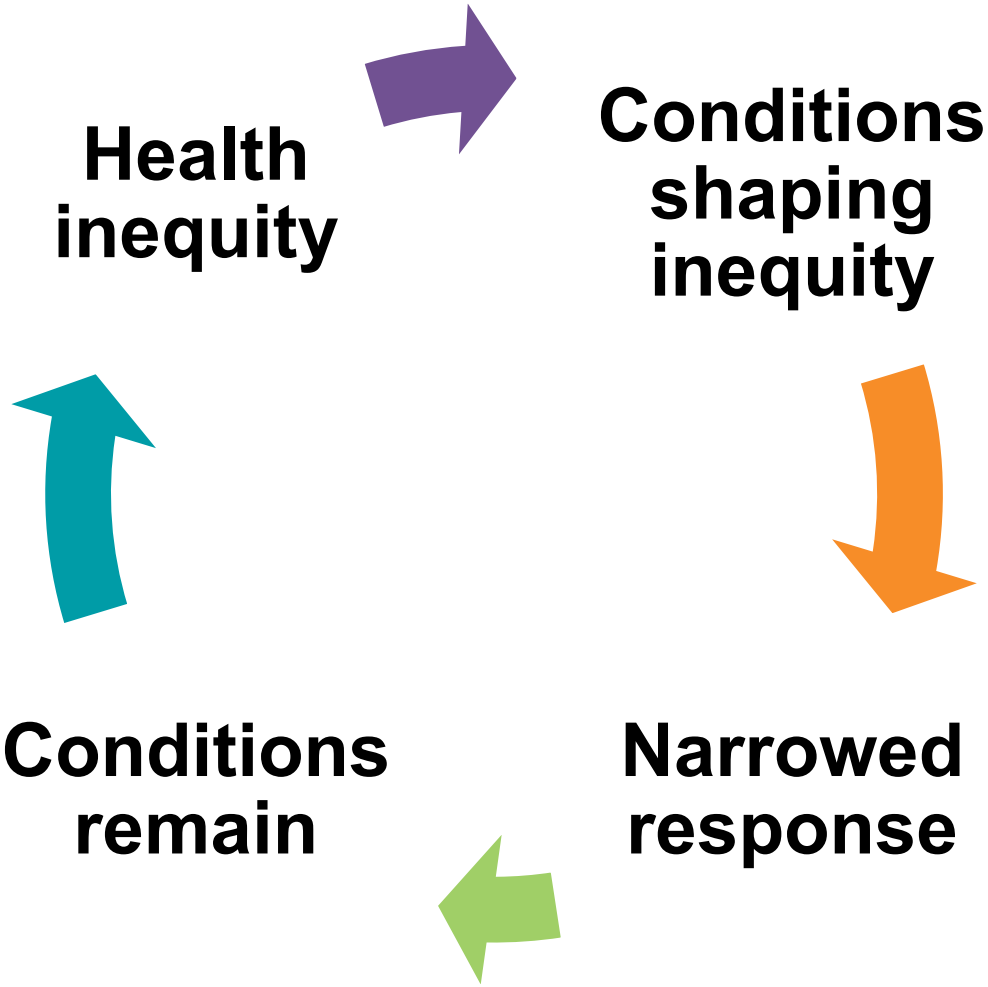
Establishing Local Priorities

Focus Area	Health Issues
Healthy Growth, Development and Aging	• Physical health and well-being (EDI)
Population Mental Health	• Serious mood disorders (specifically mood and affected disorder) • Intentional self-harm
Non-Communicable Diseases	• Incidence of hypertension • Incidence of asthma • Incidence of diabetes • Lung cancer
Infectious and Communicable Diseases	• N/A
Injuries	• Accidental poisonings
Health Hazards	• N/A
Harms Associated with Substance Use	• Opioid related deaths • Cannabis • Alcohol

Planning and Evaluation Framework



Lifestyle Drift: A Planning Caution



Structurally rooted issue into an individual-level problem

Conditions Shaping Health

- Shift from activities to conditions
- What conditions are contributing to this outcome?
- Where can Public Health make a difference?

The 5 Whys to Examine Conditions

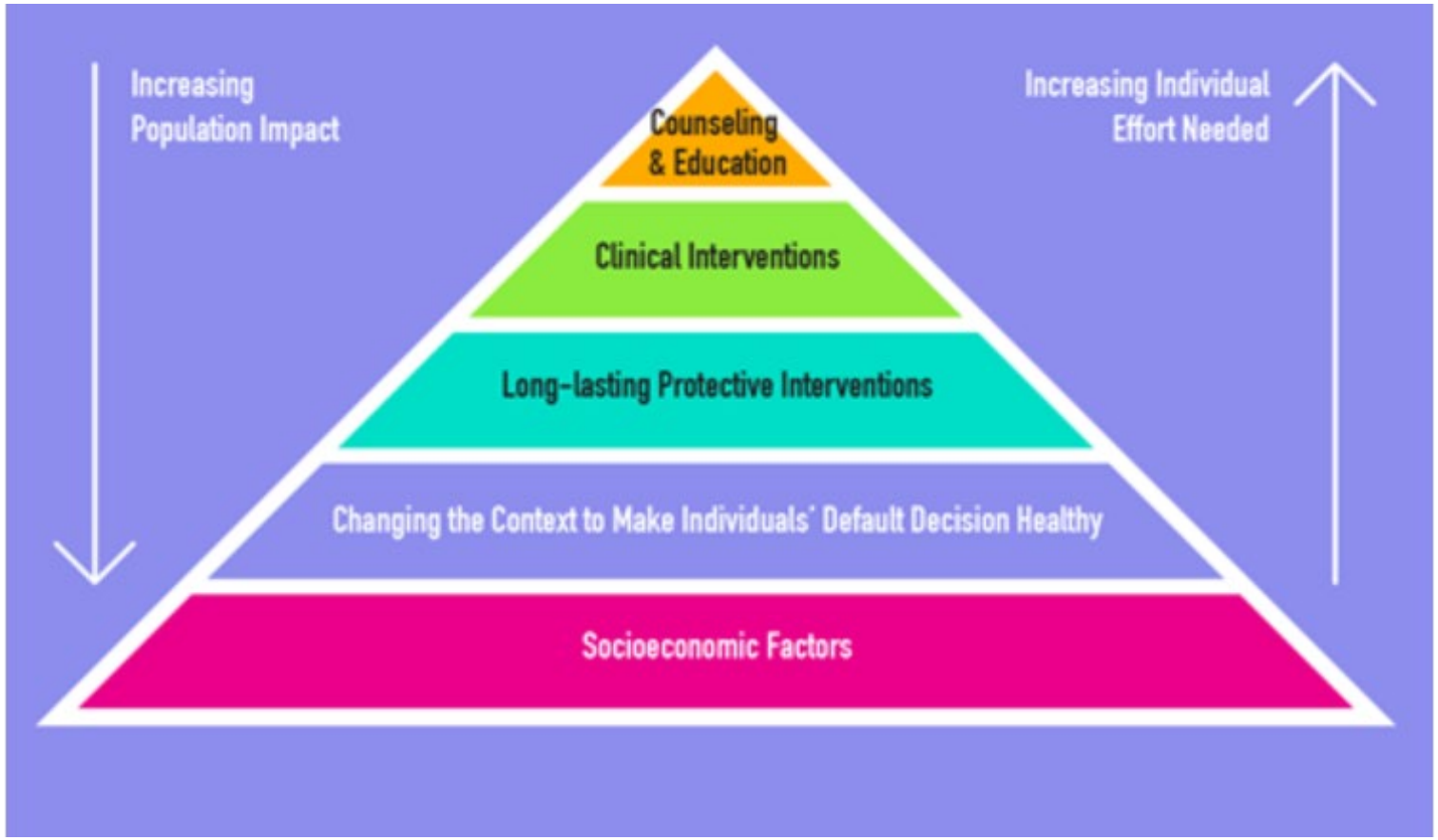
Ask "*Why?*" at least five times when someone comes to you for help.

For example, someone has depression:

- Why? Because they have a lot of stress.
- Why? Because they lost their job.
- Why? Because they couldn't go to work.
- Why? Because they were sick.
- Why (did this get them fired)? Because they don't have paid sick days.

National Collaborating Centre for Determinants of Health. (2025). *Let's Talk: Moving upstream*. Antigonish, NS: NCCDH, St. Francis Xavier University.

Health Impact Pyramid Lens



Friden T. R. (2010). A framework for public health action: The health impact pyramid. American Journal of Public Health, 100(4), 590-595. http://doi.org/10.2105/AJPH.2009.185652

Continuum to Local Opportunities

Downstream

Immediate or individual-level needs

Midstream

Daily-life conditions, settings, access, organizational practice and local systems

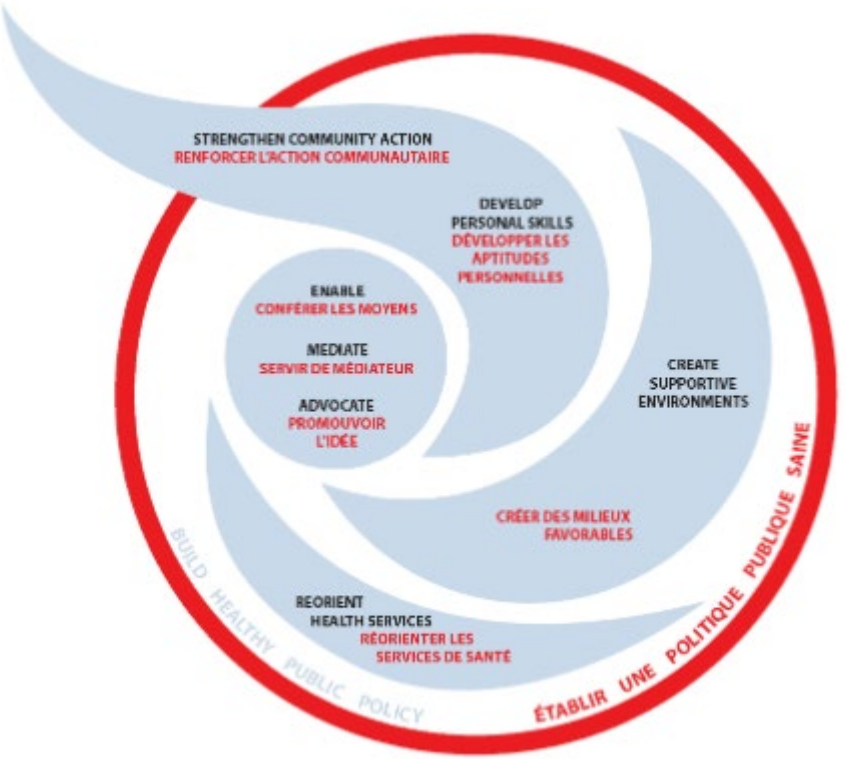
Upstream

Policy, governance, resource distribution and structural inequities

Ottawa Charter Lens

Five action areas:

- Build local healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services



World Health Organization (WHO). The Ottawa Charter for health promotion: first international conference on health promotion [Internet]. Geneva: WHO; 1986 [cited 2026 Sept 11]. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/services/healthpromotion/population-health/ottawa-charter-health-promotion-international-conference-onhealth-promotion/charter.pdf

Working Definition: Midstream

Ask:

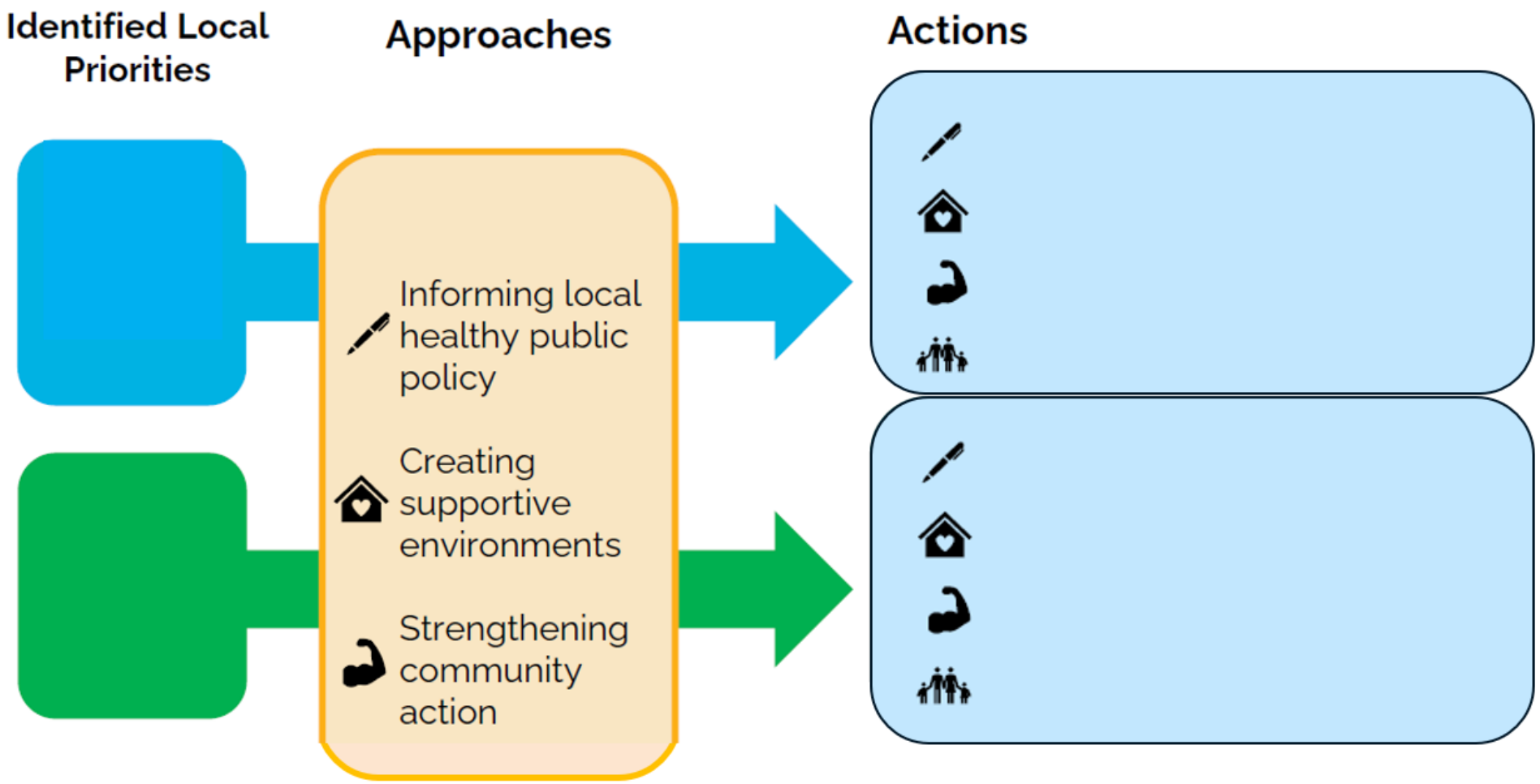
- Does the work change living conditions/environment?
- Does the work reduce barriers?
- Does the work improve access?

- If yes, likely midstream

Working Definition: Upstream Extension

- Identifies the policy and governance; or
- Identifies resource decisions shaping the condition
- Names relevant structural inequities and distributions of power
- Identifies decision-makers, partners and influence pathways
- Defines a credible Public Health role

Comprehensive Health Promotion Strategy



Moving Upstream: Fostering Collective Action on Early Adversity and Resilience



Tawnia Healy, RSW, Mental Health Coordinator
North Bay Parry Sound District Health Unit

Celebrating 40 Years of the Ottawa Charter:
Moving Health Promotion Upstream

October 15, 2026

North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound

Why upstream action on early adversity and resilience makes sense



Early adversity is a cross-cutting public health issue with direct connections to health inequities.

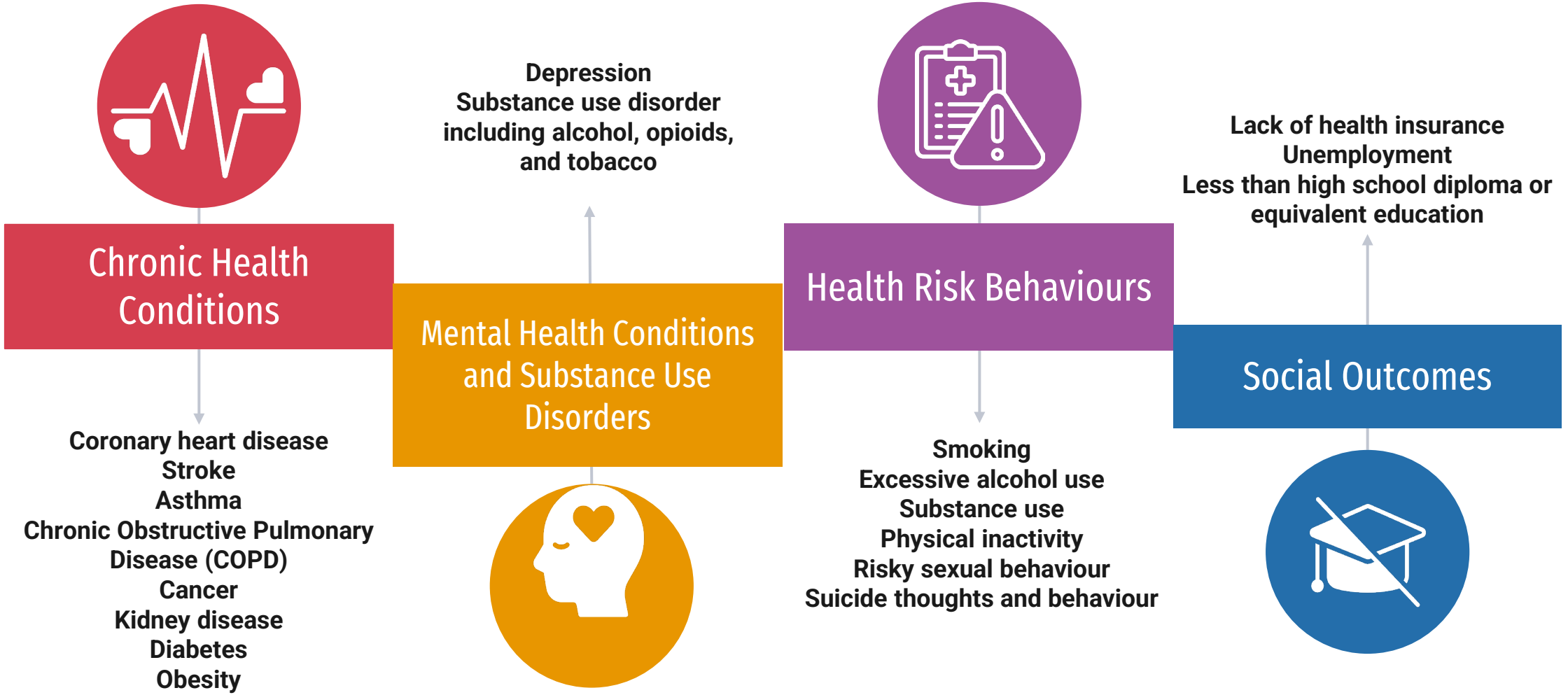
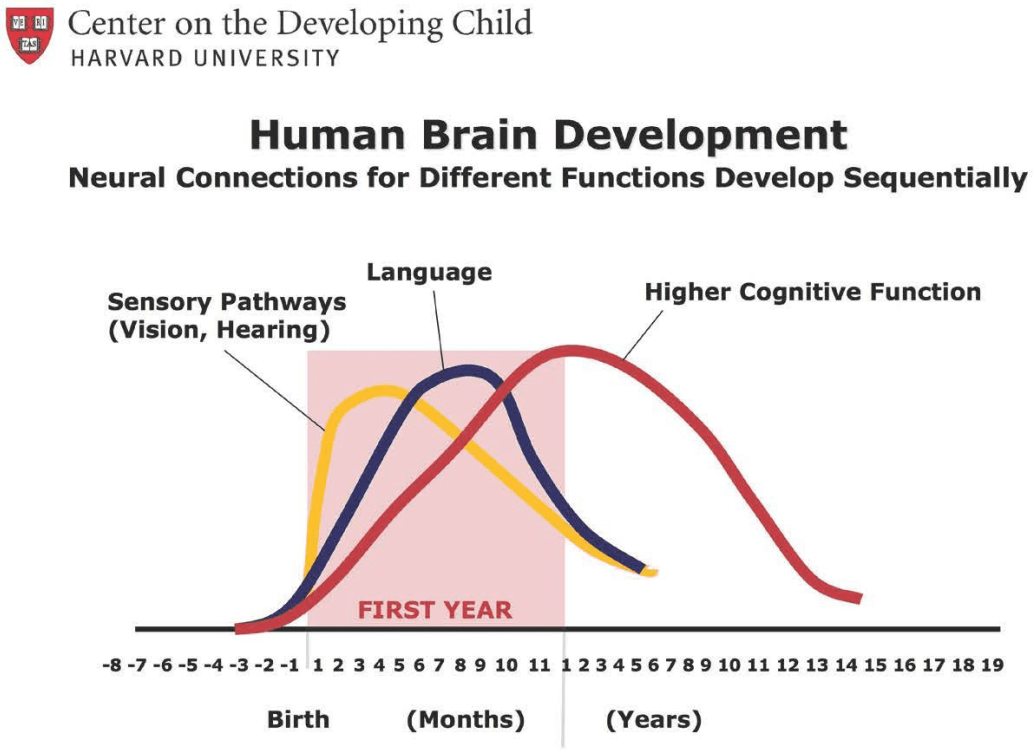
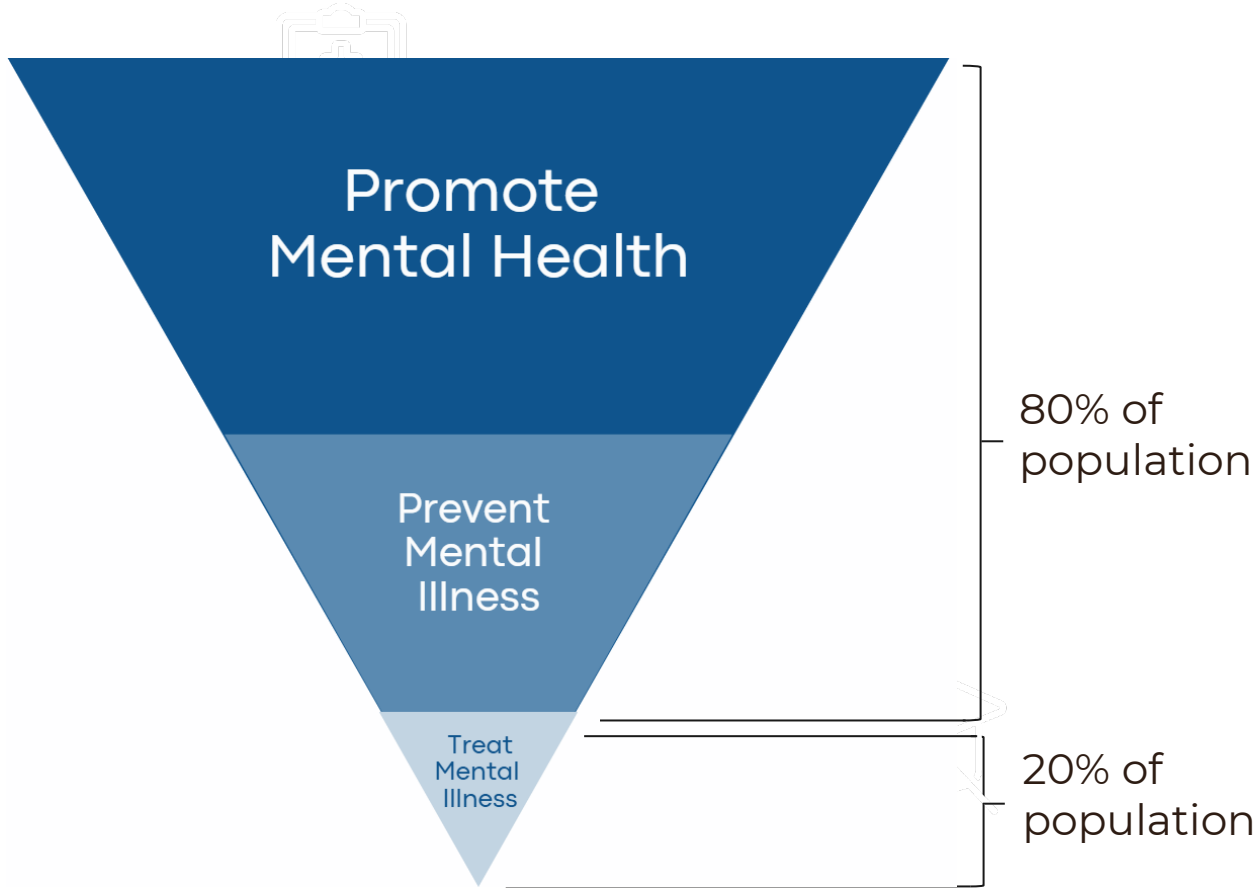


Image adapted from: Centers for Disease Control and Prevention, n.d.

Maximizes population health impact by intervening upstream and with attention critical windows of development.





Center on the Developing Child at Harvard University, 2020; Ministry of Health and Long-Term Care, 2018

Action in this area is a form of primordial prevention - addressing issues at their roots.



Image adapted from PACES Connection, 2020

Action in this area is a form of primordial prevention - addressing issues at their roots.

An upstream approach intervenes here

Structural determinants of health

Factors that shape the distribution of social determinants of health and create inequities in power and resources:



Values, beliefs & social norms

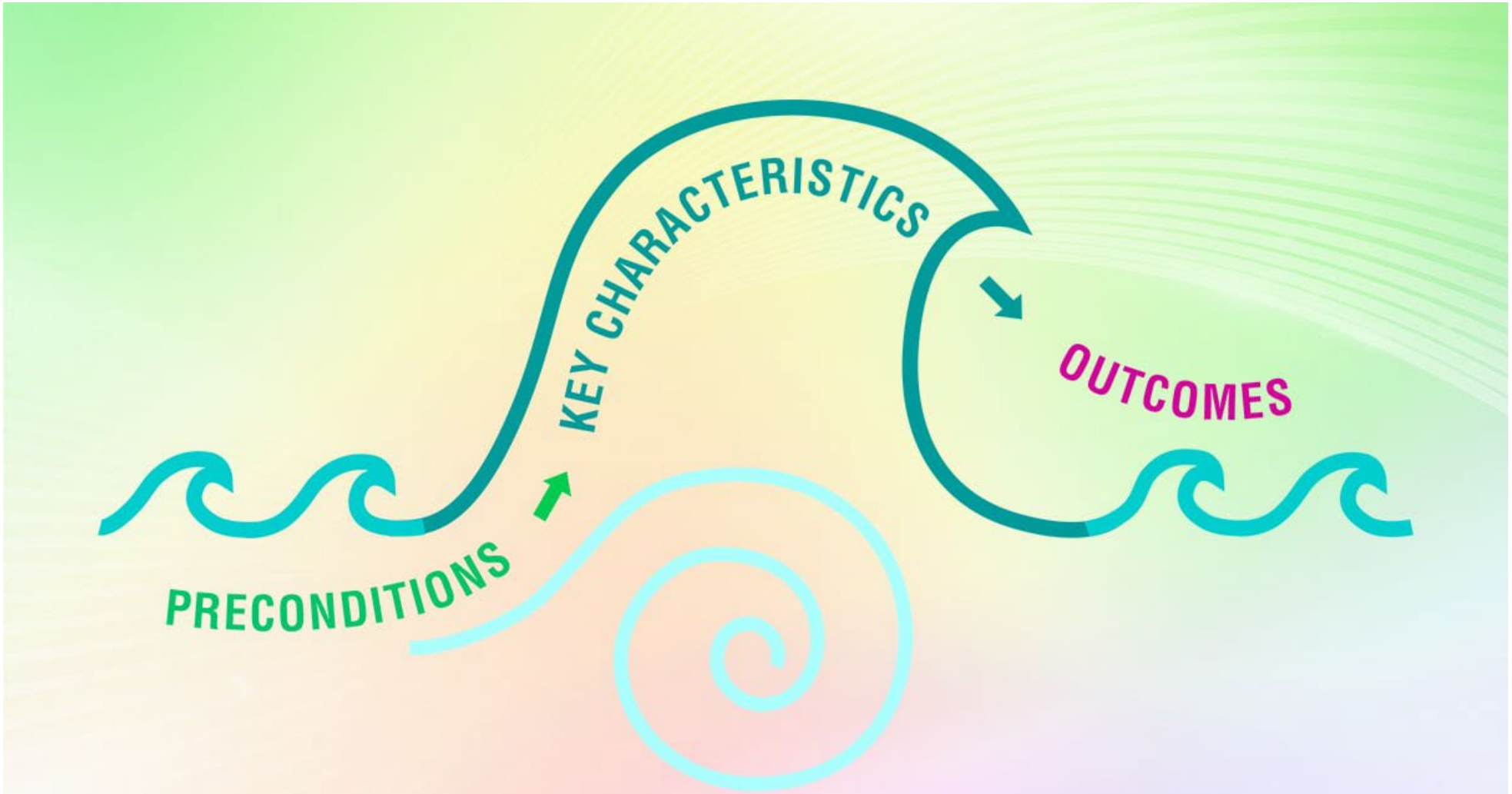
Worldviews & culture

Governance, laws, policies & regulations

Systems of oppression

National Collaborating Centre for Determinants of Health, 2025

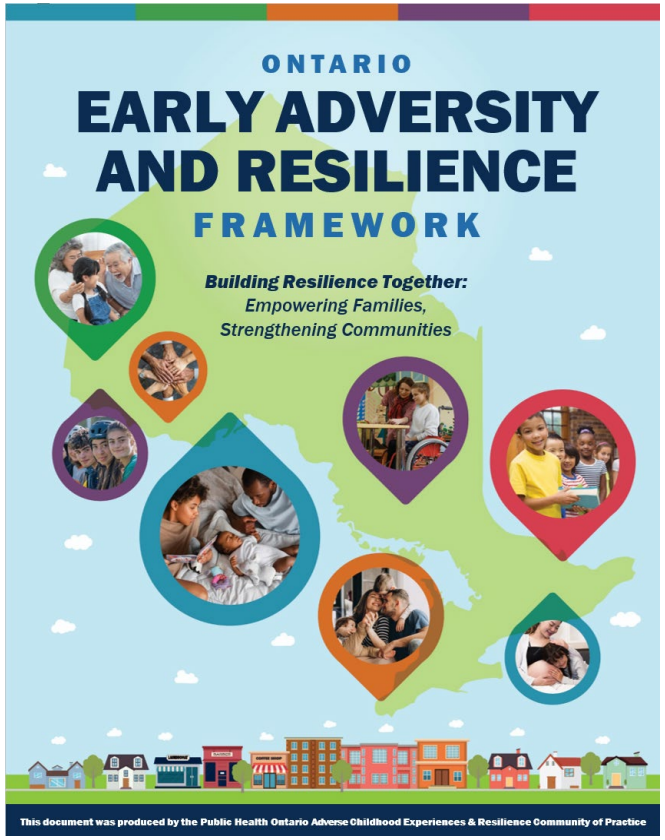
Growing community needs create openness for collaborative upstream action.



Social Movement Action Framework

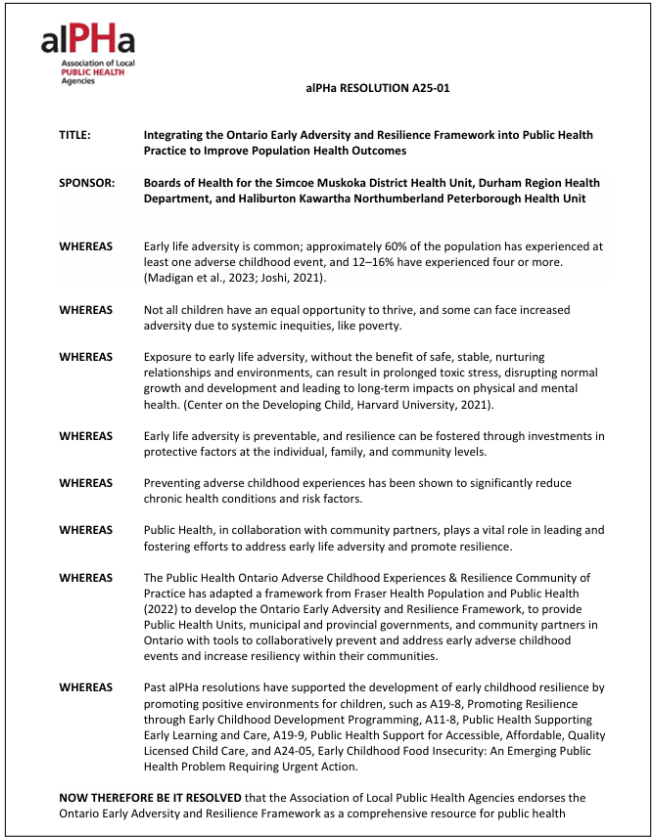
Registered Nurses Association of Ontario, 2026

There is growing support for action on early adversity and resilience in the public health sector.



Provincial Guidance

Full framework: Earlyadversityandresilience.ca
Indicators Report: apheo.ca



alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A25-01

TITLE: **Integrating the Ontario Early Adversity and Resilience Framework into Public Health Practice to Improve Population Health Outcomes**

SPONSOR: **Boards of Health for the Simcoe Muskoka District Health Unit, Durham Region Health Department, and Haliburton Kawartha Northumberland Peterborough Health Unit**

WHEREAS Early life adversity is common; approximately 60% of the population has experienced at least one adverse childhood event, and 12–16% have experienced four or more. (Madigan et al., 2023; Joshi, 2021).

WHEREAS Not all children have an equal opportunity to thrive, and some can face increased adversity due to systemic inequities, like poverty.

WHEREAS Exposure to early life adversity, without the benefit of safe, stable, nurturing relationships and environments, can result in prolonged toxic stress, disrupting normal growth and development and leading to long-term impacts on physical and mental health. (Center on the Developing Child, Harvard University, 2021).

WHEREAS Early life adversity is preventable, and resilience can be fostered through investments in protective factors at the individual, family, and community levels.

WHEREAS Preventing adverse childhood experiences has been shown to significantly reduce chronic health conditions and risk factors.

WHEREAS Public Health, in collaboration with community partners, plays a vital role in leading and fostering efforts to address early life adversity and promote resilience.

WHEREAS The Public Health Ontario Adverse Childhood Experiences & Resilience Community of Practice has adapted a framework from Fraser Health Population and Public Health (2022) to develop the Ontario Early Adversity and Resilience Framework, to provide Public Health Units, municipal and provincial governments, and community partners in Ontario with tools to collaboratively prevent and address early adverse childhood events and increase resiliency within their communities.

WHEREAS Past alPHa resolutions have supported the development of early childhood resilience by promoting positive environments for children, such as A19-8, Promoting Resilience through Early Childhood Development Programming, A11-8, Public Health Supporting Early Learning and Care, A19-9, Public Health Support for Accessible, Affordable, Quality Licensed Child Care, and A24-05, Early Childhood Food Insecurity: An Emerging Public Health Problem Requiring Urgent Action.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies endorses the Ontario Early Adversity and Resilience Framework as a comprehensive resource for public health

alPHa Endorsement

Association of Local Public Health Agencies (alPHa) Resolution



Strengthened Focus on Health Promotion

Anticipated strengthened requirement for comprehensive health promotion in public health

Child and youth health is a shared responsibility and provides a strong opportunity for cross-sectoral collaboration.

Municipal or regional government

Public health

Education

Community policing and justice services

Childcare

Arts and culture



Health services

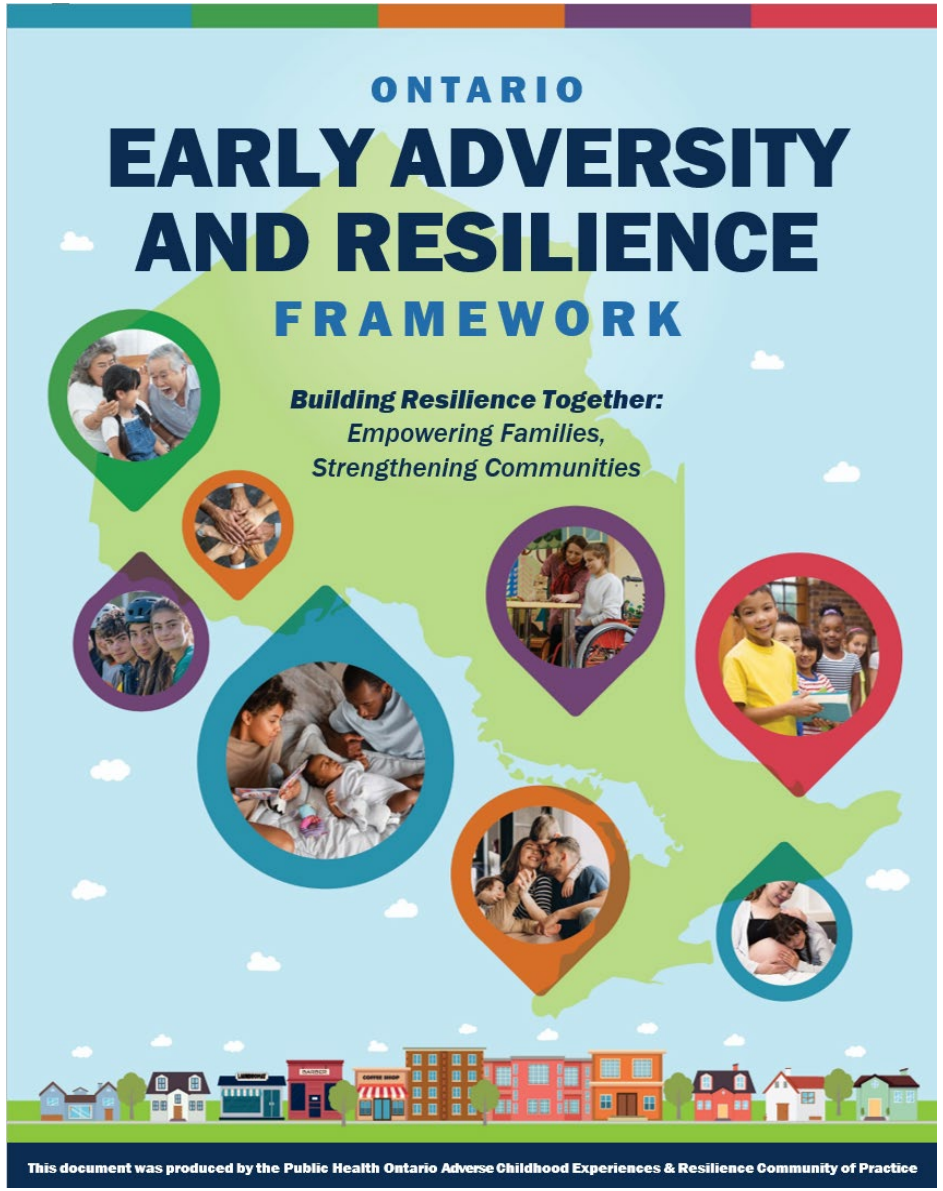
Child protection

Immigration and settlement services

Social services

Sports and recreation

Center on the Developing Child at Harvard University, 2026; Dawdy et al., 2025



earlyadversityandresilience.ca



apheo.ca

ONTARIO EARLY ADVERSITY AND RESILIENCE FRAMEWORK

Building Resilience Together: Empowering Families, Strengthening Communities

Focus Areas

1. Socially connected, equitable and inclusive communities
2. Social and emotional development and resilience
3. Reproductive health and parenting/caregiving readiness
4. Responsive and culturally safe parenting/caregiving

Pathways to Change

1. Shift social norms
2. Integrate upstream strategies
3. Influence healthy public policy
4. Intervene to lessen harm
5. Collect and use data



Guiding Principles

1. Across the life course
2. Collaborative
3. Culturally safe
4. Diverse and inclusive
5. Equity and reconciliation oriented
6. Evidence-informed
7. Place matters
8. Population-based
9. Strength- and resilience-based
10. Trauma- and violence-informed

Earlyadversityandresilience.ca

Comprehensive Health Promotion Strategy:

Prevent early adversity and foster family and community resilience through increased cross-sectoral evidence-based action.

Populations

Those at increased risk for ACEs, including and not limited to: Indigenous Peoples, Black and racialized individuals, immigrants and refugees, women, individuals that are a part of the 2SLGBTQ+ community, individuals living in low socioeconomic status households.

Approaches	Actions
Strengthen community action	• Facilitate shared and sustained action through the Adverse Childhood Experiences and Resilience Working Group in Muskoka, Nipissing, and Parry Sound districts • Promote implementation of the Ontario Early Adversity and Resilience Framework
Create supportive environments	• Increase foundational knowledge about resilience and early adversity among child, youth, and family-serving professionals across sectors
Promote healthy public policy	• Assess and respond to opportunities to address social and structural determinants to reduce sources stress among children youth and families and to strengthen family and community resilience (e.g., pre-budget consultations, input on provincial and national strategies, municipal election primer)

Community Resilience Learning Movement

MUSKOKA, NIPISSING, & PARRY SOUND DISTRICTS

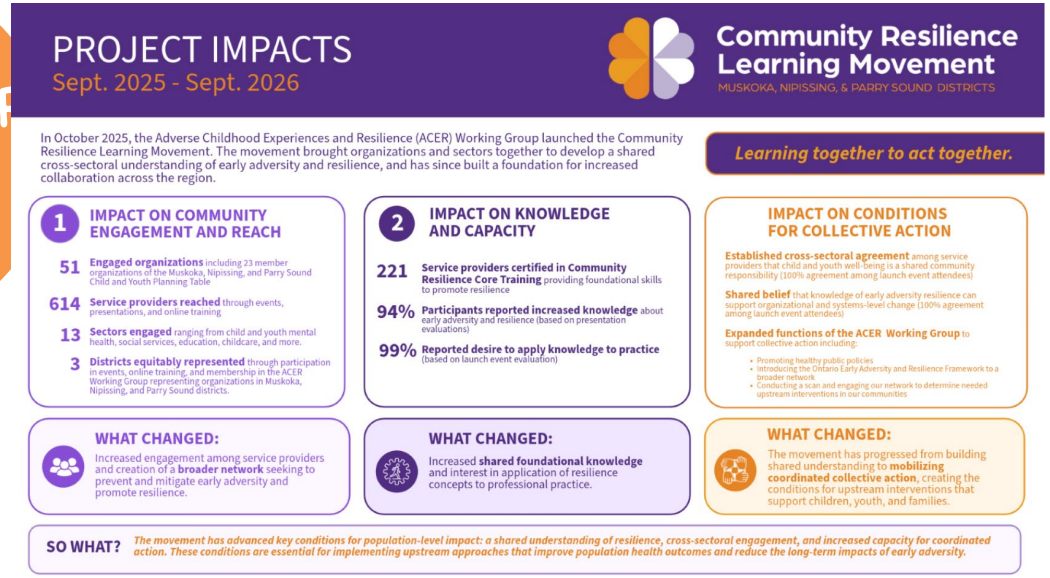
This movement aims to foster **cross-sectoral shared understanding and common language** of evidence-based concepts related to early adversity and resilience, and their link to lifelong health, and promote healing and resilience in our communities.

myhealthunit.ca/communityresilience

Commitment to Collaborate



Evaluate & F



Knowledge Mobilization Strategies

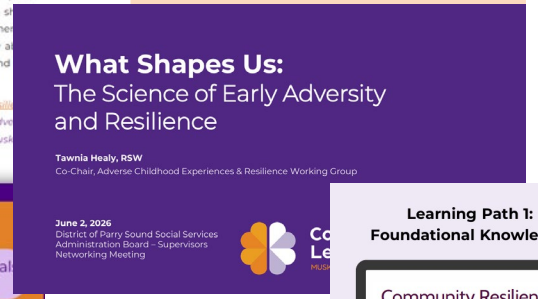
In-person events



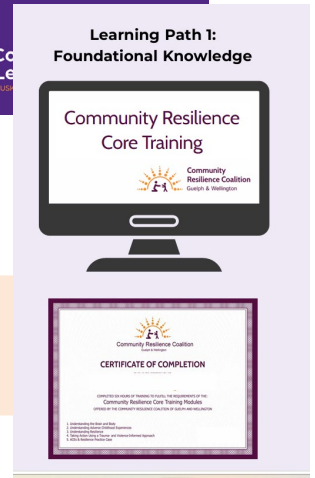
Newsletter



Agency and Event Presentations



Recommended Training



OEAR Framework Implementation

Key Internal Actions

- Integrated OEAR Framework implementation into a health equity-centered **strategic plan priority**
- **Mapped current Health Unit activities** to framework focus areas and pathways to change in two key programs to inform 2027 plans
- Engaged Health Unit staff and leaders across programs in **Community Resilience Core Training**

Key External Actions

- Introduce the OEAR Framework to partners as a potential cross-sectoral call to action through **upcoming workshops**
- Use the OEAR Indicator Report to inform local **data analysis** and enhance our ACEs and Resiliency Dashboard
- Continue to promote **foundational knowledge** on early adversity and resilience across organizations
- Integrated capacity-building efforts into the City of North Bay **Community Safety and Well-Being Plan** Supplement

Thank You

Feel free to connect anytime.

Tawnia Healy
tawnia.healy@healthunit.ca

References

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Fireside Chat



Q&A



Thank you!


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Celebrating 40 Years of the Ottawa Charter

Part Three: Setting Community Priorities

- Tuesday November 10, 2026
- 10:00 a.m. to 11:15 a.m.

Part Four: Reflecting on the Past, Shaping the Future

- Thursday November 19, 2026
- 10:00 a.m. to 11:00 a.m.

Andrea Bodkin

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