



Sudbury & District

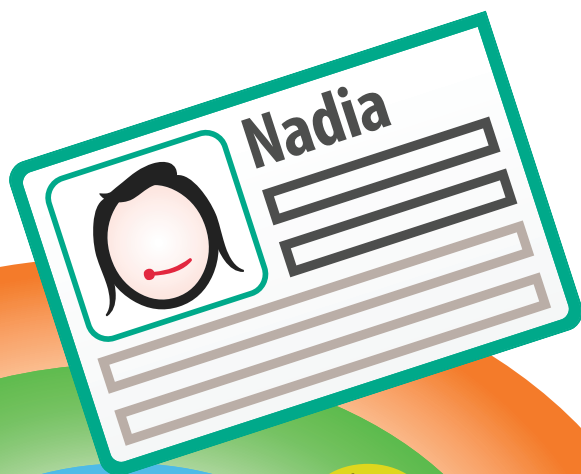
Health Unit

Service de  
santé publique

# Let's Start a Conversation About *Health* . . .

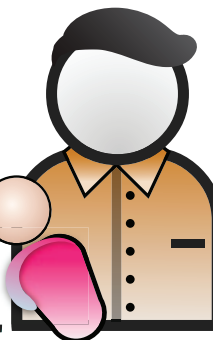
and Not Talk About *Health Care* at All

## USER GUIDE



For an accessible version of this document, please visit:

<https://www.sdhu.com/health-topics-programs/health-equity/health-equity-resources>



# Acknowledgements

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# 1

## A few words from the Medical Officer of Health

### Let's start a conversation about health . . . and not talk about health care at all.

Perhaps a startling invitation at first glance. With the majority of popular talk about “health” actually focusing on clinic wait times, physician shortages, or health care spending, we can be forgiven for thinking that health is synonymous with health care. But for those of us who really want to understand and promote health in our communities, we know that health care is only one piece of the puzzle.

Health is also about promoting healthy behaviours, supporting healthy environments, and advocating for policies to help make the “healthy choice, the easy choice”.

**But there is even more to health when we dig deeper.** When we look closely at the conditions that impact people’s opportunities for health, and when we listen carefully to community residents, it soon becomes clear that health depends on much more than healthy lifestyles and access to health care. People’s opportunities for health are largely determined by the social and economic conditions—incomes, jobs, housing, social supports—that are available to them.

The ***Let's Start a Conversation . . .*** video and User Guide were developed as tools to further engage individuals and organizations from all sectors in the achievement of healthy communities. Originally created as a resource to support public health staff, we hope that other community partners—schools, social services, businesses, community groups—also find it informative and useful.

As the video states, “We are northerners. We are known for our innovation and resourcefulness.” We have great local examples of actions that have already been taken, programs that have been created, and policies that have been supported in the promotion of health. Let’s build on the momentum of the great work that is already underway. We have proven that, individually and collectively, we can make decisions and choices that are good for our communities and good for our health.

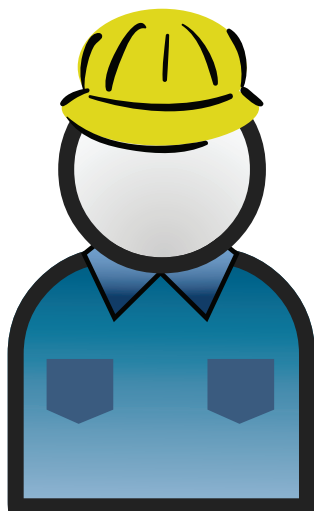


**Dr. Penny Sutcliffe**

Medical Officer of Health, Chief Executive Officer  
Sudbury & District Health Unit

# 2

## About the *Let's Start a Conversation . . .* video



***Let's Start a Conversation About Health . . . and Not Talk About Health Care at All***

is a five-minute video highlighting that HEALTH is about much more than access to medical care. It highlights that everyone has different opportunities for health, largely influenced by their social and economic conditions. Using this broad view of health, the video describes actions that many different people and organizations can take. It encourages everyone—teachers, builders, dads, nurses, businesswomen, students, politicians . . . to start a conversation about health . . . and not talk about health care at all.



Have you seen it yet?

Watch the video online at  
[www.youtube.com/TheHealthUnit](http://www.youtube.com/TheHealthUnit)  
or at [www.sdhu.com](http://www.sdhu.com).

# 3

## Five key messages from

## *Let's Start a Conversation . . .*



**1 Health improves at every rung up the income and social ladder.** Yes, our health is influenced by genetics and behaviours such as smoking, diet, and physical activity. However, the greatest predictor of how healthy we are is our social and economic status. For example, within the most deprived areas of the City of Greater Sudbury residents experience the highest rates of early death, greatest hospitalization rates, and highest rates of emergency room visits.

**2 Everyone has different opportunities for health, largely influenced by their social and economic conditions.** *Let's Start a Conversation . . .* presents the story of Nadia. Nadia's asthma is worse because she's smoking again—certainly our own behaviours make a difference to our health. But our behaviours are influenced by many other factors in our lives. Nadia lost her job, is living in unhealthy housing, and is stressed out. With few friends and social supports, Nadia smokes to help her cope with very challenging circumstances. Jobs, education, housing, social networks—each of these factors can promote, or limit, opportunities for health.

**3 Social and economic conditions are the result of the actions that all of us can take. Individually and collectively, we CAN make decisions and choices that are good for our communities and good for our health.** For example, as individuals, how we vote influences the decisions that are made by

governments and community leaders. As businesses and agencies, the programs and services we provide can contribute to healthy environments. As professionals, the way in which we work with clients and colleagues can enhance community capacity, participation, and inclusion. As leaders and elected officials, the policies we support—housing, finance, education, transportation—all shape the way we live, and our opportunities to be healthy.

**4 Health care alone cannot fix our health problems.** An effective health care system is essential for treating us when we are ill. But our system is expensive and growing at a rate that is outpacing other sectors—a rate that many believe is unsustainable. Health, of course, is about much more than illness care. Individual and community health, well-being and prosperity are created when all sectors invest in health-supporting actions.

**5 WE ALL HAVE A ROLE TO PLAY!** Public health staff, partners, and community members from all sectors and backgrounds possess unique strengths, skills, and perspectives on what makes our community healthy. Let's start a conversation about the actions we can all take to improve health . . . without talking about health care at all. Contact us at [startaconversation@sdhu.com](mailto:startaconversation@sdhu.com) or **705.522.9200, ext. 515.**



Follow us on twitter  
[www.twitter.com/equitysdhu](https://www.twitter.com/equitysdhu).



# 4

## How to use this guide



## What would you say if you were asked the question, “What do you do in public health?”

You might say you provide immunizations, promote car seat safety, do research, inspect septic systems, or work to make our communities more physically active? However, as a staff member of the *Sudbury & District Health Unit*, you could just as likely say that you work to increase quality housing, reduce poverty, create jobs, or encourage inclusiveness. This video and *User Guide* are designed to help you navigate through a variety of messages, possible questions, and potential solutions to the complex issues that impact our health.

### Use this guide . . .

- ✓ As a resource to **build your own understanding** of the diverse factors that impact health.
- ✓ As a “go-to” source for **answers to frequently asked questions**.
- ✓ As a tool to help **lead and participate in discussions with others**.

### For example:

You are leading your SDHU team through its annual program planning process. You refer to the **Ideas and inspiration for action** section of this guide for some concrete examples of how you might engage other sectors in your work to reduce health inequities.

You shared the **Let’s Start a Conversation . . .** video with a colleague at another community health agency. She asks you, “So, are you trying to say that we should stop funding hospitals and give more money to public health?” You refer to the guide’s sections on **Challenging common perceptions about health** and **Communicating a complex message . . . simply** for suggestions to help answer the question.

You are helping to coordinate a group of local community residents and agency representatives interested in promoting physical activity. At one of your meetings, you view **Let’s Start a Conversation . . .** and use some of the guide’s **Tips and tools for starting a conversation** to lead a discussion about how it may influence the group’s future advocacy and health promotion activities.

# 5

## Nadia's story— a reminder about health equity



**Our health is influenced by a broad range of factors.** These include genetics, individual lifestyles and behaviours, as well as the physical, social, and economic environments in which we live. **Let's Start a Conversation . . .** presents the story of Nadia. Nadia is in the emergency department because of her worsening asthma. She started smoking again to relieve the stress of losing her job. Nadia's limited education makes it difficult for her to find employment, and she is living in an unhealthy apartment. Certainly, Nadia's health has been influenced by some of her personal choices and behaviours. Her behaviours, however, have been influenced by some very challenging social and economic circumstances.

### So . . . what does Nadia's story have to do with health equity?

Health inequities are differences in health status experienced by different groups of people that are systematic, socially produced, and unfair and unjust. **In other words: The avoidable differences in health between groups that are caused by our living conditions (jobs, schools, housing, neighbourhoods, etc.).**

#### **In Nadia's case, her asthma attack is:**

- **socially produced**—by her unhealthy housing, lack of job, limited education, and few social supports
- **avoidable**—through increased access to affordable, quality housing, employment and training opportunities, and supportive, inclusive neighbourhoods

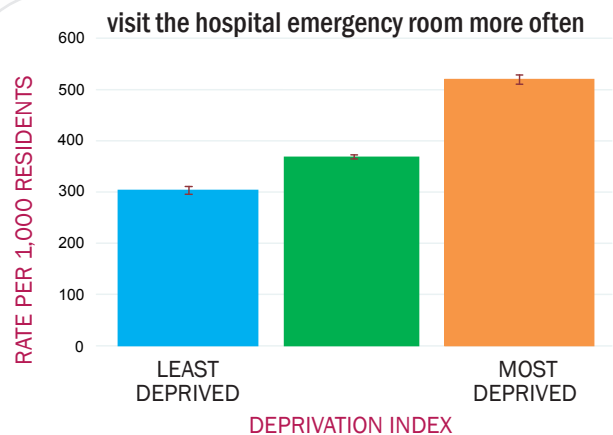
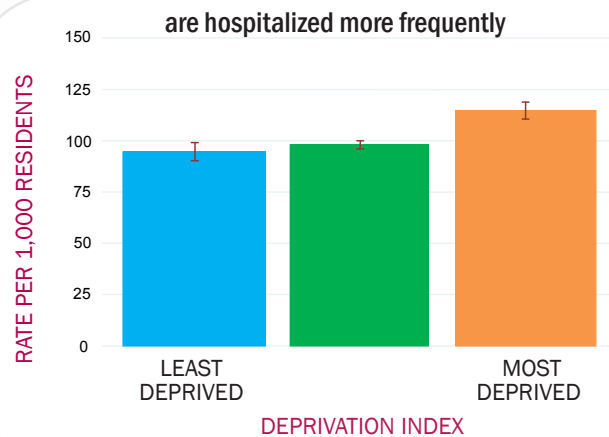
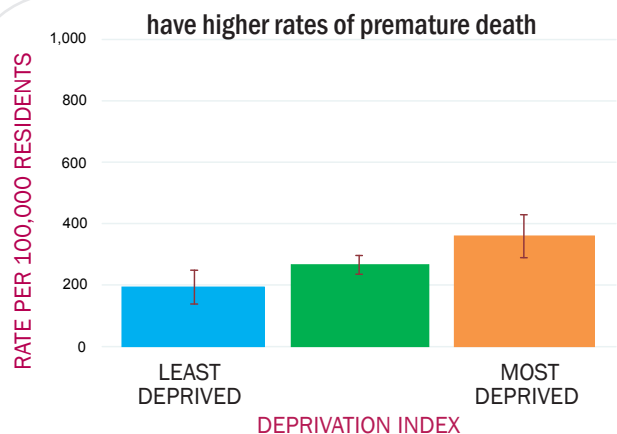
Nadia is at greater risk of poor health because of her social and economic conditions. Examples of others who may be at risk of health inequities include people living on low incomes, people with limited education, people who are unemployed or underemployed, people living in rural, remote or isolated communities, people who are living with disabilities or mental illness, people who are homeless or precariously housed, and those people who might be discriminated against due to culture, race, language, sexual orientation, etc.



# 5

## What does local data tell us about health inequities in our communities?

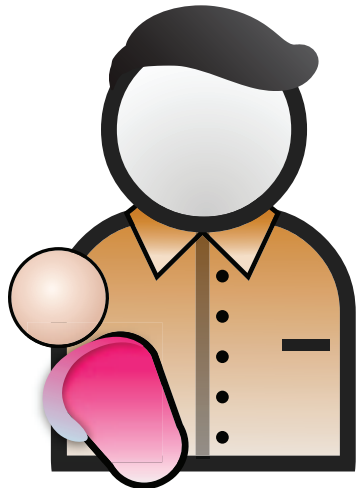
The most socially and economically deprived areas within the City of Greater Sudbury:



— 95% CONFIDENCE INTERVAL

# 6

## Communicating a complex message ... simply



Some content adapted from: *A New Way to Talk About the Social Determinants of Health*, Robert Wood Johnson Foundation, 2010.

## Health, health equity, social inequities in health

These terms hold different meanings for different people. It can be challenging to find the right words to explain messages about health. In addition, the language we use shapes our audience's perceptions, understanding, and their ability to connect with the ideas we are sharing. In addition to the **Tips**, the **Plain language glossary** provides simple explanations for commonly used public health concepts and expressions (a.k.a. jargon). It also provides some general tips for sharing the messages of ***Let's Start a Conversation*** . . . with others.



Check out this touching video for an example of how our choice of words can dramatically influence our message at [www.youtube.com/purplecontent](http://www.youtube.com/purplecontent).

# 6

## Tips for talking about health and health equity

**1 Describe ideas—don’t use jargon.** It is possible to explain social inequities in health without using the term “equity” at all. Try these **phrases** to describe the concepts of social determinants of health and health equity:

- *Health starts long before illness—in our homes, schools, and jobs.*
- *Not all members of our communities have the same opportunities to be healthy.*
- *Everyone should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.*
- *Neighbourhoods and jobs shouldn’t be hazardous to health.*
- *Opportunities for health start long before medical care is needed.*
- *Health begins where we live, learn, work, and play.*

**2 Use simple, informal language.** Avoid using academic terms or jargon. Examples: Use “a good start in life” rather than “prenatal health”; “living conditions” rather than “social determinants of health”.

**3 Identify the problem, but focus on solutions.** The closing message of **Let’s Start a Conversation . . .** is “Let’s get moving!” Provide others with concrete examples of actions they can take to improve the health of their communities. Remember, actions can be as small as “starting a conversation” with others, or as large as creating a policy or program within their organization.

See the **Ideas and inspiration for action** section of this guide for examples of actions that could be supported by a variety of community sectors.

**4 Acknowledge, but challenge commonly accepted perceptions about health.** Example: “Eating well and exercising are important, but the things that contribute most to our health are how much money we have and our status within our community.”

See the **Challenging common perceptions about health** section of this guide for more ideas and examples.

**5 Use statistical data carefully.** The way in which data is presented influences how it will be perceived and understood. To help make data easily understood for your audience:

- *Use one important fact rather than many facts in one message.*
- *Present data within a larger context or “story” to make it more meaningful. Try using visual tools, such as graphs or maps, to illustrate statistical information?*

**6 Emphasize different messages for different audiences, but remember, we ALL have a role to play.** Different audiences may relate to some messages from **Let’s Start a Conversation . . .** more than others. Health sector audiences may connect most with the need to reduce health care costs. Members of the business community may appreciate the call for a diversified economy. Many viewers may already be very active in the area of improving community living conditions and influencing the decisions that shape health. Highlight the many positive efforts already underway and focus on the benefits of having different sectors work together to strengthen actions and advocacy efforts. Although the emphasis of your discussions may change, the ultimate message of **Let’s Start a Conversation . . .** is that everyone—teachers, builders, dads, nurses, businesswomen, students, politicians—can start a conversation about health . . . and not talk about health care at all.

# 6

## Plain language glossary

This glossary provides simple explanations to common jargon.

### **health equity**

When all members of our communities have good opportunities to be healthy.

Everyone should have the opportunity to make choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.

### **social inequities in health**

The avoidable differences in health between groups that are caused by our living conditions, (jobs, schools, housing, neighbourhoods, etc.).

### **social determinants of health**

The living conditions—income, education, jobs, housing, social supports—that shape our opportunities to be healthy.

Health starts where we live, learn, work, and play.

Everyone needs access to health care, but healthy communities and living conditions make it less likely that we will need it.

### **levelling up**

Giving everyone a chance to live a healthy life.

Working to reduce the gap in health between the most advantaged and least advantaged members of our communities.

### **priority or vulnerable populations**

People who face significant barriers to health.

People who have fewer opportunities to be healthy.

### **poverty**

Families who can't afford the basics in life.

People who struggle to get by.

### **low-income workers / working poor**

People who work for a living and still struggle to get by.

### **living wage**

An income which allows people to put food on the table, support their families and have a place to call home.

### **policies**

Formal or informal rules that set common expectations and guide actions. Policies can be set by individuals, groups, agencies, or governments.

### **social advantage or disadvantage**

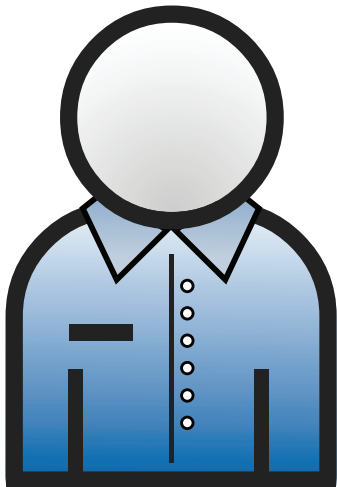
A person's place on the income and social ladder (their wealth, education, job, etc.). Our social status shapes our ability to be healthy.

### **social inclusion**

An inclusive community offers support, respect, and opportunities to participate.

# 7

## Challenging common perceptions about health



**There is no silver bullet,** *no single word or fact that will suddenly transform how people think about health. It is an intensely personal issue that carries with it complex beliefs, conflicted values, and a deeply divided electorate about what leads to better health.*

*Robert Wood Johnson Foundation, 2010*

We all carry existing beliefs and perceptions about health; what causes us to be healthy or sick, and what actions and conditions will help us to stay well. One of the objectives of **Let's Start a Conversation . . .** is to challenge some of the most commonly held myths about health. Use the examples provided on the following pages to encourage others to think about health in new ways and about their own role in creating healthy communities.

## Perception

**1** Individual choices and health behaviours—diet, smoking, physical activity, etc.—are the reason that some people are healthier than others.

## Challenging the perception

**Acknowledge that lifestyle choices have a significant impact on people's health and well-being. Use the story of Nadia to encourage discussion about how the choices individuals make are shaped by the opportunities they have.** *Personal choices, such as diet, drinking, smoking, and physical activity, are crucial to our overall health. But, making healthy choices isn't just about having good habits, common sense, or discipline. For example, some communities or neighbourhoods have easy access to fresh, affordable food; others have only fast food, convenience, and liquor stores. Some have well maintained playgrounds and safe places to exercise and play; others do not. Some neighbourhoods are friendly and clean; others are noisy and perceived to be "unsafe". The choices we make are influenced by our living conditions and the opportunities that we have.*

**2** The greatest influence on our health is our ability to access quality health care and treatment. Health care challenges, such as wait times, doctor and nurse shortages, hospital bed shortages, etc., are the reason for poor health.

**Acknowledge the critical importance of quality health care in order to treat illness and restore health. Highlight, however, that healthy social and economic conditions can help to prevent illness and disease in the first place.** *Access to health care (or illness care) does have a significant impact on our health. However, the greatest predictor of our health is where our income, education, and occupation place us on the income and social ladder. The conditions in which we live, learn, work, and play, largely determine whether or not we need to visit our doctor, clinic, or hospital in the first place.*

**3** Health inequities are the differences in health experienced by different groups of people. They are natural or normal within communities. These inequities have always existed and will continue to exist regardless of our actions or government intervention.

**There will always be some people who are healthier than others. Emphasize, however, that we can make decisions, and shape our communities in ways that increase everyone's opportunities to be healthy.** *Health inequities are defined as "unfair, unjust, and avoidable". They are neither natural, nor inevitable. Highlight that health, and health inequities are the direct result of decisions that are made by all of us—individuals, agencies, businesses, communities, and every level of government. More importantly, we CAN make decisions differently for the health of our communities.*

**4** Many of the policies and actions that are needed to support health and reduce health inequities are too costly and are not sustainable.

**Highlight some of the known positive economic impacts of healthy communities and individuals. Draw attention to the information presented in *Let's Start a Conversation . . .* about the increasing costs of health care that will likely continue if we don't invest in healthy social and economic conditions.** *Sustained health improvements among individuals and communities stimulate economic growth. Supporting opportunities for health where people live, work, learn, and play supports productive employees, customers, and communities. Healthy people support healthy economies through their participation and spending. Money that might otherwise be spent providing health treatment for unhealthy individuals may now be invested in different ways across community sectors.*



# 8

## Tips and tools for starting a conversation



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## Tips

### Before you start a conversation with others . . .

- ✓ **Remember**, social inequities impact each of us in different ways. Although we may all be working towards the same goals—better health, increased opportunities—we bring different experiences, assumptions, and resources to the task. Individual wealth, job status, language, race/ethnicity, skin colour, gender, and sexual orientation affect our views and how we are viewed by others. **Let's start a conversation . . .** is a tool to help encourage discussion and reflection, challenge some existing perceptions, and generate ideas for action. As someone sharing this tool, your job is to create dialogue, be non-judgemental, explore creative options, and help inspire action.
- ✓ **Ask yourself** what's happening outside your organization or field that may support your work and your message? How can you promote successes in other sectors such as a promising initiative or new report? Where can you find allies to help you share your message, overcome obstacles, or bring new partners to the table? How will you handle conflict and criticism when different perspectives are shared?
- ✓ **Prepare to follow up.** Sharing **Let's Start a Conversation . . .** with others is a first step; the “real” work begins after people watch it. How can you continue to engage others over the long term? How can you maintain momentum and action after the excitement generated by the video fades?

Refer to the **Ideas and inspiration** section of the guide for some examples of next steps for action.

# 8 Tools

## A Beliefs: before and after

We all hold certain beliefs about health: what makes us healthy, and what makes us sick. Before watching **Let's Start a Conversation . . .** ask your group a few questions about their own beliefs about health. Participants should answer the questions individually to allow for the most honest and reflective responses.

Questions you may want to ask include:

- What determines whether we are sick or healthy?
- Are some groups or members of our community more at risk of being unhealthy? Why?
- Who or what is most responsible for how healthy we are? Why?
- What kinds of things can we do to improve people's health (as individuals, as communities, as governments, etc.)?

Ask these questions again, after watching **Let's Start a Conversation . . .** Facilitate a group discussion about whether or not people's ideas have changed? How have they changed? Why or why not?

## B Community focus

Health starts in the communities where we live, work, learn, and play. Our communities represent great opportunities and resources for action to improve health and reduce health inequities. Use **Let's Start a Conversation . . .** to prompt viewers to think about their own communities and the factors that impact their community's health.

You might ask:

- For better or for worse, what conditions depicted in **Let's Start a Conversation . . .** do you feel most affect health in your community (housing, education, employment, social inclusion, etc.)? In what ways?
- How can you make things better in your community? What are the greatest challenges? What additional resources are needed? Who are your natural allies and partners?
- What initiatives are already underway in your community that can help improve health? How might you build off of the momentum of these initiatives?

## C Five key messages: facilitated discussion questions

**Let's Start a Conversation . . .** presents five key messages about the conditions and actions that determine health. These messages can be explored through facilitated discussion.

Questions that might prompt meaningful dialogue include:

What social and economic conditions described in **Let's Start a Conversation . . .** support and encourage healthy choices?

- What actions and policies at the local, provincial, and federal level (for example, education, transportation, housing, etc.) might increase people's opportunities to be healthy and reduce health inequities?
- Why do we typically only think of health in terms of health care and personal behaviours? Where do these perceptions come from?
- What role might you play in improving the health of our communities?

A Refer to the **Challenging common perceptions about health** section of this guide for more information about commonly held beliefs about health and health inequities.

B The **Community strengths and stressors** exercise may spark additional ideas about existing conditions and opportunities within communities.


# 8 Tools

## D Community strengths and stressors

The following chart lists some of the factors that had an impact on Nadia from **Let's Start a Conversation** . . . These factors may be positive or negative influences in people's lives, and in our communities.

1. As a group, or individually, have participants think about each factor. Have them think about whether each factor is generally a positive or negative influence on the health of their community, and have them explain why. There will likely be multiple, even contradictory answers for each topic.
2. As a group, ask participants to share their results. What are the similarities and differences between responses? Explore why differing perspectives might exist?
3. Are there any commonly identified negative influences on health? What actions do participants feel may be necessary to improve those conditions?

Change the list of factors to best reflect issues affecting your community. Other possible factors include: food access and availability, public safety, transportation, green spaces, recreational opportunities.

 <p><b>Community Strength</b></p> <p>Why is this a positive influence on health?</p>	<p>Affordable, quality housing</p> <p>Quality education</p> <p>Good jobs and employment opportunities</p> <p>Income and wealth</p> <p>Social supports</p> <p>Business and economic development</p> <p>Quality health care</p>	 <p><b>Community Stressor</b></p> <p>Why is this a negative influence on health?</p>
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## E Who is your Nadia?

Everyone—teachers, builders, dads, nurses, businesswomen, students, politicians—has a story to tell about their health and the health of their community. They may even know their own “Nadia”. Provide participants with an opportunity to share their own experiences with the social and economic factors that influence health.

You may find that participants naturally share stories that focus on health behaviours or access to health care services. Try to keep the discussion focussed on the social and economic conditions that have influenced people's opportunities to be healthy.

### For example:

#### Instead of asking

“How can we promote healthier behaviours?”

“Who has the worst health?”

“How to we improve access to health care services?”

#### Ask

“How can we create the conditions that people need to make healthy choices?”

“Why do some people have fewer opportunities to be healthy?”

“How can we improve living conditions so that people need less access to health care?”

# 9

## Ideas and inspiration for action



### Everyone contributes to the health of their community

The closing message of ***Let's Start a Conversation . . .*** is, “Let’s get moving!” It is meant to prompt viewers to ask “What can I do?” or “What is my role?”. Although, not an exhaustive list, the following pages provide samples of concrete actions that community members from all sectors might take to improve the health of their communities.

# 9

## Ideas and inspiration for action

### General public

- Become involved in your community; start small; strive to find ways to make your neighborhood friendly and inclusive.
- Get to know your neighbours; recognize and support those who might be going through a difficult time.
- Become involved with local boards, advisory panels, your local Community Action Network (CAN), or begin a new community group.
- Write a letter to your local/provincial government to request changes to policies that affect the health of our communities.
- Be vocal against discrimination and injustice in your community.
- Try to reframe your thinking before you judge others; consider the underlying reasons that may lead someone to make unhealthy choices.
- Educate others on factors that influence the health of people in our community . . . without talking about health care.

### In Action

**An initiative established and led by parents and municipal employees in Sudbury East enables parents to volunteer their time at community events to lower their children's hockey registration fees.**

### Health care sector

- Consider the social and economic conditions that influence your clients and their health.
- Participate in advocacy efforts organized by your professional associations (for example, Registered Nurses Association of Ontario).
- Organize professional development opportunities with other health sector professionals.
- Know what community resources are available to clients to address their social and economic needs (for example, food security, social assistance, subsidized child care, employment training, etc.).
- Share your own experience of how living conditions have impacted the health of your clients.

**In March 2011, the Hôpital régional de Sudbury Regional Hospital unveiled its Medicine Lodge, which is a quiet space where people can go to reflect, pray, smudge, or participate in a ceremony. This example highlights how the hospital has expanded the traditional biomedical definition of health to include mental, emotional, and spiritual health in a culturally appropriate way.**



# 9

## Ideas and inspiration for action

### Community and social services sector

- Identify and address service gaps that reduce opportunities for health for some members of our communities.
- Partner with others to lobby for changes to policies that impact the health of our communities; there is power in numbers with partners working together towards common goals.
- Consider the health impact of your agency's policies and initiatives.
- Seek opportunities to support other agencies with initiatives that improve quality of life in our community.
- Share your own experience of how living conditions have impacted the health of your clients.

### Education sector

- Provide flexible and inclusive opportunities for parents to become involved in their child's education.
- Support programs that address the social and economic needs of students and families within educational settings. This may include school meal or snack programs, subsidized field trips and school events, or culturally specific learning opportunities.
- Provide safe environments and opportunities for students to express personal needs.
- Provide students with resources that promote awareness of the many factors that make and keep us healthy. These could include websites, campaigns, and activities such as the Do the Math Challenge, The Last Straw, and The Poverty Game.
- Encourage and support students to become actively involved with community service initiatives that address the social determinants of health.
- Encourage student involvement in policy change on topics such as social assistance rates, housing, minimum wage increases, and student employment opportunities.
- Share your own experience of how living conditions have impacted the health and success of your students.

### In Action

**Despite no formal government consultation on the Social Assistance Program Review being held in Sudbury, the Social Planning Council of Sudbury, the Sudbury Legal Clinic, and the City's Social Services department organized two local events to obtain input and feedback from recipients and service providers. Participant recommendations were sent to the Provincial Commission responsible for the review of existing social assistance programs and policies.**

**M'Chigeeng on Manitoulin Island is home to the Kenjgewin Teg Educational Institute. Kenjgewin Teg offers Aboriginal students culturally inclusive, community-based post-secondary education in eight First Nation communities.**

**Local school boards in Greater Sudbury have partnered with the Sudbury & District Health Unit to offer "Can You Feel It?" Through extra-curricular activities, skill building opportunities, and supportive relationships with peers, school staff, families, and community agencies, the program builds student resilience by focusing on their inherent strengths, resources, and ability to recover from adversity.**



# 9

## Ideas and inspiration for action

### Government/political sector

- Provide opportunities for the public to become involved in decisions that affect their communities.
- Consider the health impact of all proposed policies and initiatives.
- Continue to support a healthy built environment (sidewalks, parks, playgrounds, bicycle paths).
- Encourage the creation of green spaces in your community.
- Promote policies and programs that:
  - provide community members with healthy, affordable food sources including fresh local fruit and vegetables
  - increase access to quality, affordable child care
  - improve access to transportation
  - support living wages
  - provide low- and no-cost recreation opportunities
  - help to make your community inclusive and accessible

### Economic sector

- Consider the social and economic conditions that influence your employees and their health.
- Provide flexible work hours and job security.
- Provide on-the-job learning and training opportunities.
- Incorporate workplace wellness initiatives in your workplace.
- Offer advice and support to others wishing to start businesses in your community.
- Educate others on the benefits of having a healthy, engaged, fully participating workforce.

### In Action

**The town of Chapleau offers free skating opportunities to all community residents. This program is sponsored by a number of community partners such as the Best Start Hub and the Chapleau Ojibwe First Nation.**

**The City of Greater Sudbury provides resources and support to 16 Community Action Networks (CANs) throughout the municipality. CANs bring city staff and citizens together to work collaboratively to build strong, vibrant, healthy communities.**

**Local businesses and business associations were among the partners who came together to train and mentor four individuals to produce 125 beautiful metallic snowflakes to decorate the streets of downtown Sudbury. Through this endeavor, the four participants received valuable skills and training and are now employed as fully trained welders.**

# 10

## Additional resources



### **UNNATURAL CAUSES**

This documentary series by California Newsreel highlights the root causes of socio-economic and racial inequities in health in the United States. The Unnatural Causes website includes links to series excerpts, resources, activities, and examples of positive actions taken by communities across North America. (*California Newsreel, 2008*)

### **A New Way to Talk About the Social Determinants of Health**

Developed by the Robert Wood Johnson Foundation, this resource presents “a series of lessons, best practices, recommended language, and “watch-outs” that can support better and more persuasive messages” related to the social determinants of health. (*Robert Wood Johnson Foundation, 2010*)

### **Health Equity Into Policy Action: FAQs**

A resource of the Wellesley Institute, these Frequently Asked Questions (FAQs) are designed to provide a basic overview of health equity. They provide a definition of health equity and answer other questions related to why it is important, key issues, challenges, and promising initiatives and programs designed to address health disparities. (*Wellesley Institute, 2007*)

### **Communicating the Social Determinants of Health: Scoping Paper**

This Canadian resource highlights some of the challenges and opportunities for raising awareness and understanding about social determinants of health and health inequities. (*Wellspring Strategies Inc., 2011*)

### **Social Determinants of Health: The Canadian Facts**

A thorough introduction to the social determinants of our health—why are they important and what can we do to improve them. (*Juha Mikkonen and Dennis Raphael, 2010*)

### **Jason’s Story**

This deceptively simple story speaks to the complex set of factors or conditions that determine the level of health of every Canadian. (*Public Health Agency of Canada*)

# 10

## Sudbury & District Health Unit resources

### **The Most Important Things You Need to Know About Your Health May Not Be as Obvious as You Think**

A Sudbury & District Health Unit poster campaign about the social determinants of health. *(December 2009)*

### **Priority Populations Primer**

A few things you should know about social inequities in health in Sudbury & District Health Unit communities. *(August 2009)*

### **10 Promising Practices to Guide Local Public Health to Reduce Social Inequities in Health: Technical Briefing**

Adapted from: Research-oriented decision-making to guide local public health practice to reduce social inequities in health (Intervention Project Progress Report No. 2). Executive Training for Research Application (EXTRA): A Program of the Canadian Health Services Research Foundation. This research project yielded 10 public health practices that are “promising” in their potential to reduce social inequities in health. *(July 2009)*

### **Social Inequities in Health and the Sudbury & District Health Unit: Building Our Path for the Next 10 Years**

This report describes a process undertaken to develop a vision for our organization to address social inequities in health. From this vision, key milestones and actions will be set and taken to guide the Health Unit’s work for the next 10 years. *(October 2010)*

# The **Health Equity Office** is here to help.

If you have any questions about the **Let's Start a Conversation** . . . resources, or about health equity in general, let the Sudbury & District Health Unit Health Equity Office team know. We can help you plan your work, prepare for a discussion, or answer questions. Let us know how you've used these resources and, in particular, how you have shared them with others. We'll make sure your stories and insights are shared even further.

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Sudbury & District Health Unit  
Service de santé publique de Sudbury et du district

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