BC Coalition for Health Promotion

June 2008, Issue 4

Communities Invest in HEALTH PROMOTION

Welcome to the fourth edition of the BCCHP newsletter. In this issue we will update you on the activities of the Coalition and feature articles by our members and supporters.

Contents

Established in June 2000, the BC Coalition for Health Promotion is a group of volunteer citizens dedicated to the advancement of health promotion in BC. Our Core Team members are experienced in participatory research, evaluation, health leadership, community development and funding in the nonprofit sector.

REMEMBERING GRANT ROBERGE

On February 26th the Coalition lost a long-time friend and colleague, Grant Roberge, Executive Director of Fraser Health's Hope-Agassiz Area.

Grant was well known to people in the Cowichan Valley. I first met him in the early 1990s when he was the Administrative Assistant at Cowichan District Hospital - we swapped ideas and debated the pros and cons of potential models for the newly-emerging Community Health Council. What struck me then was his ability to listen with respect to the voices of community and to develop a relationship of trust with the people around him.

These qualities were no more evident than when Grant became CEO of the Central Vancouver Island Health Region. Following a presentation to their Board, we struck up a conversation. I mentioned wanting to complete my Master's thesis in health promotion and without hesitation he said, "Let me know how we can help."

From these humble beginnings, the BC Coalition for Health Promotion emerged. In 2004 while working through his first bout of lymphoma, we sat down together and wrote the Coalition's, *A Health Promotion Foundation in British Columbia: Implementation Plan*. Grant's business acumen and my passion for community empowerment met across the dining room table and I had a personal glimpse of a remarkably caring and intelligent man.

Grant was one of those people who worked in the health care system and who understood the value of merging grassroots ideals and priorities with the goals of a supportive health authority. His uncanny ability to capture the big picture and move the vision forward to reality was a gift he brought to all tables of discussion.

Grant maintained this collaborative approach when he left Vancouver Island to take on the executive director position in Chilliwack. It was a partnership that ended much too soon.

BUILDING CAPACITY: AN ACT OF INCLUSION ... OR?

Buzzwords! We use them so often that they become part of our every-day language. Without thinking, we forget who coined these words in the first place, what circumstances made them relevant at the time.

Not a day goes by that the Coalition doesn't receive notice of an article, a workshop, a meeting or a conference about "building community capacity." At first this notion seemed like a good idea. Did it mean that we'd get more money for our work? That communities would be able to choose their own priorities for action? That the Ottawa Charter ideals of community empowerment were just around the corner?

We bought into this new concept … and we waited....

Ten years later and we're still waiting. As money flows into the never-ending pool of building community capacity (translate: "helping communities to get it right"), one can't but wonder when we're finally going to be allocated the resources to get our ideas up and running.

We cannot address community capacity in the absence of building system capacity.

Too often decision makers seem to forget or fail to recognize the wealth of knowledge, experience and diversity that exists in our communities. A quick look at the biographies of Board members, the skills of staff, the talents and dedication of volunteers, demonstrates an abundance of capacity. Citizens and community groups have a solid understanding of their issues, often long before these concerns show up on the government radar.

So why is the voluntary, non-profit sector still being marginalized?

Like learning, capacity building is a reciprocal process. It flows naturally when people join together to identify the issues and seek solutions to society's most pressing concerns. If we aim to build capacity, let's do it across the board. Let's recognize the value of building capacity within *all* sectors – government, professional groups, academia, funding bodies and voluntary non-profit organizations.

We cannot address community capacity in the absence of building system capacity. Nor can we continue to depend on endless consultations and top-down decision making to solve the challenges of a rapidly-changing society. Financial resources and respectful citizen participation are prerequisites to finding solutions and maintaining public confidence. Benefits are infinite when we keep an open mind, listen to each other, work horizontally toward solutions and collaborate with sincerity.

Transforming our approach from paternalism to empowerment requires a whole different mind set. It means working toward a more equitable relationship in which the expertise of all parties is recognized; in which decisions, money, power and resources are shared commodities. People in positions of power have the opportunity to reap untold returns if they acknowledge and respect the strengths that exist within our communities. It's time to roll up our collective sleeves, stop talking about "building community capacity", and start acting on it.

by Ronnie Phipps
Coordinator of the BCCHP

The nurturing of community is essential to an equal society.

Michelle Swenarchuk
The Ursula Franklin Reader: Pacifism as a Map

Annette Gupton has been a member of the BCCHP Core Team for the past three years. She is a registered nurse whose areas of interest include nursing research, community health and maternal child nursing. She has acted as principal investigator for several qualitative and quantitative research projects and received her PhD from the Department of Community Health Sciences, Faculty of Medicine, University of Manitoba. Although 'retired' from active duty, Annette continues to pursue her interests in teaching and health promotion.

BOARD MEMBER PARTICIPATES IN CUBA PROJECT

The Cuban health care system has been described as one of the best in the world and has been held up as a model for other countries. The system is community based and comprehensive. There are over 400 community based policlinicos (clinics) staffed by nurses, doctors and other health care providers in major cities and small communities throughout the country. Health promotion is a central focus and there is an excellent system of hospitals and community agencies which provide acute care. Health services are culturally relevant and comprehensive. Cuba is rich in manpower, but poor economically. Human resources are a source of strength, but since the dissolution of the USSR and Cuba's relationship with that country, advanced training and education are needed.

A cooperative program between Cuba and Canada is being supported by CIDA (Canadian International Development Agency). This six year program is aimed at enhancing nursing education in Cuba. A partnership between the University of Manitoba and the University of Havana Medical Sciences has been formed to achieve the goals of the program. The three aims of this endeavour are, 1. to initiate a doctoral program in Nursing, 2. to develop a new curriculum for the existing master in nursing program and 3. to carry out continuing education for nurses working in areas outside of Havana. One of the subsidiary goals of the program is to enhance the development of nursing research.

The doctoral program is in its third year of existence and there are presently ten students enrolled, four men and six women. Students are young, many have small children and are extremely enthusiastic and dedicated to their studies. Students have completed the majority of their course work and have had their dissertation proposals accepted. Students have masters degrees in nursing and hold various key positions within the nursing profession. Many of them are nurse educators. They take all of their course work in English with some help from Cuban translators and instruction in English as a second language. This group of students will form a cadre of nursing leaders for the future. They will be the future teachers in the effort to produce the next generation of doctorally prepared nurses. In this way the program will be sustainable and continue to produce more PhD level nurses.

Dr. Annette Gupton, a board member of the BCCHP, is participating in this program as a Senior Scholar. She has been retired from the University of Manitoba since 2002 but has been participating by teaching "Quantitative methods in nursing research" to the doctoral students, running research workshops for nursing leaders in the community with the goal of producing replication of Canadian nursing research studies and teaching students and leaders in the community how to use software in the analysis of quantitative data.

It is an exciting and innovative program which engenders mutual sharing and respect between Canada and Cuba.

ASSOCIATING HOMELESSNESS WITH MENTAL ILLNESS

Below is an excerpt from the House of Commons Hansard for Question Period, Mar 12, 2008. The question was a softball lobbed from a Conservative Party member to Tony Clement, Minister of Health, to allow Clement to enter into the Hansard mention of the Mental Health Commission, formed last summer.

Mr. Wajid Khan (Mississauga-Streetsville, CPC)

Mr. Speaker, last summer the Prime Minister and the Minister of Health announced Canada's first ever Mental Health Commission... Could the Minister of Health inform the House on how this Conservative government is keeping its promise to help Canadians?

Hon. Tony Clement (Minister of Health, CPC)

Mr. Speaker, ... Even in good economic times there are those at risk of being left behind, but Canadians are guided by the values of compassion, kindness and generosity. That is why we created the Mental Health Commission [and] why the Minister of Finance, demonstrating those important values himself, announced funding ... to establish five pilot projects ... to help show the way on how we can help those who are homeless and suffering from mental illness.

I heard Clement's response before visiting the MHCC website and was immediately struck by Clement's associating mental illness with homelessness.

'Homelessness' would be better defined as 'houselessness'. There are those who are labelled homeless who have chosen not to be surrounded by bricks and mortar. Are they therefore mentally ill because they have chosen differently?

Then people who have not chosen houselessness may legitimately feel depressed, stressed, and anxiety-prone. But should that basic, normal survival response be labelled as mental illness? The cynical answer is Yes - for the sake of a robust mental health industry.

One of the many houseless women I met through my work with WISE described how she'd lived for 30 years. It was near the top of a mountain in the Yukon, in a tiny one-room shack, whose walls and roof were of ill-fitting timber and other natural products, whose washing facilities and toilet was nature itself, and a shovel. She cooked by fire and whatever food needed storing she kept frozen in snow or dried. Nature was her food source.

Each morning this woman, Anne, stepped out from her home on the mountain and saw nature's expanse laid out before her. "I felt so rich," she said with a sigh and eyes warming in remembrance.

Another woman, also from the Yukon, was still houseless - and loving it. The owner of a large acreage had allowed her to set up her tent on a small section of the property. This gave her an address and with that, she was able to obtain part-time employment. The job was just a few hours per week, but that's all she wanted. It was her sole source of income and brought in $6,000 per year. According to her, with that $6K she had more than enough to live the life she wanted. She'd equipped her well-insulated tent with a cookstove and had use of the main house's bathroom facilities.

The first time I saw this woman, Barbara, she'd come to participate in our Scarlet Letter Campaign workshop. She arrived on her scooter, dressed up in full black leather and helmet. She didn't look 'poor'. Her clothing was high-quality, bought at used clothing outlets, and she carried herself with confidence.

These women take a different view of life than the larger society which surrounds them. The first - whose poems have been published and won awards - now lives in Kamloops and misses her life in the Yukon. Now she's on the system, has been diagnosed with a mental illness, etc., etc., etc. The second woman gets a kick out of baffling people. She too gets stereotyped and has been labelled mentally ill.

How these women got to their houseless state is one question, but it's not the most important one. The most important question is how they choose to continue their life. Ancillary questions are how society judges the women's choices, by what right it does so, and how it treats women who make them.

NB: The names are fictitious.

by Chrystal Ocean
former Coordinator of WISE

Susan Beaubier is a nutritionist who has worked and studied from coast to coast to coast in Canada. For the past two years, she has been a member of the BCCHP Core Team. In the first of a two-part series, Susan writes about the food and dietary challenges experienced by people living in Canada's far north.

ADVENTURES IN NUTRITION: HEALTH PROMOTION NORTH OF 60°

PART I

Nutrition and food are hot topics in the Canadian territories. Northern populations have lived off the land for centuries and only recently has this approach to food shifted, with southern style food and eating patterns becoming the norm for the majority of northern residents.

I base my observations on my experience in the north that started in 1969 when I rode on a komatik into the welcoming Inuit community of Igloolik in full daylight at 3 a.m. I saw most of the community at the edge of the ice waiting to welcome my colleague and me. During this first encounter with Inuit culture I was a typical researcher asking too many questions. However, it was not long before I was included by the community to eat freshly caught, raw char and muktuk with them. There was a definite skill to this. With an ulu that was sharp enough to remove the tip of my nose, I had to learn to slice bite-sized pieces with the ulu a millimeter or two from my nose. Soon I was enjoying caribou and seal as well.

The joyfulness of the children who came to visit in our house and draw many, many pictures that became our hung artwork was a delight. The young people who worked as interpreters with my project and the adults who interacted in such a good humoured but sometimes shy way made my experience very special. The self sufficiency of the Inuit and their sense of humour impressed me tremendously and still have me returning to the North.

From a nutritionist's perspective the diet I was seeing was very healthy with the exception of some of the store foods that were appearing in people's homes e.g. Kraft Dinner, packaged cookies, candies and pop. These however were novelties but the real food was the seal laid out on the floor on a piece of cardboard or the caribou drying on a rack. Healthy food was always available.

While store food was generally tasty, it was a novelty and the skills to read and follow recipes and stock kitchens with the essential tools to make meals from scratch was not the norm. The gap in these basics has much to do with a leap directly to processed, easily prepared store foods. As in many indigenous populations around the world, over time the progression has been to a higher proportion of processed store foods consumed in comparison to harvested traditional food. Hence it is not surprising that nutrition-related chronic diseases are increasing in northern populations. As well, the shift away from the nutrient dense traditional diet to processed food has resulted in nutritional deficiencies such as rickets and iron deficiency anaemia.

In addition, the level of food insecurity is alarming. The rates of food insecurity as measured through a Statistics Canada 2001 survey are Yukon 22%, NWT 28% and Nunavut 56%! These rates are all considered statistically significant in relation to the overall Canadian rate of 14%. This speaks to the high cost of food and hunting and to the levels of unemployment and the proportion of families on income assistance.

Reference:

Ledrou I and Gervais J. (2005) Food Insecurity. *Statistics Canada Health Reports* 16(3). Ottawa.

For almost 40 years, Daisy Anderson struggled to regain her health within the confines of the psychiatric system. For the past six years she has been free of psychiatric treatment including medications. Daisy is a Quaker whose faith was instrumental in her recovery. She is a social justice advocate who speaks openly about her experiences, focusing on solutions that are grounded in community.

SPEAKING TRUTH TO EMPOWER

Day in, day out while writhing in pain in a psychiatric hospital bed, I listened to Mendelssohn's music and lyrics to Psalm 55. "Hear my prayer, O God, incline Thine ear! Thyself from my petition do not hide…" The psychiatrists were baffled by the diagnosis because they actively sought mental pathology completely missing the real diagnosis: excruciating withdrawal because they stopped my medications. I was fighting for my life and pleading like the psalmist, "O God, hear my cry!"

Over the years my medications had been started, then stopped with the same disastrous results. The physicians, unaware of their blundering, blamed me for "Not trying".

Against all odds, I recovered. Then came the questions. How could so-called standard psychiatric care have gone so wrong during the thirty-five years I was rendered weak and vulnerable by powerful treatments? How many others are in the same trap? Why does our society not take a deeper look at how a so-called healing system swells with more and sicker patients? The developing world has much more positive results. What do they do that we don't?

How many Quakers are aware that we who live with the label "mental" die twenty-five years earlier than the general population? How many are aware that our treatment can dull our spiritual openness and impair our judgement; or that psychiatric treatment can isolate us from our families and communities, leaving us to exist in poverty? How many are aware that if we are offered effective, compassionate care we could live happy, healthy, productive lives, knowing who we are and being in touch with our spiritual selves?

My years of praying for a listening ear paid off when a compassionate psychologist patiently listened and guided me to a meaningful productive life. His wise choice of psychological and medical researched non-medication treatments worked because I was consistently respected, taken seriously and included as a participant in my care. I spoke truth to power by writing to politicians, health and government officials. My key to recovery was so simple and could easily open the door to recovery for other citizens living with mental illness. Although I caught the ear of one department, I learned that most officials would prefer not to open the can of worms about the bad treatment and violations of patients' rights.

Now I am writing my story as an illustration of hope and action for those living with mental health issues. Supported people become empowered people doing better in every way when they are equipped with knowledge using firm, fair advocacy tools to speak out safely together. I am speaking truth to "empower."

My prayer today is the same prayer of long ago: "Hear my prayer, O God, incline Thine ear! Thyself from my petition do not hide…" The only difference now is that I pray for the more than three million Canadians labeled "psychiatric" so that they are heard and restored to their rightful places as healthy, equal and valued citizens.

'Speaking truth to power' … emphasizes that as democratic citizens we each have a responsibility to engage in public discourse, and to stand up for what we understand to be right. It is an appeal to participation and deliberation, and a call to resist the pressure of powerful interests in defense of principles we hold dear.

James Meadowcroft, Professor
School of Public Policy and Administration Carleton University

Unnatural Causes:
Is inequality making us sick?

The single best predictor of one's health is not diet, exercise or even smoking but class status. It's not only the poverty-stricken who are afflicted - after all, what would be so surprising about that? - but the middle classes as well. At each descending step down the class pyramid, from the rich to the middle to the poor, people tend to be sicker and die sooner...

Much of American health prevention focuses on individual behaviors. Behaviors certainly matter for health. But the choices we make are constrained by the choices we have. It's hard to eat your five to seven fruits and vegetables a day when your neighborhood is dominated by fast-food joints and mom-and-pops and you have to take two buses to get to a supermarket.

Larry Adelman, creator and executive producer of "Unnatural Causes: Is inequality making us sick?"
www.unnaturalcauses.org

Karlene Sewell, Interim Centre Manager for the YMCA-YWCA of Central Okanagan, responds below to the BCCHP's July 2007 newsletter articles on "Green Prescriptions."

COMMUNITY-BASED COACH APPROACH®

Pilot Project with YMCA-YWCA of Central Okanagan and Interior Health

YMCA Coach Approach® is a research-proven exercise support process developed by Dr. Jim Annesi, Director of Wellness, Atlanta YMCA (search www.pubmed.gov for "Annesi JJ" to see his research). Through Coach Approach®, clients meet with a Wellness Coach for six one-on-one sessions over six months. Each session is focused on a different aspect of behaviour change proven to result in long-term exercise adherence.

We know that just prescribing exercise and being nice to people doesn't cause them to change their lifestyle. Typical health and fitness approaches only work for those who possess a high level of self-management skills. Coach Approach® includes standardized protocol based on proven behaviour change methods to help people build the right skills.

Because the self-management skills we're developing through Coach Approach® mirror those that our Health Authority's clinicians are aiming to foster amongst their patients living with a chronic disease, we've linked the YMCA Coach Approach® service to chronic disease programming offered by IHA and are exploring other opportunities for connecting this service to family physician practices.

In addition to the many ways this project will benefit patients, it's also resulting in excellent capacity development opportunities for both organizations such as improved outreach capability, training opportunities for Y staff delivered by IHA clinicians, and overall communication and coordination with clinicians.

As confirmed by one Coach Approach client: *"I could sense that my Y Wellness Coach truly cared for my well-being and she really listened to my stresses and lifestyle challenges . . . she gave me hope, a huge boost in self esteem, and some much needed wisdom in regards to the classes and equipment that would help get me on the road to better health and happiness."*

For more information about this project, please contact Karlene Sewell of the YMCA-YWCA of Central Okanagan: ksewell@ymca-ywca.com.

MEMBER NEWS

Core Team member Margaret Hess leaves for Brazil

We are sad to learn that Margaret Hess, a long time member of the Core Team of the BC Coalition for Health Promotion – and a dear friend – will be leaving us to move to Brazil in July. Margaret says that she is 'retiring', but certainly not in the traditional sense of the word.

Margaret will be working as a Client Care Coordinator at an Alternative Healing Centre in the highlands of Brazil. Here, she will be actively involved in a foundation for health education and social medicine, a school for children, permaculture and green building projects, "including a little hobbit house for myself," she says.

Her 'retirement' plans include organizing and implementing an agricultural cooperative for sustainable, organic food and serving as a part-time editor for an on-line alternative medical journal.

"I will also be learning Portuguese and look forward to time for music, dancing and general exploration – and hopefully time for rest and relaxation." We will miss Margaret's years of dedication to the Coalition and her firm knowledge and understanding of health promotion in its broadest context. We are pleased that she has promised to stay in touch via e-mail. Adeus Margaret and all the very best!

Our newest Core Team member

Lynn Curtis is our newest member of the BC Coalition for Health Promotion Core Team.

He was born on the west coast, but spent many years as a community development worker in Nova Scotia before returning to BC in 1990 to complete a social work degree at the University of Victoria. He began at UVic in 1965 and finally graduated in 1993 with a Bachelor of Social Work!

In the last few years Lynn worked for the Ministry of Social Services (later the Ministry for Children and Families) helping community-based organizations and advocacy groups. In particular he supported the activities of organizations serving women, people with disabilities, parents and people in poverty. He also represented government in several Aboriginal initiatives. In 2004 he retired from the ministry due to cutbacks in the civil service.

Lynn currently lives in Duncan. He is involved with O.U.R. Ecovillage, a 25 acre environmental sustainability demonstration project in Shawnigan Lake. He is actively involved in the development of legal supports for the ecovillage and the planning for a housing project. Lynn is also working on a financing plan for the Village at Providence Farm, which will eventually house about 250 people. It is designed to accommodate a mix of housing for families, people with disabilities and seniors.

Currently, Lynn is excited about the 40th anniversary celebrations being organized by the Victoria Cool Aid Society. He organized the Victoria Youth Project in 1966 when he was a member of the Company of Young Canadians. Victoria Cool Aid, which began on June 10, 1968, was a product of that organizing work. Several of the original participants are getting together this year to share stories and arthritis remedies as old Canadians.

Lynn says, "I hope to play some useful role on the BCCHP Core Team – well, if not useful, at least memorable!"

JOIN THE COALITION

Membership in the BC Coalition for Health Promotion Society is an expression of your interest and support for the Coalition's values and goals.

A view from Margaret's paradise
in the highlands of Brazil

THE COALITION EXTENDS THANKS TO THE CITY OF POWELL RIVER FOR SUPPORTING OUR WORK THROUGH CORPORATE MEMBERSHIP

Benefits:

- Participate in events with well-known speakers in the health promotion field
- Invitations to BCCHP forums and conferences
- Opportunities for networking and input into BCCHP priorities
- Voting privileges at the AGM
- The opportunity to hold office in the Society
- Bi-annual newsletter, *Communities Invest in Health Promotion*

Annual fee:

No one is refused membership because of inability to pay.

Individuals	$10.00
Groups	$25.00
Corporate	$50.00

Membership:

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