Plenary 1

Conference purposes:
1. Celebrate ottawa health charter of promotion – 25 years and 1 week
    -increasing growth of inequities
    -how do we critically engage ourselves to address the inequities
    -how to move forward as a collective
2. Building connections – networking

conversations of public health : health inequities, poverty, regional solutions to poverty

<u>David McQueen – keynote address</u>

the development of the charter

- more is said than done? (Aesop)
- social history of the charter
- if health promotion was "in the air" in 1986, how come the Ottawa Charter caught it?
- 5 key areas were assigned
- the relevance and importance of the charter for practitioners may have been viewed outside of their realm
- all knew the main problem : poverty, injustice, inequities
- evidence was correlative, if not causal

- evidence was not on the agenda of the Charter
- many statements made in the Charter were evidentiary -> often referenced in the discussions of evidence and effectiveness -> what is implied by the charter
-implied vs. explicit attribution of the Charter in the past 25 yrs

- most WHO documents related to equity has no mention of the Charter
- CRSDOH – OC mentioned once in passing
- OC emphasize on values - Health, equity, social justice
- International Union of Health Education : 35 years earlier than OC => strong international focus
- OC recognize that there is a broad concept of health that needs to be dealt with

content of the charter

- Things that have been changed since the OC: evidence, context, partnership, equity, social justice, complexity, governance, climate change, urbanization, environment, marginalized people, many related to values and inequity.

the contribution of the charter to reducing inequities in health

- Resolution to promote health equity : mentioned of OC -> proposed by Health and Social Justice Committees (statement of attribution)

- Globally => inequity remains high, getting worse (lots of evidence –ie. measuring global health inequity 2007) -> worse than we think it is "global health inequalities : an international comparison"
- OC impact on health promotion : +
- OC impact on health inequalities : ?
- Relevance of OC for today : + - (one of the few health promotion documents cited)
- Values expressed in OC : + + (strength of the Charter)

Questions :

1. key things that need to happen to bring alive the values of OC in public health?
    a. How to get funding for these value areas? (easy to get funding for behavioral change -> most people work in gov. work in their areas of comfort – a lot of these areas are outside their comfort zone)

2. personal skills for health promotion
    a. behavior vs. context where the behavior occurs
    b. social determinants of health –> individual behaviors (big problem!)

3. examples of concrete ways to find funding for values
    a. believe that evidence was the way to go : problem -> evidenced doesn't always result in funding
    b. recognize political aspect, value-based funding

John Miller

Population health vs. health promotion

- OC : change in orientation from a focus on 'health education' and 'individual behavioral choices' towards 'population health'
    - More focus on the inequitable distribution of money, resources and power as the cause of disease and inequities
- Health public policy, supportive environments (schools, workplaces), strengthen community action (EPODE), reorient health services (no progress)
- Inequities generally in Canada and BC getting worse
    - 7 provinces have programs
    - some outcomes : newfoundland, quebec
    - highest child poverty rates in BC for 8 years straight
- burden of chronic diseases : direct cause relationship with inequities

Health services : a threat to health

-sucking up resources that could be better spent on education, housing, income supports, etc to reduce inequities

- The wrong business model for chronic disease : substandard prevention and care

What can we do moving ahead?

-increase expenditures in health care : demographics, inflation, increased costs of HHR, drugs & tech.

-address underlying burdens

-options : increasing revenues, deficits/debts, privatize health systems (94% CAN against this option, but political pushes this option), status quo, **transform** health services

- community care, primary care & public health : reduce burden of chronic disease and social inequities

Transforming primary care, not re-orienting

- 6 simple rules to drive change in the right direction (public health)
    1. serving in geographically defined population
    2. comprehensive services : promotion, prevention, protection, clinical care
    3. integrated interprofessional teams (through facilitated networks): public health, GPs, specialists, nurses...
    4. Aligned financial incentives
    5. Population data systems linked to quality improvement
    6. Governance organization
- 2014 Health Accord
    - incorporate the six rules

<u>Questions :</u>

1. skills at community level vs. individual personal skills, public health vision by primary care?
    a. Need to get into consciousness of the public, better educated public -> don't realize what's facing us and the opportunities
    b. Primary health care is population health based in other countries
    c. Ie. Healthy Hospital Program

2. Absence of mentioning of children's health in the Health Accord-> health begins in early years -> important to advocate for funding before disease begins

3. Value based health promotion, people center -> how to reach public for values?
    a. 15% children living in poverty -> can be tolerated in our society? No push in public thinking
    b. Values are deeply held but how to translate the values into action -> governance (government, policies)
    c. Governance -> weak area of health promotion
    d. Most people have strong values but no governance mechanism connected to these people