

The logo consists of two overlapping speech bubbles. The top one is dark red and contains the text 'Community Health and Wellbeing'. The bottom one is light green.

Community
Health and
Wellbeing

Shift the
conversation

MEASURING WHAT MATTERS

How the Canadian Index of Wellbeing
can improve quality of life in Ontario.

AOHC—THE VOICE OF COMMUNITY- GOVERNED PRIMARY HEALTH CARE

This paper has been prepared by the Association of Ontario Health Centres (AOHC), Ontario's voice for community-governed primary health care.

We represent 111 community-governed primary health care organizations. Our membership includes Ontario's Community Health Centres, Aboriginal Health Access Centres, Community Family Health Teams and Nurse Practitioner-Led Clinics.

We share a strong commitment to advance health equity. And we recognize that access to the highest attainable standard of health is a fundamental human right. Our vision is the best possible health and wellbeing for everyone living in Ontario.

WHY WE NEED TO SHIFT THE CONVERSATION

This paper opens a conversation—a conversation between the Association of Ontario Health Centres and those who share our vision: the best possible health and wellbeing for everyone. The conversation will focus on the following concern: the way most people talk about health care doesn't capture a big enough picture. It takes too narrow a focus on the health care system, medical treatments and people's lifestyle choices. But these are not the primary factors that shape people's health.

Some 50 per cent of population health outcomes in Canada are attributable to social and economic determinants—in other words, the conditions in which people live: ¹

- What is happening in your community, where you live, work and play
- Whether you are part of a population that faces barriers accessing services to keep you well
- Or whether you have access to things that make you healthy, things like good nutrition, housing, social supports, employment, income, and education

Our healthcare system remains poorly equipped to deal with these realities. Mostly it works downstream treating illnesses after they've happened instead of addressing the non-medical determinants that caused the illness in the first place. Programs that do address the broad determinants of health reach limited numbers of people and are fragmented, under-resourced and exist in isolation of each other.

Here in Ontario, there are far too many cases of avoidable illnesses and premature deaths because thousands of people simply can't access the basic things they need to keep them healthy. Looking at the facts:

- Every month approximately 375,000 people living in Ontario access food banks because they cannot afford to buy nutritious food ²
- Almost 158,500 households are on waiting lists for affordable homes ³
- And in many Aboriginal communities it is often unsafe to drink water because the supply is contaminated

There are also limits to what the health care system can do. As the Honourable Roy Romanow pointed out in 2004: "A healthcare system—even the best health care system in the world—will be only one of the ingredients that determine whether your life will be long, or short, healthy or sick, full of fulfillment or empty with despair." ⁴

The absence of a comprehensive approach to address the broad determinants of health is creating a great health divide, a divide that separates the poor from prosperous, new immigrants and racialized groups from long-time residents and European descendants, Francophones from Anglophones and Aboriginal populations from non-Aboriginal populations. It also isolates and disadvantages many populations, such as lesbian, gay, bisexual and transgendered from accessing the health services they need. Consider the following:

- Ontarians who live in northern regions lose more years to premature death than the national average ⁵
- Francophones rate their overall health lower than the rest of Ontarians. They have a higher rate of heart disease and are less likely to visit a healthcare facility ⁶
- South Asians, the largest racialized group in Ontario, have diabetes rates of 11-14%, compared to 5-6% for non-racialized Ontarians ⁷
- Immigrant women find it more difficult than Canadian-born women to access the resources they need to stay healthy ⁸
- Aboriginal Peoples have, on average, lower life expectancies and higher rates of serious chronic diseases such as diabetes, heart disease, cancer and asthma ⁹
- Lesbian, gay, bisexual and transgendered people have larger health risks, mainly because of social marginalization and the stress of coping with prejudice and discrimination. ¹⁰

Many of these populations live in on low incomes and many researchers consider income to be the most important determinant of health.

There is a financial, as well as social cost to this inequity. According to recent reports from the Health Council of Canada, an estimated 20% of total health care spending is attributable to income disparities. And increasingly, studies show significant cost savings could be realized by investing in prevention and reducing health inequities. ¹¹

Clearly, it's time for a shift in the status quo—a paradigm shift.

So to improve population health, advance health equity and promote the sustainability of our healthcare system it's time to move:

- From downstream to upstream
- From health disparities to health equities
- And from fragmented illness care to an integrated Community Health and Wellbeing System

Making this shift will not be easy. Multiple strategies must be applied through the collaborative efforts of multiple players, both inside and outside the health care system: frontline service providers, provincial and professional associations, funders, Local Health Integration Networks (LHINs), municipalities, school boards, the justice system, and non-governmental organizations as well as political and opinion leaders, and many different ministries within the provincial government.

Opening a conversation with these many different players about how to make the shift is the intent of this, and other forthcoming Shift the Conversation discussion papers. Starting a dialogue, sharing ideas and working together we can accomplish so much more than we could ever dream of working separately in different silos.



“A healthcare system—even the best health care system in the world—will be only one of the ingredients that determine whether your life will be long, or short, healthy or sick, full of fulfillment or empty with despair.”

the Honourable Roy Romanow, 2004

These discussion papers will present preliminary ideas—ideas based on our unique perspective as an association representing community-governed primary health care organizations whose vision is the best possible health and wellbeing for everyone. The perspectives of others who share our vision are equally important. So, we’re inviting you to join our conversation in hopes we can work collaboratively together on solutions.

In forthcoming papers, we’ll invite you to dialogue on a number of significant shifts required in Ontario to promote health and wellbeing. Important conversations include:

- The need to apply a more rigorous approach to advancing health equity
- The need to plan our health system around the needs of populations, not service providers
- The need to invest in upstream interventions where the investments will be smaller but the results bigger
- And the need to encourage meaningful engagement and participation of community members.

In this first paper, we present ideas about a new tool we believe can be harnessed to support each of these efforts: the Canadian Index of Wellbeing.



THE CHALLENGE: MEASURING WHAT MATTERS TO IMPROVE HEALTH AND WELLBEING.

Around the world a consensus is building that we need better ways to track societal progress. Last year in a Wall Street Journal article called *My Plan to Fix the World's Biggest Problems*, Bill Gates called on the global community to do a better job developing the right kind of indicators and gathering the right kind of data to make the world a better place.

“I have been struck by how important measurement is to improving the human condition,” Gates said. “You can achieve incredible progress if you set a clear goal and find a measure that will drive progress toward that goal.”

Gates noted that this point seems basic, “but it is amazing how often it is not done and how hard it is to get right.” To further his point, Gates turned to examples from

the world of foreign aid which has been measured in terms of the total amount of money invested, not how well it performed in actually providing people with meaningful support. Parallels come to mind in Ontario's health system. Usually it measures total numbers of activities performed, or the length of time people wait for services, not the extent to which these factors actually improve people's health.

As Ontario moves forward with its health system transformation and other initiatives to improve health and wellbeing, how do we, in Bill Gates words “get it right”? Based on the prevalence of preventable illnesses and disturbing health disparities it's clear we need to do a better job. The good news is that powerful new tools are being developed to help us measure and evaluate our progress.

Community Vitality

Time Use



Democratic Engagement



Living Standards



Education



Leisure and Culture



Environment



Healthy Populations



THE CANADIAN INDEX OF WELLBEING: A MADE-IN-CANADA TOOL TO MEASURE WHAT MATTERS

Like most countries, Canada lacks a single, national instrument for tracking and reporting on our overall quality of life. Gross Domestic Product (GDP) was never designed or intended to be a measure of social progress, or overall quality of life. It fails to capture quality of life in its full breadth of expression. As former US Senator Robert Kennedy once described the American equivalent:

“The Gross National Product does not allow for the health of our children, the quality of their education, or the joy of their play. It does not include the beauty of our poetry or the strength of our marriages; the intelligence of our public debate or the integrity of our public officials. It measures neither our wit nor our courage; neither our wisdom nor our learning; neither our compassion nor our devotion to our country; it measures everything, in short, except that which makes life worthwhile.”¹²

Almost fifty years later, the late Senator would be pleased to know different instruments are now being developed to make up for the GDP’s insufficiency: the OECD Better Life Index, Australia’s National Development Index (ANDI), Europe’s National Accounts of Wellbeing Index, the United Kingdom’s Office of National Statistics’ National Wellbeing initiative, and Bhutan’s Gross National Happiness Index are a few prominent examples.

One of the most recognized and praised initiatives is the Canadian Index of Wellbeing (CIW) which began its development in 1999 with the support of the Atkinson Charitable Foundation. Under one umbrella, an independent, non-partisan network of national and international indicator experts joined forces with a wide range of leaders, organizations and grassroots Canadians.



The goal was to develop an instrument that measures Canada’s overall quality of life in a rigorous and comprehensive way. Equipped with data about the domains of life Canadians really care about, decision makers could “connect the dots” between social aspirations, public policy and hard evidence.

From the start, the initiative has been rooted in the Canadian experience. The index’s development involved extensive consultation with Canadians about the values they believe should guide this country: fairness, diversity, equity, inclusion, health, safety, economic security, democracy, and sustainability.

“We wanted to make sure the instrument we developed captured what really matters to Canadians,” says CIW Project Manager Linda McKessock. “It’s a tool that’s been developed by the people, for the people.”

The CIW framework enables multi-sectoral dialogue. At a Woodstock Health and Wellbeing public forum, the framework formed the focus of a panel that included: Mike McMahon from Oxford’s Social Planning Council Oxford, Ross KirkConnell, from Guelph’s Family Health Team, Guelph Police Chief Bryan Larkin, Guelph Councillor Todd Dennis, and Louise Daw, Guelph Wellbeing Project Coordinator.

Based on all the feedback it received from the people of Canada, as well as rigorous technical studies, the CIW research team created what is now known as the CIW framework: 64 indicators grouped into eight “domains” or quality of life categories.



Community Vitality

measures the strength, activity and inclusiveness of relationships between the residents, private sector, public sector and civil society organizations that fosters individual and collective wellbeing



Democratic Engagement

measures the participation of people in public life and in governance; the functioning of Canadian governments; and the role Canadians and their institutions play as global citizens



Education

measures the literacy and skill levels of the population, including the ability of both children and adults to function in various societal contexts and plan for and adapt to future situations



Environment

measures the state of and the trends in Canada’s environment by looking at the stocks and flows of Canada’s environmental goods and services



Healthy Populations

measures the physical, mental, and social wellbeing of the population by looking at different aspects of health status and certain determinants of health



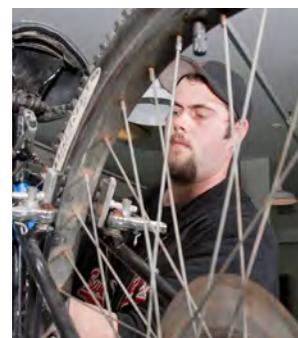
Leisure and Culture

measures activity in the very broad area of culture, which involves all forms of human expression; the more focused area of the arts; and recreational activities



Living Standards

measures the level and distribution of income and wealth, including trends in poverty; income volatility; and economic security, including the security of jobs, food, housing and the social safety net



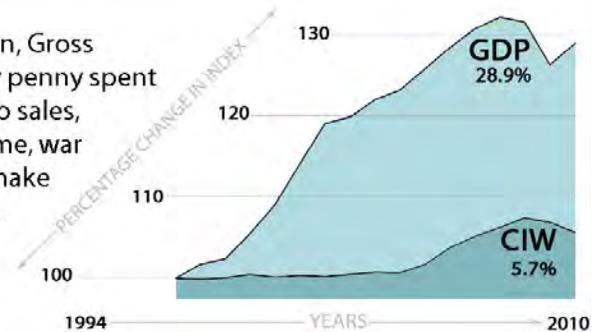
Time Use

measures the use of time, how people experience time, what controls its use, and how it affects wellbeing.



HOW ARE CANADIANS REALLY DOING?

As a measure of economic consumption, Gross Domestic Product (GDP) adds up every penny spent including on harmful activities. Tobacco sales, natural and human-made disasters, crime, war and depletion of natural resources all make GDP soar. Not surprisingly it provides a rather overly rosy view of how well Canadians are doing.



THE CANADIAN INDEX OF WELLBEING 5.7%



The Canadian Index of Wellbeing (CIW) adopts a much broader view of progress, adding activities that are beneficial and subtracting activities that are harmful to our society. It gives a more realistic picture of our wellbeing, balancing gains in some areas against losses in others.

FIND OUT HOW CANADIANS ARE REALLY DOING »

TRENDS THAT REVEAL HOW CANADA IS REALLY DOING

With the creation of a comprehensive framework, the CIW research team is able to release evidence-based reports that provide an integrated snapshot of wellbeing in Canada and how we are faring and how decision makers can develop policies and programs that better reflect our needs and values.

Since 2009, using a wide range of data sources (primarily from Statistics Canada), the CIW has issued nine major reports: eight baseline reports tracking progress (or lack of progress) on each of the domains and national composite index reports released in 2011 and then updated in 2012. These composite index reports present a single number that goes up and down much like a stock market index, providing

a quick snapshot of how our quality of life is changing, for better or worse. The composite reports reveal disturbing trends. For instance, from 1994 to 2010, while Canada's GDP grew by a robust 28.9 per cent, improvements in Canadians' wellbeing grew by a considerably smaller 5.7 per cent. In other words, much of our productivity gains are not being translated into the day-to-day quality of life of typical Canadians. Society needs to do a better job developing public policy and the CIW offers us an

Graphic on the left: These trends in Canadians' health and wellbeing are drawn from the CIW's 2012 Composite Index Report: *How are Canadians Really Doing?*

SEVEN TIPS FOR LIVING A QUALITY LIFE

The Honourable Roy Romanow offered these tips for a healthier life during a speech he delivered in Ottawa in 2003. The tips were adapted from "Alternative Tips for Better Health," David Gordon, University of Bristol.

1

Don't be poor. Rich people live longer than poor people and they're healthier at every stage in life.

2

Pick your parents well. Make sure they nurture your sense of identity and self esteem and surround you with interesting stimuli. Prenatal and early childhood experiences have a powerful effect on later health and wellbeing.

3

Graduate from high school and then go on to college or university. Health status improves with your level of education.

4

Don't work in a stressful, low paid, manual job in which you have little decision making authority or control. Poor jobs equal poor health.

6

Be sure to live in a community where you trust your neighbours and feel that you belong. A civil and trusting community promotes health and life expectancy.

5

Don't lose your job and become unemployed. Unemployed people suffer from stress and isolation and can become poor and remember what I said about being poor.

7

Live in quality housing, but not next to a busy street, in an urban ghetto or near a polluted river. Clean air, water and soil are vital to your health, as are the human-made elements of our physical environment.

EXPLORING THE CIW IN ONTARIO

CIW began as a framework and tool to support evidenced-based decision making at a national level. But since its creation the CIW has evolved significantly. Now housed within the Faculty of Applied Health Sciences at the University of Waterloo, it is exploring an array of ways to apply the CIW at the provincial, regional, local and neighbourhood level.

Ontario CIW composite report soon to be released

On April 29, with the generous support of the Ontario Trillium Foundation, the CIW will be releasing its first provincial composite index report. Tracking back to 1994, the report will provide a baseline data with respect to all eight domains. There will also be a single number that will track whether quality of life is better or worse overall in Ontario, since 1994.

This report will offer a gold mine of information for political leaders and public servants who shape and make policy and program choices for Ontario. Equipped with detailed data on the CIW's eight domains decision makers will now have a tool to connect the dots among the many factors that influence health and wellbeing in this province.

The report's release is especially relevant to Ontario's provincial government as it grapples with some of the most pressing health and wellbeing issues, to name just a few:

- How do we keep people healthy and out of hospital emergency rooms?
- How do we advance health equity and reduce health disparities?
- How do we press forward in a coordinated way implementing Ontario's Poverty Reduction Strategy?

The report will also have high relevance for those advocating for positive change at a provincial level because it will provide robust data and evidence to hold decision makers accountable for the decisions they make.



Design teams made up of Guelph residents develop action plans that will improve quality of life



The CIW at the Municipal Level

Meanwhile, at the municipal level decision makers are recognizing how they can harness the CIW's potential. In 2012, building on the Mayor's belief that system-wide thinking is necessary to tackle complex social problems, the City of Guelph launched the *Guelph Wellbeing* initiative. The initiative involves extensive engagement with city residents. To develop a robust engagement tool, the city partnered with the CIW to develop a survey built around the index's eight domains. A representative and random sample of Guelph residents completed the survey. And the results have prompted the city to focus special attention on three themes: connectivity, housing and food.

Progress is being carefully monitored and evaluated with the intent that the process will drive towards significant change. Says Mayor Karen Farbridge, "we are the first community to use the Canadian Index of Wellbeing in this way. We are working to align community resources to rein in escalating service delivery costs and achieve better results for our community. This is not about incremental change but system transformation."

Funders applying CIW: Community Foundations of Canada and Ontario Trillium Foundation

Funders also see powerful CIW possibilities. The Ontario Trillium Foundation, an agency

of the Government of Ontario, is using the CIW framework as the way to measure the impact of the foundation's grants in building healthy and vibrant communities throughout Ontario. The foundation's efforts will also benefit from Ontario data on the eight CIW domains that will be summarized in the forthcoming provincial composite index report, which the foundation has sponsored.

Another funder working with the CIW is the Community Foundations of Canada (CFC) which runs *Vital Signs*, community check-ups that provide a comprehensive, snapshot of how select communities are faring in quality of life areas of particular interest to them. Building on the success of the City of Guelph Community Wellbeing Survey, CFC, the Ontario Trillium Foundation, and the CIW have partnered to bring the survey to two other Ontario communities. In October 2013, both the *Kitchener and Waterloo Community Foundation* and the *Community Foundation for Kingston and Area*, featured the results of the CIW surveys in their *Vital Signs* reports. In Kingston's case, through the efforts of the local CHC, special efforts were made to ensure the survey results captured the voices of people living in poverty and others vulnerable to poor health. Over the next three years the CFC-CIW survey results will be used to create opportunities for collaboration between community organizations so they can better tackle the complex issues identified in the survey.

Applying the CIW in community-based settings.

AOHC member centres have also been systematically exploring how they can apply the CIW in order to improve their efforts delivering Primary Health Care. With generous support from the Ontario Trillium Foundation, there are now a number of CHC “demonstration and pilot sites” throughout the province.

The Resilience Collaborative

CHCs first became interested in the CIW through the pioneering efforts of the **Barrie CHC** which launched the country’s first CIW local group. The centres’ Community Development Worker, Gary Machan, began by using the index’s eight domains as a “conversation starter” with other organizations in the area also focused on promoting health and wellbeing. These conversations eventually led to the development of *The Resilience Collaborative*, which included Lakehead University, the public health unit, the school board, the county government, the United Way and a regional environment network.

Using the CIW as a guiding framework, the Collaborative spearheaded a number of health and wellbeing initiatives. One very effective strategy was the release of CIW regional reports shortly after the release of CIW national reports. In 2011 when the CIW released the national Environment Domain Report, the Collaborative released

a corresponding local Simcoe County Environment Domain report, in tandem with on the ground outreach activities. These efforts eventually led to improved environmental programs and policies related to local food procurement practices, the advancement of solar power, and extended recycling services.

“The CIW builds momentum around important issues people are passionate about,” says Gary Machan. “Like a compass, it helps map out a clear course for different types of groups to follow together.”

Building more meaningful community engagement

In a very similar way to the Resilience Collaborative, the **Woodstock and Area CHC** is using the CIW framework to create a participatory community-wide process. Others involved include: the United Way, Children’s Aid Society, Canadian Mental Health Association, Public Health, Oxford’s Social Planning Council and city councillors. Last fall, the Woodstock Collaborative held a public forum called *Achieving Community Wellbeing*. As a result of the dialogue that began between community members, agencies and municipal officials at this gathering, the Collaborative has officially moved forward with its first priority: developing shared action plans around promoting Community Vitality, with a special focus on how to increase “a sense of belonging” in the community.



“That morning of discussion was a moment of real change and coming together in our community,” says the Woodstock CHC Executive Director Cate Melito. “So many people don’t feel they have a voice, that they don’t belong. I don’t know how we would have had this kind of discussion and developed a consensus about a collective direction without the CIW.”

Developing strategic plans that respond to a community’s most pressing needs

The **Woolwich CHC** is using the CIW to support its community needs and capacity assessment, which it conducts every five years. Explains the Executive Director Denise Squire: “In our community assessment work, we want to take a broad view—‘cast the net wide’—which is what the CIW domains allow for. This paves the way for our own organization to think more comprehensively about our mandate. It also enables in-depth discussions about strategic priorities that require collaborative partnerships, across multiple sectors.”

Like many CHCs across the province, **Woolwich CHC**, sees Community Vitality as a critical component of health and wellbeing. And so to guide the research component of the planning process, the centre zeroed in on key CIW indicators for this domain, for example levels of crime in the area, the participation of community members in community organizations, the extent to which people offer assistance to others. Questions around these indicators were explored through existing data sources

or included in household surveys, focus group sessions with 20 different populations, as well as special outreach sessions at local high schools.

In a quantifiable way, the survey results confirmed what the centre’s board and staff had already sensed for a very long time, that there is a very strong community asset on which it could build. “We also felt we lived in a caring and vital community,” says Denise Squire. “But we didn’t have a systematic way to measure that caring. For the first time, we felt we had a credible way to communicate this important information.”

Going forward in its next strategic planning cycle, the **Woolwich CHC** will examine all eight CIW domains, which may lead to adjustments in strategic direction. “Our initial focus on the Community Vitality domain confirmed our centre is headed in the right direction. But after we’ve examined all eight domains, we might learn that some changes are required in priorities,”

There are also exciting possibilities to work with the CIW on a regional basis. As a next step, the Woolwich CHC hopes to compare its data to similar data being gathered for the Kitchener-Waterloo region by the local Community Foundation. And within the Waterloo-Wellington LHIN, CHCs in Guelph, Kitchener and Cambridge are considering how they could mount a shared CHC initiative.



CIW measurement to improve the effectiveness of services and programs

As part of its piloting, AOHC is exploring how the CIW can be used as a quality improvement tool for the delivery of services and programs. The plan is to develop benchmark indicators, analyze trends in communities where our member centres are located and share best practices. To begin this effort, working with the CIW team, we've developed the How are you really doing, pilot survey conducted in CHCs in six communities throughout Ontario: **Ottawa, Bourget, Vaughan, Ignace, Kapaskasing, Midland and Guelph.**

To ensure the results captured the complex interplay of factors affecting health and wellbeing, the survey included questions from all eight domains. The results of the survey are now being analyzed to better understand client wellbeing needs with a special focus on how those people who took the survey described their sense of belonging to their community, a key indicator for the CIW community vitality domain. Over the longer term, the intent is for key indicators from the "How are You *Really* Doing?" survey to be used by as many AOHC member centres as possible. In this way we can measure and report on our effectiveness delivering services and programs designed to improve health and wellbeing.

Meanwhile, staff at the **Vaughan CHC** and **Chigamik CHC** piloted the same survey as part of their intake process with people coming to the centre for the first time. The goal: to gain a comprehensive overview of the factors affecting their overall health and wellbeing. In this way, staff at the centre get a clearer picture of the sort of health promotion services the centre should be offering, and how best to direct the new client to other supports in the community. And Vaughan's Health Promoter Ana Katchatourien reports an unanticipated outcome: "Clients didn't complain about the extra time for all the questions we had. They seemed to really appreciate what we were trying to do. And you could really see how some of the questions made people think about how there is a lot more to health than they had previously thought."

USING THE CIW TO EVALUATE THE IMPACT OF HEALTH PROMOTION AND COMMUNITY DEVELOPMENT WORK

At the **South Riverdale Community Health Centre (SRCHC)**, community development workers see the CIW as a tool to strengthen efforts to community-wide health and wellbeing initiatives conducted at the neighbourhood level. Specifically the centre is applying the CIW to its Sustaining Health Advantage Initiative, a three year effort designed to improve health outcomes of newcomers whose health generally declines after they arrive in Canada.

“The CIW is going to enable us to measure our success improving health and wellbeing outcomes for newcomers,” says Executive Director Lynne Raskin. “And we’ll be able to measure that success with non-clinical measures. That’s important because we know health and wellbeing isn’t just about clinical indicators.”

As the program rolls out in three different Toronto neighbourhoods, the centre will use the CIW framework to conduct surveys, evaluate a wide range of programs designed to increase newcomers’ physical activity, promote healthy eating, and empower them to more actively participate in decisions affecting their health and wellbeing.

What makes this initiative distinct is that it is exploring the “practical usability” of the CIW with a specific population—newcomers to Canada. As a result of this application, new insights may emerge that will further inform the ongoing development of the CIW framework.

“IMAGINE A TIME WHEN...

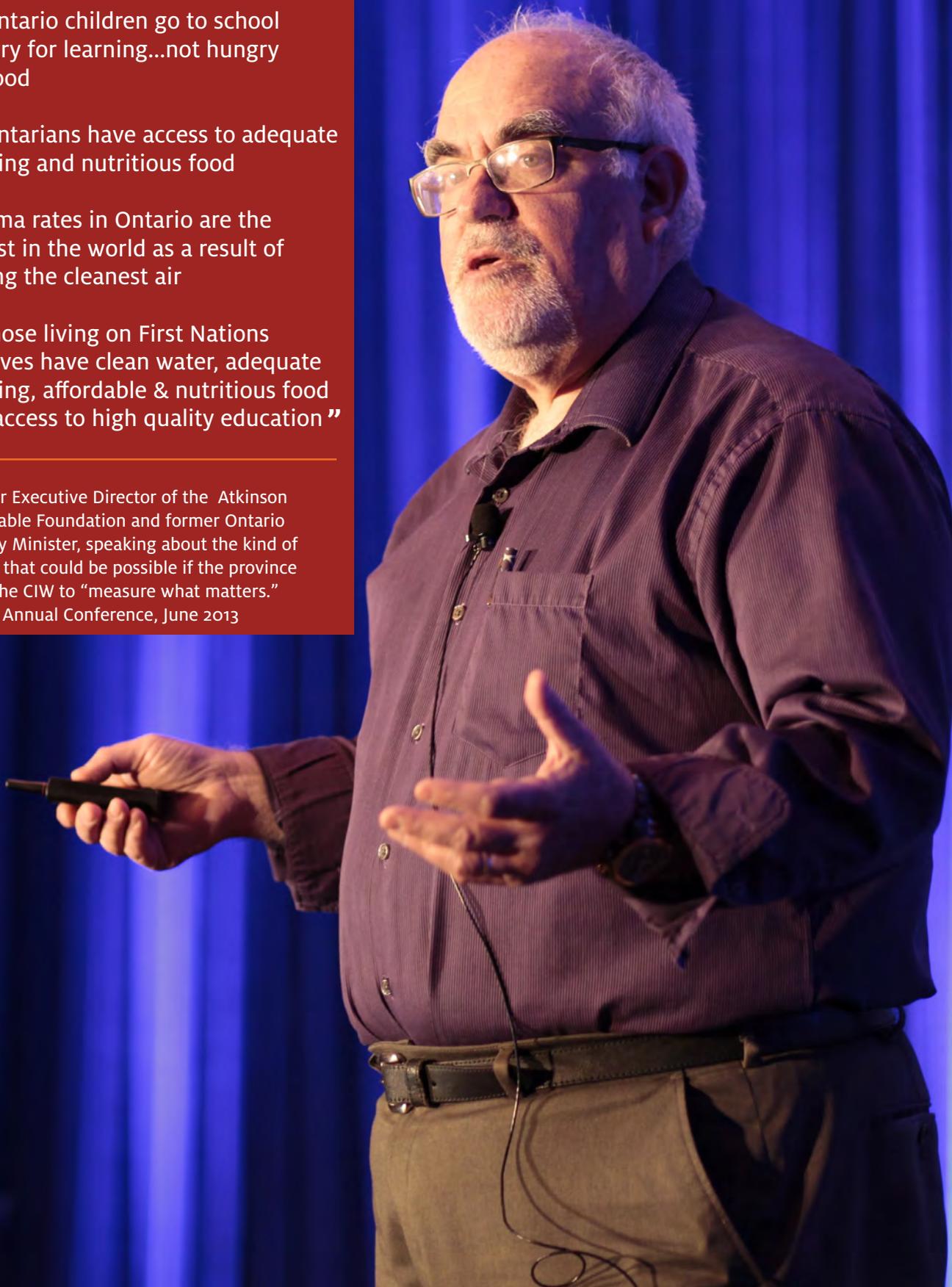
All Ontario children go to school hungry for learning...not hungry for food

All Ontarians have access to adequate housing and nutritious food

Asthma rates in Ontario are the lowest in the world as a result of having the cleanest air

All those living on First Nations reserves have clean water, adequate housing, affordable & nutritious food and access to high quality education ”

Former Executive Director of the Atkinson Charitable Foundation and former Ontario Deputy Minister, speaking about the kind of future that could be possible if the province used the CIW to “measure what matters.”
AOHC Annual Conference, June 2013



NEXT STEPS TEST DRIVING THE CIW

In the months ahead AOHC and our member centres will continue test driving the CIW. Our plan is to:

- Continue using the CIW as “conversation-starter” to link community and provincial organizations and networks around issues of shared concern
- Share learnings from our community based demonstration and pilot sites so we can scale up successes across the province
- Develop multi-media communications that use the CIW to raise public awareness about the broad determinants of health and the importance of upstream interventions
- And spotlight the forthcoming release of the CIW Ontario Composite report through a wide range of communication channels

We also are imagining the positive collective impact if other sectors start applying the CIW in their efforts to improve health and wellbeing in the domains where they have most influence. It’s exciting to imagine the possibilities building collective impact if multi-sectoral CIW initiatives are scaled up more widely across the province.



Teams of young people from different Toronto neighborhoods launch Community Health & Wellbeing Week with a soccer tournament

COULD THE CIW HELP KICK START A MORE EFFECTIVE COMMUNITY HEALTH AND WELLBEING MOVEMENT IN ONTARIO?

The Greek mathematician Archimedes once said: “give me a lever and a place to stand and I shall move the world.” Sometimes making progress working upstream on the broad determinants of health does feel like “moving the world.” Could the CIW be the lever we’ve been looking for to get things moving? We think so.

For those of us tasked with developing and delivering “upstream” policies and programs, the CIW provides a powerful research and evaluation tool that will support innovation in new and synergistic ways. It can help us set clear goals in domains where we know we can have impact, identify key indicators we can influence, pick partners who can support the effort, establish baselines, and set benchmarks, measure the results, then use those learnings to move forward together continually refining our approach.

Our elected governments should also be taking a close look at the CIW. It can move them beyond the “silo approach” which the Honourable Roy Romanow has eloquently described this way:

“Governments in particular, are much more comfortable when they can fit everything into a neat box. Economic issues go into “the economy box”, children’s issues go into “the children’s box”, education goes into “the education box”, the environment goes into “the environment box”, health care goes into “the health care box” and so on... then, once we have everything neatly into its own box, then the cardboard turns into concrete!... the problem with that approach is that the real world doesn’t exist in a neat little boxes. The real world is built around a variety of factors, all of which touch each other. It’s like when you throw a handful of stones in the water and ripples from each move out to touch and reshape the others”¹³

So, again to quote Roy Romanow, “we have to think outside the box... in fact we have to get rid of the boxes altogether.”





The CIW can help Ontario's provincial government get out of the boxes. Imagine if the CIW framework was applied in a rigorous and systematic way to the provincial government action plan to "keep Ontarians healthy." Right now a significant obstacle to this goal is that for the most part the province's fourteen LHINs are focused on managing the performance of health care services, and not the overall health and wellbeing of those living in their jurisdiction. That said, promising signs are emerging in the Waterloo-Wellington LHIN which has created a [performance dashboard](#) that reports on statistics relevant to the CIW domains.

This example reveals the potential for layering of data from different organizations on top of the CIW framework. To get an even broader picture of how the community is really doing, further data layers could be added to the mix from the school board, the police, primary health care providers, social service agencies, mental health agencies. And to continue this community-wide collaborative process, once they had this wealth of data, what if representative organizations from each of the eight domains all came together around one table, analyzed the evidence, zeroed in on troubling trends, and then rolled up their sleeves and started developing action plans around shared health and wellbeing goals? Think how powerful this could be.

"Half the battle solving complex issues is developing a shared language," says CIW program manager Linda McKessock. "The CIW framework provides a common understanding and language. It breaks down silos, brings people together, so they can sit around the same table and solve problems together."

So as we launch this first part of the "conversation", we're asking for your insights on the central idea we're proposing; that the CIW can help us build a stronger, more effective and united health and wellbeing movement, in this province and across the country. It's worth noting that right now, Ontario is the farthest along in its exploration of the CIW. Working together could we set an even stronger example for the rest of the country?

Making it happen will require strong leadership, from the top down, and the bottom up: frontline service providers, provincial and professional associations, funders, Local Health Integration Networks (LHINs), municipalities, multiple ministries in the provincial government, school boards, the justice system, non-governmental organizations as well as political and opinion leaders.

WE LOOK FORWARD TO HEARING FROM YOU

As many have noted, much has been written about the importance of working upstream on the broad determinants of health. There are volumes of reports about the terrible damage caused by health inequities and disparities. Now is the time for action. We believe the CIW can help kick start that action.

As our Shift the Conversation dialogue continues we'd like to hear from all of you:

- Working together, can we use the CIW to build a strong effective community health and wellbeing movement in Ontario?
- Are you already applying the CIW framework in your organization or community? Can you share with us what you have learned?
- Do you have an idea for a new way to use the CIW?
- What are some of the ways we could all work together to build CIW communities of practice, at local, regional and the provincial level?
- If you are already involved in a CIW initiative how would you like to “connect the dots” between what you are doing and other nearby regions or the province as whole?
- What can be done at the local, regional level to get ready for the release of the forthcoming CIW Ontario composite index report?
- The CIW framework is constantly evolving and improving. Going forward, how could it be adapted or improved to be applied in different settings?



Shift the
conversation

THE CONVERSATION CONTINUES AT

communityhealthandwellbeing.org

info@communityhealthandwellbeing.org

ENDNOTES

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2. Hunger Report, Ontario Association of Food Banks, 2013
3. Ontario Non-Profit Housing Annual Waiting List Survey, 2014
4. Speech delivered by the Honourable Roy Romanow, Connecting the Dots: From Health Care and Illness to Wellbeing, May 8, 2008 <http://ciw.ca>
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6. Ibid
7. Second Report on the Health of Francophones in Ontario (IFO and PHRED)
8. A Diagnosis for Equity: An Initial Analysis of South Asian Health Inequalities in Ontario, Council of Agencies serving South Asians 2010
9. Rainbow Health Ontario website www.rainbowhealthontario.ca/home.cfm
10. Stepping It Up: Moving the Focus from Health Care in Canada to a Healthier Canada, 2010 http://www.healthcouncilcanada.ca/rpt_det.php?id=162
11. Robert Kennedy, Address, University of Kansas, Lawrence, Kansas, March 18, 1968
12. Speech delivered by the Honourable Roy Romanow, Connecting the Dots: From Health Care and Illness to Wellbeing, M8, 2008 <http://ciw.ca>

The person will not be well until the family is well. The family will not be well until the village is well. The village will not be well until the province is well. The province will not be well until the nation is well. The nation will not be well until the world is well. The world will not be well until the nation is well. The nation will not be well until the province is well. The province will not be well until the village is well. The village will not be well until the family is well. Confucius