

Healthy



HEALTHY TORONTO 2000

A DISCUSSION PAPER
ABBREVIATED VERSION

Healthy Toronto 2000 Subcommittee
Board of Health, City of Toronto

August 1987



The Board of Health for the City of Toronto Health Unit

Chairman:
Councillor Jack Layton
Council Members' Office
City Hall, Toronto
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Secretary:
Roy V. Henderson,
City Clerk

Attention:

City Clerk's Department,
City Hall, Toronto,
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I A MESSAGE FROM THE CHAIRMAN

On behalf of the Healthy Toronto 2000 Subcommittee, I am pleased to submit an abbreviated version of our discussion paper about how we can achieve the healthiest City possible by the year 2000! We are delighted that you have chosen to review our discussion paper because it was written specifically to encourage your feedback.

The full paper suggests what an ideally healthy Toronto might be like; establishes some fundamental concepts, principles and values of public health; briefly reviews the history of public health; looks at major new developments in our concepts of public health; identifies major challenges to Toronto's health and discusses the implications of these for the Board of Health and the Department of Public Health; and makes preliminary suggestions for appropriate roles and strategies.

In June 1986, the Board of Health established our Subcommittee, which is composed of six Board members and five Department staff, with terms of reference as outlined in Appendix 2.

To break down this big job, we subsequently developed the following goals:

1. to provide policy guidance to the Department for the next decade.
2. to provide leadership to the City administration in the development of a coordinated plan for Healthy Toronto 2000.
3. to prepare reasonable and data-based arguments for making health a priority on the political agendas of the City, provincial and federal governments.

Although we have commented generally about health in Toronto, this paper does not answer the question "How do we get there?" We have suggested some beginnings and some options, but the question cannot be answered until we consult you, the wider community. Then we will develop our Final Report.

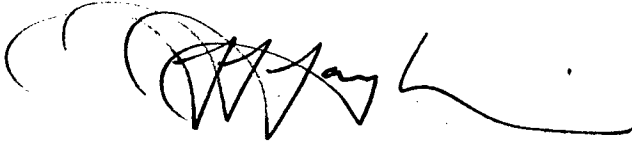
cannot be answered until we consult you, the wider community. Then we will develop our Final Report.

Our Final Report will recommend broad strategic directions to the Board of Health, the Department and to City Council. Once these have become policy, responsibility will fall to the Department, to others in City government and to the wider community to undertake the steps needed to make Toronto a more healthy City for all of us.

At the end of this report you will find five questions in Section X. We ask you to answer these, either individually or as part of a group. Please send your answers and any other comments to me by November 30, 1987, at the address below.

We will also hold public hearings in the fall or we will come and meet with you to discuss this report. Don't hesitate to become a part of this effort. Please call me with any questions.

Sincerely,



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Acknowledgements

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III THE REPORT IN BRIEF

Public Health in the 1980's, a report adopted by both the Toronto Board of Health and City Council in 1978, presented a dramatically new way of thinking about public health.

Toronto's Department of Public Health, the Board of Health, and City Council recognized that health does not result simply from the actions of professionals in the health care system, but from a complex interplay of biological, psychological, social, environmental and political factors acting on the individual and family through the local community and through the whole human ecosystem.

The Board's Healthy Toronto 2000 Subcommittee was established in 1986 to forecast major health challenges and to find out how to create a healthier City. The Subcommittee recognized that health promotion and disease prevention are better than cures, that a multi-sectoral approach is necessary, that social interventions for the common health are appropriate and may take precedence over individual concerns, and that community development is the proper approach to many health problems.

We also recognized a set of shared values: a long life in good health for all; a clean, green, quiet and healthy environment; placing people above things; a caring, cooperative and supportive community; active participation by individuals and communities; and a meaningful role for each individual in society.

These principles have been the hallmark of public health for over a century. The evidence is clear - major improvements in public health have been due primarily to such projects as ensuring 'clean water, proper waste disposal, wholesome and available food, better housing and family planning. Vaccines, antibiotics and other recent medical interventions also have played a small but significant part in improving public health.

The City's record is a proud one. Between 1910 and 1929, under the leadership of Dr. Charles Hastings, Toronto became one of the healthiest cities in the world, and its Health Department one of the most respected.

After the Second World War, the public health approach was eclipsed by the medical diagnostic and treatment approach and society became preoccupied with national hospital and health insurance plans. While fascination with medical technology still dominates, some significant changes have been made since 1974, when a federal government report - A New Perspective on the Health of Canadians (The Lalonde Report) - challenged us to rethink health.

Now, a new public health is emerging, which will enable people to increase control over and improve their own health. The "Ottawa Charter for Health Promotion" (1986), identifies prerequisites for health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity, and it recognizes five strategies for health promotion: building

healthy public policy; creating supportive environments; strengthening communities; developing personal skills and re-orienting health services. These same themes are reflected in the federal government's Achieving Health For All: A Framework for Health Promotion (1986).

Challenges for the 1990's

Toronto faces formidable challenges to public health and the health care system in the next decade including changes in the community's composition, social and physical condition, health and the health care system.

The population is aging; the number of seniors will more than double by the year 2000. The demand for acute and chronic care and community-based programs will increase. The Department will want seniors to be active, healthy, and in the community for as long as possible. But, it will still have to focus on day care, and on the mental health of young people. These needs will be aggravated by changing family structures.

Toronto will continue to be a multicultural community. Demand for health services by a diverse population can only increase.

For many citizens, access to the basic prerequisites for health - food, shelter, safety, income, work, education and a clean environment will be a problem.

Involuntary food shortages are on the increase. Too many young people suffer inadequate nutrition. Poor diet will continue to contribute to ill health in the City.

Homelessness has worsened; lack of affordable housing affects the most vulnerable groups in society: seniors, the mentally and physically handicapped and single-parent families. Housing will remain a significant public health issue.

"Deep poverty" is increasing as the poor get poorer. The Department must continue to fight poverty if it wants to improve health.

Meaningful work is central to mental, social and cultural well-being; high levels of unemployment are a major threat to public health. Underemployment - the failure to reach one's potential - causes frustration, alienation, mental and physical malaise.

The health problems created by toxic wastes that leak into the Niagara river and Lake Ontario, the bacterial contamination of beaches, acid and toxic rain, the contamination of the food chain, and urban pollutants such as lead and PCB's will engage the Department for years to come.

Even the perception of violence in the community causes fear, anxiety and mental illness. The ultimate threat to peace of mind is the threat of nuclear war. Less cataclysmic but still a real concern are crime levels and the disturbingly high incidence of domestic violence.

Overall health status has improved in the past ten years; Toronto death rates were lower than those for the whole province except for suicide. Regrettably, smoking-related deaths among women are increasing, as are AIDS deaths among young men. Preventable disease and disability are far too prevalent among the poor. Persistent health inequities rooted in unequal access to basic resources will compel the Department to continue acting as an advocate.

The philosophy of health and health care is changing. Despite increased emphasis on health promotion and disease prevention, medical costs will likely continue to escalate. Resource allocation will be increasingly controversial.

New Directions

To meet these challenges we need a clear vision of the healthy city.

Our vision includes appropriate technology in waste management, transportation, food production, energy use, and manufacturing process - all designed to sustain the urban ecosystem.

The healthy city will provide quality food, shelter, work, safety and education for all. Self reliance rather than dependence will be enhanced.

Integrated caring neighbourhoods, built to human scale, will provide the necessities of life.

Support services for those with special needs would be provided through a strong social support network augmented by mutual aid, self-help, and volunteer programs.

The illness system would be transformed into a wellness system that would encourage healthy lifestyles and care for the sick in community-oriented, quality service systems.

The Department cannot achieve the objective alone although it may play a direct, supportive or advocacy role. To succeed, the whole community must be involved.

Such strategy as the one inspired by the Department's "Healthy Toronto 2000" conference should be developed. For this to be effective we will need strong partnerships within the City and with other Canadian and European cities.

X YOUR CHANCE FOR PARTICIPATION AND RESPONSE

Now the most important part of the process: your comments and participation. Please tell us what you, your family, your community think of the report and what the Board of Health and City Hall can do. How can City Hall help you and work with you, your friends, colleagues and community to achieve our goal?

We have some specific questions to ask that will help us to understand your ideas and take your concerns into account in the final report.

Please copy or tear out the next page and return it to the following address by November 30, 1987.

Councillor Jack Layton
Chairman, Healthy Toronto 2000 Subcommittee
c/o Secretary, Board of Health
City Clerk's Department
2nd Floor, East Tower, City Hall
100 Queen Street West
Toronto, Ontario
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Strategies and Roles: The Questions

Q.1 What 4-6 words or phrases come to your mind to describe a healthy city?

Q.2 What challenges to Toronto's health do you feel we have missed or got wrong? What items would you add to our list (if any)?

What items would you remove from our list (if any)?

Q.3 If you were on City Council, what are the first three things you would do to make Toronto a healthier city?

1. _____
2. _____
3. _____

Q.4 What three things could you personally or your organization do to make Toronto a healthier city?

1. _____
2. _____
3. _____

Q.5 Please identify on a scale of 1-5 how you rate the following items as a challenge to Toronto's health and how important a role you feel the Department of Public Health should play in dealing with the problem. (Where 1 is unimportant and 5 is very important.)

(CIRCLE ONE NUMBER IN EACH CATEGORY)
 Extent of Challenge to Health Role of Department of Public Health

Population Growth	1	2	3	4	5	1	2	3	4	5
More Seniors	1	2	3	4	5	1	2	3	4	5
Fewer Youth	1	2	3	4	5	1	2	3	4	5
Different family structures	1	2	3	4	5	1	2	3	4	5
Multicultural community	1	2	3	4	5	1	2	3	4	5
Hunger	1	2	3	4	5	1	2	3	4	5
Poor food quality	1	2	3	4	5	1	2	3	4	5
Homelessness	1	2	3	4	5	1	2	3	4	5
Lack of affordable housing	1	2	3	4	5	1	2	3	4	5
Poverty	1	2	3	4	5	1	2	3	4	5
Unemployment	1	2	3	4	5	1	2	3	4	5
Underemployment	1	2	3	4	5	1	2	3	4	5
Illiteracy	1	2	3	4	5	1	2	3	4	5
Pollution	1	2	3	4	5	1	2	3	4	5
Violence	1	2	3	4	5	1	2	3	4	5
Nuclear War	1	2	3	4	5	1	2	3	4	5

Finally, to help us analyze this, please tell us a bit about yourself.

Are you:

_____ Male
 _____ Female

How old are you?

_____ 10 - 14
 _____ 15 - 19
 _____ 20 - 29
 _____ 30 - 59
 _____ 60 - 74
 _____ 75+

What are the first three letters of your home postal code?
 (This tells us the general area in which you live.) _____