

CONVERSATIONS WITH THE COMMUNITY:

PHYSICAL ACTIVITY, HEALTH & WELLBEING



A Report from Vital Conversation
December 4, 2019

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Overview of the Community Foundation of Mississauga

The Community Foundation of Mississauga is part of one of the fastest growing charitable movements in Canada. The Foundation is a registered charitable public foundation that was launched in spring 2001. Since that time, it has grown rapidly and has \$21 million in endowed assets and cumulative grants of over \$12 million. Community foundations across Canada share three fundamental roles:

One: endowment building/personalized service. The Foundation builds endowed and other funds to provide lasting support for local priorities. It makes giving easy and effective, accepting a wide variety of gifts and providing donors with a number of charitable options. Donors can contribute cash, stocks, property and other assets. Donors may establish a fund in their name or in the name of a loved one. In most cases, a gift qualifies for maximum tax advantage under federal law.

Two: local grant making expertise. The Foundation's staff and volunteers have an in-depth understanding of the issues, opportunities, and resources that shape our community. It evaluates all aspects of community well-being, including social services, education, the environment, health care, youth, seniors and the arts and makes grants to support the broadest range of community needs. It can help donors learn more about local organizations and programs that make a difference in areas they care about most.

Three: community leadership. Because community foundations support all kinds of charities, it is well positioned to bring people and organizations together, convening diverse voices to address local issues and opportunities. The Foundation's business is building community.

Capturing Community Knowledge

Bridging the needs of the community with philanthropy is at the heart of the Community Foundation of Mississauga. Part of that means building a base of knowledge about the issues affecting the community, bringing together the people who live and work in the city to hear what they have to say, connecting organizations serving the community, sharing information, identifying gaps and opportunities and considering innovative ideas that can be

part of the solution to addressing community needs. Collaborating is one of the ways a community foundation stays connected to the purpose we serve. It helps keep vital knowledge and communication flowing.

Community Foundation of Mississauga Report from the Vital Conversation Physical Activity, Health & Wellbeing

On December 4, 2019 the Community Foundation of Mississauga convened a group of diverse community stakeholders in a forum on the topic of physical activity, health and wellbeing to:

- explore insights and perspectives
- share knowledge
- surface solution-centric opportunities for individual and collective action

A panel of esteemed thought leaders provided an interesting backdrop for the participant dialogue, sharing knowledge and perspectives, surfacing cross-boundary opportunities and sparking momentum towards physical activity, health and wellbeing for our citizens.

They included:

- Dr. Lawrence Loh, Associate Medical Officer of Health, Peel Region and Adjunct Professor at the Dalla Lana School of Public Health
- Dr. Ian Zenlea, Lead, Kidfit Health & Wellness Clinic, Trillium Health Partners and Physician Co-Lead Medical Psychiatry Alliance Child & Youth Project
- Ms. Marilyn Knox, Immediate Past Chair, ParticipACTION and Executive Lead, Strategic Projects, Trillium Health Partners

Panel Presentation - Key Insights

Chronic Disease Prevention: Data and Public Health Approach

Dr. Lawrence Loh, Associate Medical Officer of Health opening remarks provided the Vital Conversation attendees with a timely and highly relevant snapshot of “The Changing Landscape of Health in Peel: A Comprehensive Status Report 2019.” The recently released report describes the current state of health outcomes as well as related risk and health-promoting factors for Peel residents, among them:

- The proportion of Peel residents who are physically active during leisure time was consistently <30% between 2001 and 2014.
- In 2017, 19% of Peel students (grades 7 to 12) met the daily activity recommendation of 60 minutes of moderate-to-vigorous physical activity.

- The Canadian 24-Hour Movement Guidelines recommend no more than two hours per day on recreational screen time. In 2017, among Peel students (grades 7 to 12): 67% spent an average of more than two hours per day on recreational screen time.
- Between 2003 and 2014, the proportion of Peel adults within the normal weight category has decreased and within the obese category has increased.
- The prevalence rates of diabetes have more than doubled since 1996.

Perhaps more integral to the topic at hand was Dr. Loh’s articulation of the Region of Peel’s approach to chronic disease prevention; describing the role of public health in enabling long-lasting protective interventions and creating conditions for healthy environments and policies with an aim to realize far-reaching population-health benefit.

The Public Health creates supportive environments for healthy living across settings, anchored in policy, programs and infrastructure, with identified principles for action.



Engaging Children, Adolescents, Youth, Families and Communities in Health behavior Programming for All Bodies

Sharing the many factors influencing a child’s weight status, Dr. Ian Zenlea of the Kidfit Health and Wellness Clinic, a group treatment and individualized family care for youth and their families’ program, highlighted the “Socioecological Model of Childhood Obesity.” The model recognizes weight influences that span child, parent, household and neighbourhood

characteristics across a spectrum of food and physical activity environments. The program mentors develop a whole family approach to health, as Dr. Zenlea reminded the participants, children do not exist in isolation but rather are part of families, communities and systems. Reflecting on the significant impact of weight bias (weight shaming) and weight stigma, Dr. Zenlea described the “Health at Every Size Approach (HAES)” that promotes inclusive principles:

- Accepting/respecting the diversity of body sizes and shapes
- Health and well-being include many things (i.e.: physical, social, emotional, spiritual)
- Supporting health and well-being for people of all sizes
- Eating in a flexible way that values pleasure and honors internal cues of hunger, fullness, and appetite
- Finding fun and enjoyable physical activity

Also surfacing practical strategies for inclusive programming among them:

- Accessible physical space
- Free to minimal cost
- Non-shaming, non-judgemental, inclusive language
- Diverse representation and relationship cultivation
- Focus on health not weight and appearance

Dr. Zenlea closed his panel remarks with a passionate reminder that we are all accountable for facilitating an inclusive environment that facilitates health for every body.

ParticipACTION Community Better Challenges

Sharing a compelling tale of ‘Nana Linda,’ panelist Ms. Marilyn Knox, the Immediate Past President of ParticipACTION recounted the story of a real-life doting Grandma who used the ParticipACTION “Community Better Challenge” list of 100 things to get moving to engage her grandchildren and create a plan for activity and fun-filled frolic.

From gardening to dance to swimming, Nana Linda soon became a role model for active play, as she strengthened social bonds, engaged her family and enriched the neighbourhood through her quest for multi-generational, participatory activity.

Ms. Knox also shared a few findings from the 2019, first-ever Report Card on Physical Activity for Adults, giving adults living in Canada a “D” for overall physical activity. Ms. Knox reflected that the timely findings serve as a spark for change and as a reminder that we must remain physically active as we age, to age well. However, on a positive note three-quarters of Canadians say they intend to get more active, just as Nana Linda demonstrated movement can be easily incorporated into day to day physical, family and social happenings. As we age, small

steps can make a big difference such as staying on your feet, remaining cognitively strong and staying connected.

The 2018 Report Card on Physical Activity for Children and Youth highlights important connections between physical activity and kids' brain health. The Report Card gave Canadian children and youth a score of D+ for physical activity. However, progress was reflected as kids are sleeping better, participating in organized sports, being more active in their community and better supported by their parents when it comes to their physical activity. Some concrete steps to improve daily movement include unstructured play, walking to school, standing up often and becoming more physically literate.

Another way to mobilize Mississauga towards shared physical activity and wellness goals is to join the ParticipACTION Community Better Challenge in June each year. Mississauga could give Enderby, B.C., 2019's winning community, a run for their money upon out-performing the Enderby's Aquafit World Record attempt.

Vital Conversation Participant Dialogue

Following the panel presentations, the attendees participated in a small group deliberative dialogue and were asked to reflect upon two questions and record key insights, themes and areas for joint action.

Question One: How does and/ or will your organization help support the citizens of Mississauga in achieving better health outcomes?

Several themes emerged from the robust table conversations marking mechanisms and initiatives that could improve citizens' physical health and wellbeing as well as foster inclusion, bind communities and cultivate pride.

Key insights and areas that resonated across the breadth of attendees include:

Cultivate Collaboration Across Boundaries

Work in concert with aligned organizations, leveraging strengths and recourses, to expand community reach and accelerate impact. Share program information, initiatives and opportunities across the network of community organizations to stay abreast of happenings and surface potential for joint action. An example is getting "The Dam" youth out to "Ecosource" programs. The Dam provides drop-in programming for youth through assistance and mentorship. Ecosource inspires personal accountability for the environment through

creative education.

Co-create Meaningful Solutions

Engage members of the community to inform and ultimately, co-design far-reaching, accessible physical health and wellbeing programs, services and opportunities. Include and involve those community members with lived and learned experience in idea generation and the development of meaningful offerings.

Seed Community Movement and Foster Pride Among Neighbours

Encourage citizens to take advantage of the City of Mississauga's spaces to be active; free, outdoor programs offered across the city. Promote public skating, mall-walking, trail hiking, Tai Chi, gardening and environmental stewardship among other opportunities. Gather members of neighbourhoods in an activity and strengthen social bonds. An example shared is the Afghan Women's Organization of Mississauga, offering weekly classes of physical activity through their newcomer programming and organizational collaborations. Attendees also highlighted the opportunity for Mississauga to take part in ParticipACTION's Community Challenge.

Facilitate Physical Literacy

Embed physical activity and physical literacy education through curriculum development and community-driven motion. Participants noted the importance of daily movement for young people and raised reform of the Health and Physical Education curriculum in Peel schools, emphasizing mandatory movement in schools everyday. The Public Health "Physical Literacy Champions' Network" was also cited as an example of embedding physical literacy education in the curriculum for early childhood education professionals. The Team Unbreakable, physical health for mental health, school running program bubbled up as an aligned initiative taking hold in some schools with the potential to expand.

Address System Challenges, Myths and Misconceptions

Among the many opportunities raised by participants were some persistent challenges yet to be addressed. A few of the hurdles, faced by citizens and organizations, articulated by attendees include; the need to improve the "built community," address a lack of accessible, public transportation, recognize socio-economic inequities, overcome resource issues and lack of funding, manage administration, time and competing interests. Participants also noted that it is difficult to measure the impact of these types of diffuse community initiatives. Also persistent are the myths and misconceptions held by individuals related to weight and physical health. Weight bias and stigma permeates, and information inaccuracies continue. Reframing the conversation to "living well in a larger body" seemed to resonate with dialogue members.

Mobilize Networks and Advocate

Mobilizing interested and aligned parties towards shared goals emerged as a key conversation theme. Enabling advocates of physical health and well-being through training, public campaigns and collective impact surfaced through dialogue and a means to affect social change.

Question Two: What will indicate success? How will we know if our collective community effort has made a difference?

The small group dialogues contributed to a spectrum of success indicators among them:

- Satisfaction metrics and program assessment through participant/ member surveys
- Interview and dialogue outputs
- Attendance levels at events, programs, services. Sustained membership versus drop out rates.
- Increase in the “walkability score”
- Prioritization of the most significant health risks/ conditions in Mississauga, development of evaluation indicators for the prioritized list and monitoring of the status against indicators
- Tangible steps towards physical activity and literacy embedded in programs, curriculum, communication etc.
- Progress toward safe ‘risk-taking’ entrenched in programs such as outdoor play or getting messy enjoying nature
- Level of funding
- Number of collaborations

Other Community Programs mentioned with aligned interests and collaboration opportunities include:

- Breakfast Clubs of Canada
- BMO – Health Care Financing
- The Lighthouse for Grieving Children
- Options Mississauga
- The Mississauga Symphony Orchestra
- The Riverwood Conservancy

Participants in this Vital Conversation included members of the public and those from the following organizations:

- Afghan Women's Organization
- BMO – Health Care Financing
- Breakfast Clubs of Canada
- Bridgeway Centre
- EcoSource
- Family Education Centre

- Grieving Children Lighthouse
- Hispanic Canadian Congress
- Mississauga Arts Council
- Mississauga Board of Trade
- Moyo HCS
- Novo Nordisk
- Options Mississauga
- Peel Region
- Polycultural Immigrant and Community Services
- Salvation Army
- Seva Foodbank
- The Centre for Education and Training
- The Chamber Society of Mississauga Inc.
- The Dam
- The Mississauga Symphony Orchestra
- The Riverwood Conservancy
- Toronto Dominion Bank
- Visual Arts Mississauga
- Vita Centre
- Volunteer MBC

References:

Provided by Dr. Lawrence C. Loh, MD, MPH, CCFP, FRCPC, Associate Medical Officer of Health
Region of Peel–Public Health

- Ontario Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2019 Nov 28]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf.
- Canadian Society for Exercise Physiology. Canadian 24-hour Movement Guidelines for Children and Youth (Ages 5-17 years): An integration of physical activity, sedentary behavior, and sleep. Ottawa, ON: CSEP; n.d. [cited 2019 Nov 28]. Available from: <https://csepguidelines.ca/children-and-youth-5-17/>.
- Ontario Student Drug Use and Health Survey, 2017, Centre for Addiction and Mental Health. Region of Peel – Public Health.
- Diabetes Incidence and Prevalence, 1996-2015, Institute for Clinical Evaluative Sciences.
- National Ambulatory Care Reporting System, 2003-2016, Canadian Institute for Health Information (CIHI). IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.
- Hospital In-Patient Discharges, 2003-2016, Canadian Institute for Health Information (CIHI). IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.

- Ontario Mortality Database, 1986-2012, Ontario Registrar General. IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.

References:

Provided by Ian Zenlea, MD, MPH, Lead, Kidfit Health & Wellness Clinic, Trillium Health Partners and Physician Co-Lead Medical Psychiatry Alliance Child & Youth Project

- Alberga AS, Pickering BJ, Ball GDC, Edwards A, Jelinski S, Nutter S, et al. Weight bias reduction in health professionals: a systematic review. *Clin Obes.* 2016;6(3):175–88.
- Andrew C. Pickett & George B. Cunningham (2017) Creating Inclusive Physical Activity Spaces: The Case of Body-Positive Yoga, *Research Quarterly for Exercise and Sport*, 88:3,329-338.
- Cunningham, G. B., & Woods, J. (2011). For the health of it: Advertisement message and attraction to fitness clubs. *American Journal of Health Studies*, 26, 4–9.
- Bombak (2015) Obese persons' physical activity experiences and motivations across weight changes: a qualitative exploratory study, *BMC Public Health*.
- E. Kelleher, M. P. Davoren, J. M. Harrington, F. Shiely, I. J. Perry and S. M. McHugh (2017) Barriers and facilitators to initial and continued attendance at community-based lifestyle programmes among families of overweight and obese children: a systematic review, *Obesity Reviews*.
- Ohri-Vachaspati P, DeLia D, DeWeese RS, Crespo NC, Todd M, Yedidia MJ. The relative contribution of layers of the Social Ecological Model to childhood obesity. *Public Health Nutr.* 2015;18:2055–66.
- Puhl R, Brownell KD, Bias KDB. Bias, Discrimination, and Obesity. 2001;9(12).

References:

Provided by Ms. Marilyn Knox, Immediate Past Chair, ParticipACTION and Executive Lead, Strategic Projects, Trillium Health Partners

Supporting resources can be found at www.participaction.com

- Report Cards on Physical Activity for Children and Youth, and Adults
- Movement Guidelines for Early Years, Children and Youth, Adults (including Seniors)
- 2020 Community Better Challenge information
- ParticioACTION App

