Taking a big picture approach in environmental public health: PHIs and food security interventions

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Food security:
When all people have access to sufficient, safe, appropriate, nutritious food.
In public health, the concept of community food security is often used, which takes a broad approach to include self-reliant, sustainable communities in which all people have access to quality, affordable food.
(To be explained in depth during Ellen’s talk).
ME – overview of emerging approaches to public health and how they might relate to PHI practice

Discussion of your experience with big picture approaches

RON – experience working with different kinds of food interventions in health protection role

ELLEN – experience setting up new food security interventions within a public health context

Discussion of your experience with different food security interventions

SCENARIOS – to generate discussion of different challenges and approaches

SUMMARY – What has been learned. What each would like the other to know so both can work more effectively.

OUTPUTS – Needs and gaps + Best practices
There is much overlap between frameworks – common theme is a “big picture” approach and focus on systemic change.
• “[a] perspective that considers **connections** among different components, plans for the implications of their interaction, and requires **transdisciplinary thinking** as well as active engagement of those who have a stake in the outcome to govern the course of change” (Leischow & Milestein 2006)

• Public health is based on awareness that **health is affected by more** than individual biology and behaviour (Midgley 2006) (e.g., John Snow shutting down the town pump to stop a cholera outbreak)

• **Health behaviours (e.g., ability to comply** with health regulations) is affected by circumstances that originate outside the immediate context


Social determinants of health

• “the many social conditions that interact to influence our health and well-being, the circumstances in which people are born, grow up, live, work and age” (NCCDH)

1. Social conditions impact health: affect ability to understand and follow guidelines or comply with regulations
2. Addressing SDH requires participation of policy makers, officials who carry out policy (e.g., PHIs), and communities across jurisdictions and levels

http://nccdh.ca/resources/about-social-determinants-of-health/
Bottom tiers – context and determinants of health.

Default decision context = ‘making healthy choices easy choices’. The goal is to “change the environmental context to make healthy options the default choice, regardless of education, income, service provision, or other societal factors.”

Behaviour-based health promotion is politically popular, while changing the context is difficult and often controversial, but can be more effective.

e.g.:

• decreasing salt in processed foods (because it is difficult for people to control their intake when they are eating packaged foods, so make them healthier).
• Making fresh foods available everywhere.
• removing trans fats in foodservice

EHOs enforce the trans fat regulation, intended to make trans fat free foods the default choice.

http://www.restricttransfat.ca/bc_trans_fat_regulation.html
1. Policy improves health by acting on broad determinants of health
2. Policies that influence health can come from non-health agencies

  e.g., community economic development might promote cottage industry food processing
  influences health from SDH perspective + food security
  also raises food safety risks (relevant for PHIs)

http://ncchpp.ca/202/Learn_about_public_policies_and_their_effects_on_health.ccnpps
1. Inequities are associated with poorer health.

2. Poverty, literacy, education, age, disability impact compliance (i.e., behaviour) with health regulations.

Great presentation Monday from Sudbury and District Health Unit on housing, equity, and PHI responses

e.g.,

Literacy and comprehending food handler training course;
Ability to purchase required food prep equipment for soup kitchen

PH renewal in many provinces is resulting in new kinds of events, interventions, etc. that PHIs may be responsible for.

**Ontario Public Health Goals**
- BC Public Health Act
- NS Public Heath Renewal

- Bed bugs, healthy built environment, **equity, determinants of health**, etc.
- Food security now a PH issue
• Many things don’t fit well into traditional inspection models
  • small food processing operation in isolated area may not be equipped to meet standards designed for industrial scale operations
  • Mobile food markets in underserved neighbourhoods

• Keeping the stick but using it less – using open communication as health promoting tool to increase compliance and decrease need to use enforcement tools.

• Many PHIs or health regions have adopted creative responses for different kinds of situations, but varies from place to place
  • need to **scale up and share** these best practices – for consistency
  • Are broad provincial PH goals reflected in your **training/job description**?
  • Are you supported by **management**?
• **New territory** for PHIs + **legitimate concerns** about health protection and food safety
  
  • PHIs also have legislated mandate for food safety and limited time to address wider issues

• Double edge sword for food groups – health gives them **traction**, but also may **fear being co-opted** from wider mission that includes things outside health
  
  • May lack knowledge and resources about what to do, who to contact
  
  • May fear being shut down

• Be curious - Everyone (PHI, food security programmers) need to look beyond the obvious to understand what is really going on – communication is essential to building trust
Quick discussion now, but keep these questions in mind throughout the workshop.

- How do you think these approaches fit with your work?
- Have you been asked to take a broader approach?
- What can PHIs do to take a more broad approach?
- Do you see challenges due to knowledge, jurisdiction, communication, practical knowledge, legal mandate?
Ron de Burger
Director, Healthy Environments, Toronto Public Health

Ron de Burger has been involved in public health in Canada since 1964 in various capacities. He has extensive experience as a teacher and academic administrator at the college and university level. He served as Assistant Deputy Minister, Preventive Services in British Columbia and as a Senior Consultant in the Health Protection Branch at Health Canada as well as Director of the National AIDS Education Program at CPHA.

In January, 2001 he joined the Toronto Public Health as Director of Healthy Environments, a service which conducts programs in Food Safety, Water Safety, Health Hazard Investigation, Emergency Response, and Tobacco Control for Canada’s largest urban health department.

He has been active both as a volunteer and professional staff person in several non-governmental associations and has held elected leadership positions in each of those. He is a past member of national executives for the Canadian Public Health Association and the Canadian Institute of Public Health Inspectors which he served as National President for four years. He is a Life Member of the Canadian Institute of Public Health Inspectors, an Honourary Member of the Ontario Public Health Association and Past-Chair of the Canadian Public Health Association.

- He currently serves as the Chair of the Board of Trustees of the Environmental Health Foundation of Canada,
- He is a member of the Advisory Board to the National Collaborating Centre for Environmental Health and the Advisory Council for the National Collaborating Centres for Public Health, and
- He is a Technical Advisor (Workforce Development) to the National Environmental Health Association.
Ellen Desjardins RD PhD
Research Associate, Dept. of Geography and Environmental Management, University of Waterloo

Ellen has had a long career with Public Health in Toronto and Waterloo, as well as nutrition program development at the provincial and federal levels. With OPHA, she chaired workgroups and authored position papers related to community food security and food safety. Co-chairing the Waterloo Food Systems Roundtable, Ellen helped develop a food systems strategy, municipal food policies and a food charter for the Region. She was a founding member of Foodlink Waterloo Region and Food Secure Canada. Since obtaining a PhD (human geography, 2010), Ellen became a research associate with the University of Waterloo, teaching courses and joining local research projects. She is editor of the new academic journal, Canadian Food Studies.
Discussion

• What kind of food security interventions have you addressed in your work?
• What were the challenges?
• How have you responded?
• What do you need to feel more comfortable or effective?
Food security scenarios

• Each group has been given a food security scenario that might require a broad approach to food safety inspection.

• What issues are raised in your scenario and how would you approach the situation?

• Share highlights with the full workshop.