Our Legacy

Ontario Healthy Communities Coalition
Coalition des communautés en santé de l’Ontario

1992-2019
Ecologists tell us that a young tree grows better when it's planted in an area with older trees. The reason, it seems, is that the roots of the young tree are able to follow the pathways created by former trees and implant themselves more deeply. Over time, the roots of many trees may actually graft themselves to one another, creating an intricate, interdependent foundation hidden under the ground. In this way, stronger trees share resources with weaker ones so that the whole forest becomes healthier. That's legacy: an interconnection across time, with a need for those who have come before us and a responsibility to those who come after us.

*Susan V. Bosak, Researcher and Educator*

*The Legacy Project*

[https://www.legacyproject.org/guides/whatislegacy.html](https://www.legacyproject.org/guides/whatislegacy.html)
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Dear Members, Friends and Colleagues,

It has been my sincere pleasure and honour to have served as a member of the Board of Directors of the Ontario Healthy Communities Coalition (OHCC) for the past six years, and as President for the last four years. Throughout this time, the passion and dedication of the OHCC Board and staff has been truly inspiring.

For twenty-seven years the Ontario Healthy Communities Coalition supported community groups to improve their communities’ quality of life, through education, engagement and collaboration.

Over the course of the past year, the OHCC Board of Directors took a good look at the successes and challenges of OHCC, and assessed its capacity within the current funding environment. We concluded that the original mandate of OHCC, to educate communities about healthy communities, had largely been accomplished, and that it was time to close the organization. This was a very difficult decision, but we are heartened by the knowledge that the services, networking and collaborations instigated by OHCC will live on in the hundreds of communities that we worked with over the course of our history.

This report contains a history of OHCC, our values and principles, and a description of key aspects of our work from 1992 – 2019. It represents our legacy to community groups and networks who are continuing to work towards a healthy community. It is my hope that the ideals of healthy communities will continue to be a catalyst for social change.

I would like to express my appreciation to the Board of Directors for their conscientious stewardship, and for sharing their wisdom and experience. On behalf of the board, I would like to thank the staff for all of their hard work and dedication. We are grateful for their understanding, support and unflagging professionalism during the difficult months preceding the decision to close.

Ralph Waldo Emerson once said that, “Do not follow where the path may lead. Go instead where there is no path and leave a trail.” A review of OHCC would be incomplete without highlighting that person who brought her heart and soul to her role in leading our organization and inspiring all those around her – Lorna McCue, our long time Executive Director. Lorna has been a Healthy Communities Champion and the successes we have achieved were indeed due to her commitment, dedication and inspiration.

Too many people were involved in the development and accomplishments of OHCC to name, but we all owe a debt of gratitude to each and every one of them. Their individual legacy will live on as they pass their knowledge and experience to others they encounter along life’s journey.

Sincerely,

Andrew Flint, President
Ontario Healthy Communities Coalition
Healthy Communities Model

The Healthy Community movement has its origins in Canada during the mid-1980s. The Healthy Communities model was first presented at a Toronto conference entitled "Beyond Health Care" in 1984, by Trevor Hancock and Leonard Duhl. This model was based on strong evidence that social, environmental and economic factors, such as income, housing, clean environment and social support, have a strong impact on human health. It also recognized the connections and interactions among all the elements and sectors of a community. The movement became worldwide when the World Health Organization (WHO) initiated the Healthy Cities Project across Europe in 1986. Other Healthy Communities projects and initiatives sprang up around the world and networks were established on every continent.

“Healthy Communities” has become a popular term that has been used by different groups to describe a project, a collaborative initiative, an international movement, or a shared vision. What is common about the various faces of Healthy Communities is their foundational values and principles. Based on an understanding of the broad determinants of health, it is an active and vibrant process that integrates the health promotion and community development theory and practices. It takes a holistic view of communities, recognizing that everything is connected to everything and that the whole is more than the sum of its parts. Healthy Communities initiatives and projects are multi-sectoral collaborations that integrate social, economic and environmental goals to benefit the whole community and strengthen community capacity to promote and sustain health. Communities using a Healthy Communities approach have found that it facilitates innovative and creative solutions to community issues and supports community initiatives.

Healthy Communities Principles

➢ Health is a state of complete physical, mental and social well-being.

➢ Social, environmental and economic factors are important determinants of human health and are inter-related.

➢ People cannot achieve their fullest potential unless they are able to take control of those things which determine their well-being.

➢ All sectors of the community are inter-related and need to share their knowledge, expertise and perspectives and work together to create a healthy community.
Typical Characteristics of a Healthy Community

➢ A common sense of community among members, including a history and values that are strengthened by a network of leaders
➢ Leadership functions from both the bottom up and the top down
➢ People and community groups feel empowered and that they have a sense of control
➢ Structures are in place where people from diverse groups can come together to work out decisions about the community
➢ Effective channels for communication, networking, and cooperation among those who both live and lead there
➢ There is an absence of divided turf, conflict or polarization

(Duhl, L, quoted by John Schweitzer in “Defining a Healthy Community,” Michigan State University, Community and Economic Development Program, Vol. 6, No. 3, Fall 1993)
Asset Based Community Development (ABCD) is a framework for community building developed by John McKnight and John Kretzmann. ABCD seeks to uncover, highlight and utilize the strengths, capacities and resources within communities, as opposed to the more traditional needs-based approach. ABCD empowers the community and mobilizes individuals to create positive and meaningful change.

Equitable community engagement brings stakeholders together to work collaboratively, build consensus on identified issues and create momentum for action. There are various levels of community engagement; e.g. inform, consult, involve, collaborate, and empower. One or more levels may be appropriate, depending on the goals and circumstances. Community engagement need to be carefully planned to overcome barriers to participation, ensure equitable access, and achieve meaningful results.

Intersectoral partnerships are essential for developing sustainable, imaginative and integrated solutions to complex, systemic community issues such as homelessness, poverty, social isolation or racism. Single sector approaches tend to be less successful due to limited perspectives, activities being planned in isolation, duplication of efforts and waste of valuable resources.

Political commitment from all levels of government is required to meet healthy community goals. While many of the forces that shape our lives today are global in nature, it is at the local government level that many of the policies and programs that most directly affect our wellbeing are made, such as public health, emergency services, social services, housing, land-use planning, parks, waste management and public transportation.

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by an accountability for health impact. Healthy Communities recognizes that health is affected by factors outside the traditional health sector, and thus should be on the policy agenda in all sectors. The main aim of healthy public policy is to create a healthy, supportive environment in which healthy choices are the easiest choices.
Vision, Mission and Principles

**Vision**

All Ontarians live and thrive in sustainable, inclusive and healthy communities.

**Mission**

OHCC enables communities to create and sustain positive change through:

- equitable community engagement;
- intersectoral partnerships;
- political commitment;
- healthy public policy, and
- asset-based community development.

**Guiding Principles**

- Recognize self-defined communities.
- Promote the Healthy Community model in all areas of activity.
- Maintain a focus on communities, rather than individuals or single organizations.
- Promote inter- and cross community collaboration.
- Identify and refer to existing services and resources when appropriate.
- Recognize and support formal and informal networks within communities.
- Promote social justice, equity, inclusion and democratic decision-making processes.
- Encourage, accept and respect diverse viewpoints.
- Maintains a province-wide presence.
- Strive to provide similar services and products in both French and English.
- Institute human resources policies that are supportive of individual and family well-being.
- Focus on the social, environmental and economic determinants of health.
- Customize services in collaboration with service recipients.
- Strive to make services available to every community in Ontario.
Ontario is the birthplace of the international Healthy Cities/Communities movement. As a result of a workshop held in Toronto in 1984 entitled Beyond Health Care, in which Dr. Trevor Hancock and Dr. Leonard Duhl presented the concept of a Healthy Community, the World Health Organization (WHO) initiated a Healthy Cities Project. Some years later the Pan-American Health Association (PAHO) followed with their Healthy Municipalities and Communities initiative.

The Ontario Healthy Communities Coalition grew out of an informal network established by community coalitions and several provincial associations, including the Ontario Landscape Architects Association, the Ontario Public Health Association, the Ontario Conservation Council, the Ontario Professional Planners Institute and the Ontario Prevention Clearinghouse.

A study of Healthy Communities initiatives across Ontario published by the Network in 1992 became the basis for a proposal for provincial funding to establish the Ontario Healthy Communities Coalition. In its formative stage, OHCC negotiated a sponsorship arrangement with the Ontario Prevention Clearinghouse. OHCC was incorporated as a “corporation without share capital” or not-for-profit, on February 4, 1998 and acquired charitable registration on May 24, 2002.

**Key Milestones**

1992: Formally established and funded by the Ontario Ministry of Health and Long-Term Care (MHLTC) as a three-year project administered by the Ontario Prevention Clearinghouse.

1996 OHCC’s funding by MHLTC renewed at half of its previous budget, which led to the recruitment of other funding partners.

1998 Established as an independent Ontario corporation without share capital.

2000 OHCC was accepted as a member of the Ontario Health Promotion Resource System (OHPRS) along with 21 other health promotion resource centres funded by MHLTC. Funding for special project continue to be received from other sources.

2002 OHCC’s application for charitable registration was approved by the Canadian Customs and Revenue Agency.

2005 Funding shortfalls in short-term project grants resulted in a 50% staff reduction and, consequently, a new, business plan with a more flexible staffing model.

2009 Following the closing of the OHPRS, MHLTC invited OHCC to join HC Link, a collaborative project of 5 former OHPRS members. Additional short-term projects continued to augment OHCC’s activities and services.

2017 Following notification of the termination of funding for HC Link, the OHCC Board of Directors developed a new strategic plan and business plan.

2019 Following an analysis of the existing funding situation and a review of OHCC’s accomplishments, the OHCC Board of Directors concluded that its mission had been largely fulfilled and decided to close OHCC on a positive note.
Centralized around three service streams, OHCC staff and consultants engaged communities in creating a shared vision of a healthy community, facilitated community dialogue, and supported collaborative initiatives that engaged the community’s energy, spirit and wisdom.

### OHCC Theory of Change

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>EDUCATION</th>
<th>ENGAGEMENT</th>
<th>COLLABORATION</th>
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</thead>
<tbody>
<tr>
<td>Identification of learning goals</td>
<td>Online peer-sharing</td>
<td>Development of project partnerships</td>
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<td>Readiness assessment</td>
<td>Regional gatherings</td>
<td>Multi-organizational advocacy</td>
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<tr>
<td>Determination of best method</td>
<td>Provincial conference</td>
<td>Membership in other organizations</td>
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<tr>
<td>Content preparation and logistical arrangements</td>
<td>Bulletin</td>
<td>Network development and support</td>
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<tr>
<td>Educational resources</td>
<td>Membership</td>
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<td>Workshops</td>
<td>Social media</td>
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<td>Webinars</td>
<td>Networking</td>
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<td>Government consultations</td>
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<tr>
<th>OUTCOMES</th>
<th>IMPACTS</th>
<th>KNOWLEDGE AND SKILLS</th>
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<tbody>
<tr>
<td>Increased awareness of HC and determinants of health</td>
<td>Increased readiness and willingness to engage with others</td>
<td>Planning for Action</td>
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<tr>
<td>Improved knowledge, confidence, and skills in key areas</td>
<td>Increased knowledge of other organizations &amp; resources</td>
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<tr>
<td>Improved capacity to evaluate program effectiveness</td>
<td>Actions plans implemented</td>
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<tr>
<th>IMPACTS</th>
<th>KNOWLEDGE AND SKILLS</th>
</tr>
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<tbody>
<tr>
<td>Strengthened individual skills</td>
<td>Planning for Action</td>
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<tr>
<td>Widely shared understanding and vision</td>
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<tr>
<td>Expanding community leadership</td>
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<td>Expanding, diverse, inclusive citizen participation</td>
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<td>Strategic community agenda</td>
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<td>Increased health equity in communities</td>
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<td>Positive changes to policies and practices to support HC</td>
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<tr>
<td>Tangible progress toward goals</td>
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<tr>
<td>More effective community organizations and institutions</td>
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<tr>
<td>Better resource utilization by the community</td>
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Services Overview

All of OHCC’s work involved building capacity for healthy communities, integrating social, economic and environmental dimensions. It was focused around three major activity streams:

**Education**

OHCC provided many educational services and resources, in English and French, to support Healthy Community initiatives, including: webinars, peer-sharing sessions, and in-person workshops and learning events. Volunteers and students developed and staffed educational displays for schools and conferences. OHCC also published several educational manuals, case studies and online courses. Most publications could be freely downloaded from the website and print copies could be ordered at cost.

**Engagement**

OHCC staff and consultants provided a continuum of consulting services, from advice over the phone to a series of sessions which may involve community consultation, stakeholder engagement, strategic planning, project development, evaluation or facilitating community meetings. Through the central office, OHCC provided opportunities for people to learn from others through newsletters, bulletins, community stories, and social media.

**Collaboration**

OHCC fostered intersectoral collaboration at the local, regional, and provincial levels to address the social, economic, and ecological determinants of health. Partnerships were created for each project undertaken by OHCC. Local, regional and provincial networks were established and collective advocacy efforts were supported in areas related to healthy communities; e.g. poverty, community food security, diversity and inclusion, and healthy built environments. Efforts were made to ensure that each partner had equitable representation, shared leadership and a strong voice.
Services Description

Topics

All of OHCC services were funded through project grants aimed at building capacity for healthy communities through education, engagement and collaboration.

The diagram on the left shows the most popular topics of consulting services and learning activities. The three primary areas of focus for OHCC for both services and projects were:

- Diversity and Inclusion
- Health and Environment
- Community Food Security and Food Systems

Service Locations 2016-2018

“It has been an honour to be a part (as an academic, an “activator”, an “animator”, and a volunteer) of the movement that is The Ontario Healthy Communities Coalition. And although I am disappointed to see the formal component of OHCC draw to a close, I am optimistic that in the minds of the countless people and communities we touched there will always be a broader understanding of what truly makes a community healthy and a will to make it happen.”

Susan Larsh
September 26, 2019

Nunatsiavut Consultation

In Sept 2017, the Nunatsiavut Department of Health and Social Development requested a training session from OHCC. Consultants Jeff Kohl and Suzanne Witt-Foley delivered a 3-day workshop in Happy Valley-Goose Bay, Nunatsiavut, NL on healthy communities, civic engagement and mental wellness. It was attended by health promotion workers from across Nunatsiavut.

photo: Suzanne Witt-Foley
People Reached

A total of 776 direct services were delivered by OHCC to 15,435 service contacts between April 1, 2011 and March 31, 2017; a yearly average of 129 services to 2,573 service contacts. The number and types of services provided have been relatively stable over the past five years, with fluctuations due to staff turnover or occasional reductions in staff resources. Below is a breakdown of client reach by region and sectors served between April 1, 2011 and March 31, 2018.

Reach by Region
Yearly Average 2011-2018

Reach by Sector
Yearly Average 2011-2018

Publications

Update Newsletter (mailed to members/subscribers 1992-2009)
Communities and Local Government: Working Together (1999)
Inspiring Change (2000)
Healthy Economy, Health Community Kit (2000)
Effective Proposal Writing (2001)
Sustainable Communities Resource Package (2001)
Signs of Progress, Signs of Caution (2002)
Bulletin (online distribution to members/subscribers 2002-2019)
Healthy Environment, Healthy Community Kit (2003)
Cause and Effluent, (video, 2003)
Our Communities, Our Health, Our Future : Understanding and Changing the Built Environment (2007)
Accelerating Rural Transportation Solutions: Ten Community Case Studies from Ontario (2011)
Action for Inclusion: A Resource Kit for Community Conversations (2017)

Online Courses
Collaboration and Partnerships for Healthy Communities (2005)
Community Development Strategies (2006)
Projects - Diversity and Inclusion

Throughout OHCC’s history it has assisted communities to work towards improving the well-being of all members of their community. People from many different backgrounds have been involved in Healthy Communities initiatives, including youth, seniors, women, ethno-racial groups, people with disabilities, Indigenous peoples, rural and urban residents, people living in poverty, and LGBTQ people. In 1997 the OHCC Diversity Committee was established, comprised of board members, staff members and volunteers, to work on internal policies and practices, and generate project ideas.

2004-2006: The Creating Inclusive Community Organizations participatory action research project was funded by the Public Health of Canada. OHCC consultants worked with four small to mid-sized non-profit organizations to develop case studies on organizational change strategies to become more inclusive of diverse community members.

2004-2009: The Ontario Inclusion Learning Network was formed to support regionally-based networking activities designed to increase social inclusion. OILN was initially led by the Social Planning Network of Ontario (SPNO) and funded by the Public Health Agency of Canada as part of the “Closing the Distance” project. OHCC continued to facilitate OILN for several years after the funding expired.

2016-2018: Kitchen Table Conversations for Action on Inclusion, funded by the Ministry of Citizenship and Culture, was aimed at developing an organizational culture that values diversity in leadership, particularly within small community organizations in rural areas, and to help become diverse, equitable and inclusive.

Lorna McCue and Angela Connors co-facilitated a Kitchen Table Conversations Leaders’ Orientation Session in Sudbury. This project provided leadership training and supports to over 500 individuals through workshops and webinars.

OHCC Consultant Kim Hodgson leads a discussion at the KTC project wrap-up event on March 30, 2018.

(photo: J. Walter)
Ontario Healthy Communities Coalition  │  Our Legacy  

Projects - Health and Environment

2016-2018: The **Ontario Community Transportation Network** (OCTN) connects individuals, organizations, and transportation providers to facilitate the exchange of information, experiences and best practices about community transportation services in Ontario. This project was a collaboration of OHCC with the Ontario Rural Institute, funded by the Ministry of Transportation.

2014-2015: **The Ontario Smart Growth Network** (OSGN) was a provincial network of organizations, businesses and individuals working to promote a smarter approach to community design. Formed in 2003, OHCC was a long-time member of OSGN and in 2014 it administered a project grant from the Ministry of Municipal Affairs and Housing on their behalf.

2007-2008: **Healthy Communities and the Built Environment** was a collaborative project, led by OHCC, to build awareness of the links between health and the environment, and build capacity for community action. Funded by the Public Health Agency of Canada, it included a literature review, environmental scan, regional forums, and 17 project events organized by 21 community partners in locations across Ontario.

2003-2005: **Eco-Communities** was a partnership with ecoPerth, funded jointly by the Ontario Trillium Foundation and the EcoAction program of Environment Canada. It was aimed at helping smaller communities address climate change through community action.

2005: **Sudbury Water Festival**, in collaboration with the Sudbury District Health Unit, funded by the Ontario Trillium Foundation

2003-2005: **EcoAction Teams** - OHCC was contracted by Earth Day Canada to promote and support their EcoAction Teams Program. This neighbourhood-based initiative was designed to teach the fundamental "how-to’s" of household energy and resource conservation, waste reduction and alternative energy options.

1998-2003: **Health and Environment Community Animation Project** was funded jointly by Health Canada and Environment Canada to promote the link between health and the environment, and to research and support integrated community action.

OHCC Community Consultant Lisa Tolentino facilitated a session at a **Moving Ahead on Rural and Community Transportation** event in Sutton, Ontario, March 29, 2016.

*Photo by Laura Schreiner*
2009-2011: The Future of the Good Food Box Program was a collaborative effort of the Food Security Work Group of the Ontario Public Health Association, FoodNet Ontario and the Ontario Healthy Communities Coalition. Its purpose was to strengthen the network of Good Food Box (GFB) programs across the province by developing a sustainable GFB business model and activating a supportive GFB network. It was funded jointly by the Healthy Communities Fund (MHLTC) and the Heart and Stroke Foundation’s Spark Fund.

2007-2010: FoodNet Ontario brought together over 500 organizations and individuals working to create sustainable local food systems and community food security. It provided information and educational resources, a searchable database of food-related projects, and opportunities to connect with each other. FNO continued to be supported by OHCC until 2017.

2013-2015: Healthy Food For All: Healthy and Sustainable Food Systems in Ontario was a collaboration of six organizations, led by OHCC and funded by the Healthy Communities Fund (MHLTC). Its aim was to increase the capacity of communities to create and strengthen sustainable local food systems. Project components included a tool kit, community case studies of local food systems projects and peer learning circles.

Joan Brady, Community Food Consultant, managed both this project and FoodNet Ontario.

A Sustainable Food System approach is a structure and process that examines each aspect of food production, distribution, consumption and waste. Linking producers and consumers, the health of people, place, planet and profit are examined, restored and supported. Root causes of farm and food issues are explored and food systems components and interactions are examined to find ways to achieve more sustainable outcomes.

Project Partners

Sustain Ontario
Huron Food Action Network
Rural Agriculture Innovation Network (Sault Ste. Marie),
Harvest Haliburton
Nishnawbe Aski Nation (Thunder Bay office)
Projects - Healthy Communities

2009-2012: Healthy Communities: An Approach to Action on Health Determinants in Canada was funded by the Canadian Partnership Against Cancer. It was a partnership with three other provincial Healthy Communities networks; BC Healthy Communities, Réseau québécois de Villes et Villages en santé

2009-2018: Formed in the spring of 2009, HC Link was originally a collaboration of five organizations, but by 2011 it consisted of OHCC, Health Nexus and Parent Action on Drugs (PAD). It was funded by the Ontario Government to provide community capacity-building services.

2011-2015: OHCC’s Youth Engagement Strategy was initiated by the OHCC Board of Directors to ensure the meaningful inclusion and participation of youth in OHCC. Funded solely by internal resources, this strategy captured the enthusiasm of board, staff and youth volunteers, and became a prominent driver of OHCC’s development.

1999-2001: Healthy Economy, Healthy Community, funded by Industry Canada, provided training to OHCC Community Animators in Community Economic Development (CED) and supported their CED work with communities.

2000-2005: Community Capacity Building, funded by the Ontario Trillium Foundation to enhance the community animation program.

1996-1999: An Organizational Development Grant was provided by the Ontario Trillium Foundation.

1992-2009: The Healthy Communities Resource Centre, funded by the Ontario Ministry of Health and Long-term Care, provided two streams of service: (a) knowledge exchange via website, newsletter, eBulletin, conferences and publications and (b) regionally-based community animators. Services focused on community capacity building and incorporated a blend of community development, health promotion, organizational development and public education. The primary role of a community animator was to be a catalyst for community change by linking groups to ideas, resources and others involved in similar activities.

“"The Healthy Communities approach, with its four cornerstones of broad community participation, multisectoral involvement, local government support and healthy public policy, continues to resonate with people of all backgrounds and in all sectors, all around the world. It is appealing because it is positive, future-directed, inclusive and action-oriented. The outcomes of a Healthy Community initiative are often successful in ways that could not have been predicted. There are inherent benefits to be gained simply through the process of bringing people together to share their diverse perspectives and discuss ideas for creating a healthier community.”

Dwight Gessie, OHCC Board Member 1999-2005
OHCC President 2004-2005

“"It really is invaluable to have the sort of assistance that OHCC provided... we had very little expertise in the basics of how you run a non-profit, volunteer board, or a board meeting—all those essential soft skills that really help an organization get its work done.”

Susan Brandum, Board Member,
Rideau Environmental Action League 2003

As a member of HC Link, it was a pleasure to have worked with Lorna and the OHCC team. Their expertise, passion and commitment to building healthier communities was a significant contribution to the success of HC Link. OHCC’s closing is a loss to communities in Ontario.

Joanne Brown, Executive Director,
Parent Action on Drugs
Conferences

From 1992-2009 OHCC held annual provincial conferences. For its 10th anniversary a 3-day international conference was organized with 32 sessions that addressed key issues affecting communities. The keynote speakers were John Ralston Saul, novelist and essayist; Dr. Vandana Shiva, Director of the Research Foundation for Science, Technology, and Natural Resource Policy (India), and Ilona Kickbusch, Professor and Head, Division of Global Health, Yale University.

In 2005 OHCC hosted the national conference of the Canadian Community Economic Development Conference in partnership with Algoma University College in Sault Ste. Marie, and in 2009 hosted the national assembly of Food Secure Canada.

Since joining the HC Link collaborative, OHCC contributed to the biannual HC Link conference, and hosted additional conferences on an ad hoc basis around specific project themes, or in partnership with other organizations.

For OHCC’s 20th anniversary, a conference was organized in London, with walking tours, visits to local agencies, keynote speakers, an interactive panel session, local food catering and music.

Sue Shikaze of the HKPR Health Unit led a walking tour at the 2013 Roots to Health Conference, in Minden, a partnership of the Haliburton Communities in Action Committee and OHCC.

The Team

Staff and Consultants
OHCC maintained a core staff that included the Executive Director, Administration and Finance Coordinator, Communications Coordinator and three Community Consultants (known as Community Animators from 2002-2009). This core team was supplemented by project staff and external consultants, as needed.

Volunteers
OHCC was heavily dependent on its volunteers. They generally worked within three streams: FoodNet Ontario, Communications (community stories, bulletin and social media) and Healthy Community Champions (networking and presenting on behalf of OHCC). The number of volunteers varied from 4 to 14 per year.

Students
OHCC provided 2-3 placements per year for students in Master of Public Health, Health Promotion and Social Work, and undergraduate programs in planning, food studies, community services and health promotion, from:

- University of Alberta
- Trent University
- Lakehead University
- Western University
- George Brown College
- University of Toronto
- Wilfrid Laurier University

Global Health Promotion Students, Western, 2012. OHCC also hosted students from this program in 2013 and 2014.

"Thank you for your involvement in the Global Health Promotions Community Service Learning course. I was highly impressed with the depth to which students engaged with you and your organization. Thank you for providing them with such meaningful learning opportunities to enhance their classroom learning through exposure to real-world issues and environments. It is important that Western University works hard to foster ties to our local community, and we are so pleased with the positive partnership between your organization and Western University and look forward to future opportunities for engagement."

Anne-Marie Fischer, Community Service Learning Coordinator, Western University, 2012

The OHCC staff team in 2012: l-r: D’Arcy Farlow, Hélène Lussier, Anderson Rouse, Lisa Tolentino, Jeff Kohl, Lorna McCue, Kim Hodgson

Carol Coiffe was OHCC’s longest-serving volunteer, from 1994-2019, and was the original Healthy Communities Champion.
Recognition Awards

Ron Draper Health Promotion Award

Nominated by Trevor Hancock, OHCC was selected to receive this award from the Canadian Public Health Association in 2010.

Sheila Lupson Healthy Community Award

This award was established in 2007, and was named in memory of Sheila Lupson, a long-time board member who passed away on April 28, 2009. It was presented at each Annual General Meeting to a group that had applied Healthy Communities principles in their work.

Recipients

2007 Woolwich Healthy Communities
2008 Community Quality Improvement, Sault Ste. Marie
2009 Renfrew County Child Poverty Action Committee
2010 London Community Resource Centre
2011 Conservation Council of Ontario
2012 Haliburton Communities in Action (CIA) Committee
2014 Healthier Cities and Community Hub, U of Toronto
2015 Algoma Youth Engagement and Dev’t Network
2016 East Scarborough Storefront
2017 Rural Ontario Institute
2018 Older Women’s Network

Volunteer Recognition

At each Annual General Meeting recognition was given to board members that had completed their maximum terms and to program volunteers. One volunteer was selected for special recognition as “Volunteer of the Year” for exemplary service to OHCC.
Throughout its history, OHCC attracted highly skilled board members from a variety of backgrounds and representing different regions of the province. The most important attribute sought during recruitment was a strong commitment to healthy communities.

**Members of the OHCC Board of Directors 1998-2019**

1. Darryl D’Souza  
2. Mary Vourakes  
3. Greg Lubimiv  
4. Miriam Gbeh-Guzman  
5. Scott Mitchell  
6. Andrew Flint  
7. Kate Hall  
8. Alison Stirling  
9. David Burman  
10. Alan Cavell  
11. Charles-Antoine Rouyer  
12. Constant Ouapo  
13. Lyn Smith  
14. Carole Dodge  
15. Abida Rahman  
16. Lyn Smith  
17. Chris Coulombe  
18. Linda Davies  
19. Michael Kerr  
20. Emilia Coto  
21. Dhavani Katakia  
22. Janet Sherbanowski  
23. Janice Dunbar  
24. Dina Etmanskie  
25. Jackie Dorssers  
26. Alana Forslund  
27. Rebecca Cheff  
28. Emily Motycka  
29. Kevin Willison  
30. Yves Danteu  
31. Andrew Schultz  
32. Brian Lass  
33. Kim Bouffard  
34. Ken Coulter  
35. Margarita Mendez  
36. Alicia Tyson  
37. Simon Hoad  
38. Lynda Roy  
39. Lesley Pavan  
40. Martin Sarkisian  
41. Gayle Dempsey  
42. Susan Cumming  
43. Sheila Lupson  
44. Kathy Hamilton  
45. Theresa Schumilas  
46. Evelyn Smith  
47. Nancy Hughes  
48. Dwight Gessie  
49. Linda Cork  
50. Judith Hayes  
51. Evelyn Brown  
52. Marc Bisson  
53. Roni Summers Wickens  
54. Vernon Garlick  
55. Trish Conley-Knight  
56. Grace Strachan  
57. Shawn Heard  
58. Karen Kirkwood-Whyte  
59. Trudy Beaulne  
60. Charmaine Charles  
61. Katherine Pigott  
62. Maria Herrera  
63. Heather Campbell  
64. Wayne Schnabel  
65. Margeree Edwards  
66. Peter O’Donnell  
67. Robert Shipley  
68. Paul Loftus  
69. Jane Brown  
70. Ursula Lipski  
71. Gloria Williamson  
72. Christine Lebert  
73. John de Ronde  
74. Lisa Salsberg  
75. Dale McKay  
76. Michele Cyr  
77. Winnie Lee  
78. Mary Huffman  
79. Anne Balding  
80. Peter Wiebe  
81. Morrison Reid  
82. Ellen MacDonald  
83. Augusto Mathias  
84. Lynne Simons  

My years involved with the Board at OHCC were among some of the very best of my life. The incredible learning experiences, the people involved, the work you do, and the sustainability model you offer are key centrepieces to my thinking and I continue to espouse their truths on a regular basis. The opportunity to play a leadership role in OHCC at a young age definitely helped prepare me for a life in CED work, and reminds me constantly not to forget community over economics.

One pivotal moment was when OHCC took a huge risk and hosted the very important international conference with keynote speaker John Ralston Saul. What a great chance to meet new people and make new converts. In fact, every time I attended an OHCC event I was able to learn so much...you are truly good at what you do.

In the work that I do as General Manager of the East Algoma Community Futures Development Corporation, and in my current role as President of Community Futures Ontario, I get the chance to work with stakeholders, policy makers, entrepreneurs, academics, non-profit leaders, social entrepreneurs, and young people on a regular basis, and their understanding of the inter-relationship between health, community and economics is usually strong. I was recently working on a University of Guelph/University College of Dublin joint project comparing the Community Futures program in Canada with the LEADER program in Ireland. We spent several days at the IRD Duhallow and in the City of Killarney last May, and I can tell you that the understanding in Ireland of the importance of Healthy Community principles is much stronger even than our own.

So, to the Board and staff of OHCC, I say job well done and kudos. You have filled your mandate well and you should be rightly proud, and we will continue to use the principles, ethics, and models we have learned. I am both proud and honoured to have had the chance to work with you, and I look forward to our paths crossing again soon.

*Shawn Heard, General Manager*  
**East Algoma Community Futures Development Corporation**  
**September 26, 2019**
A Note From Our Founder

OHCC is dead - Long Live Healthy Communities!

Trevor Hancock, Founding Chair
Victoria BC, October 2019

While it saddens me to see OHCC come to an end, not long after our Quebec colleagues had a similar challenge from a narrow-minded and short-sighted government and almost experienced the same fate, there are reasons to celebrate too, and even reasons to be hopeful!

The Healthy City and Community concept, after all, began in Toronto in the mid-1980s and quickly was taken up in Europe and Canada. The OHCC was not the first provincial network – Quebec beat us to it by a year or so – but it was an important leader and the most broad-based, involving urban planners, landscape architects and others. I was proud to serve as the founding Chair, and had the great good fortune to work with a wonderful group of colleagues from communities big and small across Ontario and from many different disciplines and sectors. The many years of work that all the succeeding Board and members contributed - and the impact that work has had - is something to be proud of and grateful for. I think we succeeded in demonstrating how such a broad network could indeed work effectively together, when united around a common purpose.

That purpose, of course, was to improve the physical, mental and social wellbeing of the people who live in our many and varied communities, recognising the central role of community people themselves, and their organisations and institutions in creating health. Over the years, OHCC and its members have succeeded in putting this broad approach to health on the agenda of hundreds of communities across Ontario, which is plenty of reason to feel good about what was accomplished.

That is also one part of the reason why Healthy Communities is not dead – there are so many people and organisations out there who will continue to implement the Healthy Communities approach even though OHCC itself is gone – so Healthy Communities will live on, as there is now an entire generation that has grown up with such concepts and will continue to work with them.

But there is, I think, a second reason to be hopeful, and that is that the idea is morphing as we speak.

For the past few years, I have been talking about and working to establish what I sometimes call ‘Healthy Cities 2.0’. As someone who was also very involved in environmental issues and what we came to call the ecological determinants of health (see 2015 CPHA report), for years I was frustrated to see communities and cities in many parts of the world have both a Healthy City/Community initiative and a separate Green/ Sustainable City initiative - and to fail to link them!

But here in Victoria I have been developing the concept of a One Planet Region as a way to link the themes of health and sustainability. It begins by recognising that at a global scale we are entering a new geologic epoch – The Anthropocene – in which we are seeing massive and rapid global human-induced ecological changes. Yet we only have One Planet, so we need to reduce our ecological footprint while, at the same time, ensuring a good quality of life and good health for everyone.

This approach pays a lot of attention to human wellbeing as well as to ecological sustainability – and integrates the two. We have been holding ‘Conversations’ about this idea for three years, and the Bioregional project itself has been active for just over a year. We are beginning to get both community and political traction, aided of course by the widespread recognition (finally!) of the climate crisis and the growing awareness – which we are helping to create – that this is more than just a climate crisis, but a broad ecological crisis with important implications for human and societal wellbeing.

So while the OHCC itself may be ‘dead’, its members are not, its impact remains, and like a Phoenix, a new and improved Healthy Communities approach may be rising from the ashes. There is still much good work to be done, so take heart and stay active and engaged!