The Moment
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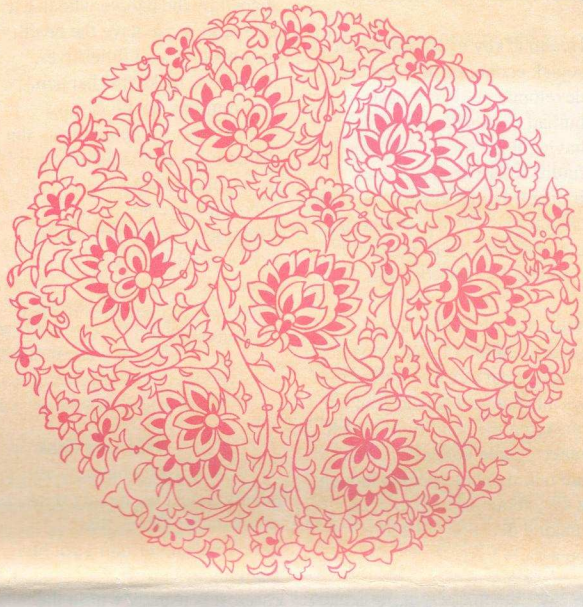
Community action for health



Health is much more than the absence of illness. It is a resource for living our lives as fully as we can. To turn this idea of health into reality, we look further than medical services, and what do we see? We see communities moving towards the goal of changing the conditions which make people unhealthy. We see people having a say in making decisions that affect health on a daily basis.

Open this issue of *The Moment* and you will meet people who are coming together in their communities to define what they need to be healthy. Explore the role of community health centres in enabling communities to meet those needs. Scan the community health movement across Canada. Find out about groups and resources that can help your community to organize for health.

Health activists and community educators produced this issue of *The Moment*. We want it to be used by community organizers, health care workers and anyone who wants to do something to transform the system of treating illnesses to a system that promotes all round well-being, reduces illness and respects health as a fundamental human right.

What is health?

Health is more than not being ill or weak. It means that the body, the mind and the society in which we live are all well.

Health is key to our hopes for social, economic and personal development. It is a basic human right. Health means having hope for a satisfying future where needs are met. It means being able to deal with changes around us. Health is not an end in itself, but a resource for everyday life.

What we are talking about is seeing health not just as medical services but as a movement for social change with the goal of changing the conditions which make people unhealthy. We are talking about people having a say, about participation, in making decisions that affect us on a daily basis.

Everybody also has the right to quality health care. No one should have to settle for less because they don't belong to the most powerful race, country, religious or political group. Rich or poor, male or female, gay or straight, old or young, married or not, able-bodied or disabled, all people who need quality health care should be able to get it. But more than that, everybody has a right to have the things that make us all healthy.

What are the determinants of health?

Determinants of health are those things we simply cannot do without if we are to be healthy. Peace, safety, housing, education, food, paid work, clothing, freedom from discrimination – these are just some examples of determinants of health. They are also called the prerequisites of health.

What is a community health centre?

A community health centre is shaped by the people who use it so that they can have the health they need to lead fuller lives. In order to make this happen, a community health centre:

•Finds ways for people from the community and health workers to be partners who make decisions together.

•Promotes health by organizing activities where people can figure out what is having a bad effect on their health and what to do about it.

What are health risks?

When we think of what puts our health at risk, we mostly think of unhealthy things that individuals do or don't do, like smoking or unsafe sex. In such cases, it is usually within the power of a single individual to make a change, like quitting smoking or using condoms. These are **risk factors.**

But there are things that affect a community's health which are too big to be changed by any one person. These are **risk conditions**. Say we want better housing, cleaner water, safer streets, good food for everyone, we would need to get together in our communities and organize ourselves to improve the situation.

Risk conditions contribute to health risks. People who have less power over the forces that impact on their lives are at greater risk healthwise. For instance, Free Trade means more plant closures and unemployment (a risk condition). An unemployed person is likely to find it harder to quit smoking (a risk factor) than someone who has the security of a steady job.

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Community control: Making it happen

How does a community ensure that services, programs and local action meet their health needs?

By community control and involvement.

There are many different ways to bring about community control of an organization such as a community health centre. What works for one community might not work for others. The ideas alongside come from SRCHC and a project that includes other organizations and community residents. People who live in the community need to control decisions about health care and action for health because:

•We know the risks we face in our community (for example: violence, fear, pollution, discrimination, lack of jobs, education, training, good food and adequate housing; the fairness of laws, policies and use of authority; and, access to services when we need them).

•As people of different ages, cultures and experiences, we have different hopes, needs and fears. Others can't choose what is right for us. We can make good judgements if we have good information and real opportunities to make changes in our lives to prevent illness, and get the kind of support and health services we need.

•When difficult choices and trade-offs have to be made to change or cut services, people who are most affected are best able to see what the impact will be.

•We have a responsibility to work together, help each other and come up with solutions and strategies that work.

continued on next page

At South Riverdale Community Health Centre

In this issue of The Moment we want to show that communities can and are taking control of the determinants of their health. We will do this by using examples from South Riverdale Community Health Centre (SRCHC). No two communities are exactly alike, so what your community needs to be healthy will be unique too. These examples are here simply to spark your ideas.

SRCHC is a community owned and directed health centre in the east end of Toronto. Directed by a group of community activists, it has been in operation since 1976, addressing individual health needs and promoting the health of the whole community.

Some facts about the Riverdale area

Riverdale is the area served by SRCHC. Here we have many problems and lots of residents working together to find creative, long-lasting solutions.

A greater percentage of people in this community are single parents, poor, have less schooling and fewer marketable job skills than in the City of Toronto as a whole. People of many races live here and not everyone speaks English. Lots of industries and waste disposal sites are located here. Air, water and soil pollution is an ongoing problem. With the recession, plant closures and lay offs have increased. Much of the housing is of low quality and houses people who don't stay long in the area.

But Riverdale isn't an area where people take all these risky conditions lying down. The area has a long history of community organizing. Activists in the area have fought industrial polluters, started quality co-op housing projects, and even founded SRCHC! The community health issues that SRCHC works on include poverty, literacy, violence, access to food, language barriers, racism, the environment, etc.

Let's take a look at what SRCHC is doing to promote health.

What does 'community control' look like? How will we know it when we see it?

•People who make decisions (boards and committees) come from the community and bring the experience of all groups in the community with different ethnic and class backgrounds, ages and health needs.

•Everyone in the community can find out what the organization is doing.

•Information, minutes and reports are easy to understand and available in the languages and forms needed by the people in the community.

•Initials, short forms and technical jargon aren't used unless they are explained.

•The organization shows the community how effective it is in meeting known needs.

•The organization reaches out and makes special efforts to listen and respond to the needs of groups who face the greatest obstacles to health, have the least power and face the greatest risks.

•There is something in place to help people with their needs and concerns beyond 9-5 because health is a 24 hour issue. People who work outside the home spend the biggest chunk of their time in the community in the evenings and on weekends, times when service organizations are closed.

•When people don't like something the organization is doing, they stick around to say so. They work for changes rather than giving up and going some place else.

•Participants give suggestions for improvements and get feedback on actions that are taken as a result.

•Staff and board have different responsibilities but work for the same goals.

•The organization and its staff are seen as part of the community and invited to events and actions.

•The organization supports the community by purchasing its services and products locally.

•A community controlled organization changes, moves and evolves as the needs and members of the community change.

At SRCHC: Anti-racism and health

In the 70s, the Ku Klux Klan tried to set up office in Riverdale and was chased out of the area by community activists. Once again, now, white supremacy groups have come back to the area to play on racist attitudes that thrive when times are hard and people are looking for someone to blame.

Until now, SRCHC's has responded to the diversity of cultures in Riverdale by improving access and making it easier for people of different language and ethnic backgrounds to participate in the health centre. However, faced with racism and hate, SRCHC has had to take on a completely different role. They are counter-organizing and bringing different sectors of the community together to change racist attitudes.

The challenge to SRCHC arose in 1992, when white supremacists began to recruit youths in six high schools in Riverdale. They handed out hate messages that advertised a hotline number, dropped their leaflets in libraries and put business cards in library books, especially those on the Holocaust. Racist vandalism and threats increased. Along with other key community organizations, SRCHC called upon community leaders to make a firm, united anti-racist statement in public.

With very short notice 64 people showed up at a community meeting and mandated a group of 15 to organize a rally with SRCHC as co-ordinator. The purpose of the rally was to harness the strength of broad-based community action to get the white supremacists out of Riverdale, and to launch a longer-term project of anti-racist education.

Over 350 people took part in the rally which was covered by all the major media. Students, residents, school trustees and principals, local politicians and supporters from schools outside Riverdale joined in. By coming to a public event people took a critical first step in conquering the fear that is the main tool of racist groups. Nearly 100 people have signed up to continue working to rid the community of racism and make it a tolerant, safe and healthy place.

How to make community control happen?

•Make membership available to all who support the mission or goals. If membership forms, voting ballots and minutes are in English only, people who read little English will not be able to participate equally. Membership fees, even small ones, are a barrier for some. Reach out to potential members form group traditionally left out of decision-making.

•Provide a range of ways for people to become a part of service planning, action and evaluation. Give all residents opportunities to give input and feedback, whatever their ability or disability, age, language, needs or responsibilities. In the same way that services need to be diverse to meet individual needs, so too do ways of involving people.

•Make sure that the people on the board reflect and work for the whole community. Don't wait for election time to build links to excluded groups. Draw volunteers from diverse groups into the nominating committee so that the nominating process is connected to groups that get passed over.

•Open all meetings of the board, committees and planning groups. Advertise and encourage people to come.

•Make sure everyone gets newsletters, information about events and reports about what the board and committees are doing.

•Communicate, communicate, communicate to inform people and seek input from residents and users.

•Every few years turn over board and committee membership with new people so new approaches are given a chance.

•Where possible, hire people who live in the community and reflect its diversity. This can break down barriers between people who work for the community and residents who are decision-makers in the organization.

•Keep learning about community needs and changes so the organization moves in step with the community while still being a stabilizing force.

•Build a team approach between staff, board and users which values the autonomy and unique contribution of each.

•Advocate for legislative changes and resources to support community controlled models.

•Be action oriented to make a difference and to keep people working together on things that are important to them.

•Celebrate different kinds of contributions people make that keep the organization alive and relevant to community needs.

•Have fun!

At SRCHC: Jobs and health

People caught in the cycle of poverty cannot control their health. As the recession continues, unemployment and poverty are increasing in Riverdale. To find a solution, SRCHC and people from the community got together and formed a group called REACH (Riverdale Economic Action for Community Health). Their goal is to build on skills within the community and to keep resources within the community.

REACH has studied the community's needs and would like to form a worker owned co-op that would provide home health care in Riverdale. Why? For several reasons:

•Many people in the community are housebound and need home health care.

•Governments are reforming long-term care and cutting back on chronic care and hospital beds.

•Large numbers of Riverdale's unemployed don't have the skills needed for high tech jobs but they do have the skills to become home health care workers if given some training.

•Workers have more incentive to provide quality service if they own their own business. The workers would be taught how to run a co-op.

•If the community doesn't grab the opportunity, the private profit-making health industry will step in and take it.

At the moment REACH is fund raising to start training.

At SRCHC: Literacy and health

Literacy and health are closely linked. Pamphlets, in particular, are one of the most popular ways of letting the public know about health and social services. People who read well are able to get more information from printed material. With more information they are in a better position to make sound decisions about their health. However, 64% of older English-speaking Canadians have some trouble reading.

SRCHC puts out a number of health materials in print and audiovisual form. They wanted these to be useful to as many people in the community as possible. So they brought together 30 English-speaking seniors to act as an advisory group to a readability consultant. That's someone who helps match the level at which things are written with the level at which the audience reads. A key step is getting input from the intended audience. That was the role of the advisory group.

Over a period of 6 months, the advisory group reviewed 300 pieces of information including pamphlets, films and videos. They found many of the written materials were unsatisfactory for a variety of reasons. Often the language used in the pamphlets was not clear or easy to read. Some medical terms were hard to understand. Since eye-sight tends to weaken with age, the size and style of letters, the colour and glare of the paper all needed to be adapted to suit these changes. The seniors couldn't stand material that spoke down to them. On the other hand, they cheered material that showed older people speaking about taking control.

By doing this project, SRCHC made an important discovery. A pamphlet telling seniors how to apply for an income supplement was written at a Grade 13 reading skill level. Many isolated seniors who were entitled to a supplement had not applied for it. They didn't read well and/or had poor eyesight. Without the income supplement they did not have enough money for food and other basics which they needed to be healthy.

People on the advisory group became very experienced at suggesting how to give clear health information. The project has ended, but they continue to meet and test materials before they are printed. They find out what needs there are in the community, then plan and develop materials to meet those needs. For instance, they put out a pamphlet called 'Who Delivers Groceries in our Area' for older people who want to continue living independently. They also give input to outside agencies such as The Ontario Ministry of Health which sought their input on an official 1992 flu shot poster.

At SRCHC: Food and health

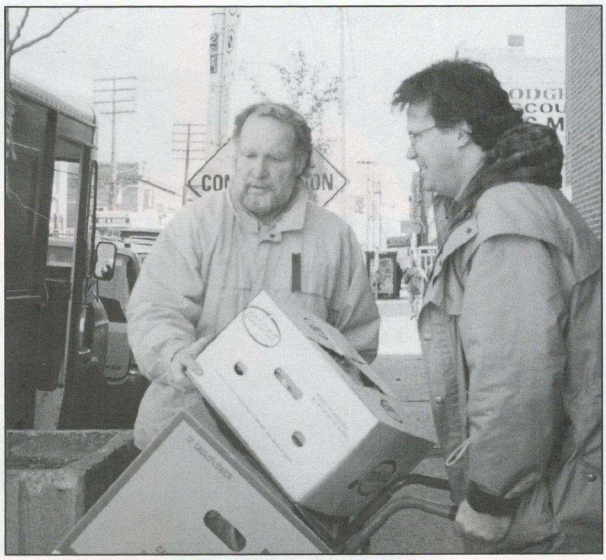
Times are tough and the lines at Riverdale's food banks grow longer everyday. Community members got together to look for ways to stretch their food dollar. With support from SRCHC, a local church, 2 community centres and a shelter, they organized 'The Riverdale People's Food Market' in order to make fresh fruit and vegetable available at affordable prices. Once every 2 weeks the market is held in a church hall. Planning meetings are held in the off weeks. Flyers in several languages are posted all over the area to let people know.

The market has become a friendly meeting place in the community, being easy to get to by public transit and accessible to wheelchairs and strollers. Herem people of any income can buy good produce, so there's no stigma attached. The market project also supports Ontario farmers and lets community members educate each other about the food system.

Recently the market won an award of excellence from the Toronto Healthy City Project. On the way to this success, the market had some difficult moments. As you will see, the community refused to give up solve the problem.

Volunteers from the community price and sell the produce with a very small margin to cover the costs of transportation. Because the market runs largely on volunteer effort, gaps arise when people move on or can't take on what needs to be done. For instance, to get the best choice, someone used to go with the hired truck-driver to the main food terminal early in the morning to buy produce. But that wasn't possible after a while. The market has to be closed temporarily while the organizers put an article in the local newspaper and did a street survey to get the community's input and ideas.

It became clear that the community valued the market and wanted to revive it, even if they had to make a few compromises. People who could widen the range of skills and experience volunteered. Now produce is delivered. As a result the quality isn't as great as it used to be, prices are a bit higher and there isn't as much variety. All the same, the market still makes it possible for more people to eat good food at prices they can afford.



BARRIERS...

The same barriers which keep some people out of an organization lock others into its structures and processes. These barriers limit what an organization can do for health with its community.

The smell is really getting to us. My neighbour says his eyes get sore when he works in the yard. I think that company at the end of the street might have something to do with it. You think I should call the health centre? I thought that was just for poor people who don't have their own doctor.

The poster says they'll provide sign language interpretation if I call but they don't have a TDD/TDY phone. How can I call?

How can I vote when all the information is in English? I can't read English.

I don't like what they did... I guess I'll try someplace else.

I need help but I don't know where to go.

There is a group I'd like to join but it's always during the day. I can't get away then.

BREAKIN

Having it easy to participate

Sharing visions and ideas: Having a say

The doctor takes tim
country I came from
aren't rushing you th

We like...
the companionship...
the seniors programs...
the workshops on nutrit

We need more minority group members on the Board.
We need to do more to make the community safer.

Sharing experiences, food, cultures

Having fun

SRCHC has come a long way in removing barriers but the job is never really finished. Barri

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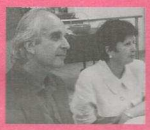
BREAKING BARRIERS

Having it easy to participate

South Riverdale Community Health Centre (SRCHC) tried to break some barriers at its 1992 Annual General Meeting and community supper. Residents and members of different ages and cultures, involved in a variety of program areas, came together with staff and board to cook, eat and share ideas. Duncan facilitated. In English, he asked people what they liked about SRCHC, and what they'd like to see changed. Rita asked the same questions in Chinese. Responses were recorded in both languages. Patti painted what people said about why they are involved in the centre.

Sharing visions and ideas: Having a say

The doctor takes time with you like the doctors did in the country I came from. At the health centre, the doctors aren't rushing you through to make money.

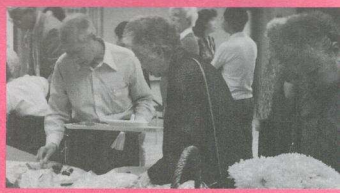


I support the goals of the Centre so I became a member. It's a chance to go from ideas into action.

We like...
the companionship...
the seniors programs...
the workshops on nutrition.

We need information in other languages to improve awareness.

We need more minority group members on the Board.
We need to do more to make the community safer.



has come a long way in removing barriers but the job is never really finished. Barriers change as our awareness changes and as society changes.

Across Canada with the community health movement

Tommy Douglas, premier of Saskatchewan when the province introduced Canada's first universal health insurance plan in the early 60s, said some years later that it was only the first step. Simply treating illness was not enough. The second step, a much more difficult one, was to prevent illness and promote health.

It's that second step that Canada's community health movement has been working on. As the traditional health care system groans under the weight of federal funding cuts, community health centres could start to play a major part in the health and social service systems.

Community health means making the community a part of the development process; it means giving people more control over the environment in which they live. It's a radical new approach for the Canadian health care system, which is based on a top-down delivery model with hospitals and doctors at the apex and patients, with no control of their treatment or the environments which caused their health problems, at the bottom.

Community health is about care-giving. But it's also about controlling the things that affect our health: jobs, housing, child care, education, discrimination and more. The community health movement works to build links to other community activists because no one can really be healthy unless they live where they can control the things that determine their health.

At SRCHC: Safe streets and health

"Give us a park NOT a parking lot!" exclaimed the community to their local politician after the City of Toronto chained off an unused parking lot it owns on a dead-end street in Riverdale. Both safety and the local environment were threatened as this small piece of land turned into a haunt for drug abusers and a dump for wrecked cars. Robberies on the street rose at an alarming rate.

Angry and fed-up, the street's residents worked with several local organizations to get the City to convert the lot into an ecological park. More than 2 years of tense negotiating and perseverance paid off when the park got an okay.

SRCHC's role was to help mobilize the community by organizing neighbourhood meetings and knocking on doors to gather support for a petition. Joining with other organizations, SRCHC got the backing of local politicians, raised money and lobbied the City to fund part of the cost.

Events took an interesting turn when a local factory, known to be a polluter, donated money towards the park. In protest, SRCHC and other organizations withdrew their support. Residents now took on greater ownership of the project and organized fundraising events. They moved ahead with their plans and looked for SRCHC's assistance when they wanted it. Eventually the residents of the street won a Healthy City award.

Where are things at as we go to press? The City has removed the asphalt, planted trees and agreed to maintain the park. A community composting program has begun. The residents' efforts have forged a path of communication to the ears of City decision-makers. Now their suggestions are heard and incorporated by the City where possible. SRCHC and other organizations continue to support them when asked.

Health purse shrinks

Canadian medicare is in crisis. The health care system now spends more than a third of Ontario's budget; the situation is roughly the same in other provinces. Health economists Robert Evans and Greg Stoddart have said that if health care costs were allowed to increase without control, the health care system could eventually take over the entire budget of governments. But the ever-expanding demand for health care has slammed into the recession.

Clearly, something has to be done. Beginning in 1986, the federal government started to reduce its contribution to the cost of running the system. By 1995, the Canadian Health Coalition says Ottawa will have withheld $32 billion from provincial health care budgets.

"The federal budgets in 1990 and '91 put in place fiscal measures which, over time, will yank out all the cash that comes from Ottawa," says health analyst Carol Kushner. In the case of Ontario, that's

14-15% of the total health care budget of some $17.2 billion.

The recession has meant flagging revenues for the provinces. Higher unemployment means more money is needed for welfare and other income support programs. The recession has a very big effect on people's health and the health system, according to Kushner. When people are at risk of poverty, they are likely to develop more health problems.

At the same time, health care workers are being threatened with layoffs. In Ontario, for example, the government has set limits on hospital budgets. The result? Some 2,000 positions were eliminated in the past year, leading to 700 layoffs. But the situation will get more serious in the future, because all of the opportunities for cutting the number of workers through retirement and voluntary resignations have been used up.

Hospital unions say their members are bearing the brunt of the cutbacks. They point out that it's much more likely for a nurse to be laid off than a doctor. The system is still doctor-driven. Critics say this kind of system costs too much money up to a third too much, if the cost of unnecessary treatment and diagnostic testing is included.

Towards salaried physicians & health care by teams

The community health movement believes doctors should be paid a salary rather than a fee for every service they dispense. According to Dr. Steven Hirshfeld, co-ordinator of clinical services at Toronto's SRCHC, doctors who are paid a salary can afford to take more time with their patients and deliver better health care.

"You tend to spend more time with your patients," he says. "There is more health promotion and education. It takes 2 minutes to write a prescription but it takes 20 minutes to explain to someone why they don't need a prescription."

Hirshfeld is part of a team of nurse practitioners, chiropodists and a nutritionist, rather than the sole care-giver his patients will encounter. "People get the

continued on next page

Medicare Chronology

1914	Saskatchewan creates a plan that allows municipalities to levy taxes for building hospitals, hiredoctors and pay for hospital care.
1919	The federal Liberal Party makes a health care plan part of its platform.
1956	The federal government offers the costs of a Canada-wide health plan as long as a majority of provinces join and a majority of the population is covered.
1957	Eight provinces say they'll join the health plan.
1958	Parliament adopts the Hospital Insurance and Diagnostic Services Act.
1961	All provinces have hospital plans in operation; 99% of the population is covered for standard ward care.
1961	Prime Minister John Diefenbaker appoints Justice Emmett Hall to chair a royal commission on health services.
1962	Saskatchewan introduces North America's first public medical insurance. The province's doctors go on strike to protest.
1964-65	The report of the Hall royal commission recommends a medicare plan for all of Canada.
1966	Legislation is passed to institute a national medicare plan.
1972	The last of the provinces joins the medicare plan. A committee chaired by John Hastings recommends expansion of community health centres across Canada.
1980	Justice Hall is asked to take another look at medicare. His report says that by world standards, Canada has "one of the very best health services." But Hall warns that extra-billing is costing $70 million per year and could undermine the medicare system.
1984	The government announces it will take measures to strengthen medicare. The Canada Health Act prohibits doctors from billing their patients above the prescribed medicare rates.

benefit of seeing people with other training and experience for their health care," he explains. "We have more time to deal with the issues and we have other people to work with."

That point of view has not made it into the mainstream of health care thinking, except in Quebec.

Province by province

Community health and social services centres (CLSC) are becoming the core of Quebec's health and social services network. By the mid-80s, a province-wide network of CLSCs was largely complete.

There is nothing to stop anyone from going to see a doctor who works on a traditional, fee-for-service basis. But in Quebec, an alternative network is now in place.

Because health and social services are centred in one location, it is easier to refer patients or clients to other services. With local control by a community board of directors, it's also easier to make sure there are budgets for needed programs. Local control means innovative projects. An example: a number of CLSCs tackle the problem of low birth weight in babies in a very simple, yet effective manner. They make sure young low-income mothers and mothers-to-be have an adequate supply of milk, oranges and eggs. Making contact with these mothers also gives the centres the chance to provide pre-natal care and to treat their other health problems; the women might never go to a doctor otherwise.

The approach reaches people who would otherwise not be touched by health services. CLSCs are governed by community-based boards of directors, which makes it easier to shape services to the needs of the community.

The 1972 federal Hastings Report recommended that all provinces develop a network of community health centres as part of a fully integrated health services system.

Community health centres in Ontario date back to 1963, when the Sault Ste. Marie and District Health Association was founded by steel workers who wanted out of the fee-for-service health care system. (There was no health insurance at the time).

The centres developed slowly in Ontario. There are now more than 40, with significant expansion plans on the horizon. But even though the provincial budget for health centres has increased from $18 million to $66 million in only four years, it's still a drop in the bucket compared to the province's overall $17.2 billion health budget.

Saskatchewan still has a tradition of CHCs because of the physicians' strike in the '60s. When then-Premier Tommy Douglas introduced medicare and doctors refused to provide service, local groups got together and hired doctors from Britain to provide essential health care based in the community.

Centres in Regina, Saskatoon and Prince Albert continue to flourish. Set up as co-operatives, they have been in existence for 30 years and are seen as a service for everyone in the community, not just the poor.

With the community health movement in the forefront, the Saskatchewan health system is moving towards a community-based model. Community health centres are seen as being cost-efficient because doctors are on salary. But the provincial health department is focusing efforts on shifting to a system that not only treats illness, but promotes health.

British Columbia has a few community health centres and Manitoba has had a network since 1972. The governments of New Brunswick and Newfoundland have developed pilot projects. There are also CHCs in Nova Scotia and Alberta.

Promoting health reduces illness

"What is badly needed in Canada is a framework for community health," says Kushner. "We need a strategy for primary care. The majority of people are still being treated by private-practice physicians."

Canada should spend less on curative measures and more on the things that are required for health, the community health movement says. Canada still has a two-tiered health system. We spend too much on the high-tech treatment system and too little making sure lower-income, rural populations have access to health care and to the basic essentials for health. The community health movement wants to work on the things that determine health – jobs, equity and many other issues.

Some in the movement worry that the democratic nature of health centres will be lost as they are pressed to do more and more by cash-starved governments. Volunteer boards of directors will be swamped by the new services their centres will have to offer, some fear.

Critics of the Quebec system say this is already happening in

that province. There are many government appointees on CLSC boards, critics say, including hospital representatives. Sometimes, they say, consumer views are entirely lost.

Liz Feltes, the SRCHC's executive director, believes the community health movement can handle the delivery of many more services without losing sight of its goals. "The key is to keep the connection with local communities through community boards," she says.

Dollars make more sense now than later

Despite the possibilities, there are some who have reason to be suspicious of a shift to community health. They point to disastrous experiments in moving institution-based services to the community, like Toronto's Parkdale area, which turned into a virtual dumping ground for psychiatric patients. Some critics see similar patterns developing in other areas of care.

The Ontario government, for example, is controlling the growth of the hospital system but is giving virtually no extra funds to community health care. The province is planning a new system of long term care that will allow many more people to live in the community rather than in institutions. There is a promise of an additional $647 million budget for this program, of which $447 million is supposed to go to community care and services. But critics say most of the promised money has not been distributed yet.

For Kushner and others, community health is not necessarily a way to save money but a way to give people more control over their lives, their environment and their health.

The prescription for better health is relatively easy, according to Kushner. Governments need to be able to re-allocate their budget dollars. They should expand the community sector and put more emphasis on health promotion, she says. But we can't cut spending on the hospital-based system now and give more money "some time later" to the community health sector, she says.

"We need up-front money to build the community sector before we cut back the hospital sector," she says. "Right now, dollars saved from the hospital system are going to keep the deficit down. They are not going to expand community care."

The community health movement faces some big challenges in the 90s: how to deliver more services; how to maintain community control through working boards of directors; how to expand its vision of primary care to the reality of Canadian society. The movement has a chance to seize perhaps the greatest opportunity it has ever had in Canada. Community activism can help ensure it succeeds.

At SRCHC: Clean environments and health

Riverdale has a huge problem with air, soil and water pollution from local industries, waste disposal sites and sewage treatment plants. SRCHC works with environmental activists in the area to find out what pollutants are soiling Riverdale, how they are affecting residents' health and to organize community action for a clean environment.

In the 80s, blood tests done on children showed that their blood lead levels were much higher than is usual in urban areas. Over the years a lot of lead had seeped into the soil from metal and smeltering plants in the area. SRCHC and concerned residents from Riverdale formed an environmental action group and organized a 'Get the Lead Out' campaign. They lobbied industries and all three levels of government to do their bit to clean up Riverdale. As a result the city's public health department set a level to define what is an unhealthy amount of lead in the soil. The Ministry of the Environment responded by beginning to monitor air and soil lead levels. The group pushed for laws that would force industries to lower the amount of lead waste they could produce. As a result of their efforts, the municipal government replaced the soil in the worst hit areas. Latest tests show that the blood lead levels in children have come down.

Air quality in Riverdale is assaulted by incinerators in the area. Breathing problems are common among people who come to SRCHC. The community has on-going residents' meetings to try and close incinerators down. Building taller smoke-stacks is not a real solution, it just takes the pollutants higher and spreads them further.

Like other places which lie beside the Great Lakes, Riverdale is concerned about the effects of water pollution on the health of the community.

Bringing it all home

Our main goal in this issue of *The Moment* is to promote the development of democratic community-based health centres. Many of the ideas also apply to increasing participation in other community organizations.

Below we suggest some ways of connecting the ideas in this paper with your own context. We address this users' guide to activists, organizers and educators for social change, whether you are in neighbourhood groups, committees, Boards or wherever. We know you'll have ideas besides these.

At SRCHC: Eating and health

For many of the older Chinese people in Riverdale books aren't the best way to learn about food and nutrition. That's partly because some haven't learned to read in either their own language or in English, and partly because they can't always find ingredients that are familiar to them.

SRCHC's Chinese dietitian held a menu contest to promote nutritious balanced meals among Chinese seniors in Riverdale. First she taught the seniors principles of healthy eating. Then she invited them to use these principles and familiar foods to design menus for 3 days including breakfast, lunch, dinner and snacks. A lot of people got involved and the contest was fun and gave people a chance to mix with others in their community.

Afterwards, five Chinese seniors formed an advisory group to work with the dietitian on a slide-tape show about nutrition. They chose the theme "Healthy eating and heart health". Go Kai Ling, a member of the advisory group, recalls what the experience meant to her:

"The dietitian drafted the initial script. I learned about many aspects of dietary fats, cholesterol and healthy life style through revising the script several times. We gave many ideas to the dietitian how to make it simple enough for most people to understand.

"The group became intimate friends in the process. Together we bought and cooked foods to be taken as slides. We chose the background colour together. It worked better when we put our brains together.

"I also greatly enjoyed the recording part... Later it was converted into a video. We also developed a pamphlet to go along with the slide-tape show.

"Personally, I felt that without the input of the seniors, this A/V resource would be too technical and difficult for most people to understand. The content would not be as interesting and rich... I am happy to share with my friends what I have learned and give them the pamphlets..."

Making community-control happen

It's not unusual that a community-based organization with grass-roots beginnings ends up being a bureaucracy. How can we check this tendency and let the community have a real say in what happens?

- Pages 3-6 give a check list to take the temperature of democracy in an organization.
- To recognize your own accomplishments and learn from your success, pick out the points that your organization has made most head way on and describe the evidence of your success. What caused those changes to come about? What constraints came up? How were they dealt with?
- Now look at a program/service area which is most lacking community input. If turned into questions, (the who, what, when, where, how sort) the points on pages 3-6 can help break the situation down into its components. Group exploration of these questions, especially if the group includes people with a diversity of stakes and perspectives on the issue, will yield the seeds of a plan of action that is tailored to the particulars of your context.

Moving for community health

- What forms of health care are now available in your community?
- When you assess your community's health needs, do you find they are adequately met? What's missing?
- Is there a community health centre in your area? If not, is it time now to form a centre?

On pages 15-16 you will find contact groups and resources to help you get started.

Digging deeper

Organising for community health

An idea whose time has come: The Sandy Hill Community Health Care Centre and the development of community health centres in Ontario 1975-1990
from Sandy Hill CHC, 24 Selkirk St, Ottawa, ON K1L 6N2. (613) 741-5529.

Community development and health in Toronto: A progress report
by Anita O'Connor, Maria Herrera & Trevor Hancock, Toronto Department of Public Health, Northern Health Area, 1985.

First and foremost in community health centres: The centre in Sault Ste Marie and the CHC alternative
by Jonathan Lomas, University of Toronto Press, 1985.

Our own health & Organising for health
from the International Council for Adult Education, Toronto, 1984. Looks at the role of adult education in community involvement in health care. Based on case studies in Canada, Chile, India, Indonesia, Nicaragua, the Philippines, Senegal, Tanzania and Venezuela. ICAE, 720 Bathurst St, #500, Toronto ON M5S 2R4. (416) 588-1211.

Perspectives and practice: Health and popular education in Latin America
from the ICAE, 1988. Address above.

Taking medicine to the people
by David South, in **Canadian Living**, January 1993. Looks at the importance of community health care as a cost-efficient alternative to large-scale hospitals.

The power to make it happen
by Donald Keating, Green Tree Publishing Company, Toronto, 1975.

Determinants of health

Health Promotion
Quarterly magazine published by Health Promotion Directorate, Health and Welfare Canada, Ottawa ON K1A 1B4

"In sickness and in health"
in **Getting started on social analysis in Canada** by Michael Czerny & Jamie Swift, Alger Press, Oshawa ON, 1989.

Nurturing health: A framework on the determinants of health
by The Health Public Policy Committee, Toronto, 1991. Available from Premier's Council on Health, Well-being and Social Justice, 1 Dundas St W, Toronto ON M7A 1Y7. (416) 314-8320.

Audio-visuals

DiAna's hair ego
29 min, VHS. This AIDS education resource shows a model of community education and activism that is useful for many groups, not only those organizing around AIDS. Available from Full Frame, 394 Euclid Ave, Toronto, ON M6G 2S9. (416) 925-9338.

Opening the door to community health
60 min, VHS & film. Documentary on the Canadian health care system. Available from Assoc. of Ont. Health Centres, 5233 Dundas St W #403, Etobicoke, ON M9B 1A6. (416) 236-2539.

The right to care
60 min, VHS. Addresses some of the major dilemmas nurses face today: the right to give quality health care, shifts towards privatization and corporate agendas in the health care system. Available from Full Frame, address above.

Canada's health care system

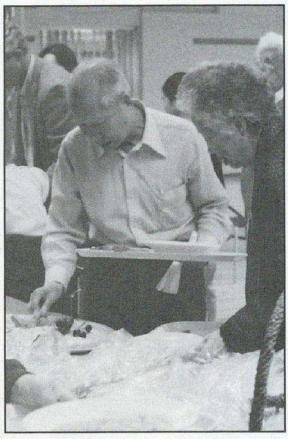
Health care alternatives
by Tim Sale, in **Canadian Dimension**, March 1992. Analyzes what's behind and ahead of health reform models in each province.

Second opinion: What's wrong with Canada's health care system and how to fix it
by Michael Rachlis & Carol Kushner, Harper Collins, 1989. Widely used by students of Canada's health policy, this book shows why it makes sense to reform our health care system.

Strategic planning for health: How to stay on top of the game
by Terry Sullivan, in **Health Promotion**, Summer 1991. Discusses the strategic challenges facing health care planners and the need for an active and participatory process in developing health reforms.

Under the knife
by Michael Rachlis & Carol Kushner, in **Report on Business**, October 1992. Looks at cuts facing Medicare and suggests reforms that could help Canada's universal health care system survive.

What's happening to our health care system?
Background information on the restructuring of Ontario's health care system. Published by the Canadian Union of Public Employees (CUPE), 305 Milner Ave, Suite 901, Scarborough, ON M1B 3V4.



To get a community health centre going

The groups listed below can tell you what resources are available to groups who want to get a health centre going in their community.

CANADA

Canada Health Coalition
2841 Riverside Dr
Ottawa, ON K1V 8X7
Pam Fitzgerald
Phone: (613) 521-3400
Fax: (613) 521-4655

Canadian Co-operative Association
275 Bank St, Ste 400
Ottawa, ON K2P 2L6
Carol Hunter
Phone: (613) 238-6711
Fax: (613) 567-0658

Conseil Canadien de la Coopération
Développement Économique Communautaire
450 rue Rideau, Ste 201
Ottawa, ON K1N 5Z4
Réjean Laflamme
Tél: (613) 789-5492
Fax: (613) 789-7743

BRITISH COLUMBIA

Social Planning and Research Council
#106 - 2182 West 12th Ave
Vancouver, BC V6K 2N4
Christine Gordon
Phone: (604) 736-8116
Fax: (604) 736-8697

ALBERTA

Alexandra Community Health Centre
922 - 9 Ave S E
Calgary, AB T2G 0S4
Val Wiebe
Phone: (403) 266-2622
Fax: (403) 266-2692

SASKATCHEWAN

Cooperative Health Federation
c/o Cooperative Health Centre
110 - 8th St East
Prince Albert, SK S6V 0V7
Wayne Pearson
Phone: (306) 763-6464
Fax: (306) 763-2101

MANITOBA

Manitoba Association of
Community Health Centres
c/o Health Action Centre
425 Elgin Ave
Winnipeg, MB R3A 1P2
Jeanette Edwards
Phone: (204) 947-1626
Fax: (204) 942-7828

ONTARIO

Association of Ontario Health Centres
5233 Dundas St West, Suite 403
Etobicoke, ON M9B 1A6
Sonny Arrojado
Phone: (416) 236-2539
Fax: (416) 236-0431

Ontario Health Coalition
c/o West Central Community Health Centre
674 Queen St West
Toronto, ON M6J 1E5
Lee Zaslofsky
Phone: (416) 363-2021
Fax: (416) 364-7832

Ontario Ministry of Health
Community Health Branch
15 Overlea Blvd, 6th Floor
Toronto, ON M5H 1A9
Jim O'Neill, HSO/CHC Programs
Phone: (416) 327-7547
Fax: (416) 327-7550

QUÉBEC

La Fédération des CLSC du Québec
550 rue Sherbrooke Ouest, Ste 2060
Montréal, QC H3A 1B9
Claude Malboeus
Tél: (514) 842-5141
Fax: (514) 873-7062

NOVA SCOTIA

Federation of Community Health Centres
c/o 2165 Gottingen St
Halifax, NS B3K 3B5
Johanna Oosterveld
Phone: (902) 420-0303
Fax: (902) 422-0859