

ABOUT HEALTHY LIVING IN ST. JAMES TOWN

HEALTHY LIVING IN ST JAMES TOWN is a replicable, community based, health promotion and disease prevention initiative which helps newcomers in their efforts to assess and address their risks of diabetes, cancer and heart health.

Through health promotion, information and access to prevention activities the long term impact will be a community which routinely demonstrates healthy living and chronic disease prevention activities.

This project improves the health self-efficacy of the community through activities grounded in local resources and supports including foreign trained health care professionals, established cultural practices, local nutrition initiatives and physical fitness activities.

Those identified as being at risk are assisted by Community Assistants to manage their health condition through improved networks of support and newly established health tracking tools.

The project addresses both the community and individual health needs through a holistic approach, working within the newcomer context while addressing variables which affect health including employment, social isolation, self-esteem, language, finances and problem solving.

A number of newcomers from the 67 plus different cultures living in St James Town typify the health and policy challenge presented by those at moderate to high risk of diabetes and other chronic health conditions clustered in Canada's urban centres. Newcomers and longer term immigrants were both significantly more likely than Canadian-born residents to be physically inactive (Toronto's Health Status Indicators 2011). The prevalence of diabetes of South Asians in St James Town is more than twice that of other areas in Ontario (CASSA, 2010)

Many do not have the time, motivation or resources to buy and cook healthy foods and exercise consistently, lack the extensive support network in place "back home" and often work three different jobs to meet basic financial demands in both Canada and from their country of origin.

Our primary target is the South Asian and African population of St. James Town. A recent report published by the Council of Agencies Serving South Asians reported that compared to establish Canadians, newcomers of South Asian descent:

- Are twice as likely to have diabetes
- Are twice as likely to have hypertension
- Are less likely to have contact with specialist physicians, undergo screenings for prostate, breast and cervical cancer, or be admitted to hospital (Quan et al, 2006), and experience low levels of cervical cancer screening (Gupta et al, 2002).

Toronto Public Health statistics 2011 demonstrate that compared to people in Toronto, residents of North St. James Town are: Less likely to have had:

- A recent mammogram
- A recent Pap test
- Recent colorectal cancer screening
- A visit to a health care provider for mental health issue

And more likely to have:

- High Blood Pressure
- Chronic obstructive pulmonary disease
- Diabetes

Our project is based on the literature to date on diabetes prevention, specifically the benefits of healthy eating and exercise, with low-cost, culturally and economically appropriate, peer-led community-based prevention programs.

The work of our project is important because it demonstrates and expands on effective approaches which address the cultural barriers to positive health practices for new comers. It further addresses the core issues raised by these cited statistics: "A core curriculum for behaviour change with regular follow up". All individuals at risk for diabetes need a "place to go" where they can receive a continuum of adequate, reliable, behavioral care that is engineered for effective outcomes. "(Vendetti E. et al, 2007),

recognizes and defines a person's existing cultural health practices, uses international health professionals to reinforce the positive practices and supports their transition to the use of Canadian resources.

Our activities and methodology are supported by findings of an analysis completed of the South Riverdale Community Health Centre, Mount Sinai Hospital and Toronto Public Health and reported as "Engaging Seldom or Never Screened Women in Cancer Screening: A Compendium of Pan-Canadian Best and Promising Practices, 2010". Our project is supported by and reflects the following findings:

- Using indigenous lay health educators to deliver educational messages may be an effective method to encourage screening participation among various immigrant groups. Indigenous lay health educators are able to effectively promote health messages that reflect the cultural norms of their target audience because of their status as part of the cultural group and their ability to meet with women in person as and when necessary. (p24)
- Low screening rates among immigrant women have been well documented in the literature. While barriers to screening appear to be somewhat similar among various immigrant groups, it is crucial to note that each group is unique and may have distinct health beliefs and practices. These distinctions should not be disregarded; programs may need to be culturally tailored to each specific group.
- Presenting culturally sensitive health education videos may be an effective way to prompt low-income, immigrant women to obtain a mammogram or Pap test. (p 21)
- Media-led education has the potential to increase knowledge about breast and/or cervical cancer screening, as well as intention to screen. Media-led education, however, did not succeed in getting the women to go for screening. (p 23)
- While it was important to tailor invitation letters, too much information on individual risk might decrease the likelihood of women receiving cancer screening. They found that women who received personalized, tailored letters containing specific risk factors extracted from their medical records were less likely to obtain breast and cervical cancer screening than those who received personalized, tailored letters containing general risk factors

Our project strengthens community based approaches to improve health behaviours of residents towards the critical risk factors of diabetes, cancer and heart health. Successful outcomes will occur in trusted and safe environments where cultural attitudes and social behaviours towards health promotion can be modified.

Our approach supports awareness, access, community prevention and participation in better health practices and individual health management. Building on cultural health practices and starting at the ground level with familiar, trusted Community Assistants as coaches and mentors, residents will identify and address social, language, cultural and other issues to modify their health behaviours.

Addressing these issues coupled with awareness campaigns, appropriate exercise, nutrition classes and self-help groups created and delivered by neighbours of the community provides the conditions and social support necessary to address the individual conditions which can lead to behavioural change.

Surrounding individuals and the community with appropriate local, familiar support will create conditions of openness to participate in a variety of improved health practices in a sustainable effort to improve the well-being of the community.

Outcomes

Short Term: Access

- St. James Town residents use health promotion, chronic disease, prevention, early detection and support resources created and delivered in the community
- St. James Town residents participate in a variety of physical, nutrition and self-help support groups created in the community and delivered by qualified neighbours

- St James Town residents use health assessment tools as part of their personal health awareness and health management
- Residents have access to and use internet based and manual health tracking tools
- Information concerning the chronic disease critical risk factors and their mitigation will be made available to the residents of St. James Town through a variety of culturally appropriate means
- Residents will gain access to the use of services (e.g. screening) which will mitigate critical health risk factors

Medium Term: Support and Knowledge

Support

- Conditions and safe space will be created for residents to participate in their own health management
- Trained St. James Town residents will encourage and assist where necessary their neighbours in using health assessment tools for diabetes, cancer and heart health
- Residents will receive encouragement, mentorship and guidance in using electronic health management tools
- Residents will be supported in combining healthy living practices from back home with those accepted in Canada.
- Residents will accept and participate in practices (e.g. screening) which will contribute to the mitigation of critical health risk factors
- That conditions are created that will increase residents' social networks, along with better quality resources that support healthy living and chronic disease prevention
- That St James Town residents actively participate in healthy living and chronic disease prevention practices

Knowledge

- Residents will understand the benefit, access to and ease of use of health assessment tools and will be more encouraged to use them in management of their family health
- Residents will learn of the risk factors and their mitigation from their own cultural perspective
- Residents will have knowledge of the availability, methods of access and appropriate use of health management tools
- Residents will improve their knowledge of their own health through the direct communications methods available with the health management tools
- Residents will have an improved knowledge of critical risk factors and their mitigation and apply this knowledge to their personal and family health management
- Residents will enhance culturally accepted health knowledge and practices with those available in Canada
- Similar projects will benefit from the tools and lessons learned from the implementation of this project

Long Term:

St. James Town residents demonstrate an improvement in healthy living and chronic disease prevention practices.

Our activities are based on research findings that several chronic diseases with common risk factors can be addressed simultaneously. Our programme integrates the key elements associated with obesity i.e. diet, physical activity and mental health to address prevention of Type 2 diabetes and cancer and heart health simultaneously.

We target both diet and physical activity, building in social support and the use of well described and established behaviour modification methods. We use a cumulative approach testing the impact of activities, defining new outcomes based on previous outcomes.

Activities run simultaneously to address Access, Awareness/Knowledge and Physical and Social support. The specific activities are detailed in the project work-plan

From these activities primary outputs are delivered. 1) **Health information** in the form of program announcements, health tips and a video are displayed at various locations throughout the community including schools, recreation centres and apartment lobbies/elevators, 2) A group of **Community Assistants**, in many cases foreign trained health care professionals, are trained to engage the community, conduct a variety of physical activity, nutrition, screening, support group and accompaniment activities, 3) Conduct and participate in **Community Health Days** raising awareness and providing information on the common risk factors for diabetes and cancer, 4) **Regular** (Weekly) culturally appropriate physical activity, nutrition, screening, and support group **activities** with individual and group follow up and where necessary, accompaniment to activities and appointments, 5) Local

screening for cancer and administration of the CanRisk Assessment for diabetes with individual follow up and accompaniment where necessary, 6) The creation and administration of consumer **Health Management tools** including online tools such as My Oscar and paper tools such as the Health Passport and 7) **Knowledge Transfer** and advocacy documents including an annual project report for partners and the community, a community Food Strategy and community Physical Fitness strategy addressing the fitness issues of living in a dense urban community.

New Canadians living in St. James Town are primarily addressing the issues of employment, education, housing and language. At the same time their physical and mental health is affected as they adapt their nutrition and physical fitness habits to a new culture and a dense environment. Community Matters has intensified its focus on health information and practices in its existing programs. For example, participants in the Public Speaking course will be asked to present information about diet, exercise and health in the workplace.

Residents participate in a “Practical English” course including health vocabulary, access to health services and how to talk to a doctor about their symptoms and concerns. In another context, when learning computer search or bookmarking techniques, the search and bookmarking are done on the critical risk factors for cancer amongst women of a specific age.

Recognizing that new Canadians are in the process of adapting to a new lifestyle, they may not be aware of the health practices and perceptions in their new community and country. For example, a diet high in fat and fast food is often associated with prestige and prosperity in certain immigrant populations. We will:

- Identify what cultural behaviours are /neutral/healthy/unhealthy and the triggers leading to unhealthy behaviors, reinforcing them through discussion and self-help groups with a Health Professional from ‘back home’
- Support socially isolated new Canadians by using self-help group/Circle approach to mimic the extended family and its benefits and they will address health practices in the context of reported depression, isolation, family issues, financial and foreign culture. Online methods will be considered here to reach those who may be more isolated
- Create activities which are appealing to new Canadians from different cultures such as Bollywood and Belly Dancing classes as a form of physical exercise
- Continue to adopt a Peer to Peer approach using foreign trained health care professionals providing an empathetic and non-judgemental approach supported by Canadian Health care professionals. Health science students will be engaged throughout all phases of the project...
- Work to establish and consolidate participant’s relationships with their primary care professionals. Many still rely on health information from a friend, family member or a last minute visit to a drop-in clinic.

Technology is used both as a form of individual health record management and as a method of providing individual support. Most participants have access to computers in their homes and have a basic knowledge of their use.