SHARE THE HEALTH

SFU Undergraduate Semester in Dialogue Presents: a showcase of urban health innovations

Grey to Green:
This innovation encourages the connection of individuals with their community through local food gardens. In our urban settings, the link between environment and health has temporarily been lost. We have become disconnected from the origins of our food. Let's indulge in the mental and physical health benefits of gardening, it's about time we got back to our roots!

Post-Dialogue:
We had a lot of positive feedback on the possibility of incorporating gardening, nutrition and sustainability practices into our education system. The practice of growing small sensory gardens in the classroom and transporting them to senior centres would create a positive community connection between children and the elderly. The common practice of gardening would also give them something to talk about.

A lot of people acknowledged the need for urban gardens to enhance food security in the city. Rather than growing the food at great distances and importing, Vancouver should take better care of its fertile land and appreciate a climate that is complimentary to growing large varieties of food. Labeling food that is grown locally and defining what is local would be a good start in promoting awareness on food security and environmental issues surrounding sustainable agriculture.

Finally, it was encouraging for us to learn that there was a real demand for gardening in the city. Several comments pointed out that there were often waitlists for people to enroll and take part in urban gardening initiatives. This could indicate an opportunity and a market for rooftop gardens to expand the area available to those people who want to garden.
SHARE THE HEALTH

SFU Undergraduate Semester in Dialogue Presents:
a showcase of urban health innovations

SOJAMM (Socially Oriented Joint and Muscle Mover):

An innovative set of low intensity exercise equipment designed to gently activate muscles and mobilize joints, in a fun and social manner. SOJAMM units are designed for highly trafficked areas (business district) and in areas where groups of people have prolonged waiting time (bus stops, children’s sports practices). These esthetically pleasing sets of equipment will beautify the city and promote physical activity. Why should kids get all the playgrounds?

Post-Dialogue:
Sojamms could be placed anywhere waiting is inevitable: Hospitals, doctor’s offices, airports, universities and near coffee shops

To make sojamms visually engaging, a partnership should be started with a design program at any educational institute, for example Emily Carr.

SOJAMMS should have their own website, linked to that of local parks boards, so people can know where they are located, and when new ones are built.

To get people using Sojamms, in addition to advertising, news stories and product placement on popular shows will invoke interest.

SOJAMM units should be implemented in playgrounds. This way grandparents, parents, children and grandchildren can be active at the same time.
**Bridging the Gap between Hospital and Home:**
A program designed to ease the transition from hospital to home care. Through interdisciplinary care teams and group appointments, people and their families will receive both the individual and peer support needed to help them through difficult health situations. The future of health care is coming home.

**Post Dialogue:**
Comments

- Support the patient!
- Hearing peer stories would be helpful
- Interdisciplinary approach
- Leaving the hospital with a diagnosis of mental illness can be very scary, this program should address home support for families and patients
- Have support for caregivers
- Peer meetings are a great idea!
- Connectivity is very important!
- It’s important not to feel like you are the only one (comforting)
- Isolation is bad!
- Do it together
- I feel better knowing that our health is in the hands of such smart and dedicated young people

**Ideas:**

- Student nurses to participate in programs
  - Then they could go into the homes of patients in the program
- Having a website associated with the program
- Have video tutorials
- A list of services in the patients' community
- A forum for discussion
- Could have conference web cam sessions for patients that live far away
- Record or make a video out of the meetings
- Bridge the gap from home to hospital (It's scary going in for surgeries, definitely a sea of confusion exists there as well which needs to be bridged)
- Increase and foster relationships with communities to bring this program into the community so patients don't have to come to the hospital.
- Have support for caregivers
  - Maybe bring them in for one of the sessions
- Have a session about how the patients can continue meeting in the future
  - Go over how they can support each other after appointments have ended
- Think about prevention and education and informing students/children/general public about health
- Make the hospital more like a home
- Have a pick up shuttle service for patients that have difficulty commuting
- Like the cancer cars
- You could have these meetings in assisted living or senior centers
- Use volunteers to facilitate this program

**Challenges:**

- People who can’t get to the hospital (can’t walk)
- Confidentiality for patients
- Barriers caused by attitudes towards group meetings (they aren’t part of the care the hospital delivers)
ImCARE Health (Immigrant Community Access to Resources and Education in Health):
The proposed multicultural health resource can work towards removing cultural barriers to healthcare for Vancouver's ethnic minorities. By coordinating translation services, initiatives that raise awareness of cultural health practices, support groups, and advocacy for foreign doctor accreditation, we can work towards truly making healthcare accessible to all. Ultimately, this resource can empower people to regain control of their own care.

Post-Dialogue
The collaboration that took place on Thursday brought new energy and substance to our project. The common thread explored is a need for access to healthy food in the immigrant community to make the transition from their old diets to the North American diet. The ImCARE center could help with this by providing information about healthy and cultural foods in the Vancouver area.

We shared stories that underline the importance of supporting immigrant health. There is an economic incentive with growing immigrant presence in the job market and a social imperative in order to make sure our communities are healthy. We also looked at a number of issues that could cause problems for our program. First, immigrants may not be able to participate in a program as a volunteer when most work more than one job. The scope of our project is large which will make it difficult to implement fully. It is important to know the challenges we may face in order for us to come up with creative solutions in the coming months. We talked about the values that would drive our organization: engagement, empowerment, self-governance, support, family, community, and education were just a few words and ideas that should be incorporated into our project. We also spoke about concrete steps that ImCARE could take: a community recipe book, ESL programs for the medical field, and the importance of the cultural broker program.

The stories that we heard helped to under line, reinforce and enrich the reasoning behind our project. The ideas generated solidified our belief that as a community, we can come up with relevant and realistic solutions to collective challenges. We walked out of the dialogue with many avenues to explore and many new doors that have opened up.