



## **An Environmental Scan of Health Promotion in Western Health**

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**Consultation Report**  
**Prepared by: Noreen Dort**  
**Reviewed/Revised: June, 2011**  
**Heather Taylor**

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**Appendix A:** Western Health’s Health Promotion Framework

**Appendix B:** Key Informant Interviews and Focus Groups

## **Health Promotion Glossary**

The World Health Organization (WHO) developed a Health Promotion Glossary to facilitate understanding, communication and cooperation among those engaged in health promotion at the local, regional, national and global levels. Two editions of the Glossary have been released, the first in 1986 and the second in 1998. The web link below will connect to both versions of the WHO glossary.

<http://www.who.int/healthpromotion/about/HPG/en/>

## Executive Summary

Western Health provides a continuum of programs and services to the people of Western Newfoundland. These programs and services are offered in a variety of settings that include acute care, long term care, rural health, and the community. In doing so, the Health Authority's mission is to have improved quality programs and services, in priority areas, to address the population health needs of the Western Region by March 31, 2017. Enhanced health promotion is one of the four indicators that will be used to measure progress towards this mission. Over the next three fiscal years, Western Health will focus on health promotion as one of its three strategic issues. The goal will be enhanced health promotion through the implementation of priority initiatives in a health promotion plan by March 31, 2014.

In order to meet this goal, three objectives have been identified:

- By March 31, 2012, Western Health will have identified the priority health promotion initiatives in a health promotion plan.
- By March 31, 2013, Western Health will have developed a work plan for the implementation of the identified health promotion priority initiatives.
- By March 31, 2014, Western Health will have implemented the identified priority initiatives in the health promotion plan.

This document, **An Environmental Scan of Health Promotion in Western Health**, is an initial step in the identification of the priority health promotion initiatives that will guide health promotion planning and implementation in Western Health over the next three fiscal years. Health promotion evidence from the World Health Organization, the Public Health Agency of Canada (PHAC), the 2011-14 Strategic Directions of the Department of Health and Community Services, the 2011 Draft Provincial Wellness Plan, Western Health's Health Promotion Framework (Appendix A) and other reference documents provided the context for this environmental scanning process. Information from Western Health's 2011-14 Strategic Plan, Western Health's 2009-10 Environmental Scan, the 2009 Community Health Needs and Resources Assessment, and focused interviews with Western Health staff and community partners provided the regional context.

This health promotion scan identifies Western Health's strengths, weaknesses, opportunities, and threats in six of the seven Provincial Wellness Plan priority areas. These six areas are: healthy eating, physical activity, injury prevention, tobacco control, mental health promotion, and child and youth development. The provincial direction for the seventh priority, Environmental Health, is presented in this scan, but an analysis of Western Health's environmental health priority actions to date was not completed. While it is recognized that Western Health is working on many components of environmental health, including the work of Western Health's Green Team, the leadership for this priority primarily rests with the provincial Director of Environmental Public Health who, in turn, links with the Department of Government Services (GSC) and the Regional Health Authorities. The Regional Director of Health Protection is Western Health's link to Environmental Health at a provincial and local level. It is this position that will continue to lead priority environmental health actions

within Western Health, in partnership with the GSC and the Department of Health and Community Services.

In addition to the identified Provincial Wellness Plan priorities, this scan also includes Sexual and Reproductive Health promotion within Western Health. Communicable disease, including sexually transmitted diseases, is a focus area in the Department of Health and Community Services' Strategic Directions. The decision to include sexual and reproductive health in this environmental scanning process was supported by the implication of sexual and reproductive health issues, the efforts to address these issues in the region and the focus on sexually transmitted infections in the Department's Strategic Directions. Information collected from the environmental scanning process, combined with the literature review on best practices in health promotion, provided the basis for the health promotion recommendations in Western Health over the 2011-14 fiscal years.

The recommendations are organized into two sections: Section 6.1 focuses on one integrated health promotion priority initiative. Section 6.2 focuses on a number of recommendations for overall health promotion in Western Health.

### **Priority Recommendation**

It is recommended that Western Health focus its health promotion priorities for the 2011-14 fiscal years on a comprehensive, integrated approach to **Healthy Eating and Physical Activity for the Promotion of Healthy Weights**. This recommendation is based on careful analysis of Western Health's population health status, a review of the Body Mass Index (BMI) in the preschool population, the prevalence of chronic diseases in the region, the provincial Wellness Plan priorities, and best practice approaches for effective population health promotion. A detailed analysis of Western Health's population health status and the supporting best practice evidence for the promotion of healthy eating and physical activity is presented in Section 6.1.

### **General Health Promotion Recommendations**

The following recommendations relate to overall health promotion in Western Health:

- A health promotion policy is the first concrete step towards integrating health promotion. Western Health has developed a health promotion policy. It will be important to facilitate dialogue around this policy with staff, management, physicians and community partners to build increased understanding and capacity for the implementation of a planned, integrated, and comprehensive approach to health promotion within Western Health, and across the region.
- As part of the health promotion strategic issue planning process, review the terms of reference, structure, and capacity of the existing Health Promotion Network with the intent of creating a Regional Health Promotion Steering Committee that will oversee the development, implementation and evaluation of evidence-based strategies to support enhanced health promotion in Western Health.

- In addition to the health promotion strategic issue in Western Health's 2011-14 Strategic Plan, Diabetes Prevention and Management is also being strategically addressed. This issue is linked to the Chronic Disease Prevention and Management (CDPM) work that was initiated in the 2008-11 fiscal years and that continues today. Since the primary prevention of chronic diseases largely utilizes a population health approach with a focus on common risk factors and the determinants of health, it would be wise to establish a formal link between Health Promotion Programs and CDPM.

It is recommended that a formal relationship be established between the Health Promotion (HP) Steering Committee and the Chronic Disease Prevention and Management (CDPM) Network. This link will provide an opportunity to integrate population health promotion with the prevention and management of chronic diseases, within the context of the evidence-informed Expanded Chronic Care (ECC) Model. This integration, with a focus on the determinants of health, will provide additional expertise and support to improve overall population health in the Region and reduce the burden of chronic disease. It has the potential to not only reduce the impact on those who have a particular disease through secondary and tertiary prevention, but also to support people and communities to be healthier through primary prevention and population health promotion. The Health Promotion Steering Committee, in its link to the CDPM Network, will be the primary prevention arm that will plan and oversee population health promotion and primary prevention within and across the region. These initiatives will not only support the health promotion priorities but will also support the prevention of chronic diseases.

- As part of a comprehensive communication plan, and in partnership with key stakeholders, explore the expanded use of information technology and social marketing to enhance health promotion education and awareness. Information technology supports such as telehealth, e-learning and webinars can be useful education tools. There is also a prime opportunity to explore social marketing and expansion of the Western Health website to facilitate community access to health promotion information. Provincially, the Health Boards will be working collaboratively to address social media opportunities, such as the use of Facebook and Twitter. Social media has the potential to provide health promotion opportunities through prompt and inexpensive interactions with clients and stakeholders but it can also be used to support people in terms of self-management and personal behavior change.
- Within the context of the health promotion plan and the priority health promotion issue, strengthen the role of Primary Health Care (PHC) Teams and Community Advisory Committees (CAC) in identifying health needs, advancing public awareness and supporting healthy public policy.
- Revisit Western Health's organizational structure for health promotion, including the position descriptions, roles and responsibilities, accountability framework, and workload of all staff that have a primary responsibility for health promotion. As the

needs of communities change and the roles of health promotion staff evolve, the research has shown that both health promotion staff and organizations are questioning what their role is in fostering and doing effective health promotion work, and the conditions and supports that are necessary to facilitate this work. Health promotion staff are generally engaged in multiple priorities and sometimes have difficulty naming what it is they are doing. Are they consultants with content expertise and if so, what is expected of that role? Who provides the on the ground health promotion? Organizations and managers also want to know what they can do to create conditions for innovative, effective health promotion. What are the critical factors that support health promotion practice? What is the capacity of individual health promotion staff to do effective health promotion? What is Western Health's capacity as an organization to support effective health promotion work? What are the organizational enablers and constraints for health promotion? What factors impact health promotion capacity?

- In order to advance the promotion of healthy eating and physical activity as a focused priority, designated leadership and on the ground support from professionals with expertise in both healthy eating and physical activity are required. In light of the population health focus of healthy eating and physical activity, it is recommended that Western Health explore the Public Health Nutrition Practice Role as defined by the Pan Canadian Task Force on Public Health Nutrition Practice (2010). The role encompasses the assessment, promotion, protection and enhancement of health and the prevention of nutrition-related diseases, and uses strategies that focus on the interactions among the determinants of health, food security and nutritional and overall health, all the while utilizing population health and health promotion approaches.
- With respect to physical activity, there is not a designated leader who has the promotion of physical activity as their primary role. It is therefore recommended that Western Health explore opportunities to address the leadership required for the development of the physical activity health promotion plan and the provision of on the ground support for the promotion of physical activity with the targeted population groups.
- Western Health's Framework for Health Promotion states that all staff within Western Health have a role to play in health promotion, and that health promotion strategies are evident and actioned in branch plans. In order to make these statements a consistent reality, it will be important to incorporate the concepts, values and standards of health promotion across the organizational structures and the culture of the organization. The incorporation of health promotion into the operations of Western Health is one way of putting into practice the Ottawa Charter strategy of re-orienting health services. This means going beyond the provision of health information and education to patients, residents and communities: it involves reforming health promotion philosophy and concepts so that health promotion is integrated into the roles of staff and embedded into the culture of care. It is recommended that Western Health explore and implement, over time, the

organizational processes that are needed to help staff and physicians to be more health promoting across all branches, programs and services.

- Consider the impact of health literacy on effective health promotion. The World Health Organization (WHO) defines health literacy as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health. This definition implies that health literacy means more than being able to read pamphlets and brochures. Health literacy empowers people by improving their access to health information and their capacity to use it effectively. Health literacy is vital to health promotion and is a major determinant of health. Addressing health literacy in Western Health means breaking down the barriers to health that low literacy creates and finding ways to enable all people to access the services and supports they need, understand and use information to promote their health and prevent disease, make informed health decisions about self-management and the treatment of illness, advocate for their own health, as well as that of their family and community, and gain greater control over their health and well-being. It is recommended that Western Health develop a mechanism for assessing the health literacy level of health promotion material.

## **1.0 Introduction and Background**

### **1.1 International and National Context**

Health promotion, according to the World Health Organization (1998), is the process of enabling people to increase control over, and to improve their health. Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.

Canada has been a leader in health promotion for a number of years. In 1974, the document, *A New Perspective on the Health of Canadians* demonstrated the wide array of factors that influence health. In 1986, the *Ottawa Charter for Health Promotion* identified three basic strategies for health promotion (1) advocacy for health to create the essential conditions for health; (2) enabling all people to achieve their full health potential; and (3) mediating between the different interests in society in the pursuit of health. These strategies were and continue to be supported by five priority action areas: building healthy public policy; creating supportive environments for health; strengthening community action for health; developing personal skills; and re-orienting health services. In 1986, *Achieving Health for All*, a Health Promotion Framework, further articulated the principles of health promotion and proposed strategic action frameworks (Canadian Public Health Association, 1996).

In 1997, the *Jakarta Declaration on Health Promotion* also supported these frameworks and action areas. This Declaration brought health promotion into the 21<sup>st</sup> century by providing clear evidence that:

- Comprehensive approaches are the most effective. Those that use combinations of the five strategies of the *Ottawa Charter* are more effective than single approaches;
- A variety of settings provide opportunities for the implementation of comprehensive strategies;
- Participation is essential to sustain efforts. People must be at the centre of health promotion action and decision-making processes for them to be effective;
- Health literacy fosters participation. Access to education and information is essential to achieving effective participation and the empowerment of people and communities.

The *Jakarta Declaration* identified additional forms of health promotion action under the following five priority areas: promoting social responsibility for health; increasing investments in health; expanding intersectoral partnerships; increasing community capacity and empowering individuals; and securing an infrastructure for health promotion.

Despite Canada's health promotion leadership role and the substantial contributions that have been made to health promotion at national, provincial and regional levels, a wide discrepancy remains between the philosophy of health promotion and the reality of its implementation. According to the *Health Council of Canada* (2010), "Thirty-five years of developing knowledge in the health promotion field has unequivocally shown that taking action on the broad conditions that affect people's lives offers the greatest improvement in the health of the population. But this knowledge does not appear to be translating into action. Canada is

falling behind other industrialized nations in measures such as levels of poverty, the degree of inequality between the rich and poor, and investments in social programs” (pg. 5).

Although health care budgets have continued to rise, there have been negligible improvements in population health outcomes. According to the Health Council of Canada, health care spending in Canada reached \$192 billion in 2010; 20 % of this spending was likely attributable to income disparities. The December, 2010 Health Council Report *Stepping It Up: Moving the Focus from Health Care in Canada to a Healthier Canada* states “Increasingly, studies show the potential cost savings that could be realized by investing in prevention and in reducing health inequities, and that tackling the determinants of health is necessary to improve the overall health of the population. Clearly, Canada needs a better balance between investing in the acute care system and investing in the determinants of health. Finding this balance is likely to mean a shift in the way governments allocate health care dollars. Health promotion efforts have largely been viewed as a side dish to the main meal of the existing health care system. We must be prepared to ask tougher questions about the health outcomes of our spending on the health care system and on existing health promotion strategies and we must be prepared to reallocate dollars to the strategies that work, rather than continue with the status quo. What’s needed now is a stronger focus on improving the health of Canadians and reducing health inequities through concerted action on the determinants of health.”(p. 28).

These serious concerns regarding growing health disparities, the increasing prevalence of chronic diseases, and the sustainability of the health care system are creating a sense of urgency about health promotion and disease prevention in Canada. In September, 2010, Canada’s federal, provincial, and territorial Ministers of Health released a report entitled *Creating a Healthier Canada: Making Prevention a Priority*. This document focuses on health promotion and the approaches that should be used to improve the overall health of Canadians by:

- Changing risk factors and conditions that lie outside the health sector;
- Providing population health promotion initiatives and public health services working with, and in support of, the communities and families they are meant to serve;
- Ensuring Canadians can access and use appropriate effective clinical prevention services;
- Helping people learn and practice healthy ways of living;
- Doing and using research to build the evidence on the elements that create good health, the broad causes of disease and injury, and how to influence them.

## **1.2 Provincial Context**

Within Newfoundland and Labrador, the strategic directions of the Department of Health and Community Services provide the provincial health context. In the Department’s 2011-14 Strategic Plan document, population health is identified as the first strategic direction. In achieving improved population health, the Department plans to focus on public health interventions that will promote healthy lifestyles and reduce health inequalities, prevent acute and chronic illness and injury, and protect people from health hazards. These areas include:

- Aboriginal Health
- Cancer Care
- Communicable Disease, including Sexually Transmitted Diseases
- Chronic Disease Management
- Environmental Health
- Health Emergency Management
- Healthy Aging
- Healthy Eating/ Physical Activity
- Injury Prevention
- Health Maternal/Newborn
- Smoking Rates And Protection from Environmental Smoke
- Wellness

Some activities in the above noted areas are population specific while others are related to health initiatives or programs. At a population health level, the 2011 Provincial Wellness Plan (April, 2011 Draft) provides a focus on improving the health of Newfoundlanders and Labradorians through the following key directions:

- Strengthening partnerships and collaboration
- Developing and expanding wellness initiatives
- Increasing public awareness
- Enhancing capacity for health promotion
- Evaluating and monitoring progress

The actions of the 2011 Wellness Plan focus on two main areas: Healthy Communities and Wellness Priorities.

The Plan refers to healthy communities as those communities where people work together to support each other and define what is important in order to strengthen their social, environmental and economic well-being. The three key initiatives that address this focus area are Regional Wellness Coalitions, Provincial Wellness Grants and Healthy Students Healthy Schools. All of these initiatives are closely linked to the Poverty Reduction Strategy by providing opportunities for those in our communities who are of greatest need.

From a Wellness Plan priorities perspective, the 2011 Plan continues to build on and expand the initial priorities of healthy eating, physical activity, injury prevention, and tobacco control. It also brings a focus to the new priorities of mental health promotion, child and youth development, and environmental health.

The determinants of health continue to guide the work of the Provincial Wellness Plan. Specific attention is given to the social determinants of health and the importance of addressing the needs of those who are most vulnerable to economic inequities and adverse health outcomes. The Provincial Wellness Plan sets the provincial context for population health planning, and Western Health will continue to use this Plan to guide the process of determining health promotion priorities over the next three fiscal years.

### **1.3 Regional Context**

Western Health provides a continuum of programs and services within allocated resources to the people of Western Newfoundland. These programs and services are provided in acute care, long term care, rural health, and community settings. Western Health's mission is to have improved quality programs and services, in priority areas, to address the population health needs within the Western Region by March 31, 2017. Enhanced health promotion is one of the four indicators that will be used to measure progress towards this mission. Over the next three fiscal years, Western Health will focus on health promotion as one of its strategic issues. The goal will be enhanced health promotion through the implementation of priority initiatives in a health promotion plan by March 31, 2014.

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## **2.0 Health Promotion as a Strategic Issue in Western Health**

### **2.1 Western Health's Definition of Health Promotion and Best Practices in Health Promotion**

The literature provides many definitions of health promotion. While these definitions share commonalities, there is much room for interpretation, especially in the application of health promotion models, approaches, and strategies. Therefore, in order to move the health promotion strategic issue forward, it is vital that Western Health not only adopt a *common definition* of health promotion but that it also develop a *common understanding* of health promotion so that there is consistent application of health promotion principles and strategies across the region.

## ***Health Promotion***

Western Health will utilize the following definition for health promotion as adapted from the Ottawa Charter, the World Health Organization, the Canadian Health Network and the Health Promotion Framework for Western Health.

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. The health promotion process is based on an understanding of the important influences that the following determinants of health have on health and health status.

- Income and social status
- Social Support
- Education and Literacy
- Employment/Working Conditions
- Environments (Social and Physical)
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health Services
- Gender
- Culture

Health promotion activities move beyond health education and changes in personal behaviors, to address social change, inequities, and community change. Health promotion includes working with partners to improve the health of citizens using the following strategies:

- Providing healthy public policy
- Strengthening community action
- Creating supportive environments
- Developing personal skills
- Re-orienting health services

## ***Best Practices in Health Promotion***

In promoting health, as in the provision of clinical services, there is a need to utilize best practice approaches to health promotion. Best practices are informed by evidence and have shown to be successful. However, in health promotion there is often no one “best practice” that is agreed upon; rather, there are health promotion practices that have demonstrated success in other settings. Western Health will use the following definition of best practices in health promotion from the Centre for Health Promotion-University of Toronto. Best practices in health promotion are those sets of processes and activities that are consistent with health promotion values/goals/ethics, theories/beliefs, evidence, and understanding of the environment and that are most likely to achieve health promotion goals in a given situation.

In public health circles, the term ‘evidence-informed practice’ is being used more frequently when referring to best practice approaches. Evidence-informed practice is intended to reflect the current understanding that health promotion must also consider the local context, in addition to the best practice evidence that is available. Evidence-informed health promotion is the integration of best available evidence with consideration to local contexts to inform health promotion practice. It is important to note that, while the term ‘evidence informed practice’ is being cited more frequently in the literature, the “best practices” definition will be used for the purpose of this report.

### **3.0 Wellness Priorities and Best Practice Approaches**

#### **3.1 Provincial Wellness Plan Priorities and Best Practice Approaches**

As previously stated, the 2011 Wellness Plan sets the provincial context for population health planning in Newfoundland and Labrador. The Plan focuses on improving the health of the population at the front end of the health spectrum: the goal is to keep people healthy through prevention, promotion and support for people and communities. The actions that are identified for each of the wellness priorities below are built on existing strengths, successful initiatives and the best available knowledge, practices and evidence in the wellness and health promotion field.

##### **3.1.1 Healthy Eating**

Healthy eating is viewed as a major contributor to good health and must be promoted and incorporated as a healthy part of life. Enhancing knowledge and skills to choose and prepare nutritious food is also essential to improving and maintaining overall health.

In 2009, the Canadian Community Health Survey revealed that only 31% of the Newfoundland and Labrador population, age 12 and over consumed adequate amounts of vegetables and fruit. Vegetables and fruit are examples of healthy food choices recommended by Canada’s Food Guide for better overall health and lower risk of disease.

Breastfeeding is recognized as an important start to healthy eating and healthy weights. Data collected by the Provincial Perinatal Program indicates that breastfeeding initiation rates in Newfoundland and Labrador are amongst the lowest in Canada. Initiation rates have plateaued at approximately 63% for the past decade with a modest increase from 63.3% to 65.6% from 2009 to 2010. This compares to a national initiation rate of close to 90%. The importance of breast feeding initiation is just one piece of this; Health Canada recommends exclusive breastfeeding for six months to support optimal maternal and child health.

Food security is another key support to healthy eating. Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet dietary needs and food preferences for an active and healthy life (Canada’s Action Plan for Food Security, 1998).

Eating Healthier in Newfoundland and Labrador (2006) is the Provincial Food and Nutrition Framework and Action Plan that guides and supports government, community organizations, industry and individuals in achieving nutritional well-being. The framework identifies that some of the key food and nutrition related challenges facing Newfoundland and Labrador include poor eating habits, low levels of physical activity, increasing rates of obesity in adults and children and limited availability and access to healthy food choices and physical activity opportunities, especially for groups such as low income, children, youth, pregnant women and seniors. Eating Healthier in Newfoundland and Labrador provides a framework to meet these challenges and aims to improve the nutritional health of residents. The vision is that “all residents of Newfoundland and Labrador will have reasonable access to an adequate, nutritious and safe food supply and a supportive, comprehensive network of food and nutrition services.” In support of this vision and in the context of best practice, the following are the recommended action areas for healthy eating:

- Policies and programs that focus on healthy eating
- Policies and programs that enhance food security
- Nutrition for Pregnant Women, Infants and Young Children
- Healthy Eating for School-aged Children and Youth
- Healthy Eating for Seniors
- Healthy Eating in Recreation and Community Centers
- Healthy Eating in the Workplace

**Indicators:**

- Breastfeeding
- Vegetable and fruit consumption
- Overweight and obesity rates
- Food security
- Cost of nutritious food basket

**Targets:**

- Vegetable and fruit consumption in the population age 12 years and older will continue to increase from 31% in 2009 to 35% by 2015.
- Breastfeeding initiation rates will continue to increase from 65.6% in 2010 to 75% by 2015.

**3.1.2 Physical Activity**

Increasing opportunities for physical activity where people live, learn, commute, work and play is both a priority and a collective responsibility of all levels of government and regional and community partners. Physical activity is a fundamental means of improving an individual's physical and mental health and helps build healthy communities.

The Provincial Wellness Plan promotes the increase of physical activity as part of governments' broader health promotion and disease prevention vision of a healthier and prosperous province. The Wellness Plan and Province uses the Department of Tourism, Culture and Recreation's 2007 Active, Healthy Newfoundland and Labrador; A Recreation and Sport Strategy for Newfoundland and Labrador to guide best practice approaches to

physical activity. This strategy encourages citizens to pursue physical activity, recreation, and sport at all levels for improved quality of life.

Other government department initiatives and frameworks also highlight physical activity. The Department of Education supports the physical activity of students through the development of the physical education curriculum, the provision of resources and the support for active school environments. The Healthy Aging Policy Framework and the Poverty Reduction Strategy also cite the need to increase physical activity and opportunities for target populations.

The following are some of the recommended actions for increasing physical activity:

- Increase involvement and participation in recreation, sport, and physical activity
- Collaborate efforts and partnerships at all levels
- Advance efforts to improve access and overcome barriers
- Establish networks to promote and advance physical activity priorities
- Support integrated priorities such as the Healthy Students Healthy Schools initiative which works to enhance the health and physical education curriculum, create supportive school and larger community environments for health promotion, and communicate living healthy messages.

**Indicators:**

- Physical activity participation for children, youth and adults
- Infrastructure improvements
- Program availability

**Target:**

- Physical activity (active or moderately active) in the population age 12 years and older will continue to increase from 46% in 2009 to 56% by 2015.

### **3.1.3 Injury Prevention**

Injury prevention focuses on two main areas, preventing injuries before they happen and eliminating or reducing the severity of an injury after an injury has occurred. Effective injury prevention requires a comprehensive approach involving; education and awareness, policy development, legislation and enforcement, and the development or modification of the environment or product to reduce the occurrence of an injury or to reduce the effect of an injury.

The injury prevention priority focuses on unintentional injuries. Unintentional injuries are the leading cause of death between the ages of 1 and 34 years of age. Unintentional injuries are the sixth leading cause of death overall in this province and the fifth leading cause of death overall in Canada. Nationally, injuries kill an average of 290 children ages 14 and under, and hospitalize an estimated 21,000 each year. Every year, approximately one in every 300 Canadian children, age 14 and under, is hospitalized for a serious injury (Public Health Agency of Canada, 2009). Each year hundreds of Newfoundlanders and Labradoreans, particularly children, youth and seniors, are hospitalized as a result of serious injury. Many

more are treated for injuries in emergency departments or by family physicians. In the older adult, falls are a significant cause of injury. These collective injury statistics are extremely concerning, especially when it is widely accepted that the majority of unintentional injuries are predictable and preventable.

The following are some of the recommended best practice approaches to injury prevention:

- The use of Injury Prevention Coalitions to facilitate opportunities for injury prevention partners to network, share information and coordinate initiatives for injury prevention
- Capacity building opportunities for knowledge development and exchange to enhance the capacity of injury prevention partners to address injury issues. Currently in Canada there are recognized learning opportunities for injury prevention education including training workshops, teleconferences, e-learning sessions and conferences.
- Enhancement of injury data including surveillance, research and evaluation components
- Enhancement and expansion of programs which support legislation and injury prevention in children and youth
- Coordination and enhancement of initiatives that address falls prevention in the seniors' population
- Support of the activities of the Provincial Road Safety Committee which focuses on road and traffic safety issues through public awareness, policy and community programs to address such topics as cell phone use, drinking and driving, graduated licensing and distracted driving.

#### **Indicators:**

- Child/family compliance with using vehicle restraint systems properly (i.e., infant seats, child care seats, booster seats, seat belt)
- Bicycle helmet use
- Bicycle helmet use by school-aged children
- Seatbelt use by school-aged children
- Injury hospitalization rate
- Hospitalized hip fracture event rate

#### **3.1.4 Tobacco Control**

Tobacco use remains a significant preventable cause of premature death in the world. Unfortunately, children continue to be influenced to try tobacco products. Individuals who smoke often need support and access to a range of interventions to help them quit. Reducing exposure to second-hand smoke remains an issue.

Research indicates that achievements have been made in the prevention and reduction of tobacco use with provincial smoking rates for youth aged 15-19 at an all time low of 16%. The provincial smoking rate among those 15 years and older has been hovering around 21% since 2005, originally at 28% in 1999. The highest smoking rate is among young adults aged 20-24 currently at 29%.

Through the development of policies, programs, resources, capacity building and partnerships, an integrated and comprehensive approach towards tobacco control is recommended. Tobacco control actions in Newfoundland and Labrador support the goals of the Alliance for the Control of Tobacco's Provincial Tobacco Reduction Strategy: Every Action Counts (2009-2011).

The following best practice approaches to tobacco control are recommended:

- Prevention efforts that focus on young children and families
- Integrated and coordinated approaches to smoking cessation, focusing on youth and workplaces and inclusive of the Smokers' Helpline
- Protection from second-hand smoke through legislation, education and partnerships
- Initiatives to limit youth access to tobacco products by supporting the Tobacco Control Act
- Increase opportunities for knowledge exchange and transfer on tobacco control issues among partners to help facilitate community action

**Indicators:**

- Smoking prevalence among youth, young adults and adults
- Average age at which young people smoked their first cigarette
- Number of students reporting exposure to school-based tobacco-use prevention curriculum
- Number of youth reporting how they obtained tobacco (retailer or social source)
- Number of cigarettes smoked per day
- Number of people making a successful quit attempt
- Number of people exposed to secondhand smoke.

**Targets:**

- Smoking prevalence among individuals aged 15 years and older will decrease from 21% (2009) to 18% (2015)
- Smoking prevalence among youth (15-19) will decrease from 16% (2009) to 13% (2015)
- Smoking prevalence among young adults aged 20-24 will decrease from 29% (2009) to 25% (2015)
- Average number of cigarettes smoked per day by daily smokers, age 15 and over will decrease from 15 (2009) to 12 (2015)
- Exposure to second-hand smoke by children aged 12-17 in the home will be reduced from 10% (2009) to 5% (2015).

**3.1.5 Mental Health Promotion**

Mental health is the capacity of people to feel, think and act in ways that enhance their abilities to enjoy life and deal with the challenges. Fostering the development of positive mental health by supporting individual resilience, creating supportive environments, and addressing the broader determinants of health are key components of promoting mental health (Canadian Institute for Health Information (CIHI), 2009). Positive mental health is

associated with better physical health, reduced crime, improved productivity in school and the workplace, and rich social relationships. The opportunity to prevent mental health problems and mental illnesses is greatest among children and youth (Mental Health Commission of Canada (MHCC), 2010).

Many of the factors that have a strong influence on mental health (such as safe housing, stable income and a sense of belonging) are related to almost all aspects of health and social policy, and require collaborative and integrated efforts with sectors well beyond the mental health field (MHCC, 2010). In Newfoundland and Labrador, mental health promotion is already an integral part of provincial strategies, policies and programs that support the health and well-being of our population including Working Together for Mental Health, the Poverty Reduction Strategy, Healthy Aging Policy Framework, Recreation and Sport Strategy, Food and Nutrition Plan, Violence Prevention Initiative, Safe and Caring Schools and Healthy Students Healthy Schools.

The following are some of the recommended best practice approaches to mental health promotion:

- Strengthened capacity and partnerships through networks, resources and community grants
- Enhanced public awareness and mental health literacy
- Enhanced focus on children, youth and families
- Enhanced focus on seniors and caregivers
- Support and promotion of workplace mental health promotion
- Mental health promotion for Aboriginal Peoples

**Indicators:**

- Self rated mental health
- Self rated life satisfaction
- Self rated sense of community connectedness

**3.1.6 Healthy Child and Youth Development**

The focus of child and youth development is the healthy child who thrives through each developmental stage and is positioned to reach his or her potential in adulthood. The capacity for a child to develop in a healthy manner depends greatly on the environment in which he or she is raised. Healthy child development begins long before birth and is the foundation for health and well-being throughout life. The child's early experiences and immediate environment from conception to age six have the most important influence of any other time frame in the life cycle. While children are included in other priorities of the Wellness Plan, this focus on healthy child development is also a priority because investment in our children contributes to the province both socially and economically. Substantial long-term savings can be realized, as it is more challenging and costly to redress the social, cognitive and physical health consequences of not investing wisely in the early years.

Population based screening for growth and development can help to identify children at risk and the need for other services as well as provide the basis for future policy and planning.

Providing for population based developmental screening with appropriate tools, training, protocols and documentation will ensure consistency in measuring the status of the population.

In Newfoundland and Labrador, Public Health Services for children are provided through a continuum of programs from prenatal, postnatal, early childhood to the school-age period.

The need to focus on early child development has also been recognized by other strategies and departments throughout government, including: the Poverty Reduction Strategy; the development of a Ten Year Early Learning and Child Care Strategy, led by Child, Youth and Family Services; and the actions of several departments in developing an Early Learning Strategy, led by the Department of Education. These partner Departments work collaboratively on initiatives that support child development to ensure that programs and services are complementary, reach families as needed, and that gaps are eliminated.

The best practice approaches for healthy child and youth development focus on:

- Healthy Child Development
- Parent and Child Health
- Public Health Services for Children
- Individual, Family and Community Capacity

**Indicators:**

- Birth weights
- Number of regulated child care spaces
- Number of preschool health checks
- Number of children referred for allied health services

**3.1.7 Environmental Health**

The environment in which people live is a key determinant of overall health and well-being. The main goal of environmental health is to create and maintain environments which prevent disease and promote good public health. It involves those aspects of human health and disease that are determined by physical, chemical, biological and radiological factors in the environment such as natural hazards or contaminants in food, air, soil and water.

The broad scope of environmental health necessitates the creation and development of partnerships with many community groups, businesses, individuals, and various departments at all levels of government. Everyone has a role to play in creating and maintaining safe and healthy environments.

The provincial government has several plans and strategies to direct the protection and renewal of our environment, as well as the protection of human health from potential hazards in the environment. These include:

- Provincial Climate Change Action Plan
- Multi Barrier Strategic Action Plan for safe, public drinking water
- Provincial Waste Management Strategy

- Provincial Food and Nutrition Framework and Action Plan.

The following are some of the environmental health actions:

- General Environmental Health: Develop an environmental health strategy for the province
- School Environmental Health: Continue to promote safe school environments including the safe handling, storage and preparation of foods and the implementation of proper hand-washing procedures in partnership with the environmental health officers and public health nurses
- Climate Change: Prevent and mitigate the potential health effects of climate change in our province through the implementation of the 2005 Provincial Climate Change Action Plan. These actions include: developing an information campaign aimed at motorists to make them aware of linkages between climate change and auto usage; establishing idle free zones around public buildings to reduce emissions of greenhouse gases and other contaminants.
- Drinking Water: Enhance the safety of public drinking water through the Provincial Multi Barrier Strategic Action Plan. These actions include: providing enhanced training for water system operators, including environmental health awareness; ensuring the proper design, construction and operation of water systems in view of environmental health considerations; Provide grant funding to communities with multiple high-risk drinking water quality issues to support improvements and changes to their drinking water systems; Improve public reporting of drinking water quality through the government website; Expand the chemical water quality monitoring program to include testing for emerging potential hazards.
- Food Safety: Improve access to food safety education for businesses, not-for-profit groups and individuals involved in food preparation and service; Enhance policies and procedures for the food premises inspection program.
- Waste Disposal: Provide modern waste management to the province by diverting waste materials, reducing waste sites, and phasing out the use of incinerators and unlined landfill sites, as part of the 2002 Provincial Waste Management Strategy; Support the Multi-Materials Stewardship Board in their efforts to promote the reduction, reuse and recycling of materials.
- Pest Control: Reduce human exposures to potentially harmful chemical pesticides, through the promotion of improved gardening methods, and the provision of training for pest control operators.
- Air Quality: Monitor and inform the public about air quality through the implementation of the Air Quality Health Index (AQHI); Improve local air quality by working with industry to reduce industrial air emissions.

**Indicators:**

- Incidence of foodborne/waterborne illness.
- Number of Boil Water Advisories and reasons for issuance.
- Number of chemical exceedances in municipal water supplies.
- Uptake of food safety training by commercial food service workers.
- Prevalence of physician-diagnosed asthma.
- Number of hospitalizations related to asthma.

**3.2 An Additional Wellness Priority: Sexual and Reproductive Health**

Although sexual and reproductive health is not listed as one of the current seven Provincial Wellness Priorities, it is a significant wellness issue that is receiving considerable attention in Western Health. One of the key challenges in this wellness area is sexually transmitted infections and these are noted in the communicable disease focus area under the Department of Health and Community Services' Strategic Plan.

The World Health Organization defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality; it is a vital and integral part of overall health and well-being, integrating the emotional, physical, cognitive and social aspects of sexuality. Sexual health is a basic human right that is important across the lifespan, regardless of gender, sexual orientation, ability, race, ethnicity, language or culture.

The sexual health of children starts with the development of self-awareness, a positive self-image, and the establishment of satisfying relationships. For teens and young adults, sexual health is about healthy sexual feelings, decision making skills, avoidance of unintended pregnancy, and sexually transmitted infections. Sexual health for adults and seniors develops throughout life and continues to influence health and quality of life as self-awareness, relationships and sexuality matures.

Reproductive health, within the framework of the WHO's definition of health, addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.

Nationally and provincially, one of the greatest issues that negatively impact sexual and reproductive health is sexually transmitted infections (STIs). Over the past decade, rates of chlamydia, gonorrhoea, and infectious syphilis have steadily increased in Canada, causing a significant and increasing public health concern. In Newfoundland and Labrador, the rate of chlamydia increased by 46.5% between 1999 and 2008 (PHAC, 2008). While the number of reported cases of gonorrhoea has remained relatively low in Newfoundland and Labrador, the overall rate of gonorrhoea increased by 1300% from 1 case per 100,000, to 17 cases per 100,000 between 1999 and 2008 (PHAC, 2008). The rates of HIV and AIDS have also continued to increase across the country. These trends have not been evident in the Western region.

In addition to STIs, pregnancy is also a significant concern for the health and well-being of young people. While the rates of teenage pregnancy have steadily decreased, it is estimated that more than 42,000 young women in Canada become pregnant each year and a significant number of these pregnancies are unintended often resulting in either abortion or single parenthood (Dryburgh, 2000). Pregnant teenagers are also at an increased risk for health problems including anemia, hypertension, renal disease, eclampsia and depressive disorders; and are more likely to have low birth weight babies (Dryburgh, 2003).

The increasing STI rates and unplanned pregnancies are often indicative of sexual risk taking behavior among youth; this behavior is often associated with impaired judgment as a consequence of alcohol and drug use (Boyce et al., 2006). The Newfoundland and Labrador Student Drug Use Survey (2007), which surveyed a random sample of students in grades 7 – Level 3, found that 52% of students reported alcohol use, 29.5% of students reported using cannabis and 7.2% of students reported using ecstasy. The survey results also showed that, of those students who reported having sexual intercourse within the last year, 35.3% reported having unplanned sex on at least on one occasion after using alcohol or other drugs.

The correct and consistent use of condoms is the most effective form of protection against unwanted or unintended pregnancies, sexually transmitted infections and HIV/AIDS (Dhalla & Poole, 2009). Although there has been an increase in overall condom use among youth (Saewyc et al., 2008; Rotermann, 2008; Boyce et al., 2006), the literature has repeatedly shown a decrease in condom use as the use of oral contraceptives has increased, especially among older teenage girls (Rotermann, 2008; Boyce et al, 2006). Surveys conducted nationally with students in grades 7, 9 and 11 showed the most common reasons for non-condom use included not expecting to have intercourse, the use of other methods of birth control, being under the influence of alcohol and drugs, and the belief of having a monogamous partner (Boyce et al., 2006).

The promotion of sexual and reproductive health is an important wellness issue that is best addressed using a population health approach. This means that sexual and reproductive health initiatives should not focus solely on sexual activity; a focus is also needed on the determinants that influence sexual health decisions and choices. The determinants of health do not act in isolation from one another and can have a profound impact on sexual health. Since many of the determinants fall outside the formal health-care sector, it is essential to explore multi-sectoral and collaborative approaches in promoting positive sexual and reproductive health.

Sexual health education is one of the important tools that can significantly influence positive sexual health outcomes. Positive outcomes are most likely to be realized when sexual health education effectively integrates knowledge, motivation, skill-building opportunities, and environmental support for sexual health (PHAC, 2008). In order to address sexual health issues, a comprehensive and coordinated approach to sexual health education and promotion is required. The Canadian Guidelines for Sexual Health Education provides a detailed framework for the development of effective, broadly based and inclusive sexual health education. The Guidelines provide information to guide the efforts of professionals working

in the area of sexual health education and promotion, including curriculum and program planners, policy makers, educators (in and out of school settings) and health care professionals, and are based on the following principles:

- Inclusivity – sexual health education must be inclusive of the population it is targeting.
- Evidence-based – Sexual health education should be grounded in a theoretical model that is applicable to the subject and target population being served. The most appropriate model will need to be used in order to meet the needs of the target population.
- Evaluation – Ensure that an evaluation mechanism is included into program planning and curriculum development. Continual evaluation, reflection and modification are the hallmarks of a successful health education program.

Within Western health, the promotion of sexual and reproductive health is led by the Regional Sexual and Reproductive Health Nurse position. The development of a sexual and reproductive health plan was informed by a 2007 Sexual Health Environmental Scan report that highlighted sexual health issues, and that provided recommendations for improving the sexual health status of the region's population. Since that scan, a sexual health working group has been formed and has developed a work plan to address priority sexual and reproductive health issues. The 2010-11 sexual and reproductive plan focus has been on improving the sexual health status of children and youth through sexual health policy reviews, sexual health education, and access to sexual health services. Future priority areas to be addressed are men's sexual health, body image and healthy relationships in youth, and sexual health issues in the aging population.

#### **4.0 Analysis of Health Promotion Initiatives in Western Health**

This environmental scan of health promotion in Western Health is an initial step in the identification of priority initiatives that will guide health promotion planning and implementation in Western Health over the next three fiscal years. The literature on best practices in health promotion was reviewed for six Provincial Wellness Plan priority areas and for Sexual and Reproductive Health promotion. An analysis of Western Health's Environmental Health priority actions to date was not completed. While it is recognized that Western Health is working on many components of environmental health promotion, including the work of Western Health's Green Team, the leadership for this priority rests largely with the provincial Director of Environmental Public Health who, in turn, links with the Government Services Centre (GSC) and Regional Health Authorities Director. The Regional Director of Health Protection is Western Health's link to Environmental Health at a provincial and local level. It is this position that will continue to lead priority environmental health actions within Western Health, in partnership with the GSC and the Department of Health and Community Services.

A SWOT Analysis of best practices in health promotion in Western Health was conducted as part of the environmental scanning process. A SWOT analysis is an evaluation of the strengths, weaknesses, opportunities and threats associated with a particular issue. The wellness issues that were analyzed included: healthy eating, physical activity, injury prevention, tobacco control, mental health promotion, child and youth development, and sexual and reproductive health. Focus groups and key informant interviews were conducted (see Appendix B). The SWOT analysis was used to identify current strengths for health promotion in Western Health and to identify challenges, opportunities and threats in the current processes and capacity for health promotion. This collective information, supported by the literature on best practices in health promotion, provides the foundation for the recommended health promotion initiatives in Section 6 of this report.

#### **4.1 Summary of Strengths, Weaknesses, Opportunities and Threats (SWOT)**

Based on the information obtained through focus groups and key informant interviews, the following is a summary of the strengths, weaknesses, opportunities and threats for health promotion in the following wellness areas:

- Healthy eating
- Physical activity
- Injury prevention
- Tobacco control
- Mental health promotion
- Child and youth development
- Sexual and reproductive health
- Health promotion in general

## Healthy Eating (HE)

Strengths	Weaknesses/Areas for Improvement
<p><b>Supportive Policies and Programs</b></p> <ul style="list-style-type: none"> <li>Healthy eating programs such as Community Kitchens, Community Gardens, etc.; Policies such as school food guidelines and supports through Healthy Students, Healthy Schools (HSHS) with link to Community Health Nurses (CHN) responsible for schools and Parent Child Health Coordinators; Workplace healthy eating initiatives in cafeterias, school food guidelines and policy; Provincial and regional wellness grants</li> </ul> <p><b>Food Security</b></p> <ul style="list-style-type: none"> <li>Food Costing completed annually; Kids Eat Smart Programs; Breastfeeding program and plans for Baby Friendly Initiative (BFI) assessment; Community Kitchens; Community Gardens; Family Resource Centres efforts to enhance food security; Partnerships and resources through the Food Security Network NL; Bulk Buying Clubs</li> </ul> <p><b>Nutrition for Pregnant Women, Infants and Children:</b></p> <ul style="list-style-type: none"> <li>Prenatal Nutrition programs; Breastfeeding(BF) Plan, BF Policy Draft, BF education of Western Health staff, the work of the BF Action Committee; Enhanced nutritional nourishments on Maternal-Newborn Unit; Healthy Baby Clubs Nutrition Supplements, Education, and Support; Guidelines for Healthy Eating in Child Care Settings; Introduction of Complimentary Foods; Regionalization of the Children aiming to Choose Health (CATCH) Program; 2008 Provincial Toddler and Preschool Food and Nutrition Report</li> </ul> <p><b>Healthy Eating in Schools:</b></p> <ul style="list-style-type: none"> <li>Healthy Students Healthy Schools initiatives inclusive of School Food Guidelines and Nutrition policy, Caterers' Education, Ban on Energy Drinks, Tender for healthy foods at local supermarket, School Kitchens' equipment upgrades, Breakfast programs; 60 Kids Eat Smart Clubs in the Western Region;</li> </ul>	<ul style="list-style-type: none"> <li>Healthy eating and active living health promotion initiatives are primarily supported through one time funding with limited and finite reach. Provincial policy direction and funding is needed to drive and sustain healthy eating initiatives.</li> <li>Knowledge deficit regarding healthy eating and limited skills and capacity for healthy meal preparation, especially among youth and young adults.</li> <li>Major concerns around unhealthy weights and obesity in children; issues of knowledge deficits, skills to prepare healthy food, access to nutritious foods, prohibitive costs of nutritious foods, especially in rural communities</li> <li>Limited capacity of Western Health staff to promote healthy eating in Personal Care Homes and other community living environments</li> <li>The currently funded two Regional Nutritionist positions primarily serve as consultant roles, with limited capacity to enhance the nutritional skills and capacity of the population at the community level</li> <li>Registered Dietitian resources are clinically focused and are challenged to enhance health promotion</li> <li>Regional inconsistencies in the implementation of healthy foods in Western Health (WH) cafeterias</li> <li>Inconsistent support of school food guidelines by some education partners and parents</li> <li>The two Regional Nutritionists have broad roles that cross 3 Western Health Work Plans: HP and PHC, Community Health &amp; Family Services, and Community Supports and are also linked to provincial work, which frequently creates conflicting workload and priority demands.</li> <li>Conflicting workload and priority health promotion demands re also experienced by Wellness Facilitators and Community Health</li> </ul>

<p>Promotional events such as Nutrition Month, Fruit &amp; Vegetable Challenge etc.</p> <p><b>Healthy Eating for Seniors</b></p> <ul style="list-style-type: none"> <li>• Long Term Care program area- initiatives that not only promote nutritious food but that involve residents in preparing food, growing vegetables, having themed dining sessions., Vitamin D pilot; Scan of Food and Nutrition Programs and Services for Seniors completed and shared regionally and provincially; Intergenerational initiatives related to food sustainability such as community gardens; Regional Nutritionist representation on Provincial Seniors' Expert Working Group</li> </ul> <p><b>Healthy Eating in Recreation &amp; Community Centers</b></p> <ul style="list-style-type: none"> <li>• Eat Great &amp; Participate Project which promotes healthy food choices at recreation events. Provincial Coordinator in place and resources developed; Healthy Eating in Arenas project</li> </ul> <p><b>Healthy Eating in Workplaces</b></p> <ul style="list-style-type: none"> <li>• Temporary Registered Dietitian (RD) position seconded to assess Healthy Eating at WMRH, initiate policy direction for healthy eating in the workplace etc.; Employee Wellness and Nutrition Services coordinating healthy eating promotion, meeting guidelines, wellness grants, etc.</li> </ul> <p><b>Human Resources:</b></p> <ul style="list-style-type: none"> <li>• 2 Regional Nutritionist positions that provide nutrition consultation to Western Health staff and that cover the life course continuum from prenatal to seniors; RD positions throughout region; School Health Promotion Liaison position with support to healthy eating</li> </ul>	<p>Nurses (CHN's)</p>
<p><b>Opportunities</b></p>	<p><b>Threats</b></p>
<ul style="list-style-type: none"> <li>• Explore opportunities to increase community partnerships with seniors' groups, churches, supermarkets, municipalities, &amp; other sectors to expand the health promotion reach</li> <li>• Explore the enhanced role of Employee Wellness in the promotion of healthy eating</li> <li>• Explore a more streamlined reporting structure for health promotion consultants</li> <li>• Explore Western Health's role in enhancing</li> </ul>	<ul style="list-style-type: none"> <li>• High rates of obesity and chronic diseases are of concern, especially in children and youth; if these diseases are not prevented, then they are often far too advanced by the time the affected individuals are referred to clinical dietitians and other providers; the lethal combination of unhealthy eating and inactivity is a recipe for chronic ill health.</li> <li>• Convenient and quick access to non nutritious</li> </ul>

<p>food security with its partners; examine how communities responded to food security issues during Hurricane Igor and learn from their successes for adaptation to every day food security</p> <ul style="list-style-type: none"> <li>• Continue progress towards Healthy Eating in the Workplace Policy for WH, including arrangements with external contracted caterers and hotels to provide healthier food choices for WH events</li> <li>• Explore innovative ways to enhance education and support regarding healthy eating and physical activity with new moms while on maternity leave when they are likely to be more captivated and motivated</li> <li>• Within Western Health, cafeterias can be a great venue to promote healthy eating from many perspectives: creating supportive environments, developing personal skills, reorienting health services, providing healthy policy direction.</li> <li>• Western Health is a community in and of itself with over 3000 employees who spend a third of their day at work. What greater opportunity than to promote health with this readily accessible group who then spend the remaining two thirds of their day with family and friends, where opportunities to expand health promoting concepts are endless?</li> </ul>	<p>foods is a threat. As one focus group participant stated “We are killing our kids with convenience.”</p> <ul style="list-style-type: none"> <li>• Inconsistent application of healthy eating practices within Western Health, especially in canteens and auxiliary operated areas; policy direction is not in place.</li> <li>• Food security- Issues of access to healthy , affordable food, compounded by geographic isolation and transportation costs</li> <li>• Multiple competing priorities, workloads, work planning and reporting processes for health promotion staff have potential to cloud health promotion vision and strategic direction for health promotion</li> <li>• Breastfeeding rates have plateaued and are below national standards; potential threat to improvement in BF initiation and duration is the absence of Lactation Consultant positions</li> <li>• Many new parents and young families lack the knowledge, confidence and skills for healthy meal preparation having grown up in a quick fix, fast food era.</li> <li>• Support for healthy eating in recreation and community centers is sometimes challenged as, for many of these, canteen operations is their only source of fund raising. Support for alternate funding sources to alleviate this issue is required.</li> </ul>
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## Physical Activity (PA)

Strengths	Weaknesses/Areas for Improvement
<p><b>Healthy Students Healthy Schools initiatives including</b></p> <ul style="list-style-type: none"> <li>• Daily Physical Activity (DPA) Program and support through inservice sessions for 17 schools, teacher resource kits and the hiring of five facilitators to enhance Physical Activity (PA) in K-6 schools; Active School Playgrounds resource kits and playground preparations; School Walking Clubs ( 22 in 2011 school year); Super Active School Awards; Living Healthy Commotions; Wonder Plus Fitness Challenge</li> </ul> <p><b>Networks that Support Physical Activity (PA)</b></p> <ul style="list-style-type: none"> <li>• Western Health has a PA Advisory Group that is in infancy stages</li> <li>• There are increased linkages with representatives of the Dept. of Tourism, Culture and Recreation who have lead responsibility for the PA Wellness Priority</li> <li>• Western Regional Wellness Coalition supports PA with school and community grants program</li> <li>• Provincial Wellness Grants supportive of PA</li> <li>• Community-based recreational activities- free skates, snow shoeing etc.</li> <li>• Employee Wellness supports include: PRIME funding resources to promote employee PA; Employee Wellness grants that promote PA; reduced fitness centre membership fees</li> <li>• Policy and Program Support for PA including: PA standards for Child Care Centres; Community Health Nursing and Family Services School Health Policy</li> <li>• Enhanced physical activity promotion in LTC through range of motion, active movement, and other Recreation Therapy programming etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Schools- balancing time for PA with other courses that are linked to curriculum outcomes</li> <li>• Communities- limited access to safe, affordable, PA venues, especially in rural communities; weak or non existent links with municipalities around the built environment which could improve access to PA opportunities such as walking trails, bike paths etc.</li> <li>• Western Health does not have a PA plan or dedicated leadership and accountability for PA; without these, it is challenging to coordinate PA promotion across the WH continuum</li> </ul>

Opportunities	Threats
<ul style="list-style-type: none"> <li>• Explore use of social networking media to encourage increased PA</li> <li>• Strengthen partnerships with education system; explore opportunities for use of schools to promote community access for physical activity e.g. access to school gyms for indoor walking</li> <li>• Explore “In Motion”, a comprehensive approach to physical activity that uses public awareness, education and motivation strategies in combination with target audience strategies and evaluation to reach all corners of the community. “In Motion” has demonstrated its effectiveness in achieving a primary goal of increasing the levels of physical activity in a community for health benefits.</li> <li>• Explore enhanced opportunities for “after school” healthy living promotion, and particularly physical activity in collaboration with the Department of Tourism, Culture and Recreation</li> </ul>	<ul style="list-style-type: none"> <li>• Parental knowledge and support of the need for PA</li> <li>• Children screen time</li> <li>• WH capacity to enhance PA plan is challenged without designated leadership for PA plan development and ongoing support</li> </ul>

## Injury Prevention (IP)

Strengths	Weaknesses/ Areas for Improvement
<p><b>IP Coalitions and Networks</b></p> <ul style="list-style-type: none"> <li>Western Injury Prevention Coalition (WIPC) with small but committed membership</li> </ul> <p><b>Children &amp; Youth</b></p> <ul style="list-style-type: none"> <li>Initiatives such as Bicycle Helmet Safety; Safe Kids Week; Car Seat Safety education with families and Healthy Baby Clubs; CATCH Program; Preventing Alcohol Risk Related Trauma to Youth (PARTY) offered throughout region and coordinated by Public Health Nursing</li> </ul> <p><b>Falls Prevention</b></p> <ul style="list-style-type: none"> <li>Community Supports “Falls Prevention Program”; Steady as You Go (SAYGO) facilitated by Seniors Wellness Coalition; Falls Prevention in Acute Care, LTC and Rural Health (participated in National Virtual Learning Collaborative); Falls Prevention is now a Required Organizational Practice (ROP) under Q-mentum accreditation standards</li> </ul> <p><b>IP Supports</b></p> <ul style="list-style-type: none"> <li>Western Health’s Regional Patient Safety Officer/ Risk Manager Position; Western Health’s ORES Branch and OHS Coordinator highly involved in employee IP (primary and secondary prevention) through safe work practices and regional safety teams, hazard assessments, ergonomic assessments etc.</li> </ul> <p><b>IP Education, Policies and Processes</b></p> <ul style="list-style-type: none"> <li>IP E-learning modules, Virtual Collaboratives, Medication Safety and Prevention of Polypharmacy, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Limited WIPC capacity ( human and fiscal) and minimal connect with other IP initiatives in Western Health</li> <li>Regional IP efforts disjointed and lack coordination; no regional comprehensive plan for IP and no designated leadership for IP across all branches and programs</li> <li>IP Data Collection processes fragmented and in some cases, non existent</li> <li>Perceived IP gaps in: ATV &amp; Snowmobile Safety; Trampoline Safety; Sun Safety and Tanning Beds; Home Safety for Tweens, Body Image, Eating Disorders, Decision Making Related to Alcohol and Drug Use</li> <li>Human resource and budget challenges for the promotion of IP, attendance at training sessions , and implementation of regional safe client handling programs</li> <li>Limited OT support for IP in the community</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>Explore increased partnerships with Family Physicians, PHC Teams, Community Advisory Committees and others to enhance IP awareness</li> <li>Explore use of PRIME funding to assist with implementation of Safe Client handling program in LTC and other IP programs</li> <li>Create a regional IP structure with clearly</li> </ul>	<ul style="list-style-type: none"> <li>Fragmented data collection and no standard process for the collection of regional injury stats</li> <li>Absence of regional IP plan</li> <li>Limited budgets to support IP, especially for staff relief to attend IP education sessions</li> </ul>

<p>defined accountabilities for IP</p> <ul style="list-style-type: none"><li>• Identify key internal and external stakeholders</li><li>• Establish a regional IP plan with priority action areas, data collection and evaluation processes</li><li>• Strengthen partnering and mentoring across the region to ensure that falls prevention is planned and implemented based upon evidence and with policies and guidelines that avoid duplication, and ensure consistency and continuity</li><li>• Enhance staff education in fall and fall related IP using e-learning, webinars, workshops, and peer training</li><li>• Improve evaluation to identify trends and to make improvements through auditing, occurrence reports, etc.</li></ul>	
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## Tobacco Control

Strengths	Challenges/Areas for Improvement
<p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>• Education programs in Family Resource Centres</li> <li>• Tobacco Free Network (TFN) prevention initiatives</li> <li>• Regional Health Educator and other staff focused on tobacco control issues</li> </ul> <p><b>Smoking Cessation</b></p> <ul style="list-style-type: none"> <li>• Care Referrals to Smokers' Help Line</li> </ul> <p><b>Protection from Second-hand Smoke</b></p> <ul style="list-style-type: none"> <li>• An amendment to the <i>Smoke Free Environment Act</i>, effective July 1, 2011 will help ensure greater protection of children and workers in Newfoundland and Labrador from exposure to environmental tobacco smoke. At that time the operators of motor vehicles will be subject to fines ranging from \$50 to \$500 when smoking in vehicles where children under the age of 16 are present. Designated smoking rooms in workplaces will be eliminated and employers not in compliance could be fined \$500 to \$5,000.</li> </ul> <p><b>Youth Access to Tobacco Products</b></p> <ul style="list-style-type: none"> <li>• Partnerships with GSC to reduce youth access to cigarettes</li> </ul> <p><b>Knowledge Exchange &amp; Transfers</b></p> <ul style="list-style-type: none"> <li>• Alliance for the Control of Tobacco (ACT)</li> <li>• Tobacco Free Network</li> <li>• CDPM Committee</li> </ul> <p><b>Workplace Supportive policies and processes:</b></p> <ul style="list-style-type: none"> <li>• Smoke free workplace policy; Smoking Cessation and Nicotine Replacement Therapy (NRT) with 80% reimbursement; CARE referrals to Smoking Help Line (SHL); EAP support</li> </ul> <p><b>Schools:</b></p> <ul style="list-style-type: none"> <li>• Tobacco Free Schoolyard policy; Radio ad contests to promote smoke free messages; Schools are linked to the Tobacco Free Network advocacy campaigns and distribution of Smoke Free Zone signage; National Non-Smoking Week Promotion' Tobacco Kit and Re-Think Your Drink</li> </ul>	<ul style="list-style-type: none"> <li>• Limited capacity to deliver cessation at community level</li> <li>• Limited cessation uptake at the community level</li> <li>• Contraband cigarettes still on market</li> <li>• Tobacco tax not high enough to significantly influence smoking rates</li> </ul>

<p>promotional material</p> <p><b>Partnerships:</b></p> <ul style="list-style-type: none"> <li>• Community Education Network; Family Resource Centres, Western Regional Wellness Coalition, TFN, Lung Association, ACT</li> </ul>	
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Child care services provides a huge target group for the promotion of living smoke free</li> <li>• Strengthen partnerships with the Western Branch of the NL Lung Association</li> </ul>	<ul style="list-style-type: none"> <li>• Young Adult smoking rates remain at 29%</li> <li>• Sustainability of smoking cessation programs</li> </ul>

## Mental Health Promotion

Strengths	Weaknesses/Areas for Improvement
<p><b>Capacity &amp; Partnerships</b></p> <ul style="list-style-type: none"> <li>• Schools, community groups etc.</li> <li>• Community Addiction Prevention &amp; Mental Health Promotion Fund (CAPMHP) provides funding to individuals, not for profit community groups, and organizations interested in preventing addictions and promoting mental health in the following priority areas: reducing Alcohol Related Harms, Developing Supportive Communities, Mental Health Promotion, Recreational Activities, and Child/Parent/Family Development.</li> </ul> <p><b>Public Awareness &amp; Mental Health Literacy</b></p> <ul style="list-style-type: none"> <li>• 4 individuals trained in Mental Health First Aid in the region</li> </ul> <p><b>Children, Youth and Families</b></p> <ul style="list-style-type: none"> <li>• Strong links with Parent and Child Health Coordinators</li> <li>• Fetal Alcohol Spectrum Disorder (FASD) Committee</li> <li>• Youth Outreach workers hired</li> <li>• Strengthening Families program in Corner Brook and Stephenville</li> <li>• Families and Schools Together (FAST)</li> <li>• Helping Skills training</li> </ul> <p><b>Seniors &amp; Caregivers</b></p> <ul style="list-style-type: none"> <li>• Many great examples of Mental Health (MH) Promotion in LTC settings under the leadership of Recreation Therapy. These include Creative Art, Intergenerational Activities, Reflections through Reminiscing, Story telling, Pet Therapy etc.</li> <li>• Mental Health Promotion Consultant is a member of the Regional Healthy Aging Advisory Committee</li> </ul> <p><b>Workplace</b></p> <ul style="list-style-type: none"> <li>• Mental Health Promotion and Addictions Prevention Consultants have resources that can assist MH promotion and Addictions prevention in the workplace</li> <li>• Workplace Mental Health Promotion: support</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge deficit regarding return to work for employees with mental illness</li> <li>• Limited support around grief and suicide</li> <li>• MH promotion limited in the school system; knowledge deficits and capacity issues</li> <li>• Enhanced services are needed around parent engagement and supporting positive mental health promotion</li> <li>• Coping skills/ decision making deficits in youth</li> <li>• Helping Skills trainers in place but delivery of program sporadic</li> </ul>

<p>through Employee Assistance Program (EAP), Respectful Workplace, Work Life Balance, Stress Management, Violence Prevention, Bereavement Support, etc.</p> <p><b>Human Resources</b></p> <ul style="list-style-type: none"> <li>• There are two consultant positions with a focused mandate on addictions prevention and mental health promotion- the Regional Addictions Prevention Consultant and the Mental Health Promotion Consultant</li> </ul> <p><b>Policy Support</b></p> <ul style="list-style-type: none"> <li>• Strengthened policies in program areas such as Community Health Nursing that require the use of a mental health lens, as in the Edinburgh assessment scale</li> </ul>	
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Provide additional education to Management regarding return to work (RTW) options post illness</li> <li>• Explore opportunities to provide Motivational Interviewing education and skill development for staff</li> <li>• Explore how the new Community Health Nursing school policy can provide additional opportunities to enhance mental health promotion and addictions prevention</li> <li>• Explore opportunities for MH Promotion Consultant to partner with Employee Wellness with respect to MH Promotion</li> <li>• Explore enhanced use of social marketing and media as communication tools for enhanced MH promotion and addictions prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Limited provincial funding for the Community Addictions Prevention and MH Promotion fund</li> <li>• Knowledge and skill deficits in parenting skills and positive child development that are impacting families in supporting positive mental health</li> </ul>

## Child and Youth (C&Y) Development

Strengths	Challenges/Areas for Improvement
<p><b>Public Health Capacity</b></p> <ul style="list-style-type: none"> <li>PHC teams working with communities to enhance child and youth development e.g. Dunfield Park; Continuum of services with complimentary programs; Universal programs such as Healthy Beginnings, Health Check Preschool, School Health, Child Health Clinics, Newborn Hearing Screening; BF promotion and plan</li> </ul> <p><b>Community Capacity</b></p> <ul style="list-style-type: none"> <li>Family Resource Centres (FRCs) provide great capacity for delivery of programs; strong partnerships in place; Child Management Specialist (CMS) support through Direct Home Services; Great partnerships with Car Seat Safety; Family and Schools Together Program (designed to reduce factors associated with substance use, school failure and juvenile delinquency); Quality supports for Early Learning; Parenting Programs- Regional Committee reviewing parenting programs</li> </ul> <p><b>Policy Support</b></p> <ul style="list-style-type: none"> <li>The 2010 School Health Program policy utilizing the Comprehensive School Health Framework, and the Coordination of School Based Health Promotion policy provide direction and support for health promotion in the school setting</li> </ul> <p><b>Screening</b></p> <ul style="list-style-type: none"> <li>Prenatal Education and Support Screening Tool</li> </ul>	<ul style="list-style-type: none"> <li>Denver Assessment Tool; still awaiting provincial direction</li> <li>Gaps in programs to support Parenting of Tweens</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>Explore processes for earlier identification of prenatal clients and explore potential parent child health issues in advance so that support and interventions can be proactively provided; Explore enhanced MH partnerships with the Western School District using Mental Health First Aid; Child care capacity is huge area for opportunities to enhance C&amp;Y development</li> </ul>	<ul style="list-style-type: none"> <li>There are significant gaps in parenting skills that will continue to have major implications for healthy child and youth development and that will have negative impacts as children grow into adults unless parenting skills can be enhanced</li> </ul>

## Sexual and Reproductive Health (SRH)

<b>Strengths</b>	<b>Weaknesses/Areas for Improvement</b>
<ul style="list-style-type: none"> <li>• Sexual Health Environmental Scan completed, working group formed and plan developed</li> <li>• New sexual health resources developed and purchased</li> <li>• Enhanced school and community partnerships</li> <li>• Enhanced information sharing through resource binder, intra and internet</li> <li>• Quarterly sexual health communiqué is another communication tool</li> <li>• The Community Health and Family Services polices relating to School Health Promotion and Coordination of School Based Health Promotion Services are supportive to expanding the reach of sexual and reproductive health promotion</li> <li>• The 4 Regional Health Authority leads for SRH meet regularly and plan common initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Folic acid education gaps – in schools, with primary care providers, and prenatally</li> <li>• Issues of stigmatization associated with HIV testing need to be explored, including the types of testing that are available, the needs of the affected population, and how to best address these needs</li> <li>• Need for enhanced partnership with the Western School District for sexual and reproductive health promotion</li> <li>• Knowledge deficits and health promotion gaps with respect to Services for people with disabilities, Men’s Health Issues- prostate cancer, erectile dysfunction, urology clinic link etc.</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Explore the opportunities for enhanced sexual and reproductive health promotion through social marketing and social media</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual and Reproductive Health is not identified as a provincial wellness priority. There is not a designated lead for this issue at the provincial level, and there is not a provincial plan for sexual and reproductive health promotion.</li> <li>• Sexual and Reproductive Health promotion or issues are rarely addressed in other WH Work plans; what is the threat of not addressing these important issues across the life course?</li> </ul>

## Health Promotion in General

Strengths	Weaknesses/Areas for Improvement
<p><b>Broad Range of Employee Wellness Initiatives</b></p> <ul style="list-style-type: none"> <li>• Regional Wellness Advisory Committee working on the promotion of a number of wellness priorities</li> <li>• Enhanced Employee Health Program and staff providing assessments, monitoring and support</li> </ul> <p><b>Supportive Wellness Grants</b></p> <ul style="list-style-type: none"> <li>• Provincial Wellness Grants, Regional Wellness Coalition (School and Community Grants) and Employee Wellness grants are all very positive supports to health promotion and community wellness</li> </ul> <p><b>Healthy Students Healthy Schools Initiative:</b></p> <ul style="list-style-type: none"> <li>• School Health Promotion Liaison (SHPL) position is a positive role that enhances the health/education partnership and provides significant focus on healthy living in the school environments (healthy eating, physical activity and being smoke free)</li> <li>• HSHS health promotion supports including Living Healthy Western School District Website; Living Healthy Monthly Newsletter; Lead Teacher for Healthy Living Recognition Awards; 22 Schools received Regional Wellness Coalition Funding in fiscal year 2010-11; Canada Health Day promotion</li> </ul> <p><b>The Promotion of Health through Primary Health Care (PHC) Teams and Community Advisory Committees (CACs):</b></p> <ul style="list-style-type: none"> <li>• Promotion of health and wellness including events such as Healthy Aging Promotion, Pre-adolescent Awareness of Substance Use, Healthy Decision Making, Family Days etc.</li> </ul> <p><b>Broad Range of Community Partners/ Coalitions/Networks including:</b></p> <ul style="list-style-type: none"> <li>• Western Regional Coalition to End Violence</li> <li>• Communities in Schools</li> <li>• Community Coalition for Housing and Homelessness</li> <li>• Community Education Network</li> <li>• Community Youth Network</li> <li>• Community Recreation Committees</li> </ul>	<ul style="list-style-type: none"> <li>• Organization wide challenges in providing staff relief to attend health promotion and injury prevention sessions</li> <li>• Evaluation, Evaluation, Evaluation...a major gap!</li> <li>• A multitude of HP priorities...there appears to be a need to focus efforts based on identified population health status and community needs</li> <li>• Limited budget for HP, especially when there is competition for budget support for a multitude of priorities</li> <li>• Community groups expressed capacity issues in delivering some programs, especially as the traditional volunteer base dwindles</li> <li>• The incorporation of courses in the education system that promote physical education and health is challenging, particularly in high school, where there are conflicts between balancing the health promotion and wellness needs and current curriculum outcomes related to academic achievement</li> <li>• Consistent implementation of the Nutrition Policy in the education system is sometimes compromised by parental influences; parents often send unhealthy food choices to school and consistent implementation of the policy is challenged. A recently completed survey of school personnel regarding the Nutrition Policy should provide some insight that may assist in finding workable solutions.</li> </ul>

<ul style="list-style-type: none"> <li>• 4 H Clubs : A youth development organization. The H stands for head, heart, hands, and health.</li> <li>• Community Centres such as Dunfield Park</li> <li>• Status of Women Groups</li> <li>• Western School District and respective schools</li> <li>• Newfoundland aboriginal Women’s Network</li> <li>• Community Mental Health Initiative</li> <li>• Family Resource Centres</li> <li>• RNC and RCMP</li> <li>• Churches and Faith Communities</li> <li>• AIDS Committee NL</li> <li>• Others</li> </ul> <p><b>Health Promotion Across the Lifecourse Continuum</b></p> <ul style="list-style-type: none"> <li>• There are focused efforts on the promotion of Healthy Aging, especially in LTC as evidenced by healthy eating, physical activity, injury prevention, and social, cognitive, spiritual and mental health promotion.</li> </ul> <p><b>Supportive Health Promotion Resources</b></p> <ul style="list-style-type: none"> <li>• E-Learning and other technology tools such as telehealth, webinars etc. are supportive of health promotion, especially the education and awareness component</li> </ul>	
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Western Health has over 3000 employees, a community in itself; what better place to start with the promotion of health and wellness?</li> <li>• Explore opportunities to utilize social marketing and social media to expand the reach of health promotion</li> <li>• Explore opportunities to develop a HP Clearinghouse on the Western Health Intranet to share HP plans, events, tools etc.</li> <li>• Are there opportunities to explore corporate sponsorships for health promotion within Western Health’s policy guidelines?</li> <li>• Explore ways to strengthen the relationship between the SHPL position and Public Health Nurses with school health responsibilities to enhance health promotion reach and minimize duplication. The School Health Program</li> </ul>	<ul style="list-style-type: none"> <li>• Regional versus local HP priorities</li> <li>• Human and fiscal resources</li> <li>• Sustainability</li> <li>• Communication</li> <li>• Limited and decreasing volunteer base in communities</li> </ul>

<p>policy and the Co-ordination of School Based Health Promotion Services for Community Health Nurses policy will assist with this process.</p>	
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**4.2 Celebrating Our Organizational Strengths for Health Promotion**

Western Health has many reasons to celebrate its significant contribution to health promotion and wellness, as evidenced by the volume, breath, and depth of specific health promotion initiatives that were identified in the SWOT analysis. These specific initiatives however must be supported at an organizational level if they are to be successful. Below are two examples of the broader organizational strengths that support a culture of health promotion in Western Health.

**Staff and Leadership Dedication and Commitment to Health Promotion**

The level of dedication and commitment to improving population health by Western Health staff and leadership is particularly noteworthy. Staff who participated in the environmental scanning process articulated a genuine belief in, and passion for, health promotion and are very encouraged and motivated by the identification of health promotion as a strategic issue.

**Western Health Organizational Support to Health Promotion**

Organizational capacity for health promotion is not only the sum of the capacities of individual staff, but also the commitment to, and culture of health promotion that is visible at the organizational level. Equally important are the structures and resources that are dedicated to the promotion of health.

Health promotion and wellness are core to Western Health’s mission, vision and values. The strategic goal of implementing priority initiatives in a health promotion plan for enhanced health promotion by March 31, 2014 is evidence of the Organization’s commitment to improving the health of its residents. Health promotion is a shared responsibility in Western Health. The principles and values of health promotion practice are encouraged across all branches and programs, as Western Health endeavors to become a truly integrated health promoting organization. The dedicated funding for the position of VP Population Health, the Regional Director of Health Promotion and Primary Health Care and the 13 regional health promotion staff positions with primary responsibility for health promotion and wellness demonstrate the important place that health promotion holds in this relatively new integrated health authority, known as Western Health. In addition to these, there are many other managers and staff who significantly contribute to health promotion in Western health as part of their respective mandates.

### **4.3 Highlighting Opportunities for Enhanced Health Promotion**

While Western Health has demonstrated significant success in the provision of health promotion, it continues to enhance its health promotion efforts over the next three fiscal years to help improve the population health of the residents of Western Newfoundland. The following are some of the opportunities for enhanced health promotion that were highlighted in the environmental scanning process.

#### **Development, Implementation and Evaluation of a Comprehensive Health Promotion Plan**

The Jakarta Declaration has provided clear evidence that effective health promotion requires a comprehensive approach that utilizes a combination of the five strategies of the Ottawa Charter, rather than using a single strategy. These five strategies are: providing healthy public policy, strengthening community action, creating supportive environments, developing personal skills and re-orienting health services.

The evidence from the Jakarta Declaration has been supported by Jackson et al. who identified that personal skills development must be combined with other strategies to be effective; that interventions employing multiple strategies and actions at multiple levels are most effective; and that certain actions are central to effectiveness, such as intersectoral action and inter-organizational partnerships at all levels, community engagement and participation in planning and decision making, creating healthy settings (particularly focusing on schools, communities, workplaces and municipalities), political commitment, funding and infrastructure and awareness of the socio-environmental context. While Western Health has facilitated many health promotion initiatives, most have used single, rather than comprehensive approaches. These single strategies have focused predominantly on the development of personal skills rather than on the more comprehensive social and economic determinants of health, which are proven to deliver more successful outcomes. As part of the strategic issue to enhance health promotion in Western Health, there is an opportunity here to develop, implement and evaluate a comprehensive health promotion plan that employs multiple strategies and actions at multiple levels, and that utilizes the population health promotion model upon which Western Health's Health Promotion Framework is based.

#### **Revisit Western Health's Organizational Structure for Health Promotion**

While Western Health staff utilize processes such as needs assessments and environmental scans to assess population health needs, there does not appear to be a standard process for planning, prioritizing, implementing and evaluating health promotion initiatives. There are many health promotion examples that address all of the wellness priority areas but are these consistently based on population health needs and best practice approaches, and do they achieve the desired population health outcomes? As well, the capacity of staff with a primary responsibility for health promotion, including Health Promotion Consultants, Wellness Facilitators and Public Health Nurses, appears to be challenged by workloads and competing health promotion priorities. Most of these staff are involved in several wellness priority areas but there is limited capacity to utilize the recommended evidence-informed and

comprehensive approaches that have been proven to deliver more effective health promotion. As part of the development of the health promotion strategic issue, there is an opportunity to revisit Western Health's organizational structure for health promotion, including the position descriptions, roles and responsibilities, accountability framework, and workload of all staff that have a primary responsibility for health promotion.

## **Increase Partnership Development**

Western Health staff work with many internal and external partners in the promotion of health. This strength within the organization can be enhanced through further collaboration and integration of health promotion planning, implementation, and evaluation, both internal and external to the organization. As previously noted by Jackson et al., intersectoral action and inter-organizational partnerships at all levels, is critical to effective health promotion. There is an opportunity here for Western Health to identify key partners and take a leadership role in enhancing a collaborative health promotion network or coalition among internal and external partners who play key roles in the promotion of health and wellness in Western Newfoundland.

## **5.0 Health Promotion Priority Setting Process**

### **5.1 Overview of Western Health's Population Health Status**

In order to determine which wellness areas require focused attention in Western Health, it is important to start with an analysis of the population health status of Western Newfoundland residents.

The regional context for health promotion planning and priority setting is grounded in the identified needs of the population of Western Health. These needs have been summarized in Western Health's 2009-2010 Environmental Scan and the 2009 Western Region Community Health Needs and Resources Assessment. The following are some of the determinant of health indicators that were extrapolated from these documents and that have significant implications for health promotion planning and priority setting in Western Health.

**Income:** personal or household income is one indicator of "well being". Higher income is typically associated with better health. Based on the 2006 census, 16.3% of the people in Western Region were below the low income level as compared to 14.7% in the province, and 15.3% in Canada.

**Employment:** the Western Region employment rate for 2005 was 80.4% compared to the provincial rate of 82.9%. In 2008, 42.7% of the labor force collected employment insurance at some point compared to 41.9% in 2007 (Compiled by the Community Accounts Unit based on information provided by Human Resources Development Canada).

**Education:** the 2006 census reported that 19.9% of the population within the Western Region aged 25 to 54, had a high school certificate only, compared to 19.8% provincially and 23.8% nationally. In the Western Region, 26.6% of those aged 25 to 54 had no high school

certificate, diploma, or degree compared to 22.0% in the province (Compiled by Community Accounts from Statistics Canada). Eight and one half percent (8.5%) of the population aged 25 to 54 years in Western Region had a bachelor's degree compared to 10.1% in the province and 15.8% in Canada (compiled by the Community Accounts Unit from Statistics Canada, 2006).

**Well-Being;** research shows a high correlation between sense of community belonging and physical and mental health (Canadian Institute for Health Information Health Indicators, 2008). 83.5% of respondents in the Western Region reported a sense of community belonging compared to 81.1% in the province and 65.4% in Canada (Canadian Community Health Survey, 2009).

**Health Status:** A major indicator of well-being is how a person rates his or her own health status. According to the 2009 Canadian Community Health Survey, 57.5% of individuals in the Western Region catchment area rated their health status as being very good or excellent (62.8% in 2007, 59% in 2005). On a provincial level, 61.8% of individuals in the province rated their health status as very good or excellent (50.1% in 2007) compared to the national rate of 60.5 (58.9% in 2007) (Canadian Community Health Survey, 2009).

**Personal Health Behaviors:** Personal health behaviors or health practices such as healthy eating, physical activity and living smoke free are important determinants of health. The 2009 Canadian Community Health Survey identified that 40.2% of the Western Region population aged eighteen years and older reported that they were overweight, 27.1% of the population aged twenty to sixty-four years reported that they were obese, 50.6% of the population aged twelve years and older reported that they were physically active or moderately active, and 37.8% of the population aged twelve years and older reported that they consumed fruits and vegetables 5 to 10 times per day.

The 2007-2008 Canadian Community Health Survey identified that 20.3% of respondents in the Western Region reported being daily smokers (21.0% in 2005) compared to 19.9% provincially and 17% nationally. According to the Canadian Tobacco Use Monitoring Survey (2008), the percentage of the population aged 20 to 24 years in Newfoundland and Labrador who smoke was 28% compared to 27% in Canada. The percentage of the population in Newfoundland and Labrador aged 25 and older who reported smoking was 20% compared to 17% in Canada.

The table below highlights personal behavior rates in relation to body weight, physical activity and the consumption of fruits and vegetables for residents of Western Newfoundland as compared to the province and the country. Despite these rates, it appears that the people of the region recognize, at some level, the extent of unhealthy behaviors as evidenced by their identification of smoking, illegal drug abuse, unhealthy eating habits, and alcohol abuse among their top community health concerns in the 2009 Community Health Needs and Resources Assessment. At that time, 46% of households were concerned about unhealthy eating, 27% wanted to change their eating habits by decreasing fatty foods, and 25% wanted to eat more fresh fruits and vegetables.

<b>Personal Behaviors</b>	<b>Data Source</b>	<b>Western</b>	<b>NL</b>	<b>Canada</b>
Estimated % of adult population (aged 18 +) who are overweight (BMI 25.0 – 29.9) (Excludes pregnant women)	Canadian Community Health Survey	2003-37.9 2005-41.9 2007- 39.4 2009-40.2	2003-40.4 2005- 38.3 2007- 36.1 2009-37.8	2003-33.3 2005- 34.2 2007-33.8 2009-33.7
Estimated % of adult population (aged 20 – 64) who are obese (BMI 30.0 or higher) (Excludes pregnant women)	Canadian Community Health Survey	2003-18.4 2005-23.6 2007- 22.1 2009-27.1	2003-20.6 2005-19.0 2007- 27.4 2009-26.8	2003-14.9 2005-15.8 2007- 17.2 2009-17.9
Estimated % of adult population (aged 12+) who are physically active or moderately active	Canadian Community Health Survey	2003-50.9 2005-49.6 2007-46.8 2009-50.6	2003-45.4 2005-45.6 2007-43.6 2009-47.1	2003-52.1 2005-52.3 2007-50.6 2009-52.5
Population % aged 12 and over, that consume fruits and vegetables 5 to 10 times per day	Canadian Community Health Survey	2003-26.5 2005-N/A 2007-36.1 2009-37.8	2003-22.8 2005-22.2 2007-32.6 2009-29.9	2003-35.3 2005-39.2 2007-43.7 2009-45.6

The consequence of some of the unhealthy behaviours and health practices identified above tend to be poor health outcomes and the development of chronic diseases such as diabetes, heart disease and some cancers. The table below highlights the rates of some of these diseases and chronic conditions in the Western Region.

<b>Health Outcomes</b>	<b>Data Source</b>	<b>Western</b>	<b>NL</b>	<b>Canada</b>
Diabetes % (Aged 12+)	Canadian Community Health Survey 2005, 2007, 2009	2005-7.6 2007-10.2 2009-10.0	2005-6.8 2007-8.8 2009-8.1	2005-4.9 2007-5.8 2009-6.0
High Blood pressure % (Aged 12+)	Canadian Community Health Survey 2005, 2007, 2009	2005-19.5 2007-23.2 2009-25.5	2005-19.2 2007-20.2 2009-21.6	2005-14.9 2007-16.4 2009-16.9
AMI (rate per 100,000)	Health Profile 2010 CIHI, Discharge Abstract Database, 2007-2008	2007/08-267	2007/08-347	2007/08-217
Stroke (rate per 100,000)	Health Profile 2010 CIHI, Discharge Abstract Database, 2007-2008	2007/08-142	2007/08-151	2007/08-128

In summary, the population of the Western Region needs to make significant changes in order to improve its overall health status. Greater percentages of the population are overweight or obese, consume a lower number of fruits and vegetables, and are less active than their provincial and national counterparts. These unhealthy behaviors, combined with the prevalence of chronic diseases, have created an urgent need to make concerted efforts on the determinants of health and the prioritization of health promotion initiatives in order to make a difference in the Region's population health status over the long term.

## 5.2 Determining Health Promotion Priorities

The Provincial Wellness Plan priorities will continue to set the direction for the promotion of health and wellness in Western Health. While all of the wellness issues are important, it is challenging for a health authority with competing priorities, to simultaneously provide a comprehensive approach to all wellness issues. In light of this, Western Health will identify its health promotion priorities based on the population health status and needs of the region.

How can health promotion issues be identified and prioritized? The World Health Organization (WHO) has developed criteria that may assist Western Health in this process.

- A needs assessment should be completed to identify the health issues that population health promotion can address
- In keeping with the participatory approach of health promotion, it is essential that communities be involved in the process of identifying health promotion issues and setting priorities. Using the best available data and evidence on population health issues and the effectiveness of interventions, the WHO recommends that each health promotion issue be weighed in terms of the following:
  - the degree of impact on population health status (as measured by mortality, morbidity, quality of life);
  - the availability and effectiveness of interventions to address the issue;
  - the cost to the community of pertinent health or social conditions and their treatment and prevention; and
  - the potential to reduce health inequities.

As Western Health analyzes its population health status and its health promotion needs, it will be important to consider how best to close the gap that exists between the “philosophical intent” and “the reality of implementation”. That is very difficult to do when the focus is on a multitude of issues. The goal is to determine priorities that can be implemented within regional capacity and at the same time provide the desired health outcomes. Some factors to consider are:

- Relevancy of the issue to Western Health’s population health needs
- Urgency or level of assessed risk
- The number of people affected

The following questions may assist Western Health in determining how to plan, strengthen, and prioritize its health promotion initiatives.

- Why does Western Health need and want to promote health? What are the values that relate to this work?
- What is the context within which Western Health is working to promote health? What are the Health Authorities' needs and resources? What are the important economic and social trends in the region that impact health promotion priorities?
- What vision is Western Health working towards--how would the Region and its population like things to be? Which determinants of health are involved in the vision?
- Of all the possible choices to focus on, which are Western Health’s priorities? Are these priorities supported by assessed need?

- Which entry points make the most sense to address the priorities that have been identified: setting, population, health issue?
- What combination of strategies is most appropriate for the chosen priorities?
- At what level(s) of society is change sought?
- Who will carry out the work? What sectors are already involved? What other sectors need to be involved?
- Is Western Health's plan consistent with the principles of health promotion?

In addition to the population health factors that influence health promotion priority setting, there may be capacity issues that impact the organization's ability to respond to health promotion demands. As the needs of communities change and the roles of health promotion staff evolve, both staff and organizations may question their role in fostering and providing health promotion, and the conditions that are necessary to do so. In other words, what is the individual and organizational capacity for health promotion? Health promotion capacity is defined as "having the knowledge, skills, commitment, and resources at the individual and organizational levels and in the wider environment to conduct effective health promotion" (Woodward, p.1). The University of Saskatchewan (2004) provides an assessment tool that will assist in this process. This workbook of Health Promotion Capacity Checklists can be used to assess health promotion capacity from an individual, organizational, and environmental perspective and can be viewed at <http://www.prhprc.usask.ca/publications/finalworkbook.pdf>.

## **6.0 Recommendations for Health Promotion in Western Health**

### **6.1 A Priority Recommendation: Focus on Healthy Eating and Physical Activity for the Promotion of Healthy Weights and the Prevention of Childhood Obesity**

In light of Western Health's population health status, the prevalence of chronic diseases, the provincial Wellness Plan priorities, and best available evidence for health promotion, it is recommended that Western Health focus its health promotion efforts for the 2011-14 fiscal years on two integrated health promotion priorities: healthy eating and physical activity. Supporting rationale for this is strong and as described below.

The main causes of poor health, disability and death in Canada are chronic diseases; however, a large proportion of these can be prevented or delayed. In an effort to enhance health promotion and disease prevention, the Pan-Canadian Healthy Living Strategy and the Declaration on Prevention and Promotion have made the promotion of health and the prevention of disease, disability and injury a priority.

The prevention of many chronic diseases starts with healthy eating and physical activity. Good nutrition and regular physical activity are key components of health and well-being. These healthy lifestyle behaviors must start with children and families if healthier future populations are to be realized. Research has shown that children and youth who eat well and make healthy choices are better prepared to learn, be active, and maintain their health as adults.

Despite this knowledge and significant health promotion efforts to date, the incidence of childhood obesity in Canada has reached alarming rates. Between 1978/79 and 2004, the combined prevalence of overweight and obesity among those aged two to 17 increased from 15 per cent to 26 per cent. Increases were highest among youth, aged 12 to 17 years, with overweight and obesity more than doubling for this age group, from 14 per cent to 29 per cent (Public Health Agency of Canada, 2011).

Newfoundland and Labrador has one of the highest rates of obesity in the country. One in four preschool children is overweight or obese. In the Western Health Region, the percent of preschool children with a BMI > 85% at the Preschool Health check screening in 2010 was 28.64%. In the previous year the percent of preschool children with a BMI > 85% at the Preschool Health check screening was 21.74%, which represents an increase of 7% from the 2009 screening rates to 2010. Children with a BMI > 85% are considered to be significantly overweight. In 2009, in one outpatient setting in Western Health, 63 children and youth (under 18 years) were referred to a Registered Dietitian for overweight assessment; of these 11 also had hyperlipidemia and 9 had elevated blood pressures. The average age for overweight and obese children who were seen is 9 years, with the youngest being 1, and the oldest, age 18 years. The average age with hyperlipidemia is 11 years, 5 being the youngest and 16 years, the oldest. As for hypertension, the average age is 13, with the youngest child being 9 and the oldest, 17 years. These numbers tell a compelling story that, without appropriate interventions, will likely have, a not so happy ending.

Newfoundland and Labrador also falls within Canada's lowest rates of physical activity. According to a 2010 Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth, 10% of Newfoundland and Labrador children and youth accumulated on average 90 minutes/day of moderate to vigorous physical activity (MVPA); 25% accumulated 60 minutes/day of MVPA. According to the 2004 Canadian Community Health Survey, the overweight and obesity prevalence rate for Newfoundland and Labrador children and youth was 35.6%, a rate that was significantly higher than the national average of 26% at that time.

Since the release of the 2010 Report Card, Canada has reduced its physical activity guidelines. On January 24, 2011, the Canadian Society for Exercise Physiology (CSEP) released new guidelines that describe the amount and types of physical activity that offer substantial health benefits to children, youth, adults and older adults. Adhering to these physical activity guidelines can improve cholesterol levels, blood pressure, body composition, bone density, cardio respiratory, musculoskeletal fitness, and aspects of mental health.

The CSEP guidelines recommend that for health benefits, children aged 5-11 years old should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily. This should include vigorous-intensity activities at least 3 days per week and activities that strengthen muscle and bone at least 3 days per week.

Youth aged 12-17 years should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily. This should also include vigorous-intensity activities at least 3 days per week and activities that strengthen muscle and bone at least 3 days per week.

To achieve health benefits, adults aged 18-64 years should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more. The guidelines also recommend that it is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week.

To achieve health benefits and improve functional abilities, adults aged 65 years and older should accumulate at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more and to add muscle and bone strengthening activities using major muscle groups, at least 2 days per week. Those with poor mobility should perform physical activities to enhance balance and prevent falls

Compounding the issue of physical inactivity is the negative impact of sedentary behavior, especially in children and youth. According to Dr. Mark Tremblay, Director of Healthy Active Living and Obesity Research (HALO) at the Children's Hospital of Eastern Ontario (CHEO) Research Institute, "Canadian children and youth spend sixty-two per cent of their waking hours in sedentary pursuits, with six to eight hours per day of screen time as the average for school-aged kids' behavior".

In an effort to combat sedentary behavior and to complement the physical activity guidelines, The Canadian Society for Exercise Physiology has also provided Canadian Sedentary Behavior Guidelines. As an example, the Sedentary Behavior Guidelines highlight what children should be doing to improve their physical activity rates beyond the recommended 60 minutes of daily physical activity. It is suggested that the majority of sedentary time can be replaced with light intensity activity and this can be done in a variety of ways such as:

- If possible and as age appropriate, have children/teens walk or bike to school with group of kids from the neighborhood instead of getting a ride in a car;
- Limit after school television, sedentary video gaming, texting and screen time and replace it with planned activities outdoors such as walking the dog, building snow forts, raking leaves, playing hopscotch or skipping rope;
- Indoors, help children and youth stay active by having them help with meal preparation and other household chores;
- In the evening, encourage teens to visit friends instead of communicating with them online, or suggest going for a walk or bike ride after dinner; and
- Prior to bedtime, engage in an active family game that limits sitting and screen time

A number of promising strategies have been developed to help improve physical activity rates. These strategies are key partners in the promotion of healthy eating and physical activity.

Active, Healthy Newfoundland and Labrador is the provincial Recreation and Sport Strategy that was released in May 2007 under the leadership of the Department of Tourism, Culture and Recreation. This framework encourages citizens to pursue physical activity, recreation and sport at all levels for improved quality of life, improved health, enhanced social interaction, personal fulfillment and the achievement of excellence. This strategy's home

department, Tourism, Culture and Recreation, are identified as the lead for physical activity in the 2011 Provincial Wellness Plan.

The Canadian Tire Jumpstart Program is an example of a community-driven program offering funding support to children and youth to participate in organized sports and recreational activities. It is supported by provincial government funding as well as by recreation, community leaders and Canadian Tire.

Recreation Newfoundland and Labrador, Physical Activity Campaign is a focused campaign comprised of physical activity and healthy living programs and initiatives that support collaboration and partnering at the local, regional, provincial and national level. Examples of outcomes include the Regional Recreation Directors Program and the Small Steps Big Results Physical Activity website.

In addition to these physical activity initiatives, there is strong support from the community and school system infrastructures that support recreation, sport and physical activity programming, such as the Healthy Students Healthy Schools daily quality physical activity (DQPA) program and other quality, free, unstructured play environments. Unfortunately, there are still access issues for participation in some recreation, sport and physical activity programs for some people because of geography, cost, transportation and other determinants that will need to be addressed as physical activity promotion evolves.

Despite many positive examples of strategies and investments in healthy eating and physical activity promotion, a joint report prepared by the Dietitians of Canada, the NL Medical Association, the NL Public Health Association, the NL Association of Social Workers, the Association of Registered Nurses of NL, and Memorial University of NL presented some additional troubling statistics. The report, entitled “Healthy Eating and Active Living in School Settings: Taking Action to Address Obesity in Children and Youth” highlighted the following:

- Children aged two to 11 living in low income families are 1.5 times more likely to be obese compared to children in families with higher incomes
- Almost 80 percent of children aged 12 to 19 are not getting enough exercise to meet the international guidelines for optimal growth and development. Further, 25 per cent of children and adolescents, especially girls, do not take part in any physical activity
- Children who are obese are more likely to remain obese later in childhood and adulthood, while adolescents who are obese have an 85 per cent chance of maintaining obesity as adults

The impact of these trends has also been documented:

- Obese children and adolescents have a greater occurrence of hypertension and high cholesterol levels, two known risk factors for cardiovascular disease
- Type 2 Diabetes, previously seen only in adults, is now increasingly being found among children, particularly adolescents
- Obesity related morbidity is responsible for higher health care costs (hospitalizations, treatments, prescription use)

- Poor self esteem (increased risk for drug taking, smoking and other risky behaviors) is also associated with obesity
- Regular exercise among youth declines as the grade of schooling increases. This decrease in activity with age is of considerable concern because these sedentary habits will likely be carried into adulthood.

A September, 2010 report by the Federal, Provincial and Territorial Ministers of Health corroborated these findings. Childhood obesity can contribute to a number of health issues in childhood and can also lead to long-term health problems later in life. Health problems that were previously seen only in adults are now also affecting children, including problems such as high blood pressure and hyperlipidemia. Children as young as 6 years old are presenting with Type 2 Diabetes, a condition that was unheard of in this age group a few years ago. In recent decades, rates of unhealthy weights among children have risen steadily with more than one-in-four children in Canada being overweight or obese. If the trend of childhood obesity is not reversed, today's children may have less healthy and possibly shorter lives than their parents.

Many Canadians have heard and understand the message that eating well and being active are key to healthy living but several factors influence their abilities to make these healthy choices. Addressing the causes of obesity requires a society-wide shift in changing the social and physical environments that influence children's and families' eating habits and activity levels. Everyone has a role to play in supporting healthy weights and increasing physical activity—governments, health authorities, public, private and non-profit sectors, parents, school boards and communities.

The 2010 National Framework for Action to Promote Healthy Weights has set the context for making childhood obesity a collective priority. The plan includes working together to curb obesity in children under the age of 18 by focusing on three key policy priorities:

- Making the environments where children live, learn and play more supportive of physical activity and healthy eating; and
- Identifying the risk of obesity in children and addressing it early;
- Increasing the availability and accessibility of nutritious foods and decreasing the marketing to children of foods and beverages that are high in fat, sugar and/or sodium.

This plan was further supported very recently when, on March 7, 2011, a national dialogue entitled *Our Health Our Future* was launched by Health Ministers across Canada to inform Canadians about the issue of childhood obesity, and to engage various sectors of Canadian society in addressing this important public health issue. *Our Health Our Future* recognizes that a complex system of factors contribute to overweight and obesity. In order to address the causes of obesity, it is recommending changes in the social and physical environments that influence children's and families' eating habits and physical activity levels, in other words, the determinants of health. This initiative recognizes that all Canadians must play a role in identifying ways to create the conditions that support healthy eating, physical activity and healthy weights. The following best practice interventions are suggested:

- Support the development of financial public policy that positions healthy food to be the “low price”, especially in certain ‘high-leverage’ settings such as schools.
- Increase attention to the environmental signals concerning healthy eating and physical activity, from the nutrition labeling of products and menu items to the accessibility of good food and attractive exercise options. Controlling the marketing of unhealthy foods to children is an important component of this approach.
- Increase involvement of parents in influencing children and modeling healthy eating and physical activity. Breastfeeding is identified as an important obesity-prevention measure.
- Increase advertising and media advocacy, combined with school physical education, workplace health promotion, and community-wide programs that focus on both healthy eating and physical activity. The latter focus on physical activity can be enhanced by supports such as walking clubs and personal feedback through technology such as pedometers; the telephone can also be a simple and inexpensive tool to use in follow-up reinforcement, and the Internet and other social media may prove to be even more effective in this regard.
- Support and advocate for policy and economic interventions such as incentives and taxation to encourage greater involvement of children in physical activities, restrictions on food advertising aimed at children and a focused trial of taxation measures for specific unhealthy foods.
- Explore community-based interventions that encourage and support walking groups and physical activity events, and enhanced access to places of physical activity, including local schools.
- Continue to expand school-based interventions, including the Healthy Student Healthy Schools initiatives.
- Focus on environmental approaches to risk factor interventions, including options for promoting healthy foods, curtailing access to unhealthy foods, creating opportunities for physical activity and tobacco-free environments.
- Continue to enhance workplace-based interventions in partnership with Employee Wellness to create healthier work environments and to promote health.
- Enhance professional education and awareness by providing education and feedback to enable primary healthcare providers to more fully address risk factors.
- Enhance surveillance and evaluation processes by providing adequate resources for appropriate surveillance, the evaluation of new interventions, and the dissemination of findings.
- Provide adequate resources to facilitate implementation of health promotion plans to ensure a coordinated, integrated and comprehensive approach.

The long term goals associated with healthy eating and physical activity for the promotion of healthy weights and the prevention of childhood obesity can be directed at both population and individual levels:

At a population level, some of the goals may include:

- reduction in the incidence and prevalence of childhood and adolescent obesity
- reduction of mean population Body Mass Index (BMI) levels
- improvement in the proportion of children meeting national dietary guidelines

- improvement in the proportion of children meeting national physical activity guidelines

At an individual level, some of the goals may include:

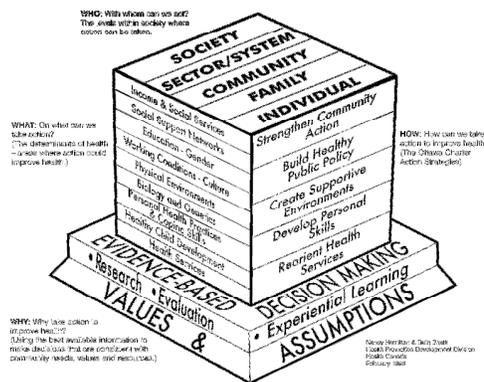
- a healthy weight trajectory, as defined by BMI charts
- a healthy diet (quality and quantity) as per national dietary guidelines
- appropriate amounts and types of physical activity as per physical activity guidelines

Since it will take a number of years to achieve and sustain these long term goals, intermediate goals are needed to assess progress towards the promotion of healthy weights and the reduction of obesity through policy and system changes. Examples include:

- improved access to and affordability of fruits and vegetables
- increased availability and use of community recreational facilities for physical activity
- increased number of products and advertising messages that promote energy balance at a healthy weight
- increased availability and affordability of healthy foods and beverages at local supermarkets, grocery stores, and farmers markets

Based on the extensive literature and best available evidence on healthy eating and physical activity and their impacts on the promotion of healthy weights and the prevention of obesity, it is recommended that Western Health develop a planned, integrated, comprehensive approach to promote healthy eating and physical activity. The term “comprehensive” means targeting an issue and/or population by taking action on multiple determinants of health and applying multiple strategies. This approach should be based on the identified population health status and needs, values and assumptions, and be guided by the population health promotion model and best practice approaches for the promotion of healthy eating and physical activity.

**Population Health Promotion Model**



The draft diagram below provides a visual overview of the application of the Population Health Promotion Model to the promotion of healthy eating and physical activity in Western Health. It suggests some of the major elements that must be addressed as part of an evidence-informed, comprehensive approach to health promotion.

**Why/  
Vision**

**Healthy Eating (HA) &  
Physical Activity (PA): A Population Health Promotion for the  
Promotion of Healthy Weights and the Prevention of Obesity**

**Who**

Focus on Women &  
Families:  
Preconception, Prenatal &  
Postnatal

Focus on Children, Youth &  
Families

**What**

Income

Social  
supports

Educ-  
ation

Employ-  
ment

Physical  
Env.

Biology  
Genetics

Health  
Practices

Healthy  
Child  
Dev

Health  
Services

**How**

**The Strategies**  
Reorient Health Services, Develop Personal Skills, Create Supportive Environments  
Build Healthy Public Policy, Strengthen Community Action

**Actions**

To be  
developed

To be  
developed

To be  
developed

**Where**

To be developed

To be developed

To be developed

**Out-  
comes**

**Possible Targets (pre and post intervention measures)**

- BF Initiation and Duration Rates
- Vegetable and Fruit Consumption
- Self reported amounts and types of physical activity as per physical activity guidelines

**Who** - with whom can we act?

The recommended focus is two main population groups:

- Women and Families in the Preconception, Prenatal and Postpartum periods
- Children, Youth and their Families

**What** - on what can we take action?

It is recommended that action be taken on the multiple determinants of health including:

- Income and social status
- Social Support
- Education and Literacy
- Employment/Working Conditions
- Environments (Social and Physical)
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health Services
- Gender and Culture

**How** - how can we take action to improve health?

Use multiple strategies of the Ottawa Charter:

- Reorienting health services
- Developing personal skills
- Creating supportive environments
- Building healthy public policy
- Strengthening community action

**Where** – where can we take action and who are our partners?

The following are some potential locations and partners but the list is not all inclusive:

- Across Western Health sites, branches, and programs.
- Families and Communities- Schools, Family Resource Centres, Physician Offices, Child Youth and Family Services, Daycares, Department of Tourism, Culture and Recreation, Regional Wellness Coalitions, Non- Governmental Organizations, Municipalities

**Why** - why take action to improve health?

According to Western Health's Environmental Scan 2009-10, the Western Region has:

- Highest % of population who are **overweight** - **40.2 %** in 2009
- Highest % of population who are **obese** - **27.1 %** in 2009
- Highest incidence of **diabetes** in Newfoundland (Aged 12+) – **10.0%**
- Highest incidence of **high blood pressure** in Newfoundland ( Aged 12+) – **25.5 %**
- Estimated % of population (Aged 12+) who are **physically active** in 2009 – **50.6 %**
- Overweight preschool population – 28.64% in 2010

How then, with these statistics, can Western Health accomplish its vision, that the people of Western Newfoundland have the highest level of health and well being possible? Part of the answer lies in a comprehensive approach to enhanced health promotion, starting with a priority area of focus and employing multiple strategies and actions at multiple levels.

## **6.2 General Recommendations for Health Promotion in Western Health**

In addition to the specific recommendation for a prioritized approach to healthy eating and physical activity promotion, the following are some general health promotion recommendations for consideration. These are not presented in any order of priority.

- A health promotion policy is the first concrete step towards integrating health promotion. Western Health has developed a health promotion policy. It will be important to facilitate dialogue around this policy with staff, management, physicians and community partners to build increased understanding and capacity for the implementation of a planned, integrated, and comprehensive approach to health promotion within Western Health, and across the region.
- As part of the health promotion strategic issue planning process, review the terms of reference, structure, and capacity of the existing Health Promotion Network with the intent of creating a Regional Health Promotion Steering Committee that will oversee the development, implementation and evaluation of evidence-based strategies to support enhanced health promotion in the Western region.
- In addition to the health promotion strategic issue in Western Health's 2011-14 Strategic Plan, Diabetes Prevention and Management is also being addressed. This issue is linked to the Chronic Disease Prevention and Management (CDPM) work that occurred in the 2008-11 fiscal years and that continues today. Since the primary prevention of chronic diseases largely utilizes a population health approach with a focus on common risk factors and the determinants of health, it is recommended that a formal relationship be established between the Health Promotion (HP) Steering Committee and the Chronic Disease Prevention and Management (CDPM) Network. This link will provide an opportunity to integrate population health promotion with the prevention and management of chronic diseases, within the context of the evidence-informed Expanded Chronic Care (ECC) Model. This integration, with a focus on the determinants of health, will provide additional expertise and support to improve overall population health in the Region and reduce the burden of chronic disease. It has the potential to not only reduce the impact on those who have a particular disease through secondary and tertiary prevention, but also to support people and communities to be healthier through primary prevention and population health promotion. The Health Promotion Steering Committee, in its link to the CDPM Network, will be the primary prevention arm that will plan and oversee population health promotion and primary prevention within and across the region. These initiatives

will not only support the health promotion priorities but will also support the prevention of chronic diseases. A draft visual of a potential structure is provided in Appendix B as part of the CDPM Network structure.

- As part of a comprehensive communication plan, and in partnership with the Regional Director of Communication, explore the expanded use of information technology and social marketing to enhance health promotion education and awareness. Information technology supports such as telehealth, e-learning and webinars can be useful education tools. There is also a prime opportunity to explore social marketing and expansion of the Western Health website to facilitate community access to health promotion information. Provincially, the Health Boards will be working collaboratively to address social media opportunities, such as the use of Facebook and Twitter. Social media has the potential to provide health promotion opportunities through prompt and inexpensive interactions with clients and stakeholders but it can also be used to support people in terms of self-management and personal behavior change.
- Within the context of the health promotion plan and the priority health promotion issue, explore the expanded role of Primary Health Care (PHC) Teams and Community Advisory Committees (CAC) in identifying health needs, advancing public awareness, and supporting healthy public policy.
- Revisit Western Health's organizational structure for health promotion, including the position descriptions, roles and responsibilities, accountability framework, and workload of all staff that have a primary responsibility for health promotion. As the needs of communities change and the roles of health promotion staff evolve, the research has shown that both health promotion staff and organizations are questioning what their role is in fostering and doing effective health promotion work, and the conditions and supports that are necessary to facilitate this work. Health promotion staffs, who are generally engaged in multiple priorities, sometimes have difficulty naming what it is they are doing. Are they consultants with content expertise and if so, what is expected of that role? Who provides the on the ground health promotion? Organizations and managers also want to know what they can do to create conditions for innovative, effective health promotion. What are the critical factors that support health promotion practice? What is the capacity of individual health promotion staff to do effective health promotion? What is Western Health's capacity as an organization to support effective health promotion work? What are the organizational enablers and constraints for health promotion? What factors impact health promotion capacity?
- Western Health's Framework for Health Promotion states that all staff within Western Health have a role to play in health promotion, and that health promotion strategies are evident and actioned in branch plans. In order to make these statements a consistent reality, it will be important to incorporate the concepts, values and standards of health promotion across the organizational structures and the culture of the organization. The incorporation of health promotion into the

operations of Western Health is one way of putting into practice the Ottawa Charter strategy of re-orienting health services. This means going beyond providing health information and education to patients, residents and communities: it involves reforming health promotion philosophy and concepts so that health promotion is integrated into the roles of staff and embedded into the culture of care. It is recommended that Western Health explore and implement, over time, the organizational processes that are needed to help staff and physicians to be more health promoting across all branches, programs and services.

- Consider the impact of health literacy on effective health promotion. The World Health Organization (WHO) defines health literacy as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health. This definition implies that health literacy means more than being able to read pamphlets and brochures. Health literacy empowers people by improving their access to health information and their capacity to use it effectively. Health literacy is vital to health promotion and is a major determinant of health. Addressing health literacy in Western Health means breaking down the barriers to health that low literacy creates and finding ways to enable all people to access the services and supports they need, understand and use information to promote their health and prevent disease, make informed health decisions about self-management and treatment of illness, advocate for their own health, as well as that of their family and community, and gain greater control over their health and well-being.
- In order to advance the promotion of healthy eating and physical activity as a focused priority, designated leadership and on the ground support from professionals with expertise in both healthy eating and physical activity are required. In light of the population health focus of healthy eating and physical activity, it is recommended that Western Health explore the Public Health Nutrition Practice Role as defined by the Pan Canadian Task Force on Public Health Nutrition Practice (2010). The role encompasses the assessment, promotion, protection and enhancement of health and the prevention of nutrition-related diseases, and uses strategies that focus on the interactions among the determinants of health, food security and nutritional and overall health, all the while utilizing population health and health promotion approaches.
- With respect to physical activity, there is not a designated leader who has the promotion of physical activity as their primary role. It is therefore recommended that Western Health explore opportunities to address the leadership required for the development of the physical activity health promotion plan and the provision of on the ground support for the promotion of physical activity with the targeted population groups.

## 7.0 Conclusion

Chronic disease rates are high in Western Health. The incidence of heart disease, Type 2 diabetes and some cancers are contributing to poor health outcomes for many residents. There is proven evidence that common risk factors and behaviors, including unhealthy eating, inactivity, and smoking contribute significantly to the development of many of these diseases. On the surface, not eating well or not being active enough may seem to be easy problems to solve, but we know that this is not the case. While lifestyle choices have a significant impact on health, the causes of poor health are likely related to a number of other issues that are rooted in the complex biological, behavioral, social, psychological, technological, environmental, economic and cultural conditions in which people live. These are known as the determinants of health.

The importance of addressing these health determinants is not new. We have put considerable time, energy, funding and other resources into the promotion of health and wellness for many decades, yet the outcomes are less than positive at a population level. In fact, in some cases, the outcomes have worsened as evidenced by indicators such as the high rates of obesity and the early development of hypertension, hyperlipidemia and Type 2 diabetes, especially in our children and youth. Anecdotally, we have heard that there are children in this region as young as nine years of age with hypertension, and as young as five, with hyperlipidemia. Some of our one year olds are overweight and are showing signs of obesity. There are children as young as 12 years of age with Type 2 diabetes. Sadly enough, for the first time in more than a century, some of these children may actually have shorter lives than their parents.

What can be done to make a difference? There is compelling evidence that more focused action is required to address the root causes of disease and injury. These root causes are strongly linked to the social determinants of health, particularly those determinants that result in health inequities. This means going back to the basics, analyzing the root causes, developing population health policies, and utilizing evidence-based, comprehensive approaches that address all determinants, but especially social inequities such as income, education, food security and living conditions. This approach is not solely the responsibility of Western Health. It is an approach that requires whole-of-government, whole-of-region, and whole-of-community- at all levels.

The priority recommendation in this report is focused on healthy eating and physical activity. The promotion of healthy weights and the prevention of childhood obesity is the goal. The issues are complex, and addressing them will require a planned, focused, sustained and intersectoral approach that starts with analysis and attention to the root causes. There is an opportunity here to tackle this issue from the inequity perspective in a way that we have never done before. Do we know if this approach will make a difference? The evidence tells us that it will; but to demonstrate that, it will be critical to start with indicators that are measurable, both pre and post intervention, and a plan of action that is based on the best available evidence. If, when evaluated, this approach is proven to work, then it can likely be transferrable to other wellness issues, with some minor modifications. If our current population health outcomes are any indication, then

trying a different but proven approach logically appears to be well worth the effort. Past approaches appear to have been less than effective.

As Western Health strategically focuses on the enhancement of health promotion, starting with prioritizing health promotion initiatives, the organization will be breaking new but fertile ground in its approach to population health planning, implementation and evaluation. This strategic prioritization process will allow Western Health staff, its partners, and its communities to comprehensively focus on two key interrelated health issues that, in the long term will likely prove to have the greatest impact on the Region's overall population health status. The next three fiscal years are going to be exciting and productive times for health promotion in Western Health!

## 8.0 Supporting Documents

A New Perspective on the Health of Canadians

<http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/1974-lalonde/index-eng.php>

Achieving Health for All: A Framework for Health Promotion

[www.ingentaconnect.com/content/paho/paho557/1996/.../art00005](http://www.ingentaconnect.com/content/paho/paho557/1996/.../art00005)

Active Healthy Newfoundland and Labrador

[http://www.tcr.gov.nl.ca/tcr/publications/2007/active\\_healthyNL.pdf](http://www.tcr.gov.nl.ca/tcr/publications/2007/active_healthyNL.pdf)

Advancing the Health of the Population through Public Health Nutrition Practice

<http://www.dietitians.ca/Secondary-Pages/Public/Pan-Canadian-Task-Force-on-Public-Health-Nutrition.aspx>

Canadian Best Practices Portal Public Health Agency of Canada

<http://cbpp-pcpe.phac-aspc.gc.ca/>

Canadian Guidelines for Sexual Health Education

<http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/pdf/guidelines-eng.pdf>

Creating a Healthier Canada: Making Prevention a Priority

<http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/declaration/index-eng.php>

Eating Healthier in Newfoundland and Labrador Provincial Food and Nutrition Framework and

Action Plan Government of Newfoundland and Labrador

Health Promotion Framework Western Health

Healthier Places to Live Work and Play A population Health Promotion Strategy for Saskatchewan

<http://www.health.gov.sk.ca/population-health-strategy>

Healthy Development Sexual Health Nova Scotia

[http://www.gov.ns.ca/hpp/healthy\\_development/sexuality.asp](http://www.gov.ns.ca/hpp/healthy_development/sexuality.asp)

Jakarta Declaration on Leading Health Promotion into the 21st Century

Nutrition and Healthy Eating Health Promotion Clearing House

<http://www.hpclearinghouse.ca/pdf/Resource%20Lists%20Most%20Current/Nutrition&HealthyEating.pdf>

Reproductive Health World Health Organization

[http://www.who.int/topics/reproductive\\_health/en/](http://www.who.int/topics/reproductive_health/en/)

Scott, V., Higginson, A., Sum, A., & Metcalfe, S. (2010). Falls and Related Injuries in Residential Care: A Framework and Toolkit for Prevention. Vancouver, BC: Centre of Excellence for Mobility, Fall Prevention and Injury in Aging, Centre for Hip Health and Mobility

Sexual Health and Promotion Health Canada  
<http://www.hc-sc.gc.ca/hl-vs/sex/index-eng.php>

Social Media Overview Ontario Health Promotion E-Bulletin, 10 September 2010 - OHPE Bulletin 676, Volume 2010, No. 676  
<http://www.ohpe.ca/node/11601>

Stepping It Up: Moving the Focus from Health Care in Canada to a Healthier Canada  
Health Council of Canada  
[http://healthcouncilcanada.ca/en/index.php?page=shop.product\\_details&flypage=shop.flypage&product\\_id=134&category\\_](http://healthcouncilcanada.ca/en/index.php?page=shop.product_details&flypage=shop.flypage&product_id=134&category_)

The Ottawa Charter for Health Promotion  
<http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/1974-lalonde/index-eng.php>

The Winning Legacy A plan for Improving the Health of British Columbians by 2010, February 2005  
[http://www.bchealthyiving.ca/sites/all/files/BCHLA\\_%20Winning\\_Legacy.pdf](http://www.bchealthyiving.ca/sites/all/files/BCHLA_%20Winning_Legacy.pdf)

Walking the Talk in Health Promotion  
<http://www.vcn.bc.ca/bchpc/PDF/Walking%20the%20Talk.pdf>

Western Health Draft Strategic Plan 2011-2014

Western Health Environmental Scan 2009-2010

Woodward, Georgina B., Health Promotion Capacity Checklists: A Workbook for Individual, Organizational and Environmental Assessment. April 2004  
<http://www.prhprc.usask.ca/publications/finalworkbook.pdf>

## **Appendix A:**

### **Western Health's Health Promotion Framework**



# Western Health

**Strengthening Health Promotion and Wellness**

**A Health Promotion Framework**

**For**

**Western Health**

**October 2007**

**Revised March 2011**

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## **Preamble**

Health Promotion Framework (Figure I) has been developed to strengthen a focus on health promotion within an integrated health services organization. This framework will support a common understanding of health promotion using a population health approach. In this way, Western Health will be able to build capacity among staff to employ more effective, evidence based health promotion across all program areas and practice settings in order to realize its vision that the people of Western Newfoundland have the highest level of health and well being possible. This framework document outlines the components and supports to The Health Promotion Framework for Western Health.

# Strengthening Health Promotion and Wellness

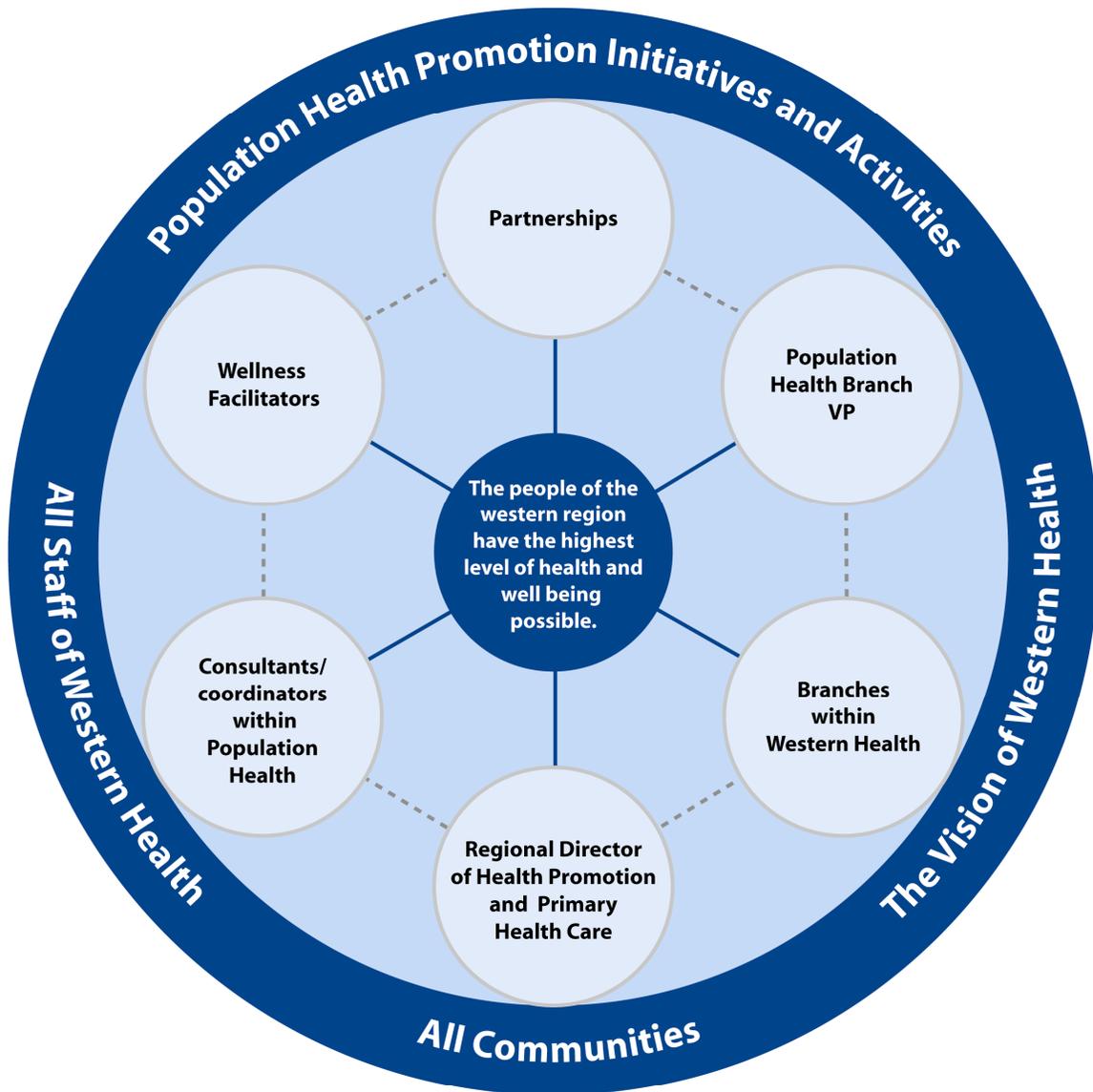


Figure 1: Health Promotion Framework, Western Health

## Western Health Vision, Mission and Values

### Vision:

The vision of Western Health is that the people of Western Newfoundland have the highest level of health and well being possible.

### Mission:

By March 31, 2011, Western Health will have integrated and coordinated programs and services, starting with priority areas, to address the health needs of the Western Region within financial resources.

### Values:

The core values of Western Health offer principles and a guiding framework for all employees as they work in their various capacities to protect the rights and freedoms of the people of Newfoundland and Labrador. These core values and the related action statements are:

<b>Respect:</b>	Each person provides opportunities for others to express themselves in an open and safe environment.
<b>Equity:</b>	Each person provides individuals access to programs and services within the Western Region in a fair manner.
<b>Transparency:</b>	Each person is forthcoming with all information related to decision-making, except where prohibited by legislation.
<b>Advocacy:</b>	Each person supports individuals in meeting their needs or overcoming barriers.
<b>Collaboration:</b>	Each person works with others to enhance service delivery and maximize the use of resources.
<b>Excellence:</b>	Each person will do the best work possible within their skills and the resources available.
<b>Innovation:</b>	Each person identifies opportunities to enhance programs and services.
<b>Accountability:</b>	Each person follows through on his/her duty and responsibilities.

### **Key Assumptions**

- Western Health supports a holistic approach to health: physical, mental, social, emotional, spiritual, cultural and environmental.
- Health promotion will occur in all practice settings across the continuum of care with individuals, groups and communities, across the lifespan.
- All staff within Western Health have a role to play in health promotion.
- Staff of Western Health have access to skilled health promotion support.
- Participation and partnership are valued processes in health promotion.
- Health promotion strategies are planned, have measurable objectives and will be evaluated.
- The focus of health promotion is on prevention.
- Health Promotion strategies are evident and actioned in branch plans.
- The Health Promotion and Primary Health Care program area of the Population Health Branch will provide leadership to support and facilitate health promotion within Western Health.

## Introduction

The Department of Health and Community Services identified that Newfoundland and Labrador has among the highest rates of cardiac disease, diabetes and cancer in Canada. Newfoundland and Labrador also has the highest rates of tobacco use, poor nutrition, physical inactivity and heavy drinking which influence the rates of chronic disease. (Government of Newfoundland and Labrador, 2006). Although people in the western region perceive their health as good or better (Community Health Needs and Resources Assessment of the Western Region, 2002), there is evidence that these same conditions and risk factors are prevalent in the western region. Residents of Western Newfoundland have a higher rate of smoking, are less physically active, are overweight and consume less fruit and vegetables as compared to other Canadians (Western Health, 2007). To address some of the risk factors, the provincial government, in March 2006 released *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador 2006 – 2008* (Government of Newfoundland and Labrador, 2006). The aim of this plan is to address a set of wellness priorities that contribute to improving health and wellness.

The wellness priorities include:

- healthy eating
- physical activity
- tobacco control
- injury prevention
- mental health promotion
- child and youth development
- environmental health
- health protection

Western Health will address these wellness priorities toward improving the health of the people in Western Newfoundland through collaborative, comprehensive evidence based health promotion initiatives, using a population health promotion approach.

## Population Health Promotion

### *Population Health*

Population health is an approach that addresses the entire range of factors that determine health. These factors are collectively known as “The Determinants of Health” (Health Canada, 1994).

Activities and strategies that consider these Determinants of Health enhance the health and wellbeing of the entire population.

### *Health Promotion*

Health Promotion is the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. Health Promotion is effective and health promotion strategies can lead to positive health outcomes (WHO, 1997). Health promotion activities “attempt to influence health by influencing behavior and the surrounding social and physical environment that may impede or facilitate behavioral change” (Rabiner, 2000, P.51). This is achieved through partnerships, creating public awareness, and health promotion using the following strategies (WHO, 1986):

### **Determinants of Health**

- Income and social status
- Social Support
- Education and Literacy
- Employment/Working Conditions
- Social environment
- Physical environment
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health Services
- Gender
- Culture

### **Western Region has:**

- Low personal income – 3<sup>rd</sup> lowest of Regional Health Authorities (RHA).
- Declining population
- Increase in the senior population
- Employment – 48% (2001)
- Highest % of population who are obese
- Highest incidence of low birth rate in Newfoundland
- Highest incidence of diabetes in Newfoundland

(Environmental Scan, 2007)

- ❑ **Build healthy public policy** to ensure that policy developed by all sectors contributes to health-promoting conditions (e.g., healthier choices for goods and services, equitable distribution of income).
- ❑ **Create supportive environments** (physical, social, economic, cultural, and spiritual) that recognize the rapidly changing nature of society, particularly in the areas of technology and the organization of work, and that ensure positive impacts on the health of the people. (e.g., healthier workplaces, clean air and water).
- ❑ **Strengthen community action** so that communities have the capacity to set priorities and make decisions on issues that affect their health (e.g., healthy communities). People in healthy communities have the opportunity to develop the skills they need, learn how to access resources and develop and strengthen social networks.
- ❑ **Develop personal skills** to enable people to have the knowledge and skills to meet life's challenges and to contribute to society (e.g., life-long learning, health literacy).
- ❑ **Reorient health services** to create systems which focus on the needs of the person and invite a true partnership among providers and users of the services (e.g., homecare, child development services).

### **Population Health Promotion**

Population Health Promotion focuses on conditions that support healthy living and on prevention of illness, disease or injury.

Key components of a Population Health Promotion approach are identified in the Population Health Promotion Model, (Hamilton and Bhatti, 1996) which is an integration of the Determinants of Health with the strategies for health promotion. The foundation of this model is evidence based decision making which includes research evaluation and experiential learning (Figure 2).

Population health promotion programs are most successful when linked to the life of the community, build on local traditions and culture and are led by the community (International Union for Health Promotion and Health Education, 2007).

# Population Health Promotion Model

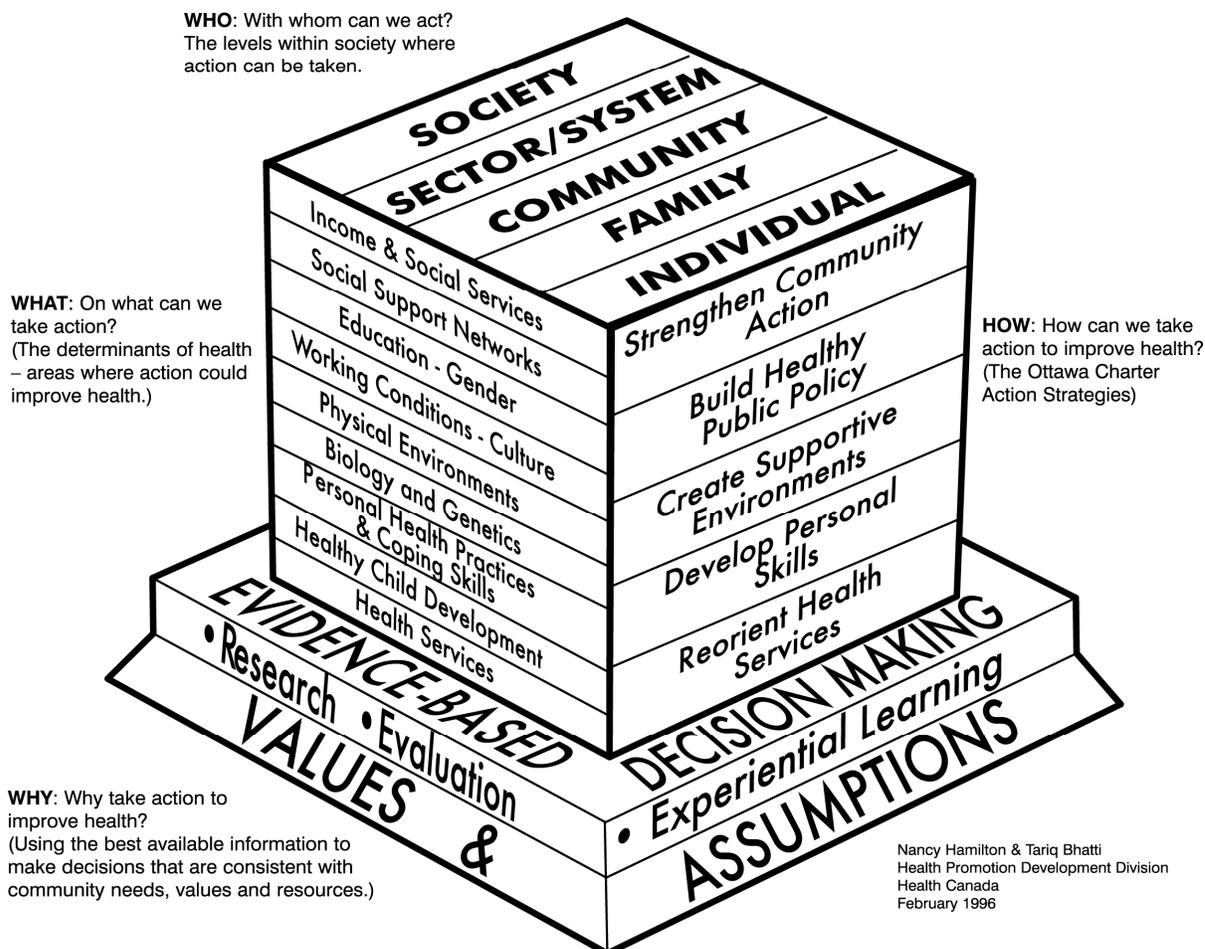


Figure 2: Population Health Promotion Model

## **Health Promotion and Primary Health Care (PHC)**

The focus of PHC extends beyond disease and illness care to integrating prevention and health promotion initiatives. Intersectoral collaboration and community participation are key components of PHC as are strategies in health promotion.

Health Promotion is an integral component of PHC to support individuals, families and communities to achieve and maintain health.

Primary health care teams support the population health approach and utilizes health promotion strategies to improve the health of the population. The graphic below indicates how Population Health Promotion and Primary Health Care are connected.

	<b>PRIMARY</b>	
<b>POPULATION</b>	<b>HEALTH</b>	<b>PROMOTION</b>
	<b>CARE</b>	

## **Health Promotion Framework**

Strengthening health promotion and wellness in Western Newfoundland is achieved with the support of staff and community partners and the development and implementation of health promotion initiatives using a population health promotion approach.

### **Staff**

Staff of Western Health are positioned to support the Provincial Wellness Plan and health promotion initiatives. Staff work in settings that are suited to health promotion, such as health care facilities, the workplace, schools, and communities. By contributing to health promotion using a population health promotion approach staff are able to make it easier for people to make healthier choices to improve their health.

Consultants and Health Promotion staff are available to support health promotion initiatives and contribute to the planning process for staff, branches within Western Health, and community partners. (Appendix A). Other branches are supportive to health promotion and provide a valuable link throughout the organization. A Health Promotion Network, with representation across program areas, has been established to strengthen health promotion within a population health approach throughout the western region. Terms of reference have been drafted to guide the Network. (Appendix B).

### **Workplace Wellness**

The workplace wellness program requires a population health approach directly integrated within the organization's strategic plan. The vision of Western Health's Wellness Program is one that integrates components of occupational health and safety, employee relations, communications, employee assistance programming and health promotion. The Population Health branch has representation on the Employee Wellness Advisory Committee. The role of the committee is to assist in the promotion, development and implementation of a health plan for the organization and to assist in the coordination of health promotion activities for employees.

## **Partnerships**

Throughout the western region many intersectoral partnerships have been established to improve the health and wellbeing of the residents of Western Newfoundland.

The Provincial Wellness Plan for Newfoundland and Labrador has identified that Regional Wellness Coalitions will operate within the four regional health authorities. The Western Regional Wellness Coalition (WRWC) provides a means for internal and external partners to strengthen partnerships, build capacity and become involved in community actions to achieve health and wellness.

Community involvement in health promotion initiatives will be facilitated with the establishment of Community Advisory Committees. Community Advisory Committees will be established in seven areas of the western region to provide an opportunity for community representatives to work with PHC teams to assist in planning, implementing and evaluating initiatives to improve the overall health and well being of the western region. Consistent terms of reference will guide all the community advisory committees (Appendix C).

## **Planning**

Western Health is a health promoting organization. Health promoting organizations take action to promote the health of their staff, their clients/patients and the communities they serve. (WHO, 1998). Part of taking action is having the ability to plan health promotion activities as planning is important to the success of any health promotion activity. Planning that incorporates comprehensive interventions that are multidisciplinary, multisectoral with multiple strategies are most effective.

Planning occurs at many levels within the health system. Provincially, the strategic direction is to address those factors that improve population health. Regionally, Western Health's strategic plan has identified key areas related to improving population health and each program area within Western Health considers health promotion when developing branch plans.

The Director of Health Promotion and Primary Health Care, as a representative on the organization strategic planning committee, is the link among all branches for the Population Health Branch and Health Promotion. Through this representation, opportunities to facilitate achieving organizational goals related to improving population health are identified.

## **Tools**

Health promotion practice is concerned with health behavior change in individuals, families and communities and how best to facilitate that change. People involved with health promotion use theories or models to understand the population they work with, what will influence change in behaviors, how best to support behavioral change, and to explain what and why strategies were or were not effective.

There are many theories or models to assist in the understanding of behaviors, attitudes and change (Appendix E). The theories provide support to the planning process which incorporates assessment, planning, implementation and evaluation.

A variety of program planning models can be used to ensure that each health promotion initiative has identified goals, objectives and a mechanism for evaluation. Western Health supports the “Circle of Health”, (Prince Edward Island, Health and Community Services Agency, 1996) to guide the planning process using a population health promotion approach to health promotion initiatives (Appendix D). This framework assists in the common understanding of health promotion as a dynamic process, which involves many people and many strategies. It is a tool to use in the planning process. Western Health provides support to staff who want to use the “Circle of Health” in their planning by offering workshops as needed.

## Health Promotion-Goals/Objectives

**Goal One:** To support and enhance a Population Health Promotion approach with Western Health.

**Objective #1:** By September 2007, a Health Promotion Network Committee will be established with representation across program areas.

**Indicators:**

1. Network with Terms of Reference established.
2. Membership list.
3. Meeting minutes.

**Goal Two:** To build capacity among staff to become a health promoting organization.

**Objective #1:** By March, 2008: A regional plan for education for staff to increase their knowledge, skills and capacity to support the integration of health promotion in to practice will be developed.

**Indicators:**

1. Module developed
2. Tools identified
3. Training schedule

**Objective #2:** By March 2008, an index of resources will be developed for staff to support planning, implementing, and evaluating for health promotion initiatives.

**Indicators:** Index of Resources for priority areas:

1. Nutrition
2. Tobacco
3. Injury Prevention

**Objective #3:** By January 2008, Lead staff will be identified for priority areas. These lead staff will be responsible for leading the planning of health promotion initiatives related to the priority area, maintaining resource index and collecting data for evaluation.

**Indicators:** Leads identified for:  
Nutrition

Tobacco  
Physical Activity  
Injury Prevention  
Breastfeeding  
Healthy Aging  
Mental Health

**Objective #4:** By March 2008, a health promotion plan for three priority areas identified in the Provincial Wellness Plan, Nutrition, Injury Prevention, and Tobacco will be developed.

### **Conclusion**

Key factors are critical for the success of health promotion within the organization;

- Public participation is important. People, whether individually or as a community, have to be a part of the health promotion action and decision making processes.
- Health promotion occurs in all settings.
- Communication and sharing information among staff, partners and communities supports success.

The Health Promotion Framework for Western Health supports the involvement of all staff in health promotion. As this framework has been newly developed, there is still a need to elicit feedback from key stakeholders. As this consultation process unfolds, it is anticipated that the need to develop resources to support health promotion planning and evaluation will be identified.

## References

- Epp, J. (1986). (*Achieving Health for All: A framework for health promotion.*) Ottawa: National Health and Welfare.
- Government of Newfoundland and Labrador. (2006). *Department of Health and Community Services “Achieving Health and Wellness: the Provincial Wellness Plan for Newfoundland and Labrador: 2006 – 2008.* St. John’s: Author.
- Government of Newfoundland and Labrador. (2006). *Department Health and Health and Community Services: 2006 – 2008 Strategic Plan.* St. John’s: Author.
- Hamilton, N & Bhatti, T. (1996). *Population Health Promotion: An integrated model of population health and health promotion.* Ottawa: Health Canada.
- Health Canada. (1998). *Taking action on population health.* Ottawa: Author.
- Health Canada. (1994). *Strategies for population health.* Ottawa, Canada, Author.
- Health Promotion Agency of Northern Ireland. (2007). *Health promotion theories and models.* Retrieved from <http://www.healthpromotionagency.org.uk/Healthpromotion/Health/section5.htm>
- Nutbeam, D. (1998). Evaluating health promotion – progress problems and solutions. *Health Promotion International*, 13 (1), 27 – 44.
- Rabiner, D. (2005). Understanding the Multidimensional nature of health promotion for older adults through application of a conceptual framework. *Home Health Care Services Quarterly*, 24 (4), 47 – 63.
- Western Health (2007). *Environmental Scan.* Corner Brook, Newfoundland: Author.
- World Health Organization (1997). *Jakarta declaration on leading health promotion into the 21<sup>st</sup> century.* Geneva, Switzerland: Author.
- World Health Organization (1986). *Ottawa Charter of Health promotion.* Geneva, Switzerland: Author.

**Appendix A*****Health Promotion Consultants/Coordinators***

Regional Health Educator

Wellness Facilitator – Corner Brook, Bay of Islands, Deer Lake, White Bay

Wellness Facilitator – Bonne Bay North, Port Saunders

Wellness Facilitator – Stephenville, Burgeo/Ramea

Regional Nutritionist – Preschool and School Age ? Prenatal – School Age

Regional Nutritionist – Post Secondary - Senior

Parent and Child Health Coordinator – Preschool

Parent and Child Health Coordinator – School Age

School Health Promotion Liaison Consultant

Regional Sexual and Reproductive Health Nurse

Regional Cervical Screening Coordinator

Regional Addictions Prevention Consultant

Regional Mental Health Promotion Consultant

## **Appendix B**

March 19, 2009

### **Health Promotion Network**

#### **Terms of Reference**

**TITLE:** Health Promotion Network

**Mandate:** To Support and Strengthen Health Promotion within Western Health and throughout the Western Region.

**Purpose:**

1. To support the development, implementation and evaluation of a Regional Health Promotion plan.
2. To identify opportunities to implement of the Provincial Wellness Plan priority areas through regular review of organizations initiatives.
3. To identify program linkages and opportunities to collaborate on the development, implementation and evaluation of health promotion initiatives.
4. To identify, share and communicate health promotion initiatives within Western Health throughout the region.
5. To increase staff awareness of health promotion strategies and opportunities.
6. To participate in an annual review of the regional Health Promotion plan.

**Chair:** Regional Director of Health Promotion and Primary Health Care.

**Minutes:** Recorder will rotate very meeting starting alphabetically. Minutes will be copied to the VP's/COO's and Directors of Population Health, Secondary Services, Long Term Care and Rural Health.

**Membership:** Wellness Facilitator (One WF will represent the group)  
Regional Nutritionist – Community Supports – Post Secondary to service  
population

Regional Nutritionist – Community Health and Family Services  
Parent and Child Health Coordinators  
Manager of Employee Wellness  
Cervical Screening Coordinator  
Regional Reproductive Health Consultant  
Regional Health Educator  
Manager of Mental Health and Addictions  
School Health Promotion Liaison Consultant  
Primary Health Care Manager (Port aux Basques and Burgeo) and  
LTC/Rural Health representative  
Regional Addictions Prevention Consultant  
Community Health Manager  
Director of Rehab. Services (2<sup>nd</sup>.)  
Regional Capacity Coordinator (Child Care and Early Childhood  
Development)  
? CYFS Program development and Community Education  
Consultant  
Regional Director of Health Promotion and Primary Health Care

Meeting Frequency: Bimonthly, excluding July and August

Terms of Reference will be reviewed yearly.

Reviewed/revised  
March 2009

## Appendix C

### Western Health

#### Community Advisory Committees

#### Terms of Reference

**Purpose: To provide an opportunity for community representatives to work with Primary Health Care teams to assist in planning, implementing and evaluating initiatives to improve the overall health and well being of**

---

team area

Health and well being includes spiritual, physical, mental, social and environmental factors that affect health.

#### Objectives:

1. To support Western Health staff in improving the health status of the region.
- 2.. To identify opportunities for, and to promote, health and wellness activities in communities.
3. To participate in the planning, implementation and evaluation of health and wellness activities.

#### Membership:

- Community Advisory Committee (CAC) is comprised of community members representing towns, churches, volunteer, youth, senior groups and other agencies.
- One management representative from Western Health.

- Wellness Facilitator will act as a resource to the CAC.

### Communication

- (1) The CAC will liaise with the Primary Health Care (PHC) team through the CAC chair and Western Health Management representative.
- (2) CAC minutes will be distributed to all members.

### Meetings

Meetings will be held monthly.

### Western Health Support to CAC

- A manager from Western Health will attend CAC meetings.
- Administration support from Western Health will type agendas and minutes for CAC and provide necessary photocopying.
- Orientation and ongoing training related to committee functioning and primary health care.
- Travel expenses to attend meetings will be reimbursed. Members are required to travel together wherever possible. Refreshments will be provided by Western Health.
- Equipment: Teleconference, laptop and projector belonging to Western Health will be available for the CAC to use to meet the objectives of the committee.

- Wellness facilitator will be available to support the CAC.

## **Appendix D**

### **Theories and Models**

The main models and theories utilized can be summarized as follows:

1. Those theories that attempt to explain health behavior and health behavior change by focusing on the individual.

**Examples include:**

- **Health Belief Model**
- **Theory of Reasoned Action**
- **Theory of Planned Behavior**
- **Tran theoretical (stages of change) Model**
- **Social Learning Theory**

2. Theories that explain change in communities and community action for health.

**Examples include:**

- **Community mobilization**
  - **social planning**
  - **social action**
  - **community development**
- **Diffusion of innovation**

3. Models that explain changes in organization and the creation of health supportive organizational practices.

**Examples include:**

**Theories of organizational change.**

## Appendix E

### *Circle of Health*

The “Circle of Health” is a framework that was developed to guide the health promotion planning process as well as direct health promotion practice. The Health Promotion strategies and determinants of health are reflected in this planning tool.



PEI Health and Community Services System, (1996). Circle of Health: Prince Edward Island’s Health Promotion Framework. Prince Edward Island.

## **Appendix F**

### Readings and Resources

#### **Health Promotion Definitions and Concepts**

Health Promotion 101: Course offered through the Ontario Health Promotion Resource System. <http://www.ohprs.ca/hp101/main.htm>.

Health Canada. **Health promotion in Canada: A Case Study**. Ottawa: Minister of Public Works and Government Services, 1997.  
<http://www.hc-sc.gc.ca/hppb/phdd/pdf/hprpte.pdf>

Hyndman, B. "Application of the Ottawa Character to shape health promotion practice." **Ontario Health promotion Email Bulletin 186.1**, December 8, 2000.  
<http://www.ohpe.ca/ebulletin> or  
[http://www.ohpe.ca/ebulletin/ViewFeatures.cfm?ISSUE\\_ID=186&startrow=161](http://www.ohpe.ca/ebulletin/ViewFeatures.cfm?ISSUE_ID=186&startrow=161)

Kahan, B., and Goodstadt, M. **Best Practices in Health Promotion Interactive Domain Manual**. Toronto: Centre for Health Promotion, 2002.  
<http://idmbestpractices.ca/idm.php> or <http://www.bestpractices-healthpromotion.com/>

Nutbeam, D. **Health Promotion Glossary**. World Health Organization: Geneva, 1998.  
<http://www.who.int/hpr/support.material.shtml>

World Health Organization. **Health Promotion: A Discussion Document on the Concepts and Principles**. Copenhagen: WHO Regional Office for Europe, 1984.  
<http://www.who.int/hpr/health.promotion.shtml>

Boutlier, M., Cleverly, S., and Labonte, R. "Community as a setting for health promotion." In B.d. Poland, L.W. Green and I. Rootman (Eds.) **Settings for Health Promotion: Linking Theory and Practice**. Thousand Oaks, California: Sage Publications, 250-370, 2000.

Fishbein, M. et al. **Factors influencing Behavior and Behavior Change**. Final report prepared for NIMH theorists workshop, Washington D. C.

Glanz, K., Rimer, B.K., and Lewis, F.M. (Eds). **Health Behavior and Health Education: Theory, Research and Practice** (3<sup>rd</sup> Edition). San Francisco: Jossey Bass, 2002.  
Milio, N. "Making healthy public policy – developing the science by learning the art: an ecological framework for policy studies." **Health Promotion 2** (3), 263-274, 1987.

Minkler, M., and Wallerstein, N. "Improving health through community organization and community building: a health education perspective." In M. Minkler (Ed.). **Community**

**Organizing and Community Building for Health.** New Brunswick, New Jersey: Rutgers University Press, 30-52, 1997.

Nutbeam, D., and Harris, E. **Theory in a Nutshell: A Practitioner's Guide to Commonly Used Theories and Models in Health Promotion.** Sydney, Australia: National Centre for Health Promotion, 1998.

### **Health Promotion Strategies**

Kahan, M., and Goodstadt, M. Best Practices in Health Promotion Interactive Domain Manual. Toronto: Centre for Health Promotion, 2002.

<http://www.bestpractices-healthpromotion.com>

World Health Organization. Health promotion: A Discussion Document on Concepts and Principles. Copenhagen: WHO Regional Office for Europe, 1984.

<http://www.who.int/hpr/health.promotion.shtml>

Hyndman, B. Does Self-Help Help? A Review of the Literature on the Effectiveness of Self-Help Programs. Toronto: Centre for Health promotion/ParticipACTION, 1996.

Minkler, M. (Ed.), Community Organizing and Community Building for Health. New Brunswick, New Jersey: Rutgers University press, 88-102, 1997.

Naidoo, J., and Wills, J. practicing Health promotion: Dilemmas and Challenges. London: Balliere Tindal-Royal College of Nursing, 1998.

### **General**

Bensberg, M and Kennedy. (2002). Cultivating Social Work Leadership in health promotion and aging: Strategies for active aging interventions. *Health and Social work*, 30 (2), 135-144.

Johnson, A., Baum, F. (2001). Health promoting hospitals: A typology of different organization approaches to health promotion. *Health promotion International*, 16 (3), 281-287.

Whitelaw, S., Martin, C., Kerr, A., Wimbush, E. (2006). An Evaluation of the Health Promoting Health Service Framework: The Implementation at a settings based approach within the NHS in Scotland. *Health Promotion International*, 21 (2), 136-144.

**Appendix B:**  
**Key Informant Interviews and Focus Groups**

## Health Promotion Environmental Scanning Process

### Key Informant Interviews and Focus Groups

<b>Wellness Priority Topic</b>	<b>Participants</b>
<b>Healthy Eating</b>	Regional Nutritionist - Community Health & Family Services Regional Nutritionist – Community Supports School Health Promotion Liaison Consultant Regional Director of Nutritional Services Registered Dietitians (3)
<b>Physical Activity</b>	Wellness Facilitator School Health Promotion Liaison Consultant
<b>Tobacco Control</b>	Regional Health Educator
<b>Injury Prevention</b>	Parent and Child Health Coordinator Parent and Child Health Coordinator Manager – Community Supports Regional Patient Safety Officer/Risk Manager Recreation Therapy Specialist LTC
<b>Child and Youth Development</b>	Parent and Child Health Coordinator Parent and Child Health Coordinator
<b>Mental Health Promotion</b>	Regional Mental Health Promotion Consultant Regional Addictions Prevention Consultant
<b>Sexual and Reproductive Health</b>	Sexual and Reproductive Health Nurse

<b>Wellness Priority Topic</b>	<b>Participants</b>
<b>Healthy Eating</b>	Primary Health Care Managers (5) Director of Community Health & Family Services Community Health Managers (3) Manager of Family Services Wellness Facilitators (3) Regional Health Educator Community Mental Health Initiative (CMHI) Coordinator Western Director of Operations Lung Association NL Regional Manager Employee Wellness
<b>Physical Activity</b>	
<b>Tobacco Control</b>	
<b>Injury Prevention</b>	
<b>Child and Youth Development</b>	
<b>Mental Health Promotion</b>	
<b>Sexual and Reproductive Health</b>	

