

Provincial Wellness Advisory Council

Activity Report

April 1, 2011-March 31, 2012

Chairperson's Message



I am pleased to provide the 2011-12 Annual Performance Report for the Provincial Wellness Advisory Council in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity. In the development of this report, careful consideration was given to the strategic directions of the Provincial Government, as well as the mandate and activities of the Advisory Council, as communicated by the Minister responsible for this entity.

This Annual Performance Report provides an overview of the activities of the Provincial Wellness Advisory Council and the extent to which planned and actual objectives were met during the first fiscal period (2011-2012) covered by the 2011-14 Activity Plan.

As Chair of the Advisory Council, my signature below is indicative of the entire Advisory Council's accountability for the preparation of this report and for the achievement of the specific objectives and any variances contained therein.

Sincerely,

A handwritten signature in black ink that reads "Catherine Donovan". The signature is written in a cursive style.

Catherine Donovan, MD.
Chairperson, Provincial Wellness Advisory Council

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1. OVERVIEW

In 2001 the Provincial Government recognized the importance of maintaining a healthy population and The Provincial Wellness Advisory Council (PWAC) was established. This reflected the Provincial Government's commitment to integrate aspects of wellness into a broader health promotion and disease prevention program across all age groups. This required the coordination of policies, funding, and action across provincial government departments. To assist with this, the PWAC identified six priority areas: 1) healthy living 2) healthy environments 3) mental health promotion 4) injury prevention 5) child and youth development and 6) health protection.

In 2003-04, the PWAC prepared a framework document, ***Recommendations for a Provincial Wellness Strategy***, and three supporting wellness papers on Healthy Living, Healthy Environments and Mental Health Promotion. These were presented to the Department of Health and Community Services for consideration in ongoing and future wellness initiatives. Between 2003-2005, the focus was on improving the capacity of communities to support health and well-being and to promote individual and family healthy lifestyle choices. To help achieve these priorities, the Department of Health and Community Services supported and facilitated the transition from Regional Heart Health Coalitions to the establishment of Regional Wellness Coalitions in each health region.

Taking direction from the above recommendations and building on existing initiatives and resources, the Department of Health & Community Services produced ***Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador (Phase 1: 2006 – 2008)***. The Provincial Wellness Advisory Council continued to share its expertise and provide advice and guidance to the Minister of Health and Community Services on the continued development and implementation of the Provincial Wellness Plan. Two new wellness papers, Healthy Child Development (0 – 6 years) (2007) and Injury Prevention (2007) were developed and the Mental Health Promotion (2007) and Environment (2010) paper were revised. These papers were presented to the Minister and the Advisory Council and this report presents progress towards achieving goals and objectives in the 2011-2012 fiscal year.

2. Mandate

The Provincial Wellness Advisory Council exists to provide advice and guidance to the Minister of Health and Community Services on the development and implementation of the Provincial Wellness Plan.

The role of the Provincial Wellness Advisory Council is to:

- expand and define the components of the wellness plan,
- identify gaps and priorities based on evidence and research,
- recommend action strategies,
- monitor the achievements of the wellness plan, and
- provide ongoing leadership for wellness.

The Provincial Wellness Advisory Council's work is based on five key directions:

- 1) strengthen partnerships and collaboration,
- 2) develop and expand wellness initiatives,
- 3) increase public awareness,
- 4) enhance capacity for health promotion, and
- 5) evaluate and monitor progress.

3. Wellness Priorities

Many of the wellness priorities are linked to one another. For example, issues related to tobacco control link with healthy living (healthy eating and physical activity); with mental health promotion in terms of coping strategies and with environmental health as it relates to environmental tobacco smoke. A comprehensive approach involves numerous sectors and ensures that the wellness priorities are considered from various perspectives and are not looked at in isolation. The Council's work addresses the following wellness priorities:

Healthy Eating: Improving healthy eating practices

Healthy eating is essential for good health. However, eating a well-balanced and nutritious diet can be a challenge. To make it easier to eat healthy, we need to focus efforts on increasing access to an adequate and nutritious food supply, making nutritious food affordable, and enhancing knowledge and skills so that we can choose and prepare nutritious food choices.

Physical Activity: Increasing the number of people who are physically active

Being physically active is an important part of living healthy. While it is important for everyone to be active, there are factors which limit ability to be physically active. Efforts to improve physical activity levels and reduce physical inactivity must aim to increase opportunities to become active and reduce the barriers that keep us from being physically active.

Tobacco Control: Reducing smoking rates and exposure to second-hand smoke

There has been substantial progress made in this priority area and leadership now rests with the Alliance for Control of Tobacco (ACT). Efforts in tobacco control have seen a decrease in the smoking rates in the province. While this is good news, we must continue to prevent children and youth from starting to smoke, encourage and support people to quit smoking and protect Newfoundlanders and Labradorians from second-hand smoke. These efforts will positively impact the health and well being of people.

Injury Prevention: Reducing injury rates

Many think that injuries are the result of 'accidents' that cannot be avoided. In actual fact, injuries are predictable and preventable. The majority of injuries in this province are a result of falls, motor vehicle crashes, suffocation, poisonings, fires, and pedestrian and water related incidents. It is time to learn more about the causes and to increase efforts to reduce injuries. Intentional injuries (violence, homicide, suicide) and injuries as a result of a workplace or occupational event are outside the scope of the Provincial Wellness Plan.

Mental Health Promotion: Strengthening positive mental health

Mental health is inter-related with social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just. To maintain good mental health, we must continue to create support systems in communities, develop positive problem solving and coping skills, build strong self-esteem and develop the capacity to use the resources available to us in communities.

Child and Youth Development: Enhancing the health of children and youth

Infant and early childhood experiences influence health throughout life. Investments and initiatives, that support health and well-being from infancy through the teenage years, include such things as healthy pregnancy and birth, parenting and family support, early childhood learning and care, and community support.

Environmental Health: Creating healthy environments

Environmental health is about creating and maintaining environments which enhance good public health. It involves those aspects of human health and disease that are determined by physical, chemical, and biological factors in the environment, such as contaminants in food, air, soil and water.

Evaluation

Evaluation is on-going to monitor the progress and measure the impact of actions taken to support and implement the Wellness Plan. Indicators have been identified; however, other indicators will need to be developed as the plan progresses.

The following area remains a priority, however, the Provincial Wellness Advisory Council retains a supportive, rather than an active role:

Health Protection: Protecting the health of the public

The Provincial Wellness Advisory Council awaits the outcome of work being done by the Public Health Advisory Committee before initiating further activity in the area of health protection. Health protection focuses on protecting communities and individuals from epidemics and communicable disease, and prepares them for natural or man-made disasters and public health emergencies. Actions will include:

- ✓ raising awareness of the increased health risks of particular lifestyle choices,
- ✓ supporting at-risk groups in protecting themselves from particular disease agents, and,
- ✓ engaging individuals and communities in emergency preparedness activities.

**Wellness is a state of emotional, mental, physical,
social and spiritual well-being
that enables people to reach and maintain their
optimal level of health**

4. Budget

In 2011-12, the Council did not maintain a separate office; support and secretariat services were provided by the Health Promotion and Wellness Division, 1st floor West Block, Confederation Building, St. John's.

The Wellness Council held three meetings during the 2011-12 fiscal year (June and September 2011 and February 2012). Member organizations contributed to the costs of participating in activities and meetings. Council expenses, such as meeting costs and when necessary, travel for members to attend meetings, were covered by the Department as approved by the Minister of Health and Community Services through the budget process. The yearly expenditures in 2011-2012 were approximately \$2,000. This is less than was reflected in past years due to the change in members which reduced travel related costs.

5. Committee Membership

In 2011-2012, the Provincial Wellness Advisory Council increased from 27 to 28 members representing non-government agencies, professional associations and various government departments. Council membership is voluntary and appointments are made by the Minister of Health and Community Services. The membership as of April 1, 2012 can be found in Appendix B. **The Newfoundland and Labrador Centre for Applied Health Research (NLCAHR), with the approval of the Minister, was added to the membership.**

The Centre was established in September 1999 with core funding from the province's Department of Health and Community Services, Memorial University of Newfoundland and the Health Care Corporation of St. John's. The Centre is located administratively within Memorial University and has a mission to contribute to the effectiveness of the health and community services system of Newfoundland and Labrador and to the physical, social, and psychological health and wellbeing of the province's population by supporting the development and the use of applied health research in this province.

6. Primary Client

The Provincial Wellness Advisory Council recognized the Minister of Health and Community Services, Government of Newfoundland and Labrador as its primary client. By fostering an environment of understanding within government about wellness the communities, organizations and the people of the province are also served.

7. SHARED PARTNERSHIPS

The membership of the Provincial Wellness Advisory Council includes a broad representation of non-government agencies, professional associations and government departments which reflects a shared responsibility for wellness.

Partnerships are key and the work of the Provincial Wellness Advisory Council, the priority issues working groups and committees, as well as the Regional Health Authorities and Regional Wellness Coalitions is acknowledged. Clear leadership roles, coordination and collaboration are essential as each priority involves many partners.

- Department officials regularly update the Council on the wellness priorities.
- Members of the Council report regularly on health promotion activities within their own organizations. Small groups and partnerships are formed within the Council to address specific issues. This intersectoral collaboration takes health promotion outside the boundaries of the Council into the broader community.
- A strengthened partnership exists between the Council and the Regional Wellness Coalitions as a result of a joint meeting held in October, 2011. The Council committed to support the Coalitions in moving the healthy built environment priority forward at the community and regional levels. The Coalitions and PWAC meet annually to discuss and share potential actions in building healthy communities.
- The Council partnered with the Newfoundland and Labrador Public Health Association (NLPHA) and the Newfoundland and Labrador Branch of the Canadian Institute of Public Health Inspectors (CIPHINL) in hosting a provincial workshop on the built environment. The built environment is made of the constructed spaces where we live, learn, play, work and commute. It includes buildings, roads, parks, trails and other green spaces within communities and influences physical, mental and community health in direct and indirect ways. This partnership was an important starting point for future work together.

8. HIGHLIGHTS AND ACCOMPLISHMENTS

On November 29 & 30, 2011 a number of partner organizations hosted a provincial conference *Building Healthy Community: Bringing Health and Wellness to the Community Planning Table*. The objectives of the conference included establishing a common understanding of the built environment; sharing knowledge and experience for research, policy and practice; building partnerships and strengthening existing collaborations and identifying priorities and potential collaborative action.

Participants of the conference identified a number of key steps to building healthier communities. Examples included developing partnerships between municipalities and community health; educating the general public about healthy communities; establishing a best practices clearing-house and acquiring financial resources to promote collaboration and capacity building.

A number of actions have already taken shape as a result of the conference. Dr. Catherine O'Brien, Associate Professor, Cape Breton University and conference presenter, has initiated a pilot project with the Regional Wellness Coalitions around her *Sustainable Happiness* online course. The course is divided into 10 modules and includes short videos and practical ways to create and sustain healthier communities. Each module takes between 30 and 60 minutes to complete. Many of the original conference planning partners have agreed to form an Action Group to continue to promote and support building healthy communities. The Newfoundland and Labrador Centre for Applied Health Research has committed to supporting a Research Affinity Group in the area of Healthy built environments.

9. Vision

The Provincial Wellness Advisory Council supported the following vision and values of the Department of Health and Community Services:

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well being.

The Provincial Wellness Advisory Council contributed to achieving this vision by providing advice and guidance in the development of priorities for the wellness plan, ongoing review and assessment of progress, and collaboration among partners at the provincial and regional level.

Values

The Department of Health and Community Services' values are reflected daily as employees fulfill their roles and responsibilities in serving their clients. The Provincial Wellness Advisory Council supported the following departmental values:

Professionalism

Each person is qualified and competent, and supported in their work through a culture that encourages continuing education and employee development.

Excellence

Each person makes decisions based on the best evidence available and follows proven best practices to ensure individual and departmental performance is maintained at the highest possible standard.

Transparency and Accountability

Each person takes their responsibilities to their clients seriously and contributes to a culture of openness and transparency in decision-making and reporting.

Collaboration

Each person engages others, both within and external to the department, in a positive manner, respectful of others and their different perspectives.

Privacy

Each person manages and protects information related to persons/families/Organizations/communities and the department appropriately.

10. Mission 2017

The Provincial Wellness Advisory Council adopted the mission of the *Department of Health and Community Services' Strategic Plan 2011-2014* as follows:

By March 31, 2017 the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.

The PWAC contributed to the above mission statement through its key directions, wellness priorities and the collaborative efforts that were made individually and collectively by member organizations to further wellness policies and initiatives within the Province. The Advisory Council shared the same vision and supported the mission of the Department. The performance indicators that accompany the Department's mission relate to leadership support and implementation, which are separate and distinct from the Provincial Wellness Advisory Council, which had an advisory capacity to the Minister.

Note: For a complete version of the Department's strategic plan and mission statement, please contact the Department of Health and Community Services Tel: 709-729-4984 or email: healthinfo@gov.nl.ca or visit <http://www.health.gov.nl.ca/health/> .

11. Goals and Objectives

Issue 1: Addressing Identified and Emerging Wellness Issues

The evaluation of Phase 1 of the Provincial Wellness Plan (2009) provided evidence to support sustaining or modifying existing policies, programs and/or resources and develop new initiatives. The Provincial Wellness Advisory Council has reviewed its original recommendations to assess what had been achieved, what was still relevant and required work and what new areas of health promotion and wellness required attention. In this review, the Council identified significant achievements over the last 10 years including: new resources, new policies and programs particularly in the area of school health, healthy eating, physical activity, tobacco control and the environment. The Regional Wellness Coalitions have had significant achievements. It also identified that considerable work was still required if the PWAC hoped to achieve substantial improvements in health and wellness in the province by continuing to work on existing priorities and identifying emerging wellness issues.

In April, 2011, these issues and recommendations were presented to the Department and Minister of Health and Community Services for consideration in keeping with the strategic direction of “Population Health” and “Accountability of Health and Community Services”. Through such means, the PWAC contributed to improvements in the policies, programs and services that impact the overall health of the population.

Goal: By March 31, 2014, the Provincial Wellness Advisory Council will have continued making recommendations on issues that impact the health and well being of Newfoundlanders and Labradoreans.

Measure: Continued making recommendations

Annual Objectives:

By March 31, 2012, 2013, and 2014, the Provincial Wellness Advisory Council will have provided commentary and recommendations on addressing priority wellness issues to the Department and Minister of Health and Community Services.

Measure: Provided commentary and recommendations

Annual Objectives Indicators	Progress in 2011-2012
Obtained expert and member group opinions	Through agenda items, presentations and discussions, the member groups provided expertise related to the wellness priorities. Three such presentations were provided this year by the Canadian Cancer Society, the Voluntary and Non-for Profit Sector and NL Centre for Applied Health Research.

<p>Assessed resource capacity to develop issues</p>	<p>In planning to address the issue of the healthy built environment, the PWAC identified a need for additional human resources to support the Building Healthy Communities Conference. These were acquired through Provincial Wellness Advisory Council, NL Public Health Association and Canadian Institute of Public Inspectors-NL Branch. Conference planning began with the creation of a Conference Committee that not only represented the core partnership of the PWAC, NLPHA and CIPHINL members and the Department of Health and Community Services, but expanded to include representatives of other government departments including Municipal Affairs, Tourism, Culture and Recreation, Environment and Conservation, Natural Resources, Transportation and Works and the Rural Secretariat along with Newfoundland & Labrador Centre for Applied Health Research.</p>
<p>Reviewed available health status information on emerging issues</p>	<p>Council reviewed available health status information on emerging issues, such as tobacco use (Canadian Tobacco Use Monitoring Survey), breastfeeding rates (Provincial Perinatal Program Data Base) and fruit and vegetable consumption (Canadian Community Health Survey).</p>
<p>Reached consensus on issue to be addressed</p>	<p>Consensus was reached within the membership in 2011-2012 to focus on supporting and promoting healthy built environments. Healthy built environment includes the constructed spaces where we live, learn, play, work and commute. Examples are buildings, roads, parks, trails and other green space in communities. The healthy built environment influences physical, mental and community health and is a key support for the wellness priorities.</p>
<p>Prioritized identified/emerging issues</p>	<p>Identified and emerging issues were prioritized, and presented to the Minister in April 2011. The Council proposed to focus on improving monitoring and surveillance and the engagement of the broader community in health promotion and policy change that will help build the supportive environments necessary to achieving health and wellness in Newfoundland and Labrador.</p>
<p>Developed working or policy papers</p>	<p>In 2011-2012, the Council began its work to develop a working paper on the healthy built environment, the newly identified emerging wellness issue. The initial work in defining and understanding the context and implications related to the healthy built environment required more time than was expected, and as such, the working paper was not fully developed.</p>

Discussion of Results:

Commentary and recommendations on addressing wellness priorities were provided to the Department and Minister of Health and Community Services (Provincial *Wellness Advisory Council Report and Recommendations*) as per the 2011-12 objective. In 2011-2012 the Council reached consensus to focus on healthy built environment as a wellness priority issue as the built environment influences healthy eating, physical activity, tobacco control, injury prevention, mental health promotion, child and youth development and environmental health. In 2013, work on the healthy built environment will continue and the Council will identify actions to enhance and support healthy built environments.

Annual Objectives:

By March 31, 2012, 2013, and 2014, the Provincial Wellness Advisory Council will have provided commentary and recommendations on addressing priority wellness issues to the Department and Minister of Health and Community Services.

Measure: Provided commentary and recommendations

Indicators:

- Obtained expert and member group opinions
- Assessed resource capacity to develop issues
- Reviewed available health status information on emerging issues
- Reached consensus on issue to be addressed
- Prioritized identified/emerging issues
- Developed working or policy paper

Issue 2: Monitoring and Surveillance

The Provincial Wellness Advisory Council has monitored the achievements of the wellness plan as part of its mandate. The subject matter of its efforts, the wellness of Newfoundlanders and Labradorians and the communities we live in, makes monitoring and surveillance a challenge. The results of this work are longitudinal and will take many years to realize. Even then, stating that a reduction in unhealthy behaviours or an increase in healthy behaviour was attributable to a specific action may not be possible because of a multitude of confounding variables that exist in the social and physical environment. However, through the establishment of national and provincial and regional health status indicators, assessing changes and progress is possible. Such information is sought after and constitutes the evidence that informs policy and decision making to affect the future. Monitoring and surveillance activities supported the strategic direction of accountability and stability of health services and the outcome of improved system performance and sustainability.

Goal: By March 31, 2014, Provincial Wellness Advisory Council will have monitored available information in a manner that provides evidence to inform wellness related policy and legislation.

Measure: Monitored available information

Annual Objectives

By March 31, 2012, the Provincial Wellness Advisory Council will have focused Council’s efforts to improve access to data related to monitoring existing wellness priority areas.

Measure: Focused Council’s efforts to improve access to data

Annual Objectives Indicators	Progress in 2011-2012
Assessed the involvement of Council members in collection and dissemination of data	Council assessed the involvement of members through discussions at regular meetings in the collection and dissemination of data. In 2011-2012 the NL Centre for Applied Health Research, Association of Registered Nurses of NL indicated that their organizations were involved in collecting data related to a number of the wellness priority issues.
Identified Council members and community groups with an interest in improving research and performance measurement	Council identified members and community groups with an interest in improving research and performance measurement. The NL Centre for Applied Health Research, Department of Municipal Affairs, NL Federation of Labour and Association of Registered Nurses of NL indicated an interest in

	improving research and performance measurement. In keeping with the wellness priority of Environmental Health, it was agreed that the healthy built environment would be the initial focus.
Determined if standardized data collection tools are available	While standardized data collection tools exist for established wellness priority areas, such as injury prevention and smoking rates, newer areas, such as healthy built environment requires further research to determine if such tools exist.
Determined if a mechanism exists in the department to provide access to relevant data	The Planning and Evaluation Division within the Department of Health and Community Services has been identified as a point of contact to provide access to relevant data.

Discussion of Results:

The Council focused on improving access to data related to monitoring existing wellness priority areas as per the 2011-2012 objective. Member involvement in data collection and dissemination, research and performance measurement was assessed and linked with the agreed upon wellness priority area. Specifically, this was done by determining which members of Council had an interest in improving access to data related to a healthy built environment. In 2012-13 the Council will focus on selected components involved in supporting a healthy built environment.

Annual Objective Indicators 2012-13

By March 31, 2013, the Provincial Wellness Advisory Council will have agreed upon a minimum set of health indicators for monitoring existing and emerging wellness issues.

Measure: Agreed upon a minimum set of health indicators

- Conducted an environmental scan of Health Impact Assessment tools/models
- Identified key indicators for wellness
- Created standardized data collection tools

By March 31, 2014, the Provincial Wellness Advisory Council will have achieved increased capacity in monitoring through partnership and collaboration.

Issue 3: The Supportive Environment

In April 2011, the Provincial Wellness Advisory Council (PWAC) presented the report *Provincial Wellness Advisory Council Report and Recommendations 2011* to the Minister of Health & Community Services. While the Report acknowledged much work had been done, more work was clearly needed particularly around the development and implementation of healthy public policy to support the creation of social, economic and physical environments to support individuals, families and communities to reach their full potential. To contribute to this effort, the Council proposed to focus its efforts to engage the broader community to help build the supportive environments necessary to achieve health and wellness for all in the province.

Healthy built environment is a key component of a supportive environment as it includes buildings, roads, parks, trails and other green spaces that influences physical, mental and community health in direct and indirect ways. This was the starting point for Council's work in enhancing a supportive environment. In order to support the creation of healthier built environments, it was necessary to ensure the Council had a good understanding of concepts and resources related to building healthy communities as well as the other partners in the community who could contribute to this work.

The November 2011 conference, "Building Healthier Communities", provided an opportunity for representatives from both the public and private sector including community leaders, policy makers, municipal planners, and health care providers to discuss how the province can promote and support healthier communities. Approximately 180 participants attended including expert wellness speakers from outside the province.

The strategic direction of "Population Health" and the focus areas of environmental health and wellness were addressed as this conference started a discussion to define and understand the issue of "supportive environment", and the built environment in particular.

Supportive environments, including both the social and physical environments, are those where people feel connected to each other and empowered to take action to make choices and changes as needed. The social aspect of the environment includes the personal capacity, skills, abilities and assists of individuals and households, as well as their connection to their community through friendship and organizations. The physical or built environment refers to the infrastructure of the community such as the buildings, bike paths, greenspaces, parks and sidewalks. In both cases the environment plays a significant role in supporting people to be healthy through healthy food choices, physical activity opportunities and social connections.

Goal:

By March 31, 2014, the Provincial Wellness Advisory Council will have promoted the concept of the supportive environment with respect to its impact on the health of the population.

Measure: Promoted the concept of the supportive environment

Annual Objectives:

By March 31, 2012, the Provincial Wellness Advisory Council will have established a common understanding of this issue and related policy issues in relation to health literacy among member organizations.

Measure: Established a common understanding

Annual Objectives Indicators	Progress in 2011-2012
Developed a baseline to determine the existing level of understanding on this wellness issue within the Council	Council polled its members and developed a baseline that determined members' knowledge varied on the concept of supportive environment, which includes both the social and physical environments. A common understanding of the definition and process of developing supportive environments increased at the November 2011 conference. Eighty-nine per cent of those who attended indicated that they had an increased knowledge and understanding of supportive environments as it relates to wellness.
Identified key messages related to the impact of this issue on wellness and healthy environments	Key messages were identified on the impact of the built environment on the health and wellness of the population. An interdepartmental, cross sector Conference Committee planned and promoted the November, 2011 conference, <i>Building Healthy Communities: Bringing Health and Wellness to the Community Planning Table</i> . The Committee also provided a conference report with key messages, including the need for cross sector collaboration to align programs, policies and practices. These messages support the creation of healthier communities and coordinated action by provincial and municipal governments to integrate tools, such as health impact assessments, into future community planning.

<p>Assessed ways of introducing a health literacy program</p>	<p>In 2011-12, the Council addressed this issue by becoming more informed and advanced as far as was possible given developments on the national front and with provincial partners. Council decided to defer assessing ways to introduce a health literacy program until more direction from the national level was available. An Expert Panel on Health Literacy was established by the Canadian Public Health Association (CPHA) in 2006. In 2008 they recommended a comprehensive, coordinated, cooperative and integrated Pan-Canadian Strategy on health literacy be developed by 2013, funded and implemented to improve the level of health literacy in Canada, and the extent to which people receive the support they need to cope with the health literacy demands they encounter. Council will identify ways to introduce health literacy programs once the Pan-Canadian Strategy has been developed.</p>
<p>Submitted recommendations to the Department on ways to introduce a health literacy program</p>	<p>Council has not submitted recommendations to the Department on ways to introduce a health literacy program. It would be premature to submit recommendations at this point until the Pan-Canadian Strategy has been developed. An Expert Panel on Health Literacy was established by the Canadian Public Health Association (CPHA) in 2006. In 2008 they recommended a comprehensive, coordinated, cooperative and integrated Pan-Canadian strategy on health literacy be developed by 2013, funded and implemented to improve the level of health literacy in Canada, and the extent to which people receive the support they need to cope with the health literacy demands they encounter. When the actions have been identified in the Pan-Canadian strategy, recommendations will be made to the Department on how to introduce a health literacy program.</p>

Discussion of Results:

In 2011-2012 the Council had established a common understanding of this issue and related policy issues in relation to health literacy among member organizations as it related to supportive environments. A conference held in November 2011 built on key

national and provincial messages about creating supportive environments and in particular healthy built environments. The Council has committed to assess ways to address health literacy as it relates to supportive environments and identified vulnerable populations. The Council will take direction from the Pan- Canadian Strategy on Health Literacy when submitting the Provincial *Wellness Advisory Council Report and Recommendations* for 2012-2013.

While the Council had broad representation from the professional, government and non-government sectors, the conference created an opportunity for these partners and others to learn about and share their collective knowledge and experience. At the same time, new partners, the Newfoundland and Labrador Public Health Association (NLPHA) and the Newfoundland and Labrador Branch of the Canadian Institute of Public Health Inspectors (CIPHINL), were involved to determine how they could each play a role in creating supportive environments. All partners recognized that with the restructuring of our economy and communities, Newfoundland & Labrador experienced significant changes in the built environment that will echo for generations. All partners recognized the provincial workshop on the built environment was an important starting point for future work together and this is just starting.

Annual Objective Indicators 2012-13

By March 31, 2013, the Provincial Wellness Advisory Council will have broadened the scope of this issue, the supportive environment, to identify legislative and policy areas that require review.

Measure: Broadened the scope of the issue.

- Established a multi-sectoral community committee to advance work in identified priority areas related to the supportive environment
- Included a focus on proposing legislative change for long-term planning
- Assessed ways of addressing health literacy in relation to identified vulnerable populations and the supportive environment
- Submitted recommendations to the Department on ways to introduce a health literacy program

By March 31, 2014, the Provincial Wellness Advisory Council will have assessed the progress of initiatives undertaken to promote the concept of supportive environment.

APPENDIX A: STRATEGIC DIRECTIONS

Title: Population Health

Outcome: Improved Population Health

To achieve “improved population health”, focusing efforts 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, are necessary.

An integrated and collaborative approach, which preserves and promotes health and prevents and controls disease, is needed to:

- reduce the incidence of many of the illnesses that currently contribute to the burden of illness in Newfoundland and Labrador; and
- prepare the health system for illnesses and threats to health that are expected to emerge as society and the physical environment change.

Activities in these areas will decrease the burden of illness and associated health care and treatment costs, and contribute significantly to a sustainable health system. Focus areas for 2011-2014 are found on the next page. Some are population specific and others are related to health initiatives or programs to improve population health.

Focus Areas of the Strategic Direction 2011-2017	The Population Health Strategic Direction is		
	Addressed by The PWAC		
	Activity Plan	Operational plan	Work Plan
Environmental Health	√		
Healthy Aging	√		
Healthy Eating/ Physical Activity	√		
Injury Prevention	√		
Maternal/Newborn Health	√		
Smoking Rates And Protection from Environmental Smoke	√		
Wellness	√		

Title: Accountability and stability of health and community services

Outcome: Improved system performance and sustainability

Health is a priority of Government, such that record investments have been made for several consecutive years. In 2010-2011, health and community services consumed approximately 37 % of all government expenditures with the largest percentage allocated to regional health services (70 %). The ability to sustain the provision of quality services requires the coordination and integration of services, increased standardization and monitoring of clinical practice and service, and innovation. A focus on increased monitoring and evaluation, the achievement of balanced budgets, the stabilization of health human resources and increased utilization of information for evidence based practice will lead to a more sustainable health system and contribute to improved health outcomes for the people of the Province.

Focus Areas of the Strategic Direction 2011-2017	The Strategic Direction of Improved Accountability and Stability in the Delivery of Health and Community Services within Available Resources, Is Addressed by The PWAC		
	Activity Plan	Operational Plan	Work Plan
	Evaluation of Legislation, Programs and Services	√	
Health Research	√		
Information Management and Technology	√		
Performance Measurement/ Monitoring	√		

APPENDIX B: COMMITTEE MEMBERSHIP (April 1, 2012)

Chairperson: Dr. Catherine Donovan, Memorial University of Newfoundland Faculty of Medicine

- Association of Allied Health Professionals
- Alliance for the Control of Tobacco
- Association of Registered Nurses of Newfoundland and Labrador
- Canadian Cancer Society of Newfoundland and Labrador
- Canadian Diabetes Association of Newfoundland and Labrador
- Canadian Mental Health Association
- Department of Child Youth and Family Services
- Department of Advanced Education and Skills
- Department of Environment and Conservation
- Department of Health and Community Services
- Department of Municipal Affairs
- Department of Tourism, Culture and Recreation
- Dietitians Association of Newfoundland and Labrador
- Heart and Stroke Association of Newfoundland and Labrador
- Lung Association of Newfoundland and Labrador
- Memorial University of Newfoundland Faculty of Medicine
- Newfoundland and Labrador Centre for Applied Health Research
- Newfoundland and Labrador Federation of Municipalities
- Newfoundland and Labrador Health Boards Association
- Newfoundland and Labrador Medical Association
- Newfoundland and Labrador Parks and Recreation Association
- Newfoundland and Labrador Public Health Association
- Newfoundland and Labrador School Boards Association
- Newfoundland and Labrador Teachers' Association
- Regional Integrated Health Authorities
- Rural Secretariat
- Seniors Resource Centre Association of Newfoundland and Labrador
- Service NL

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