

Provincial Wellness Review

Final Report

October 31, 2014



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Table of Contents

Table of Contents.....	i
List of Tables	vii
List of Figures	vii
List of Appendices	vii
Executive Summary.....	1
1.0 INTRODUCTION.....	8
1.1 Health Promotion and the Provincial Wellness Plan 2006-2008.....	8
1.2 Objectives of Review.....	9
2.0 METHODS.....	10
2.1 Map of the State of Health Promotion and Wellness Service Delivery in NL.....	10
2.1.1 Key Informant Interviews and Focus Groups	10
2.1.2 Site Visits.....	11
2.1.3 Document Review.....	11
2.2 Jurisdictional Scan.....	12
2.2.1. Literature Review.....	12
2.2.2 Document Review.....	12
2.2.3 Key Informant Interviews	12
3.0 RESULTS AND ANALYSIS.....	14
3.1 Map of the State of Health Promotion and Wellness Service Delivery in NL.....	15
3.1.1 Structure and Organization	15
3.1.1.1 Department of Health and Community Services.....	16
3.1.1.2 The Division of Healthy Living.....	18
3.1.1.3 External Divisions.....	20
3.1.1.4 The Provincial Wellness Advisory Council	21
3.1.1.5 External Departments.....	23
3.1.1.6 The Regional Health Authorities.....	26
3.1.1.6.1 Eastern Health.....	26
3.1.1.6.2 Central Health	30
3.1.1.6.3 Western Health.....	33
3.1.1.6.4 Labrador-Grenfell Health.....	36
3.1.1.7 The Regional Wellness Coalitions	38

3.1.2 Priorities and Priority Setting.....	40
3.1.2.1 Eastern Health.....	41
3.1.2.2 Central Health.....	42
3.1.2.3 Western Health.....	43
3.1.2.4 Labrador-Grenfell Health.....	44
3.1.3 Collaborative and Communicative Mechanisms.....	45
3.1.3.1 Priority and Position-Specific Provincial/Regional Groups.....	45
3.1.3.1.1 Provincial Food and Nutrition Advisory Committee.....	46
3.1.3.1.2 Provincial Food and Nutrition Preschool Expert Working Group.....	46
3.1.3.1.3 Provincial Food and Nutrition Seniors Expert Working Group.....	46
3.1.3.1.4 Dietitians Network for Seniors’ Nutrition.....	47
3.1.3.1.5 Food Security Interdepartmental Working Group.....	47
3.1.3.1.6 Nutritionists Leadership Committee for Healthy Eating.....	48
3.1.3.1.7 Provincial and Regional Tobacco Control Committee.....	48
3.1.3.1.8 Parent and Child Health Consultants Working Group.....	48
3.1.3.1.9 Sexual Health Consultants Committee.....	48
3.1.3.1.10 Regional Directors of Public Health Nursing.....	49
3.1.3.1.11 Provincial Mental Health Promotion and Addictions Prevention Working Group.....	49
3.1.3.1.12 Provincial Infection Control Newfoundland and Labrador.....	49
3.1.3.1.13 Communicable Disease Control Nurses – NL.....	50
3.1.3.1.14 Interdepartmental Working Group on Aging and Seniors.....	50
3.1.3.2 Initiative-Specific Groups.....	51
3.1.3.2.1 Healthy Students Healthy Schools.....	51
3.1.3.2.2 Healthy Students Healthy Schools Provincial Inter-Departmental Management Committee.....	52
3.1.3.2.3 HSHS Provincial Working Committee.....	52
3.1.3.2.4 Eat Great and Participate.....	53
3.1.3.2.5 Provincial Chronic Disease Self-Management Program Working Group.....	54
3.1.3.2.6 Baby-Friendly Council of Newfoundland and Labrador.....	54
3.1.3.2.7 Healthy Baby Club Provincial Advisory Committee.....	55
3.1.3.2.8 Regional Wellness Coalitions and the Provincial Committee of the Regional Wellness Coalitions.....	55

3.1.3.3 NGO Boards.....	56
3.1.3.3.1 ACT Board of Directors	56
3.1.3.3.2 Kids Eat Smart	57
3.1.3.3.3 NL Injury Prevention Coalition.....	57
3.1.3.3.4 Food Security Network NL	58
3.1.4 Overview of Projects, Initiatives, and Successes in Health Promotion	58
3.1.4.1 Projects and Initiatives.....	58
3.1.4.2 Regional Highlights	59
3.1.4.2.1 Eastern Health.....	59
3.1.4.2.2 Central Health	61
3.1.4.2.3 Western Health.....	64
3.1.4.2.4 Labrador-Grenfell Health.....	66
3.1.4.2.5 Key Provincial Accomplishments	67
3.1.4.2.6 Provincial Wellness Grants	68
3.1.4.2.7 Regional Wellness Grants	69
3.1.5 Perceived Key Challenges	72
3.1.5.1 Leadership.....	72
3.1.5.2 Direction (Provincial Wellness Advisory Council)	74
3.1.5.3 Priority Misalignment	75
3.1.5.4 Prioritization Across Government	77
3.1.5.5 Resource Coordination	77
3.1.5.6 Evaluation	78
3.2 Overview of Jurisdictional Scan	80
3.2.1 Similarities across Jurisdictions.....	80
3.2.2 Differences across Jurisdictions.....	80
3.3 Overview of the Health Promotion and Wellness System in Nova Scotia.....	83
3.3.1 Structure and Organization	83
3.3.1.1 The Department of Health and Wellness	84
3.3.1.2 District Health Authorities	85
3.3.1.3 Community Health Boards.....	86
3.3.1.4 Department of Education and Early Childhood Development, Early Years Branch	86
3.3.1.5 The Health Promotion Clearinghouse.....	87

3.3.2 Priorities and Priority Setting.....	87
3.3.2.1 The Department of Health and Wellness	87
3.3.2.2 District Health Authorities	87
3.3.2.3 Community Health Boards.....	88
3.3.2.4 Department of Education and Early Childhood Development, Early Years Branch	88
3.3.3 Communicative and Collaborative Mechanisms	88
3.3.3.1 The Department of Health and Wellness	88
3.3.3.2 District Health Authorities	89
3.3.3.3 Community Health Boards.....	89
3.4 Overview of the Health Promotion and Wellness System in New Brunswick.....	90
3.4.1 Structure and Organization	90
3.4.1.1 Department of Health.....	90
3.4.1.2 Regional Health Authorities.....	91
3.4.1.3 Department of Healthy and Inclusive Communities	92
3.4.1.4 Department of Education and Early Childhood Development	93
3.4.1.5 Department of Social Development	93
3.4.1.6 Regional Coalitions and Networks	93
3.4.2 Priorities and Priority Setting.....	94
3.4.2.1 Department of Health.....	94
3.4.3.2 Regional Health Authorities.....	94
3.4.3.3 Department of Healthy and Inclusive Communities	94
3.4.3.4 Department of Education and Early Childhood Development.....	95
3.4.3.5 Department of Social Development	95
3.4.4 Communicative and Collaborative Mechanisms	96
3.4.4.1 Department of Health.....	96
3.4.4.2 Department of Healthy and Inclusive Communities	96
3.4.4.3 Department of Education and Early Childhood Development	96
3.4.4.4 Department of Social Development	96
3.5 Overview of the Health Promotion and Wellness System in British Columbia	97
3.5.1 Structure and Organization	97
3.5.1.2 Department of Children and Family Development	98
3.5.1.3 Department of Health.....	98

3.5.1.4 Regional Health Authorities	99
3.5.1.5 Provincial Health Services Authority.....	99
3.5.1.6 First Nations Health Authority	100
3.5.1.7 BC Healthy Living Alliance.....	101
3.5.2 Priorities and Priority Setting.....	101
3.5.2.1 Department of Children and Family Development	101
3.5.2.2 Department of Health.....	102
3.5.2.3 Regional Health Authorities.....	102
3.5.2.4 Provincial Health Services Authority.....	102
3.5.2.5 First Nations Health Authority	102
3.5.3 Communicative and Collaborative Mechanisms	103
3.5.3.1 Department of Children and Family Development	103
3.5.3.2 Department of Health.....	103
3.5.3.3 Regional Health Authorities.....	104
3.5.3.4 Provincial Health Services Authority.....	104
3.5.3.5 First Nations Health Authority	104
3.6 Overview of the Health Promotion and Wellness System in New Zealand	105
3.6.1 Structure and Organization	105
3.6.1.1 Ministry of Health	105
3.6.1.2 District Health Boards.....	106
3.6.1.3 Public Health Units.....	106
3.6.1.4 Health Promotion Agency.....	106
3.6.1.5 Ministry of Education.....	108
3.6.1.6 NGO Council.....	108
3.6.2 Priorities and Priority Setting.....	108
3.6.2.1 Ministry of Health	108
3.6.2.2 District Health Boards.....	109
3.6.2.3 Public Health Units.....	109
3.6.2.4 Health Promotion Agency.....	109
3.6.2.5 Ministry of Education.....	110
3.6.2.6 NGO Council.....	110
3.6.3 Communicative and Collaborative Mechanisms	110

3.7 Overview of Common Challenges to Health Promotion and Wellness Across Jurisdictions	111
3.7.1 Limited Resources.....	111
3.7.2 Evaluation	111
3.7.3 Competing Priorities	111
4.0 Summary of Findings and Model Proposals	113
4.1 Summary of Findings.....	113
4.1.1 Structure of the System	113
4.1.2 Priorities and Priority Setting.....	114
4.1.3 Communicative and Collaborative Mechanisms	115
4.1.4 Key Challenges	115
4.2 Proposed Health Promotion Models	117
4.2.1 Model 1: Maintain current organizational structure with addition of more robust governance and communication mechanisms	117
4.2.2 Model 2: Narrow Accountability and Consolidate Health Promotion Sector Under HCS	119
4.2.3 Model 3: Create a crown corporation responsible for health promotion	120
5.0 Concluding Remarks and Limitations.....	122

List of Tables

Table 1. Actors and Key Roles in the Health Promotion System within Newfoundland and Labrador	15
Table 2. Priority Areas, Funding Amounts, and Application Review Dates for Regional Wellness Coalition Grants and Provincial Wellness Grants	70
Table 3. Challenges/Gaps in NL, as Compared to other Jurisdictions	82
Table 4. Actors and Key Roles in the Health Promotion and Wellness System in Nova Scotia....	83
Table 5. Actors and Key Roles in the Health Promotion and Wellness system in New Brunswick	90
Table 6. Actors and Key Roles in the Health promotion and Wellness System in British Columbia	97
Table 7. Actors and Key Roles in the Health Promotion and Wellness System in New Zealand	105

List of Figures

Figure 1. NL Investments in Health and Wellness, Fiscal 2013/14	18
Figure 2. Organizational Chart, Health Promotion, Eastern Health, August 2014	29
Figure 3. Organizational Chart, Health Promotion, Central Health, August 2014.....	32
Figure 4. Health Promotion Organizational Chart, Western Health, August 2014	35
Figure 5. Health Promotion Organizational Chart, Labrador-Grenfell Health, August 2014	37
Figure 6. Breakdown of the Distribution of Provincial Wellness Grant Funds According to the Eight Provincial Priorities in the 2006 <i>Provincial Wellness Plan</i>	69
Figure 7. Breakdown of Regional Wellness Coalition Community Grants by Provincial Priority Area, Fiscal 2013/2014	71

List of Appendices

Appendix A: Key Informants	123
Appendix B: Interview Questionnaires	126
Appendix C: Key Informants	134
Appendix D: Interview Schedules	135
Appendix E: Current Members/Organizations	139
Appendix F: Projects and Initiatives Funded	140
Appendix G: Lists of Projects and Initiatives.....	134

Executive Summary

Introduction

In Newfoundland and Labrador, the 2006-2008 Provincial Wellness Plan¹ established a health promotion approach to wellness as an important priority for the province. Key areas of focus outlined in the Wellness Plan include:

- Healthy Eating
- Physical Activity
- Tobacco Control
- Injury Prevention
- Mental Health Promotion
- Child and Youth Development
- Environmental Health
- Health Protection

Responsibility for pursuing these provincial wellness priorities is shared among several government departments, the Regional Health Authorities, and a number of non-government agencies and organizations. While this shared responsibility is essential to effective and far-reaching action, a lack of formal reporting structures and processes for collaboration within government, structural variation among the Regional Health Authorities, as well as variations in modes of wellness programming have made it difficult for Health and Community Services to effectively coordinate actions. Structural and programmatic variations have also led to gaps, potential overlap, and inconsistencies in prioritization. Ultimately, the current structure limits the ability of Health and Community Services to measure progress and evaluate success which in turn limits the Department in its ability to achieve its mandate with respect to the preservation and promotion of health and wellness.

Objectives

The Provincial Wellness Review was undertaken by the Newfoundland and Labrador Centre for Health Information from February 2014 to August 2014. Ongoing direction was provided by the Department of Health and Community Services throughout the course of the review. The review had three objectives:

- To offer a description and analysis of the systems that support health promotion and wellness program and service delivery in Newfoundland and Labrador, including challenges and accomplishments within this system
- To describe health promotion systems existing in other selected jurisdictions, including challenges and successes within these systems

¹ Government of Newfoundland and Labrador. Department of Health and Community Services. (2006). *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador*.

- To offer descriptions of potential models for the delivery of health promotion services within Newfoundland and Labrador

Methods

Methods used to produce a description of the Health Promotion System in NL included:

- Key informant interviews with individuals from selected government departments, the Provincial Wellness Advisory Council, the Regional Health Authorities, and the Regional Wellness Coalitions. In total, 93 key informants were interviewed across the province.
- Site visits to gather as much information in person as possible and to gather documents from the regions. In total, visits were made to six locations, including visits to sites in St. John's, Harbour Grace, Holyrood, Clarenville, Corner Brook, and Goose Bay.
- A document review including documents such as Strategic Plans, Annual Reports, Terms of Reference, website content, Program Descriptions, and Program Evaluations.

Methods to produce a scan of selected jurisdictions included:

- An initial literature review to identify potential jurisdictions to include; jurisdictions scanned included:
 - Nova Scotia
 - New Brunswick
 - British Columbia
 - New Zealand
- Key informant interviews with individuals who could describe the organizational structures and key processes of selected jurisdictions. In total 10 individuals from across these jurisdictions were interviewed.
- A document review including Statements of Mandate, Strategic Plans, website content, Program Evaluations, and Terms of Reference.

Key Findings

- There is considerable structural variation in the organization of health promotion across the regions, with health promotion positions in each region reporting to anywhere from one to thirteen managers and typically organized across more than one division. Organizational descriptions were produced for each region including reporting structures and roles and responsibilities.
- While some projects and initiatives are implemented in multiple regions, there is also some programmatic variation across the regions; for example, while many of the regions have implemented the P.A.R.T.Y. injury prevention program in schools, each region has undertaken

different sexual health initiatives. A list of projects and initiatives was received from each region.

- Some formal communicative and collaborative mechanisms work well and other collaborative mechanisms have experienced challenges in their function to support collaboration. Collaborative mechanisms experiencing the most challenges appear to be those that currently lack or have recently lacked strong provincial leadership including for example, the Newfoundland and Labrador Injury Prevention Coalition and the Healthy Baby Club Advisory Committee.
- Key informants perceived many provincial programs and initiatives to be successes; these included:
 - The Healthy Students, Healthy Schools Initiative
 - The establishment of School Health Liaison Consultant positions
 - The establishment and maintenance of the Regional Wellness Coalitions, identified as supporting important projects at the community level and as serving an important networking function
 - The establishment of Family Resource Centers and Healthy Baby Clubs and the development of nutrition tool kits
 - Breastfeeding initiatives, including work on the Baby Friendly Initiative
 - Continued support of Provincial Wellness Grants, identified as supporting many important projects at the community level
 - The Eat Great and Participate initiative, which was also been positively assessed by independent evaluations
- The dramatic reduction in tobacco rates (from 28% to 19% from 1999 to 2011) was also frequently noted by key informants as a key success and as evidence of the effectiveness of the population health approach which has been used to address tobacco.
- Key informants discussed many challenges within the current health promotion and wellness system. Five key challenges emerged across the province:
 - **Leadership:** Key informants frequently perceived leadership to be a challenge. Leadership emerged as a challenge in three respects. First, some participants felt leadership was missing in the key priority areas of injury prevention and physical activity. Second, some participants felt that the province lacked overall leadership in public health. Finally, some individuals indicated that the Provincial Wellness Advisory Council (PWAC) might not be ideally structured. The PWAC is the current mechanism for setting provincial wellness priorities and for recommending and advising on strategies. It is currently comprised of over 30 individuals from various government, non-government, and professional organizations. While many key informants felt the size of the council was a positive from a networking

- perspective, it was also recognized that the size of the council inhibit its ability to provide flexible and timely advice.
- **Priority Alignment:** In some cases, regional and provincial priorities are aligned. Healthy Eating, for example, is a provincial priority and has well-developed programming in every region. In other cases, provincial and regional priorities did not align. Physical activity for example, is a provincial priority but has received variable programmatic attention across the health authorities. Sexual health, on the other hand is not a provincial priority, but has been prioritized in both Western and Eastern and received significant programmatic attention in each region.
 - **Prioritization Across Government:** Because the determinants of health are broad, effective health promotion work draws on varying sectors and requires cooperation and collaboration across a number of government departments. A number of key informants within government, however, noted that it can be difficult to convince other government departments and divisions of the important role they have to contribute to health promotion. This emerged as a key challenge to health promotion work.
 - **Resource Coordination:** A series of follow-up interviews focused specifically on community grants and the degree to which wellness coalition grants were coordinated with RHA resources and projects as well as Provincial Wellness Grant projects. While Regional Wellness Coalition grants were perceived in most cases to be well coordinated with RHA resources, there is currently no mechanism to coordinate Regional Wellness Coalition grants/projects with Provincial Wellness grants/projects; duplications and/or multiple funding awards to the same group for the same project are possible and may have occurred in some cases.
 - **Evaluation:** Key informants from each region recognized the importance of evaluation, however, evaluation was also recognized as a challenge in each region. The three central challenges to evaluation mentioned by key informants in the review included 1) a lack of province-wide agreed upon indicators, 2) a lack of resources/capacity, and 3) difficulty engaging communities in evaluation activities.
- The Jurisdictional Scan revealed considerable variation in the organization of health promotion across selected jurisdictions. The scan also revealed that in all jurisdictions, many actors and organizations are involved in health promotion. Key Findings regarding health promotion system challenges and effectiveness included:
 - **Strong leadership is essential to effective health promotion:** The jurisdictions in which health promotion was perceived to be successful were those that had a strong, organized system of leadership. For example, in Nova Scotia, the Public Health System Leadership Team meets monthly to set the framework for addressing each of the provincial priorities. In New Zealand, a separate Crown Corporation has responsibility for health promotion across the country.
 - **Recognized leaders in health promotion have taken steps to address priority alignment:** In both Nova Scotia and New Zealand, for example, priorities of health regions or district health boards must align with provincial priorities.

- Partnerships across government departments are essential to health promotion, but **competing priorities are a common challenge.**
- **There is a growing movement toward the use of indicators and public accountability:** In New Zealand for example, each District Health Board is required to report publically on their progress in each area, while BC has begun to discuss the possibility of public reporting on RHA progress on key indicators, as early as next year.
- **Recognition of the importance and challenge of evaluation in health promotion:** While recognized as important, research and evaluation capacity is lacking across jurisdictions, and is typically conducted on an ad-hoc basis.

Models

Following reviews of the structure, challenges, and successes of the health promotion systems in Newfoundland and Labrador and elsewhere, potential models for health promotion and wellness were produced in collaboration with the Department of Health and Community Services. Each model is based on different assumptions about Newfoundland and Labrador's health promotion system and is designed to address identified challenges in different ways.

Model 1: The first model is based on the assumption that the current system is not fundamentally flawed and takes into account evidence that excellent health promotion work is currently being carried out in the Regions. Model one suggests changes to the current system to address identified challenges through strengthening leadership and direction. The first model would entail the following set of actions to address identified challenges:

- Leadership:
 - Restructure PWAC to become smaller and more governance focused in order to provide flexible and timely advice on health promotion matters
- Priority Alignment:
 - Assign provincial level consultants to each priority area using a broader approach to file management
 - Create communicative mechanisms for each area (similar to the Provincial and Regional Tobacco Control Committee or The the Nutritionists Leadership Committee for Healthy Eating)
 - Require RHAs to report on programming and progress in each area
- Prioritization Across Government:
 - Increase formalized collaboration between departments (e.g. ADM working group to develop strategic health promotion priorities and collective management agenda)
 - Create director level interdepartmental group to identify opportunities for operational collaboration

- Resource Coordination:
 - implement mechanisms to coordinate Regional Wellness Coalition and Provincial Wellness Grants
- Evaluation:
 - Develop province-wide indicators for each priority/core area
 - Implement internal and external reporting mechanisms for progress in identified core areas
 - Increase evaluation capacity

Model 2: The second model assumes systemic weaknesses in leadership and accountability in the current system. This model reorganizes leadership in health promotion and pulls both the Department and the RHAs into a clearly delineated hierarchical structure of responsibility and accountability. Strategic actions to address identified challenges include:

- Leadership:
 - Mandate RHAs to clearly identify VP responsible for health promotion
 - Clearly identify an ADM responsible for health promotion in each partnering government department
 - Create a committee chaired by the ADM of Population Health and including ADMs from TCR, EDU, and CYFS, as well as RHA VPs responsible for health promotion and key NGOs to make strategic decisions regarding health promotion programming
 - Shift the focus of the PWAC solely to directed research on strategic questions
- Priority Alignment:
 - Identify core and non-core health promotion priorities/programs at the provincial level
 - Mandate RHAs to support core priorities/programs and report on progress
- Prioritization Across Government:
 - Move management/leadership of physical activity initiatives and Healthy Baby Clubs to HCS
 - Create director level interdepartmental group to identify opportunities for operational collaboration
- Resource Coordination:
 - Administer all health promotion oriented-grants from one fund
- Evaluation:
 - Develop province-wide indicators for each priority/core area
 - Implement internal and external reporting mechanisms for progress in identified core areas
 - Increase evaluation capacity

Model 3: The third model assumes that it is not possible to strengthen leadership within the current system. This model involves establishing a crown corporation with responsibility for leading health

promotion and wellness within the province. Associated strategic actions to address identified challenges would include:

- Leadership:
 - Establish a crown corporation responsible for health promotion
 - Concentrate consultants and expertise within this organization

- Priority Alignment and Prioritization Across Government:
 - Mandate this organization to advise HCS on the creation of health promotion priorities
 - Move management/leadership of Physical Activity resources and Healthy Baby Clubs to this corporation
 - Establish organizational links with relevant government departments and divisions as necessary

- Resource Coordination:
 - Mandate this organization to plan and deliver on health promotion priorities in partnership with the RHAs
 - Organization will administer and adjudicate all health promotion grants

- Evaluation:
 - Mandate this organization to carry out research and evaluation activities
 - Develop indicators in core priority areas
 - Report publicly on performance

Concluding Remarks: Moving Forward

This review offers an overview of the health promotion and wellness system in Newfoundland and Labrador as well as high-level overviews of health promotion systems in other jurisdictions including Nova Scotia, New Brunswick, British Columbia, and New Zealand. This review also offers an overview of some of the key challenges encountered in the current health promotion and wellness system in Newfoundland and Labrador. It is important to note however, that there may be challenges and/or successes and accomplishments that were not uncovered in this research. Moving forward, the challenges uncovered offer *starting points for discussion*, rather than conclusive statements on the state of the health promotion system within the province.

The potential models offered in this review are each designed to address identified challenges in different ways. The models were developed in consultation with the Department of Health and Community Services. The models are not meant to act as conclusive recommendations; rather, like the challenges reviewed, models offered are intended as starting points for discussion on possible ways to address systemic challenges. Both challenges and models are presented with the recognition that any changes to the health promotion system in Newfoundland and Labrador would require focused consultations with key individuals throughout the health promotion and wellness system.

1.0 INTRODUCTION

This report describes findings from the Provincial Wellness Review undertaken by the Newfoundland and Labrador Centre for Health Information from February 2014-August 2014. The review was undertaken in collaboration with the Department of Health and Community Services, who provided ongoing direction throughout the course of the review. The primary aim of the Provincial Wellness Review was to offer a description and analysis of the systems that support health promotion and wellness program and service delivery in Newfoundland and Labrador. This review also aimed to offer descriptions of successful health promotion systems existing in other selected jurisdictions. Along with description and analysis of health promotion systems within the province and elsewhere, this review also describes challenges to these systems and offers descriptions of potential models for the delivery of health promotion services within NL.

1.1 Health Promotion and the Provincial Wellness Plan 2006-2008

Health Promotion is defined by the World Health Organization as “the process of enabling people to increase control over, and to improve, their health.” In Newfoundland and Labrador, the 2006-2008 Provincial Wellness Plan² established a health promotion approach to wellness as an important priority for the province. Key areas of focus outlined in the Wellness Plan include: healthy eating, physical activity, tobacco control, and injury prevention (phase 1) and mental health promotion, child and youth development, environmental health, and health protection (phase 2). Key directions to address these priorities include: strengthening partnerships and collaboration, developing and expanding wellness initiatives, increasing public awareness, and enhancing capacity for health promotion. With the recognition that health promotion requires the commitment and participation of a broad range of actors across many sectors, responsibility for pursuing provincial wellness priorities is currently shared among several government departments and non-government agencies and organizations including, but not limited to: Health and Community Services; Tourism, Culture, and Recreation; Education; the four Regional Health Authorities; the Provincial Wellness Advisory Council; six Regional Wellness Coalitions; and several community groups and non-governmental organizations across the province.

While shared responsibility is essential to far-reaching provincial wellness programming, a lack of formal reporting structures and processes for collaboration within and outside government have made it difficult for Health and Community Services to effectively coordinate actions under the Wellness Plan. At the same time, each Regional Health Authority also has its own unique structure and modes of wellness programming; this has led to significant variation in how wellness programs and services are delivered at the provincial and regional levels. Reporting gaps and structural variation have resulted in potential overlap as well as inconsistencies in prioritization. Inconsistencies can in turn present gaps from an alignment, capacity, and accountability perspective. Ultimately, while progress has been made in key areas, the current structure limits the ability of Health and Community Services to coordinate

² Government of Newfoundland and Labrador. Department of Health and Community Services. (2006). *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador*.
Provincial Wellness Review Final Report
October 31, 2014

actions, measure progress, and evaluate success. This limits the Department in its ability to effectively achieve its mandate with respect to the preservation and promotion of health and wellness.

1.2 Objectives of Review

The first objective of the review was to describe the current system that supports health promotion and wellness in the province of Newfoundland and Labrador. This component of the review was provincial and macro-level in scope and mapped the relationships within and among various government departments, the Regional Health Authorities, the Regional Wellness Coalitions, and the Provincial Wellness Advisory Council. This map includes:

- the **organizational structure** of health promotion within Newfoundland and Labrador, including:
 - leadership
 - funding
 - roles of partners
 - the **broad categories of activities** undertaken by health promotion consultants within the health regions
- the **priorities** of key partners and organizations
- **collaborative and communicative** mechanisms
- key **challenges** presented by the current health promotion system

The second objective of the review was to describe successful approaches to wellness program delivery in other jurisdictions. This component of the review was both national and international in scope. Exemplary approaches to wellness within and outside Canada were selectively reviewed with a focus on:

- the **organizational structure** of health promotion within each jurisdiction, including:
 - leadership
 - funding
 - broad roles of partners
- the **priorities** of key partners and organizations
- a general account of **collaborative and communicative** mechanisms
- key **challenges** presented by the health promotion system

The third objective of this review was to offer a discussion and analysis of results as well as present three potential models for health promotion service delivery in Newfoundland and Labrador. The models outlined in the final section of the review draw partially on information about other jurisdictions reviewed in the jurisdictional scan and are each meant to offer potential solutions to the challenges currently encountered in Newfoundland and Labrador's health promotion system. These models were developed in consultation with the Department of Health and Community Services.

2.0 METHODS

2.1 Map of the State of Health Promotion and Wellness Service Delivery in NL

To produce a description of the health promotion system within Newfoundland and Labrador, three methods were employed: key informant interviews and focus groups, site visits, and a document review.

2.1.1 Key Informant Interviews and Focus Groups

Key informant interviews and focus groups were conducted with selected individuals who: 1) have a good working knowledge of wellness program delivery in the province as a whole and/or the regions covered by this review, and/or 2) occupy key positions with regard to wellness funding, wellness program management, and/or wellness program delivery, and/or 3) could speak to structure, organization, funding, priority setting, roles, and/or challenges within the health promotion system in Newfoundland and Labrador. Key informants were purposefully selected and included both government and non-governmental partners. Ultimately, 93 key informants across the province were interviewed individually or in focus groups. Appendix A contains a full list of interview and focus group participants. These key informants included:

- Consultants within the Healthy Living Division at the Department of Health and Community Services (HCS)
- Representatives from other divisions within the Population Health Branch of HCS including representatives from the Office of Aging and Seniors, the Division of Environmental Public Health, and the Division of Communicable Disease Control
- Representatives from other government departments with a mandate that encompasses health promotion including the Department of Tourism, Culture, and Recreation, the Department of Education, and Service NL
- Members of the Provincial Wellness Advisory Council
- Directors responsible for health promotion activities within each Regional Health Authority (RHA)
- Individuals carrying out health promotion activities within each Regional Health Authority, including Regional Wellness Coalition co-chairs

The vast majority of interviews were conducted in person. In cases where in-person interviews were not possible due to travel or time constraints, interviews were conducted by phone. All interviews were conducted by one evaluator; a second evaluator took notes at several interviews. Interviews were tape-recorded; tape recordings were not transcribed verbatim, but were used to support completeness of interview notes.

The interview guides (Appendix B) were developed with a focus on collecting information about health promotion roles, activities, priorities, partnerships, and key challenges and gaps within the health promotion system within Newfoundland and Labrador. Content of the interview guides varied depending on the structural position or affiliation of the individual being interviewed. Specifically, different interview guides were developed for 1) Consultants within the Healthy Living Division, 2) representatives from external divisions or external government departments, 3) members of the Provincial Wellness Advisory Council, 4) RHA management, 5) RHA Health Promotion Consultants, 6)

RHA wellness coalition co-chairs. Interview guides are contained in Appendix B. A number of follow-up interviews that were designed to obtain specific information were unstructured.

2.1.2 Site Visits

Sites visits to each of the four Regional Health Authorities allowed for as many in-person interviews with key informants from the regions as possible. Site visits also allowed the evaluator to collect hard copies of documents and information relating to activities in that region. In total visits were undertaken to six sites, including visits to:

- St. John's (Eastern Health – several visits to Mount Pearl Square Clinic)
- Holyrood (Eastern Health)
- Harbour Grace (Eastern Health)
- Clarenville (Eastern Health)
- Corner Brook (Western Health)
- Goose Bay (Labrador-Grenfell Health)

While a site visit was planned for Gander (Central Health), inclement weather on the travel date precluded this visit. Interviews and focus groups with individuals from Central Health were conducted by teleconference.

2.1.3 Document Review

Documents included in the review (Appendix C) were provided by the Healthy Living Division and other government divisions and departments that have assumed responsibility for health promotion and wellness initiatives including Tourism, Culture, and Recreation; the Office of Aging and Seniors; the Regional Health Authorities; and the Regional Wellness Coalitions. Documents were also solicited from online sources. The purpose of the document review was to gain additional information to support a map of the structure of the health promotion system as well as the key activities that take place within that system. Documents reviewed included:

- Strategic Plans
- Funding and grant application guidelines
- Funding and grant application competition results
- Project proposals and evaluations
- Website content
- Committee/ Working Group terms of reference
- Selected health promotion project/program material
- Regional Health Authority workplans, including Regional Wellness Coalition workplans

2.2 Jurisdictional Scan

The jurisdictional scan focused on describing the structure and organization of wellness program provision in other jurisdictions. The jurisdictional review was selective rather than exhaustive as it aimed to identify and describe a cross section of successful national and international examples of wellness program provision that were relevant to the context of Newfoundland and Labrador. Jurisdictions reviewed in this report include:

- Nova Scotia
- New Brunswick
- British Columbia
- New Zealand

Methods utilized for the jurisdictional scan included a literature review, document reviews and key informant interviews.

2.2.1. Literature Review

A literature review was undertaken in order to identify successful health promotion models both within Canada and internationally. The second purpose of the literature review was to document best practices within health promotion, with respect to process, organization and specific activities or initiatives.

2.2.2 Document Review

Documents from a number of key actors were included in the review in order to obtain additional information on organizational structure, leadership, priority setting, and collaborative mechanisms. In particular, the focus was on the following types of documents:

- Statements of Mandate
- Provincial Strategic/Service Plans
- Health Authority Strategic/Service Plans
- Evaluations of Programs or Initiatives
- Committee/ Working Group Terms of Reference
- Legislation and Policy
- Budgets and Financial Records

2.2.3 Key Informant Interviews

Key informant interviews were conducted with individuals who could describe the organizational structures of selected jurisdictions as well as priorities of key partners and the priority setting process

(Appendix D). Different interview guides (Appendix E) were developed for 1) Provincial/national leadership, 2) Health Authorities and 3) Subject Matter Experts. Interviews were conducted by telephone; the interviewing evaluator took notes during the interview and interviews were also tape recorded. Tape recordings were not transcribed, but were used to support completeness of interview notes.

3.0 RESULTS AND ANALYSIS

Results and analysis from the Provincial Wellness Review are presented in two sections. The first section addresses results of the key informant interviews and focus groups, site visits, and document analysis within Newfoundland and Labrador. The second describes results of the jurisdictional scans undertaken for British Columbia, Nova Scotia, New Brunswick, and New Zealand. Within both sections, results are categorized into sub-sections that address:

- structure and organization of the health promotion system
- priority development and priority setting
- collaborative and communicative mechanisms
- key challenges

In a following discussion and analysis section, the results are synthesized to support a discussion of potential models for health promotion and wellness programming and service delivery within Newfoundland and Labrador.

3.1 Map of the State of Health Promotion and Wellness Service Delivery in NL

3.1.1 Structure and Organization

Table 1 summarizes findings related to the key actors in the health promotion system within Newfoundland and Labrador.

Table 1. Actors and Key Roles in the Health Promotion System within Newfoundland and Labrador

Actor/Organization		Key Roles
Department of Health and Community Services		<ul style="list-style-type: none"> - develops and sets provincial priorities - distributes funding for health promotion - monitors progress of provincial initiatives - coordinates information sharing and provincial programs - monitors national directions through federal/provincial/territorial committees
	Provincial Wellness Advisory Council	<ul style="list-style-type: none"> - provides advice to the Minister of Health and Community Services on the development and implementation of a health promotion/wellness strategy for the province
	Division of Healthy Living	<ul style="list-style-type: none"> - provides provincial leadership and direction of the wellness priority areas through collaboration with stakeholders and leading provincial committees and groups, providing policy advice, development and support, resource development, research and best practice advice - provides link to national developments/research/best practices in priority areas - manages funding for health promotion and wellness, including grants to community agencies
	Office of Aging and Seniors	<ul style="list-style-type: none"> - provides provincial leadership and monitoring in the area of healthy aging - manages grants funding for communities and seniors groups
	Division of Environmental Public Health	<ul style="list-style-type: none"> - provide provincial leadership and monitoring in the area of environmental health
	Mental Health and Addictions Division	<ul style="list-style-type: none"> - provides provincial leadership and monitoring in the area of mental health promotion and addictions prevention
	Division of Communicable Disease Control	<ul style="list-style-type: none"> - provides provincial leadership and leads provincial policy and programming in the area of communicable disease and immunization

Department of Tourism, Culture, and Recreation	<ul style="list-style-type: none"> - provides provincial leadership in the area of physical activity, recreation, and sport - partners on key initiatives such as Eat Great and Participate, the After School Physical Activity Program, and Healthy Students, Healthy Schools - manages grant funding to communities and recreation groups
Department of Education	<ul style="list-style-type: none"> - partners on key initiatives including Healthy Students, Healthy Schools - consults with the Healthy Living on the development of health curriculum and health guidelines in schools
Department of Child, Youth, and Family Services	<ul style="list-style-type: none"> - partners on Healthy Baby Club and Family Resource Centre health promotion policies and programs and nutrition standards in licensed childcare settings
Regional Health Authorities	<ul style="list-style-type: none"> - develop and set regional priorities - design health promotion programming - coordinate and implement health promotion activities - carry out health promotion activities - assist community groups with health promotion activities - coordinate and support regional health promotion and wellness activities through the Regional Wellness Coalitions
Regional Wellness Coalitions	<ul style="list-style-type: none"> - provide small funding grants to community groups and schools to support health promotion initiatives - link community groups to appropriate RHA resources - act as a hub/network for community groups interested in partnering to support and advance health promotion in communities
NGOs/Community Groups	<ul style="list-style-type: none"> - carry out health promotion activities

3.1.1.1 Department of Health and Community Services

The role of the Department of Health and Community Services is to provide overall direction and financial support to health promotion programming and initiatives throughout the province. The Provincial Wellness Plan, the guiding document for health promotion activities in Newfoundland and

Labrador, was released in 2006. The plan was produced with the assistance of the Provincial Wellness Advisory Council. The Wellness Plan lists eight priority areas, including:³

- Healthy eating
- Physical activity
- Tobacco control
- Injury prevention
- Mental health promotion
- Child and youth development
- Environmental health
- Health protection

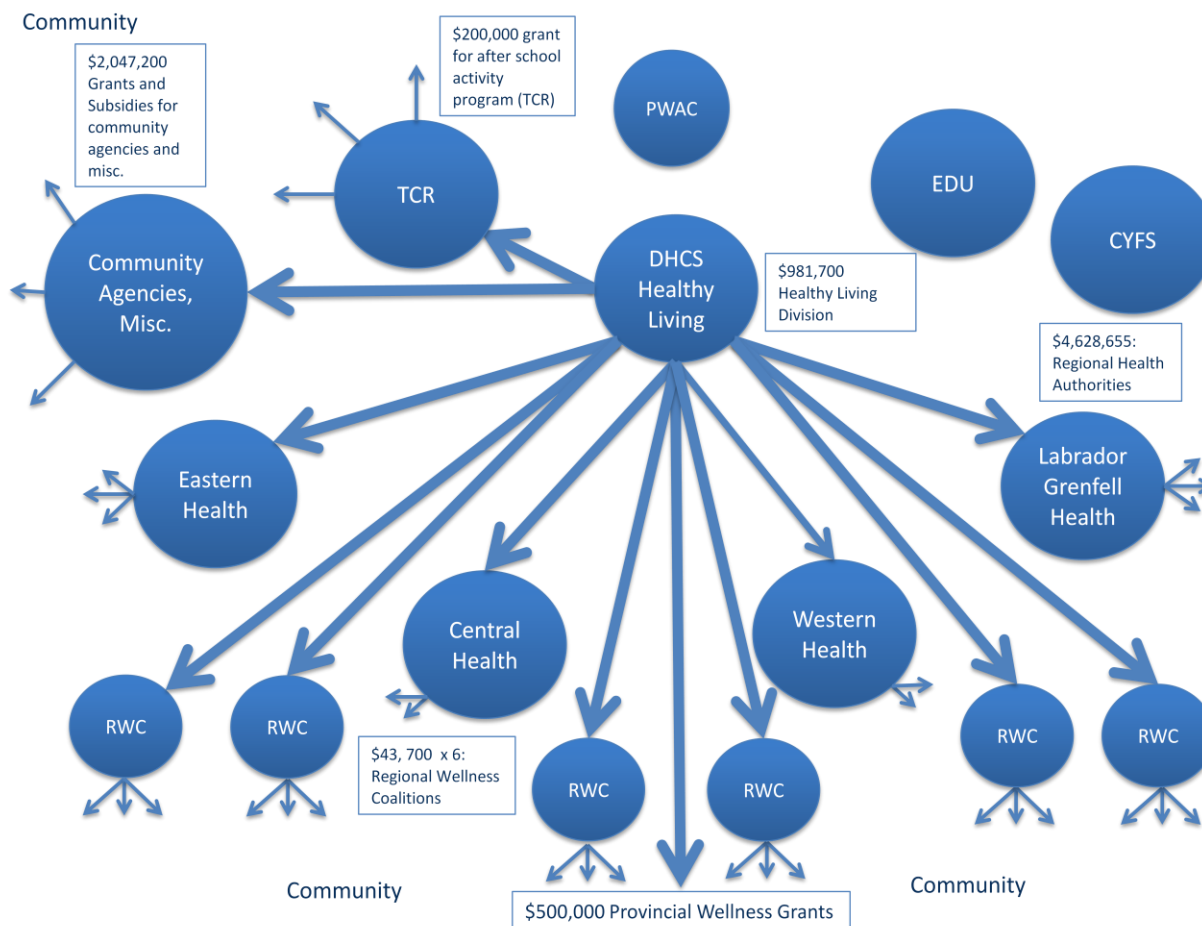
The Wellness Plan also emphasizes the importance of four key directions to address priority areas, including:

- strengthening partnerships and collaboration
- developing and expanding wellness initiatives
- increasing public awareness
- enhancing capacity for health promotion.

In fiscal year 2013/2014, the Department of Health and Community Services allotted \$8.6 million to health promotion and wellness, representing 0.3% of the total budget for the Department. A portion of this money (\$500,000) was distributed in the form of Provincial Wellness Grants. The remainder of this money was distributed to key actors within the system including: the Healthy Living Division; the Department of Tourism, Culture, and Recreation; various community agencies and NGOs; the four Regional Health Authorities; and the six Regional Wellness Coalitions. Figure 1 shows the funding flow of health promotion money within Newfoundland and Labrador

³ Government of Newfoundland and Labrador. Department of Health and Community Services. *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador (Phase 1: 2006-2008)*. Newfoundland and Labrador. DHCS. 2006.
Provincial Wellness Review Final Report
October 31, 2014

Figure 1. NL Investments in Health and Wellness, Fiscal 2013/14



3.1.1.2 The Division of Healthy Living

Within the Department of Health and Community Services, core responsibility for leadership in the area of health promotion and wellness lies with the Healthy Living Division of the Population Health Branch. The Healthy Living Division employs seven consultants who provide provincial leadership and coordination in key areas. Depending on the nature and requirements of the specific position, consultants at the Healthy Living Division undertake activities that include but are not limited to:

- research to support policy and legislation development
- best practices advice
- program support such as resource and guideline development
- preparing cabinet or budget submissions
- preparing briefing materials for the Minister
- provincial-level committee work (including representing HCS on NGOs)

- national-level committee work (such as sitting on Federal/Provincial/Territorial committees and working groups)
- national-level collaboration work, including for example, participation in the Pan-Canadian Joint Consortium on School Health and the Pan-Canadian Public Health Network
- monitoring national trends and results in research and best practice
- providing leadership to health promotion consultants and coordinators in the RHAs through leading key provincial-level groups
- engaging and collaborating with partners and stakeholders to advance areas of health promotion and wellness
- developing provincial standards and guidelines
- adjudicating applications for Provincial Wellness Grants
- evaluation and monitoring

The consultants support priority areas of the Wellness Plan. Key areas that the health promotion consultants provide leadership and coordination in include: tobacco control, healthy eating, school health, prenatal and early childhood development, healthy built environments, and chronic disease prevention and cancer control and prevention. The Healthy Living Division also distributes Provincial Wellness Grants as well as funding to community agencies. Consultants at Healthy Living also support the Provincial Wellness Advisory Council in exploring program and policy areas such as the healthy built environment.

While specific program and topics addressed by healthy living consultants in these areas are numerous, ultimately, the role of the Healthy Living Division is to provide leadership, expertise, and – where appropriate – program support, and to facilitate and coordinate collaboration among health promotion partners such as NGOs, RHAs, and partnering departments including TCR, CYFS, and EDU. The Healthy Living Division also works with other departments to move key health promotion objectives forward. For example:

- Healthy Living works with TCR and EDU to support the *Healthy Students Healthy Schools* initiative. *Healthy Students, Healthy Schools* is a provincial school health promotion initiative focused on improving school environments so that students can learn better. In addition to TCR and EDU, partners include the RHAs and the school districts. Healthy Living works closely with partnering departments, the RHAs, the school districts, and 5 health promotion liaison consultants (positions funded by HCS) to promote HSHS initiatives in the school system.
- Healthy Living works with EDU on the Learning from the Start Strategy, including collaborating on the Early Learning Working Group and resource sub-committee.
- Healthy Living works with the Department of Child, Youth, and Family Services to promote healthy child development, including for example, updating and promoting resources that support parenting young children. Healthy Living also works with CYFS and Family Resource Centres to ensure that key messages regarding parenting issues are addressed consistently in public health and other early childhood programs, such as Healthy Baby Clubs.
- Health and Community Services provides funding and expertise to the After School Physical Activity Program, an initiative led by Tourism, Culture, and Recreation and including partners

from HCS, EDU, AES. The After School Physical Activity Program is designed to increase physical activity among youth aged 9 to 15 in the after school time period.

- Healthy Living works with the Department of Education to produce resources for teachers to teach about tobacco usage in the schools
- Healthy Living is a key partner and provides important expertise to the Eat Great and Participate initiative. This initiative is designed to promote healthy food choices at sports events and arenas. Other collaborators include (but are not limited to) TCR, the Community Youth Network, and the Regional Wellness Coalitions.
- Healthy Living provides leadership to the Food Security Interdepartmental working group, which also includes the Department of Education, the Department of Fisheries and Agriculture, the Department of Natural Resources, the Department of Advanced Education and Skills, and the Department of Tourism, Culture, and Recreation.

3.1.1.3 External Divisions

Office of Aging and Seniors

The Office of Aging and Seniors was established in 2004/2005 out of the recognized need to address population aging and move forward with planning in this area. In 2007, the *Provincial Healthy Aging Policy Framework* was released. While the role of the Office of Aging and Seniors is to provide provincial leadership and monitoring in the area of healthy aging, its overall mandate extends beyond health promotion: priority directions that comprise the *Provincial Healthy Aging Framework* include Recognition of Older Persons, Celebrating Diversity, Supportive Communities, Financial Well-Being, Health and Well-Being, and Employment, Education, and Research.⁴ In addition to serving a mandate that encompasses (but extends beyond) health promotion among seniors, the Office of Aging and Seniors administers two yearly grants that are funded through the Provincial Healthy Aging Policy Framework: the Age-Friendly Newfoundland and Labrador Seniors' Organization Grants and the Age-Friendly Newfoundland and Labrador Community Grants.

Key accomplishments in senior's health include the production of more literature and the promotion of more messaging on healthy aging. The office has also successfully increased communication and networking among seniors organizations and groups; they also work with other organizations and groups including Alzheimer's, Parkinson's, and Emergency Preparedness Groups, though no formal collaboration with these groups takes place. The Director of the Office of Aging and Seniors sits on the Provincial Wellness Advisory Council.

⁴ Government of Newfoundland and Labrador. Department of Health and Community Services. *Provincial Healthy Aging Policy Framework*. Newfoundland and Labrador. 2007.
Provincial Wellness Review Final Report
October 31, 2014

Environmental Public Health Division

The role of the Division of Environmental Health is to provide provincial leadership and monitoring in the area of environmental health. The Division of Environmental Public Health has responsibility for areas such as public drinking water quality, indoor air quality, health safety and sanitation in institutions, and tobacco control. The division moves initiatives in these areas forward through a variety of mechanisms including developing legislation and regulations, policies and standards, and protocols and guidelines. The Director of the Division of Environmental Public Health liaises with the Manager of Environmental Health at Service NL, who is responsible for overseeing the enforcement of tobacco regulations and other environmental health programs. The Director of the Environmental Public Health Division also sits on the Provincial Wellness Advisory Council.

Mental Health and Addictions Division

The role of the Mental Health and Addictions Division is to provide leadership in the planning, development, and implementation of policies and programs to address mental health and addictions. The programs and services led by the Mental Health and Addictions Division include mental health promotion and prevention. A consultant from the Mental Health and Addictions Division meets regularly with the mental health promotion and addictions consultants throughout the regions – though these regular meetings have only recently begun to take place within the last year. This consultant also sits on the Provincial Wellness Advisory Council.

Communicable Disease Control Division

The role of the Division of Communicable Disease Control is to provide leadership in policy and programming around communicable diseases. This Division, within the Population Health Branch, “works to identify and limit the effect of communicable diseases on the health and well-being of Newfoundlanders and Labradorians.”⁵ The Disease Control Nurse Specialist works with Communicable Disease Control Nurses in the four RHAs to implement immunization programming. An Infection Control Nurse Specialist works with acute care settings to limit and report on health care associated infections or infections that typically present in acute care settings. The work of the Division of Communicable Disease Control fits into the Provincial Wellness Plan’s priorities under health protection.

3.1.1.4 The Provincial Wellness Advisory Council

In conjunction with the release of the *Healthier Together: A Strategic Health Plan for Newfoundland and Labrador* in 2002, the Provincial Wellness Advisory Council was appointed by the Minister of Health and Community Services to support the development and implementation of a wellness strategy for

⁵ Government of Newfoundland and Labrador. Department of Health and Community Services. Division of Communicable Disease Control. Website: <http://www.health.gov.nl.ca/health/publichealth/cdc/cdc.html> Accessed July 2014.

Newfoundland and Labrador.⁶ The Advisory Council is comprised of a chair appointed by the Minister and membership that includes government departments, professional organizations, and community organizations/NGOs. At its formation in 2002, the role and mandate of the Provincial Wellness Advisory Council included:⁷

- Expand and define components of the Provincial Wellness Plan
- Ensure the Wellness Plan is comprehensive and responsive to the needs of the population
- Identify gaps and priorities for the Wellness Plan based on research and evidence
- Recommend action strategies to the Department of Health and Community Services to move the Provincial Wellness Plan across all sectors including Government departments, Regional Health Authorities, and member organizations
- Establish subcommittees/ working groups as needed
- Provide ongoing leadership for the Provincial Wellness Plan
- Serve as a liaison for the represented organization including consulting with and providing feedback from the respective organization
- Report on progress of the Provincial Wellness Advisory Council through newsletters and reports

In accordance with its mandate, in 2003, the Provincial Wellness Advisory Council produced a framework document, *Recommendations for a Provincial Wellness Strategy*, and three supporting wellness papers on Healthy Living, Healthy Environments, and Mental Health Promotion. These documents informed the production of *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador (Phase 1: 2006-2008)*. From 2006 to 2009, the council produced three more papers, including papers on Injury Prevention, Child and Youth Development, and Environmental Health.

In a review in 2009, the Provincial Wellness Advisory Council identified significant achievements over the 10 years prior including the development of new resources, new policies and new programs in the areas of physical activity and healthy eating, school health, and tobacco control. The Council also positively assessed the work of the Regional Wellness Coalitions. In addition to citing achievements, the council identified new areas that require action. Most notably, the Advisory Council's work has begun to focus on the built environment.⁸ In 2011, the Provincial Wellness Advisory Council, the Newfoundland and Labrador Public Health Association, and the Canadian Institute of Public Health Inspectors partnered to host a conference entitled *Building Healthy Communities: Bringing Health and Wellness to the Community Planning Table*. The conference included participation from both public and private sectors including policy makers, municipal planners, town engineers, transportation planners, community health workers, rural consultants, health inspectors, researchers, and students.⁹ Ultimately, the conference provided a springboard for the formation of the *Building Healthy Communities Collaborative* which

⁶ Newfoundland and Labrador. Provincial Wellness Advisory Council. Terms of Reference. Newfoundland and Labrador. 2010.

⁷ Ibid.

⁸ Newfoundland and Labrador. Provincial Wellness Advisory Council. Report and Recommendations. Newfoundland and Labrador. 2011.

⁹ Government of Newfoundland and Labrador. Department of Health and Community Services. Healthy Living Division. Building Healthy Communities: Bringing Health and Wellness to the Community Planning Table Provincial Conference Summary Report. St. John's, NL. 2011.

includes Health and Community Services, the Newfoundland and Labrador Centre for Applied Health Research, and the Newfoundland and Labrador Planners Association. In addition to supporting the formation of the collaborative, the Provincial Wellness Advisory Council has also produced a recent paper on the Built Environment, which has been submitted to the Minister for consideration.

Appendix C contains a full listing of all current members of the Provincial Wellness Advisory Council.

3.1.1.5 External Departments

Department of Tourism, Culture, and Recreation

In the health promotion system of Newfoundland and Labrador, the role of the Department of Tourism, Culture and Recreation (TCR) is to provide leadership and programmatic support in the area of physical activity. This role is recognized in the 2007 Recreation and Sport Strategy produced by the Department of Tourism, Culture, and Recreation which cites health and wellness (with an emphasis on physical activity) as an issue of mutual concern to both TCR and HCS.¹⁰ Currently, the Department of Tourism, Culture, and Recreation partners with HCS on two key initiatives:

- Along with HCS and a number of other government and government supported organizations, TCR sits on the steering committee of Eat Great and Participate, a program designed to encourage sport facilities and events to offer healthy food choices.¹¹ A consultant from TCR is also actively involved in connecting recreation centres with appropriate health promotion resources to offer healthy foods at sporting events.
- TCR partners with the Department of Education and HCS on the Healthy Students Healthy Schools initiative – the provincial school health promotion initiative designed to promote and support the creation of healthier school environments by promoting policies and initiatives around healthy eating, physical activity, living smoke-free, mental health promotion, injury prevention, healthy relationships and social behaviors.¹²

TCR is also the lead department on *The After School Physical Activity Program* - a pilot program designed to increase physical activity opportunities for the after school period between 3:00pm and 6:00pm for youth aged 9 to 15. Beginning in January 2012, and concluding in June 2014, this program was jointly funded by HCS and TCR who each contributed \$200,000 annually. The majority of this money was distributed to schools who applied to run After School Physical Activity Programs.¹³ Initially, the group

¹⁰ Government of Newfoundland and Labrador. Department of Tourism, Culture, and Recreation. *A Recreation and Sport Strategy for Newfoundland and Labrador*. Newfoundland and Labrador. 2007.

¹¹ Jane Helleur and Associates, Inc. *Eat Great and Participate 2009-2013 Key Outcomes and Success: Summary Report*. Newfoundland and Labrador: Government of Newfoundland and Labrador. 2013.

¹² Government of Newfoundland and Labrador. Department of Health and Community Services. *Living Healthy: Healthy Students Healthy Schools Direction Paper*. Newfoundland and Labrador. 2012.

¹³ Applicants were required to apply with a community partner (such as a town or community youth network), run the program at least 2 days a week, and provide girls only programming. Applications for the program were

Provincial Wellness Review Final Report
October 31, 2014

that came together to develop the initiative included partners such as TCR, HCS, EDU, and AES. This group met periodically as needed throughout the program though no formal Terms of Reference was in place. Operationally, the main partners in the program included the schools and community groups who provided space, programming, and human resources to run the programs; Recreation NL, who provided initial training to program representatives from schools and/or community groups; and TCR, who provided ongoing program oversight. The program has undergone a formal evaluation and an evaluation report is pending.

In addition to partnering on key initiatives, TCR funds three community organizations that promote recreation, sport, and physical activity: Recreation NL, Sport NL, and School Sport NL. Recreation NL is a not for profit organization established to promote the benefits and value of recreation and to work to enhance the quality of recreation in Newfoundland and Labrador. Recreation NL's official goals include communication, advocacy, and education and training in the areas of recreation and physical activity/fitness.¹⁴ Examples of activities undertaken by Recreation NL include training volunteers in areas such as arena operation, pool operation, and playground safety. Recreation NL is the authorized NL provider of High Five, a training and evaluation course for individuals working with, and providing recreation to, children ages 6 to 12¹⁵ and is also currently running a promotional campaign called Find Your Fit designed to connect individuals to relevant resources and promote fitness and activity through the lifespan. Sport NL is an organization that promotes and supports competitive sport through activities that include (but are not limited to) event organization and scholarship programs. School Sport NL promotes and supports physical activity in schools. One important program run by School Sport NL is Participation Nation – a program which provides support to schools to hold friendly, non-competitive sporting/physical activity events either in-house or with other schools. Participation Nation supports activities from kindergarten to grade 12.

TCR also administers two grant programs that may operate to support health promotion activities at the community level: the Capital Grant Program contributes financial support to communities and organizations to enhance recreation and sport infrastructure; the Community Recreation Development Grants program supports small communities (<6000 population) in providing recreation and sport/active living/leisure programs.¹⁶

Department of Education

In the health promotion system of Newfoundland and Labrador, the Department of Education is a key partner and provides an important link to health promotion within the school system. Most notably, the

received only once and the same schools were funded continuously through the program, submitting applications the first year of the program and providing updates/reports the second and third years.

¹⁴ Recreation NL. *About Us*. Retrieved August, 2014 from: <http://www.recreationnl.com/us/>

¹⁵ Recreation NL. *History of High Five NL Timeline Document*. Retrieved August, 2014 from <http://www.recreationnl.com/programs-events/high-five-nl/>

¹⁶ Government of Newfoundland and Labrador. Voluntary and Non-Profit Secretariat. Government of Newfoundland and Labrador Funding website:

<http://www.gov.nl.ca/vnps/capacitybuilding/funding/government.html#tcr>. Newfoundland and Labrador.

Accessed July 2014.

Department of Education is a key partner on the Healthy Students, Healthy Schools initiative. The HSHS Management Committee includes the Director of Program Development and the Manager of Program Development from the Department of Education as well as the Health, Home Economics, & Family Studies Consultant. This consultant also sits on the Healthy Students, Healthy Schools Provincial Working Committee. EDU, in partnership with HCS and TCR, “make[s] linkages, advocate[s] for and promote[s] comprehensive school health and provide[s] guidance and support [for] the work of the School Health Promotion Liaison Consultants [positions funded by HCS] in the regions/school districts.”¹⁷

In addition to involvement in health promotion through the HSHS initiative, a consultant from the Department of Education may consult with the Healthy Living Division or the Regional Health Authorities on an ad-hoc basis to inform the content of health messaging within the curriculum. A Healthy Living consultant also works with the Early Learning Division of the Department of Education on the government-prioritized Learning from the Start Strategy.

Department of Child, Youth, and Family Services

The Department of Child, Youth, and Family Services (CYFS) leads a number of areas outside of wellness including Child Protection Services, Adoption, and the Youth Corrections Program. The main connection linking CYFS to health promotion and wellness lies in its management of Child Care Services and Family Resource Centres. As part of its responsibilities related to Child Care Services, CYFS monitors and licenses child care centres; as such, the Division of Healthy Living works to collaborate with CYFS on the implementation of nutrition standards and guidelines in regulated childcare settings, child development, and parenting information.

As CYFS manages Family Resource Centres, they are also partners in the implementation of the Healthy Eating Toolkit for Family Resource Centers. Family Resource Centres receive funding from and are overseen by CYFS and receive operational support from regional consultants and public health nurses. Family Resource Centres run a variety of programs for all parents including parenting education and support programs as well as programs such as free support with car seat installation. Regional consultants and Public Health Nurses provide support to these programs. Healthy Baby Clubs (HBCs) are a program funded through a combination of federal and provincial resources and are run within Family Resource Centres. Healthy Baby Clubs focus on providing support to at-risk mothers. Regional consultants provide consultation and support to Healthy Baby Clubs – for example, they might advise a Healthy Baby Club on working with a mother with particularly challenging needs.

CYFS has a regional manager and a regional consultant position hired to oversee FRCs and regulated childcare. While CYFS does not have extensive involvement in the day to day functioning of FRCs or Healthy Baby Clubs, regional consultants can direct questions or concerns to regional managers at CYFS and these managers in turn could take those questions up through the departmental level. Depending on the issue, there may be little contact (once a month) and/or there might be frequent contact between RHA consultants and CYFS. One reason for consultation, for example, might be if CYFS

¹⁷ Government of Newfoundland and Labrador. Department of Health and Community Services. *Living Healthy: Healthy Students Healthy Schools Direction Paper*. Newfoundland and Labrador. 2012.
Provincial Wellness Review Final Report
October 31, 2014

identified educational needs of staff, the region could link them up with the correct RHA consultant (injury prevention, lactation, etc.) and work to identify how to meet those learning needs.

Healthy Baby Clubs have an official advisory committee but the committee does not meet regularly.

Service NL

Service NL provides services in the areas of public health and safety, environmental protection, and occupational health and safety. Service NL employs 37 Environmental Health Officers who work out of 5 regional offices. The role of these officers includes the enforcement of tobacco legislation, tanning regulations, food safety, and water safety. The manager responsible for coordination of Environmental Health Officers liaises with the Director of the Environmental Public Health Division within HCS.

3.1.1.6 The Regional Health Authorities

While the Regional Health Authorities are recognized as the “arms and legs” of health promotion in Newfoundland and Labrador, the RHAs work frequently and closely with the Department in priority areas. While regional health authority employees carry out health promotion work within regions and communities, consultants at the provincial level provide leadership, guidance, and expertise. Consultants from the Department come together with consultants from the RHAs in regular conference calls focused on priority areas including tobacco, parent and child health, mental health promotion, school health, and nutrition. Such calls facilitate information sharing and collaboration across Regional Health Authorities and among the Regional Health Authorities and the Department. During and outside of calls, the RHAs and the Department work together to prepare provincial policies, programs, guidelines and resource materials on wellness priority areas such as nutrition, prenatal education, school health and tobacco control.

While the provincial government role is to provide leadership on priority areas, the RHAs collectively receive \$4.6 million each year to undertake health promotion work within their regions. Each RHA is structured differently, is comprised of a different composition of positions, and has a different reporting structure. Below are basic descriptions of the composition of health promotion teams within each health authority.

3.1.1.6.1 Eastern Health

Health promotion within Eastern Health is organized as a cohesive unit or division, reporting to the same VP as Public Health, Long Term Care, and Home and Community Care, among others. Most health promotion positions in Eastern Health are divided into those that cover St. John’s and Area and those that cover the Peninsula and Rural Avalon Area. All positions report to the Regional Manager of Health Promotion who, in turn, reports to the Regional Director of Health Promotion for Eastern Health.

In addition to a Regional Director of Health Promotion and a Regional Manager of Health Promotion, the Health Promotion Division of Eastern Health includes:

- 19 health promotion consultants/coordinators:
 - 3 Health Promotion Wellness Consultants (2 Rural and 1 St. John's)
 - 2 Child/Parent Child Health Coordinators (1 Rural and 1 St. John's)
 - 2 Regional Health Educators (1 Rural and 1 St. John's)
 - 1 Lactation Consultant (in Rural)
 - 2 Health Promotion Consultants (1 Rural and 1 St. John's)
 - 4 Regional Nutritionists (2 Rural and 2 St. John's)
 - 1 Health Education Assistant (Rural)
 - 1 School Health Coordinator (St. John's and Area)
 - 1 Social Marketing Consultant (based in St. John's)
 - 2 School Health Promotion Liaison Consultants (1 Rural and 1 St. John's)

In addition to 19 positions in the Health Promotion Division, Eastern Health also employs 7 positions with responsibility for Mental Health Promotion and Addictions Prevention. These positions include: 2 Addictions Prevention Consultants (1 in Rural and 1 in Urban); 1 Mental Health Promotion Consultant; 1 Mental Health Coordinator, and 3 Addictions Officers (2 in Urban and 1 in Rural). Addictions Officers also carry a small clinical caseload. All of these positions report to the Manager of Mental Health and Addictions within the Mental Health and Addictions Prevention/Promotion Program. The Manager of Mental Health and Addictions reports to the Regional Director of Mental Health and Addictions – Community Division who in turn reports to the VP with responsibility for Mental Health and Addictions (this is a different VP than the VP responsible for Health Promotion).

Health promotion consultants, health promotion coordinators, regional nutritionists, and health educators undertake a range of health promotion activities that may include community education, education of other health professionals; social marketing; community development, networking and capacity building; support for policy, resource, and guideline development; identification of best practices; research and evaluation support; and advocacy for addressing social determinants of health.

School Health Promotion Liaison Consultants work in collaboration with both regional health authority and school district personnel to create healthy school environments in accordance with the Healthy Students, Healthy Schools Initiative. Areas of focus include: Healthy Eating, Physical Activity, Tobacco Use, Mental Health, Injury Prevention, Environmental Health, and Social Behaviors. Supporting health promotion work in these areas includes meeting with school district and regional health authority representatives to discuss and plan HSHS initiatives, seeking funding opportunities for HSHS initiatives, identifying partners to assist with or carry out HSHS initiatives, identifying resources for HSHS programming, promoting healthy living messages to students and teachers, providing learning sessions and information, and advocating for policy development or amendments.¹⁸

Primary Healthcare Managers in Eastern are located in St. John's, Placentia, and Bonavista. While all three positions have responsibilities related to primary healthcare, the Primary Healthcare Managers in Placentia and Bonavista also take the lead on Chronic Disease Prevention and Management, with the manager in Bonavista taking the lead on the Chronic Disease Strategy and the manager in Placentia

¹⁸ Newfoundland and Labrador. Department of Health. Living Healthy: Healthy Students Healthy Schools Direction Paper, 2012. St. John's: Healthy Living Division, Population Health Branch.
Provincial Wellness Review Final Report
October 31, 2014

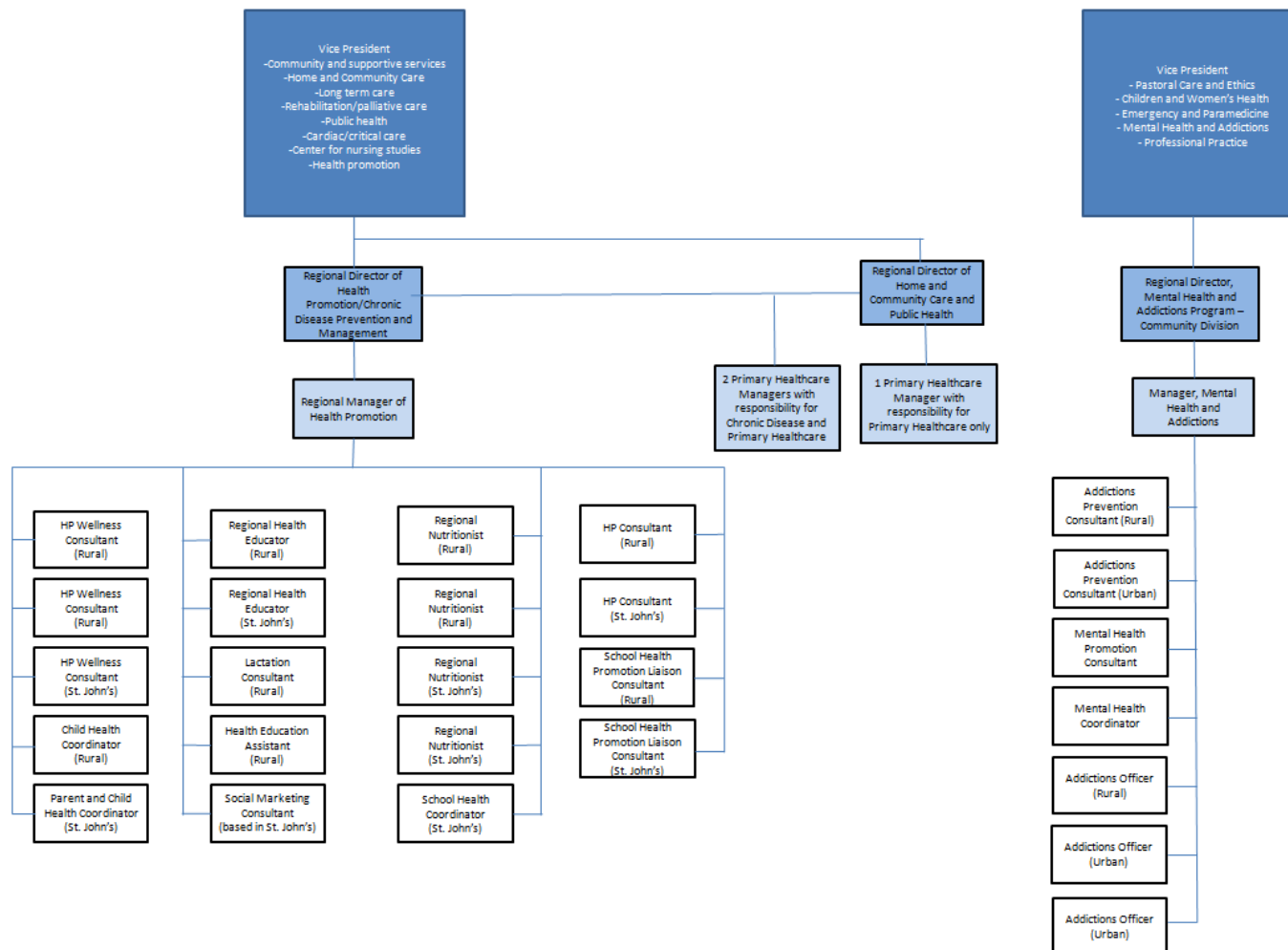
taking the lead on Self Management Workshops. The manager in St. John's also supports a Nurse Practitioner and Public Health Nurse who work with vulnerable populations with chronic disease. In terms of primary healthcare, the manager in Bonavista takes the lead for the Trinity Clinic, the manager in St. John's is responsible for the clinic in Shea Heights, and the manager in Placentia works with two community advisory committees. Moving forward, all three primary healthcare managers will begin to work with all the clinics in their areas around population engagement which will include, for example, engaging partners and leading needs assessments to ensure clinics are serving the needs of the communities they serve.

While Public Health Nurses are recognized as important to health promotion in Eastern Health, their involvement in the development and delivery of health promotion programs and services varies throughout the region. This variability is related in particular to the increased demand for public health nursing services over the past number of years which has created challenges for public health nurses to remain involved in health promotion work. Public Health Nurses in rural areas have in some cases maintained some involvement in health promotion, however this involvement has decreased over the past 10 years.

Recently, Eastern Health has re-established a Public Health Leadership Committee to provide expertise and leadership for the planning and coordination of Public Health Programs and Services, including Health Promotion. The Committee membership is comprised of management representatives from Environmental Health, Health Promotion, Public Health Nursing, Pandemic and Public Health Planning, the Medical Officer of Health, Communicable Disease Control and Primary Health Care-CDPM. Mental Health and Addictions have also expressed an interest in becoming a member of this Committee.

Figure 2 offers a visual representation of the organization of health promotion in Eastern Health.

Figure 2. Organizational Chart, Health Promotion, Eastern Health, August 2014



3.1.1.6.2 Central Health

Core health promotion positions in the Central Health Authority are distributed among 2 Program Divisions (the Division of Maternal Child and Population Health and the Division of Mental Health and Addictions) and the various health service areas.

The Division of Maternal Child and Population Health houses most of the health promotion positions, including:

- 7 Consultants/Coordinators
 - 2 Nutritionists
 - 2 Lactation Consultants
 - 1 Injury Prevention/Tobacco Awareness Consultant
 - 1 Parent and Child Health Coordinator
 - 1 School Health Promotion Liaison Consultant
- 1 Primary Healthcare Consultant
- 10 Community Development Public Health Nurses
- 1 Improving Health My Way Coordinator

These positions report to 13 different managers, each of whom oversees staff outside of health promotion as well. These managers include: the Managers of Maternal and Child Health at the Gander and Grand Falls-Windsor Obstetrical Units (Lactation Consultants), the Manager of Chronic Disease and Telehealth (Improving Health My Way Coordinator), the Primary Healthcare Consultant (Community Development Nurses), the Manager of Public Health Nursing (Parent and Child Health Coordinator), the Manager of Health Protection (Nutritionists, Injury Prevention/Tobacco Awareness Consultant, School Health Promotion Liaison Consultant) and the seven Directors of Health Services in the various health service areas (six Primary Healthcare Facilitators, five of whom each cover one health service area and one of whom covers two health service areas). Within the Division of Maternal Child and Population Health, public health nurses report to the Manager of Public Health Nursing. 37 Community Health nurses are also recognized as playing an important role in health promotion in Central Health and constitute the delivery mechanism for many health promotion programs. These nurses report to the Manager of Public Health Nursing.

Central Health also employs a Regional Addictions and Prevention Consultant and a Mental Health Promotion Consultant. These individuals are recognized as partners in health promotion and wellness and work within the Division of Mental Health and Addictions. The Director of the Division of Mental Health and Addictions and the Director of Maternal Child and Population Health both report to the VP, Professional Standards and Chief Nursing Officer.

In terms of the broad categories of activities undertaken by various positions, nutritionists, health promotion consultants, and health promotion coordinators undertake activities similar to their counterparts in the other regions – including health promotion resource development, community education, education of other health professionals, and support for policy, resource, and guideline development as well as research and evaluation support. The School Health Promotion Consultant also

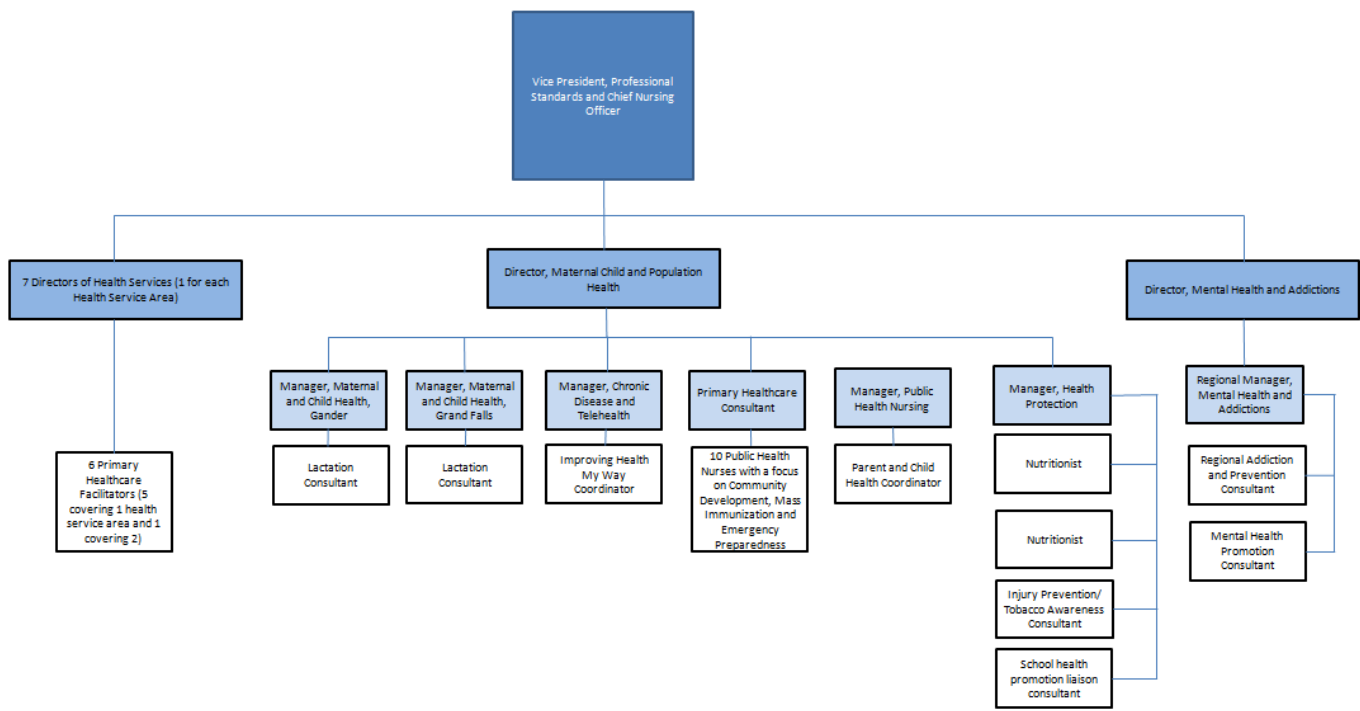
undertakes activities similar to counterparts in other regions, though the workplan of the School Health Promotion Consultant in Central has a greater focus on mental health.

Primary Healthcare Facilitators report to the Director of Health Services in their health service area and receive program support from the Regional Primary Health Care Consultant. Primary Health Care Facilitators support the work of the Community Advisory Committees. They act as a liaison between the Community Advisory Committees and the Primary Health Care Lead Team. They provide leadership at the local level with processes required to support a Primary Health Care service delivery model such as team development (both interprofessional and intersectoral), community engagement, health promotion, education, communication, community health needs assessment and community action planning.

Community Development Public Health Nurses report to a Client Care Services Manager for operational issues in their health service area and receive program support from the Regional Primary Health Care Consultant. Community Development Public Health Nurses have a three-part role that includes community development, emergency preparedness, and mass immunization. Community Development Public Health Nurses are linked to the Primary HealthCare Lead Team in their health service area. They undertake activities at the local level that support and empower communities to take an active role in health promotion.

Figure 3 offers a visual representation of the organization of health promotion positions in Central Health.

Figure 3. Organizational Chart, Health Promotion, Central Health, August 2014



3.1.1.6.3 Western Health

Core health promotion and wellness activities in Western Health are distributed among two Divisions – the Division of Community Health and Family Services and the Division of Mental Health and Addictions. The majority of health promotion positions are located in the Division of Community Health and Family Services. Health promotion positions within this Division include:

- 1 Sexual and Reproductive Health Consultant
- 1 Health Educator
- 1 Self-Management Coordinator
- 1 Regional Nutritionist (Adult Focus)
- 3 Wellness Facilitators
- 1 Parent and Child Health Coordinator (Prenatal/Preschool)
- 1 Parent and Child Health Coordinator (School Age)
- 1 Regional Nutritionist (Child/Youth – School Age)
- 1 School Health Promotion Liaison Consultant

These positions report to seven different managers. These managers include: Manager of Chronic Disease Prevention and Management, Health Promotion (Sexual Reproductive Health Consultant, Health Educator, Self-Management Coordinator, and the Regional Nutritionist – Adult Focus); Manager, Bay St. George, Primary Health Care Wellness Program (one Wellness Facilitator); Manager, Primary Health Care Corner Brook/Bay of Islands Wellness Program (one Wellness Facilitator); Manager, Primary Health Care, Bonne Bay/Port Saunders Wellness Programs (one Wellness Facilitator); Manager, Community Health and Family Services, Bay St. George/Burgeo/Port aux Basques, Prenatal/Preschool (Community Health Nurses and Parent Child Health Coordinator – Prenatal/Preschool); Manager of Community Health and Family Services, Corner Brook/Bay of Islands/Pasadena, School Age/Adult Services (Parent/Child Health Coordinator – School Age, Regional Nutritionist – Child/Youth – School Age, School Health Liaison Consultant). 32 Community Health Nurses are also recognized as playing an important role in health promotion in Western Health.

Outside the Division of Community Health and Family Services, and within the Division of Mental Health and Addictions, one manager supervises a Regional Mental Health Promotion Consultant and an Addictions Prevention Consultant. Two Addictions Coordinators are also devoted half time to health promotion. Youth Outreach Workers (YOWs – there are four located in the Western Region) are also recognized by the region as important partners in health promotion in Western Health.

Within Western Health, health promotion consultants and coordinators undertake activities similar to their counterparts in the other regions including community education and partnership building, support for policy and decision making, planning, development, coordination, and implementation of health promotion programs and services, supporting research and evaluation, identifying best practices, and increasing capacity for health promotion. The School Health Promotion Consultant in Western Health also undertakes activities similar to counterparts in other regions including, for example, seeking funding opportunities for Healthy Students, Healthy Schools initiatives, identifying partners and resources for HSHS initiatives and promoting healthy living messages in the school system.

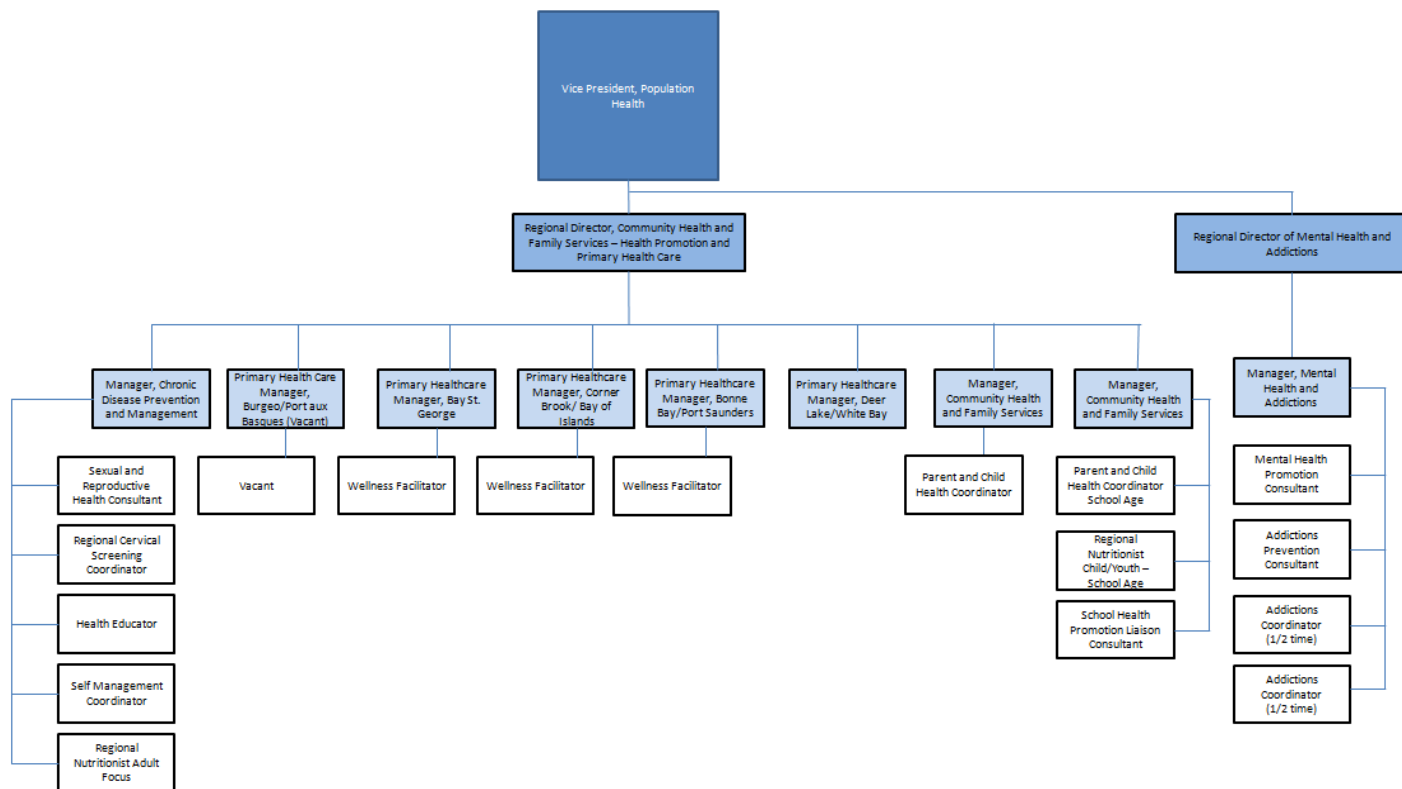
Primary Healthcare Managers are responsible for supporting Community Advisory Committees. They support the regional health promotion framework and the strategies that have been developed, identify

opportunities for best practice or evidence based research and project ideas. When working with Community Advisory Committees, Primary Healthcare Managers focus on education, team building, and building organizational capacity, as well as building and enhancing community partnerships. Primary Healthcare Managers support the work of Wellness Facilitators. They also lead Community Needs Assessments.

Wellness Facilitators are linked to Primary Healthcare Teams in their areas and report to the Primary Healthcare Managers in each area. Wellness Facilitators undertake activities that include working with communities and frontline healthcare providers to support the planning, implementation, and evaluation of health promotion and wellness programs. They do the majority of their work on the at the community level with community partners and connect with regional consultants to access or link to regional and provincial level resources, initiatives, and best practices information.

All the managers involved in health promotion, including the Manager of Mental Health and Addictions – to whom the mental health promotion consultant reports – are part of a health promotion management team. The Division of Community Health and Family Services and the Division of Mental Health and Addictions are both organized under the VP of Population Health. Figure 4 offers a visual representation of the organization of health promotion positions in Western Health.

Figure 4. Health Promotion Organizational Chart, Western Health, August 2014



3.1.1.6.4 Labrador-Grenfell Health

Health promotion positions in the Labrador-Grenfell Health Authority are located both in Labrador and on the tip of the Northern Peninsula. In total there are eight health promotion positions in Labrador Grenfell Health including:

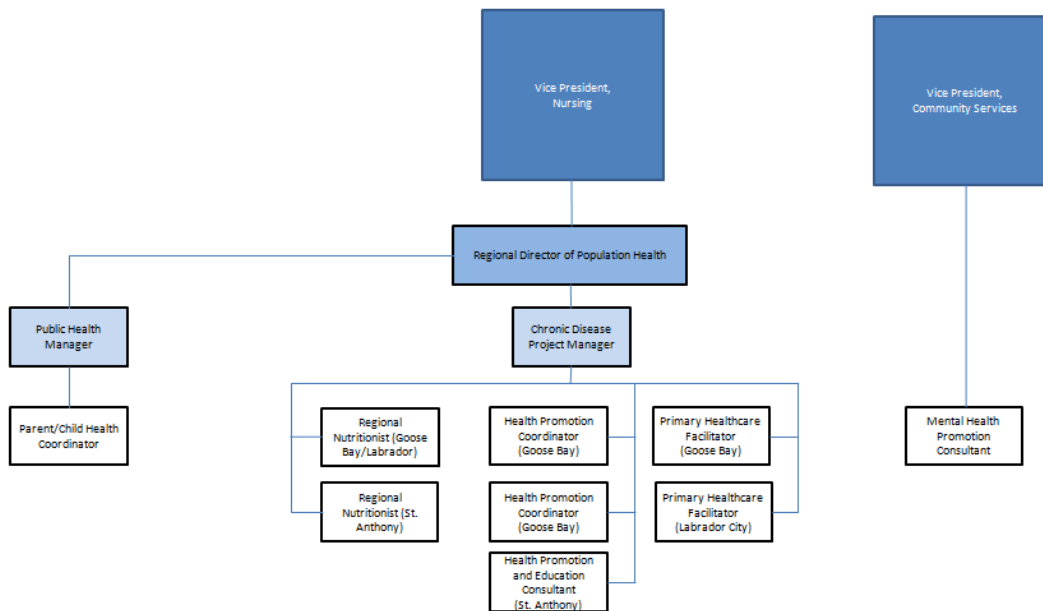
- 3 Health Promotion Consultant/coordinator positions: (two located in Goose Bay and one located in St. Anthony)
- 2 Regional Nutritionists (1 located in Goose Bay and 1 located in St. Anthony)
- 1 School Health Promotion Liaison Consultant (located in Goose Bay)
- 2 Primary Healthcare Facilitators (one located in Goose Bay and one located in Labrador City)

While organization was at an interim stage as of July 2014, the current organizational plan in Labrador-Grenfell Health will have Health Promotion Consultants and Coordinators along with the Regional Nutritionists and the Primary Healthcare Facilitators report to the Chronic Disease Project Manager who will report to the Regional Director of Population Health, who will, in turn, report to the VP of Nursing. A Mental Health Promotion Consultant reports directly to a different VP (Community Services). Health promotion consultants collaborate with this individual on projects that include components of mental health promotion.

Health promotion consultants, coordinators, and nutritionists in Labrador-Grenfell Health undertake activities similar to their counterparts in other regions including resource development, community education, education of healthcare professionals, best practices advice, research and evaluation, and community advocacy. The School Health Promotion Liaison Consultant in Labrador Grenfell Health also undertakes activities similar to counterparts in other regions including networking and partnership building and accessing funding and resources for Healthy Students Healthy Schools initiatives.

Primary Healthcare Facilitators in Labrador-Grenfell Health work with the community to organize, support, and facilitate health promotion and wellness programming. They also act as a go-to person to connect community members and other health professionals to appropriate resources. Figure 5 offers a visual representation of the organization of health promotion positions in Labrador-Grenfell Health.

Figure 5. Health Promotion Organizational Chart, Labrador-Grenfell Health, August 2014



3.1.1.7 The Regional Wellness Coalitions

The Regional Wellness Coalitions are a priority program area within the Provincial Wellness Plan under the key direction to strengthen partnerships and collaboration. There are six coalitions in total – two located within the Eastern Health, one located in Central Health, one located in Western Health, and two located in Labrador-Grenfell Health. The primary roles of the Regional Wellness Coalitions include:

- providing small funding grants to community groups and schools to support health promotion initiatives
- providing a network through which various community partners can connect to advance health promotion initiatives in their community
- connecting wellness coalition members with RHA resources

The Regional Wellness Coalition structure includes a steering committee, a number of subcommittees (e.g. communications, grants, membership) and a number of wellness coalition members (e.g. organizations, municipalities, community groups, schools, professional organizations, private citizens). The steering committee of each Wellness Coalition is co-chaired by one or two RHA employees working in the area of health promotion and/or a coalition member. Wellness Coalition co-chairs from the regions participate in quarterly conference calls led by the Health Promotion Consultant carrying the file within the Division of Healthy Living.

In fiscal 2013/2014, each Regional Wellness Coalition received \$43,700 to sustain its regional health promotion initiatives. In addition to providing funding in the form of grants, providing support to community groups undertaking health promotion activities, and connecting community groups to RHA resources, other activities undertaken by Wellness Coalitions vary from region to region but may include: hosting networking days, contracting evaluation activities, and preparing and distributing coalition newsletters.

The coalitions are supported in their work by the Healthy Living Division, the Department of Health and Community Services, and by the Regional Health Authorities. Roles and responsibilities of these actors in support of the Regional Wellness Coalitions can be summarized as follows:

- The Department of Health and Community Services:
 - provides funding to each coalition (\$43,700 each)
 - provides overall direction by setting provincial health promotion priorities
- The Healthy Living Division:
 - provides experience and evidence-based support and guidance on the health promotion priority areas
 - provides an opportunity for coalitions to learn about and partner on regional health promotion initiatives
 - provides links to the work of provincial and national organizations working in priority areas

- coordinates and resources quarterly conference calls and regular coalition co-chair meetings
- reviews and approves annual workplans, summary reports, and budgets
- promotes the work of the coalitions provincially
- Regional Health Authority:
 - provides infrastructure resources to the wellness coalitions such as meeting places and/or website maintenance
 - provides leadership in the form of a co-chair and dedication of human resource time
 - partners with the coalition on initiatives

In interviews with RHA representatives who co-chaired Regional Wellness Coalition steering committees, it was noted that the Regional Wellness Coalitions were important to building community partnerships, learning what kinds of health promotion activities are taking place in the regions, and connecting community groups not only to RHA resources but to each other. The community grant programs were especially important to these functions: through community grant applications, RHA co-chairs are able to gain a broader knowledge of the community groups doing health promotion work in their region and are able to encourage groups doing similar work to partner. In several key informant interviews, the work of the Regional Wellness Coalitions was positively assessed. Many key informants felt the Wellness Coalitions were an essential part of the health promotion system in NL because they help to facilitate health promotion work at the community level. Indeed, the bulk of the funding received by Wellness Coalitions is distributed to community groups in the form of grants. Types of health promotion programs funded by Regional Wellness Coalition grants in the 2013/2014 fiscal year varied from region to region and included both one-off events as well as longer-term programs (which took place over a period of weeks). Appendix F contains a full listing of programs funded in fiscal year 2013/2014.

3.1.2 Priorities and Priority Setting

Current provincial health promotion and wellness priorities are outlined in the Provincial Wellness Plan 2006-2008. The Provincial Wellness Plan was developed in consultation with the Provincial Wellness Advisory Council – a ministerial council that was formed in 2002 with a mandate to support the development and implementation of a Provincial Wellness Strategy. In 2003, the council, which is comprised of over 30 representatives from key government departments, NGOs, and professional organizations, produced a document entitled *Recommendations for a Provincial Wellness Strategy*. The development of the 2006-2008 Provincial Wellness Plan took these recommendations into consideration, along with feedback from stakeholders, and then current initiatives and resources available. The Plan is strongly influenced by the PEI Circle of Health and the Ottawa Charter of Health Promotion, both of which support a population health approach to health promotion and recognize the health impact of not only personal health practices and coping skills, but also factors such as culture, gender, education, and social support. In this sense, the Provincial Wellness Plan is well aligned as each of the Health Promotion Plans of the Regional Health Authorities also adopts a population health approach to health promotion.

The Plan was intended to build on existing programs and initiatives and complement other provincial and national wellness initiatives.¹⁹ Priorities in the plan include:

- Healthy eating
- Physical activity
- Tobacco control
- Injury prevention
- Mental health promotion
- Child and youth development
- Environmental health
- Health protection

The Wellness Plan outlines four key directions, or strategies, to address these wellness priorities including:

- Strengthen partnerships and collaboration
- Develop and expand wellness Initiatives
- Increase public awareness
- Enhance capacity for health promotion

Notably, the Provincial Wellness Plan includes an enhanced focus on shared responsibility for health promotion. The plan also emphasizes that actions to address priorities will be based on evidence and best practices and will keep with the government's commitment to address aging, Aboriginal, and gender issues.

¹⁹ Government of Newfoundland and Labrador. Department of Health and Community Services. (2006). *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador*.

In addition to priorities set at the provincial level, each health region sets priorities – most of which correspond to provincial priorities. However, they also identify other priorities relevant to their regions. The sections below focus on outlining the priorities of the Regional Health Authorities – the organizational entities with primary responsibility for carrying out health promotion activities.

3.1.2.1 Eastern Health

Eastern Health’s current Health Promotion Strategic Plan spans the period from 2012 to 2017. The Plan, entitled, “Working in Health Promoting Ways: Where We Live, Work, Learn, and Play,” adopts a population health perspective on health promotion. The population health approach adopted in the five year plan is consistent with the Board’s strategic direction around population health. This approach recognizes the importance of a variety of factors impacting health including “risk factors resulting in injuries and chronic infectious diseases, as well as underlying social and economic conditions and physical environments.”²⁰ Thus, health promotion initiatives within Eastern Health are intended to “address the root causes of ill health, which in turn help people stay healthy and achieve a higher level of wellness.”²¹ In accordance with the findings of key documents in the field, the plan recognizes the importance of partnerships and commits to working with existing partners and developing new partners to address health promotion initiatives. The conceptual model for health adopted by Eastern Health is borrowed from the Department of Health and Human Services in Tasmania. This model, which is visually represented as a circle, includes principles of practice on the outer ring, priority areas for action on the inner ring, and Eastern Health’s vision in the center of the ring. While Eastern Health’s vision is “Healthy People, Healthy Communities,” Principles of Practice include community participation, evidence informed practice, determinants of health, equity, partnerships, action across the continuum (from an individual to a population focus), supportive environments, and cultural change. These principles for practice are meant to inform the development of health promotion programming and are based in a number of key national and international health promotion documents including the LaLonde Report (1974), the Ottawa Charter (1986), and the Bangkok Charter (2005).

In consultations, key informants from Eastern Health indicated that a number of factors and methods were used to determine priority areas including community needs assessments, consultations with staff, and consideration of provincial priorities. Ultimately, according to Eastern Health’s Strategic Plan, priority areas for action were identified using the following criteria:

- the significance of the impact and scale of the issue
- the degree of health inequalities
- evidence that indicates that these issues are amenable to change
- the strategic opportunities and capacity for Eastern Health, Department of Health and Community Services and other stakeholders

²⁰Newfoundland and Labrador.Eastern Regional Health Authority. Health Promotion Strategic Plan 2012-17: *Working in Health Promoting Ways: Where we Live, Work, Learn, and Play*. Health Promotion Division, Eastern Health, p. 3.

²¹Ibid.

- support of stakeholders in this area

Using these criteria, ten areas for action are identified in the Plan:

- promoting **physical activity** and active communities
- promoting **tobacco free** living
- improving the prevention and management of **chronic diseases**
- promoting **sexual health** and well-being
- promoting **healthy child development**
- preventing **injury**
- promoting **healthy schools**
- promoting **positive mental health and well-being**
- reducing **substance use risks and harms**
- promoting **healthy eating**

3.1.2.2 Central Health

In Central Health, “Promoting Health and Well-Being” is recognized as a line of business in its Strategic Health Plan 2011-2014 entitled *Healthy People, Healthy Communities*. Strategies listed under this line of business to pursue health promotion include: providing health education, building healthy public policy, strengthening community action and capacity, creating supportive environments, and supporting the development of personal skills.²² Preventing illness and injury is also listed as a line of business in Central Health’s Strategic Health Plan. Strategies to prevent illness and injury listed in Central’s Strategic Plan include: cervical, breast, and prostate cancer screening and injury prevention activities such as falls prevention, helmet safety, and creating/promoting smoke-free environments. Health Promotion Consultants have an operational plan for their area of focus that they use to set priorities for each year.

In consultations, management-level key informants indicated that actions and programs were guided by the Ottawa Charter definition of health promotion as “the process of enabling people to increase control over, and to improve, their health.” Key informants also indicated that priority areas pursued by Central Health followed the provincial priorities laid out in the Provincial Wellness Plan.

Consistent with the Provincial Wellness Plan, key informants in Central Health indicated that strategies and programs to address priority areas are developed using the PEI Circle of Health. The Circle of Health adopts a population health perspective on health promotion and recognizes social levels for action that include society, systems, communities, families, and individuals. Domains of action include: strengthen community action, build healthy public policy, create supportive environments, develop personal skills, re-orient health services. In terms of priorities for on-going programmatic development and day to day work, key informants indicated that such directions might be influenced by population health trends, best practices, key evidence, and internal and external partner consultations.

²²Newfoundland and Labrador.Central Health Authority. Central Health Authority Strategic Plan 2011-2014: *Healthy People, Healthy Communities*, Central Health, p. 9.

Priority areas covered by consultants include:

- Nutrition/ Healthy eating
- Tobacco Awareness
- Injury Prevention
- Parent and Child Health
- Reproductive/Sexual health with children and youth
- School Health
- Addictions Prevention
- Mental Health

3.1.2.3 Western Health

Western Health's Health Promotion Framework of 2013 cites the WHO definition of health promotion as "the process of enabling individuals and communities to increase control over the determinants of health thereby improve their health."²³ The framework is grounded in a population health approach which "aims to improve the health of the entire population and to reduce health inequities among population groups."²⁴ The population health approach adopted by Western "focuses on the interrelated conditions and factors that influence the health of populations over the life course"²⁵ and includes a focus on determinants of health that move beyond individuals and individual behavior such as education, employment, income, housing, adequate nutrition, social supports, social networks, and access to health care services. The ultimate vision of Western Health is that "people of Western Newfoundland have the highest level of health and well-being possible."²⁶

The population health model for action adopted by Western Health is drawn from Hamilton and Bhatti, 1996. The model is identical to the PEI Circle of Health, but uses different visualization: levels for action include society, systems, communities, families, and individuals and domains of action include: strengthen community action, build healthy public policy, create supportive environments, develop personal skills, re-orient health services.²⁷

Western Health's Health Promotion Framework includes eight Population Health Strategies which address identified health promotion priorities. A background section in each strategy identifies why each area was identified as a priority. In the strategic plan and interviews with key informants, the rationale for choosing priority areas for strategic plans include:

- Consistency with a population health approach on health promotion

²³Newfoundland and Labrador.Western Regional Health Authority. Health Promotion Framework 2013, Western Health, p. 4.

²⁴Ibid.

²⁵Ibid.

²⁶Ibid.

²⁷Ibid., p. 5

- Consideration of provincial priorities
- Community needs assessments
- Evidence that the issue requires action

Ultimately, the priority areas identified in Western Health's Health Promotion Framework include:

- Physical Activity
- Healthy Eating
- Injury Prevention
- Tobacco Control
- School Health
- Sexual and Reproductive Health
- Cervical Screening
- Mental Health and Addictions

3.1.2.4 Labrador-Grenfell Health

In 2012, the health promotion team at Labrador Grenfell Health was under the direction of a Medical Officer of Health. Under this direction, a health promotion framework and workplan was produced for the period 2012-2015 entitled: *Health Promotion Plan, Labrador Grenfell Health Authority 2012: Healthy People Living in Healthy Communities*. Like plans in the other regions, Labrador-Grenfell Health's health promotion plan takes a population health perspective on health promotion which recognizes a range of individual and societal level health determinants including: income and social status, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture.²⁸ In terms of pathways to action, the plan cites the principles of health promotion in the Ottawa Charter including: create supportive environments, strengthen community action, develop personal skills, reorient health services, and build healthy public policy.²⁹

In key informant consultations with health promotion staff within the Labrador Grenfell Health Authority, the work plans within the health promotion plan were cited as providing overall direction for health promotion priorities within the health authority. These work plans are related to the provincial health promotion priority areas as well as needs specific to the region covered by the Labrador-Grenfell Health Authority. Labrador Grenfell's health promotion plan details workplans in the areas of:

- Creating Healthy Environments
- Injury Prevention
- Healthy Eating
- Active Living
- Tobacco Reduction and Control

²⁸Newfoundland and Labrador.Labrador Grenfell Health Authority. Health Promotion Plan, Labrador Grenfell Health Authority 2012: Healthy people living in healthy communities., p. 9-10.

²⁹Ibid., p. 5.

- Information Management
- Northern Labrador Regional Wellness Coalitions

According to the health promotion plan, health promotion information and services offered in Labrador-Grenfell Health are also intended to support the current Labrador-Grenfell Health Strategic Plan. In 2012-2013, Labrador-Grenfell Health Priorities were to provide enhanced health promotion information/services in areas such as: oral health care and prevention, chronic diseases prevention, healthy eating, physical activity, smoking rates and tobacco control, addictions and mental health, fetal alcohol spectrum disorder, reproductive and sexual health, suicide rates, Aboriginal clients, and communicable diseases.³⁰

3.1.3 Collaborative and Communicative Mechanisms

The Provincial Wellness Plan, along with a number of other key documents, recognizes that collaboration is a key component of successful health promotion. Collaborative and communicative mechanisms, therefore, are an important component of a health promotion system. Health promotion collaboration takes place among and between all categories of actors within the system, including HCS, other government departments, the RHAs, NGOs, and community groups and community partners.

Collaboration and communication can take place in two ways. Some collaboration may occur on an ad-hoc basis, while other forms of collaboration and communication have been formalized. This section presents an overview of the main formalized collaborative and communicative mechanisms that link various partners within the health promotion system in Newfoundland and Labrador. Collaborative and communicative mechanisms in this review are understood to be the official groups that exist specifically or primarily to link different individuals, organizations, and/or entities across the province working on similar health promotion projects/priorities. In this review, these groups are divided into three types: 1) Priority and Position-Specific Provincial/Regional Groups, 2) Initiative Specific Groups, and 3) NGO Boards.

The sections below review the main groups/mechanisms that fall under each of these categories. While links to national-level actors and systems are important, they are outside of the scope of this work and not included in this review.

3.1.3.1 Priority and Position-Specific Provincial/Regional Groups

Priority and position-specific provincial or regional groups are in all cases but one (sexual health) led by the Department of Health and Community Services. HCS provides leadership, expertise, and provincial-level coordination to these groups. Through the role of Healthy Living and HCS on national-level committees, representatives from HCS also provide links to knowledge, research, and direction at the national level.

³⁰Ibid., p. 13.

3.1.3.1.1 Provincial Food and Nutrition Advisory Committee

With the release of the Provincial Wellness Plan in 2006, it was determined that the Provincial Food and Nutrition Framework and Action Plan should move forward as an action under it. The Provincial Food and Nutrition Advisory Committee was created to guide the implementation, monitoring, and evaluation of the food and nutrition plan. Included within the mandate of this group is to ensure that the Plan is aligned with the Provincial Wellness Plan and to provide ongoing leadership for the Plan.³¹ The Committee is chaired by the nutrition consultant in the Healthy Living Division of DHCS. Membership on the group includes representatives from:

- Department of Education
- Department of Fisheries and Agriculture
- Department of Natural Resources
- Department of Health and Community Services
- Department of Human Resources, Labor, and Employment
- Department of Tourism, Culture, and Recreation
- Department of Environment and Conservation
- Department of Municipal Affairs
- Provincial Wellness Advisory Council
- Regional Nutritionists of the Regional Health Authorities
- Memorial University of Newfoundland and Labrador

3.1.3.1.2 Provincial Food and Nutrition Preschool Expert Working Group

This group was formed as part of the implementation of the Provincial Food and Nutrition Framework as Healthy Living for children aged one to five is a priority area. Central to the mandate is to provide input on the review of food and nutrition policies, programs, services, resources, trends, data, and best practices related to children aged one to five years.

- Provincial Nutrition Consultant (Chair)
- Experts in health for children aged one to five years

3.1.3.1.3 Provincial Food and Nutrition Seniors Expert Working Group

This group was formed as part of the implementation process of the Provincial Food and Nutrition Framework, once seniors were identified as a priority area. Central to the mandate of this group is to

³¹ Government of Newfoundland and Labrador. Department of Health and Community Services. Provincial Food and Nutrition Advisory Committee Terms of Reference. Newfoundland and Labrador. 2010.
Provincial Wellness Review Final Report
October 31, 2014

provide input on the review of food and nutrition policies, programs, services, resources, trends, data, and best practices and research related to seniors. The group is composed of experts in seniors health.³²

3.1.3.1.4 Dietitians Network for Seniors' Nutrition

Once the Seniors Expert Working Group was formed (as part of the implementation of the Provincial Food and Nutrition Framework), a consultant was hired to conduct a review of food and nutrition services for seniors in Newfoundland and Labrador; the Seniors Expert Working Group guided this review. The review recommended the formation of a network for registered dietitians who provide care to seniors; the review also recommended that this network include provincial participation. In line with this recommendation, the Dietitians Network for Seniors Nutrition was formed. The mandate of this group includes providing a forum for dietitians and ad-hoc members to discuss and share resources, review relevant reports, and move forward with recommendations as deemed appropriate in the respective health regions.³³ The membership of this group includes:

- Provincial Nutrition Consultant (Co-chair)
- Dietitians and ad-hoc members working in seniors' health promotion, the community, acute care, and long-term care

3.1.3.1.5 Food Security Interdepartmental Working Group

A subcommittee of the Provincial Food and Nutrition Committee formed in 2009 to explore ways for departments to support work in the area of food security as pertaining to the *Provincial Food and Nutrition Framework*. Members of this committee include:

- Department of Education
- Department of Fisheries and Aquaculture
- Department of Health and Community Services
- Department of Human Resources, Labor, and Employment
- Department of Natural Resources
- Department of Tourism, Culture, and Recreation

This working group is co-chaired by the nutrition consultant with the Healthy Living Division and a representative of the Agri-Foods Division, Department of Natural Resources.

³² Government of Newfoundland and Labrador. Department of Health and Community Services. Provincial Food and Nutrition Advisory Committee Terms of Reference.

³³ Government of Newfoundland and Labrador. Department of Health and Community Services. Dietician Network for Seniors' Nutrition Terms of Reference. Newfoundland and Labrador. 2012.

3.1.3.1.6 Nutritionists Leadership Committee for Healthy Eating

The Nutritionists Leadership Committee for Healthy Eating exists to provide leadership and facilitate collaboration on healthy eating in Newfoundland and Labrador. Part of the mandate of this group is to work to integrate healthy eating within broader population and public health, health promotion, primary healthcare, and chronic disease prevention at the provincial, regional, and community levels.³⁴ In key informant interviews, this group was often cited as an example of a group with relatively stable membership over the years. Key informants indicated that this stable membership contributed to the strength and effectiveness of this group. The membership of this group includes:

- Provincial Nutrition Consultant (Chair)
- Regional Nutritionists and Community Dieticians from the four Regional Health Authorities
- Can include Regional and community based nutritionists working with Health Canada Atlantic Region with First Nations and Inuit communities throughout Newfoundland and Labrador

3.1.3.1.7 Provincial and Regional Tobacco Control Committee

Included in the mandate of the Provincial and Regional Committee on Tobacco Control is to provide a forum for collaboration between the Department of Health and Community Services and the Regional Health Authorities to advance goals and actions outlined in the Provincial Wellness Plan and Tobacco Reduction Strategy. Membership on the committee includes:

- Health Promotion Consultant Responsible for Tobacco Control (Chair)
- Representatives from the four Regional Health Authorities responsible for tobacco control

3.1.3.1.8 Parent and Child Health Consultants Working Group

The purpose and mandate of the Parent and Child Health Consultants Working Group is to provide support for parent and child health and related programs in Newfoundland and Labrador. The group provides a forum for regional consultants to work with the Provincial Consultant responsible for Prenatal and Early Childhood Development (Parent and Child Health). Membership in the group includes:

- Health Promotion Consultant Responsible for Parent and Child Health
- Parent and Child Health Coordinator and/or School Health Coordinator or other similar positions in the RHAs for which there is a responsibility for parent and child health

3.1.3.1.9 Sexual Health Consultants Committee

³⁴ Government of Newfoundland and Labrador. Department of Health and Community Services. Nutritionists' Leadership Committee for Healthy Eating. Newfoundland and Labrador. 2014.
Provincial Wellness Review Final Report
October 31, 2014

The Sexual Health Consultants Committee is unique in the sense that it does not include provincial-level representation. Notably, the Disease Control Nurse Specialist working in the division of Communicable Disease Control at the Department of Health and Community Services has been asked to sit in on planning days and conference calls with this group, though as of August 2014, this individual did not have official membership in this group. The mandate of this group is to provide a forum for collaboration between sexual health consultants and to identify and review trends³⁵ in sexual health. Membership includes:

- Health promotion Consultant/Coordinators from the Regional Health Authorities with responsibility for sexual health

3.1.3.1.10 Regional Directors of Public Health Nursing

Regional Directors of Public Health Nursing (PHN) Meet on a monthly basis to discuss, share and coordinate the delivery of PHN programs in the province. Program areas include such things as child health programs, immunization, and parenting programs. In 2013/2014, the Director of the Healthy Living Division joined this group on a regular basis to act as a liaison and bring forward issues from the regions to the DHCS. No formal Terms of Reference is in place.

3.1.3.1.11 Provincial Mental Health Promotion and Addictions Prevention Working Group

The Provincial Mental Health Promotion and Addictions Prevention Working Group exists to connect Mental Health Promotion and Addictions Prevention consultants in the regions. For a number of years, the mental health promotion and addictions consultants from the regions met on their own, as the sexual health consultants/coordinators from the regions do now. Within the last six months a provincial representative from the Division of Mental Health and Addictions has joined the group, thus the membership of this group currently includes:

- Mental Health/Addictions Prevention consultants from each Regional Health Authority
- Provincial Consultant from the Department of Health, Division of Mental Health and Addictions

3.1.3.1.12 Provincial Infection Control Newfoundland and Labrador

In October 2003 the Department of Health and Community Services gave the Provincial Task Force on Infection Control a mandate to review the Province's preparedness to prevent and control communicable diseases. The outcome of this review was the 'Back to Basics' report and

³⁵ Newfoundland and Labrador. Regional Health Authorities. Sexual and Reproductive Health Consultants Committee NL Terms of Reference. Newfoundland and Labrador. 2012.
Provincial Wellness Review Final Report
October 31, 2014

recommendations in March 2004.³⁶ The Provincial Infection Control NL group was established following the recommendations of this report with a mandate to provide expert advice to the Chief Medical Officer of Health and the Department of Health and Community Services on infection prevention and control issues.³⁷ Membership in this group includes:

- Provincial Infection Control Nurse Specialist
- Representative from the Infection Prevention and Control Program from each of the Regional Health Authorities
- Academic Advisor, Memorial University of Newfoundland
- Infection Control Physician Expert
- Director of Disease Control, Provincial Department of Health and Community Services (ad hoc)
- Provincial Communicable Disease Control Nurse Specialist (ad hoc)

3.1.3.1.13 Communicable Disease Control Nurses – NL

This group was established in 2002 with a mandate to provide expert advice to the Chief Medical Officer of Health and Department of Health and Community Services on prevention, control, and surveillance of communicable diseases and vaccine issues and programs. Membership includes:

- Director of Disease Control, Department of Health and Community Services
- Provincial Communicable Disease Control Nurse Specialist
- Communicable Disease Control Nurses from the RHAs

3.1.3.1.14 Interdepartmental Working Group on Aging and Seniors

In 2003, the Government of Newfoundland and Labrador made “healthy aging” a priority in *Our Blueprint for the Future* and the Division of Aging and Seniors (now the Office of Aging and Seniors) was formed within the Department of Health and Community Services. With a recognition that addressing healthy aging issues requires the partnership and collaboration across government and the community, the Interdepartmental Working Group on Aging and Seniors was formed with a mandate to support the Provincial Healthy Aging Policy Framework. Membership in this group includes:

- Department of Health and Community Services, Office of Aging and Seniors (Lead)
- Department of Finance
- Department of Justice
- Department of Tourism, Culture, and Recreation
- Department of Advanced Education and Skills

³⁶ Memorial University, Faculty of Medicine. Provincial Task Force on the Prevention and Control of Communicable Diseases in Health Institutions and Ambulance Services: Back to Basics. St. Johns. 2004.

³⁷ Government of Newfoundland and Labrador. Department of Health and Community Services. Provincial Infection Control Newfoundland and Labrador Terms of Reference. Newfoundland and Labrador. ---

- Intergovernmental and Aboriginal Affairs Secretariat
- Department of Innovation, Business and Rural Development
- Department of Municipal Affairs
- Office of Public Engagement
- Women’s Policy Office
- NL Housing Corporation
- Regional Health Authorities

3.1.3.2 Initiative-Specific Groups

In addition to priority or position-specific groups, a number of provincial level health promotion initiatives also have associated collaborative and/or communicative mechanisms – groups created to facilitate communication and/or collaboration between stakeholders, managing entities, and key positions. Below, brief descriptions of some key provincial initiatives are followed by a description of associated communicative mechanism(s):

3.1.3.2.1 *Healthy Students Healthy Schools*

In 2004, the Department of Health and Community Services and the Department of Education partnered on the development and implementation of the *Healthy Students Healthy Schools* (HSHS) Initiative. Since 2009, the Department of Tourism, Culture, and Recreation has also been a partner. HSHS is a priority in the Provincial Wellness Plan and builds on the health promotion work of the RHAs, school districts, regional wellness coalitions, and other school health related community groups and organizations.³⁸ HSHS is grounded in a comprehensive school health approach, which recognizes four pillars of school health: social and physical environment, teaching and learning, partnerships and service, and healthy school policy.³⁹ HSHS supports and promotes policies, programs, and initiatives in the priority areas of healthy eating, physical activity, living smoke-free in the school community, injury prevention, mental health promotion, environmental health, positive social behaviors, and support for vulnerable populations.⁴⁰

A number of communicative and collaborative groups are in place to support HSHS and contribute to coordination across the province. These groups include a Provincial Management Committee, a Provincial Working Committee, and Regional/District Healthy Living Committees. Five School Health Promotion Liaison Consultant positions are also funded by the Department of Health and Community Services to reinforce the partnership between health and education at the regional/district level. The consultants undertake a range of activities in support of HSHS including networking and partnership building and assistance with program implementation.⁴¹

³⁸ Government of Newfoundland and Labrador. Department of Health and Community Services. *Living Healthy: Healthy Students Healthy Schools Direction Paper*. Newfoundland and Labrador. 2012.

³⁹ Pan-Canadian Joint Consortium for School Health. *Annual Report*. 2013.

⁴⁰ Government of Newfoundland and Labrador. Department of Health and Community Services. *Living Healthy: Healthy Students Healthy Schools Direction Paper*. Newfoundland and Labrador. 2012.

⁴¹ *Ibid.*

In an early evaluation of the Provincial Wellness Plan, *Healthy Students Healthy Schools* was lauded as an effective model for pursuing health promotion in the education sector.⁴²

3.1.3.2.2 *Healthy Students Healthy Schools Provincial Inter-Departmental Management Committee*

The mandate and purpose of the management committee is to review and approve the annual plan, to recommend departmental funding, to advocate for HSHS within departments, to report to departmental executive and to approve HSHS submissions for publications, and to keep members informed.⁴³ The membership of this committee includes:

- Department of Health and Community Services
 - Director of Healthy Living Division
 - Health Living Consultant (School Health)
- Department of Education
 - Director of Program Development
 - Manager of Program Development
 - Health, Home Economics & Family Studies Consultant
 - Physical Education Consultant
- Department of Tourism, Culture and Recreation
 - Director of Recreation and Sport
 - Recreation and Sport Consultant

3.1.3.2.3 *HSHS Provincial Working Committee*

The HSHS Provincial Working Committee provides a forum for communication to aid in the coordination of efforts across the province. The purpose of the committee is to coordinate support for HSHS initiatives, to develop relationships with relevant partners, to prepare provincial HSHS reports, and to advocate for HSHS priorities. The committee meets face to face bi-annually and holds monthly Healthy Students Healthy Schools Health Promotion Liaison Consultant conference calls.⁴⁴ Membership on the committee includes:

- Health Promotion Consultant: School Health (HCS - co-chair)
- Physical Education Specialist (EDU - co-chair)

⁴² Goss Gilroy Inc. *Report on the Evaluation of the Provincial Wellness Plan Phase 1: 2006-2008*. Newfoundland and Labrador. 2008.

⁴³ Ibid.

⁴⁴ Government of Newfoundland and Labrador. Department of Health and Community Services. *Living Healthy: Healthy Students Healthy Schools Direction Paper*. Newfoundland and Labrador. 2012.

- Health, Home Economics & Family Studies Specialist (EDU - co-chair)
- Recreation and Sport Consultant (TCR - co-chair)
- Program Specialists: Physical and Health Education (reps. from five schools districts)
- Directors/Managers of Health Promotion: Regional Health Authorities (four regional health authorities)
- School Health Promotion Liaison Consultants from each RHA (five consultants total)

Other individuals and organizations may be asked to participate in committee work based on the initiative being addressed. These individuals and organizations include, for example the provincial health consultant on mental health, tobacco, injury prevention, and also organizations such as Kids Eat Smart, and Recreation NL.

3.1.3.2.4 Eat Great and Participate

Eat Great and Participate is a provincially-led and community driven program that focuses on facilitating the introduction of healthy food choices at sporting events and recreation facilities. With funding from Health Canada, the project began in 2009, has involved significant community engagement, and has seen success in introducing healthy eating choices at many events and into many facilities.⁴⁵ Eat Great and Participate has been judged as successful not only by an independent evaluation; this program has also been highlighted by Public Health Agency of Canada documents as successful.

Originally, the Healthy Living Messages Group served as the Advisory Committee – this group was comprised of representatives from the Departments of Health and Community Services; Tourism, Culture and Recreation; Education; Municipal Affairs; Advanced Education and Skills; as well as the Dietitians of Canada. An independent evaluation, however, pointed to the importance of community representation on the advisory committee.⁴⁶ In April 2010, the Advisory Committee became a steering committee with:

- a representative from TCR (co-chair)
- a representative from HCS (co-chair)
- a representative from Rec NL (co-chair)
- a representative from Community Youth Network
- a representative from Sport NL
- a representative from School Sport NL
- a representative from the Regional Wellness Coalitions
- representation from the RHAs
- a representative from HSHS
- a rep from the Aboriginal Sport and Recreation Circle of NL

⁴⁵ Jane Helleur and Associates, Inc. Eat Great and Participate 2009-2013 Key Outcomes and Success: Summary Report. Newfoundland and Labrador: Government of Newfoundland and Labrador. 2013.

⁴⁶ Jane Helleur and Associates, Inc. Eat Great and Participate 2009-2013 Key Outcomes and Success: Summary Report. Newfoundland and Labrador: Government of Newfoundland and Labrador. 2013.

With the change in the funding and operating structure in 2014, a new Steering Committee is being formed which will increase regular communication with the stakeholder group.

3.1.3.2.5 Provincial Chronic Disease Self-Management Program Working Group

In December of 2011, government released *Improving Health Together: A Policy Framework for Chronic Disease Prevention and Management in Newfoundland and Labrador*. The Provincial Chronic Disease Self Management Program Working Group was established to bring coordinators in each region together to develop, implement, and evaluate the Provincial Chronic Disease Self-Management Program. Membership includes:⁴⁷

- Provincial Consultant from Healthy Living
- Consultants from the Regions responsible for the Chronic Disease Self-Management Program

3.1.3.2.6 Baby-Friendly Council of Newfoundland and Labrador

Baby-Friendly NL, in affiliation with the Breastfeeding Committee of Canada, is the designated provincial body to monitor the implementation of the Baby-Friendly Initiative in Newfoundland and Labrador - a global campaign of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). The campaign is focused on encouraging programs that promote and support breastfeeding.⁴⁸ Baby-Friendly NL exists to provide oversight of and to promote programs that support and protect breastfeeding in Newfoundland and Labrador, to advocate for breastfeeding and breastfeeding research, and to provide a forum for dialogue, consultation, collaboration, and advocacy on breastfeeding issues. Two important initiatives promoted by the group, for example, include a website that provides access to a collection of breastfeeding resources and a forum for communication for breastfeeding advocates as well as a poster-campaign designed to encourage and normalize breastfeeding. Membership on Baby-Friendly NL includes⁴⁹:

- a representative from the NL Perinatal Program
- parent and child health consultant from DHCS
- MUN faculty
- representatives from hospitals and community health services selected through regional breastfeeding/BFI committees
- community based mother-mother support programs (e.g. La Leche League Canada)

⁴⁷ Government of Newfoundland and Labrador. Department of Health and Community Services. Provincial Chronic Disease Self-Management Working Group Terms of Reference. 2011.

⁴⁸ Newfoundland and Labrador. Baby-Friendly Council NL. Website: <http://www.babyfriendlynl.ca/about-baby-friendly/> Accessed June 2014.

⁴⁹ Government of Newfoundland and Labrador. Baby-Friendly Council of Newfoundland and Labrador Terms of Reference. Newfoundland and Labrador. 2012.

- Aboriginal groups

3.1.3.2.7 Healthy Baby Club Provincial Advisory Committee

The Healthy Baby Club is a prenatal nutrition support program offered through community-based family resource programs throughout the province called Family Resource Centres. The objective of the Healthy Baby Club is to support positive pregnancy outcomes through a peer support model which also draws on RHA resources.⁵⁰ The program offers a number of educational, social, and material supports to women experiencing high risk pregnancies. Family Resource Centres, which offer a range of activities, programs, and resources that focus on early childhood development and family support, are managed by the Department of Child, Youth, and Family Services. Healthy Baby Clubs receive support from Regional Nutritionists, Nurses, and Parent and Child Health Coordinators. In addition to Local Advisory groups that exist within each Family Resource Centre, the Healthy Baby Club Provincial Advisory Committee exists to support the activities of Healthy Baby Clubs and provide recommendations, when needed, on the best practices for prenatal nutrition support programs.⁵¹ Membership on the Healthy Baby Club Advisory Committee consists of:

- Program Consultant, Family Resource Programs, Department of Child, Youth, and Family Services
- Provincial Consultant responsible for Prenatal and Early Childhood Development, Department of Health and Community Services
- Program Consultant for Children’s Programs, Public Health Agency of Canada
- representatives from stakeholder groups involved with the delivery of HBC including Resource Mothers (FRC employees), Coordinators, Regional Nutritionists, Parent and Child Health Coordinators, and Public Health Nurses

In key informant interviews, it was noted that the Healthy Baby Advisory Committee has not met regularly for two years.

3.1.3.2.8 Regional Wellness Coalitions and the Provincial Committee of the Regional Wellness Coalitions

One of the primary functions of the Regional Wellness Coalitions is to operate as a link between the RHAs and the communities they serve. As part of strengthening this link, wellness coalition steering committees are comprised of RHA members and community group members. In key informant interviews, the coalitions were described as “hubs” and “networks” which facilitated connections between the community and the RHAs as well as connections between community groups themselves.

⁵⁰ Government of Newfoundland and Labrador. Newfoundland and Labrador Healthy Baby Club Report 2013.

⁵¹ Newfoundland and Labrador. Department of Child, Youth, and Family Services. Healthy Baby Club Advisory Committee Terms of Reference. 2011.

The purpose of the Provincial Committee of the Regional Wellness Coalitions is to provide a forum for communication and support and promote the work of the Regional Wellness Coalitions. Membership includes:⁵²

- one co-chair from each of the six regional wellness coalitions
- a consultant from the Healthy Living Division, Department of Health and Community Services

3.1.3.3 NGO Boards

In addition to priority and issue specific provincial or provincial/regional groups, boards of non-governmental organizations (NGOs) can act as communicative/collaborative mechanisms. Notable NGO boards in Newfoundland and Labrador that include provincial and/or regional membership and are supported by provincial direction include:

3.1.3.3.1 ACT Board of Directors

The Alliance for the Control of Tobacco (ACT) was formed in 1999 with a mission to reduce tobacco use and the harmful effects of tobacco use in Newfoundland and Labrador. ACT is envisioned as a partnership of government and non-government organizations and individuals across the province. ACT is wholly government-funded and is responsible for the development and implementation of the Provincial Tobacco Reduction Strategy.⁵³ ACT is governed by a voluntary Board of Directors. 2013 Board Members included⁵⁴:

- Family Physician in St. John's (chair)
- Manager, Colon Cancer Screening Program, Eastern Health
- Health Promotion and Education Consultant, Western Health
- Representative from MUN School of Nursing
- Health Promotion and Education Consultant, Labrador-Grenfell Health
- Director of Environmental Health, Central Health
- Executive Director, NL Lung Association
- Executive Director, Canadian Cancer Society, St. John's Division
- Health Promotion Consultant for Tobacco, Department of Health and Community Services
- Representative from Recreation Newfoundland and Labrador
- Health Promotion and Education Consultant, Eastern Health
- Learning for Life Diabetes Consultant, Nunatukavut Government

⁵² Government of Newfoundland and Labrador. Department of Health and Community Services. Provincial Committee of the Regional Wellness Coalitions Terms of Reference. Newfoundland and Labrador. 2012.

⁵³ Association for the Control of Tobacco, Newfoundland and Labrador. Every Action Counts: Tobacco Reduction Strategy, Newfoundland and Labrador 2013-2017. St. John's. 2013.

⁵⁴ Association for the Control of Tobacco, Newfoundland and Labrador. Website: <http://www.actnl.com/aboutboard.html>. Accessed June 2014.

With regard to the work of ACT as well as work completed in tobacco control in Newfoundland and Labrador more generally, it is notable that tobacco control constitutes a significant success story in Newfoundland and Labrador: tobacco use among youths age 15-19 years has been reduced by half since 1999 and is currently at 11%; Tobacco use among individuals 15 years of age and over has been reduced from 28% in 1999 to 19% in 2011; and children's (0-17 years) exposure to second hand smoke in the home has declined significantly from 32% in 2000 to 3.8% in 2011.⁵⁵

3.1.3.3.2 Kids Eat Smart

The Kids Eat Smart Foundation of Newfoundland and Labrador partners with schools, communities, volunteers and sponsors to set up and support nutritious food programs called Kids Eat Smart Clubs. These clubs are organized by volunteers throughout Newfoundland and Labrador.⁵⁶ Kids Eat Smart receives approximately \$1 million a year from government to support its activities. The Kids Eat Smart Board of Directors provides the Foundation with leadership and direction. In 2014, this Board of Directors consists of:

- Pediatrician in the area of Developmental Pediatrics
- Provincial Nutrition Consultant (DHCS)
- Regional Nutritionist with Labrador-Grenfell Health
- Regional Nutritionist with Eastern Health
- Senior Administration Officer (Corporate) for the English School District Newfoundland and Labrador
- Vice President of Population Health with Western Health
- Community members from the business community

3.1.3.3.3 NL Injury Prevention Coalition

The Newfoundland and Labrador Injury Prevention Coalition (NLIPC) was provided with \$20,000 of government funding in 2013/14. The aim of the coalition is to participate in the planning, development, implementation, communication, and evaluation of injury prevention initiatives in Newfoundland and Labrador through identifying health and safety issues, reviewing data, establishing programming priorities, developing strategies to address injury prevention, identifying collaborative opportunities in research, education, and programming, implementing initiatives, and communicating initiatives to the public.⁵⁷ The NLIPC strives to include any groups and individuals involved in injury prevention. In addition to a number of NGOs and community groups, member organizations also include:

- Department of Education
- Service NL

⁵⁵ Association for the Control of Tobacco, Newfoundland and Labrador. Every Action Counts: Tobacco Reduction Strategy, Newfoundland and Labrador 2013-2017. St. John's. 2013.

⁵⁶ Kids Eat Smart website: <http://www.kidseatsmart.ca/> Accessed June 2014.

⁵⁷ Injury Prevention Coalition. Terms of Reference. 2010.

- Department of Health and Community Services
- Department of Tourism, Culture, and Recreation
- Eastern Health
- Central Health
- Western Health
- Lab-Grenfell Health

3.1.3.3.4 Food Security Network NL

The Food Security Network of Newfoundland and Labrador (FSN) is a provincial, membership-based, non-profit organization which was founded in 1998 in response to growing concerns about hunger and poverty in the province. FSN received \$105,000 of annual funding from HCS to advance food security in NL. FSN's mandate is to promote comprehensive, community-based solutions to ensure physical and economic access to adequate and healthy food for all. FSN has over 1400 members including individuals and organizations throughout the province involved in healthcare, education, farming, community development, family services, anti-poverty work, emergency food aid, school nutrition programs, and environmental protection. Activities undertaken by FSN include information sharing, providing and promoting opportunities for building capacity for food security, increasing knowledge and public awareness about food security, building intersectoral partnerships to enhance food security, promoting community based solutions to food security, and developing a research base to inform work in food security. The 2013/2014 Board of Directors for FSN included:

- Dietician and Former Director, Health Promotion and Wellness (chair)
- Dietician
- Senior Accountant
- Regional Partnership Planner, Rural Secretariat and Office of Public Engagement, Corner Brook-Rocky Harbor Region
- Public Policy Intern, Leslie Harris Centre for Regional Policy and Development
- Farmer
- Health Promotion Consultant, Central Health
- Regional Nutritionist, Labrador-Grenfell Health
- Lawyer
- CEO, Municipalities NL
- Assistant Professor, Environmental Policy Institute, Grenfell Campus, Memorial University

3.1.4 Overview of Projects, Initiatives, and Successes in Health Promotion

3.1.4.1 Projects and Initiatives

As part of mapping the health promotion system within Newfoundland and Labrador, this review surveyed programs and initiatives undertaken in each region in each of the priority areas of the Provincial Wellness Plan. To undertake this survey, a template was produced and sent to RHA directors (Appendix G) and they were asked to list: the name of the project/initiative, the regional lead, whether the project was in the planning or implementation stage, and the priority area addressed by the project.

Key informants from the regions relayed the difficulty of producing an exhaustive list of health promotion programs taking place in their region since: 1) many community health promotion projects in the regions (in particular, local initiatives) may not be known to the Regional Health Authority or the Department, 2) not all health promotion activity is recorded or shows up in work plans of health promotion positions, and 3) not all health promotion activity is undertaken by health promotion positions or with money allocated for health promotion. These three contingencies make it difficult to account for all the programs taking place in the regions or, more importantly, all the time and/or resources that go into health promotion.

Appendix H includes a full listing of projects and initiatives submitted by each of the regions. It is important to note that each region responded to a request for a listing of programs and initiatives with a different level of detail and scope. For example, some regions included shorter term and/or small scale projects and initiatives while others included only longer term and/or large scale projects and initiatives. As another example, some regions included projects and initiatives undertaken by public health nurses while others did not. For this reason, the listings of projects and initiatives we received from the regions are not entirely comparable and it is not possible to draw definite conclusions about differences in programming or scope of initiatives across the regions.

Notwithstanding the difficulties of producing an exhaustive and quantitative listing of programs and initiatives, it is possible to draw some *tentative* conclusions from the general overview collected as part of this review. A general overview of projects and initiatives suggests that healthy eating projects and initiatives tend to be well represented and well developed in each region, while physical activity programming is less well-developed by some Regional Health Authorities. This finding emerging from the general survey was also confirmed in interviews with key informants: across the regions, informants identified gaps in leadership and programming around physical activity.

Another important note related to the inventory of programs and initiatives produced for this report is that each region has undertaken at least some sexual health programming. As the information in Appendix H shows, this programming is particularly well-developed in Eastern Health and Western Health, where positions have been dedicated to sexual health promotion.

3.1.4.2 Regional Highlights

3.1.4.2.1 Eastern Health

Working in Health Promoting Ways: Where we Live, Work, Learn and Play is Eastern Health's Health Promotion Strategic Plan for 2012-17. This is one of several strategies undertaken to address population health, one of Eastern Health Board's four strategic directions. A key component of Eastern Health's population health philosophy is that effective health promotion goes beyond education and involves strategies that have a broader reach.

While the Health Promotion Division oversees the overall implementation and evaluation of the strategic plan, the Division consults with and works in collaboration with various Programs and Divisions across Eastern Health as well as with community partners to address regional health promotion priorities. In addition, while interviews with Eastern Health focused on the Health Promotion Division, it

is important to note that health promotion work is also undertaken by other Divisions within Eastern Health.

In interviews within the health promotion division, key informants listed a number of accomplishments that reflect both the structure and organization of the Health Promotion Division and the work that has been undertaken in the various priority areas as outlined in the 2012-2017 Health Promotion Plan. These accomplishments included:

- The establishment of a Health Promotion Division within Eastern Health in which all staff report to one manager. The composition of Eastern Health's health promotion division, which is comprised of various professional backgrounds – including for example nursing, social work, dietetics and health promotion gives diversity in planning and delivery methodology; the Social Marketing Consultant employed by Eastern Health also contributes to a diverse approach to planning and delivery.
- Successful collaboration with many partners – including internal partners across Eastern Health and external partners such as NGOs, community groups, boards and organizations and businesses.
- Eastern Health has undertaken considerable work in sexual health, including launching the *Take Care Down There* campaign in 2011, designed to increase awareness of the importance of condom use among men and women aged 18-30 years. The program has involved extensive and ongoing consultation and work with partners and a follow up campaign was launched in September 2013 targeted at post-secondary students.⁵⁸ *TCDT* Phase II focused on four key messages: know your risk, talk to your partner, use a condom and get tested and aims to increase awareness of risky sexual behaviors and safer sex choices. At the 6 month evaluation point March 31st, 2014 website analytics revealed the *TCDT* website was visited 3,125 times, with 1,487 direct entrances.
- Launched in April 2012, the *B4UR Pregnant* project was designed to inform all women of child bearing age about the benefits of preparing for and having a healthy pregnancy. As the first phase of this initiative, resources were produced and are being distributed by physicians, nurse practitioners and their patients. Phase II of *B4UR Pregnant* was launched in 2013 and included a social media campaign, website enhancement and promotion. This was a joint initiative of the Health Promotion Division, Children's and Women's Health and the Provincial Perinatal Program; in addition support was provided by the Research Department of Eastern Health.
- *Color it Up Campaign* – a community program to help women and their families learn to incorporate more fruits and vegetables into meals, was piloted in two communities in the region. This has involved working with community partners to develop and deliver the program within the Eastern Health Region.

⁵⁸ Newfoundland and Labrador. Eastern Regional Health Authority. Health Promotion Division. *Taking Care Down There... across Eastern Health Region*. (Intranet). 2014.
Provincial Wellness Review Final Report
October 31, 2014

- The development of a public health education online resource on the Eastern Health website called *Your Health: A to Z Healthy Living*, which covers more than 100 health topics and links to trustworthy websites.
- The extensive community development work of the Regional Wellness Coalitions, who have worked with over 400 community groups to build capacity within communities to undertake health promotion and wellness initiatives. For example, in collaboration with the Wellness Coalitions, the Regional Nutritionists-Health Promotion Division delivered *Choosing Healthy Food and Beverages* workshops to Coalition members in several locations throughout the region. These interactive healthy eating/cooking workshops allowed participants to explore ways they could provide healthy food options at various community events, activities and meetings. A 6 month follow up survey was sent to participants of the workshops. Seventy-four percent of those who responded reported they had made changes in the food provided at various community functions.
- Completed the BFI Self-Assessment to strengthen and support breastfeeding programs and services.
- *Improving Health My Way* Chronic Disease Self-Management Program sessions were held in 15 different locations within the Eastern Region during the April 1, 2013 and April 2, 2014 period.
- Implemented *Population Health: A Common Understanding Webinar Series* from October to December 2013. Six webinars were offered, with 258 employees from various disciplines and sites across the region participating. The purpose of the 1.5 hour webinar was to increase awareness and provide education about population health; and provide examples of the population health approach.

It is also of note that the *Take Care Down There* campaign was the topic of a poster presented at the Canadian Association of HIV Research Conference. The *Take Care Down There* campaign was also the recipient of a Pinnacle Business Award.

3.1.4.2.2 Central Health

Central Health's Annual Performance Report 2012/2013 lists a number of highlights and accomplishments in the area of Population Health, including:

- The production of a tobacco prevention toolkit by the Central Health Tobacco Awareness Coalition, a community group which includes representatives from Central Health.
- The creation of the Lakeshore Healing Garden at the James Paton Memorial Health Centre.
- Partnership with the Canadian Association of Wound Care to deliver PEP Talk – Diabetes, Healthy Feet, and You workshops.
- Delivery of You and Your Diabetes Workshops across the region with an overall goal to empower residents to use self-management techniques and skills in their everyday lives.

In addition to these accomplishments listed in Central Health's Annual Report, key informants working in health promotion in Central also pointed to a number of accomplishments related to both the overall

approach and health promotion implementation strategies adopted in Central, as well as specific initiatives. These accomplishments included, but were not limited to:

- Adoption of a population health approach, which has been an important part of how Central Health collaborates, for example, in school and youth environments.
- Good identification of potential partnerships and organizational strengths and many successful collaborations for example with community groups and NGOs such as Kids Eat Smart, the Food Security Network, and the Heart and Stroke Foundation.
- The extensive work of public health nurses working in rural communities, which was noted as a very successful model for the Central Health Region.
- The extensive work of the Regional Wellness Coalition, which has been a successful model for Central.
- Active participation and collaboration with mental health in health promotion which was noted as providing a holistic approach to health promotion.
- Big strides in using the Baby Friendly self-appraisal assessment.
- Work around sensitivity and awareness of LGBTQ issues.
- Drop the pop - a program which was completed in various towns in conjunction with the Food and Fun Camps in 2013.
- The Therabands exercise group - a physical activity initiative which was implemented in several locations across the region.
- Moving for Health - a physical activity program which was implemented in several locations across the region.
- The PARTY program – implemented in numerous schools across the region, this program engages community partners and involves education sessions geared towards preventing alcohol and risk-related trauma in youth.
- Feet First – led by Primary Healthcare Facilitators and nursing staff, these Diabetic Foot Care Clinics are offered in various locations throughout the region.
- Several community gardens were implemented throughout the region.
- Vial of Life – implemented in a number of areas, this program is designed to ensure individuals have their medical information available to emergency personnel in their home.
- Emergency Preparedness - this involved displays put up in public places throughout the region about the 72 hour plan and letters sent to all municipalities about emergency preparedness.
- BURPS – this local initiative is a parenting education and support program for parents of children 0-12 months of age; in a recent evaluation, 100% of parents who completed the client satisfaction form indicated the information and support obtained in the B.U.R.P.S. sessions is helping them with parenting.
- Women’s walk for empowerment – an annual health promotion and social event which targets women of all ages. It is designed to include intergenerational activities to promote self esteem and empowerment.

- Care for caregiver days- this program targets unpaid family caregivers and is an annual/biannual event in which caregivers can come together for socializing, sharing stories, networking and education.
- Amazing maze – this is an interactive game in which students can have fun and at the same time educate themselves about drugs and learn how to make good choices in life. The target age for this educational activity is all youth in grades 7-9.
- Care 2 Ride – this is a multi-community regional transportation program designed to provide transportation services for seniors and individuals who live with mobility challenges.
- Tree of Life Campaign – this is an annual event sponsored by Shoppers Drug Mart which focuses on local Women’s Health issues.
- Networking Day – this is an event held throughout the various communities where community groups and organizations with similar goals and objectives come together to share ideas, tell success stories, and celebrate the accomplishments of their health and wellness projects and initiatives.

In terms of accomplishments in health promotion in Central Health, the development and continued delivery of Food and Fun Camps is also of note. Developed in 1999 in Central Newfoundland and Labrador, Food and Fun camps are five day camps offered to children ages 8 to 10 that are designed to teach children to prepare and cook nutritious food. The camps also encourage physical activity and teach children that smoke free is the best choice.⁵⁹ Public Health Nurses are key in arranging the camps while community organizations and centres often act as hosts and regional nutritionists provide educational support.⁶⁰ A recent evaluation completed in Central as part of the Enhancing Program Planning and Evaluation Pilot Workshop noted below indicated increases in knowledge among children about food safety and nutrition as well as increased consumption of healthier foods following participation in the camps.⁶¹ Food and Fun camps have also been featured by the Public Health Agency of Canada in a 2010 document profiling promising practices in improving cooking and food preparation.⁶²

Another successful program noted by key informants was *Health Promotion is Everyone’s Business*. Within Central Health, there is accountability for all employees to actively play a role in promoting health of those clients, employees, and/or colleagues that one works for and with. As indicated in two of the five lines of business for the organization, “promoting health and well-being, and preventing illness and injury” are key to accomplishing the organization’s vision towards healthy people and healthy communities. *Health Promotion is Everyone’s Business* is a workshop that is delivered in health service areas across the Central Health region that includes creative discussion and strategy building around recognizing what health promotion is, how factors external to the health care system influence health, and how everyone has a role to play in health promotion.

⁵⁹ Newfoundland and Labrador. Central Regional Health Authority. *Food and Fun Camp Formal Program Evaluation Report*. 2014.

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² Government of Canada. Health Canada. *Improving Cooking and Food Preparation Skills: A Profile of Promising Practices in Canada and Abroad*. Ottawa. 2010.

Provincial Wellness Review Final Report
October 31, 2014

It is also notable that Central Health's Annual Performance Report emphasizes the importance of planning and evaluation and highlights a series of five workshops on program evaluation that were developed and piloted in Population and Public Health. This program was noted as an important accomplishment by key informants in Central Health, many of whom participated in the program. A recent evaluation of the program found that the program was successful at enhancing the evaluation knowledge, skills and confidence of staff within Population and Public Health.⁶³

3.1.4.2.3 Western Health

Western Health's Annual Performance Report 2012/2013 emphasizes the population health philosophy adopted by Western and lists a number of accomplishments and highlights related to population health, promoting health and well-being and preventing illness and injury. These accomplishments include:⁶⁴

- The establishment of community gardens in Woody Point, Shoal Point, and Trout River.
- The implementation of Eat Great and Participate in five arenas.
- Continued support of violence prevention through involvement in violence prevention coalitions and initiatives such as the PEACE project with the Western Coalition Against Violence.
- Work with the Seniors Wellness Committee to develop a poster highlighting the importance of vitamin D supplementation for people over 50.
- Work with the Canadian Mental Health Association to develop a seniors' mental health promotion program for staff and community members.
- Support of Promoting Positive Choices, a program to reduce impaired driving in youth.
- Development of a social marketing campaign in drinking establishments to promote harm reduction messages (the successful implementation of this program, SAFER BARS, was highlighted in interviews with key informants).
- Continued promotion of cervical screening (a Western Health community health nurse was recognized as the top screener in the province).
- Completion of community health needs and resource assessments.
- Active efforts to include Aboriginal and Francophone representation in community advisory committees.
- Piloting of a project aimed at early diagnosis and treatment of patients with Chronic Obstructive Pulmonary Disease.
- Work with the Canadian Foundation of Healthcare Improvement to develop an evaluation framework to measure improvement in chronic disease self-management support.
- Implementation of a regional breastfeeding policy and development of the 'BOOBS' (Bay of Islands Breastfeeding Support) initiative with ongoing expansion to other areas of Western.
- Implementation of increased access to information on healthy eating for parents of toddlers and preschool children through supporting the efforts of community health nurses in these areas.

⁶³Newfoundland and Labrador.Central Regional Health Authority.Department of Population and Public Health.Building Evaluation Capacity with Population and Public Health: A Pilot Project, Evaluation Report.n.d.

⁶⁴Newfoundland and Labrador. Western Regional Health Authority. *Annual Performance Report April 1, 2012 – March 31, 2013.*

- Increased access to best practice information on healthy eating for prenatal women through increased referrals to the Before Birth and Beyond (BABIES) program.
- Completing an evaluation of school menus and efforts to remove certain food items.
- Implementation of the 5-2-1-0 campaign in schools (five fruits and vegetables, no more than two hours of screen time, one hour of physical activity and zero sugar sweetened beverages).
- Facilitation of community forums in each of seven primary health care team areas to address priority initiatives in healthy eating and physical activity.
- Implementation of the KICK program (Kids in the Community Kitchen) at the West Rock Community Centre.

Another important regional success noted by key informants at Western Health was the articulation of a vision for health promotion and the development of a comprehensive health promotion framework including strategies for priority areas. The priority areas are Physical Activity, Healthy Eating, Injury Prevention, Tobacco Control, Cervical Screening, Sexual and Reproductive Health and soon to be completed Mental Health and Addictions. Strategies consist of literature review of best practice information related to the health promotion focus area and an environmental scan. From this information Health Promotion programs and initiatives are recommended for implementation at the regional and local levels. Western Health has also taken steps to require that evaluation be built into new health promotion initiatives. In addition to these accomplishments and those noted above, other successes noted by key informants in Western included:

- Western's infrastructure and approach to health promotion.
- The heavy involvement of WIPC (Western Injury Prevention Coalition) in workshops delivered as part of the ACIP (Atlantic Collaborative on Injury Prevention) strategy.
- Advances in sexual health and the continued development of partnerships in that area.
- Establishment and maintenance of the Tobacco Free Network.
- The many excellent projects funded through the Community Addictions Prevention and Mental Health Promotion fund.
- The establishment of Primary Healthcare Teams/Committees.
- Access to addictions prevention and health promotion mental health resources online for staff and community.
- Excellent projects resourced through the Regional Wellness Grants in Western.

Ultimately, Western Health's performance report notes that their approach includes weaving the principles of population health into all its practices. Like other health performance reports and health promotion plans, Western's report also highlights the importance of partnerships and collaboration. It is notable in this respect that Western Health was chosen by the National Collaborating Centre for the Determinants of Health as the subject of a case study in effective leadership to promote and facilitate intersectoral collaboration on the social determinants of health. The report will be shared nationally to expand evidence about effective leadership practices.⁶⁵

⁶⁵ Newfoundland and Labrador. Western Regional Health Authority. *Annual Performance Report April 1, 2012 – March 31, 2013*. n.d.
Provincial Wellness Review Final Report
October 31, 2014

3.1.4.2.4 Labrador-Grenfell Health

Like the other health regions, the Labrador-Grenfell Annual Report underlines the commitment of the health region to population health. The report also emphasizes Labrador-Grenfell Health's commitment to addressing issues facing Aboriginal and rural populations. Notable accomplishments in the area of Improved Population Health in the *Labrador-Grenfell Health 2012/2013 Annual Performance Report* include:

- The presentation of a free dinner theatre to seniors in Goose Bay, Labrador South, and Roddickton entitled Bruno and Alice and focused on healthy aging (falls prevention); A DVD based on the play was done in Labrador City first, then shared and done in the other communities.
- Partnership with Family Resource Centres to organize Child Restraint System Technician (car seat) training to provide free car seat inspection clinics for parents and caregivers.
- Development and distribution of a nutrition newsletter to personal care homes.
- Advocacy for the continuation and expansion of foods available in school cafeterias, community gardens/markets, family resource centres and personal care homes.
- Completion of work on healthy eating toolkits, a shared initiative between registered dietitians with the RHAs and resource mothers and staff at Family Resource Centres.

Labrador-Grenfell Health's quarterly newsletter, *Along the Coast to Labrador*, also contains some accounts of accomplishments in health promotion. Accomplishments in fiscal 2013/2014 include:

- The formation of several community partnerships between Labrador-Grenfell's Health Promotion (Regional Stroke Action) subcommittee to deliver Healthy Living Checks and educate people on the importance of living a healthy lifestyle.⁶⁶
- The establishment of a support group for breastfeeding mothers.⁶⁷

In addition to the successes noted above, other key successes noted by informants from Labrador-Grenfell Health included:

- Snowmobile safety events, which have been very successful in the region.
- Bike rodeos, which have also been very popular.
- Participation in community kitchens.
- Regional Wellness Coalitions were noted as an excellent model to meet grassroots needs in Labrador.

⁶⁶ Newfoundland and Labrador. Labrador-Grenfell Regional Health Authority. *Along the Coast to Labrador*. April – July 2013.

⁶⁷ Ibid.

- The establishment of a Community Food Hub in Labrador – an important force for food security -that came out of the Regional Wellness Coalition AGM.

Another important accomplishment has been the integration of working with the Happy Valley-Goose Bay Housing and Homelessness Coalition into the Labrador-Grenfell Health Promotion workplan. Lack of affordable, attainable housing is a significant issue in Upper Lake Melville and participation in the Coalition addresses the priority area of Creating Healthy Environments through the goal of creating environments that support healthy living. It also addresses an important social determinant of health. The coalition has seen success and encouraged movement on important issues. Recently, for example, the Women’s Centre in Happy Valley Goose Bay opened eight new apartments – something the coalition had been advocating for. In October 2014, the Salvation Army (a member of the Housing and Homelessness Coalition) will pilot ‘Out in the Cold’ – a pilot program that will offer a warm safe place to sleep. Other accomplishments of the Housing and Homelessness Coalition include a partnership with Habitat for Humanity that has contributed to the production of four homes (Along the coast August to December 2013).⁶⁸

3.1.4.2.5 Key Provincial Accomplishments

In addition to regional successes, key informants across the regions also indicated what they perceived to be the main provincial successes in health promotion. Provincial accomplishments and successes listed by key informants included:

- The Healthy Students, Healthy Schools Initiative and the establishment of School health liaison positions; funded by health but housed in school board, these positions can facilitate excellent health promotion work in the schools
- The development of provincial school food guidelines and school nutrition policies
- The establishment and maintenance of the Regional Wellness Coalitions
- The establishment of the Eat Great and Participate program
- The establishment of Family Resource Centres and Healthy Baby Clubs and the development of nutrition tool kits
- The extensive work in tobacco and the dramatic reduction in tobacco rates across the province.
- Breastfeeding initiatives, including work on the Baby-Friendly initiative
- Banning energy drinks from school grounds
- Continued support of provincial wellness grants, identified as supporting many important projects at the community level.
- Booster seat legislation
- Tanning bed legislation
- Resourcing for lactation consultants

⁶⁸ Newfoundland and Labrador. Labrador-Grenfell Regional Health Authority. *Along the Coast to Labrador. August – December 2013.*

- The establishment of Youth Outreach Worker positions

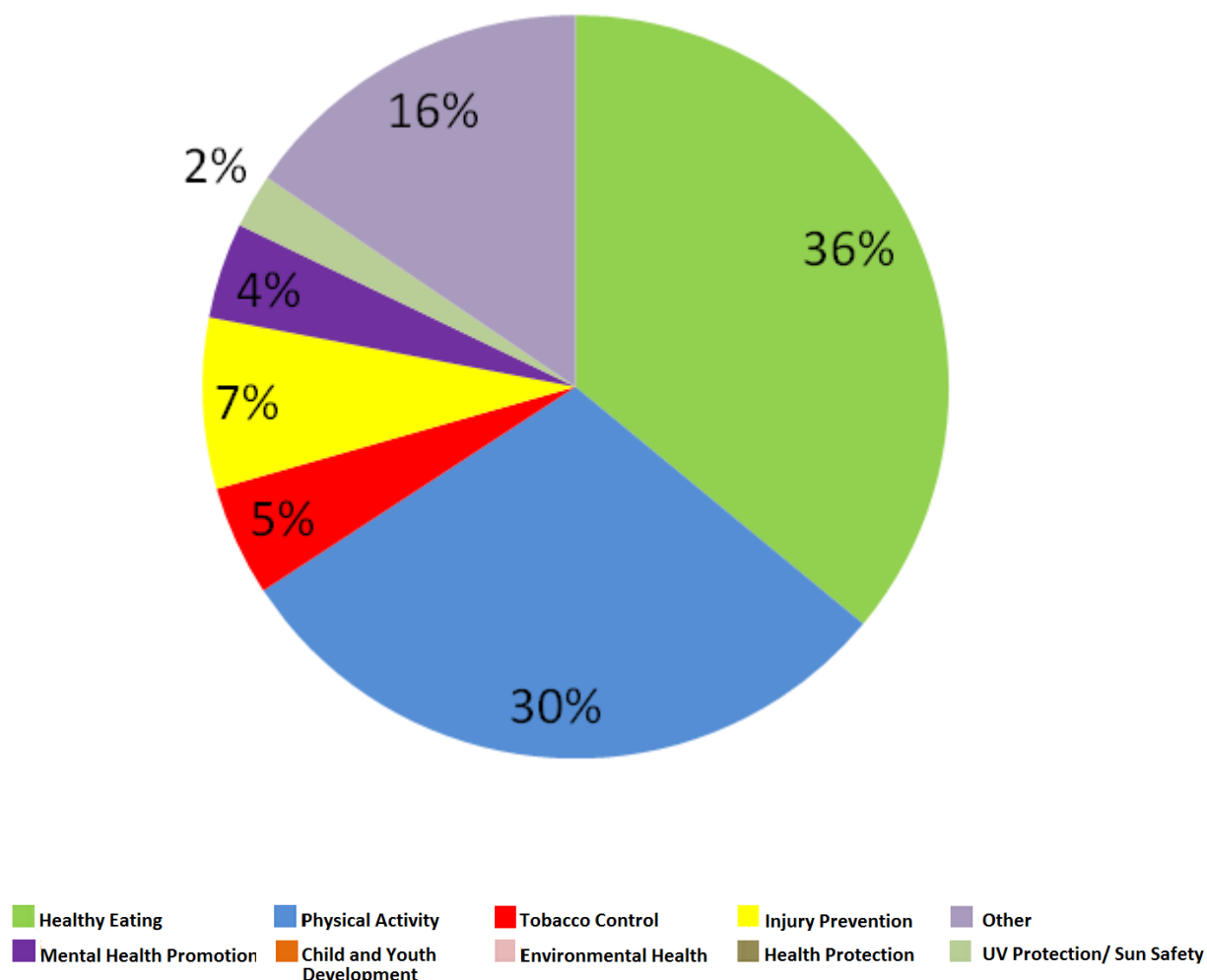
3.1.4.2.6 Provincial Wellness Grants

The Provincial Wellness Grants Program is intended to provide one-time funding to community organizations undertaking health promotion projects. The current Provincial Wellness Grant Program is a consolidation of the previous wellness grants, senior's wellness grants, and the cancer prevention and awareness grants. To receive funding, projects are required to support one or more of the eight priority areas listed in the Provincial Wellness Plan or senior's wellness or cancer prevention and awareness. Eligible applicants can include non-profit organizations, incorporated municipalities, local service districts, and Aboriginal governments or organizations. Eligible expenses can include salaries, honoraria, healthy snacks, and small equipment purchases. Wellness Grants are not intended to cover capital expenditures or core operating expenses. Requests for funding must be between \$5000 and \$10000 and can be used to cover all or part of a program.

Provincial Wellness Grant applications are adjudicated and awarded by the Department of Health and Community Services. While regional representatives have in previous years been involved in reviewing grants, the regions are no longer represented in the grant review process. Key informant interviews did reveal that there is some effort made to ensure that Provincial Wellness Grant funded projects do not overlap with or duplicate projects funded by other Divisions – in particular Aging and Seniors. At the time of this review, a meeting had recently taken place between Healthy Living and Aging and Seniors; in the course of this meeting, Healthy Living reviewed the applications Aging and Seniors were reviewing to ensure there was no overlap with the grants being reviewed and awarded by Healthy Living. A key informant noted that the issue of potential overlap where a group receives money twice for the same project (from TCR and HCS, for example) is an issue that is currently being addressed, "to make sure that all departments aren't giving the same amount of money for the same program."

Figure 6 shows the distribution of Provincial Wellness Grant Money in relation to the 8 provincial priorities listed in the 2006 Provincial Wellness Plan.

Figure 6. Breakdown of the Distribution of Provincial Wellness Grant Funds According to the Eight Provincial Priorities in the 2006 *Provincial Wellness Plan*.



3.1.4.2.7 Regional Wellness Grants

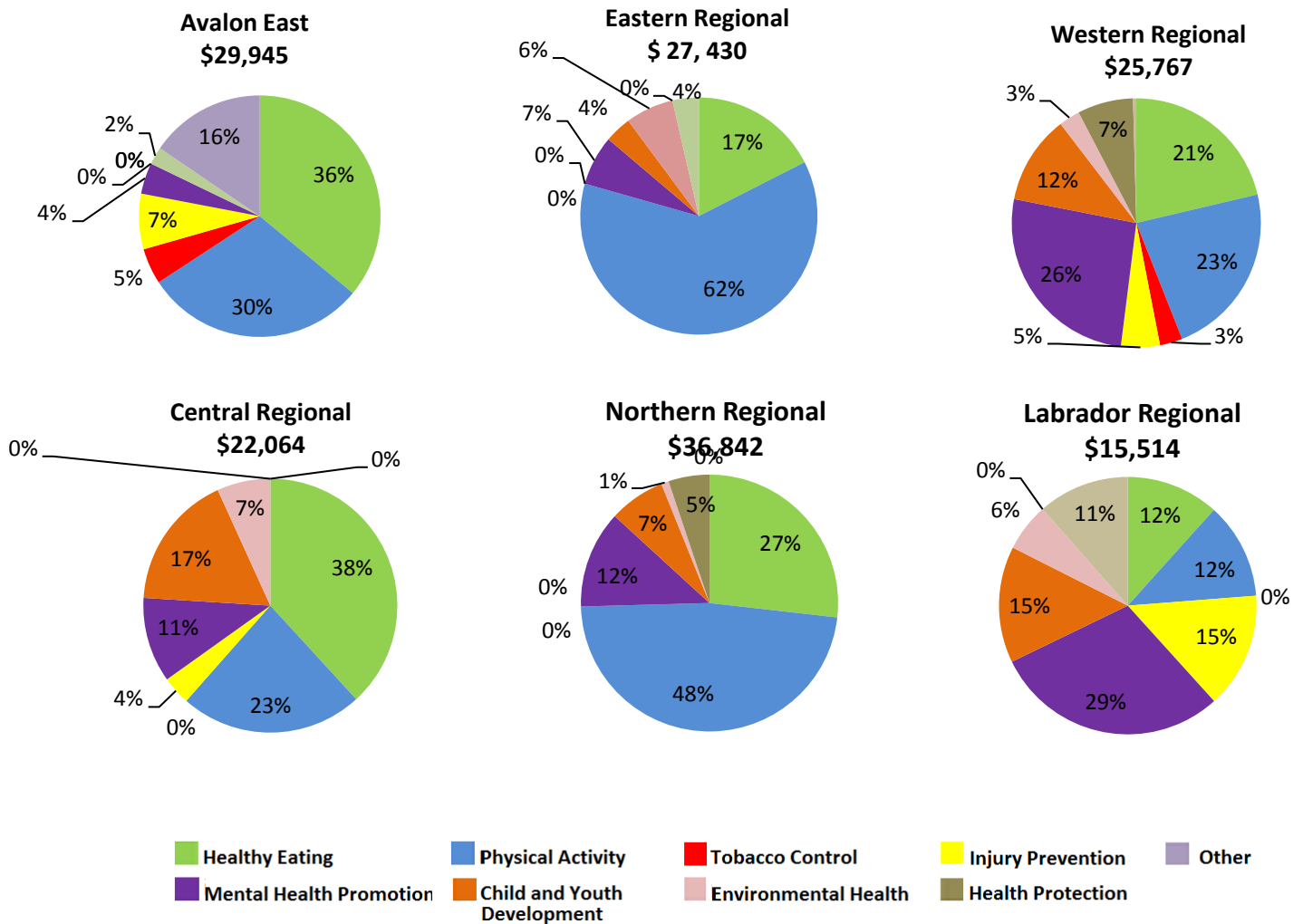
Each year, the six Regional Wellness Coalitions in the province are given \$43,700 to sustain their activities. In the case of each coalition, a significant portion of this funding is distributed to regional communities in the form of regional wellness grants. Grant review periods, maximum funding amounts, and stated priority areas differ from coalition to coalition. In general, applications indicate that wellness grants may be used for the purchase of equipment, materials, and supplies for health promotion projects, but cannot be used for salaries or as fund-raising money. The maximum grant amount varies from region to region as do the dates that funding is awarded.

Table 2 shows the maximum amount of funding offered by each Regional Wellness Coalition along with stated priority areas and the dates of application review. Figure 7 shows funding awarded by each regional wellness coalition in provincial priority areas.

Table 2. Priority Areas, Funding Amounts, and Application Review Dates for Regional Wellness Coalition Grants and Provincial Wellness Grants

Funding Source	Priority Areas Funded	Maximum Funding Amount	Application Review 2013/2014
Provincial Wellness Grants	Healthy Eating, Physical Activity, Tobacco Control, Injury Prevention, Mental Health Promotion, Child and Youth Development, Environmental Health, Health Protection, Cancer Prevention, Senior's Wellness	\$5,000-\$10,000	December 13 th
Avalon East Regional Wellness Coalition	Healthy Living, Healthy Environments, Mental Health Promotion, Injury Prevention, Child and Youth Development, Health and Literacy	\$1000	January 15 th , May 15 th , September 15 th
Eastern Regional Wellness Coalition	Healthy Eating, Physical Activity, Tobacco Control, Healthy Environments, Mental Health Promotion, Injury Prevention, Child and Youth Development, Sexual Health and Well-Being	\$1000	February 1 st , September 30 th
Central Regional Wellness Coalition	Healthy Eating, Healthy Environments, Mental Health Promotion, Injury Prevention, Child and Youth Development, Physical Activity, Tobacco Control	\$2000	May 1 st , December 1 st
Western Regional Wellness Coalition	Healthy Eating, Active Living, Smoke Free, Injury Prevention, Child and Youth Development, Health Protection, Healthy Environments, Mental Health Promotion	\$1000	March 15 th , June 15 th , September 15 th , December 15 th
Northern Regional Wellness Coalition	Healthy Living, Healthy Environments, Mental Health	\$1000	September 30 th , February 28 th , May 31 st
Labrador Regional Wellness Coalition	Healthy Living, Healthy Environments, Mental Health Promotion, Child and Youth Development	\$1000	January 1 st , April 1 st , July 1 st , October 1 st

Figure 7. Breakdown of Regional Wellness Coalition Community Grants by Provincial Priority Area, Fiscal 2013/2014



3.1.5 Perceived Key Challenges

Key informants were asked about challenges to health promotion within Newfoundland and Labrador. Some of the challenges listed by key informants were related to general challenges of the larger health promotion system while others were context-specific. Some informants, for example, pointed to the challenges associated with creating public health leadership, while others also spoke of the challenges related to resources or leadership in their particular areas. When all the key informant interview results were considered together, six main challenges emerged repeatedly across the Regions and in several interviews. These challenges were coded under the headings: Leadership, Direction, Priority Misalignment, Prioritization Across Government, Resource Allocation, and Evaluation. The following sections below discuss these challenges in detail.

3.1.5.1 Leadership

Key informants frequently perceived leadership to be a challenge. Leadership emerged as a challenge in two respects. In one respect, some participants felt leadership was missing in the key priority areas of injury prevention and physical activity, while others felt that the province lacked overall leadership in public health.

Participants who felt that leadership was missing in the key priority areas of injury prevention and physical activity perceived neither of these priority areas to have a lead consultant at the provincial government level. Without such a lead to offer guidance, some key informants in the RHAs working on injury prevention files noted that they were unsure of what direction to take when choosing or pursuing injury prevention initiatives. As one informant commented:

“[b]ecause there hasn’t been a lead at the province, we have sort of gone on what’s been coming out nationally, and provincially, and Atlantic as well. So some of the initiatives that we’ve taken on are some of the things that have come out of reports nationally. For example, alcohol use and illicit drug use and motorized vehicles. That came out of reports through ACIP and then we took that on as an initiative”

It is of note that the key collaborative or communicative mechanism with regard to injury prevention is the Newfoundland and Labrador Injury Prevention Coalition. This entity, while it has provincial/departmental membership, does not have provincial/departmental leadership. Results from interviews suggest that this body does not currently (or has not recently) provided strong leadership in injury prevention in Newfoundland and Labrador.

With regard to physical activity, participants from across the Regions noted that there is no provincial lead or group that meets regularly to offer direction or opportunities for communication and/or collaboration. One regional health promotion consultant working on physical activity commented:

“with tobacco [it is] well-established that [we have a lead person at the Department], with the wellness coalition, we have [a lead person at the Department], with nutrition, [we have a lead person at the Department], physical activity [...] kind of falls off the radar, because I find you’ve got Recreation NL, you’ve got Sports NL, you’ve got Tourism, Culture and Recreation, but no leading person. And I feel like you really need that”

Another informant expressed concern that there was no lead on physical activity at the Department of Health and Community Services, given the fact that physical activity was outlined as a priority area in the 2006 Wellness Plan:

“Given that physical activity is one of the key priority areas, I’m surprised that there wouldn’t be a real lead, and if there was a real lead, and a real direction and all the regions were feeding into one and we could have some kind consistent message and a plan, you know if we had a workplan maybe we could lobby for more funding rather than one shot deals here and there and everywhere”

Key informant interviews with officials from the Department of Tourism, Culture, and Recreation (TCR) confirmed that health promotion consultants within the regions can contact someone from TCR for guidance on physical activity. It was noted, however, that this option may not be well understood or communicated to the regions. One health promotion consultant working on physical activity in the regions felt that TCR might not offer the most appropriate advice on physical activity for health promotion, because it would be “more from a sport and not a health promotion perspective.” What is really needed, this participant suggested, echoing other key informant comments, is a lead on physical activity within the Department of Health and Community Services. Indeed, related to the lack of perceived leadership around physical activity, was a lack of role clarity when it comes to who ought to take the lead on physical activity more generally. While a number of departments have aspects of physical activity in their mandate (such HCS, TCR, and EDU), there is not necessarily formalized recognition of who may be the lead department for physical activity on particular files:

“It seems like a number of departments have in their mandate an element of physical activity and there doesn’t seem to be any formalized recognition of who may be the lead department in that portfolio. So we’re talking education, while we all know the department of education is the lead when it comes to curriculum, but when it comes to physical activity, it appears that multiple departments have a vested interest and it’s part of their mandate”

A lack of understanding about who may take the lead on physical activity on particular files has clearly created confusion on the ground about who to consult when choosing or pursuing physical activity initiatives.

Some informants also pointed to a perceived gap in Mental Health leadership as well as missed opportunities for cross province collaboration in mental health, due to the fact that there has been no provincial lead in mental health promotion for the last several years. In the last 8 months, however, a new consultant has been hired at the provincial level in the Mental Health and Addictions Division and this consultant is currently chairing regular meetings of the mental health consultants throughout the regions.

While a number of participants noted perceived leadership gaps in certain areas, some key informants suggested that there was an overall lack of public health leadership within the province. One informant suggested that there is currently a lack of ‘public health leaders’ in the province and that in other provinces, the public health leadership role is sometimes filled by one or more Medical Officers of Health. This same informant noted that our structure does not support MOHs. Still another participant described the Newfoundland and Labrador health promotion system as decentralized and disconnected – a situation which could lead to redundant programming:

“As much as people try and collaborate, the way we’re building our systems we’re putting up walls to collaboration because everybody has a different system you know if you look at [government departments with a connection to wellness] and the health authority, they’re not connected the way they used to be so you don’t get that same collaboration ... everybody’s moving ahead on their own little strategy... and there should be ways to connect and facilitate some of the programming [...] but when the rubber hits the road, we’re not connecting those dots anymore... and from a health promotion and wellness perspective, we’ve got a lot of strengths in this province and if we started connecting things better, there’s people working together, you wouldn’t be sort of one group coming in and putting this program out and another group coming in and putting this program out and they’re both doing the same thing”

3.1.5.2 Direction (Provincial Wellness Advisory Council)

The current mechanism for identifying provincial wellness priorities and the key mechanism for recommending and advising on strategies for addressing those priorities is the Provincial Wellness Advisory Council (PWAC). The PWAC is a ministerial-appointed council of government and non-government representatives currently comprised of over 30 individuals. From 2002-2004, the PWAC produced three papers that provided the foundation for the 2006 Wellness Plan. Since then, the PWAC has produced four additional papers, the most recent of which recommends a health promotion focus on the built environment.

Feedback from key informant interviews on the effectiveness of the PWAC was mixed. Many informants indicated that the size of the PWAC (over 30 members) could have both positive and negative effects. On the positive side, the fact that the council was comprised of individuals from several different sectors, NGOs, and departments could open up important opportunities for contributions to wellness initiatives as a forum was created where many different individuals could see what they had to offer. As one respondent commented:

“When I sit on these [PWAC] meetings, I’m always listening for where opportunities may arise where information might be available from our department that could supplement what the wellness council is actually doing... So for me, it’s not so much the actual initiative or you know hot topic of today, it’s more ok this is the plan, this is what they’re attempting to do, these are the people they’re hoping to use and is there anything that our department can interject”

Other respondents indicated that even beyond noting what they could contribute to the projects being discussed, they were able to create connections that were useful for other projects:

“there’s a lot of communication that happens within the council that may not be specifically related to advice to the Minister. So that’s one of the values of the council and one of the unique things – it allows an opportunity for that intersectoral collaboration and sharing of information that might not happen anyway”

On the negative side, the size of the PWAC could be a barrier to its effectiveness. A number of respondents commented that the group was so large and that so much time was taken up with updates

that it wasn't always clear what was being accomplished at the meetings and that people may be confused about their role at the table. As one respondent commented:

"It's complicated, because there are so many members, you know a council of 30 members is rare... The council is unique in that it's large and you know the beauty of that is that there is an opportunity to liaise across the broad determinants of health. So you're in the same room as the folks from the different municipalities, and the tobacco folks, the heart and stroke foundation, that broader scope of health. Now that can get confusing when it comes to... what are we doing here because you're getting high level discussion and then you're getting the minutia of people reporting what they did yesterday"

Another participant commented that the size of the group was "challenging from a work perspective" and suggested that the structural addition within the PWAC of a smaller steering committee might help to make the PWAC more effective in its advisory role:

"the size of the group is great from a networking perspective, but it's challenging from a work perspective. So when there's 30 people in the room at an advisory council meeting, it's hard to understand all the linkages and all the so many different mandates ... and would a smaller steering committee be more effective? Not removing the larger group, but almost complimentary to it. So if the wellness council meets four times a year, maybe the steering committee group meets four additional times a year"

3.1.5.3 Priority Misalignment

There are no mechanisms to ensure priority alignment among the RHAs and between the RHAs and the provincial government. In some cases, this has resulted in differing priorities between the RHAs and the province and among the RHAs. Priority misalignment between the RHAs and the government could in turn create a gap in leadership and resources. This was most notable in the case of sexual health. Sexual health is not in the Provincial Wellness Plan, but it is in the strategic health promotion plans of Eastern Health and Western Health. Sexual health is not a priority in the strategic plans of Central Health and Labrador-Grenfell Health although both regions have consultants who do some work on sexual health promotion. Key informants in Central Health explained that they once had a sexual health consultant, but when that person retired, the position was retired as well because sexual health was not part of the Provincial Wellness Plan; the sexual health file was instead handed off to the Parent and Child Health Coordinator, who currently addresses sexual health for school age children only. In Labrador-Grenfell Health, the same consultant who addresses food security and housing (as part of creating supportive environments) has also taken on some sexual health work.

While consultants from the regions working on sexual health meet regularly, the lack of a provincial lead – which is directly related to the lack of priority alignment – was perceived to have a number of consequences. A lack of a provincial lead makes it difficult to collaborate on sexual health initiatives; as one key informant commented *"we can't move anything forward as a group [...] because there's no provincial lead [...] we did have a workplan, but it's hard because we're all pulled in different directions."* Because sexual health is not a recognized priority and because there is no provincial lead, even when resources are collaboratively developed, it can be difficult to get support to print resources. As one informant commented:

“we’ve developed some new stuff on talking to your child about sexuality, but then when it comes to who’s going to pay, even though it’s going to be a provincial resource, nobody wants to pay for it because sexual health doesn’t fall under anybody’s category as such [..] CDC [Communicable Disease Control] has agreed to pay for some things if it falls within their mandate, but that’s still a gap”

This same informant felt that a provincial lead would lead to a greater ability to print resources, as well as a greater ability to move sexual health objectives forward at the provincial level:

“If there were a provincial lead, I don’t think we’d have as many challenges as we have because we’d have a voice at the provincial level, speaking and moving our objectives forward, but when you have so many priority areas and no provincial lead, it’s hard to get up on that agenda”

One informant commented that priority misalignment between the RHAs and the province could create issues around role clarity, with regional consultants taking on quasi-provincial roles:

“[with] sexual or reproductive health, there is no provincial consultant, there’s a regional consultant, but then she ends up kind of having to play that quasi-provincial consultant”

The same key informant also pointed to a more general issue around priority alignment and the problems created by a lack of communication at senior levels. For example, a lack of communication between regional managers and provincial consultants could create scenarios whereby regional health promotion consultants are pulled in one direction by the province and another direction by their regional manager and regional priorities:

“Some of the consultants have a provincial consultant that pushes them in a certain direction, that might not be aligned with the priorities that are coming from the region, so the regional nutritionist is asked to do x,y, or z and me as regional manager doesn’t even know that. I mean, that doesn’t happen a lot, obviously there’s communication in place from the province, but you know I think it is something that arises – you know it is a legitimate issue”

Coordination of effort or resources could also be a problem in cases where there was no provincial lead for a particular priority area. While the province has recently begun sitting in on calls with the mental health consultants in the regions, one mental health consultant explained that before that, the lack of provincial guidance on mental health promotion has led to an inconsistent approach to mental health across the province:

“[there are] five regional addictions and prevention consultant positions across the province, in all the regions. We meet every six weeks, but truthfully, there hasn’t been a lot of provincial guidance in terms of our direction. We really drive our own work in the regions, but it’s not necessarily a consistent approach like some of the other consultants”

3.1.5.4 Prioritization Across Government

Effective health promotion requires a population health approach that reaches across a number of different systems. As many population health models are designed to show, determinants of health can include a range of factors beyond individual behavior, such as income and social status, gender, education, working conditions, and child and youth development. Because the determinants of health are broad, effective health promotion work draws on varying sectors and requires cooperation and collaboration across a number of government departments. A number of key informants within the Department of Health and Community Services, however, noted that it can be difficult to convince other government departments and divisions of the important role they have to contribute to health promotion. This emerged as a key challenge to health promotion work.

A number of informants suggested that senior-level collaborative and communicative mechanisms at the director, ADM, and DM level could help to build relationships across departments and identify opportunities for collaboration. One informant for example, commented on the potential usefulness of director-level groups/mechanisms to facilitate cross linkages and identify synergies:

“I think at the Deputy level, there’s mechanisms, and even at the ADM level, there’s mechanisms where those people would get together to create touch points. But I think directors in government, if they had that cross linkage, or had avenues to be able to build relationships with other directors, I think you’d find a lot of synergies that you could progress your work a lot quicker. And knowing that you weren’t doing it in an isolated manner”

Another senior-level informant commented on the potential usefulness of ADM/DM level committees or groups which to engage on mutual work in broad areas, such as the health promotion strategy or the sport and recreation strategy:

“I think a fundamental gap is that while we collaborate often and we each know where each other is located, and we contact each other frequently; it’s ad-hoc [...] I think we need a deliberate intra-governmental mechanism for officials and the leadership, Director and ADM level to engage regularly on our mutual work. And that would be in addition to all comers coming together [...] We have a very healthy relationship with Health and Community Services and with Education – we can talk to them any time on any issue, on a program, we’ll strike a committee and we’ll work on it. But overarching, higher level, regularly, and a deliberate mechanism so that it survives any number of us in our positions; because it can work well, but if you have people move on and you don’t have an established protocol, an established mechanism, that can set you back”

3.1.5.5 Resource Coordination

Initial interviews with the Regional Wellness Coalition co-chairs focused on the activities and priorities of the wellness coalitions and revealed the strong role that wellness coalitions play in building community networks. A series of follow-up interviews focused specifically on community grants and the degree to which wellness coalition grants were coordinated with RHA resources and projects as well as provincial wellness grant projects. The central findings emerging from these interviews were as follows: 1) In

some cases, projects undertaken with Regional Wellness Coalition community grants are well-coordinated with RHA resources. This may be the case, for example, for a bike rodeo, in which a community may apply for money to assist with holding the event while the RHA provides programmatic resources. A community kitchen is another case in which a community group may apply for money to hold the educational event while the RHA might then provide programmatic and educational resources, including for example, making a regional nutritionist available to help with the event; 2) In some cases there is no coordination or alignment of regional wellness coalition grants with RHA projects or resources: some RWC-funded projects have no connection to RHA programming. This was not necessarily viewed as a negative by wellness coalition co-chairs, one of whom noted, for example, that “you do want to let community be innovative and creative – and sometimes they can move things along much quicker.” Coalition co-chairs did indicate that they try to make sure that the messaging is consistent; 3) RHA staff involvement in the adjudication/awarding of Regional Wellness Coalition grants avoids duplication of RWC projects and RHA projects; and 4) There is currently no mechanism to coordinate Regional Wellness Coalition grants/projects with Provincial Wellness grants/projects; duplications and/or multiple funding awards to the same group for the same project are possible and may have occurred in some cases.

3.1.5.6 Evaluation

Key informants from each region recognized the importance of evaluation; however, evaluation was also recognized as a challenge in each region. In Eastern Health, evaluations have been undertaken on specific programs, but there is no systematic evaluation plan for the region. In Central Health, evaluations have been undertaken on selected programs and coordinators of new initiatives are put in touch with the Program, Planning, and Evaluation Department to determine what information to collect to make statements about outcomes. Central Health has also begun to offer their health promotion consultants training in evaluation via a program recently put in place in Central Health’s Program, Planning, and Evaluation Department. Health promotion consultants in Western Health have undertaken evaluations of key programs and Western Health’s Strategic Plan for Health Promotion 2011-2014 states that programs offered must have an evaluation component built in. Health promotion consultants in Labrador-Grenfell Health have undertaken evaluations of some programs, but no systematic overall evaluation plan is currently in place.

The three central challenges to evaluation mentioned by key informants in the review included 1) a lack of province-wide agreed upon indicators, 2) a lack of resources, and 3) difficulty engaging communities in evaluation activities. With regard to a lack of agreed upon province wide indicators, one informant commented that while some other provinces have developed agreed upon indicators, that is “not the approach we’ve taken in this province” and that it is difficult to determine if your health promotion efforts are succeeding:

“I think there’s a bit of a gap in indicator developing, benchmarking, evaluation, those types of things. I’ve gone to conferences in other provinces and looked at the wellness plans of other provinces and take for example around physical activity, they might say its their goal in the next year to increase by 10% the people who are considered physically active and then they would have a benchmark of what the % is right now of people that are physically active and then what their target would be to add up to 10% and measure that. But that’s not the approach we’ve taken in this province with regard to health and wellness. And with this, you know, it makes it

difficult to know when you're finished for one thing – if you're doing a good job, if you're on your way there or if your efforts are making any difference"

Specific to the challenges created by a lack of resources, a key informant from Eastern Health pointed to the importance of accountability and an evidence supported approach to health promotion, but noted that "we don't have all the supports and resources" to do the evaluations that are necessary to an evidence-based approach:

"to be accountable particularly in this health authority and in this integrated system and even within government, I think, is that accountability needs to be there and that evidence needs to be there to support what we're doing... having said that, one of the pitfalls that we have is that we don't have all the supports and resources we need from an evaluation point of view"

An informant from Western Health, speaking about the PARTY program, commented on the difficulty of engaging community members in evaluation activities that they may not see as important. The PARTY program is delivered in the schools and while there are few problems convincing the schools to make time for program delivery, it can be difficult, this informant suggested, to convince the schools to make time for program evaluation:

"The education system certainly welcomes us in terms of coming in to deliver the [PARTY] program. In fact, they're asking for it now, which is excellent... But again, they want us in for the delivery. To get us back for the next year, when we want to do the post-test is a little more challenging"

3.2 Overview of Jurisdictional Scan

3.2.1 Similarities across Jurisdictions

As part of our review, four jurisdictions were reviewed with the aim of describing their organizational approach to health promotion and wellness. These jurisdictions included Nova Scotia, New Brunswick, British Columbia, and New Zealand. Across the four jurisdictions reviewed, a number of commonalities emerged. In each of the jurisdictions, two or more health authorities were responsible for the planning and delivery of health services, including some health promotion. In addition, each of the jurisdictions approached health promotion from a population health perspective. Though priorities differed slightly by jurisdiction, in general healthy eating, physical activity, mental health, tobacco control and child development were considered priority areas.

In each jurisdiction, the Department of Education (or equivalent) was a key partner in health promotion, connecting health promotion to schools, childcare centres, and early intervention services, much like in Newfoundland and Labrador. Other partnerships were issue-dependent, and typically ad-hoc. In each of the jurisdictions, a number of coalitions and networks played an important advisory role to the Department of Health, though this role was not always as formalized as with the Provincial Wellness Advisory Council. In addition, NGOs and community groups were often key partners, delivering specific programs and services on behalf of the Department of Health. In this way, the four jurisdictions were quite similar to Newfoundland and Labrador.

Evaluation was a gap that was identified in each jurisdiction. None of the jurisdictions had a systematic evaluation plan in place; evaluations were typically conducted on an ad-hoc basis. Evaluation capacity was identified by many as the primary barrier to systematic evaluation; while recognized as important, sufficient resources were not being allocated to evaluation. This same challenge was echoed by respondents in Newfoundland and Labrador.

In addition, each of the key informants spoke to the difficulty of engaging other departments within government to recognize their role in health promotion. While it was widely recognized that cross-sector collaboration was important in order to address the social determinants of health, in practice, this was often difficult to coordinate.

3.2.2 Differences across Jurisdictions

Across the four jurisdictions included in the review, there was a key contact person at the provincial or national level assigned to each priority area. None of the respondents interviewed across the jurisdictions indicated that there was a gap around leadership in priority areas; this information seemed to be well communicated.

The planning and delivery of health promotion services was organized quite differently by jurisdiction. While in New Zealand, health promotion sits largely outside of government and is the responsibility of a Crown Corporation, in other jurisdictions health promotion is the responsibility of the Department of Health (e.g., NS and BC) or is split between two or more departments (e.g., NB).

Priority alignment is another area where key differences emerged. In New Brunswick, for example, while the Department of Health and the Regional Health Authorities had some input into the Provincial Wellness Plan, the Department of Healthy and Inclusive Communities is ultimately responsible for it, and the RHAs are under no obligation to align their regional priorities with the Wellness Plan. In other jurisdictions, where health promotion is the responsibility of one actor and where there is strong provincial/national leadership, priority alignment is less of a challenge. For example, in Nova Scotia and New Zealand, the Department/Ministry of Health sets priorities for the entire population. The individual health authorities are required to work towards this common set of priorities and to regularly report on their progress.

Table 3. Challenges/Gaps in NL, as Compared to other Jurisdictions

Jurisdiction	Leadership	Priority Alignment	Health Promotion Prioritization	Evaluation
Newfoundland and Labrador	Perceived to be lacking in some areas Strong leadership at provincial level is needed	No formal mechanisms to ensure priority alignment between province and the RHAs	Difficult to convince other departments of their role in health promotion	No systematic evaluation plan in place
Nova Scotia	Department of Health and Wellness sets provincial priorities Public Health Leadership Team sets collective priorities for public health	Health authorities expected to align with provincial priorities Provincial health targets in place for each priority area; health authorities are mandated to report on their progress	Difficult to convince other departments of their role in health promotion	No systematic evaluation plan in place
New Brunswick	Shared between Department of Health and Department of Healthy and Inclusive Communities	No requirement for RHAs to align priorities with the Provincial Wellness Plan (Department of Healthy and Inclusive Communities)	Difficult to convince other departments of their role in health promotion	No systematic evaluation plan in place
British Columbia	Department of Health sets direction and provincial priorities	No requirement for RHAs to work towards all of the provincial priorities, although they are expected to	Difficult to convince other departments of their role in health promotion	No systematic evaluation plan in place
New Zealand	Ministry of Health develops policy and sets priorities for the country; key contact person in each priority area Health Promotion Agency mandated to lead and/or support health promotion	National health targets, on which the health authorities are required to make progress Public accountability	Difficult to convince other departments of their role in health promotion	No systematic evaluation plan in place

3.3 Overview of the Health Promotion and Wellness System in Nova Scotia

3.3.1 Structure and Organization

Within the healthcare system in Nova Scotia, a number of key actors play a role in the planning and delivery of health promotion activities, while striving to work within a common system. Table 4 summarizes key findings related to these actors in Nova Scotia.

Table 4. Actors and key roles in the health promotion and wellness system in Nova Scotia

Actor/Organization	Key Roles
Department of Health and Wellness	<ul style="list-style-type: none"> - provides direction and funding to the District Health Authorities, Community Health Boards and the Health Promotion Clearinghouse - sets provincial priorities - 5 Public Health Directors responsible for Public Health Units across the province - funds various NGOs and community groups to deliver services on behalf of the Department
District Health Authorities	<ul style="list-style-type: none"> - implement provincial policies and work towards the provincial priorities - evaluate health services and programs - Public Health Directors imbedded within each DHA
Community Health Boards	<ul style="list-style-type: none"> - manage community grant programs - engage communities in health planning - assess community health needs - partner with NGOs and community groups to deliver health promotion activities
Department of Education and Early Childhood Development, Early Years Branch	<ul style="list-style-type: none"> - supports policies and programs which enhance the health and wellbeing of children from birth to age 6 - provides financial support in the form of grants to licensed home daycares - provides a wage subsidy to ECE-trained daycare staff, in order to retain qualified staff
NGOs/Community Groups	<ul style="list-style-type: none"> - deliver programs and services on behalf of the Department of Health and Wellness - carry out health promotion activities, as per their mandate

3.3.1.1 The Department of Health and Wellness

With an annual budget of \$4.1 billion⁶⁹ and over 480 full-time equivalent employees,⁷⁰ the Department of Health and Wellness is mandated to set the direction for healthcare in Nova Scotia. The Department provides funding to the District Health Authorities, to Community Health Boards, and to the Izaak Walton Killam Hospital. The Department has responsibility for programs and services in the following areas: mental health and addiction services; pharmaceutical programs and services; primary health care; acute, tertiary, and continuing care; public health; physician services; emergency health services; and physical activity and recreation. While most programs are delivered by the District Health Authorities, contracts are also awarded to NGOs for the delivery of specific programs or services.

The Public Health Branch of the Department of Health and Wellness receives roughly 2% of the overall health care budget for the province.⁷¹ Within the Public Health Branch of the Department, five divisions have responsibility for various priority areas:

- Healthy Communities
- Healthy Development
- Environmental Health
- Population Health Assessment and Surveillance, and
- Communicable Disease Prevention and Control

Each of five geographically-based public health units has a Public Health Director who represents the Public Health Branch in the community. The Public Health Directors report through the health authorities, rather than through the Public Health Branch. One of the challenges of having the Public Health Directors imbedded in the District Health Authority is that they are occasionally “torn” between the interests of the Department, and those of the DHA, to whom they report. While the Department may be exploring ways to address a larger health promotion issue at the provincial level, the DHAs, because they are only responsible for part of the population, are more likely to be planning at a regional level.

In 2008, the Public Health System Leadership Team was established to set collective priorities; this team meets monthly, and is comprised of the Chief Public Health Officer, Regional Medical Officers of Health, and Public Health Directors. The role of the Leadership Team is to set the framework for addressing each of the provincial priorities; the DHAs are then given the flexibility to adapt the framework to their specific population, resources or context. This approach was described by one informant as “... a balance between having a standard approach, but with enough flexibility to adapt that approach for local needs [...] staying consistent to the overall purpose and intended outcome.”

⁶⁹ Government of Nova Scotia, Department of Finance. 2014-2015 Budget Address.

⁷⁰ Government of Nova Scotia, Department of Health and Wellness. Annual Statement of Mandate for the Fiscal Year 2014-2015.

⁷¹ Government of Nova Scotia, Department of Health and Wellness. Annual Statement of Mandate for the Fiscal Year 2014-2015.

Funding for NGOs and community groups flows through the various divisions of Public Health, and is tied to specific programs or projects rather than as broad, annualized funding.

3.3.1.2 District Health Authorities

Nine District Health Authorities (DHAs) receive their direction and funding from the Department of Health and Wellness and are responsible for the provision of health services for their population, with a combined budget of \$1.7 billion.⁷² Each of the DHAs also receives funding which is earmarked specifically for public health, with the DHAs having the flexibility to spend the funds on the public health priorities that they have identified as being most salient for their population. The DHAs are governed by a Board of Directors, consisting of one-third of members appointed by the Department of Health and Wellness, and the remaining two-thirds nominated by local community health boards.⁷³ A number of non-voting board members may be further appointed by the Ministry.

The responsibilities of the DHAs include:⁷⁴

- planning, monitoring and delivering health services within the health district
- allocating resources effectively, and avoiding duplication of services
- maintaining and improving the health of the population within the health district
- evaluating health services and programs
- participating in the development and implementation of provincial health policies, information systems, and standards
- preparing and submitting an accountability report to the Department of Health and Wellness at the end of each fiscal year

Nova Scotia's healthcare system is in the process of undergoing a shift from nine regional health authorities to two district health authorities. The first of these health authorities will be an amalgamation of the current (9) DHAs, with a provincial board and four management zones. The Izaak Walton Killam hospital stands as an autonomous health centre, outside of the DHAs and would continue to retain its autonomy as a separate health authority under this new framework. This change is expected to take effect in early 2015.⁷⁵ It is anticipated that this amalgamation will result in a more cohesive system of programs and service delivery across the province, and will further facilitate working as a system.

⁷² Government of Nova Scotia, Department of Finance. 2014-2015 Budget Address.

⁷³ Government of Nova Scotia. Health Authorities Act. 2000.

⁷⁴ Ibid.

⁷⁵ Government of Nova Scotia, Department of Finance. 2014-2015 Budget Address.

3.3.1.3 Community Health Boards

Each of the DHAs has a number of Community Health Boards (CHBs), which are responsible for smaller segments of the population served by the DHA. In total, 37 CHBs are tasked with:⁷⁶

- encouraging public participation in health planning and service delivery
- developing community profiles
- assessing community health needs
- developing partnerships with NGOs and community groups
- managing and making recommendations on community grants on behalf of the DHAs

The CHBs distribute roughly three-quarters of a million dollars in Wellness Fund grants to groups that are delivering community-based services and programs. While the CHB does not actually provide the funding for the grants, they are responsible for reviewing the grant proposals and making recommendations on successful applicants to the DHA.

The Boards are also responsible for developing community health plans, which are developed in consultation with local community members. The community health plans detail ways in which the local community can be supported and health may be improved. These plans are submitted to the DHA, who is required to respond to the plan. While the *Health Authorities Act* (2000) sets out the formal relationship between the CHBs and the DHAs, in practice some of these relationships are closer than others.

Membership on the CHBs is volunteer-based, and is open to anyone in the community regardless of experience, education or training. Each Board is required to have between 9 and 15 members who serve a three-year term, and Boards are expected to strive for diversity in membership. As of 2007, the minimum age restriction for serving on the CHBs was eliminated, and though not a formal requirement, Boards are increasingly striving for youth representation. In fact, a number of CHBs have availed of the services of a consultant to learn how best to recruit and engage youth representatives.

3.3.1.4 Department of Education and Early Childhood Development, Early Years Branch

With a budget of more than \$1.2 billion dollars (\$56 million to Early Years Branch),⁷⁷ the Department of Education and Early Childhood Development is mandated to oversee services for children from birth to age six. The Department also supports the development of services and programs that enhance the health and well-being of children and their families. The Department also oversees a number of grant programs for child care facilities and licensed home daycares, as well as providing financial support to Early Childhood Education programs in order to recruit and train qualified students.

⁷⁶ Government of Nova Scotia. Health Authorities Act. 2000.

⁷⁷ Government of Nova Scotia, Department of Education and Early Childhood Development. Statement of Mandate 2014-2015.

3.3.1.5 The Health Promotion Clearinghouse

Funded by the Department of Health and Wellness, the Health Promotion Clearinghouse is a provincial non-profit resource for individuals working in health promotion in Nova Scotia. Its mandate is to provide opportunities for networking, support, and tools to enhance capacity for health promotion in the province. The Clearinghouse website also provides links to relevant government policies and strategies, as well as to each of the DHAs. A number of partners and sponsors support the work of the Clearinghouse, including the Annapolis Valley District Health Authority, the Canadian Mental Health Association, and the Department of Seniors.

3.3.2 Priorities and Priority Setting

3.3.2.1 The Department of Health and Wellness

At the provincial level, the Department of Health and Wellness sets priorities for the healthcare system and provides direction to the DHAs and the Public Health Units. The *2014-2015 Statement of Mandate*⁷⁸ for the Department identifies the following wellness priority areas:

- Healthy Eating and Physical Activity
- Injury Prevention
- Tobacco Control
- Responsible Alcohol Consumption
- Sexual Violence
- Early Child Development
- Mental Health and Addictions Strategy

Each of the provincial priority areas has associated outcomes and targets. For example, one of the targets associated with continued work on the *Comprehensive Tobacco Control Strategy* is for 10% or less of the youth population (15-19 years) to be identified as smokers by 2015-16.⁷⁹

3.3.2.2 District Health Authorities

Each DHA is responsible for delivering health services to their population, and for addressing the provincial priorities; the DHAs are not expected to set their own priorities, but rather to work within a common system to deliver on the collective priorities that are set by the Department. While the DHAs are not accountable to the Department for meeting specific benchmarks or outcomes, they are responsible for ensuring that their actions align with the direction the province is taking towards each of the identified priority areas.

⁷⁸ Government of Nova Scotia, Department of Health and Wellness. Annual Statement of Mandate for the Fiscal Year 2014-2015.

⁷⁹ Ibid.

3.3.2.3 Community Health Boards

The CHBs are not actively involved in priority setting, although they may be invited to participate in strategic planning with the DHAs.

3.3.2.4 Department of Education and Early Childhood Development, Early Years Branch

The Department has identified three core strategic directions for 2014-2015⁸⁰ in an attempt to meet the needs of Nova Scotian children and their families. The strategic directions for 2014-2015 are:

- develop an Early Years Framework
- develop comprehensive wellness visits for children at 18 months
- strengthen partnerships and enhance services to support the social and emotional needs of children, youth, and their families

3.3.3 Communicative and Collaborative Mechanisms

3.3.3.1 The Department of Health and Wellness

While the key health promotion and wellness priorities are addressed largely through the Public Health Branch, inter-departmental collaboration does occur, typically on an ad-hoc and issue-specific basis. Most collaboration occurs between the Department of Education and Early Childhood Development. Examples of successful collaborative initiatives with the Department of Education and Early Childhood Development are:

- Health Promoting Schools: an initiative that brings together these two departments, along with the District Health Authorities, school boards and community members in an effort to promote healthy eating, physical activity and healthy development in school-aged children and youth
- *The Food and Nutrition Policy for Nova Scotia Public Schools*: an inter-departmental collaboration, between the Departments of Health and Wellness; Agriculture; and Education and Early Childhood Development
- Working to ensure the availability of mental health clinicians in the province's schools
- Opioid Education in Middle and Junior High Schools

While some inter-departmental committees are in place, other collaborations are less formalized, and tend to be established around specific topics or issues.

⁸⁰ Government of Nova Scotia, Department of Education and Early Childhood Development, Early Years Branch Website. <http://www.ednet.ns.ca/earlyyears/>
Provincial Wellness Review Final Report
October 31, 2014

3.3.3.2 District Health Authorities

The nine District Health Authorities have a formalized relationship with the public schools, via the Health Promoting Schools Program, a partnership led by the Departments of Health and Wellness and of Education and Early Childhood Development. The program aims to encourage healthy lifestyle practices, including healthy eating, physical activity, anti-bullying and enhancing mental health.

The DHAs also partner with community agencies, not-for-profits, and other groups, as appropriate. As an example, a number of DHAs have implemented the Period of Purple Crying® Program, an initiative to educate new parents on infant crying, and provide tips to cope with stress, preventing instances of Shaken Baby Syndrome. As part of this initiative, volunteers from the community knit purple hats for every newborn to wear home from the hospital. Parents also receive a DVD with tips on how to soothe a fussy or colicky newborn.

3.3.3.3 Community Health Boards

The CHBs will often establish partnerships in order to address the provincial priorities. As an example, many of the CHBs have formed partnerships with the local branches of the Canadian Mental Health Association, in order to work towards addressing the provincial priority of Better Mental Health. In addition, a number of CHBs have, in collaboration with communities, universities, and not-for-profits, held forums to address the culture of alcohol in Nova Scotia with local high school students in an effort to change the way that young people think about alcohol.

3.4 Overview of the Health Promotion and Wellness System in New Brunswick

3.4.1 Structure and Organization

A number of actors are responsible for the health promotion and wellness system in New Brunswick. In addition to sharing responsibility for health promotion and wellness, there is considerable overlap in roles and activities among actors. Table X summarizes findings related to the key actors within the health promotion and wellness system in New Brunswick.

Table 5. Actors and key roles in the health promotion and wellness system in New Brunswick

Actor/Organization	Key Roles
Department of Health	<ul style="list-style-type: none"> - sets direction for healthcare in New Brunswick - develops provincial priorities - contracts NGOs/community groups to deliver specific services or programs
Regional Health Authorities	<ul style="list-style-type: none"> - follow provincial priorities - develop additional regional priorities - funds some health promotion activities (e.g., school health nurses)
Department of Healthy and Inclusive Communities	<ul style="list-style-type: none"> - responsible for Provincial Wellness Strategy - distributes Wellness grants to schools and community groups to support health promotion activities - promotion of healthy living - partner on key activities with the Department of Health and the Department of Education and Early Childhood Development
Department of Education and Early Childhood Development	<ul style="list-style-type: none"> - responsible for early childhood development and intervention for children up to age 8 - partner in key activities/initiatives
Department of Social Development	<ul style="list-style-type: none"> - responsible for housing and homeless issues, as well as child welfare and services for seniors - partner in key activities/initiatives
Regional Coalitions and Networks	<ul style="list-style-type: none"> - support work of Departments of Health and Healthy and Inclusive Communities - deliver programs on behalf of the Department of Health and the Department of Healthy and Inclusive Communities
NGOs/Community Groups	<ul style="list-style-type: none"> - deliver programs on behalf of the Department of Health and the Department of Healthy and Inclusive Communities - carry out health promotion activities, as per their mandate

3.4.1.1 Department of Health

The Department of Health is responsible for setting the direction for healthcare in New Brunswick, through strategic planning, priority setting and policy development.

Within the Department of Health, the Office of the Chief Medical Officer of Health (Public Health Division) is mandated to oversee health surveillance, provide advice on health promotion and disease prevention, develop policy and direct public health throughout the province. The Public Health Division oversees such areas as:⁸¹

- Immunization
- Breastfeeding support
- Communicable disease prevention
- Population health
- Health protection

Within the Public Health Division, three branches have responsibility for public health functions: Communicable Disease Prevention and Control; Population Health Practice and Population Health; and Health Protection and Healthy Environments.

In the fiscal year 2014/2015, the Department of Health has a budget of roughly \$2.6 billion.⁸² While the Department funds certain health promotion activities - for example, school health nurses and dieticians, less than 1% of the annual budget goes towards health promotion (Senior administrator, 2014). The majority of the Department's budget goes towards funding the RHAs. The Department of Health provides some funding to NGO groups for health promotion purposes, in the form of funding for specific programs or services (e.g., vaccination clinics). The Department also provides funding to local community groups for specific services, such as seniors' community centres.

3.4.1.2 Regional Health Authorities

Two Regional Health Authorities (RHAs) have responsibility for setting priorities for their region and planning and delivering health services to the population within that region. Some of the services provided by the RHAs include:

- Addictions and mental health care
- Acute care
- Home-based and community care
- Public health

While the RHAs may engage in some health promotion and wellness activities, they do not have a senior-level staff person dedicated to health promotion, as that is the role of the Department of Healthy and Inclusive communities.

⁸¹ Government of New Brunswick. Department of Health, Office of the Chief Medical Officer of Health. Strategic Plan 2012-2015: Above and Beyond Together.

⁸² Government of New Brunswick. 2014-2015 Budget. Main Estimates.

The RHAs receive direction and funding (approximately \$1.5 billion⁸³) from the Department of Health. A yearly business plan is submitted by each of the RHAs to the Department of Health, detailing their budget for the fiscal year, staffing levels and population health needs. Although the RHAs have a considerable amount of autonomy, there is a similar leadership structure across both RHAs – a majority-elected board, with some members appointed by the Department of Health.

3.4.1.3 Department of Healthy and Inclusive Communities

While there is some overlap in duties with the Department of Health, the Department of Healthy and Inclusive Communities (H & IC) is responsible for the development of the *Provincial Wellness Strategy (2009-2013)*⁸⁴ and for the promotion and advancement of healthy living in New Brunswick. The Department also oversees sport and recreation programming in the province and the activities of the Economic and Social Inclusion Corporation, which is responsible for implementing the Poverty Reduction Plan. Some of the key activities of H & IC include:

- policy development and strategic planning
- working within communities to advance the goals of the Wellness Strategy
- supporting and collaborating with provincial coalitions (e.g., NB Food Security Action Network) to address key priorities and secure federal funding
- supporting regional wellness consultants
- working with local researchers to address health questions
- overseeing grant programs in priority areas
- participating in committees, working groups and boards

Wellness consultants are positioned in each of eight regions throughout New Brunswick. The role of the consultants is to advance the priorities of the Provincial Wellness Strategy, and to encourage individuals, schools, workplaces and communities to take responsibility for their own wellness. The consultants also support wellness networks in communities throughout the province.

The Department receives a yearly budget of approximately \$19 million dollars,⁸⁵ the majority of which is used to finance human resources (e.g., regional wellness consultants, core staff), and to fund grants to communities, schools, programs and agencies. The grants are meant to be one-time seed funding, although programs can re-apply yearly if they can demonstrate that they have made significant enhancements to the program since the last grant was awarded. Grants are awarded in the following priority areas: Community Food Action; Active Communities; Recreation Facilities; School Wellness; and Learning Opportunities. The Department also provides funding to a number of community coalitions and networks to carry out health promotion and wellness activities.

⁸³ Government of New Brunswick. Department of Health. Annual Report (2012-2013).

⁸⁴ Government of New Brunswick. Department of Healthy and Inclusive Communities. Live Well, be Well: New Brunswick's Wellness Strategy, 2009-2013.

⁸⁵ Government of New Brunswick. 2014-2015 Budget. Main Estimates.

3.4.1.4 Department of Education and Early Childhood Development

The Department of Education and Early Childhood Development, in addition to having responsibility for the system of education in New Brunswick, takes the lead in early childhood development services and intervention for children from birth up to age eight. The Department receives its funding of over \$1 billion dollars from the province,⁸⁶ with roughly five percent of the total going towards early childhood development services.⁸⁷

Two networks have responsibility for early childhood services in New Brunswick: one anglophone, and one francophone. These networks serve to bring together all of the partners and groups which provide early childhood services to children from birth to age eight and have responsibility for:

- managing the contracts of early intervention service providers
- participating in the management of local school districts
- supporting local networks of early childhood services, based in each school district
- providing leadership to government, school, and other agencies in the delivery of services for children up to age eight, with a focus on integration and inclusion

3.4.1.5 Department of Social Development

The Department of Social Development has responsibility for the following health promotion areas:

- Housing and homelessness
- Seniors' services, including long-term care
- Services for persons with disabilities
- Child welfare and family enhancement
- Protection of children, youth and adults at risk

3.4.1.6 Regional Coalitions and Networks

A number of coalitions and networks support the work of the Department of Health and the Department of Healthy and Inclusive Communities. Some of the key actors are:

- Healthy Eating and Physical Activity Coalition
- New Brunswick Food Security Action Network
- NB Anti-Tobacco Coalition
- Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick

⁸⁶ Government of New Brunswick. 2014-2015 Budget. Main Estimates.

⁸⁷ Government of New Brunswick, Department of Education and Early Childhood Development. Annual Report (2011-2012).

- Société Santé et Mieux-être en Français du Nouveau-Brunswick

The above groups are funded through member contributions, as well as through departmental funding from the Departments of Health and Healthy and Inclusive Communities.

3.4.2 Priorities and Priority Setting

3.4.2.1 Department of Health

The Department of Health is responsible for setting priorities for the province. At the departmental level, each priority area has a corresponding staff person or contact within the Department who acts as the content lead or expert in the area. The Department of Health, while not bound by the Provincial Wellness Strategy, does refer to the Strategy when setting priorities for the province.

The Public Health *Strategic Plan (2012-2015)*⁸⁸ was developed in consultation with regional and central office staff, as well as representatives from the two RHAs. The key strategic objectives for 2012-2015 for Public Health in New Brunswick are:

- Promote and Support Healthy Nutrition and Food Safety
- Improve the health of First Nations populations
- Enhance children's health
- Prevent unintentional injuries
- Prevent health hazards

3.4.3.2 Regional Health Authorities

The RHAs set yearly priorities for their population based on community needs assessments and a review of data (e.g., hospitalizations). While the RHAs' priorities must align with those of the province, they are free to set additional priorities for their specific population. In practice, though, this is quite uncommon. The RHAs are not expected to align their strategic planning with the Provincial Wellness Strategy, although in practice, they will often try to work within it.

3.4.3.3 Department of Healthy and Inclusive Communities

The Department of Healthy and Inclusive Communities is responsible for implementing the Wellness Strategy in communities, homes, schools and workplaces. Developed through public and professional

⁸⁸ Government of New Brunswick. Department of Health, Office of the Chief Medical Officer of Health. *Strategic Plan 2012-2015: Above and Beyond Together*.
Provincial Wellness Review Final Report
October 31, 2014

consultations and based on the Pan-Canadian Healthy Living Strategy, the priorities of the Wellness Strategy include⁸⁹:

- Mental Fitness and Resilience
- Healthy Eating
- Physical Activity
- Tobacco-Free Living

One of the key features of the Wellness Strategy is that it is focused on communities, rather than professionals. Wellness is conceptualized as something that each individual, family, workplace, and community can work towards, rather than something that is “done to” individuals.

Each of the Wellness Priorities has specific yearly targets associated with it. For example, one of the Healthy Eating Targets is for at least 7 out of 10 New Brunswick youth to eat breakfast daily.⁹⁰ Relevant indicators are selected and specified for each target in the Wellness Plan; data from the NB Student Wellness Survey is often used to measure progress on the Wellness Priority areas in children and youth.

3.4.3.4 Department of Education and Early Childhood Development

The Department of Education and Early Childhood Development did not set any priorities directly related to health promotion or wellness in the 2013-2016 Provincial Education Plan.

3.4.3.5 Department of Social Development

The Department has set the following health promotion targets for 2013-2017:⁹¹

- increase integrated supports for persons with disabilities
- increase the number of seniors receiving community-based home support services

⁸⁹ Government of New Brunswick. Department of Healthy and Inclusive Communities. Live Well, be Well: New Brunswick's Wellness Strategy, 2009-2013.

⁹⁰ Government of New Brunswick. Department of Healthy and Inclusive Communities. Live Well, be Well: New Brunswick's Wellness Strategy, 2009-2013.

⁹¹ Government of New Brunswick. Department of Social Development. Strategic Plan 2013-2017.

3.4.4 Communicative and Collaborative Mechanisms

3.4.4.1 Department of Health

The Department of Health works closely with the Department of Healthy and Inclusive Communities and the Department of Education and Early Childhood Development in a number of key areas. The Department was consulted during the development of the Provincial Wellness Strategy, and typically tries to work within the Strategy.

3.4.4.2 Department of Healthy and Inclusive Communities

The Department partners with a number of other actors, including the Office of the Chief Medical Officer of Health, service providers, and other departments (most often, the Departments of Health and Education and Early Childhood Development). Representatives from the Department sit on a number of inter-departmental committees, and strive to weave wellness into the conversation rather than directly pushing the wellness agenda. Again, the majority of these collaborations are with the Departments of Health or Education and Early Childhood Development and are more often than not informal.

Provincial coalitions and networks, such as the Healthy Eating and Physical Activity Coalition are important partners in securing federal funding, advancing the priorities of the Wellness Strategy and delivering programs and services in the community. These partnerships tend to be pursued on an ad-hoc basis, around key priority areas.

The Department of H & IC has also developed a partnership with the NB Health Research Foundation with the development of a wellness research fund, whereby H & IC is able to create calls for research, which aid in policy and practice decisions.

3.4.4.3 Department of Education and Early Childhood Development

The Department regularly collaborates with other departments on key initiatives and programs, such as the Prenatal and Postnatal Benefit Programs (Department of Social Development), and School Water Testing (Departments of Health and Environment). The Department also works closely with H & IC to administer the Student Wellness Survey every three years.

3.4.4.4 Department of Social Development

In collaboration with the Departments of Health, and Healthy and Inclusive Communities, the Department of Social Development has recently unveiled a three-year plan to help seniors to remain in their homes longer. *Home First* encourages a multi-sectoral approach to senior care, assisting seniors to live independently and to appropriately manage many health conditions at home. Other inter-departmental work around key health promotion priorities occurs on an ad-hoc basis.

3.5 Overview of the Health Promotion and Wellness System in British Columbia

3.5.1 Structure and Organization

Health promotion and wellness in British Columbia is largely the mandate of the Population and Public Health Division, within the Department of Health. However, a number of other important actors are responsible for the planning, funding, and delivery of health promotion and wellness in BC. The following table summarizes the key actors and roles within the health promotion and wellness system in British Columbia.

Table 6. Actors and key roles in the health promotion and wellness system in British Columbia

Actor/Organization	Key Roles
Department of Children and Family Development	<ul style="list-style-type: none"> - supports healthy child development, with a particular focus on First Nations children and youth - provides key health promotion services, including child and youth development and child and youth mental health - responsible for BC Early Years Strategy - houses the Provincial Office of Domestic Violence
Department of Health - Population and Public Health Division	<ul style="list-style-type: none"> - provides leadership, direction and funding to the Regional Health Authorities and to the Provincial Health Services Authority - sets provincial priorities - develops policies to support health
Regional Health Authorities	<ul style="list-style-type: none"> - plan, purchase, and deliver health services - funds some health promotion activities - align service plan with those of the Department
Provincial Health Services Authority	<ul style="list-style-type: none"> - manages provincial programs and services - set strategic directions which align with provincial priorities
First Nations Health Authority	<ul style="list-style-type: none"> - sets priorities for First Nations health in BC - plans, purchases and delivers some health services - funds and promotes some wellness activities
BC Healthy Living Alliance	<ul style="list-style-type: none"> - develops policy and position statements - advises government in key health promotion and wellness areas
NGOs/Community Groups	<ul style="list-style-type: none"> - deliver programs on behalf of the Department of Health - carry out health promotion activities, as per their mandate

3.5.1.2 Department of Children and Family Development

With an annual budget of \$1.3 billion⁹² for 2014/15, the Department has responsibility for a number of key health promotion areas, including: Early Years, Services for Children and Youth with Special Needs, Child and Youth Mental Health Services, and Child Safety and Family Support. Programs and services are coordinated through a central office and delivered in local service areas around the province.

3.5.1.3 Department of Health

The Department of Health has an annual budget of nearly \$17 billion dollars⁹³ and is responsible for providing leadership, direction and support to healthcare service partners and setting priorities for province-wide service delivery by the regional health authorities. The Department also delivers an annual Letter of Expectations to each of the RHAs, setting out exactly what the Department is expecting of them each year.

Adopting a population health approach, some of the key roles and activities of the Department of Health include:

- developing expectations and determining objectives for the regional health authorities
- development of the Provincial Framework for Public Health, *Promote, Protect, Prevent: Our Health Begins Here*
- meeting with RHAs to discuss progress on key indicators and encourage movement in other areas
- reporting on progress to the public
- developing policies and legislation to support health
- management of some provincial programs (e.g., PharmaCare)

The Department is also responsible for the Healthy Families BC website, based on the Healthy Families BC Strategy, a provincial strategy to improve the health and well-being of British Columbians at all stages – from preconception to old age.

Within the Department of Health, the Population and Public Health Division is responsible for health promotion and protection, as well as disease surveillance. With a budget of roughly \$6 million and a staffing complement of approximately 130, the Population and Public Health Division, in addition to the core services it provides, funds a number of NGOs, some of whom are responsible for administering granting programs to community groups.

⁹² Government of British Columbia. Department of Children and Family Development 2014/15 – 2016/17 Service Plan.

⁹³ Government of British Columbia. Department of Finance. Budget and Fiscal Plan 2014/15-2016/17.

In each priority area, the department has a provincial contact person who is a content lead in the area. These provincial leads meet regularly with local colleagues at the health authorities to coordinate efforts and resources across the province.

3.5.1.4 Regional Health Authorities

The five RHAs have a combined budget of approximately \$10.5 billion,⁹⁴ and responsibility for population health needs within a geographically defined region. A government-appointed Board of Directors works in concert with the RHA's Executive Team to plan, purchase, and deliver services to their population. Some of the key roles and activities of the RHAs include:

- identifying population health needs within their respective regions
- delivering regional services or entering into contracts with government or other public or private bodies for the provision of such services
- setting priorities which align with those of the Department of Health
- working to reduce health disparities among disadvantaged groups
- meeting identified performance objectives and reporting to the Department

Public health and health promotion is organized in a different way across the five RHAs – while some have a separate public health division, others have integrated public health within primary care. Health promotion is organized and delivered by a team of actors in each region.

3.5.1.5 Provincial Health Services Authority

The Provincial Health Services Authority (PHSA) has a budget of more than \$2.5 billion,⁹⁵ and has responsibility for certain specialized and province-wide health programs. The PHSA is also closely affiliated with the research universities in BC, and is committed to advancing and applying research to patient care. The PHSA works closely with the RHAs and the First Nations Health Authority to meet the health needs of the province's citizens. Key roles and activities of the PHSA include:

- setting standards for province-wide specialized services
- creating and maintaining province-wide partnerships to support population health
- governing the organizations that provide specialized and/or province-wide services to British Columbians
- education and training of students for health careers

⁹⁴ Government of British Columbia. Department of Health. 2014/15-2016/17 Service Plan.

⁹⁵ Government of British Columbia. Provincial Health Services Authority. 2013-/14 - 2015/16 Service Plan.

The PHSA has responsibility for a number of health-promoting programs that are tied to the provincial priority areas, including:

- HIV/AIDS Program
- Autism Assessment
- BC Centre for Disease Control
- BC Mental Health and Substance Use Services

Through planning, governing and evaluating these services, the PHSA contributes to a coordinated and cost-effective system of health promotion in BC.

3.5.1.6 First Nations Health Authority

The First Nations Health Authority (FNHA) is tasked with the purchase and delivery of healthcare services to First Nations and Aboriginal Peoples in BC, having assumed in 2013 the core functions that were previously covered by Health Canada's First Nations Inuit Health Branch (BC Region). The FNHA has an operating budget of more than \$18 million dollars,⁹⁶ the majority of which comes from Health Canada. The Province and the RHAs also fund a smaller portion of the FNHA's budget.

Part of the mandate of the FNHA is a focus on wellness. Some key roles and activities of the FNHA include:^{97, 98}

- planning, delivering and funding health care services for First Nations peoples in BC
- collecting and maintaining clinical and client records
- collaborating with the province and First Nations groups to address the health disparities of First Nations peoples in BC
- collaborating with First Nations and other groups and governments to address social and environmental determinants of health
- developing a wellness approach to health, emphasizing health promotion and disease prevention
- fostering relations with the regional health authorities in order to align priorities and plans
- increasing First Nations participation and influence on policy, planning and delivery at the local, regional and national level

The FNHA is represented by five regions whose boundaries mirror those of the RHAs. Each of these regions is managed by a regional director, whose responsibility it is to liaise with the RHAs and ensure that First Nations needs are being addressed adequately in each of the regions.

⁹⁶ Government of British Columbia. Financial Statements of First Nations Health Authority. 2013.

⁹⁷ Government of British Columbia. First Nations Health Authority Directives. 2013.

⁹⁸ Government of British Columbia. First Nations Health Authority, Mandate. 2013.

Unlike the RHAs, the FNHA does not have a mandate for acute care, but rather, is tasked with supporting health promotion, disease and injury prevention and primary care in Aboriginal and First Nations communities. As well, because the majority of the FNHAs funding comes from Health Canada, the FNHA is not accountable to the Department of Health in the same way that the RHAs are. While there is no formal requirement to align priorities, services or programs with the Department, in practice this is typically what happens. Together with the Department of Health, the FNHA drafts a Mutual Accountability Letter, which describes the expectations of these two actors annually.

3.5.1.7 BC Healthy Living Alliance

The BC Healthy Living Alliance (BCHLA) is comprised of a number of organizations (e.g., RHAs, Not-for-profits, municipalities) that work towards improving the health of British Columbians. The two core goals of the Alliance are:

- Building the Alliance
- Chronic Disease Prevention and Healthy Living

The BCHLA regularly develops policy and position statements for government and the RHAs around key health-related areas, including poverty and housing, healthy schools, e-cigarettes, and alcohol. The BCHLA also develops strategies around key health priorities, and works with local governments and communities to advance health and wellness.

3.5.2 Priorities and Priority Setting

3.5.2.1 Department of Children and Family Development

The Department has set the following priorities for 2013/14-2015/16:⁹⁹

- support children and families with a strong network of coordinated and culturally sensitive early childhood development services
- improved access to effective and coordinated services for children and youth with special needs
- timely access to prevention, supports, and treatment for children and youth with mental health concerns
- safe and stable environments for children and youth to grow up in

⁹⁹ Government of British Columbia. Department of Children and Family Development. Revised 2013/14-2015/16 Service Plan/
Provincial Wellness Review Final Report
October 31, 2014

3.5.2.2 Department of Health

Developed in consultation with RHAs, municipalities, medical officers of health, ADM committee and others, BC's Framework for Public Health, *Promote, Protect, Prevent: Our Health Begins Here* (2013),¹⁰⁰ sets the following priorities for public health across the province:

- Healthy Living and Healthy Communities
- Maternal, Child & Family Health
- Positive Mental Health & Prevention of Substance Harms
- Communicable Disease Prevention
- Injury Prevention
- Environmental Health
- Public Health Emergency Management

Each of the provincial priority areas has a number of indicators associated with it.

3.5.2.3 Regional Health Authorities

The five RHAs are expected to align their yearly Service Plans with those of the Department, and as such, do not typically set their own priorities. However, while they are expected to adopt the priorities of the Department, they are not obliged to focus on all of the provincial priorities. For example, Fraser Health, the most populous health authority in BC, has chosen to adopt only four of the province's seven priority areas for 2013-2017. In addition, the RHAs do not need to meet all of the indicators associated with the priorities, but are encouraged to work towards making progress on them.

3.5.2.4 Provincial Health Services Authority

The PHSA sets strategic directions, which are meant to align with the provincial priorities of the Department of Health. The strategic directions of the PHSA are much higher-level than those of the Department of Health, and tend to focus on partnerships, reducing health inequities, increasing sustainability and providing cost-effective and quality services.

3.5.2.5 First Nations Health Authority

Wellness within the FNHA is conceptualized as being something that belongs to every member of the population, and that each member is responsible for. The FNHA recognizes five wellness priorities.¹⁰¹

¹⁰⁰ Government of British Columbia. Department of Health. *Promote, Protect, Prevent: Our Health Begins Here*. 2013
Provincial Wellness Review Final Report
October 31, 2014

- Being Active
- Healthy Eating
- Maintaining a Healthy Body Weight
- Nurturing Spirit
- Respecting Tobacco

3.5.3 Communicative and Collaborative Mechanisms

3.5.3.1 Department of Children and Family Development

The Department works collaboratively within government to address key priorities across departments. The Ministries of Health and Education are often involved in specific initiatives or programs.

The Department also works with a number of non-government partners to deliver on their vision of supporting healthy child and youth development. Since 2011, the Department has collaborated with the BC Union of Municipalities to implement a series of pilot projects to address poverty reduction in communities across BC. Consultants from the Department also work closely with First Nations communities in BC to address some of the unique needs of First Nations children and youth, including the disproportionately high number of First Nations youth in care. These collaborations are often ad-hoc.

3.5.3.2 Department of Health

The Department of Health, in addition to working with the RHAs, the FNHA, and the BC Healthy Living Alliance, also collaborates with other departments around key priority issues. For example, the Department supports the Department of Transportation in encouraging municipalities to invest in bike lanes. In addition, after the Stanley Cup riots of 2011, the Department, together with the Liquor Control and Licensing Branch of the Department of Justice, organized a mass media campaign around the responsible use of alcohol. These relationships are often informal, and occur on a largely ad-hoc basis.

Another significant inter-departmental initiative is the Children and Youth with Special Needs (CYSN) Framework for Action. Together with the Department of Children and Family Development and the Department of Education, the framework provides the direction for a coordinated and collaborative course of action to address the special needs of vulnerable youth.

A number of committees and groups help to structure some of these inter-departmental partnerships, including the:

¹⁰¹ Government of British Columbia. First Nations Health Authority. Wellness Streams. 2013. Retrieved from <http://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/wellness-streams>
Provincial Wellness Review Final Report
October 31, 2014

- BC Environmental Health Policy Advisory Committee
- Provincial Public Health Committee
- Prevention Directors Table
- Leadership Table on Physical Activity

3.5.3.3 Regional Health Authorities

The RHAs work with a number of NGOs and community partners in order to deliver on the services that they are mandated to provide. The RHAs also work closely with the FNHA to ensure that First Nations health needs are being met in each of the regions.

3.5.3.4 Provincial Health Services Authority

The PHSA works closely with the RHAs and the FNHA to coordinate provincial services and to ensure the availability and cost-effectiveness of provincial programs and services.

3.5.3.5 First Nations Health Authority

Historically, the FNHA has had a close relationship with the Aboriginal Health Directorate at the Department of Health. Increasingly, however, the FNHA is striving to work with the Ministry at a higher level, rather than confining itself to First Nations issues, specifically. The BC First Nations and Ministry of Health Joint Projects Board is a senior-level group which meets monthly in an effort to identify and eliminate barriers to First Nations health and improve access to care for First Nations people in B.C.

The FNHA is imbedded in each of the RHAs, with formalized partnership accords. Representatives from each of the five FNHA regions meet formally with the RHA boards and/or executive and strive to ensure alignment of priorities and planning. Typically, these representatives are health directors or political leaders in the community. A number of working committees are in place to facilitate this alignment and collaboration.

The First Nations Health Authority also collaborates with the Provincial Health Services Authority to ensure strategic alignment of priorities and services, with a focus on coordinating services.

3.6 Overview of the Health Promotion and Wellness System in New Zealand

3.6.1 Structure and Organization

New Zealand's health and disability system operates at a national level and is funded primarily through general taxation. The system services a population of 4.5 million people. A number of organizations contribute to the functioning of this system; the primary actors in health promotion and wellness are outlined in Table 7:

Table 7. Actors and key roles in the health promotion and wellness system in New Zealand

Actor/Organization	Key Roles
Ministry of Health	<ul style="list-style-type: none"> - develops and sets policy - sets priorities for the country - funds the District Health Boards, Public Health Units, and the Health Promotion Agency
District Health Boards	<ul style="list-style-type: none"> - plan, provide, and purchase health services
Public Health Units	<ul style="list-style-type: none"> - public health and health promotion in the community - engaging communities in health planning
Health Promotion Agency	<ul style="list-style-type: none"> - work toward the priorities of the Ministry - leads and supports health promotion activities - educates public on new legislation - develops national alcohol policies - works with municipalities to develop policies around alcohol
Ministry of Education	<ul style="list-style-type: none"> - responsible for early childhood education (0-6 years) - sets policy
NGO Council	<ul style="list-style-type: none"> - provides policy advice to the Ministry of Health - liaison between the Ministry and specific NGOs in the community
NGOs/Community Groups	<ul style="list-style-type: none"> - deliver programs on behalf of the Ministry of Health - carry out health promotion activities, as per their mandate

3.6.1.1 Ministry of Health

With an annual budget of more than \$14 billion dollars each year,¹⁰² the Ministry of Health is responsible for developing policy and providing direction and funding to 20 geographically determined District Health Boards (DHBs), to 12 Public Health Units (PHUs), and to the Health Promotion Agency (HPA). While some health services are funded by the Ministry (e.g., disability support), the majority of health services are purchased through the DHBs. More than three-quarters of the Ministry's budget

¹⁰² Government of New Zealand. Ministry of Health. Statement of Intent 2013 to 2016.

goes to funding the DHBs; the remainder is spent on national services such as mental health, screening programs, disability support services, and clinical education and training.¹⁰³

The Ministry does not allocate funds specifically for health promotion, but instead, to facilitate progress on key priorities (e.g., tobacco cessation and obesity). Significant resources go to tobacco cessation as it is a priority of the current government for New Zealand to be essentially tobacco-free by 2025.¹⁰⁴

3.6.1.2 District Health Boards

Twenty DHBs are responsible for planning, providing and/or purchasing health services within their district. These services include primary care, aged care, hospital services, public health services, and services provided by non-government health providers. Each DHB is governed by a board of up to 11 members, who set the direction for the DHB and monitor and report on its progress. The Ministry appoints up to four of the board members, including the board chair and deputy chair, and the remaining seven members are publicly elected every three years. The DHBs are responsible for reporting on their progress on certain health targets to the Ministry four times a year. These results are made public in an effort to promote public accountability; the public is able to quickly see how their DHB is performing, relative to others.

3.6.1.3 Public Health Units

Twelve PHUs work specifically in areas of public health and health promotion, as well as local communicable disease monitoring and surveillance. Medical Officers of Health and Health Protection Officers are among the PHU staff, and are involved at the community level in coordinating services and health promotion. While they receive their funding and direction from the Ministry, the PHUs are accountable to the DHBs.

3.6.1.4 Health Promotion Agency

A Crown corporation since 2012, the Health Promotion Agency is funded by the Crown, as well as through levies on alcohol and gambling with a total annual budget of over \$28 million.¹⁰⁵ Of this, \$19.8 million is spent on programs, with the remainder covering human resources, administrative and operating expenses.¹⁰⁶ The HPA has a mandate to lead and/or support activities which:

- promote health and healthy lifestyles

¹⁰³ Ibid.

¹⁰⁴ Government of New Zealand. Ministry of Health. Statement of Intent 2013 to 2016.

¹⁰⁵ Health Promotion Agency, Statement of Intent. 2013-2016.

¹⁰⁶ Ibid.

- prevent disease, illness, and injury
- support environments which encourage health and well-being
- reduce harms (e.g., personal and social)

The Health Promotion Agency also has an alcohol-specific mandate to give advice and make recommendation to government and other bodies on the supply, sale, advertisement, consumption and harm of alcohol. In addition, the Health Promotion Agency is mandated to carry out research on public attitudes, usage patterns, and harms of alcohol.¹⁰⁷

An amalgamation of the former Alcohol Advisory Council and the Health Sponsorship Council, the HPA performs a number of functions within the health and wellness sector, and has a formal partnership agreement with the Ministry of Health. One of the roles of the HPA is supporting and communicating policies and legislation in areas of:

- Tobacco control
- Mental health
- Gambling harms
- Immunizations
- Workplace well-being
- Rheumatic fever

The Health Promotion Agency is organized around four main areas: Corporate services; Communications and Capacity; Policy, Research, and Advice, and Operations. Within the Operations group, each core focus area (mental health, gambling, physical activity and nutrition, communicable disease, and tobacco control and sun safety) have senior advisors and advisors who are content experts in their specific area.

With a staff of over 90 full-time employees, the Health Promotion Agency has responsibility for managing national surveys, development of national alcohol policies, and national-level communications and campaigns. Public awareness campaigns are a cornerstone of the Agency's work. The Agency regularly partners with schools, radio and television stations, and is a presence at community events to communicate legislative changes, highlight new campaigns, and share information. The Agency is also involved in planning and delivering programs that promote health and wellbeing, reduce health disparities, and prevent disease. For example, the Agency's work on reducing alcohol harms involves the training of enforcement staff, working with the hospitality industry to establish guidelines for the promotion of alcohol, educating the public on legislative changes, and funding the Alcohol Drug Helpline.

In addition to the above duties, the Agency manages the Health Education Resources website on behalf of the Ministry of Health, which provides resources to health professionals and the public on a variety of public health topics. In addition, grant programs are offered occasionally by the Agency in key priority areas, up to a few thousand dollars.

¹⁰⁷ Government of New Zealand. Public Health and Disability Amendment Act 2012.

The Agency's reporting requirements include an annual statement of intent, annual report, and quarterly financial and operational performance reports to the Ministry.

3.6.1.5 Ministry of Education

With \$1.5 million invested in early childhood education annually,¹⁰⁸ the Department of Education is tasked with supporting and promoting early childhood development and education. In the health promotion system of New Zealand, the Ministry of Education is a key actor and serves as a link to health promotion within the schools.

3.6.1.6 NGO Council

The NGO Council is funded through the Ministry of Health, and brings together up to 13 elected representatives from health/disability NGO groups in New Zealand, as well as two non-voting representatives from the Ministry. The aim of this group is to maintain a strong working relationship between the Ministry and various health/disability NGOs, and to provide policy advice to the Ministry. The relationship between the Council and the Ministry is guided by the "Framework for Relations between the Ministry of Health and Health/Disability Non-Government Organizations." This relationship is further strengthened by an "NGO Desk" within the Ministry, which is tasked with maintaining a link to various NGOs.

3.6.2 Priorities and Priority Setting

3.6.2.1 Ministry of Health

At the national level, the Ministry of Health strives to align their priorities with those of government. In particular, a number of Ministry priorities (e.g., increased rates of immunization for infants, free after-hours GP visits for children under six, and better help for smokers to quit) correspond with the government priority of "Delivering Better Public Services". The Ministry also sets health targets at the national level, with each target having a corresponding "Target Champion", an identified contact person at the Ministry. The Ministry's priorities for 2013-2016 are:¹⁰⁹

- Health targets (a core set of indicators on which each DHB is required to make progress):
 - Shorter stays in emergency departments
 - Improved access to elective surgery
 - Shorter waits for cancer treatment
 - Increased immunization
 - Better help for smokers to quit
 - More heart and diabetes checks

¹⁰⁸ Government of New Zealand. Core Crown Expense Tables. 2014 Forecast.

¹⁰⁹ Government of New Zealand. Ministry of Health. Statement of Intent 2013 to 2016.

- Care closer to home
- Supporting the health of older people
- Making the best use of information technology and ensuring security of patients' records
- Strengthening the health workforce
- Regional and national collaboration

The Ministry is also responsible for delivering on one of the Government's priorities of supporting vulnerable children by increasing immunization rates, reducing the incidence of rheumatic fever among children and reducing the number of assaults on children (in conjunction with the Ministry of Social Development).

3.6.2.2 District Health Boards

The DHBs set their own yearly plans, which are expected to align with the Ministry of Health's priorities for the population. Because they are expected to work toward common targets and are required to report on their progress to the Ministry, it is uncommon for the DHBs to set their own population-specific priorities to address.

3.6.2.3 Public Health Units

The Public Health Units receive their direction from the Ministry of Health and work toward the identified priorities of the Ministry, with a focus on health promotion and disease prevention, and as such, do not set their own priorities.

3.6.2.4 Health Promotion Agency

As a general rule, the Health Promotion Agency does not set its own priorities, but rather, works toward the priorities of the Ministry of Health, including:¹¹⁰

- increased infant immunization rates and reduction in the incidence of rheumatic fever
- better help for smokers to quit
- more heart and diabetes checks
- reduced harm from alcohol misuse and problem gambling
- youth mental health
- injury prevention

The notable exception to this concerns the priority area of alcohol. As part of the HPA's mandate is to develop policy around alcohol, this is one area in which it does not follow the Ministry's lead in setting priorities. The HPA also identifies targets related to each priority – for example, one of the HPA targets

¹¹⁰ Health Promotion Agency, Statement of Intent. 2013-2016.

for 2016 is for 78% of adults to identify as non-drinkers or lower-risk drinkers, up from 74% in 2012.¹¹¹ This is a very specific target, with clear and measurable indicators.

3.6.2.5 Ministry of Education

The Ministry of Education is expected to align its priorities with those of government and to work towards key result areas which are associated with each government priority. The priority areas for 2013-2018 are as follows:

- improving education outcomes for vulnerable children and youth
- maximizing the contribution of education to the New Zealand economy

3.6.2.6 NGO Council

The NGO Council is mandated to provide advice to the Ministry of Health and as such, does not set priorities related to health promotion and wellness.

3.6.3 Communicative and Collaborative Mechanisms

Inter-departmental collaboration occurs on an ad-hoc basis with a number of other departments, including the Ministry of Social Development and the Ministry of Education. Under the current administration, inter-departmental collaboration is required on certain initiatives, and has worked very effectively. An example of a successful collaboration between the Ministries of Health, Education, and Social Development is an initiative to lower rates of rheumatic fever among children in New Zealand. Another example of a successful collaborative effort between the Ministries of Health and Education is the Health Promoting Schools Strategic Framework, which brings together schools and local communities to address health and educational inequities.

The relationship between the Health Promotion Agency and the Ministry of Health is governed by a Memorandum of Understanding. In practice, the two parties work closely together to ensure strategic alignment of priorities and services.

Public-private partnerships occur on an ad-hoc basis around key priority areas, such as tobacco cessation and alcohol, commonly through the Public Health Units. Collaborating with workplaces around key health promotion and wellness issues is also becoming increasingly common, and is anticipated to increase.

¹¹¹ Ibid.

3.7 Overview of Common Challenges to Health Promotion and Wellness Across Jurisdictions

3.7.1 Limited Resources

Respondents across jurisdictions consistently noted that their ability to achieve significant gains in health promotion is limited by resources, both human and financial. In each jurisdiction, investments in health promotion and wellness are a very small proportion of the total healthcare budget, typically around 1-2%. While the core content areas may be covered, the impact of health promotion efforts is perceived to be insufficient. In addition, because acute care needs are more urgent, prevention efforts can sometimes be seen as an unnecessary expense, and there may be a temptation to “borrow” from the health promotion budget to address more pressing healthcare needs. One respondent summed up this point when he stated that:

“the pressure of the healthcare system will always try to take what you have for prevention [...] the prevention agenda is always secondary to the rest of healthcare”

One of the ways in which jurisdictions are coping with the challenges of working within a limited budget is by partnering with NGOs and/or research institutions to leverage federal funding in key priority areas or to deliver programs and services, sometimes at a lower cost than what the government could provide.

3.7.2 Evaluation

“In the past [...] if it sounded like a good idea, you went ahead and did it”

Both the public and governments increasingly requiring that departments demonstrate the value of their programs and services. However, respondents from each of the four jurisdictions surveyed asserted that while evaluation was important, it is not being conducted on a systematic basis. Typically, this was due to a lack of resources, both human and financial. A number of respondents noted the importance of providing evidence to the effectiveness of health promotion, in order to convince government and other key stakeholders to continue funding health promotion efforts. In addition, where funding is limited, it becomes increasingly important to invest in effective programming and services. However, when resources and research capacity are limited, evaluation often gets pushed aside in order to address needs that are more pressing.

3.7.3 Competing Priorities

An issue that was brought up by a number of respondents was that of competing priorities. Whether it was priority areas that are at odds with other government departments (e.g., tobacco control) or the pressure from the acute and primary care systems to divert health promotion funding to other types of care, the challenge of convincing other departments and agencies of their role in health promotion was one that was salient for a number of respondents. This issue was most salient in those systems where leadership in health promotion and wellness is divided among departments (e.g., New Brunswick).

Inter-departmental collaboration is one way to address and manage competing priorities; another is to try to weave health promotion and wellness into the conversation, rather than advancing it as its own agenda. For example, in New Brunswick, the Department of Healthy and Inclusive Communities strives

to convey the role that wellness plays in other important agendas – from anti-bullying to workplace productivity. As one respondent noted:

“When you look at population-based prevention, a lot of the accountability, the ability to effect change actually sits outside of the health system”

4.0 Summary of Findings and Model Proposals

4.1 Summary of Findings

This review has offered an overview of the health promotion and wellness system in Newfoundland and Labrador which includes a map of the general structure of this system, an account of the priorities and priority setting mechanisms of different actors, an overview of communicative and collaborative mechanisms, and an account of the perceived challenges of the current system. Methods included key informant interviews, site visits, and a document review. This review has also offered high-level overviews of the health promotion systems of other jurisdictions, including Nova Scotia, New Brunswick, British Columbia, and New Zealand. This section summarizes findings, with a particular focus on similarities and challenges within the various health promotion systems. Following this summary, possible solutions to current challenges are offered in the form of three potential health promotion models that could address these challenges.

4.1.1 Structure of the System

The health promotion system within Newfoundland and Labrador is comprised of several actors. The Department of Health and Community Services sets priorities and distributes funding. The Provincial Wellness Advisory Council advises the Department on the development of priorities and strategies to address those priorities. The Healthy Living Division within the Department of Health and Community Services employs consultants who offer leadership in some, but not all, priority areas. The Division of Mental Health and Addictions and the Division of Environmental Health each have some responsibility in the area of health promotion. The Office of Aging and Seniors also has some responsibility for health promotion specific to seniors. Key departmental partners outside Health and Community Services include the Department of Education, the Department of Tourism, Culture, and Recreation, and Child Youth and Family Services. At an operational level, the Regional Health Authorities are responsible for carrying out most health promotion activities within the province. Some health promotion activities are also carried out by NGOs. Several smaller community groups also carry out health promotion activities throughout the province: they are enabled to do this by Provincial Wellness Grants and/or Regional Wellness Coalition Grants. In addition to distributing grant money, six regional wellness coalitions across the province are organizationally connected to the both the RHAs and the community and act as a link between the RHAs and the community.

As the jurisdictional scan suggests, the significant number of actors and organizations involved in health promotion is not unique – in each of the jurisdictions reviewed, a number of organizations, including various governments departments, health authorities, and NGOs are involved in health promotion. In Nova Scotia, for example, responsibility for health promotion is spread among the District Health Authorities, the Community Health Boards, the Department of Education and Early Childhood Development, and a number of NGOs and community groups. In New Zealand, Public Health Units engage in health promotion activities as does the Health Promotion Agency and a number of NGOs and community groups. In British Columbia, key health promotion activities for children and youth are the responsibility of the Department of Children and Family Development while the Regional Health Authorities, First Nations Health Authority, and NGOs and community groups undertake other health

promotion activities. In short, in all of the jurisdictions under consideration, responsibilities and activities in health promotion were spread across a number of actors.

In all of the jurisdictions under consideration, responsibilities and activities in health promotion were spread across a number of actors.

4.1.2 Priorities and Priority Setting

In consultation with the Provincial Wellness Advisory Council, the Department of Health and Community Services set eight provincial wellness priorities in the 2006 Provincial Wellness Plan. These priorities included: healthy eating, physical activity, tobacco control, injury prevention, mental health, environmental health, child and youth development, and health protection. The RHAs also set priorities for their regions. Across the RHAs, key informant consultations and strategic plans typically indicated that direction for priorities was drawn from: the Provincial Wellness Plan, Community Needs Assessments/community or stakeholder consultations, and evidence that the issue requires action. The most notable finding with regard to priorities and priority setting is that priorities did not necessarily align between the RHAs and the government or among the RHAs. In particular, while two RHAs officially prioritized sexual health and while two more did some work on sexual health, this was not an official government priority, creating a gap in leadership in this area. At the same time, while physical activity is a stated government priority, it receives variable programmatic attention across the regions, creating some gaps in physical activity programming.

The most notable finding with regard to priorities and priority setting is that priorities did not necessarily align between the RHAs and the government or among the RHAs.

In some ways, priority setting processes were similar across jurisdictions, with the Department of Health setting priorities in all jurisdictions, typically in consultation with key advisors or an advisory group. The jurisdictional scan did reveal some important differences, however, in the area of priority alignment. In New Brunswick, RHAs are under no obligation to align their priorities with the provincial priorities laid out in the Wellness Plan. In British Columbia, RHAs are expected to align their service plans with the Department of Health, but do not have to work towards all the provincial priorities. In Nova Scotia, RHAs do not set their own priorities and in New Zealand, District Health Boards' priorities must align with the Ministry of Health's; they are also publicly accountable for progress on national targets.

4.1.3 Communicative and Collaborative Mechanisms

There were three main communicative or collaborative mechanisms identified in this review: 1) priority or position specific working groups or committees, 2) issue or initiative specific working groups or committees, and 3) NGO boards. Priority or position specific groups are groups led by a consultant at DHCS and are intended to create communication and collaboration to facilitate progress in a particular priority area or provide guidance to a particular health promotion position. Issue or initiative-specific working groups are groups formed around a particular initiative – such as Healthy Students, Healthy Schools or Eat Great and Participate; these groups exist to facilitate collaboration and communication on these initiatives. NGO boards, to the degree that they bring together individuals from diverse sectors, including government, can also act as a communicative mechanism. A government representative, for example, sits on the board of the Alliance for the Control of Tobacco to offer the input of DHCS into the Alliance’s tobacco reduction strategy.

While the jurisdictional scan did not closely examine specific communicative and collaborative mechanisms, it did reveal that collaboration among actors is common place and can often happen not only around priorities but specific issues. While the jurisdictional scan did not reveal gaps in communication and collaboration in other jurisdictions, this review did reveal some communicative gaps within the health promotion system within Newfoundland and Labrador. Notable findings with regard to communicative and collaborative mechanisms include: 1) there are no departmentally led groups to provide guidance or leadership in the priority areas of physical activity and injury prevention; 2) sexual health consultants across the province meet regularly without any departmental guidance or leadership and 3) there is/are no senior level (ADM/DM) group/s regularly meeting to identify top health promotion priorities across government.

There are no departmentally led groups to provide guidance or leadership in the priority areas of physical activity and injury prevention.

4.1.4 Key Challenges

Six key challenges were identified through key informant consultations: Leadership, Direction, Priority Alignment, Prioritization Across Government, Resource Coordination, and Evaluation:

- First, a number of participants perceived a lack of leadership in the key priority areas of physical activity and injury prevention because there was no consultant at the provincial level in these areas. Some participants also identified a lack of public health leadership more generally.
- Second, while the mandate of the Provincial Wellness Advisory Council is to provide guidance on health promotion priorities, the Council was not always seen as the ideal forum for providing this direction due its size.

- Third, priority alignment was identified as a challenge in the sense that priorities did not always align between the province and the RHAs. The most notable priority misalignment was in the area of sexual health – which has been prioritized by two RHAs, but not by the provincial government. This has created a leadership gap in the area of sexual health and key informants suggested that it is difficult to coordinate resources or move initiatives forward.

The most notable priority misalignment was in the area of sexual health – which has been prioritized by two RHAs, but not by the provincial government.

- Fourth, prioritization across government was a challenge in the sense that key informants reported that it could be difficult to convince other departments of the important role they had to play in health promotion.
- Fifth, evaluation was identified as challenge to the extent that while each of the regional health authorities identified evaluation as important, each health authority also noted that it could be difficult to resource evaluations.
- Finally, while RHA staff involvement in the adjudication/awarding of Regional Wellness Coalition grants avoids duplication of RWC projects and RHA projects, there is currently no mechanism to coordinate Regional Wellness Coalition grants/projects with Provincial Wellness grants/projects; this can create a resourcing challenge where duplications and/or multiple funding awards to the same group for the same project are possible and may have occurred in some cases.

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Some of these challenges were identified in other jurisdictions as well. In all four jurisdictions, evaluation was considered important but respondents also noted that lack of resources could present challenges to systematically performing evaluations. Competing priorities also emerged as a challenge across jurisdictions both in the sense that there may be pressure to divert funds and attention to acute and primary care and in the sense that it can be challenging to compel other government departments to elevate health promotion on their own agendas. Inter-departmental collaboration and consistent weaving health promotion into the conversation were identified as two ways to address this challenge.

4.2 Proposed Health Promotion Models

Ultimately, the key systemic issues identified in this review appear to be related to a lack of strong public health leadership and direction. Thus, while identified challenges extend beyond leadership and direction to include priority alignment, prioritization across government, and resource coordination, the results of this review suggest that challenges in these latter areas may be directly related to a lack of strong public health leadership. For example, while regional leadership may be essential in the absence of provincial leadership, it may also contribute to the challenge of priority misalignment. In this vein, it is significant that key informants from both Western and Eastern explicitly indicated that they felt their regions had ‘outgrown’ the province in the area of public health. It is also significant that both Western and Eastern have prioritized and developed programs around sexual health without assistance from the province. In other cases, in the absence of strong leadership, individuals in the regions have struggled to determine the best way to move forward with certain priorities; injury prevention and physical activity are the key examples in this regard. The absence of strong public health leadership within the department may also be related to the difficulty of compelling health promotion prioritization across government. With stronger public health leadership and/or leadership mechanisms, senior level prioritization of public health and health promotion could compel collaboration on health promotion throughout government. Finally, a lack of strong public health leadership and direction may also underlie scattered resource allocation. While leadership may not necessarily be directly related to the challenge of evaluation, a lack of strong leadership may be partly responsible for the lack of systematic evaluation of programs across the regions in the sense that stronger leadership and accountability mechanisms could compel such systematic evaluations. It is arguable thus, that stronger leadership and a more streamlined system could mitigate many of the challenges of the current system.

The three models presented below are intended to offer potential actions to address identified challenges through the creation or strengthening of leadership and accountability mechanisms. These models were developed in consultation with the Department of Health and Community Services and are based on both the results of the review of Newfoundland and Labrador’s health promotion system as well as the jurisdictional scan. Each model is based on different assumptions about the current system and suggests a different degree of change.

4.2.1 Model 1: Maintain current organizational structure with addition of more robust governance and communication mechanisms

The first model is based on the assumption that the current system is not fundamentally flawed. A vast health promotion infrastructure is in place and there is evidence that excellent health promotion work is currently being carried out in the Regions. To note just a few accomplishments: The Food and Fun Camp program, which was began in Central Health in 1999, has been noted by Health Canada in a recent publication profiling promising programs in Canada and abroad (Health Canada 2010). In Eastern Health, the *Take Care Down There* sexual health campaign, recently received a Pinnacle Business Award. Western Health has been recognized as a leader on intersectoral collaboration on the social determinants of health and Labrador-Grenfell Health has worked with considerable challenges to move housing initiatives forward. It is also notable that considerable success has been achieved within the current structure in the area of tobacco control/reduction. Given that the current system has had successes, model one suggests changes to the current system intended to address identified challenges

through strengthening leadership and direction. The first model would entail the following set of actions:

- Restructure the PWAC to be smaller and more governance focused in order to provide timely advice on health promotion matters

While the role of the Provincial Wellness Advisory Council is to offer advice to the Minister on strategies for addressing health promotion priorities, key informants often noted that the size of the council (over 30 members), could be challenging from a work perspective. Reducing the size of the council to a smaller number of members with direct interest and expertise in health promotion could help to facilitate a stronger focus and better work environment for producing specific strategic recommendations.

- Assign provincial level consultants to each priority area using a broader approach to file management
- Create communicative mechanisms for each area (similar to the Provincial and Regional Tobacco Control Committee or the Nutritionists Leadership Committee for Healthy Eating)
- Require RHAs to report to the Department on programming and progress in each area

While the current wellness plan includes injury prevention and physical activity as key priorities, key informants in the regions perceived that there were no consultants at the provincial level to offer guidance on these priority areas. Without provincial level consultants, there was also no regular communication and collaboration on these priority areas. In the case of physical activity, while nothing precludes health promotion consultants within the regions from accessing consultants at Tourism, Culture, and Recreation for guidance on physical activity, this option was not well understood or communicated in the regions. Some key informants also suggested that Tourism, Culture, and Recreation could only offer guidance from a sport, but not a health promotion perspective. In the case of injury prevention, while the NL Injury Prevention Coalition exists as a main communicative/collaborative mechanism, this group is not led by the Department, does not meet regularly, and has not recently offered strong leadership. Assigning provincial level consultants to each priority area and creating communicative mechanisms – such as provincially-led working groups – will strengthen leadership in weak areas and enhance collaboration across the regions.

Priorities in this model would not need to be completely aligned. Rather, the RHAs would report on programming and progress in each area identified provincial priority area while taking on additional priority areas of their own if they choose.

- Increase formalized collaboration between departments (e.g. ADM working group to develop strategic health promotion priorities and collective management agenda)
- Create a director level interdepartmental group to identify opportunities for operational collaboration

A key challenge identified by informants in this review was the difficulty compelling other departments to prioritize their role in health promotion initiatives. The creation of an interdepartmental ADM working group intended to facilitate/focus on progress on the provincial wellness plan can compel stronger health promotion prioritization across government. An interdepartmental director-level group could also offer opportunities to identify synergies and areas for collaboration.

- Implement mechanisms to coordinate Regional Wellness Coalition and Provincial Wellness Grants

Resource coordination could be a challenge with regard to the Regional Wellness Coalition community grants and the Provincial Wellness Grants: as the Provincial Grants no longer have regional representation, there is the possibility of duplication or of one group receiving funding twice for the same project. Mechanisms to coordinate Regional Wellness Coalition and Provincial Wellness Grants could involve including regional representation on the Provincial Wellness Grant adjudication committee and/or coordinating the dates that grants are judged/awarded.

- Develop province-wide indicators for each priority/core area
- Implement internal and external reporting mechanisms for progress in identified core areas

Guidance and accountability mechanisms are key components of strong leadership. The creation of indicators in key priority areas can offer the RHAs guidance with regard to where to focus efforts. Internal and external reporting will ensure accountability and guide RHAs to focus efforts in priority areas.

4.2.2 Model 2: Narrow Accountability and Consolidate Health Promotion Sector Under HCS

The second model assumes systemic weaknesses in leadership and accountability in the current system. This model reorganizes leadership in health promotion and pulls both the Department and the RHAs into a clearly delineated hierarchical structure of responsibility and accountability. Strategic actions include:

- Mandate RHAs to clearly identify a VP responsible for health promotion
- Clearly identify an ADM responsible for health promotion in each partnering government department
- Create a provincial leadership committee chaired by the ADM of population health and including ADMs from TCR, EDU, and CYFS, as well as RHA VPs responsible for health promotion and key NGOs to make key strategic decisions regarding health promotion programming
- Shift the focus of the Provincial Wellness Advisory Council solely to directed research on strategic questions

Mandating the RHAs to clearly identify a VP with explicit responsibility for health promotion can help to bring health promotion into view and can lay the foundation for the creation of responsibility and accountability. In addition to mandating the RHAs to identify VPs responsible for health promotion, this model recommends identifying ADMs responsible for health promotion in each relevant government department. In this way, responsibility for health promotion within government will be clearly allocated and accountability mechanisms can be put in place. A provincial leadership committee chaired by the ADM of Population Health and including ADMs from partnering departments as well as RHA VPs can ensure both leadership on the identification of key priorities and a certain level of prioritization across government. In this model, while this high-level committee would provide strategic advice on priorities, the focus of the PWAC would be shifted to research on strategic questions.

- Identify core and non-core health promotion priorities/programs at the provincial level
- Mandate RHAs to support core priorities/programs and report on progress

Within the current system, the Provincial Wellness Plan has been produced by the province with assistance from the Provincial Wellness Advisory Council. While the Regions are tacitly expected to support the priorities in the plan, they also create their own health promotion strategies and frameworks and acknowledge within their strategies that the province is one factor among others that determines their priorities. Within this newly proposed structure, core and non-core priorities would be developed at a provincial level and the Regions would be mandated to support core priorities and programs. The proposed committee of Regional VPs with responsibility for health promotion, departmental ADMs with responsibility for health promotion, and key NGOs in the health promotion and wellness landscape would meet regularly to make decisions regarding health promotion programming.

- Move management/leadership of physical activity initiatives and Healthy Baby Clubs to the Department of Health and Community Services
- Create director level interdepartmental group to identify opportunities for operational collaboration

While physical activity would be involved in health promotion activities and thus constitute a partnering of departments, this model would see management of physical activity initiatives moved to the Department of Health; this move would be intended to address the leadership gap in physical activity and to ensure a space for the importance of physical activity as health promotion, rather than simply sport. The management of Healthy Baby Clubs by Health and Community Services is an option in a context where extensive support of Healthy Baby Clubs is provided by health promotion consultants and public health nurses in the regions, while CYFS has little hands on involvement with the clubs. As in the first model, creating a director level interdepartmental group is intended to identify synergies and opportunities for operational collaboration across departments.

- Administer all health promotion oriented-grants from one fund

Administering all health promotion oriented grants from one fund – with one adjudication process – would ensure there is no duplication of projects and no instances in which one group receives funding more than once for the same project.

- Develop province wide indicators for each priority/core area
- Implement internal and external reporting mechanism for progress in identified core areas

In addition to implementing a hierarchical leadership structure aimed at the allocation of responsibility for health promotion, this model also includes recommendations related to reporting: province wide indicators and targets will be identified in each area, regions will report their progress on these areas. This will ensure accountability. Consistent and ongoing evaluations of programs will also contribute to accountability.

4.2.3 Model 3: Create a crown corporation responsible for health promotion

The third model assumes that it is not possible to strengthen leadership within the current system. One challenge within the current system is that there are a large number of actors and organizations who take leadership or pseudo-leadership roles in health promotion. Indeed, in practice, responsibility for leadership in health promotion in Newfoundland and Labrador is shared among a number of government departments, the RHAs, and the Provincial Wellness Advisory Council. Operationally, health promotion work is also undertaken by a number of actors, including the RHAs, the regional wellness coalitions, community groups and NGOs. While it is widely recognized that health promotion work inevitably involves a number of actors across sectors, decentralized leadership and communicative disconnects have led to priority misalignment and leadership gaps. This third model proposes to address these challenges through the creation of a crown corporation with responsibility for health promotion. This model involves a number of connected actions related to the creation and mandate of this entity:

- Create/establish a crown corporation with responsibility for health promotion
- Concentrate consultants/expertise within this organization

This model has been implemented in New Zealand since 2012 with the creation of the Health Promotion Agency (HPA). The HPA is recognized as the government's health promotion expert in New Zealand, and works across sectors to deliver high-quality health promotion programming, as well as acting in an advisory capacity to the Ministry. Within this new system, expertise in health promotion would be concentrated in one organization, as compared to having this expertise spread out over several different entities or divisions (such as the Division of Mental Health and Addictions, the Office of Aging and Seniors, the Division of Healthy Living and the Division of Environmental Health). At the HPA, each priority area has one or more advisors who are content experts in a given area and who coordinate national communication and campaigns around health promotion and consult with local Public Health Units who deliver some health promotion at the population level. By consolidating expertise and advisory roles into a single organization, there is the potential to strengthen leadership in health promotion.

- Mandate this organization to advise HCS on the creation of health promotion priorities
- Move management/leadership of physical activity resources and Healthy Baby Clubs to this corporation
- Establish organizational links with relevant government departments and divisions as necessary

In the current system in NL, several actors within the health system set priorities for their population, which may not align with provincial priorities. Within the proposed model, the new Crown Corporation would be mandated to advise on the creation of health promotion priorities. While this new corporation would undoubtedly work with the RHAs to determine priorities, as the HPA works with local Public Health Units, primary responsibility would be removed from the mandate of the RHAs, eliminating role confusion and competing priorities. Moving management of physical activity to this new corporation would ensure that physical activity is approached from a health promotion perspective. As in the second model, the management of Healthy Baby Clubs by this corporation would make sense in a context where health promotion workers and public health nurses provide the primary hands on support to these clubs. At the same time that expertise would be concentrated within this corporation, organizational links with relevant departments could be established as necessary.

- Mandate this organization to plan and deliver on health promotion priorities in partnership with the RHAs
- Organization will administer and adjudicate all health promotion grants

In partnership with the RHAs, this new crown corporation would plan and deliver health promotion activities. This could address resource coordination by ensuring a consistent approach to programming across the RHAs, that there are no duplications of efforts, and that successful programming is taken advantage of and delivered across the province. With one organization awarding grants, there is less likelihood of duplication in programming or situations in which one organization receives money twice for the same initiative.

- Mandate this new organization to carry out research and evaluation activities
- Develop indicators in core priority areas
- Report publicly on performance

Crown Corporations are typically more business-focused than government, and as such, can be expected to be conscious of spending, striving to maximize productivity and efficiency. Much like the HPA, part of the mandate of this Corporation could include an accountability framework, or an evaluative requirement. The HPA in New Zealand is responsible for research and evaluation around the Ministry's priority areas and the dissemination of this knowledge both to government and to the public. Public reporting, through the publication of strategic plans, annual reports, and financial statements would ensure that the Corporation remains focused on fulfilling its mandate of providing effective health promotion programming to the population of Newfoundland Labrador.

5.0 Concluding Remarks and Limitations

This review has offered an overview of the health promotion and wellness system in Newfoundland and Labrador. Based on document reviews and interviews with over 90 key informants, this overview included a discussion of the structure of the system, the roles and responsibilities of actors, and the challenges this system has encountered. This report has also offered high-level overviews of health promotion systems in Nova Scotia, New Brunswick, British Columbia, and New Zealand, including the challenges encountered in these jurisdictions. Because research into system structure and challenges was partly qualitative in the sense that information was gathered through interviews, it is limited in the sense that it is not conclusive: while this paper has summarized the main themes of the interviews conducted for this project, there may be challenges and/or successes and accomplishments that were not uncovered through the course of this work. In this sense, the challenges uncovered offer a *starting point for discussion*, rather than conclusive statements on the state of the health promotion system.

Following an overview of systems and challenges, this review has offered three potential models – each designed to address identified challenges in different ways. The models were developed in consultation with the Department of Health and Community Services. The models are not meant to act as conclusive recommendations; rather, like the challenges reviewed, models offered are intended as starting points for discussion on ways to address systemic challenges. Both challenges and models are presented with the recognition that any changes to the health promotion system in Newfoundland and Labrador would require focused consultations with key individuals throughout the health promotion and wellness system.

Appendix A: Key Informants

Consulted for NL System Review

Non-Governmental Organizations and Professional Association Consultation

- Chairperson, Provincial Wellness Advisory Council
- Program Coordinator, Alliance for the Control of Tobacco
- Executive Director, Canadian Cancer Society of Newfoundland & Labrador
- Regional Director, Canadian Diabetes Association
- Director of Health Promotion and Resuscitation, Heart and Stroke Foundation of Newfoundland & Labrador
- Executive Director, Lung Association of Newfoundland & Labrador
- Councillor – City of Mount Pearl, Municipalities of Newfoundland & Labrador
- Executive Director, Seniors Resource Centre
- Lynn Power, Association of Registered Nurses of Newfoundland & Labrador
- Member, Dieticians of Newfoundland & Labrador
- Member, Newfoundland & Labrador Public Health Association
- Research Officer and Project Coordinator, Contextualized Health Research Synthesis Program (CHRSP), NLCAHR

Provincial Government Consultation

- Policy and Program Development Specialist, Healthy Living Division, HCS
- Policy and Program Development Specialist, Healthy Living Division, HCS
- Program Consultant, Prenatal and Early Child Development, Healthy Living Division, HCS
- Provincial Nutrition Consultant, Healthy Living Division, HCS
- Health Promotion Consultant, Healthy Living Division, HCS
- Health Promotion Consultant, Healthy Living Division, HCS
- Manager of Environmental Health and Support Services, Service NL
- Assistant Deputy Minister, Culture and Recreation, TCR
- Director, Recreation and Sport, TCR
- Recreation and Sport Consultant, TCR
- Director, Office of Aging and Seniors, HCS
- Director, Environmental Public Health
- Senior Environmental Scientist, Department of Environment and Conservation
- Program Development Specialist for Health, Home Economics, and Family Studies, Department of Education
- Program and Policy Development Specialist, Poverty Reduction Strategy Division, Advanced Education and Skills

Eastern Health Authority Consultation

- Regional Director, Health Promotion
- Regional Manager, Health Promotion
- Health Promotion Wellness Consultant, Community Capacity Building, Wellness Coalition Co-chair (Rural)

- Child Health Coordinator. Prenatal, Postnatal, and Preschool, HP Lead PHN Programs (Rural)
- Regional Health Educator, Injury Prevention, Physical Activity (Rural)
- Health Promotion Consultant, Sexual Health and Wellbeing (Rural)
- Regional Nutritionist, Prenatal, Postnatal, and Preschool (Rural)
- Regional Nutritionist, School Aged, Adults (Rural)
- Regional Nutritionist, Prenatal, Postnatal, and Preschool (St. John's)
- School Health Coordinator, School Aged Children (St. John's)
- Parent and Child Health Coordinator. Prenatal, Postnatal, and Preschool, HP Lead PHN Programs (St. John's)
- Health Promotion Wellness Consultant, Community Capacity Building, Wellness Coalition Co-chair (St. John's)
- Health Promotion Consultant, Sexual Health and Well-being (St. John's)
- Regional Nutritionist, School Aged, Adults (St. John's)

Central Health Authority Consultation

- Manager of Health Protection, Division of Maternal Child and Population Health
- Previous Manager of Health Promotion and Wellness, Division of Public and Population Health
- Manager of PHN Clinical Services, Division of Maternal Child and Population Health
- Chronic Disease Prevention and Management Consultant, Division of Maternal Child and Population Health
- Primary Healthcare Consultant, Division of Maternal Child and Population Health
- Director, Division of Maternal Child and Population Health
- Lactation Consultant, Division of Maternal Child and Population Health
- Nutritionist, Division of Maternal Child and Population Health
- Nutritionist, Division of Maternal Child and Population Health
- Parent and Child Health Coordinator, Division of Maternal Child and Population Health
- School Health Promotion Liaison Consultant, Division of Maternal Child and Population Health
- Regional Addictions and Prevention Consultant, Division of Mental Health and Addictions
- Mental Health Promotion Consultant, Division of Mental Health and Addictions
- 4 Primary Healthcare Facilitators, Division of Maternal Child and Population Health
- 4 Community Development Nurses, Division of Maternal Child and Population Health

Western Health Authority Consultation

- Vice President, Population Health
- Regional Director, Community Health and Family Services
- Regional Director, Mental Health and Addictions
- Manager, Chronic Disease Prevention and Management, Division of Community Health and Family Services
- 3 Primary Health Care Managers, Division of Community Health and Family Services
- Manager, Community Health and Family Services, Division of Community Health and Family Services
- Manager, Community Health and Family Services, Division of Community Health and Family Services
- Manager, Mental Health and Addictions, Division of Mental Health and Addictions
- Health Promotion Consultant, Sexual and Reproductive Health, Division of Community Health and Family Services

- Health Educator, Division of Community Health and Family Services
- Self-Management Coordinator, Division of Community Health and Family Services
- Regional Nutritionist, Adult Focus, Division of Community Health and Family Services
- 3 Wellness Facilitators, Division of Community Health and Family Services
- Parent and Child Health Coordinator, Prenatal/Preschool , Division of Community Health and Family Services
- Parent and Child Health Coordinator, School Age, Division of Community Health and Family Services
- Regional Nutritionist, Child/Youth – School Age, Division of Community Health and Family Services
- School Health Promotion Liaison Consultant, Division of Community Health and Family Services
- Community Co-chair, Western Regional Wellness Coalition

Labrador-Grenfell Health Authority Consultation

- Health Promotion and Education Coordinator, Division of Health Promotion, Department of Population Health
- Health Promotion and Education Coordinator, Division of Health Promotion, Department of Population Health
- Health Promotion and Education Coordinator and Northern Regional Wellness Coalition Co-chair, Division of Health Promotion, Department of Population Health
- Regional Nutritionist, Division of Health Promotion, Department of Population Health
- School Health Promotion Liaison Consultant, Division of Health Promotion, Department of Population Health
- Primary Healthcare Facilitator, Division of Health Promotion, Department of Population Health
- Acting Regional Director, Environmental Health and Health Promotion Services, Labrador-Grenfell Health
- Director of Community Programs, Department of Health and Social Development, Nunatsiavut Government

Appendix B: Interview Questionnaires

NL System Review

Health Promotion Consultant Interview Schedule

I. Health Promotion Consultant Positions

1. Could you describe your role at the department?
2. What have been the key challenges encountered in your position in the last year?

II. Collaboration Between/Among Government Departments

1. In your role as a health promotion consultant, how often do you work with other government departments?
 - a) What key wellness priorities and/or health promotion initiatives do you address in your work with other government departments?
2. Are there formal processes for collaboration or consultation that guide your work with other departments?
 - a) If no formal processes for collaboration or consultation exist, how does collaboration or consultation take place?
3. What, if any, have been the key challenges in your work with other government departments over the last year?
4. Key Document Request: Are there any key documents that are relevant to your work other government departments?
5. Key Contacts: Do you have any key contacts at other departments that might be able to provide information relevant to this review?

III. Collaboration with the Regional Health Authorities

1. In your role as a health promotion consultant, how often do you work with the Regional Health Authorities?
 - a) What are the key wellness priorities and/or health promotion initiatives addressed through your work with the RHAs?
2. In your experience, do the wellness priorities of the RHAs typically align with department priorities? In your experience, do the wellness priorities of the RHAs you work with typically align with each other?
3. From your experience, are there health promotion or wellness-oriented services provided by the RHAs that overlap with services provided by the provincial government? From your experience, are there needed health promotion or wellness services that are provided by neither the RHAs nor the provincial government?
4. What, if any, have been the key challenges to your work with the RHAs over the last year?
5. Key Document Request: Are there any key documents that describe or are relevant to your work with the RHAs?
6. Key Contacts: Do you have any key contacts at the RHAs that might be able to provide information relevant to this review?

IV. Collaboration with the Regional Wellness Coalitions

1. In your role as a health promotion consultant, in what ways do you work with the Regional Wellness Coalitions?
 - a) What are the key wellness priorities and health promotion initiatives addressed through your work with the RWCs?
2. Are there formal processes for consultation or collaboration between the RWCs and the department?
 - a) If no formal processes for consultation or collaboration exist, how does consultation or collaboration take place?
3. What, if any, have been the key challenges to your work with the RWCs over the last year?
4. Key documents: Are there any key documents that describe or are relevant to your work with the RWCs?
5. Key Contacts: Do you have any key contacts with any of the Regional Wellness Coalitions that might be able to provide information relevant to this review?

V. Collaboration with the Provincial Wellness Advisory Council

1. In your role as a health promotion consultant, how often do you work with the Provincial Wellness Advisory Council?
 - a) What are the key wellness priorities and health promotion initiatives addressed through your work with the PWAC?
2. What, if any, have been the key challenges to your work with the PWAC over the last three years?
4. Key Documents: Are there any key documents that describe or are relevant to your work with the PWAC?
5. Key Contacts: Do you have any key contacts with the PWAC that might be able to provide information relevant to this review?

VI. Collaboration with Community Groups/NGOs, Municipalities, and Private Organizations

1. In your role as a health promotion consultant, what community groups, municipalities, or private organizations do you work with most frequently?
 - a) What are the key wellness priorities and health promotion initiatives addressed through your work with various CBOs, municipalities, and NGOs?
2. In your work with non-governmental groups, what kinds of formal processes for consultation and collaboration are in place?
 - a) If no formal processes for consultation are exist, how does consultation typically take place?
3. What have been the key challenges to your work with community groups, municipalities, and NGOs over the last three years?
4. Key Documents: Are there any key documents that describe or are relevant to your work with community groups, municipalities, or NGOs?
5. Key Contacts: Do you have any key contacts from community groups, municipalities, or private organizations that might be able to provide information relevant to this review?

External Department/External Division Interview Schedule

*Provincial Wellness Review Final Report
October 31, 2014*

I. Role in Health Promotion and Wellness

1. Could you describe your role in your department/division?
2. Could you describe your role and the role of your department/division in promoting health and wellness in NL?
3. How does health promotion and wellness fit into the priorities of your department/division?

II. Collaboration Between/Among Government Departments

1. How often does your department/division work with other government departments/divisions on health promotion and wellness priorities?
 - a) What key wellness priorities and/or health promotion initiatives does your department/division address in work with other government departments?
 - b) How does your department/division work with other government departments to address wellness and/or health promotion-related initiatives?
2. Are there formal processes for collaboration or consultation that guide your health promotion-related work with other departments/divisions?
 - a) If no formal processes for collaboration or consultation exist, how does collaboration or consultation take place?
3. What, if any, have been the key challenges in your health promotion-related work with other government departments/divisions?
4. Key Document Request: Are there any key documents that are relevant to your health promotion related work with other government departments/divisions?
5. Key Contacts: Do you have any key contacts at other departments/divisions that might be able to provide information relevant to this review?

III. Collaboration with the Regional Health Authorities

1. How often does your department/division work with the Regional Health Authorities on health promotion or wellness-related work?
 - a) What are the key wellness priorities and/or health promotion initiatives addressed through your work with the RHAs?
 - b) How do you work with RHAs to address wellness priorities and/or health promotion initiatives?
2. What, if any, have been the key challenges to your work with the RHAs over the last year?
3. Key Document Request: Are there any key documents that describe or are relevant to your work with the RHAs?
4. Key Contacts: Do you have any key contacts at the RHAs that might be able to provide information relevant to this review?

IV. Collaboration with the Regional Wellness Coalitions

1. How often does your department/division work with the Regional Wellness Coalitions on wellness priorities or health promotion initiatives?
 - a) What are the key wellness priorities and health promotion initiatives addressed through your work with the RWCs?
 - b) How does your department/division work with the RWCs to pursue wellness priorities or health promotion initiatives?
2. Are there formal processes for consultation or collaboration between the RWCs and your department/division?

- a) If no formal processes for consultation or collaboration exist, how does consultation or collaboration take place?
3. What, if any, have been the key challenges to your work with the RWCs over the last year?
4. Key Document Request: Are there any key documents that describe or are relevant to your work with the RWCs?
5. Key Contacts: Do you have any key contacts with any of the Regional Wellness Coalitions that might be able to provide information relevant to this review?

V. Provincial Wellness Advisory Council

1. Could you describe your role and/or the role of your department/division on the Provincial Wellness Advisory Council?
 - a) What are the key wellness priorities and/or health promotion initiatives that you and/or your department/division address through working with/contributing to the PWAC?
2. What, if any, have been the key challenges to working with and/or on the PWAC over the last year?
3. Key Document Request: Are there any key documents that describe or are relevant to your work or your department's work with the PWAC?

VI. Collaboration with Community Groups, Non-Governmental Organizations, Municipalities, and Private Organizations

1. Does your department/division work with any community groups, non-governmental organizations, municipalities, or private organizations to pursue wellness priorities or health promotion initiatives?
 - a) What are the key wellness priorities and/or health promotion initiatives addressed through your department's/division's work with various community groups, non-governmental organizations, municipalities, and/or private organizations?
 - b) How does your department/division work with community groups, non-governmental organizations, municipalities, and/or private organizations to pursue wellness priorities and/or health promotion initiatives?
2. In your department's/division's work with non-governmental groups, community groups, municipalities, or private organizations what kinds of formal processes for consultation and collaboration are in place?
 - a) If no formal processes for consultation are exist, how does consultation typically take place?
3. What have been the key challenges to your department's/division's work with community groups, non-governmental organizations, municipalities, and/or private organizations to pursue wellness priorities and/or health promotion initiatives?
4. Key Documents: Are there any key documents that describe or are relevant to your work with community groups, non-governmental organizations, municipalities, or private organizations?
5. Key Contacts: Do you have any key contacts from community groups, non-governmental organizations, municipalities, or private organizations that might be able to provide information relevant to this review?

RHA Interview Schedule/Focus Group Guide

*For questions below that ask about what types of health promotion activities you undertake and how activities are undertaken, we are seeking information on the *general* types of activities you undertake in your position and the *general* modes through which you undertake these activities (e.g. what activities: nutritional education, mode: community based) rather the specifics and operational details of all activities.

*For questions below that ask about partners, roles, and processes for collaboration and reporting, we are seeking information on *general* roles (lead, undertake activities, support activities, knowledge and information contributions) and usual processes for collaboration and reporting flows (committees and working groups, regular conference calls, regular reports) rather than specifics and operational details of all roles and activities and all collaborations.

1. Could you describe the role of your position in the health promotion and wellness landscape of Newfoundland and Labrador?

- a) What would you describe as the top overall priorities of your position?
- b) What types of health promotion and wellness activities do you undertake?
- c) Where does the direction for health promotion activities and priorities come from?
- d) How do you undertake these activities?
- e) What are the key challenges to these activities?

2. Who are the major partners that you work with/collaborate with to undertake health promotion activities? (Provincial government, DH&CS, Healthy Living Division, NGOs, community groups, private organizations, etc.)

- a) In each of these collaborative relationships, what role does each individual/organization play? Are these roles clear?
- b) Could you describe any formal process for collaboration and/or reporting, if relevant?
- c) What have been your most successful collaborative relationships?
- d) What are the main challenges to collaborative relationships?

3. What do you see as the main or most important health promotion and wellness goals in NL?

4. What do you see as the main gaps in health promotion and wellness program delivery in NL?

5. What do you see as the key accomplishments in health promotion in NL?

6. What do you see as the major challenges to health promotion and wellness activities and service delivery in NL?

RHA Management Interview/ Focus Group Guide

*For questions below that ask about what types of health promotion activities your division undertakes and how activities are undertaken, we are seeking information on the *general* types of activities your division undertakes and how they are undertaken (e.g. what activities: nutritional education, how: community based) rather than the specifics and operational details of all programs.

*For questions below that ask about partners, roles, and processes for collaboration and reporting, we are seeking information on the *general* roles (lead, undertake activities, support activities, knowledge and information contributions) and usual processes for collaboration and reporting flows (committees and working groups, regular conference calls, regular reports) rather than specifics and operational details of all roles and activities and all collaborations.

1. Could you describe the role of your division in the health promotion and wellness landscape of Newfoundland and Labrador?

- a) What would you describe as the top overall priorities of your division?
- b) What types of health promotion and wellness activities does your division undertake?
- c) Where does the direction for your division's health promotion and wellness activities and priorities come from?
- d) How do you undertake these activities?
- e) What are the key challenges to these activities?

2. Who are the major partners that your division works with/collaborates with to undertake health promotion activities? (Provincial government, DH&CS, Healthy Living Division, NGOs, community groups, private organizations, etc.)

- a) In each of these collaborative relationships, what role does each individual/organization play? Are these roles clear?
- b) Could you describe any formal processes for collaboration and/or reporting, if relevant?
- c) What have been your most successful collaborative relationships?
- d) What are the main challenges to collaborative relationships?

3. What do you see as the main or most important health promotion and wellness goals in NL?

4. What do you see as the main gaps in health promotion and wellness program delivery in NL?

5. What do you see as the key accomplishments in health promotion in NL?

6. What do you see as the major challenges to health promotion and wellness activities and service delivery in NL?

RHA/Wellness Coalition Interview Guide

1. Could you describe the role(s) of the wellness coalitions in the health promotion and wellness landscape of Newfoundland and Labrador?

- a) What would you describe as the top overall priorities of the wellness coalitions?
- b) What types of health promotion and wellness activities does the wellness coalition undertake?
- c) Where does the direction for the priorities and activities of the wellness coalition come from?
- d) How does the wellness coalition undertake these activities?
- e) What are some of the major successes of the wellness coalitions?
- f) What are the major challenges to the activities of the wellness coalitions?

2. Who are the main partners that your wellness coalition works with to undertake health promotion and wellness activities? (Provincial government, DH&CS, NGOs, community groups, private organizations)

- a) In each of these collaborative relationships, what role does each individual/organization play?
- c) Could you describe any formal processes for collaboration and/or reporting, if relevant?
- b) What have been your most successful collaborative relationships?
- d) What are the challenges to collaborative relationships?

3. What do you see as the main or most important health promotion and wellness goals in NL?

4. What do you see as the main gaps in health promotion and wellness program delivery in NL?

5. What do you see as the key accomplishments in health promotion in NL?

6. What do you see as the major challenges to health promotion and wellness activities and service delivery in NL?

NGO, Community Group, and Private Organization Interview Guide

1. Could you describe the role or roles of your department/organization in the health promotion and wellness landscape of Newfoundland and Labrador?

- a) What would you describe as the top overall priorities of your organization/department?
- b) How have these priorities been developed?
- c) What specific services do you provide?

2. Could you describe your organization's/department's relationship (with regard to funding, formal processes for collaboration and reporting, and service delivery, if relevant) with:

- a) the Provincial Government (and/or the Department of Health and Community Services and/or the Division of Healthy Living)
- b) the Regional Health Authorities
- c) the Regional Wellness Coalitions

3. Do you maintain working or consultative relationships with any other NGOs, community groups, or private organizations?

4. What do you understand to be the role and the mandate of the PWAC?

5. Could you describe your role as a member of the PWAC?

6. Would you describe the PWAC as effective in its role? Why or why not?

7. What are the main challenges to health promotion and wellness program delivery in NL?

8. What do you see as the main gaps in health promotion and wellness program delivery in NL?

9. What do you see as the key accomplishments in health promotion and wellness in Newfoundland and Labrador?

Appendix C: Key Informants

Consulted for Jurisdictional Scan

- Assistant Deputy Minister, Population and Public Health Division, Department of Health, British Columbia
- Regional Director, Planning and Division Support, Vitalité Health Network, New Brunswick
- Manager, Wellness Branch, Department of Healthy and Inclusive Communities, New Brunswick
- Deputy Minister of Health, New Brunswick
- Chief Medical Officer of Health, Department of Health & Wellness, Nova Scotia
- Professor of Health Policy & Director of the Centre for Health Systems, University of Otago, New Zealand
- Group Manager, Public Health, National Health Board, New Zealand
- General Manager of Communications & Capacity, Health Promotion Agency, New Zealand
- Director General, Public Health Agency of Canada

Appendix D: Interview Schedules

Developed for Jurisdictional Scan

Department of Health Interview Schedule

I. Setting Wellness Priorities:

- 1) How does the province/state set health promotion and wellness priorities?
- 2) What are the recognized health promotion and wellness priorities for the province/state?
- 3) Do the health regions set their own priorities? What is the relationship between regional and provincial/national priority setting? Are there mechanisms to ensure priorities are aligned?
- 4) What is the relationship between strategic planning for the province/state and the strategic planning for the regions? Are there mechanisms to ensure strategic planning is aligned?

II. Organizational Approach to Health and Wellness

- 1) Which government departments have responsibility for each health promotion and wellness priority?
- 2) What kinds of partnerships exist between or among government departments to address health promotion and wellness priorities?
- 3) What kinds of partnerships exist with non-governmental agencies and groups to address health promotion and wellness priorities?
- 4) Who provides leadership in each of the priority areas? For example, are there identified provincial/national leads or consultants in each priority area? If so, how is this communicated to the regions and to other partners?

III. Collaborative Mechanisms

- 1) What types of mechanisms exist for collaboration between the Ministry and the RHAs (e.g., committees, working groups, etc.)? Are these relationships formalized or more ad-hoc?
- 2) Can you provide some examples of specific partnerships (either formal or informal) that have worked well?

IV. Accountability Mechanisms

- 1) Other than formal reporting, what kinds of accountability mechanisms are in place for the Health Authorities?

V. Funding Arrangements

- 1) Is there a particular portion of the government/health budget earmarked for health promotion and wellness?

- 2) How is funding for health promotion and wellness distributed? Is it distributed in the form of grants/grant programs, to community partners directly, directly to the health regions, or in some other manner?

VI. Successes, Challenges, and Evaluation

- 1) Are there any notable challenges that your province/country has faced with regard to health promotion and wellness programming?
- 2) Can you speak to any notable successes your province/country has experienced with regard to health promotion and wellness programming? Are there particular partnerships or funding arrangements that have worked well?
- 3) Does the province/country have a mechanism or process for evaluating the effectiveness of health promotion and wellness programming initiatives?

Community Health Boards Interview Schedule (NS)

I. Setting Wellness Priorities:

- 1) What are the recognized health promotion and wellness priorities for the province?

II. Organizational Approach to Health and Wellness

- 1) What is the role of the Community Health Boards in promoting health and wellness?
- 2) Can you describe the reporting/accountability structure?
- 3) What kinds of partnerships exist with non-governmental agencies and groups to address health promotion and wellness priorities?

III. Funding Arrangements

- 1) How is funding for health promotion and wellness distributed? Is it distributed in the form of grants/grant programs, to community partners directly, directly to regions, or in some other manner?

IV. Successes, Challenges, and Gaps

- 1) Are there any notable challenges that your province has faced with regard to health promotion and wellness programming?
- 2) Can you speak to any notable successes your province has experienced with regard to health promotion and wellness programming? Are there particular partnerships or funding arrangements that have worked well?
- 3) Are there any gaps in health promotion within the province that you can identify?

Follow-up Interview with Health Promotion Agency (NZ)

I. Organization

- 1) Could you briefly describe the organizational structure of the Health Promotion Agency? Do you have an organizational chart that you could provide?
- 2) How does the role of the HPA differ from that of the Public Health Units?
- 3) Could you discuss the HPA's relationship to the Ministry of Health?
 - i. What is the reporting structure like?
 - ii. Who does the HPA work most closely with at the Ministry?
 - iii. Who provides leadership, in terms of priority setting?

II. Staffing

- 1) How many full-time and part-time staff are employed by the HPA?
- 2) Could you please describe your staff composition (in terms of position/title/education)?

III. Budget

- 1) Does the HPA receive any funds directly from the Ministry? If so, what percentage of the total budget comes from the Ministry?

IV. Activities

- 1) What are the primary activities of the HPA? Are resources focused more heavily on certain activities or priority areas?
- 2) What is the nature of the HPA's involvement in policy development with the Ministry?

V. Outcomes

- 1) Does the HPA have a formal evaluation strategy? If so, what outcomes are being measured? If not, how does the Agency measure program success?
- 2) Could you speak to some of the major successes in health promotion recently? To what do you attribute

Appendix E: Current Members/Organizations

Represented on Provincial Wellness Advisory Council

Memorial University

- Associate Professor of Medicine, Division of Community Health and Humanities, Faculty of Medicine (Chairperson)

Community Organizations

- Alliance for the Control of Tobacco
- Canadian Cancer Society of Newfoundland and Labrador
- Canadian Diabetes Association
- Canadian Mental Health Association of Newfoundland and Labrador
- Heart and Stroke Foundation of Newfoundland and Labrador
- Lung Association of Newfoundland and Labrador
- Municipalities of Newfoundland and Labrador
- Recreation NL Association
- Seniors Resource Center of NL

Professional Organizations

- Association of Allied Health Professionals
- Association of Registered Nurses of Newfoundland and Labrador
- Dietitians of Newfoundland and Labrador – A Member of Dietitians of Canada
- Newfoundland and Labrador Health Boards Association
- Newfoundland and Labrador Medical Association
- Newfoundland and Labrador School Boards Association
- Newfoundland and Labrador Public Health Association
- Newfoundland and Labrador Teachers Association

Government Departments

- Department of Advanced Education and Skills
- Department of Child, Youth, and Family Services
- Department of Education
- Department of Environment and Conservation
- Department of Health and Community Services
- Director, Policy Development
- Consultant, Mental Health and Addictions
- Director, Office of Ageing and Seniors
- Director, Healthy Living Division
- Department of Municipal Affairs
- Rural Secretariat, Office of Engagement
- Service NL
- Department of Tourism, Culture, and Recreation
- Newfoundland and Labrador Centre for Applied Health Research

Appendix F: Projects and Initiatives Funded

by Regional Wellness Coalitions

Fiscal 2013/14

Avalon East Regional Wellness Coalition								
Project/ Program Items	Contact/Applicant/ Location	Amount	Priority Areas Addressed					
			HE	PA	IP	CY	MH	HN
Exploring a Personal Care Seniors Cooperative in Trepassy	Yvonne Fontaine, Southern Avalon Development Association, Trepassy	\$1000		X			X	
Yoga Program	Sue McFadden, Calvert Community Hall Inc., Calvert	\$225		X				
Live a Little Longer	Gerry Sullivan, Pro Fit NL Inc., Shea Heights	\$1000		X				
Day Away for Caregivers	Paula Lancaster, Avalon East Regional Caregiver Network, St. John's	\$1000	X				X	
Let's Dance	Laun Showmaker, Beachy Cove Elementary, Portugal Cove-St. Philip's	\$550		X				
Togetherness in the Spirit of Fun	Hollie Neary, Wabana Recreation Committee, Bell Island	\$1000	X				X	
Headlamp Safety Project	Town of Torbay	\$750			X			
LGBTQ Self-care & Wellness Day	Planned Parenthood – NL, Sexual Health Centre, St. John's	\$1000				X	X	
Pathway to Peaceful Planning – End of Life Planning Kit	Cancer Society, NL Division, St. John's	\$1000					X	
Archery Club	Holy Spirit High School, Conception Bay South	\$1000		X				
Yoga and Relaxation Classes	Association communautaire francophone de Saint-Jean	\$1000		X				
Community Garden	Vanier Elementary School, St. John's	\$1000		X				X
Awareness Campaign	Home Share NL	\$1000					X	
Boccia and Archery Skills Exchange	St. Peter's Junior High, Mount Pearl	\$1000		X				
Community Threads: A connection project	The greenrock.ca	\$500						X
Tango, Talks, and Teas	WISE Bells	\$500	X	X				
Seniors and Crime Prevention: A Forum on Safety	St. John's Citizen's Crime Prevention Committee	\$1000			X		X	
Baking Project	Burnt Cove Recreation	\$1000	X			X		
Making Space for Art Project	Choices for Youth	\$1000				X	X	
Let's Get Active	Easter Seals	\$1000					X	
Survivors Support Group	NL Sexual Assault Crisis and Prevention Centre	\$1000					X	
Empowering Women, Embracing Culture, Strengthening Culture	St. John's Native Friendship Centre	\$1000					X	
Girls Decide!	St. John's Boys and Girls Club	\$1000				X	X	

Eastern Regional Wellness Coalition											
Project/Program Items	Contact/Applicant/Location	Amount	Priority Areas Addressed								
			HE	PA	IP	TC	MH	CY	SH	HN	
Hula Hoops, resistance bands, Exercise pedelars, hand weights	Rosemary Hedderson, Seniors Group, Georgetown, NL	\$1000		X							
Healthy Snacks	Donna Ryan, Spaniard's Bay Recreation, Spandiard's Bay	\$200	X								
Instructor fees, healthy snacks, weights, mats, exercise balls	Heather Adams, Upper Island Cove Parks and Recreation, Upper Island Cove	\$800		X							
Healthy Snacks	Andrea Loveless, Burin Peninsula Voice Against Violence, Marstown	\$200	X								
Snowshoes	Garry Goose, CARA, Clarenville	\$1000		X							
Instructor fees, yoga mats, props, healthy snacks	Lisa Evelyn, Trinity Conception FRC, Carbonear	\$880		X			X				
Healthy Snacks	Trudy White Upshall, Forture Bay Academy, St. Bernards	\$200		X						X	
Condom Vending Machines	Trudy White Upshall, Forture Bay Academy, St. Bernards	\$985								X	
Basketballs, soccerballs, volleyballs	Ryan Hepditch, Catalina Elementary, Catalina	\$975		X							
Tennis tables	Shawn Best, Holy Family Elementary	\$1000		X							
Skating Sledge, skates, skating trainers	Jennifer Kelsey, Persalvic Elementary	\$1000		X							
Volleyballs, cart, antennas, net	Rhonda Driscoll, Plate Cove Recreation General Delivery, Plate Cove West, NL	\$1000		X							
Snowshoes, skating aids, slides, healthy snacks	Jeanine Clouter, Port Blandford Recreation, Port Blandford	\$1000		X							
Healthy Snacks, brooms, helmets, floorcurl starter kit	Leigh-Ann Ryder, Matthew Elementary, Bonavista	\$1000		X							
School games	Jacqueline King, Cabot Academy, Western Bay	\$500							X		
Equipment	Katie Blagdon, Tricentia Academy, Arnold's Cove	\$995		X							
Healthy Snacks – Addictions Information Fair	Sherri Matthews, John Burke High School CYN, Grand Bank, NL	\$200	X								
Supplies for seniors cooking program – Cooking Well	Marjorie Gibbons, Town of Holyrood, NL	\$500	X								
Healthy Snacks/Small sports type equipment – Be Fit	Meagan Careen, Holy Cross School, Holyrood	\$1000	X	X							
Board games, CD Player, healthy snacks – Beyond Exercise	Eliza Swyers, Tip A Vista Wellness, Bonavista	\$1000					X	X			
Healthy snacks – Getting the Facts	Kathleen Griffiths, Golden Bay Seniors 50+, Long Harbour	\$200	X								
Yoga Exercise equipment/ DVDs – Acti-Fit	Jennifer McCarthy, Community Youth Network, Placentia	\$550		X							

Eastern Regional Wellness Coalition										
Project/Program Items	Contact/Applicant/Location	Amount	Priority Areas Addressed HE=Healthy Eating PA=Physical Activity IP=Injury Prevention TC=Tobacco Control MH=Mental Health Promotion CY=Child and Youth Development SH=Sexual Health and Wellbeing HN=Healthy Environments							
			HE	PA	IP	TC	MH	CY	SH	HN
Healthy snacks/Volleyball and nets – Summer Volleyball	Linda Sweet, Trinity Events and Festival Committee, Trinity	\$745		X						
Healthy snacks/ Sports equipment such as balls, jump ropes, hula hoops – Healthy You, Healthy Me	Cathie Gardiner, Point Lance Recreation, Port Lance	\$550		X						
Food supplies, utensils, seeds and soil – Community Garden/Singing Kitchen	Bride Power, Turks Gut Heritage House, Marysvale	\$700	X							
Yoga mats, hand weights, healthy snacks – Girl Fitness Club	Danielle Edwards, St. Lawrence Academy, St. Lawrence	\$910.00		X						
Healthy Snacks, balls, goalie pads – He Shoots, He Scores	Patricia Clark, St. Lawrence Community Youth Network, St. Lawrence NL	\$1000	X	X						
Community Garden Materials/ healthy snacks – Old ways to a Healthier Future	Elizabeth Murphy, Placentia West Heritage Committee, Boat Harbour	\$900	X							X
Indoor Curling Equipment – Steps to Incredible Health	Don Case, Riverside Board of Management, Salmon Cove	\$1000		X						
Community Garden Equipment – Community Connections	Marjorie Gibbons, St. Mary's Bay North RDA, Colinet	\$1000	X							X
Craft supplies, ingredients, utensils for cooking program – Winter Socializing	Daphne Clarke, Trinity Historical Society, Trinity	\$500	X				X			
Art supplies, healthy snacks – Express yourself!	Mallory McGrath, Branch Literacy Arts Committee, Branch	\$425					X			
Small sports type equipment such as soccer balls, parachute, ball hockey – Summer Recreation	Jeanine Burse, Port Blandford Recreation, Port Blandford	\$945		X						
Community Garden Materials	Robert Clarke, Upper Island Cove Parks and Recreation, Upper Island Cove	\$1000	X							X
Healthy Snacks/small sports equipment such as basket balls, hula hoops – Family Fun Day	Angela Peddle, Sou'West Arm Recreation, Hodges Cove	\$850								

Central Regional Wellness Coalition									
Project/ Program Items	Contact/Applicant/ Location	Amount	Priority Areas Addressed PA=Physical Activity HE=Healthy Eating CY=Child and Youth Development MH=Mental Health Promotion EH=Environmental Health IP=Injury Prevention						
			PA	HE	CY	MH	IP	EH	
Community Composting Program	Appleton	\$1500							X
Improving your Health Exercise Program	Baie D'Espoir Academy	\$350	X	X	X				
Peninsula Used Clothing and Food Bank – Grand Opening Celebration	Baie Vete	\$950		X			X		
St. Lawrence Anglican Church Youth Group	Belleoram	\$1500		X	X				
Fitness and Fellowship	Botwood Trinity United Church	\$600	X	X					
Community Garden Sustainability Project	Eastport Recreation and Wellness	\$1100	X	X					
Fogo Island Family Resource Centre	Fogo	\$600			X				
Mental Health Awareness	Smallwood Academy, Gambo	\$1000		X	X	X			
Flex Your Head Carnival	Gander Boys and Girls Club	\$300		X	X	X			
Glovertown Academy	Glovertown	\$500			X				
Caregiver Support Group	Grand Falls- Windsor Canadian Mental Health Association	\$650		X			X		
Family Fun Night	Youth 2000 Centre, Grand Falls- Windsor	\$450	X	X	X	X			
Summer Fun!	Youth 2000 Centre, Grand Falls- Windsor	\$450	X	X	X				
Community Garden Sustainability Project	Averee's Garden, Harbour Breton	\$1000	X	X	X				
Lewisporte Community Garden	Town of Lewisporte (Environment & Beautification Committee)	\$2000	X	X					
Lewisporte Age Friend Committee	Lewisporte Age Friendly Committee	\$800						X	
Moving for Health in Little Bay	Town of Little Bay	\$500	X						
Community Kitchen	United Community Kitchen, New World Island	\$1000		X					
Body, Mind, and Spirit	United Church Women, Northern Arm	\$450		X			X		
Fun and Fitness	Young at Heart 50+ Club, Pt. Leamington	\$500	X						
Health and Wellness Enhancement Project	Salvation Army Youth Group, Pt. Leamington	\$500	X	X	X				
Health Lunch Notions	Life Unlimited for Older Adults, Springdale	\$1500		X					
Youth Summer Camp	CYN Harbour Breton, St. Alban's	\$500	X	X	X				
Youth Engagement lunch visits	CYN Isles of Notre Dame Corp, Summerford	\$665		X	X	X			
Trail Walking in Central NL	New Vision 50+ Club, Trinity	\$1000	X						
Entertainment and meal for isolated Seniors and Shut-Ins	New Vision 50+ Club, Trinity	\$1200		X			X		
Mothers of Preschoolers-MOPS	Mothers of Preschoolers, Virgin Arm	\$500	X		X				

Newfoundland and Labrador Centre for Health Information

Western Regional Wellness Coalition											
Project/ Program Items	Contact/Applicant/ Location	Amount	Priority Areas Addressed PA=Physical Activity HE=Healthy Eating CY=Child and Youth Development MH=Mental Health Promotion TC=Tobacco Control EH=Environmental Health IP=Injury Prevention HP=Health Protection AL=Active Living								
			PA	HE	CY	MH	TC	EH	IP	HP	AL
Free Healthy Community Brunch and Walk	Bernice Sweet, Margaree	\$350	X	X							
Pre/Post natal Fitness	Dayna Gillard, Deer Lake	\$1000	X		X						
Afterschool Fall Program	Marie Morris, Cormack	\$800	X	X		X	X				
Suicide Prevention Train the Trainer	Mary Beth Fallon, Stephenville	\$1000				X					X
VON Adult Day program – Forget me not garden	Suzanne Marks, Corner Brook	\$590				X		X			X
Lifestyle Clinic	Bernice Hancock, Stephenville	\$323	X	X		X		X			
Safe and Sustainable Communities	Michelle Harris, Trout River	\$660	X	X		X					
Women’s Health Day	Sarah Short, Deer Lake	\$580	X	X		X	X		X		
Community Kitchen	Julia Francis, Port aux Basques	\$600		X	X	X				X	
Seniors on the Move	Marina Simon, Cape St. George	\$1000	X	X						X	
The Basic Shelf	Shelly Hynes, Corner Brook	\$970		X	X						
Go with the Flow Youth Event	Lisa Osmond, Corner Brook	\$1000				X					
Working Towards Wellness	Pam Moores, Corner Brook	\$450		X		X	X	X			X
The Gros Morne Fall Fest	Nora Shears, Cow Head	\$400	X	X		X	X	X			
Keeping Seniors Involved	Paula Corbin, Stephenville Crossing	\$530	X	X		X				X	
Assertive and Self-Confidence Workshop	Jessica Hackett, Corner Brook	\$800				X					
Keeping Seniors Aware	Rosemary Ivany, Howley	\$250	X	X		X	X			X	
Hampden International Garden	Beverly Parsons, Howley	\$1000	X	X		X		X			
Our Healthy Communities	Danielle Shea, Stephenville Crossing	\$175	X	X	X						
Community Wellness Day/Square Dancing	Liz and Jerry Young, Port au Port	\$420	X	X		X					
Healthy Children and Youth	Melanie Young, Port Saunders	\$550	X	X			X				
GSA Conference	Lisa Buckland, Corner Brook	\$1500			X	X					
Networking Day	Effie Hewitt, Port aux Basques	\$984.75	X								
Networking for Families	Shelley Hynes, Family Outreach Resource center, Corner Brook	\$1500	X	X	X	X				X	
Networking Days – Kids Live well Marathon	Arlene James, Deer Lake	\$1000	X	X			X				
Bonne Bay Area Building Community Networking day	Debbie Reid, Bonne Bay Area, Rocky Harbour	\$1375	X	X	X						
Kikikito’ q-awti	Odelle Pike, Kikikito’ q-awti Newfoundland Aboriginal Women’s Network, Stephenville	\$1250	X	X		X	X				
Port Saunders Area Building Community Networking Days	Denise White, Port Saunders	\$1375	X	X	X	X					
Parent Cafe	Shelley Hynes, Corner Brook	\$500	X	X		X					
Women’s Health Day	Janice Kennedy, Bay St. George Status of Women, Stephenville	\$750	X	X		X					X
Seniors Aquatic Activities	Kay Osmond, Port aux Basques	\$500	X	X		X				X	
Meal Rescue Makeovers	Maureen Parsons, Harbour Arm South 50+ Club, Benoit’s Cove	\$850		X		X					
PAC Family Health Day	Sandee Thomas, PAC Family Health Day	\$450	X	X	X	X					

Western Regional Wellness Coalition											
Project/ Program Items	Contact/Applicant/ Location	Amount	Priority Areas Addressed PA=Physical Activity HE=Healthy Eating CY=Child and Youth Development MH=Mental Health Promotion TC=Tobacco Control EH=Environmental Health IP=Injury Prevention HP=Health Protection AL=Active Living								
			PA	HE	CY	MH	TC	EH	IP	HP	AL
Hearty Free Skate	Jacqueline Blanchard, Woody Point Recreation and Rink Committee, Woody Point	\$100	X							X	
Canadian Cancer Society Volunteer Appreciation Event	Cara-Leigh Wyllie, Corner Brook	\$85				X					
Nutrition Month Free Skate	Patty Regular, Deer Lake	\$100	X	X							

Northern Regional Wellness Coalition							
Project/ Program Items	Contact/Applicant/ Location	Amount	Priority Areas Addressed PA=Physical Activity HE=Healthy Eating CYD=Child and Youth Development MH=Mental Health HP=Health Protection				
			PA	HE	CYD	MH	HP
Summer Swim team	Helen Penney, St. Anthony	\$315	X				
Habitat for Humanity	Nelson White, St. Anthony	\$200			X		X
French Enrichment Trip	Jackie Fowler, Parent Planning Committee, St. Anthony	\$500			X		
Teddy Bear Picnic	Heather Bromley, St. Anthony	\$300	X	X		X	
Enviro-friendly Healthy Eating	Amanda Chubbs, Red Bay Basque Memorial all grade school.	\$270.67		X			
We Can Eat Healthy Snacks – Youth Camp	Eugene Brenton, Roddickton	\$300		X			
VTA Girl Guides	Janice Genge, Girl Guides of Canada, Forrester’s Point	\$120			X		
Martinque 5K Run	Charlene Kearney, Conche	\$350	X	X			
Mom’s in Mourning	Betty Normore, L’Anse Au Loup	\$200				X	
After School Snack Program	Nancy Baines-Toope, Plum Point	\$500		X			
Parenting Your Adolescent	Anne Marie Freake, Charlottetown	\$200			X		
Going Healthy Program	Irene Myers, Bird Cove	\$1000		X		X	
Senior Social	Erin Russel, Main Brook	\$500	X	X		X	
CMRA Leadership Conference, Healthy Food Choices	Wendy Conard-Genge, Flower’s Cove	\$1000		X			
20 th Anniversary Celebrations	Jennifer Simms, Riddles and Rhymes Daycare, St. Anthony	\$569		X			
2014 Lightkeeper’s Run	Darren Buckle, Labrador Straits	\$400	X				
High School Ski Trip	Jessica Letto, Main Brook	\$500	X				
Family Pond Day-Snow Shoe Fitness	Shayvonne Snook, H.G. Fillier Academy	\$1000	X				
Family Literacy Night	Shayvonne Snook, H.G. Fillier Academy	\$975			X	X	
B&G Club After School Snack Program	Carmella Rose, St. Anthony & Surrounding	\$750		X			
Cook’s Harbor Evening Recreation	Wanda Hedderson, James Cook Memorial	\$1000	X				
Family Skate	Charmaine Cull, Northern Peninsula Family Resource Centres	\$675				X	
Let’s Move Some More	Joyce Mahar, Flower’s Cove, Ivy Durley Place	\$995.60	X			X	
Junior High Ski Trip, Grades 7-9	Natalie Duhn, Cloud River Academy	\$500	X				
Volleyball Year End Celebration	Jeff Strowbridge, Cloud River Academy	\$120	X				

Labrador Regional Wellness Coalition											
Project/ Program Items	Contact/Applicant/ Location	Amount	Priority Areas Addressed								
			AL	HE	CHE	MH	HA	HL	IP	HCD	CS
Sage Jr. Labrador Cup	HVGB Minor Soccer Association	\$1000	X								
Mental Health Week	Lisa Wiggins, LGH	\$899.05				X					
Charlottetown Relay for Life – Stay Safe in the Sun!	Boyce Turnbull, Charlottetown	\$1000								X	
Bike Rodeo	Janice White, HVGB	\$1000								X	
Cordwood Home Grant	Cordwood/ Earthship Building Committee	\$1000			X						
Subway	Lake Melville Xtreme Minor Hockey, HVG	\$1000	X	X							
Alzheimer’s Walk for Memories	Steven Janes, HVGB	\$100					X				
Breakfast Club Special Events	Mealy Mountain Collegiate, HVGB	\$1000		X							
Labrador West Pride Week	Labrador West Pride Inc., LW	\$850		X		X					
June Exam Relaxation Room	Mealy Mountain Collegiate, HVGB	\$1000				X					
Iron City Triathlon	Menihok Nordic Ski Club, LW	\$500	X								
Mother’s Wellness Retreat	Judy Voisey, HVGB	\$850				X		X			
ECE Fall Conference	Grand River Family Resource Centre, HVGB	\$1000								X	
Labrador Grenfell Breastfeeding Network	Michelle Pitcher, Regional	\$950								X	
Nain Transition House	Nicole Dicker, Nain	\$300								X	
Addictions Awareness Week	Mental Health & Addictions Awareness, HVGB	\$750				X					
Mealy Mountain Sensory Safe	Jennifer Walsh, Mealy Mountain Collegiate, HVGB	\$1000				X					
International Youth Day – Mapping the Way	Leanne Fowler, Regional	\$465								X	
Take Back the Night	Ardena Cadwell, Charlottetown	\$100								X	
Traditional Mitten Making	CYN Cartwright	\$750				X					X

Appendix G: Lists of Projects and Initiatives
submitted by the Regions for Fiscal 2013/2014



Eastern Health – Health Promotion Projects and Initiatives 2013/2014			
Project/Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
Living Healthy News	School Health Promotion Liaison Consultant, Rural; School Health Promotion Liaison Consultant, St. John's	Promoting Healthy Schools	Implementation
Health Promoting School Grants	School Health Coordinator, St. John's; Child Health Coordinator, Rural	Promoting Healthy Schools	Implementation
Comprehensive School Health and Health Promotion – Lawry St. Leger Workshop	Director, Health Promotion	Promoting Healthy Schools	Implementation Complete
Working with Schools: a Position Statement and Practice Framework for Eastern Health	Director, Health Promotion	Promoting Healthy Schools	Implementation Complete
Communities, Schools, and Families Working Together to Support Health and Wellness	School Health Promotion Liaison Consultant, Rural; School Health Promotion Liaison Consultant, St. John's	Promoting Healthy Schools	Implementation Complete
Color it Up... Go for More Vegetables and Fruit	Regional Nutritionist, Rural Regional Nutritionist, St. John's	Promoting Healthy Eating – Vegetable and Fruit Consumption	Implementation
Vegetable and Fruit Awareness Campaign	Regional Nutritionist, Rural Regional Nutritionist, St. John's	Promoting Healthy Eating – Vegetable and Fruit Consumption	Planning
Development of Healthy Eating Behaviors	Regional Nutritionist, St. John's; Regional Nutritionist, Rural	Promoting Healthy Eating – Development of Healthy Eating Behaviors	Implementation

Eastern Health – Health Promotion Projects and Initiatives 2013/2014			
Project/Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
B4UR Pregnant Phase II	Regional Nutritionist, Rural; Regional Nutritionist, St. John's	Promoting Healthy Child Development	Implementation
URA Parent	Regional Nutritionist, St. John's; School Health Coordinator, St. John's; Parent and Child Health Coordinator, St. John's	Promoting Healthy Child Development	Planning
Provincial Early Learning Project	Regional Nutritionist, St. John's; Parent and Child Health Coordinator, St. John's	Promoting Healthy Child Development	Implementation
Take Care Down There-Phase II	Health Promotion Consultant, Rural; Health Promotion Consultant, St. John's	Promoting Sexual Health and Wellbeing	Implementation/Evaluation
Parents, Sexuality, and Sexual Health	Health Promotion Consultant, Rural; Health Promotion Consultant, St. John's	Promoting Sexual Health and Wellbeing	Planning
Rural Sexual Health Project	Health Promotion Consultant, Rural; Manager, Health Promotion	Promoting Sexual Health and Wellbeing	Planning
Pregnancy and Smoking Cessation	Regional Health Educator, St. John's	Promoting Tobacco Free Living	Planning
Finding Balance	Regional Health Educator, Rural; Regional Health Educator, St. John's	Preventing Injury – Falls Prevention and Seniors	Planning
Population Health: A Common Understanding (Webinar)	HP Wellness Consultant, Rural; HP Wellness Consultant, St. John's	Strategic Direction – Population Health	Implementation Complete
Community Grants Program: Wellness Coalitions – Eastern Regional Wellness Coalition (ERWC) and Wellness Coalition Avalon East (WCAE)	HP Wellness Consultant, Rural; HP Wellness Consultant, St. John's	ERWC and WCAE/ Community Development	Implementation Complete
Wellness Coalition Newsletters	HP Wellness Consultant, Rural; HP Wellness Consultant, St. John's	ERWC and WCAE/ Community Development	Implementation Complete
WCAE-Social Network Analysis	HP Wellness Consultant, St. John's	WCAE/ Community Development	Implementation – Phase 1 Complete
Wellness Coalitions- Networking/ Gathering Event	HP Wellness Consultant, Rural; HP Wellness Consultant, St. John's	ERWC and WCAE/ Community Development	Implementation Complete
Choosing Healthy Food and Beverages Workshop	HP Wellness Consultant, Rural; HP Wellness Consultant, St. John's in consultation with Regional Nutritionists	ERWC and WCAE/ Community Development	Implementation Complete
Provide parents of Kinderstart	Addictions Prevention Consultants	Reducing Substance Use	Planning

Eastern Health – Health Promotion Projects and Initiatives 2013/2014			
Project/Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
children with the booklet: An Early Start - Drug Education Begins at Home		Risks & Harms	
Deliver workshop sessions with staff of Family Resource Centres and Healthy Baby Clubs to support delivery of key prevention messages to parents.	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Support capacity building around Strengthening Families for the Future Program.	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Distribute parent resource, 'Talking to Your Teens about Drugs' to parents in eastern health region	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Promote low-risk drinking guidelines to men and women 19 years and older in the eastern health region	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Analyze rates of youth alcohol use in the region by comparing current student drug use survey results with previous years.	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Planning
Coordination of Community Addictions Prevention and Mental Health Promotion Grants for the eastern health region	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Coordination of National Addictions Awareness Week Events	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Planning & Implementation
Coordination and delivery of Addictions Prevention Training Workshops	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Exploring addiction	Addictions Prevention Consultants	Reducing Substance Use	Planning

Eastern Health – Health Promotion Projects and Initiatives 2013/2014			
Project/Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
prevention/health promotion opportunities within English School District(Eastern Health)		Risks & Harms	
Providing consultation to various Eastern Health - Health Promotion working groups	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Providing addiction prevention consultation to various community groups and organizations	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Actively participating and supporting community groups and organizations involved in additions prevention and health promotion	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Consultation and knowledge/information exchange with staff of the Eastern Health Mental Health and Addiction Service	Addictions Prevention Consultants	Reducing Substance Use Risks & Harms	Implementation
Coordination and implementation of Mental Health First Aid training for first responders within Eastern Health.	Addictions Prevention Consultant & Mental Health Promotion Consultant	Mental Health Promotion	Implementation
Parent presentation and Display at local school	Social Worker working in Community Corrections	Reducing Substance Use Risks & Harms	Implementation
Decision making Presentation at local school	Social Worker working in Community Corrections	Reducing Substance Use Risks & Harms	Implementation
The Maze (Burin area)	Social Worker working in Community Corrections	Reducing Substance Use Risks & Harms	Implementation
Parent presentation and Display at CONA	Social Worker working in Community Corrections	Reducing Substance Use Risks & Harms	Implementation
An Early start to Prevention	Social Worker working in Community	Reducing Substance Use	Implementation

Eastern Health – Health Promotion Projects and Initiatives 2013/2014			
Project/Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
presentation	Corrections	Risks & Harms	
Fundamental Concepts Workshop (Rural)	Social Worker working in Community Corrections & Addictions Prevention Consultant	Reducing Substance Use Risks & Harms	Implementation
Motivational Interviewing Workshop	Social Worker working in Community Corrections & Addictions Prevention Consultant	Reducing Substance Use Risks & Harms	Implementation
Fundamental Concepts Workshop (Urban)	Addictions Coordinators	Reducing Substance Use Risks & Harms	Implementation
Review of Clinical Issues	Addictions Coordinators	Reducing Substance Use Risks & Harms	Implementation
Youth and Drugs	Addictions Coordinators	Reducing Substance Use Risks & Harms	Implementation
Addiction in the Family	Addictions Coordinators	Reducing Substance Use Risks & Harms	Implementation
Motivational Interviewing Workshop (Urban)	Addictions Coordinators	Reducing Substance Use Risks & Harms	Implementation
AATSA Committee	Addictions Prevention Consultant	Reducing Substance Use Risks & Harms	Implementation
Mental Health First Aid	Addictions Prevention Consultant & Mental Health Promotion Consultant	Promoting positive mental health and well being	Planning & Implementation
ASIST	Mental Health Promotion Consultant	Promoting positive mental health and well being	Planning & Implementation
Mental Health in the Workplace Training	Mental Health Promotion Consultant	Promoting positive mental health and well being	Planning & Implementation
FASDnl	Mental Health Promotion Consultant & Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Mental Health Series workshop at Discovery Centre	Mental Health Coordinator	Mental Health Promotion	Implementation
Development of Concurrent Workshop	Mental Health Coordinator	Mental Health Promotion/Reducing substance Use Risks and harms	Planning
U Turn Centre Committee Work	Addictions Prevention Consultant	Reducing Substance Use	Planning & Implementation

Eastern Health – Health Promotion Projects and Initiatives 2013/2014			
Project/Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
		Risks & Harms	
Housing and Homelessness Committee C'ville	Manager of Mental Health and Addictions Services, Rural Eastern	Promoting positive mental health and well being	Planning & Implementation
Flash Mob for Mental Health in Bonavista	Social Worker	Promoting positive mental health and well being	Planning & Implementation
FASD 101	Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Substance Use in the Workplace workshop	Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Cadet Parent's Drug Education	Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Teacher Staff Development	Addictions Coordinators	Reducing Substance Use Risks & Harms	Implementation
MUN Presentations to Schools ie Pharmacy, Social Work, Medicine.	Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Skills Link Education	Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Paradise Youth Centre Training	Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Depts. Justice and CYFS sessions	Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Service Canada Staff Education	Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Parent Education	Addictions Coordinator & Addictions Prevention Consultant	Reducing Substance Use Risks & Harms	Implementation
FASD Regional Committee and FASDNL and Provincial Education Project	Addictions Coordinator	Reducing Substance Use Risks & Harms	Implementation
Regional Substance Abuse Action Committee	Addictions Prevention Consultant	Reducing Substance Use Risks & Harms	Implementation

Central Health – Health Promotion Projects and Initiatives 2013/2014			
Project/ Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
Portion Sizes – nutrition session	Community Groups/Community Members/PHNs	Healthy Eating	Implementation
Community Kitchen	Community Groups/Community Members/PHNs	Healthy Eating	Implementation
Daycare/Preschool nutrition day	Community Groups/Community Members/PHNs	Healthy Eating	Implementation
Cooking education sessions	Community Groups/Community Members/PHNs	Healthy Eating	Planning
Eat Smart/ play smart	Community Groups/Community Members/PHNs	Healthy Eating	Planning
Food and Fun Camps	Regional Nutritionist	Healthy Eating	Implementation
Drop the pop	Regional Nutritionist	Healthy Eating	Implementation
Walking trails initiative	Community Groups/Community Members/PHNs	Physical Activity	Planning
Walk the rock	Community Groups/Community Members/PHNs	Physical Activity	Implementation
Indoor walking program	Community Groups/Community Members/PHNs	Physical Activity	Implementation
Therabands exercise groups	Chronic Disease Prevention and Management Consultant	Physical Activity	Implementation
Active girls for life	Central Regional Wellness Coalition (Primary Healthcare Facilitator)	Physical Activity	Implementation
Moving for Health	Community Groups/Community Members/PHNs	Physical Activity	Implementation
Active Schools Program	School Health Promotion Liaison Consultant (with Active Schools Coordinator)	Physical Activity	Implementation
No child left inside	School Health Promotion Liaison Consultant (with Active Schools Coordinator)	Physical Activity	Implementation
Adventure Races	School Health Promotion Liaison Consultant (with Active Schools Coordinator)	Physical Activity	Implementation
School wide special event days	School Health Promotion Liaison Consultant	Physical Activity	Implementation

Central Health – Health Promotion Projects and Initiatives 2013/2014			
Project/ Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
	(with Active Schools Coordinator)		
Tobacco Prevention Kits	Health Promotion Consultant	Tobacco Control	Implementation
Smoking cessation programs	Health Promotion Consultant	Tobacco Control	Implementation
Smoke Free recreation facilities	Health Promotion Consultant	Tobacco Control	Implementation
Smoke Free school grounds	School Health Promotion Liaison Consultant	Tobacco Control	Implementation
Babysitting Course	Health Promotion Consultant	Injury Prevention	Implementation
Bicycle Rodeo/road safety	Health Promotion Consultant	Injury Prevention	Implementation
PARTY Program	Health Promotion Consultant	Injury Prevention	Implementation
Women’s walk for empowerment	Community Groups/Community Members/PHNs	Mental Health Promotion	Implementation
Anti-bullying events	Community Groups/Community Members/PHNs	Mental Health Promotion	Implementation
Breastfeeding friends forever	Community Groups/Community Members/PHNs	Mental Health Promotion	Implementation
World breastfeeding challenge	Lactation Consultants	Mental Health Promotion	Implementation
International Women’s day	Community Groups/Community Members/PHNs	Mental Health Promotion	Implementation
Care for caregiver days	Community Groups/Community Members/PHNs	Mental Health Promotion	Implementation
Amazing maze	Mental Health Promotion Consultant	Mental Health Promotion	Implementation
First link program	Implementation	Mental Health Promotion	Implementation
Postpartum depression support group	Parent and Child Health Consultant	Mental Health Promotion	Planning
LGBTQ	Parent and Child Health Consultant	Mental Health Promotion	Implementation
Wellness cafe	Parent and Child Health Consultant/ School Health Promotion Liaison Consultant	Mental Health Promotion	Implementation
Eating Disorders	Regional Nutritionist	Mental Health Promotion	Implementation
Postpartum depression awareness	Parent and Child Health Consultant	Mental Health Promotion	Planning
Body image	Community Groups/Community Members/PHNs	Mental Health Promotion	Implementation
Environmental Awareness Campaign	Community Groups/Community Members/PHNs	Environmental Health	Planning

Central Health – Health Promotion Projects and Initiatives 2013/2014			
Project/ Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
Strengthening families	Regional Addiction and Prevention Consultant	Child/Youth Development	Implementation
BURPS	Parent and Child Health Consultant	Child/Youth Development	Implementation
Healthy Baby Club	Parent and Child Health Consultant	Child/Youth Development	Implementation
Influenza campaign	Communicable Disease Control Nurse	Health Protection	Implementation
Immunization program	Communicable Disease Control Nurse	Health Protection	Implementation
Feet First	Chronic Disease Prevention and Management Consultant	Multiple Priority Areas	Implementation
Cervical Screening Promotion	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Women’s Wellness days	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Wellness Days	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Diabetes Resource Packages	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Prenatal education	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Care 2 Ride	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Kids Fun and Fit Day	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Operation Generation	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Friends and Company	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Elder Abuse Awareness	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Take a step for diabetes	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Shopping bag initiative	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Men’s Health awareness	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Lunch and Learn	Community Groups/Community	Multiple Priority Areas	Implementation

Central Health – Health Promotion Projects and Initiatives 2013/2014			
Project/ Initiative	Lead Position(s)	Priority Area	Status 2013/2014: Planning or Implementation
	Members/PHNs		
Used Clothing and Food Bank	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Tree of Life Campaign	Community Groups/Community Members/PHNs	Multiple Priority Areas	Planning
Networking Day	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Improving Health My Way Program	Regional Self-Management and Support Coordinator	Multiple Priority Areas	Implementation
Community Gardens	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Lifestyle Clinics	Wellness Coalition (Primary Healthcare Facilitator)	Multiple Priority Areas	Implementation
Diabetes Awareness Education	Manager, PHN Services	Multiple Priority Areas	Implementation
Diabetes Awareness Education	Chronic Disease Prevention and Management Consultant	Multiple Priority Areas	Implementation
Coffee House	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Vial for Life	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Emergency Preparedness	Community Groups/Community Members/PHNs	Multiple Priority Areas	Implementation
Ticker Tom	Regional Nutritionist	Multiple Priority Areas	Implementation
Family Fun Night	School Health Promotion Liaison Consultant	Multiple Priority Areas	Implementation
Healthy Hundreds Challenge	School Health Promotion Liaison Consultant	Multiple Priority Areas	Implementation
Health fairs/ school summits	School Health Promotion Liaison Consultant	Multiple Priority Areas	Implementation
Regional Baby Friendly Initiative	Lactation Consultants	Multiple Priority Areas	Planning
Health Promotion to Community Groups and Schools on request	Public Health Nurses	Multiple Priority Areas	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Sexual & Reproductive Health Strategy	Sexual & Reproductive Health Consultant	Sexual & Reproductive Health	Implementation
Youth Voices, Healthy Choices Project	Sexual & Reproductive Health Consultant	Sexual & Reproductive Health	Implementation
Safer Bar Campaign	Sexual & Reproductive Health Consultant	Sexual & Reproductive Health	Implementation
Review of Sexual Health Services in Western NL / Improve sexual health status for residents in Western NL	Sexual & Reproductive Health Consultant	Sexual & Reproductive Health	Implementation
Western Health Intranet and Website	Health Promotion Consultant	Multiple Program Areas	Implementation
Sexual Health print resources	Sexual & Reproductive Health Consultant	Sexual & Reproductive Health	Implementation
School Events CHN are guided by policy to implement HP initiatives in every grade from 4-level III on a variety of topics integrating sexual health.	Regional Parent Child Health Consultant	Sexual & Reproductive Health	Implementation
Girls Circle Program	Out Reach Worker Regional Mental health Worker	Mental Health and Sexual Health	Implementation
Kids in the community Kitchens for Children Under 12 years of age KICK	Regional Nutritionist	Healthy Eating	Implementation
Food and Fun Camps for Children under 12 years of Age FFC	Regional Nutritionist	Healthy Eating	Implementation
Food Skills Workshops	Regional Nutritionist	Healthy Eating	Implementation
Healthy Eating Strategy for Adults and Seniors	Regional Nutritionist	Healthy Eating – Adults and Seniors	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Community Gardens	Regional Nutritionist	Healthy Eating	Implementation
Community Kitchens	Regional Nutritionist	Healthy Eating	Implementation
School Events (nutrition initiative) CHN are guided by policy to implement HP initiatives in every grade to promote proper nutrition across the lifespan.	Regional Parent Child Health Consultant Regional Nutritionist	Healthy Eating	Implementation
Mom's Wellness Initiative	Wellness Working Group; Regional Nutritionist	Healthy Eating; Mental Health Promotion	Implementation
Meal Planning Workshop	Wellness Working Group; Regional Nutritionist	Healthy Eating	Implementation
Nutrition Month Free Family Skate	Wellness Working Group; Wellness Facilitator	Healthy Eating, Physical Activity	Implementation
Best Practice information on healthy eating behaviors, food choices and healthy weights available on the intranet	Community Health Managers, Regional Nutritionist	Healthy Eating Healthy Pregnancy/Birth	Planning
Use of telehealth to increase access to services for prenatal women related to healthy eating during pregnancy	Community Health Managers, Regional Nutritionist	Healthy Eating Healthy Pregnancy/Birth	Planning
Healthy Eating for your Toddler introduced to parents and children at CHC visits	Regional Nutritionist /CHN	Healthy Eating	Implementation
Engaging Parents Sessions	Regional Nutritionist; Parent Child Health Consultant; School Health Liaison Consultant/ CHN	Healthy Eating	Implementation
Assessment of School Nutrition	Regional Nutritionist; Parent Child Health	Healthy Eating	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Practices through Evaluation of School Menus and survey of recess and lunch by students to identify priorities areas for targeted Health Promotion	Consultant; School Health Liaison Consultant/ CHN		
Western Health Breastfeeding Policy	Regional Nutritionist	Healthy Eating	Implementation
Best Practice information regarding Breastfeeding provided on Western Health Intranet site	Regional Nutritionist	Healthy Eating	Implementation
Action! Bins	Regional Health Educator	Physical Activity	Implementation
Obstacle Course	Regional Health Educator	Physical Activity	Implementation
Walking Strategy	Regional Health Educator	Physical Activity	Planning
Physical Activity Strategy	Regional Health Educator	Physical Activity	Implementation
School Events (active living initiative for students in grades 2 and 3) CHN are guided by policy to implement active living initiative for students in grades 2 and 3 as well as to promote physical activity into all healthy living initiatives when possible.	Regional Parent Child Health Consultant; School Health Promotion Liaison Consultant	Physical Activity	Implementation
Live Well Half Marathon Challenge	School Health Promotion Liaison Consultant	Physical Activity and Healthy Eating	Implementation
5210 Challenge	School Health Promotion Liaison Consultant	Physical Activity and Healthy Eating	Implementation
BMO Family Day in the Park	Regional Health Educator; Wellness Facilitator	Physical Activity	Implementation
Cheerleading Camp (ages 4-11)	Wellness Facilitator	Physical Activity	Implementation
Ball Hockey Camp (Ages 7 and up)	Wellness Facilitator	Physical Activity	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Free Swims	Wellness Facilitator	Physical Activity	Implementation
Summer Soccer Program	Wellness Facilitator	Physical Activity	Implementation
Family Hikes	Wellness Facilitator	Physical Activity	Implementation
Obstacle Courses	Wellness Facilitator	Physical Activity	Implementation
Community Walk for Fall Festival	Wellness Facilitator	Physical Activity	Implementation
Family Fun Day	Wellness Facilitator	Physical Activity	Implementation
Kids Fun Day	Wellness Facilitator	Physical Activity	Implementation
Weightlifting Club	Wellness Facilitator	Physical Activity; Mental Health; Addictions Prevention	Implementation
Outdoor Rink Initiative	Wellness Facilitator	Physical Activity	Implementation
Bike Program	Wellness Facilitator	Physical Activity	Implementation
Outdoor Adventure Race	Wellness Facilitator	Physical Activity	Implementation
Summer Recreation Program	Wellness Facilitator	Physical Activity	Implementation
Winter Carnival Family Fun Event	Wellness Working Group; Health Educator	Physical Activity	Implementation
Kids Live Well Marathon	Deer Lake White Bay Community Advisory Committee	Physical Activity; Healthy Eating	Implementation
Engage Stakeholders to enhance physical activity for children 12 and under and their families/Increase community action to address this issue	Health Educator	Physical Activity	Implementation
Bicycle Events (Bike Rodeos)	Health Educator	Injury Prevention	Planning
Falls Prevention	Health Educator	Injury Prevention	Planning
Distracted Driving	Health Educator	Injury Prevention	Planning
SWAT Program	Regional Health Educator; School Health Promotion Liaison Consultant	Tobacco Reduction	Implementation
Development of Tobacco Reduction Strategy	Regional Health Educator	Tobacco Reduction	Implementation
CARE program	Regional Health Educator	Tobacco Reduction	Implementation
You Can Stop by Starting with Us	Regional Health Educator	Tobacco Reduction	Implementation
Smoke-Free Future Event	Wellness Facilitator	Tobacco Control	

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
			Implementation
School Events (tobacco reduction initiative) CHN are guided by policy to implement tobacco reduction initiatives each year, 1 targeting elementary and another as per nursing assessment.	Regional Parent Child Health Consultant	Tobacco Control	Implementation
School Events: CHN are guided by policy to implement an annual mental health promotion initiative covering body image, health esteem, bullying, etc. depending on need of students.	Regional Parent Child health Coordinator	Mental health Promotion	Implementation
World Suicide Prevention Day Annual Community Walk	Wellness Facilitator	Mental Health Promotion	Implementation
Suicide Prevention & Awareness Annual Tree of Memories	Wellness Facilitator	Mental Health Promotion	Implementation
VON Forget-Me-Not Flower Garden	Victorian Order of Nurses	Mental Health Promotion	Implementation
No Stress Fest	Wellness Facilitator	Mental Health Promotion; Healthy Eating; Addictions Prevention	Implementation
Repeat	Community Groups/Community Members/PHNs/	Addictions Prevention	Implementation
Guitar Club	Community Groups/Community Members /Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Impaired Driving Initiatives	Community Groups/Community Members /Youth Outreach Worker	Addictions Prevention	Implementation
Take a Time Out Project		Mental Health	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
	Community Groups/Community Members / CHN		
<i>On Your Way Forum</i> at FSA School	Community Groups/Community Members /CHM and MH Social Worker	Mental Health and Violence Prevention	Implementation
International Women’s Day Event	Community Groups/Community Members / CHN and MH Social Worker / Wellness facilitator	Overall Health – Mental, Physical, Emotional and Spiritual	Implementation
repeat		Mental Health	Implementation
Volunteer Appreciation and Recognition Event	Community Groups/Community Members /Wellness facilitator /MH Social Worker	Mental Health	Implementation
Girls Circle	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Boys Council	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
The Truth About Drugs	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Helping Skills Training Program	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Peer Mentoring Program	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	I Implementation
What’s With Weed	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Strengthening Families Parents/Youth	Reg. MHP, Youth Outreach Workers, Addictions Counsellor	Mental Health Promotion; Addictions Prevention	Implementation
Youth Voices Healthy Choices	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Suicide Awareness Workshop	Reg. MHP Consultant	Suicide Prevention & Awareness	Implementation
Suicide Awareness Video	Reg. MHP Consultant	Suicide Prevention &	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
		Awareness	
Safer Bars Initiative	Reg. MHP Consultant, YOW	Mental Health Promotion; Addictions Prevention	Implementation
Safer Grad	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
HIP Not HEMP	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Community Cafes	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
International Youth Day Event	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Relaxation Workshop	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Feeling Angry Workshop	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
G.U.R.L. Project	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
World Suicide Awareness Day Events	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
FASD Awareness Day Events	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Mental Health Week Events	Youth Outreach Workers, Reg. MHP Consultant	Mental Health Promotion; Addictions Prevention	Implementation
Addictions Awareness Week Events	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
Healthy Relationships Workshop	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Self-Esteem Workshop	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Cyber Harassment Workshop	Youth Outreach Worker	Violence Prevention	Implementation
Substance Use & You Workshop	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Safer Tattooing & Piercing Workshop	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Clare’s Big Ride Events	Youth Outreach Workers, Reg. MHP Consultant	Mental Health Promotion; Addictions Prevention	Implementation
Respect Day Events	Youth Outreach Worker	Violence Prevention	Implementation
Drug Abuse Jeopardy	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Anti-Bullying Café	Youth Outreach Worker	Violence Prevention	Implementation
Ten Minutes Talks	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Soup Kitchen	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Man Cave Program	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	I Implementation
Coping Skills Program	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	I Implementation
Super Dads	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
TEAM Program	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Raising Families	Youth Outreach Worker /Group Social Worker	Mental Health Promotion/Addictions Prevention	Implementation
Presentation Jr High At Risk Group	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
repeat	Youth Outreach Workers	Mental Health Promotion; Addictions Prevention	Implementation
			Implementation
Youth Drop In Support	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Anxiety and Depression in Teens	Blomidon Staff	Mental Health Promotion; Addictions Prevention	Implementation
Supporting Mental Health and Addiction Concerns in Schools	Blomidon Staff	Mental Health Promotion; Addictions Prevention	Implementation
Parenting Information Sessions	Mental Health Counselors	Mental Health Promotion	Implementation
Understanding Depression (CHMI)	Blomidon Staff	Mental Health Promotion	I Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Suicide Prevention Workshop			
Drug Awareness, Where to go for Help (Parents)	Addictions Coordinator	Addictions Prevention	Implementation
Gambling Awareness Workshop	Addictions Coordinator	Addictions Prevention	Implementation
Understanding Addiction	Addictions Coordinator	Addictions Prevention	Implementation
Handling Holiday Stress	Addictions Coordinator	Mental Health Promotion; Addictions Prevention	Implementation
Stress Management & Relaxation	Addictions Coordinator	Mental Health Promotion; Addictions Prevention	Implementation
Respect: Positive Choices and Healthy Living Sessions	Addictions Coordinator	Mental Health Promotion; Addictions Prevention	Implementation
Spirituality Sessions	Addictions Coordinator	Mental Health Promotion; Addictions Prevention	Implementation
Understanding Depression Sessions	Mental Health Counselor	Mental Health	Implementation
Stress Management Presentation	Mental Health Counselor	Mental Health	Implementation
Drugs and Addiction Presentation	Mental Health Counselor	Addictions Prevention	Implementation
Working with Addictions	Addictions Counselor	Addictions Prevention	Implementation
FASD Display	Addictions Counselor	Addictions Prevention	Implementation
Fear and Anxiety Presentation	Mental Health Counselor	Mental Health	Implementation
Mindfulness Training	Mental Health Counselor	Mental Health	Implementation
Cyber Bullying Lunch and Learn	Mental Health Counselor	Mental Health Promotion	Implementation
P.A.R.T.Y.	Mental Health Counselor, YOW and Parent Child Health Coordinator	Addictions Prevention	Implementation
No Stress Fest	Addictions Counselor	Mental Health Promotion; Addictions Prevention	Implementation
The Amazing Maze	Addictions Counselor	Addictions Prevention	Implementation
Youth Conference	Mental Health Counselor	Mental Health Promotion; Addictions Prevention	Implementation
Women's Health	Mental Health Counselor	Mental Health	Implementation
Seniors Information Day	Mental Health Counselor	Mental Health	Implementation
Seniors Kitchen Party WEAD	Mental Health Counselor	Mental Health	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Take Back the Night Walk	Mental Health Counselor	Mental Health Promotion	Implementation
Mental Illness Week	Mental Health Counselor	Mental Health	Implementation
MADD Presentation	Addictions Counselor	Addictions Prevention	Implementation
National Child Day	Mental Health Counselor	Mental Health Promotion	Implementation
Skills Link Program Drug Awareness	Addictions Counselor	Addictions	Implementation
Fundamental Concepts of addiction	Addictions Counselor	Addictions	Implementation
What's With Weed	Addictions Counselor	Addictions	Implementation
Addictions Awareness Display	Addictions Counselor	Addictions	Implementation
Sexting and Internet Safety	Addictions Counselor	Mental Health Promotion; Addictions Prevention	Implementation
Coping Strategies Presentation	Addictions Counselor	Mental Health Promotion; Addictions Prevention	Implementation
Coping Strategies	Addictions Counselor	Mental Health Promotion; Addictions Prevention	Implementation
FAST	Addictions Counselor	Mental Health Promotion; Addictions Prevention	Implementation
STAND UP Day	Mental Health Counselor	Mental Health	Implementation
Lunch & Learn MIAW	Mental Health Counselor	Mental Health Promotion	Implementation
Addictions Awareness Coffee Break	Addictions Counselor	Addictions Prevention	Implementation
Truth About Drugs Program (Alcohol)	Addictions Counselor	Addictions Prevention	Implementation
Sexual Assault Awareness Breakfast	Mental Health Counselor	Mental Health Promotion	Implementation
Community Kitchen	Youth Outreach Worker	Healthy Eating	Implementation
Weight Lifting Club	Youth Outreach Worker	Recreation	Implementation
Mountain Bike Club	Youth Outreach Worker	Recreation	Implementation
SADD Events	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Summer Soccer Program	Youth Outreach Worker	Recreation	Implementation
Kayak Program	Youth Outreach Worker	Recreation	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Ball Hockey Program	Youth Outreach Workers	Recreation	Implementation
Youth Radio Program	Youth Outreach Worker	Recreation	Implementation
Guitar Club	Youth Outreach Worker	Recreation	Implementation
Adventure Race	Youth Outreach Worker	Recreation	Implementation
NO TOBACCO Day Events	Youth Outreach Worker	Tobacco	Implementation
Wellness Days	Youth Outreach Worker	Various Topics	Implementation
National Family Day Events	Youth Outreach Worker	Mental Health Promotion; Addictions Prevention	Implementation
Information Booths	Youth Outreach Workers	Various Topics	Implementation
Sexual Assault Awareness Breakfast	Youth Outreach Worker	Violence Prevention	Implementation
PLAY Program	Youth Outreach Worker Port-aux-Basques	Recreation	Implementation
Sexual Assault Awareness Lunch	Youth Outreach Worker	Violence Prevention	Implementation
FAST – Families and Schools Together	Community Groups/Community Members /Wellness Facilitator/youth Outreach Worker	Mental Health and Addictions	Implementation
Girls Circle – Friendship	Community Groups/Community Members /Wellness Facilitator/youth Outreach Worker	Mental Health and Addictions	Implementation
Boys Council – Respect	Community Groups/Community Members /Wellness Facilitator/youth Outreach Worker	Mental Health and Addictions	Implementation
Amazing Maze	Community Groups/Community Members /Wellness Facilitator/youth Outreach Worker	Mental Health and Addictions	
Feed Your Soul	Community Groups/Community Members /Wellness Facilitator/youth Outreach Worker	Physical Activity, Healthy Eating, and Mental Health	Implementation
Cervical Screening Initiatives	Cervical Screening Coordinator	Cervical Screening	Implementation
Improving Health My Way	Chronic Disease Prevention and Management Coordinator	Chronic Disease Prevention and Management	Implementation
Lifestyle Clinic	Community Groups/Community Members /CHN	Healthy Aging	Implementation
Intergenerational Programming		Healthy Aging	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
	Community Groups/Community Members /Wellness Facilitator/CHN		
Seniors Month Celebration	Seniors Wellness Committee	Healthy Aging; Sexual Health; Injury Prevention; Mental Health Promotion; Chronic Disease Prevention and Management	Implementation
Seniors Future Wellness/Planning Event	Curling Wellness Facilitator; 50+ Club	Healthy Aging; Mental Health Promotion	Implementation
RACES for Seniors: Outreach Program	Curling Wellness Facilitator; 50+ Club	Healthy Aging; Healthy Eating; Physical Activity; Mental Health Promotion	Implementation
Seniors Mosaic Initiative	Seniors Wellness Committee; Wellness Facilitator	Healthy Aging; Healthy Eating; Physical Activity; Injury Prevention; Mental Health Promotion	Implementation
Seniors Recreation Programs	Community Groups/Community Members /Wellness Facilitator	Healthy Aging; Physical Activity	Implementation
Seniors Fitness and Walking Program	Community Groups/Community Members /Wellness Facilitator	Physical Activity; Healthy Aging	Implementation
Women’s Health Day	Karma Yoga Active Life Physiotherapy and Wellness; Western Health	Physical Activity; Healthy Eating; Mental Health Promotion; Heart Health; Cancer Screening; Sexual/Reproductive Health; Chronic Disease Prevention and Management	Implementation
Youth Kayaking Program	Community Groups/Community Members /Youth Outreach Worker	Physical Activity	Implementation
School Events CHN are guided by policy to	Parent Child Health Coordinator	Chronic Disease Prevention	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
implement CDP initiative to all students in grade 7			
Seniors Kitchen Party	Community Groups/Community Members /Wellness Facilitator/CHN	Healthy Aging – Violence Prevention	Implementation
Seniors Event	Community Groups/Community Members /Wellness Facilitator/CHN	Healthy Aging	Implementation
Senior Mosaic Program	Community Member	Healthy Aging	Implementation
Health and Wellness Event	Community Groups/Community Members /Wellness Facilitator/CHN	Healthy Aging (Healthy Eating; Physical Activity; Chronic Disease Prevention and Management)	Implementation
50+ Wellness Day Campbell's Creek		Healthy Aging (Healthy Eating; Physical Activity; Chronic Disease Prevention and Management)	Implementation
Community Health Nurse/ Public Health Lead Events (Prenatal Sessions including introduction, labor and delivery, infant feeding and infant newborn care)	Regional Parent and Child Health Coordinator	Healthy Pregnancy and Birth	Implementation
World Hepatitis Day July 28, 2014	Communicable Disease Control Nurses	Health Protection	Implementation
Communicable Disease Control Program	Communicable Disease Control Nurses	Health Protection	Implementation
School Health Protection CHN are guided by policy to implement various strategies to reduce transmission of communicable diseases such as hand hygiene programs, reduction of transmission of Head Lice, etc.	Regional Parent and Child Health Coordinator	Other	Implementation
School Oral Health CHN are guided by policy to promote oral	Regional Parent and Child Health Coordinator	Other	Implementation

Western Health – Health Promotion Projects and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
health to all students in grade 1.			
SCHOOL Events FASD CHN are guided by policy to implement HP initiative to increase awareness of FASD to all students in grade 8.	Regional Parent and Child Health Coordinator	Other	Implementation
Cervical Screening: CHN are guided by policy to implement HP initiative discussing cervical screening to all females in grade 9 and again in high school.	Regional Parent and Child Health Coordinator	Cervical Screening	Implementation
Autism Month Annual Community Walk 4 Autism	Wellness Facilitator	Other	Implementation
Playground Safety Awareness Sessions	Wellness Facilitator	Safety	Implementation
Health Promotion to Community Groups and Schools on request	Various Leads	Multiple priority areas	Implementation

Labrador-Grenfell Health – Health Promotion Programs and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Stars of Mental Health	Community Group	Mental Health	Implementation
Percy Pinhorn	Regional Nutritionist	Nutrition/Body Image	Implementation
Hazy Love	Health Promotion Coordinator	Mental Health; sexual health	Implementation
Dove Real Beauty and School Programs	Health Promotion Coordinator/ Parent Child Health Coordinator	Mental Health; self esteem	Implementation
Self Esteem and Healthy Relationships	Health Promotion Coordinator	Mental Health; self esteem	Implementation
Rethink your Drink	Regional Nutritionist	Nutrition	Implementation
Snowmobile Safety Awareness	Health Promotion Coordinator	Injury Prevention	Implementation

Labrador-Grenfell Health – Health Promotion Programs and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Maze			
PARTY program	Health Promotion Coordinator	Injury Prevention; Mental Health and Addictions	Implementation
Students' Choice Tobacco Companies and Advertisement	Health Promotion Consultant	Tobacco Cessation	Implementation
Smoking – What's Up With That?	Health Promotion Consultant	Tobacco Cessation	Implementation
Tobacco and Youth: media awareness	Health Promotion Consultant	Tobacco Cessation	Implementation
Car Seat Clinics	Health Promotion Coordinator	Injury Prevention	Implementation
Bike Rodeos/Bike Safety	Health Promotion Coordinator	Injury Prevention	Implementation
Food Security Explorations	Health Promotion Coordinator	Nutrition/Food Security	Implementation
Seedling Program	School Health Promotion Liaison Consultant	Food Security	Implementation
Community Kitchens	Regional Nutritionist	Nutrition/ Food Security	Implementation
Cervical Screening Initiative	Regional Coordinator, Cervical Screening Initiatives Program	Cervical Screening	Implementation
Various awareness weeks	All	All	Implementation
Falls Prevention Workshop for Older Adults	Health Promotion Coordinator	Injury Prevention	Planning
Proposal Writing Workshop	Health Promotion Coordinator	Labrador Regional Wellness Coalition	Implementation
Nobody's Perfect Parenting Facilitator Training	Parent Child Health Coordinator	Healthy Child Development	Implementation
Healthy Child Development Initiatives	Parent Child Health Coordinator	Healthy Child Development	Implementation
Community Gardens	Regional Nutritionist	Nutrition/ Food Security	Implementation
Stop-to-Stop Bullying Day	Youth Outreach Worker	Mental Health	Completed
Breastfeeding Promotional Initiatives	Parent Child Health Coordinator	Healthy Child Development	Implementation
Various Nutrition presentations	Regional Nutritionist	Nutrition	Implementation
Breastfeeding Support Group	Regional Nutritionist/PHN	Nutrition	Planning/Implementation
Nutrition Month 2014 Activities	Regional Nutritionist	Nutrition	Implementation
Grocery Store Food Demos	Regional Nutritionist	Food Security/Nutrition	Planning
Develop new Seniors Nutrition	Regional Nutritionist	Nutrition	Implementation

Labrador-Grenfell Health – Health Promotion Programs and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Resource			
Good Food Box	Regional Nutritionist	Food Security/Nutrition	Planning
Violence Prevention Month	Youth Outreach Worker	Mental Health	Completed
Eating Disorder Awareness Week	Youth Outreach Worker	Mental Health	Completed
Mental Health Awareness Week	Youth Outreach Worker	Mental Health	Completed
FASD Awareness Day	Youth Outreach Worker	Mental Health	Completed
Suicide Prevention Awareness Day	Youth Outreach Worker	Mental Health	Completed
Mental Illness Awareness Week	Youth Outreach Worker	Mental Health	Completed
Addictions Awareness Week	Youth Outreach Worker	Mental Health	Completed
Anti-bullying Week	Youth Outreach Worker	Mental Health	Completed
Continual Bullying Prevention and Awareness Education	Youth Outreach Worker	Mental Health	Implementation
Bridging Gaps - Crime Prevention	Youth Outreach Worker	Mental Health	Completed
Sheshatshiu Youth Engagement	Youth Outreach Worker	Mental Health	Completed
Violence Prevention Month	Youth Outreach Worker	Mental Health	Completed
Eating Disorder Awareness Week	Youth Outreach Worker	Mental Health	Completed
Positive Body Image	MHA staff	MHA	Implementation
Back on Track	MHA staff	MHA	Implementation
Positive Body Image	MHA staff	MHA	Implementation
Stars of Mental Health	MHA staff	MHA	Implementation
Beyond the Hurt	MHA staff	MHA	Implementation
Work/Life Balance	MHA staff	MHA	Implementation
Anti- Stigma Campaign	MHA staff	MHA	Implementation
Fundamental Concepts in Addictions	MHA staff	MHA	Implementation
Mental Illness Awareness Week activities	MHA staff	MHA	Implementation
Addiction Awareness Week activities	MHA staff	MHA	Implementation
Sexting, Luring & Threats	MHA staff	MHA	Implementation
Impaired Driving Workshop	MHA staff	MHA	Implementation
Safe Grad Promotion	MHA staff	MHA	Implementation

Labrador-Grenfell Health – Health Promotion Programs and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Mental Health Week activities	MHA staff	MHA	Implementation
Stress Management	MHA staff	MHA	Implementation
Communication Skills	MHA staff	MHA	Implementation
Grief & Loss workshop	MHA staff	MHA	Implementation
Self Care Presentation	MHA staff	MHA	Implementation
Hazy Love Presentation	MHA staff	MHA	Implementation
Addictions in the Workplace	MHA staff	MHA	Implementation
ABC's of Addictions	MHA staff	MHA	Implementation
Inhalants Workshop	MHA staff	MHA	Implementation
Anti-Bullying Week Activities	MHA staff	MHA	Implementation
Violence Prevention Awareness Month Activities	MHA staff	MHA	Implementation
Eating Disorders Awareness Week Activities	MHA staff	MHA	Implementation
FASD Awareness Day activities	MHA staff	MHA	Implementation
Suicide Prevention Awareness Day activities	MHA staff	MHA	Implementation
Mental Health Tips	MHA staff	MHA	Implementation
Stress & Relaxation	MHA staff	MHA	Implementation
Managing Change/Stress	MHA staff	MHA	Implementation
Stress Management	MHA staff	MHA	Implementation
Anti- Stigma Workshop	MHA staff	MHA	Implementation
P.A.R.T.Y Program	MHA staff	MHA	Implementation
Especially For Girls Program	MHA staff	MHA	Implementation
Lifestyle clinics	MHA staff	MHA	Implementation
Respect Presentation	MHA staff	MHA	Implementation
Tatoos- Anti-Bullying Program	MHA staff	MHA	Implementation
Maze Workshop	MHA staff	MHA	Implementation
Amazing Race	MHA staff	MHA	Implementation
Post Partum Depression	MHA staff	MHA	Implementation
Self Esteem	MHA staff	MHA	Implementation
Empathy	MHA staff	MHA	Implementation
Exercise & Mental Health	MHA staff	MHA	Implementation

Labrador-Grenfell Health – Health Promotion Programs and Initiatives 2013/2014			
Program/Initiative	Regional Lead(s)	Priority Area	Status 2013/2014: Planning or Implementation
Seniors- Keeping Your Mind Healthy	MHA staff	MHA	Implementation
Stress & Relaxation	MHA staff	MHA	Implementation
Managing Change/Stress	MHA staff	MHA	Implementation

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