

Provincial Wellness Advisory Council

Annual Performance Report

2012 - 2013

Chairperson's Message



I am pleased to provide the 2012-13 Annual Performance Report for the Provincial Wellness Advisory Council in accordance with the requirements of the *Transparency and Accountability Act* for a Category 3 Government Entity. In the development of this report, consideration was given to the strategic directions of the Provincial Government, as well as the mandate and activities of the Advisory Council, as communicated by the Minister responsible for this entity.

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

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

Sincerely,

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

Catherine Donovan, MD.
Chairperson, Provincial Wellness Advisory Council

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1.0 Overview

In 2001, the Provincial Government recognized the importance of maintaining a healthy population and established the Provincial Wellness Advisory Council (PWAC). Recommendations from the PWAC informed the development of *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador*, released in 2006. The PWAC's work addresses the following priorities identified in the Provincial Wellness Plan (PWP):

- Healthy Eating: Improving healthy eating practices;
- Physical Activity: Increasing the number of people who are physically active;
- Tobacco Control: Reducing smoking rates and exposure to second-hand smoke;
- Injury Prevention: Reducing injury rates;
- Mental Health Promotion: Strengthening positive mental health;
- Child and Youth Development: Enhancing the health of children and youth;
- Environmental Health: Creating healthy environments; and,
- Health Protection: Protecting the health of the public.

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

In April 2011, the PWAC presented the report *Provincial Wellness Advisory Council Report and Recommendations 2011* to the Minister of Health and Community Services. The report identified supportive environments as an emerging wellness issue. Supportive environments include elements in the physical (natural or built) environment and the social environment (e.g. personal skills like health literacy, supportive relationships, community participation, etc.) that contribute to a person's health and wellness.

In 2011-12, Healthy Built Environments was added as a new wellness priority to be addressed under the PWP. A healthy built environment includes the constructed spaces where we live, learn, play, work and commute. Examples are buildings, roads, parks, trails and other green space in communities. The healthy built environment influences physical, mental and community health and is a key support for the wellness priorities.

Membership

In 2012-13, the PWAC consisted of 28 members representing non-government agencies, professional associations and various government departments. PWAC membership is voluntary and appointments are made by the Minister of Health and Community Services (see Appendix A).

Meetings and Expenditures

In 2012-13, support and secretariat services were provided to the PWAC by the Health Promotion and Wellness Division, Department of Health and Community Services (DHCS).

The PWAC held three meetings during the 2012-13 fiscal year (June 2012, October 2012, and February 2013). PWAC expenses, such as meeting costs and, when necessary, travel for members to attend meetings, were covered by the DHCS. The yearly expenditures in 2012-13 were approximately \$3689.

Mandate

The PWAC exists to provide advice and guidance to the Minister of Health and Community Services on the development and implementation of the Provincial Wellness Plan (PWP).

The role of the PWAC is to:

- Expand and define the components of the PWP;
- Identify gaps and priorities based on evidence and research;
- Recommend action strategies;
- Monitor the achievements of the PWP; and,
- Provide ongoing leadership for wellness.

The PWAC's work is based on five key directions:

- 1) Strengthen partnerships and collaboration;
- 2) Develop and expand wellness initiatives;
- 3) Increase public awareness;
- 4) Enhance capacity for health promotion; and,
- 5) Evaluate and monitor progress.

Primary Clients

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

Values

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

Professionalism

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

Excellence

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

Transparency and Accountability

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

Collaboration

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

Privacy

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

Vision

The PWAC supported the following vision of the Department of Health and Community Services:

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

The PWAC contributed to achieving this vision by providing advice and guidance in the development and implementation of priorities for the PWP, ongoing review and assessment of progress, and collaboration among partners at the provincial and regional level.

Mission

The PWAC adopted the mission of the Department of Health and Community Services as stated in the Department's Strategic Plan 2011-2014 as follows:

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

The PWAC contributed to the above mission statement by providing leadership for wellness through the key directions, wellness priorities and the collaborative efforts that were made individually and collectively by member organizations to further wellness policies and initiatives within the province. The performance indicators that accompany the Department's mission relate to leadership support and implementation, which are separate and distinct from the PWAC, which had an advisory capacity to the Minister.

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

2.0 Shared Partnerships

The membership of the PWAC includes a broad representation of non-government agencies, community groups, research bodies, health professional associations and government departments, reflecting the shared responsibility for wellness.

The PWAC acknowledges the critical work carried out by its partners, including: the priority issues working groups and committees, the Regional Health Authorities, and the Regional Wellness Coalitions. Partners demonstrated leadership, coordination and collaboration in addressing each of the priority areas.

- Department officials regularly updated the PWAC on the wellness priorities.
- Members of the PWAC reported regularly on health promotion activities within their own organizations. Small groups and partnerships were formed within the PWAC to address specific issues.
- The PWAC and the Regional Wellness Coalitions met to discuss potential shared actions on priority areas.

3.0 Report on Performance

Issue 1: Addressing Identified and Emerging Wellness Issues

Supportive environments were recognized as an emerging wellness issue in the *Provincial Wellness Advisory Council Report and Recommendations 2011*. Supportive environments include elements in the natural, built and social environments that contribute to personal health and wellness.

In 2011-12, healthy built environments were recognized as a key area of focus of the supportive environment and identified as a new wellness priority to be addressed under the PWP. The healthy built environment was highlighted as there was much research and interest both nationally and internationally focusing on this area. Healthy built environments includes the constructed spaces where we live, learn, play, work and commute. Examples are buildings, roads, parks, trails and other green space in communities. A healthy built environment influences physical, mental and community health and is a key support for the wellness priorities. During 2012-13 the PWAC continued to explore the various aspects of the healthy built environment including Health Impact Assessments. Health Impact Assessments are a combination of procedures, methods and tools which can be used to assess the potential effects that a policy or program may have on the health of a population.

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

Measure: Continued making recommendations

Annual Objective:

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

Measure: Provided commentary and recommendations

Annual Objectives Indicators	Progress in 2012-13
Obtained expert and member group opinions	Through agenda items, presentations and discussions, the member groups provided expertise related to the identified and emerging wellness priorities. Presentations were provided this year by the National Collaborating Centre for the Determinants of Health on the Determinants of Health as they relate to the healthy built environment, the National Collaborating Centre for Methods and Tools on methods and tools as they relate to the healthy built environment, the Healthy Canada by Design CLASP Project Working Group on the CLASP project and how it relates to the PWAC's work on the healthy built environment, the NL Centre for Applied Health Research on Health Impact Assessments, and a representative from the NL Branch of the Atlantic Planners Institute on the role of municipal planners in the province.
Assessed resource capacity to develop issues	The PWAC assessed its resource capacity to develop the emerging issue of healthy built environments. Through this process, partners were identified, including the NL Centre for Applied Health Research and members of the NL Branch of the Atlantic Planners Institute, to assist with addressing this issue.
Reviewed available health status information on emerging issues	PWAC members reviewed the current health information on emerging evidence related to the supportive environment and some members attended the Canadian Public Health Association (CPHA) Conference with a focus on supportive environments to obtain current knowledge on the issue. The information gathered was used to inform the identification of priority issues (noted below).
Reached consensus on issue to be addressed	The PWAC reached consensus on the issues to be addressed including the healthy built environment and the Health Impact Assessment (HIA) process. The use of HIA process could encourage planners and policy makers to consider the potential health impacts of new plans and policies.
Prioritized identified/emerging issues	Through PWAC discussions, a review of the available information and emerging research, and by participating the national CPHA conference, the PWAC was able to identify and prioritize two issues – the healthy built environment and Health Impact Assessments.
Developed working or policy papers	A working paper on the healthy built environment was not developed. Given this is an emerging issue, new information is being collected and the development of a working paper took longer than anticipated. A literature review of Health Impact Assessment information is being conducted which will inform the development of a working paper.

Discussion of Results

In 2012-13 the PWAC continued to explore the emerging issue of supportive environments, particularly the area of the healthy built environment. Given this is an emerging issue, the PWAC continued to monitor, collect, and review current information and emerging research on the topic and did not feel there was enough information available within the reporting period to prepare commentary or recommendations on the issue to the Minister. In 2013-14 the PWAC will compile the collected information and prepare commentary and recommendations for the Minister.

Annual Objectives:

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

Measure: Provided commentary and recommendations

Indicators:

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

Issue 2: Monitoring and Surveillance

The PWAC continues to monitor the achievements of the PWP, as part of its mandate. Monitoring can take place at both the process and outcome levels. Process activities, such as the delivery of health promotion programs and services, can be recorded and measured in terms of resource investments and/or outputs. Outcomes, however, are more difficult to assess as they tend to occur over the long term, and are influenced by other external factors such as employment and living conditions, culture, and personal income.

In spite of these challenges, changes and progress can be measured through the establishment of national, provincial and regional health status indicators. This information can then be used to inform future policy and program decisions. It is important to also collect evidence to support the dissemination of effective initiatives and best practices.

Monitoring and surveillance activities supported the Provincial Government's strategic direction of accountability and stability of health and community services and the outcome of improved system performance and sustainability.

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

Measure: Monitored available information

Annual Objectives:

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

Measure: Agreed upon a minimum set of health indicators

Annual Objectives Indicators	Progress in 2012-13
Conducted an environmental scan on Health Impact Assessment tools/models	The environmental scan was not completed during this reporting period. The collection and analysis of the information took longer than expected to complete the work.
Identified key indicators for wellness	Key indicators for established wellness priority areas were identified, such as smoking rates, breastfeeding rates, and bicycle helmet use. Newer wellness areas, such as healthy built environments require further research to identify appropriate indicators. The literature review and environmental scan noted above will help to inform the selection of key indicators for healthy built environments.
Created standardized data collection tools	Standardized data collection tools, such as the Canadian Community Health Survey, exist for some of the established wellness priority areas (e.g. tobacco control and physical activity). The literature review (noted above) will help inform the creation of a standardized data collection tool for healthy built environment data.

Discussion of Results

In 2012-13 the PWAC focused on the development of a minimum set of health indicators for monitoring existing and emerging wellness issues as per the 2012-13 objective. Existing indicators and data collection tools were identified for some of the wellness areas. An environmental scan and literature review were initiated; when completed in 2013-14, this information will help inform additional indicators and the creation of a data collection tool for the healthy built environment.

Annual Objective Indicators 2013-14:

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

Measure: Increased capacity in monitoring through partnership and collaboration

Indicators:

- Created new partnerships to assist with and/or support monitoring

- Collaborated on initiatives to assist with and support monitoring

Issue 3: The Supportive Environment

A supportive environment is critical for individuals to achieve optimal health and wellbeing. Supportive environments, including both the social and physical environments, are those where people feel connected to each other and empowered to take action to make choices and changes as needed. The social aspect of the environment includes the personal capacity (skills, abilities and assets of individuals and households), as well as their connection to their community through friendships and organizations. The physical or built environment refers to the infrastructure of the community such as the buildings, bike paths, green spaces, parks and sidewalks. In both cases the environment plays a significant role in supporting people to be healthy through healthy food choices, physical activity opportunities and social connections.

The PWAC has chosen to focus its work on two elements of the supportive environment: healthy built environments and health literacy.

Healthy built environments was the starting point for PWAC's work in enhancing a supportive environment. In order to support the creation of healthier built environments, it was necessary to ensure the PWAC had a good understanding of concepts and resources related to building healthy communities as well as the other partners in the community who could contribute to this work. The PWAC held discussions and reviewed current research and information to further define and understand the issue of the healthy built environment.

Health literacy is another element of supportive environments that enables individuals to be healthy. Health literacy involves developing the skills needed to use everyday health information such as reading and understanding a medication prescription or a food label. In 2012-13 the PWAC began to review current information on health literacy to better understand the issue so as to provide advice to the Minister in the future on this wellness issue.

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

Measure: Promoted the concept of the supportive environment

Annual Objectives:

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

Measure: Broadened the scope of the issue

Annual Objectives Indicators	Progress in 2012-13
Established a multi-sectoral community committee to advance work in identified priority areas related to the supportive environment	A multi-sectoral community committee was established by the PWAC to further support work around the healthy built environment. This new “Building Healthy Communities Collaborative” has three co-chairs to represent policy (DHCS), research (NLCAHR), and practice (members of the NL Branch of the Atlantic Planners Institute). Members from the 2011 Building Healthy Communities Conference Planning Committee were also invited to join the new Collaborative.
Included a focus on proposing legislative change for long-term planning	Identified legislation and policy areas for review including the Child and Youth Friendly Land Use and Transport Planning Guidelines.
Assessed ways of addressing health literacy in relation to identified vulnerable populations and the supportive environment	The PWAC started to assess the current information on health literacy. The assessment was not completed during the reporting period because specific national information that was requested was not received during the reporting period. The work on this issue will continue in 2013-14.
Submitted recommendations to the Department on ways to introduce a health literacy program	No recommendations were submitted on a health literacy program. The requested information on health literacy was not received and was not available to inform the development of the recommendations. The PWAC is continuing to work on this issue.

Discussion of Results

In 2012-13 the PWAC broadened the scope of the issue of supportive environments by identifying and implementing some key focus areas; the PWAC established a multisectoral community committee and identified legislation and policy areas for review, including the Child and Youth Friendly Land Use and Transport Planning Guidelines. Health literacy was identified as another important area of focus for the issue of supportive environments. The PWAC began a review of the information on health literacy and determined that further work in this area is required in 2013-14.

Annual Objective Indicators 2013-14:

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

Measure: Assessed progress of initiatives undertaken to promote the concept of supportive environment

Indicators:

- Prepared an inventory of initiatives promoting supportive environments
- Provided a progress report to the Minister on initiatives promoting the supportive environment

4.0 Challenges and Opportunities

The PWAC expects to fulfil its mandate in 2013-14, given the Minister's support for the Council's work.

There are a number of partnership opportunities and initiatives which may support and/or direct the PWAC's work in the coming year, including:

- The NL Centre for Applied Health Research's environmental scan of policies, programs, initiatives and promising practices, both provincially and nationally, that support and maintain healthy built environments;
- Continued participation by the Healthy Built Environment Collaborate in the *Healthy Canada by Design CLASP II Project*, in partnership with the PWAC; and,
- Development of a Health 201 Workshop for members of the NL Branch of the Atlantic Planners Institute, health and environment experts, and other partners.

Challenges

In 2013-14 some of the work on the PWAC may be delayed if the final report on the Health Impact Assessment is not completed, and if new information and research on the emerging issue of supportive environments continues to be received and analyzed before advice and recommendations can be put forward.

Appendix A – Committee Membership as of March 2013

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

- Association of Allied Health Professionals
- Alliance for the Control of Tobacco
- Association of Registered Nurses of Newfoundland and Labrador
- Canadian Cancer Society of Newfoundland and Labrador
- Canadian Diabetes Association - Newfoundland and Labrador Regional Leadership Centre
- Canadian Mental Health Association
- 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
- Department of Municipal Affairs
- Department of Tourism, Culture and Recreation
- Dietitians of Newfoundland and Labrador – A Member Group of Dietitians of Canada
- Heart and Stroke Foundation of Newfoundland and Labrador
- Memorial University of Newfoundland, Faculty of Medicine
- Municipalities Newfoundland and Labrador
- Newfoundland and Labrador Centre for Applied Health Research
- Newfoundland and Labrador Health Boards Association
- Newfoundland and Labrador Lung Association
- Newfoundland and Labrador Medical Association
- Newfoundland and Labrador Public Health Association
- Newfoundland and Labrador School Boards Association
- Newfoundland and Labrador Teachers' Association
- Office of Public Engagement, Rural Secretariat
- Recreation Newfoundland and Labrador
- Regional Health Authorities
- Seniors Resource Centre of Newfoundland and Labrador
- Service NL

Appendix B – Strategic Directions

Title: Population Health

Outcome: Improved Population Health

To achieve “improved population health”, focusing efforts on public health interventions that will; promote healthy lifestyles and reduce health inequalities, prevent acute and chronic illness and injury, and protect people from health hazards, are necessary.

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

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

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

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

Title: Accountability and stability of health and community services

Outcome: Improved system performance and sustainability

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

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

Contact Information

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