Health Happens in Communities

A Guidebook for Community Leaders

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1.0 Introduction

1.1 A Message from the Chief Medical Health Officer

While a number of factors work together to determine how long we will live and how healthy we can be, it is well documented that our health is impacted by our behaviour. Certain behaviours place us at risk for disease and injury, but it is important to note that these behaviours are modifiable and we can make changes to reduce the risk to our health. A small number of behaviours are responsible for a large proportion of cancers, chronic diseases, death and disabilities experienced in the North. Some of these key behaviours include levels of physical activity, eating habits, tobacco and other substance use and risky activities that contribute to injuries.

The Ottawa Charter for Health Promotion gives us a framework for a comprehensive approach to health. It has five components: build healthy public policy, create supportive environments, strengthen community action, develop personal skills and reorient health services. Community leaders play important roles and influence public policy, supportive environments and community action.

Northern Health is committed to a population health approach. This means that we work with internal health sector partners and external partners such as employers, schools, local government leaders, and community organizations to address risk factors collectively. To ensure consistency of messaging and approaches, Northern Health has developed position statements specific to key behavioural risk factors which:

- outline how a collective approach might address these behavioural risk factors,
- are grounded in provincial, national and international evidence, and
- are consistent with provincial and national best practice approaches.

These positions have been endorsed by the Northern Health Executive to serve as tools that focus on our people and identify how we may work collectively to develop strategies for action to reduce the incidence of these risk factors and the impacts to the overall health of Northerners.

1.2 A Message from the Regional Director of Population Health Programs

Northern Health is committed to improving the health of communities, and we recognize that it takes partnerships and collaborative approaches to build healthier northern communities. We also recognize that many local governments are already leaders and promoters of healthy living. Building on this momentum, Northern Health has partnered with local governments to further strengthen our relationships and work collaboratively towards building healthier northern communities through establishing Partnering for Healthier Communities (P4HC) Committees. To date, twenty committees are being co-chaired by local government and Northern Health, with multi-sector membership. Through the development of a common vision and common goal of a healthier community, these committees develop initiatives that are based on locally identified risk factors. Using this approach, innovative and visionary work is supported and local leadership and local solutions have flourished to improve the health and well-being of Northerners and communities where together we live, work, learn and play.

1.3 Report Overview

Following this introduction, a snapshot of the current health status in Northern Health is provided for context. Third, connections are explored between major health conditions experienced in the North and how they may be addressed by looking at upstream risk factors and other determinants. Next, the Ottawa Charter for Health Promotion is presented as the framework for a comprehensive approach. Fifth, some of the key areas for action in the community setting will be outlined, as learned from the review of current evidence in preventing and reducing physical inactivity and tobacco use and improving eating habits. The report is summarized in the final section.

2.0 Northern Health: Current Health Status

Northern Health: Health Status at a Glance (May 2015)

1. Northern Health at a Glance

'Health' is a very broad term. It means much more than the absence of physical disease and is more than the sum of all the facilities, doctors, nurses and others engaged in providing health services. Similarly, factors that influence health are much broader than those we commonly associate with health care. Social well-being, economic prosperity, educational achievement, environmental sustainability, individual capacity and personal choices among others influence how each of our lives will unfold and whether we will be 'healthy'.

Through collaborative partnerships between staff, physicians, and the communities and organizations we serve, we continue to improve the Health of Northerners. Our NH Strategic Plan provides direction through four goals:

- Integrated and accessible health services
- A focus on our people
- A population health approach
- High quality services

2. Health Status at a Glance

This report summarizes demographics, health outcome indictors, chronic conditions, deaths (mortality), hospitalization rates, and risk factors in NH. It is not comprehensive; it is a quick snapshot to help identify issues and to help design health programs and services tailored to meet unique Northern challenges.

Residents of Northern BC are not as healthy as those from the south. The largest contributor to the burden of disease is chronic disease, followed by injuries and mental health disorders. The 5 leading causes of disease burden in the NH are similar to elsewhere in BC: cancer (18%), cardiovascular disease (17%), unintentional injuries (9%), mental disorders (7%) and chronic respiratory diseases (7%). We see significantly higher rates of death and disability from Motor Vehicle Crashes, Alcohol Related Diseases, Respiratory Diseases, and Cardiovascular Diseases.

3. Demography of NH [a]

Demographic Indicator	NH	BC
Population Size	287,729	4,631,302
Population Density *(persons/km²)*	0.4	4.8
Seniors > 65y *(%)*	12.8	16.9
Aboriginal Population *(%)*	17.5	4.8

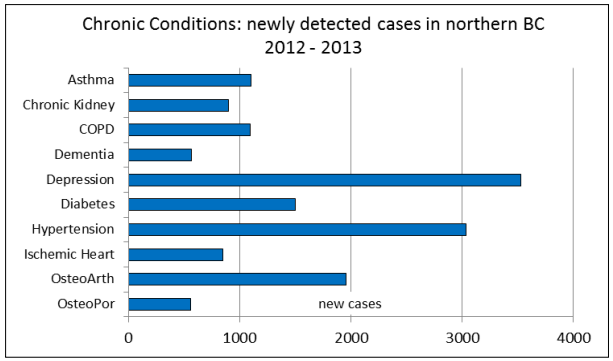
The area served by Northern Health covers 617, 271 square kilometres. This region accounts for nearly two-thirds of the land area of British Columbia: an area the size of France. Across this vast landscape resides less than 7% of the BC population (less than 300,000 people).

4. General Health Outcome Indicators [b]

Health Indicators 2013	NW	NI	NE	BC overall
% Influenza Immunization	28.4	28.1	20.2.7	30.0
% Overall Health Good - Excellent	57.6	54.1	55.6	59.9
% Mental Health Good - Excellent	71.4	69.8	71.5	68.7
Years - Life Expectancy at Birth	77.9	78.6	78.4	81.7
Infant Mortality (per 1000 births)	4.9	4.9	4.7	4.2

5. How Healthy Are We – Chronic Conditions

The graph below indicates the number of chronic conditions that were diagnosed in the North between 2010 and 2011. Increasing age and lifestyle factors are major contributors to the development of chronic disease. Some of these risk factors include tobacco use, sedentary behaviour/physical inactivity, eating choices, risk-taking behaviours (injuries), problematic substance use, and levels of being overweight or obese. [c,d,e,f,g]



Data Source: BC Ministry of Health, Medical Services Economic Analysis Branch. Chronic Conditions by incidence, prevalence, mortality and cost: 2001/02 - 2012/13: February 2014.

Acronyms: COPD – Chronic Obstructive Pulmonary Disease, OsteoArth – Osteoarthritis, OseteoPor – Osteoporosis

6. How Healthy Are We – Deaths (Mortality)

The table below gives us an indication of what we dying from, the number of deaths and how we compare to the rest of BC. The SMR (Standard Mortality Ratio) refers to the observed deaths in the North divided by the expected number of deaths in BC. The expected deaths are calculated with the same age and gender mix by looking at the death rates for different ages and genders in the BC population. SMR values greater than 1.0 mean that more deaths are occurring in the population for a given cause, than what is expected for that population.

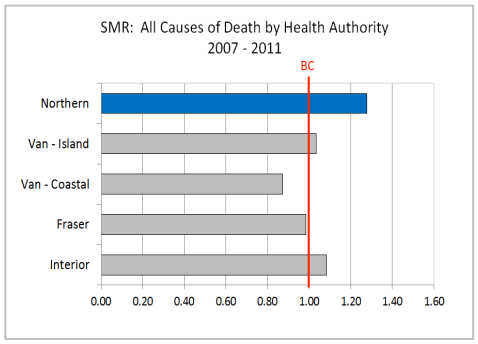
The PYLLI (Potential Years of Live lost Index) considers whether there are more premature deaths occurring than what might be expected. Premature deaths are those occurring before age 75 as it is assumed that most people will live to at least 75 years.

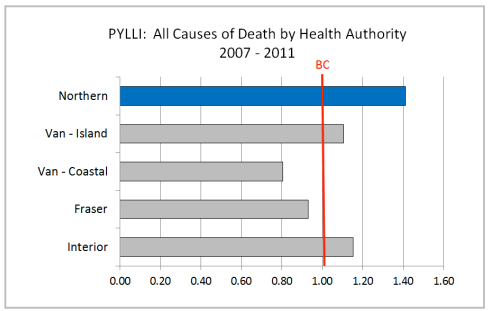
Northern BC Residents 2007 - 2011	SMR	PYLLI	# of Deaths
All Causes of Death	1.28 *	1.41 *	8,910
All Cancer Sites	1.22 *	1.23 *	2,660
Lung Cancer	1.52 *	1.49 *	865
End/Nut//Met. Diseases etc.	1.66 *	1.84 *	504
Diabetes	1.68 *	1.85 *	410
Circulatory System	1.23 *	1.31 *	2,305
Ischaemic Heart Disease	1.19 *	1.35 *	1,059
Cerebrovascular Disease/Stroke	1.20 *	1.30 *	527
Arteries/Arterioles/Capillaries	1.20	1.42	107
Respiratory System	1.22 *	1.38 *	809
Pneumonia and Influenza	0.97	1.28	222
Chronic Lung Disease	1.46 *	1.50 *	432
Digestive System	1.46 *	1.58 *	440
Motor Vehicle Accidents	2.27 *	2.35 *	233
Accidental Falls	1.42 *	1.40	132
Suicide	1.48 *	1.64 *	215
Alcohol-Related Deaths	1.77 *	1.98 *	996
Medically Treatable Disease	1.18	1.25	58
Drug-Induced Deaths	0.95	1.02	127
Smoking-Attributable Mortality	1.35 *	1.36 *	1,900

Data Source: BC Vital Statistics Annual Report: 2011. February 2013.
http://www2.gov.bc.ca/gov/topic.page?id=C234357D5B474166A4DE2FA1E0F527A0

* indicates that the SMR or PYLLI is statistically significant

How We Die (Mortality) – Cont'd.





7. How Healthy Are We – Hospitalizations

How people use health services provides an important perspective on a population's health status, health needs, health-related behaviours and whether or not health systems are functioning to meet the populations' needs in the most appropriate manner.

In 2012-2013, four of the top 15 reasons for hospital admission in Northern British Columbia were related to childbirth, a wonderful human moment. However, many of the other reasons for admission pertained to conditions that may be preventable or reduced with lifestyle changes and may be appropriately managed in the community setting.

Top 15 Reasons for Hospitalization in Northern BC 2012 - 2013

# of Cases	Days in Hospital	Description
1,452	2,271	Vaginal Birth - no other intervention
625	4,298	Chronic Obstructive Pulmonary Disease
558	3,200	Viral/Unspecified Pneumonia
525	1,842	Myocardial Infarction - without Coronary Angiogram
461	1,896	Unilateral Knee Replacement
454	4,146	Depressive Episode
441	1,507	Symptom/Sign of Digestive System
430	1,735	Substance Abuse with Other State
426	1,324	Arrhythmia without Coronary Angiogram
410	3,580	Convalescence
404	798	Vaginal Birth - no Anaesthetic - Non-Major Intervent
402	1,039	Caesarean Section with uterine scar, no induction
396	597	Antepartum Diagnosis treated Medically
381	3,033	Heart Failure without Coronary Angiogram
376	1,262	Primary Caesarean Section, no induction

Source: BC Ministry of Health, Health Ideas Summary Reports: Workloads for Hospitals
http://public.healthideas.gov.bc.ca/portal/page/portal/HealthIdeas

8. Upstream Health Determinants and Risk Factors

Many 'upstream determinants of health' influence health and well being. These can include modifiable and non-modifiable factors. Some non-modifiable factors are age, sex, and ethnicity. Some modifiable factors are socio-economic status and working conditions. First Nation's communities are further influenced by unique factors such as cultural continuity, control, viable councils, and having women as part of governance. These factors influence overall risk factors in our region.

The main behavioural risk factors associated with chronic disease, some mental health disorders, and injury in Northern BC includes:

- Poor diet / eating habits
- Physical inactivity / sedentary behaviour
- Tobacco use
- Problematic substance use
- Risk-tasking behaviours (young males)
- Being overweight / obese

Health Indicators [b] 2013	NW	NI	NE	BC overall
% Current Smoker	21.9	23.4	24.7	15.1
% Heavy Drinking	23.0	15.0	22.6	16.3
% Overweight or Obese	64.7	59.5	60.8	46.6
% Leisure-time physical activity *(moderately active or active)*	60.3	57.1	61.7	60.4
% Fruit & Vegetable consumption *(5 times or more per day)*	36.4	37.2	34.6	41.3
Injury Hospitalization *(per 100,000 population)*	1067	739.0	702.0	545.0
% High School Grads (age 25-29)	79.5	82.8	82.5	91.0
% Unemployment	9.8	7.0	4.8	7.5
% Lone-parent families	18.8	17.1	14.6	15.3

9. Improving Health Outcomes

Behaviours such as poor diet / eating habits, physical inactivity / sedentary behaviour, tobacco use, problematic substance use, risk-taking behaviours, and being overweight / obese contribute to the burden of disease experienced by Northerners and treated by acute care services. Many of these conditions are preventable and can be managed in communities.

[a] BC Stats, PEOPLE 2014 Population Estimates, May 2015.
http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationEstimates.aspx

[b] Statistics Canada. 2013. Health Profile. Statistics Canada Catalogue No. 82-228-XWE. Ottawa. Released December 2013..
http://www12.statcan.ca/health-sante/82-228/index.cfm?Lang=E

[c] Population Patterns of Chronic Health Conditions in Canada: Health Council of Canada. http://healthcouncilcanada.ca

[d] The Cost of Chronic Disease in Canada: GPI Atlantic. 2004.http://gpiatlantic.org/pdf/health/chroniccanada.pdf

[e] Prevention: British Columbia Cancer Agency. 2009.http://www.bccancer.bc.ca/PPI/Prevention/default.htm

[f] Hospitalizations: Counts and Rates Attributable to Alcohol, Tobacco, and Illicit Drugs for BC Health Authorities. BC Centre for Addictions Research: AOD project. March 2010.
http://carbc.ca/AODMonitoring/tabid/541/Default.aspx

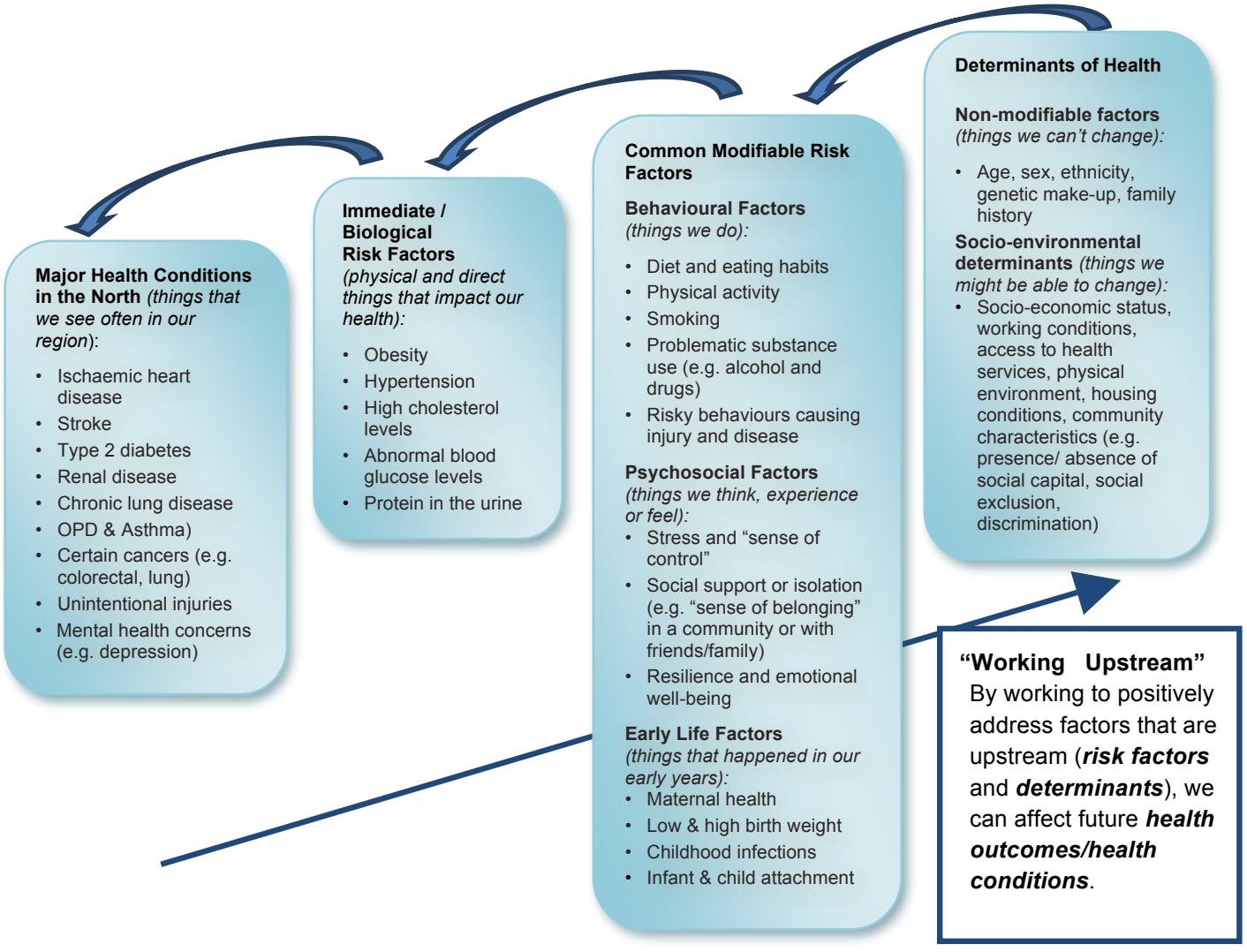
[g] BC Ministry of Health, Medical Services Economic Analysis Branch. Chronic Conditions by incidence, prevalence, mortality and cost: 2001/02 - 2010/11: February 2012.

3.0 Addressing Upstream Risk Factors

It is complex to understand how risk factors may impact or contribute to major health conditions. A causal pathway simplifies relationships between risk factors and health conditions and provides a visual understanding of relationships.

In Figure 1, a causal pathway is provided to outline common modifiable risk factors, the immediate risk factors, and their potential impact for health outcomes in the North. This figure also includes more upstream determinants of health, including non-modifiable factors, such as age and sex, and socio-environmental determinants, such as socio-economic status and access to health services. This causal pathway facilitates understanding of the connections between upstream determinants and risk factors and existing health conditions are related. As upstream factors are improved, the impact of major conditions may be reduced.

Figure 1: Causal Pathway (including determinants) for Major Diseases in the North



4.0 Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion is an international resolution of the World Health Organization (WHO). Signed in Ottawa, Canada, in 1986, this global agreement calls for action towards health promotion through five areas of strategic action. In concert, these strategies can create a comprehensive approach to addressing risk factors, such as physical inactivity, poor eating habits, and tobacco use.

Healthy Public Policy

Healthy public policy is coordinated action that leads to health, income, and social policies that foster greater equity. It combines diverse but complimentary approaches including legislation, fiscal measures, taxation, and organizational change.

Create Supportive Environments

People interact with a variety of settings in daily life and this should be considered when seeking to create supportive environments, including the spaces in which we live, work, learn and play. Changing patterns of life, work, and leisure has a significant impact on health. Work and leisure should be a source of health for people. Health promotion generates living and working conditions that are safe, stimulating, satisfying, and enjoyable.

Strengthen Community Action

Successful actions aimed at increasing population-wide participation in reducing risk factors are planned and implemented through multifaceted partnerships and collaborations. Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies, and implementing them to achieve better health. At the heart of this process is the empowerment of communities – their ownership and control of their own endeavours and destinies.

Develop Personal Skills

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. A variety of resources and support systems can support individuals and families to build better health outcomes through awareness, engagement, education and capacity building.

Reorient Health Services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions, and governments. They must work together towards a health care system which contributes to the pursuit of health.

5.0 Northern Health Positions on Key Upstream Risk Factors

The population health approach assumes that health is a resource for everyday life (not the objective for living) and seeks to improve the health of the entire population and to reduce health inequities.[1] The population health approach is a strategic direction of Northern Health. To improve the health of the population, Northern Health has developed and endorsed position statements on key behavioural risk factors (as identified in Figure 1).

To date, position statements have been endorsed on physical inactivity and sedentary behaviour, healthy eating, tobacco reduction, and the prevention of injuries. Snapshots of these positions are included in this section. Positions yet to be developed include: early childhood development (healthy starts), problematic substance use, obesity/healthy weights, and healthy schools.

A healthy community provides a framework for understanding these risk factors. According to the World Health Organization, a healthy community is "continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential." When we work collaboratively to develop healthier communities, environments, people and cultures are supported to make healthier choices where they live, work, learn and play. Healthier communities support residents to adopt healthy lifestyles with access to physical activity, make healthy eating choices, live in tobacco-free settings and support the prevention of injuries.

[1] Public Health Agency of Canada. (2012). What is Population Health? Available online: http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php

Northern Health Position on Healthy Communities

Background:

Many people in Northern BC are not as healthy as their southern neighbours. Health Status data demonstrates that complex chronic diseases and unintentional injuries are suffered at higher rates. These disparities can be correlated to upstream risk factors like smoking, physical inactivity, unhealthy eating and being overweight or obese, all of which are seen at elevated levels in the North. Many of these issues are compounded by the fact that our communities are rural and remote, and by certain socio-economic and environmental factors impacting equitable access to the Social Determinants of Health.

What does a Healthier Community Look Like?

Why are some communities healthier places to live and raise our families than others? Communities and their multi-sectoral partnerships play a pivotal role in developing health-promoting environments and communities. It takes the whole community working together. When the environment and the culture is nurtured to support people to make healthier choices where they live, learn, work and play, we know that they will live longer, healthier lives. Healthier communities support their residents to adopt healthy lifestyles, with equitable access to physical activity, local fresh foods, and tobacco-free settings where they celebrate social and cultural connections with their neighbours.

Northern Health's Healthier Communities Approach:

Many local governments are already leaders and promoters of healthy living in their communities. Building on this momentum, and in support of the Primary Health Care community integration work, Northern Health is developing a systematic approach to engaging in partnerships with local governments in our region that will collaboratively address local upstream risk factors.

Initially, it is envisioned that Healthier Communities Committees will be co-chaired by Health Service Administrators and a senior Local Government representative. Membership would include multi-sector stakeholders. Together they would move upstream, better understanding their community's health status and underlying causative risk factors and collaboratively develop local action strategies to make real and sustained improvements to the health and wellbeing of their residents.

One example of a Northern Healthy Communities Approach in Action:

The City of Terrace, in partnership with local Northern Health staff, has already been actively involved in building the foundation for a healthier community. A few of the highlights include:

- creation of the Millennium Trail, making Terrace a more "walkable" community
- supporting a very successful Farmers Market
- improvements to Active Transportation, including bike lanes, signage and bike racks
- development of a progressive Official Community Plan that addresses many healthy living principles
- the hiring of a Sustainability Coordinator who works on projects that include: Climate Action Charter, Active Transportation Plan and Sustainability Strategies for the City of Terrace

As graphically represented on Page 2, a four part iterative framework is proposed to develop healthier communities. The approach recognizes that communities are at different stages of development and that healthy community activities often happen in parallel.

For further information, please refer to the complete ***Northern Health Position Statement on Healthy Communities*** available on the Northern Health web site: http://northernhealth.ca (About Us/Position Statements Addressing Risk Factors) or by using the following address: http://northernhealth.ca/AboutUs/PositionStatementsAddressingRiskFactors.aspx.

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Northern Health - Healthy Communities Approach: Iterative Framework

Short Term **Medium Term** **Long term**

1. *Surveillance, monitoring and health status assessments*

- Internal Inventory
- Inventory existing community led actions
- Gap analysis
- Local Health Area Health Status Reports
- Identify priority municipalities and communities
- Evidence-based best practice interventions
- Update

Iterative Cycle
As information and data are gathered, it will be fed into a feedback loop with key stakeholders.

MILESTONE
Healthier Community Committees developed and developing collaborative action strategies

2. *Stakeholder engagement, relationship development, NH capacity development*

- Develop or strengthen NH/community partnerships
- Develop, Facilitate and Support Local Healthier Community Committees
- May North Central Local Government Association Healthy Communities Session
- Identify other partner ready communities

Ensure solid progress with relationship building and resource deployment

3. *Targeted interventions and collaborative action strategies*

- Collaboratively develop action strategies to target community specific health determinants
- Collaboratively implement identified action strategies to target community health determinants
- Implement Recognition Program
- Provide ongoing community access to NH support and expertise

Embed an iterative learning cycle for all parties, based in best practices and promising lessons

4. *Program evaluation and refinement*

- Ensure alignment, integration and excellent communication with all Northern Health programs and services
- Confirm alignment with stakeholders, Ministry of Health and other agencies

Participatory Engagement Cycle
Evaluation frameworks will meet the needs of partners, and provide on-going sources of evidence for planning and promotion.

- Evaluate Measurable Process/Output/Impact Improvements (i.e. Health Status reports)
- Feedback
- Review and refine program

Celebrate, share, network and grow together as a network of Healthier Northern Communities

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Northern Health Position on Sedentary Behaviour and Physical Inactivity

Northern Health aims to increase health and wellness and improve quality of life by promoting decreased sedentary behaviour and increased physical activity. Sedentary activity should be decreased and physical activity increased using a graduated approach with concomitant attention to injury prevention and functional limitation reduction. This aim will specifically be achieved by working with individuals and community partners to promote the following messages:

- Reduce overall sedentary behaviours.
- Increase incidental activity; emphasize that EVERY MOVE COUNTS!
- Any form of regular physical activity is important and beneficial.
- Using a graduated and individualized approach, increase activity levels to meet and exceed the minimum levels recommended by the Canadian Physical Activity Guidelines.
- More daily physical activity provides greater health benefits for all ages.

For further information, please refer to the complete Northern Health ***Position Statement on Sedentary Behaviour and Physical Inactivity*** available on the Northern Health web site: www.northernhealth.ca: About Us/Position Statements Addressing Risk Factors or by using the following address: http://northernhealth.ca/AboutUs/PositionStatementsAddressingRiskFactors.aspx.

Canadian Sedentary Behaviour Guidelines

Two sets of guidelines exist for different age groups: 5-11 years and 12-17 years. For each age group, the guidelines recommend a maximum amount of time that a person should spend as 'recreational screen time' and limit time spent sitting. Contrary to the Physical Activity Guidelines, the Sedentary Guidelines set maximum targets. Overall, the **time spent being sedentary should be swapped with active time with assistance from parents, family members, as well as educators**. They are available online at www.csep.ca/guidelines.

Children 5-11 Years & Youth 12-17 Years

- For health benefits, children and youth should minimize the time they spend being sedentary each day. This can be achieved by:
    - Limiting recreational screen time to no more than 2 hours per day; lower levels are associated with additional health benefits.
    - Limiting sedentary (motorized) transport, extended sitting and time spent indoors throughout the day.

Canadian Physical Activity Guidelines

Four sets of guidelines exist for different age groups: 5-11 years, 12-17 years, 18-64 years, and 65+ years. For each age group, the guidelines recommend a minimum amount of time that a person should be active in a given week, a recommendation for the level of intensity and type of activity. It is important to note that the recommendations are a minimum target. **Overall, more daily physical activity provides greater health benefits for all ages.** They are available online at www.csep.ca/guidelines.

Children 5-11 Years & Youth 12-17 Years

- For health benefits, children and youth should accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily. This should include:
    - Vigorous-intensity activities at least 3 days per week.
    - Activities that strengthen muscle and bone at least 3 days per week.

Adults 18-64 Years and 65 Years and Older

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

A Graduated Approach

Blanket recommendations of "getting more exercise" can be ineffective.[2] A graduated approach allows individuals to assess and realize progression and provides encouragement to continue with healthy lifestyle behaviour changes. An individual can begin a graduated approach with any level of activity. The overall process encourages increasing physical activity duration or intensity over time. The process of becoming active needs to be emphasized and individually tailored.

- Make the process of increasing activity clear; recognize the individual's starting point and level of readiness.
- Set incremental, **SMART** goals (SMART goals are ***S***pecific, ***M***easureable, ***A***ttainable, ***R***ealistic, and are ***T***ime-bound); set a ultimate or long-term goal.
- The provision of community based resources to assist individuals in generating a graduated action plan should be standardized (i.e. Healthy Families BC's Lifestyle Support Services).

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[1] Riddell, M. and J. Fowles. 2010. "How to treat prediabetes with exercise – effectively." *Clinical Practice Guide*. November: 10-20.

Northern Health Position on Healthy Eating

Healthy eating is fundamental to the overall health of individuals, families and communities. An unhealthy diet is a major risk factor for many chronic diseases and conditions, such as osteoporosis, hypertension, cardiovascular disease, anemia, diabetes and obesity. However, diet is also a modifiable risk factor for most people. Across an individual's lifespan, it supports daily living by promoting physical, mental and social wellbeing.

Northern Health Position on Healthy Eating

Northern Health seeks to optimize health and wellness and improve quality of life by promoting healthy eating among all Northern residents, by working with individuals and community partners to support and promote:

- A broad, balanced, inclusive and responsive definition of healthy eating.
- The right of all to achieve healthy eating.
- Physical and social environments, programs, and policies that support healthy eating along the continuum of life.
- Use of a "do no harm" approach to healthy eating to promote positive relationships with food and eating and positive body image, to discourage the development of disordered eating attitudes and behaviours.

Northern Health will enable healthy eating by:

- promoting a comprehensive approach to healthy eating that considers nutrition, food, eating competence, food systems, community food security, pleasure and traditions, and how these factors influence healthy eating.
- leading and supporting internal policies, programs and initiatives to create supportive environments for staff, clients, patients and residents.
- collaborating with external partners to support community level, systemic change to enable the development and maintenance of sustainable food systems and healthy eating environments where people live, learn, work and play.

For further information, please refer to the complete Northern Health ***Position Statement on Healthy Eating*** available on the Northern Health web site: www.northernhealth.ca (About Us/Position Statements Addressing Risk Factors) or by using the following address: www.northernhealth.ca/AboutUs/PositionStatementsAddressingRiskFactors.aspx

Healthy Eating: An Integrated Concept

Generally, Canadians do not eat healthfully. Healthy eating is influenced by a number of factors including nutrition, food, eating competence, food systems, food security and pleasure and traditions. These factors impact food environments where people live, learn, work, play and are cared for. Food choices are more complex than knowing the right amount and type of food to eat. Choices are also often outside of the control of individuals, particularly those who are already vulnerable in society. Consequently, an approach that targets these factors across household, community and system boundaries is the best chance of enabling healthy eating for all.

> *An unhealthy diet is less often a matter of personal choice and more often a function of social and economic inequalities.*
>
> - ONTARIO HEALTHY COMMUNITIES COALITION, 2006.

Eating Well with Canada's Food Guide

The national guidelines for healthy eating for Canadians promote adequacy, moderation, variety, and balance in food choices. In particular, Canadians are encouraged to eat a variety of servings each day from the four food groups: Vegetables & Fruit, Grain Products, Milk & Alternatives, and Meat & Alternatives. The recommended number of servings each day varies by age and gender (Table 1) to respond to the unique needs along the lifecycle. Within each food group, quality guidance statements are provided. For example, eat at least one dark green and one orange vegetable each day; eat vegetables and fruit rather than juice; choose whole grain products at least half the time; and eat two food guide servings of fish each week.

Table 1: Serving Recommendations

	Children			Teens		Adults			
Age in Years	2-3	4-8	9-13	14-18		19-50		51+	
	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

Additional information about *Eating Well with* **Canada's Food Guide** can be found online at http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Northern Health
Position on Tobacco Reduction

Northern Health wants to increase health and wellness and improve quality of life by promoting tobacco reduction and prevention. This will be achieved by working with individuals and community partners to promote the following messages:

- Prevent children and youth from starting to use tobacco.
- Brief interventions should be used by all health professionals during every clinic visit; use the 5A's
- Approach to identify tobacco users and support them to quit.
- Promote Stop Smoking Before Surgery.
- The health sector will take responsibility to train staff to manage nicotine withdrawal; everyone needs to be involved.
- Protection from second hand smoke; there is no safe level of exposure.
- To reduce tobacco use through prevention, protection cessation and enforcement and focus on comprehensive approaches such as the Ottawa Charter approach.

For further information, please refer to the complete Northern Health ***Position Statement on Tobacco Reduction*** available on the Northern Health web site www.northernhealth.ca: (About Us/Position Statements Addressing Risk Factors) or by using the following address:
www.northernhealth.ca/AboutUs/PositionStatementsAddressingRiskFactors.aspx

> *Of **all** possible interventions to reduce illness and death in society from any cause, smoking cessation is among the most cost effective.*
>
> -Health Canada, 2004

Tobacco use is the single most preventable cause of death, disease, and disability. This year, more than 37,000 Canadians will die prematurely related to tobacco use. Tobacco users are at extra risk of:

Aortic aneurysm	Asthma	Cancer	Cataracts
Chronic bowel disease (Crohn's Disease)	Chronic bronchitis	Chronic obtrusive pulmonary disease (COPD)	Common cold
Coronary heart disease (heart attacks)	Emphysema	Fertility challenges	Gum disease
High blood pressure	High cholesterol (LDL)	Impotence	Influenza
Peptic ulcers	Peripheral vascular disease (circulatory problems)	Pneumonia	Sleep problems
Thyroid disease (Grave's Disease)	Tooth decay (cavities)	Osteoporosis	

Northern Health Position on Tobacco Reduction – "Snapshot"
Version 2: March 13, 2012

There is no safe level of exposure to environmental smoke. Exposure puts individuals at an increased risk of some of the same negative health impacts of tobacco use as tobacco users.

Tobacco use increases the cost of providing health care. The direct and indirect costs of tobacco use to the BC health care system each year is approximately $2.3 billion, including $605 million in direct costs.

Actively Addressing Tobacco Addiction

Without intervention (counselling or pharmacotherapy), success may be only 10% or less. All health care providers need to address tobacco use with every client during every visit.

Brief Interventions

Brief interventions are when a health care professional addresses a client's tobacco addiction during a direct service interaction; they typically take less than 5 minutes. The **5As Approach** is a systematic and longitudinal approach:

- **Ask:** identify tobacco users.
- **Advise:** in a clear, strong, and personalized manner and advise every tobacco user to quit.
- **Assess:** is the user ready to try to quit using tobacco? Discuss motivation: what is the relevance of quitting? What are the risks of continuing to use tobacco? What are the rewards of quitting? What are potential solutions to roadblocks? Repeat each visit.
- **Assist:** help the user make plans. Recommend and offer supports, including: pharmacotherapies, programs offering counselling, quit lines and other supportive resources and materials.
- **Arrange Follow-Up:** schedule follow-up, either in-person or on the phone. Provide prevention intervention, including discussing benefits, rewards, congratulations and encouragement to remain abstinent.

Pharmaceutical Interventions

Pharmacotherapy use is another proven cessation strategy, including nicotine replacement therapies and/or medications. Nicotine replacement therapies come in patch, gum, lozenge, and inhaler form. These supports significantly increase chances for success:

- Nicotine replacement therapy alone can increase success rate up to 25%.
- Medication therapy alone can increase success up to 33%.
- Combined, nicotine replacement therapy and medication can increase success up to 37%.

Combined Interventions

Interventions which combine counselling, nicotine replacement, and medication, can increase success up to 44%.

Other programs exist to support cessation among Northerners, including:

- BC Smoking Cessation Program
- QuitNow Services (www.quitnow.ca)
- Northern Health's Tobacco Reduction Strategy and the Smoke-Free Grounds Policy
- BC Cancer Agency partnership with Northern Health to promote Stop Smoking Before Surgery

Northern Health
Position on Preventing Injury

Northern Health wants to improve quality of life by promoting the prevention of injuries among all Northern residents. This will be achieved by working with individuals and community partners to support and promote:

- A shared understanding that injuries are preventable.
- A shared commitment to protecting the right of all to live, work and play injury-free.
- Joint efforts to develop environments, programs and policies that support the prevention of injuries across the ages.
- Joint efforts to address injuries and injury-prevention for those at higher-risk, including children and youth, seniors, men and Aboriginal peoples.

Northern Health will promote injury prevention through the following actions:

- Based on current data, Northern Health will support evidence-based injury prevention strategies to reduce the number of deaths and hospitalizations from: motor vehicle crashes, suicide and self-harm attempts, falls and childhood injuries.
- Using a population health approach, Northern Health will support further investigation to determine risk and protective factors and appropriate prevention strategies to address injuries in Northern Health.
    - *This should involve comprehensive reporting of annual injury data and trends, consider contextual information and variations by HSDA, identify priority areas and best practices and make recommendations for partnerships. In supporting BC's Aboriginal population, it will be important to consider the environmental and cultural contexts that impact Northern BC's Aboriginal people and communities.*
- Northern Health will lead multi-level action on all injuries in the form of a regional injury prevention coalition.
    - *This coalition will use data and other evidence to mobilize action and respond in the short, medium and long-term to changing injury prevention priorities. This coalition will be proactive and multi-sectoral, taking a systematic approach. Similar to the federal collaboration for injury prevention, such a collaborative can provide strategic and consistent messaging and direction.*
- Develop a comprehensive strategy to address injury prevention in Northern BC with internal and community-based partners across the region and following the Ottawa Charter approach; develop partnerships identified above and expand to include sectors that may not already be identified.

For further information, please refer to the complete Northern Health ***Position on Injury Prevention*** available on the Northern Health web site: www.northernhealth.ca (About Us/Position Statements/Addressing Risk Factors), or by using the following address: http://www.northernhealth.ca/AboutUs/PositionStatementsAddressingRiskFactors.aspx

Northern Health Position on Preventing Injury - "Snapshot"
Version 1: April 20, 2012

Injuries in Northern Health

Injury is the leading cause of death to Northerners in the prime of their life. Every month in Northern Health:

- More than 365 people are injured seriously enough to require medical attention.
- An average of 13 people will die as the result of a preventable injury.

The leading causes of injury-related death and hospitalization in Northern BC include: motor vehicle crashes, suicide and falls.

Motor Vehicle Crashes

Motor vehicle crashes have been one of the top two leading causes of injury deaths and this trend has remained constant. Males are twice as likely to be killed in a motor vehicle crash as females.

Suicide

Suicide is a complex and preventable public health concern. No single risk factor can be considered the sole contributor to a suicide death; multiple factors at the individual, family, community and societal levels need to be considered. In 2008-09, suicide surpassed motor vehicle crashes, becoming the leading cause of injury death in Northern Health.

Falls

Falls account for most injury-related hospitalizations. Compared to provincial rates, residents of Northern BC are at increased risk for a fall that requires hospitalization; Northern Health has the highest rate of hospitalization for a fall of all health authorities in the province. Seniors are at increased risk of fall-related injury. In Northern Health in 2009/2010, there were 555 fall-related hospital cases for individuals over the age of 65 (rate of 18.2/1,000).

Our Most Vulnerable Populations

Some populations are at higher risk of injury. This includes children and youth, seniors, men and Aboriginal peoples.

Children & Youth are at increased risk of unintentional injuries. Northern Health has the highest injury death and hospitalization rates for children and youth among all BC health authorities. The key is to reduce the frequency and severity of these injuries, particularly because of the life-long health and social implications.

Seniors are at increased risk of injury from a fall, motor vehicle crash or suicide. This can be due to reduced balance, environmental hazards and age-related physical, mental and other health challenges. These changes can affect their ability to maintain their balance, drive safely and handle the stresses of aging.

Men are more likely than women to engage in risk-taking behaviours, putting them at greater risk for severe injury and death. Men account for 94% of workplace injury deaths and Northerners suffer over 1/3 of the province's workplace fatalities.

Aboriginal Peoples may be at increased risk of injury due to isolated living conditions, longer driving distances, overcrowded and low quality housing and poor social conditions. Injuries are a leading cause of death, hospitalization and disability among Aboriginal peoples in BC.

6.0 Areas for Action

This section presents examples of strategies that support the comprehensive approach of the Ottawa Charter for Health Promotion, specifically as they relate to:

- Reducing sedentary behaviour and promoting physical activity,
- Promoting tobacco reduction, and
- Promoting healthy eating.

These strategies will help to achieve those goals outlined in Northern Health positions. Examples are evidence-based and come from an environmental scan of strategies proven effective elsewhere. While these examples are provided, this list is not exhaustive. There may be other examples that you are aware of and you are encouraged to share them.

6.1 Build Healthy Public Policy

→ To support healthy communities

- Develop healthier Official Community Plans; for sustainability, set the short- and long-term context in which healthier communities can be established and individuals can be encouraged to make healthier choices
- Municipal bylaws can regulate unhealthy environments (e.g., smoking, air quality) and promote healthier environments (e.g., smoke-free and idle-free zones, maintained bike lanes)
- Advocate for provincial and federal legislative changes that better support local efforts towards healthier communities (e.g., innovations for year-round access to local produce)

→ To reduce sedentary behaviours and promote physical activity

- Regulate public transit fees and parking fees to positively discriminate in favour of active transportation (e.g. walking, cycling) and other means of transportation that deliver health and/or environmental benefits (e.g. public transit)
- Require that 'Physical Activity Impact Assessments' are conducted of new developments and re-developments
- Fund an active transportation coordinator to promote alternatives to motor vehicles

→ To promote tobacco reduction

- Increased cost of tobacco products (e.g. tax or real price increases)
- Smoke-free legislation/bylaws (e.g. Health Canada's Smoke Free Public Spaces)
- Support the development of large-scale, comprehensive strategic directions (e.g. Saskatchewan's Strategy for Tobacco Control)

→ To promote healthy eating

- Policies to support local food growth, production, and integration into commercial food supply chains and institutions; this includes food policy frameworks with municipal governments, food policy councils, and healthy food charters (e.g. Smart Growth on the Ground)
- Policies to support family meals (e.g. create family eating spaces in recreation centres to encourage families to eat together; policies regarding recreation centre schedules that support families to eat meals at home)
- Policies which support incorporating local foods into food facilities and providers (e.g. restaurants, markets, and vending) and nutrition in institutional settings (e.g. schools, public buildings, recreation centres)
- Policies to limit the advertising of unhealthful eating practices and foods

→ To prevent injuries

- Develop regulations for safer settings (e.g., safe playgrounds)
- Advocate for and support alcohol policy (e.g., pricing measures, oppose privatising of liquor sales and distribution)
- Support legislation to restrict activities correlated with injuries (e.g., decreasing speed limits in residential areas from 50kph to 30kph to prevent child pedestrian injuries)

6.2 Create Supportive Environments

6.2.1 At Home

→ To support healthy communities

- Sponsor program that promote backyard and urban agriculture, recycling and green living
- Look for homes that are centrally located and positioned near corridors that promote active transportation (e.g., walking trails)
- Ensure that municipal programs encourage low income, seniors and other vulnerable groups to be able to participate in municipal recreation or other city-sponsored events
- Ensure that municipal programs and services (new and existing) provide opportunities to make and build social connections and promote healthy families (e.g., provincial initiatives that focus on family)

→ To reduce sedentary behaviours and promote physical activity

- Climate appropriate activities
- Active family time (e.g. Act Now BC's Ideas for an Active Family)
- Reduced 'screen-time' (e.g. Screen Smart)

→ To promote tobacco reduction

- Denormalize tobacco use (e.g. City of Hamilton's Tobacco-Free Living)
- Magnify the personal costs of tobacco use (financial and otherwise, e.g. Cost of Smoking Calculator)
- Intervene with parents/families who smoke in homes with children (e.g. Stop Tobacco Outreach Program)

→ To promote healthy eating

- Promote eating competence in the context of regular family-style meals and planned snacks (e.g. Better Together; Nutrition Education Network of Washington's Eat Better, Eat Together Toolkit)
- Sponsor programs which develop skills for choosing and preparing healthy foods (e.g. Food Skills for Families)

→ To prevent injuries

- Childhood injury prevention education/home-visiting programs can be effective in improving safety behaviour in families
- Seniors falls prevention (e.g., SAIL – a provincial fall risk reduction program integrated into home support services)

6.2.2 At Work

→ To support healthy communities

- Encourage staff to support or register teams in community events (e.g., Bike to Work Week)
- Encourage staff to support local charities or other advocacy opportunities in the community (e.g., blue jean Fridays)
- Encourage employers to adopt programs that would encourage physical activity among employees (e.g., providing facilities that encourage staff to bike to work or exercise during break times)

→ To reduce sedentary behaviours and promote physical activity

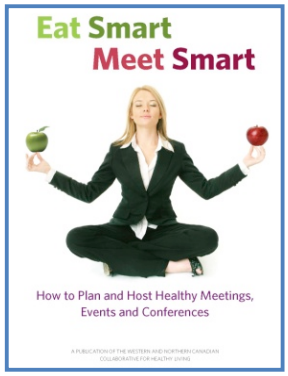
- Incentives for active transportation to work
- Workplace programs that encourage and support employees and their families to lead active lifestyles (e.g. Health Canada's Workplace Health Resources; HR Council's Workplace Wellness program; Public Health Agency of Canada's Stairway to Health program)

→ To promote tobacco reduction

- Smoke-Free work places (e.g. US Smoke-Free Indoor Air Fact Sheet; Northern Health's Smoke Free Grounds policy)
- Work with community agencies to deliver programs, supports and activities off-site and providing self-help materials (e.g. American Cancer Society's Fresh Start)

→ To promote healthy eating

- Promote comprehensive workplace health approaches, which emphasize healthy eating (e.g. Waterloo's Project Health program and their healthy eating toolkits)
- Provide promotional materials which promote healthy lunches to take to work (e.g. Project Health's Healthy Food Guidelines for Workplaces; Eat Smart, Meet Smart)
- Promote involvement by all, including senior management, in participatory planning to focus on the needs of employees and the optimal use of on-site resources; planning should be tailored to the special features of each workplace environment



→ To prevent injuries

- Comprehensive workplace wellness that addresses on- and off-site injuries (e.g., Safe Saskatchewan)
- Partnerships between injury prevention organizations and integration of injury prevention messaging into public education

6.2.3 At School

→ To support healthy communities

- Recognize that schools are central to many community processes and support collaboration to ensure parents, teachers, students and school boards promote healthy community messaging in this setting
- Support the development of healthy school policies and curriculum
- Take a coordinated approach to include the school setting as a resource and an audience for healthy community resources (e.g., Talking Back to Grownups: Healthy children, healthy communities)

→ To reduce sedentary behaviours and promote physical activity

- Promote use of parks and open spaces by a range of populations (e.g. benches, play equipment, drinking fountains, and shade)
- Safe and accessible environments that support increasing preferences for structured and less structured physical activity (e.g. parks for multiple activities, such as skateboarding, walking, sport, and recreation)

→ To promote tobacco reduction

- Youth-focused materials (e.g. Ontario's Ministry of Health Smoke-FX website)
- Partner with educational providers to deliver tobacco prevention and cessation programming (e.g. Washington State's Educational Service District 123's Tobacco Prevention and Cessation Program; Vermont State's NOT on Tobacco)

→ To promote healthy eating

- Consider the infrastructure or physical capacity of a space to have real food cooked on site and served to students
- Promote fruit and vegetable snack programs (e.g. BC Agriculture in the Classroom's Fruit and Vegetable Nutritional Program)
- Support fundraising programs which do not negatively impact healthy eating targets

→ To prevent injuries

- Programming that promotes healthy relationships and the prevention of abuse, bullying and violence (e.g., RespectED by the Canadian Red Cross, BC's Safe, Caring and Orderly Schools)
- Building awareness of brain and spine health and injury in the development of children and youth programs (e.g., ThinkFirst)
- Raising awareness of injury through school events (e.g., SmartRisk)

6.2.4 At Leisure

→ To support healthy communities

- Understand that recreation is a broad spectrum of activities and ensure that the range is accessible and meets diverse needs
- Support the promotion of leisure activities for all income groups and community sectors
- Enhance awareness of how healthy leisure activities are a key indicator of a healthy community (e.g., farmers markets or events centred around alcohol)

→ To reduce sedentary behaviours and promote physical activity

- Culturally appropriate activities (e.g. for Aboriginals, new immigrants)
- Emphasize development of social connectedness and support in team-based or group activities (e.g. walking programs, such as Walk BC)
- Examine barriers in current recreation activities faced by population groups (e.g. shift workers, offering of childcare services)

→ To promote tobacco reduction

- Promote activity and exercise to aid quitting smoking (e.g. Quit and Keep Fit)
- "Train the Trainer" – educate coaches, volunteers, and employees regarding tobacco addiction and the importance of cessation
- Seek out examples of communities that have extended smoke-free areas to include parks, outdoor public places and events (e.g. Smoke-Free Calgary)

→ To promote healthy eating

- Promote healthy vending and food choice options in recreational facilities (e.g. eat Smart Ontario; New Brunswick's Healthy Foods in Recreational Facilities program; BC's Healthy Choices in the Recreation Site Toolkit, Stay Active Eat Healthy)
- Promote participation in community gardens (e.g. Government of Alberta's Guide to Community Gardens)
- Encourage breast-feeding friendly spaces (e.g. World Health Organization's Baby-Friendly Hospital Initiative)

→ To prevent injuries

- Municipal charter on safety in sport, recreation and leisure (e.g., Vancouver Charter on Skiing Safety)
- Backyard pool fencing regulations (e.g., Prevent Drowning in Manitoba)

6.3 Strengthen Community Action

→ To support healthy communities

- Support communities in addressing issues that they determine are the priorities (e.g., support the emergence of collaborative action and partnerships)
- Provide resources and supports that facilitate community action; do not lead it
- Provide information and tools to further community engagement and action (e.g., Community Health Assessment and Group Evaluation guide)

→ To reduce sedentary behaviours and promote physical activity

- Promote partnerships with organizations that support those faced with systemic barriers (e.g. Aboriginals, women, persons with disabilities, low income households and others at risk)
- Safe and accessible routes for active transportation and recreation that make the decision to participate in these activities easier (e.g. use of signage, lighting); link active transportation routes to each other and a variety of destinations
- Facilities at public transport interchanges to allow for activity transition (e.g. bike racks, showers, change areas, and lockers)

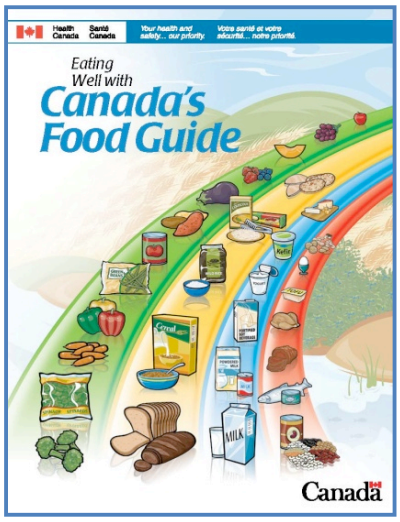
- Promote various options to use, or fund development of, community facilities where they can serve as a social hub for community life

→ To promote tobacco reduction

- Engage with local business and organizations to adopt a coordinated and collaborative approach to the prevention and cessation of tobacco use (e.g. Bennington County's Tobacco-Free Community Partners; US Center for Disease Control, Guide to Building Coalitions for Tobacco Control)
- Unite community partners and target at-risk groups such as youth or First Nations (e.g. National Indian & Inuit Community Health Representatives Organization, Helping Pregnant Women and New Mothers Quit Smoking; Alberta Health Service's Teaming Up for Tobacco-Free Kids)

→ To promote healthy eating

- Work to identify local stakeholders in food systems (e.g. Washington Food System Directory); engage with them to raise awareness around food costing, food quality, availability, and accessibility (e.g. Cost of Eating in British Columbia; Nova Scotia Participatory Food Costing Project)
- Work with stakeholders to create awareness around food systems and the benefits (nutritional, economic, and environmental) of more localized food systems (e.g. Healthy Eating With the Seasons; Ottawa River Institute's Local Food Buying Guide)
- Work with stakeholders such as stores, workplaces, and community partners to make healthy foods more available and affordable (e.g. Nunavut/Northwest Territories' Healthy Foods North program)



→ To prevent injuries

- Support communities to develop capacity to address injury challenges (e.g., Safe Communities Canada, a WHO affiliate)
- Promote annual safety campaigns (e.g., Safe Kids Week)
- Promote suicide prevention through local, regional and provincial initiatives addressing suicide across the lifespan (e.g., BC's Suicide PIP Initiative)

6.4 Develop Personal Skills

→ To support healthy communities

- Ensure that community engagement efforts allow individuals to acquire skills and expertise
- Support opportunities and resources that allow individuals to learn and develop
- Ensure social supports and other resources are available to those individuals wanting to develop personal health and to contribute to the healthy community

→ To reduce sedentary behaviours and promote physical activity

- Provide supports to encourage incremental increases in physical activity (e.g. supporting a graduated approach through pedometer use and increasing step counts)
- Support activity through the life course and stress its importance on increasing health, well being and quality of life
- Emphasize the relationship between physical activity and an improved sense of personal and community well-being

→ To promote tobacco reduction

- Supportive telephone quit lines (e.g. Quit Now)
- Supportive materials and websites that offer evidence-based information (e.g. Canadian Lung Association's How to Quit Smoking)

→ To promote healthy eating

- Using standard and accepted healthy eating guidelines, encouraging the public to build balanced meals and snacks using their preferred foods (e.g. Canada's My Food Guide; United Kingdom's EatWell Plate; United States' Choose My Plate)
- Incorporate eating competence into nutrition education (e.g. Center for Food and Environment's Choice, Control, and Change program)
- Community-based and culturally appropriate education for individuals on food preparation, nutrition, cooking, meal/menu planning, budgeting, and eating competence (e.g. Health Canada's Improving Cooking and Food Preparation Skills; Food Skills for Families)

→ To prevent injuries

- Online information to empower seniors to develop personal skills in preventing falls (e.g., Finding Balance Alberta)
- Promotion of water safety and drowning prevention (e.g., Canadian Red Cross)
- Raising awareness to preventable injuries (e.g., Preventable.ca and the use of social marketing)

6.5 Reorient Health Services

→ To support healthy communities

- Revise local programs, services and policies to reflect a commitment to preventive health and healthy community development (e.g., Healthy People, Healthy Society)
- Align aims of local health priorities with those of a healthy community
- Advocate for a healthy community strategy

→ To reduce sedentary behaviours and promote physical activity

- Provide accurate, current, and consistent information on appropriate physical activity to key individuals (e.g. community leaders and stakeholders)
- Raise awareness among the different key stakeholders of their role in improving population levels of physical activity
- Make available and support free resources for practical and trusted physical activity and healthy living information (e.g. BC's Physical Activity Line)

→ To promote tobacco reduction

- Evidence-based cessation services (e.g. BC Smoking Cessation Program)
- Cessation services offered in by a variety of service providers (e.g. brief interventions using 5A's Approach)
- Ensure that employees who use tobacco products observe the smoking-related policies during a paid work day (e.g. proposed third-hand smoke free ban at the Christus St. Frances Cabrini Hospital in Louisiana)

→ To promote healthy eating

- Engaging with regional stakeholders to train and certify volunteer community-based food advisors (e.g. Ontario's Food Advisor Program)
- Integrating health programs with community-based programs where there are common mandates
- Encourage local governments, citizens, and other stakeholders to develop a Northern Food and Nutrition Surveillance Strategy

→ To prevent injuries

- Strategic planning and priority setting (e.g., Safe Communities Canada, BC's Healthy Minds, Healthy People Plan to address mental health and problematic substance use)
- Community development and capacity building
    - Canadian Injury Prevention and Control Curriculum
    - Canadian Falls Prevention Curriculum
    - IMAGINE Community-based Injury Prevention Grants
- Knowledge transfer and public education (e.g., BC Primary Care Fall Prevention Training Package)

7.0 Summary

This guidebook outlines what Northern Health has learned about how other communities work to reduce chronic disease risk factors. The goal is to encourage a whole-community approach to thinking about, planning for and working to reduce these behaviours. It is intended to bring these examples together to begin discussions of how communities in Northern BC can create healthier communities and address chronic disease risk factors as part of a larger, comprehensive strategy.

8.0 Resources

→ Policy Development Resources

"Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by accountability for health impact. The main aim of health public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes health choices possible or easier for citizens. It makes social and physical environments health-enhancing." - WHO, 1988

- National Collaborating Centre for Healthy Public Policy: http://www.ncchpp.ca/en/ and http://www.ncchpp.ca/202/Learn_about_public_policies_and_their_effects_on_health.ccnpps
- OCDPA Toolkit to Healthier Communities – Influencing Healthy Public Policies: http://www.ocdpa.on.ca/sites/default/files/publications/OCDPAHCToolkit_Final_ENG.pdf
- Public Health Ontario: Eight steps to developing a healthy public policy http://www.publichealthontario.ca/en/eRepository/Eight_steps_to_policy_development_2012.pdf
- Public Policy and Health Portal, as developed by INSPQ: http://politiquespubliques.inspq.qc.ca/en/index.html
- HC Link Ontario webinars on policy development (series of four): http://www.hclinkontario.ca/index.php/events/webinars1.html/#Policy1

→ Further Northern Health Resources

- Population Health Position Statements are available online (http://www.northernhealth.ca/AboutUs/PositionStatementsAddressingRiskFactors.aspx)
- Healthy Community Development – Healthy Communities Toolkit http://www.northernhealth.ca/YourHealth/HealthyLivingCommunities/HealthyCommunityDevelopment/HealthyCommunitiesToolkit.aspx http://www.northernhealth.ca/YourHealth/HealthyLivingCommunities/HealthyCommunityDevelopment/HealthyCommunitiesToolkit.aspx
- Community Health Information Portal (http://chip.northernhealth.ca/)
- Population Health's HEAL Network publishes a bi-weekly community ebrief that contains information links, resources, learning and funding opportunities to support our community partners to Connect – Support – Share – Inspire. For more information or to subscribe email: HEAL@northernhealth.ca


northern health
the northern way of caring


British Columbia
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