

Prince Edward Island Strategy for **HEALTHY LIVING**



Prince Edward Island Strategy for Healthy Living

The Journey to Health and Wellness

Thanks to the many contributors to this report, including Laraine Poole and Nancy Cook of the Public Health Policy Unit, Department of Health and Social Services. A special thanks to the PEI Strategy for Healthy Living Steering Committee and the many Islanders whose information made this document possible.



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Introduction

“Faith starts with a vision of reality that is something other than history or logic . . . and on the basis of that vision begins to remake the world.”

Northrop Frye

Our Vision

Optimal health for all Islanders.

Mission

The PEI Strategy for Healthy Living, through its partners, will collectively encourage and support Islanders to take measures to address the common risk factors that contribute to chronic disease (tobacco use, unhealthy diet, and physical inactivity).

In Prince Edward Island, there is an awareness and appreciation of the fact that reducing the risk factors for chronic disease is our greatest opportunity to improve the health of Islanders and to sustain our health care system. There is also a growing recognition that the promotion of a healthy living strategy is not the sole responsibility of the health sector. It requires the coordinated action of Alliances, non-government organizations (NGOs), Health Regions, businesses, communities, each of us as individuals, and national, provincial and local governments.

During consultations with Alliances, NGOs, Health Regions, businesses, communities, individuals and provincial government departments, it was indicated that there was a readiness to support a strategy which, through its partners, will collectively encourage and support Islanders to take measures to address the common risk factors that contribute to chronic diseases (tobacco use, unhealthy diet, physical inactivity). There is a shared belief that this investment will impact on the quality of life for all Islanders.

The Prince Edward Island Speech from the Throne (2002) announced the implementation of such a Strategy. The Provincial Strategy for Healthy Living will encourage Islanders to make healthy lifestyle choices, and to assist them in making good health habits part of their daily lives. The Strategic Plan for the Prince Edward Island Health and Social Services System (2001-2005) focuses on wellness as a strategy to establish community based initiatives to reduce risk factors for chronic illness such as cardiovascular disease, cancer, type 2 diabetes and lung disease.

PEI Strategy for Healthy Living

Healthy Living can lead to better health. There are immediate benefits to exercise, good nutrition and tobacco reduction including increased energy, better sleeping habits and reduced stress. The long term benefits focus on chronic disease prevention.

A successful strategy weaves together a scientific base of information with broad ownership, shared vision and values, a coordinated endeavour and sustained momentum. This Strategy has been developed to address healthy living in PEI and focuses on preventable chronic disease. However, this Strategy is for all Islanders including individuals with chronic disease.

The vision, mission, goals and actions that form the PEI Strategy for Healthy Living are a reflection of discussions with Alliances, NGOs, Health Regions, businesses, communities, individuals, provincial government departments, experts across the Country and from existing reports and research.

The collective ownership and highly motivated individuals involved from Alliances, NGOs, Health Regions, businesses, communities, individuals and provincial government departments will ensure the success of this Strategy. The Prince Edward Island Departments of Health and Social Services, Education, and Community and Cultural Affairs have an important role to play as the Strategy unfolds. All levels of government have a role to provide investments in the Strategy for Healthy Living and in measuring and monitoring the success of strategic efforts.

The multiple authors of this Strategy should be acknowledged. Many creative and committed individuals and organizations, with a rich vision and sound advice, assisted in creating this document.

The enclosed strategy does not deal with the operational plans which will be developed at the Regional level. Partners will work collaboratively to identify cross-cutting action plans and will enhance the linkages between communities, government and individuals.



Acknowledgments

A Shared Effort . . .

The PEI Strategy for Healthy Living is a joint effort of the following:

Department of Education
Department of Community and Cultural Affairs
Department of Agriculture
Department of Development and Technology
Office of the Attorney General
Department of Health and Social Services
Regional Health Authorities
PEI Healthy Eating Alliance
PEI Active Living Alliance
PEI Tobacco Reduction Alliance
Seniors Advisory Council
PEI Lung Association
Canadian Diabetes Association
Heart and Stroke Foundation of PEI
Arthritis Society
PEI Division of Canadian Cancer Society
UPEI School of Nursing
UPEI Department of Psychology
UPEI Department of Family and Nutritional Sciences
PEI Health Research Institute

“We must continue to work towards having groups and organizations look at the big picture rather than their individual piece of pie.”

. . . participant May 2002
Healthy Living Strategy

PEI Home and School Federation
PEI Medical Society
PEI Federation of Municipalities
Association of Nurses of PEI
PEI Family Resource Centres
Western School Board
Eastern School District
PEI Teachers’ Federation
PEI Recreation Facilities Association
Workers Compensation Board
Health Canada

This Strategy is one of many initiatives being implemented to improve the health of Islanders. The PEI Strategy for Healthy Living will not duplicate work of the Alliances, NGOs, Health Regions, businesses, communities and national, provincial and local governments. Rather, it is intended to strengthen existing efforts.

“Keep working at the Strategy with an eye to reducing duplication and coordinating the synergy of healthy lifestyle changes at the population level.”

. . . participant May 2002 Healthy Living Strategy Workshop

“This is a worthwhile initiative with potential to impact health status while using scarce resources better.”

. . . participant September 2002 Healthy Living Strategy Workshop

“Not an easy task but this was a positive start . . . a lot of work ahead of us.”

. . . participant September 2002 Healthy Living Strategy Workshop

Shared Responsibility . . .

Research tells us that our health is enhanced positively by such things as a healthy childhood, helpful family and friends, a stable economy and income, the fair distribution of wealth, meaningful work, education, a clean, safe physical environment, and the skills to handle stress. These factors collectively are known as determinants of health.

Healthy living will be enhanced by ensuring the provision of conditions which promote the health and well-being of Islanders; that is, making healthy choices easy choices. Promoting a strategy for healthy living is not the sole responsibility of the health sector. It requires the coordinated action of Alliances, NGOs, Health Regions, businesses, communities, each of us as individuals and national, provincial and local governments. Partnerships and inter-sectoral approaches are essential to address the common risk factors that contribute to chronic disease (tobacco use, unhealthy diet, physical inactivity).

Background

This document represents a significant amount of consultation undertaken to address the development, implementation and evaluation of a 5-year comprehensive Strategy for Healthy Living. Chronic disease is the major cause of death in PEI, as well as a contributor to hospitalization and reduction in quality and length of life. The best chance to improve health status is in reducing the risk factors for chronic disease specifically, tobacco use, unhealthy diet and physical inactivity.

The PEI Strategy for Healthy Living is based on:

- input from consultations with Islanders
- previous provincial, national and international reports and studies that address healthy living and chronic disease prevention
- current research on chronic disease prevention

Our Vision

Optimal health for all Islanders.

Our Mission

The PEI Strategy for Healthy Living, through its partners, will collectively encourage and support Islanders to take measures to address the common risk factors that contribute to chronic disease (tobacco use, unhealthy diet, physical inactivity).

Setting the Context

The PEI Strategy for Healthy Living builds on the wellness component of the 2001-2005 Strategic Plan for the Health and Social Services System that focuses on wellness, sustainability and accountability. The Department of Community and Cultural Affairs provides leadership for Active Living on PEI. The PEI Strategy for Healthy Living provides the Department of Community and Cultural Affairs with opportunities to advance the goal of becoming the most physically active population in the Nation. The PEI Strategy for Healthy Living builds on the Department of Education's vision that all individuals have the opportunity to develop their full social, intellectual, economic, cultural and physical potential.

Guiding principles for the development and implementation of the Strategy include the following:

- Focus on promoting healthy living that will be directed to the population;
- Recognize the autonomy and contributions of Alliances, NGOs, Health Regions, businesses, communities, individuals and national, provincial and local governments;
- Promote shared responsibility, sustainability and partnerships for collective action;
- Integrate and reinforce existing strategies which focus on individual risk factors for chronic disease;
- Monitor and evaluate on an ongoing basis;
- Incorporate evidence-based best practices;
- Focus on gaps that currently exist;
- Develop strategies which utilize the knowledge and evidence related to socioeconomic conditions and other determinants of health; and
- Initiate comprehensive programs with a priority on prevention in different settings.



Critical Issues

Prince Edward Island rates positive in some areas of health status; however, this is not true for all areas. Areas in which health status is situated favourably includes birth weight and self-reported positive mental health and social support. At the same time, significant areas of concern include physical activity, male smoking rates, unemployment and education attainment.

In addition, Atlantic Canadians, including Islanders, are generally less healthy than central and western Canadians because we smoke more, drink more, exercise less, and carry more body weight. As a result, Atlantic Canadians have higher rates of chronic disease such as cancer, cardiovascular disease, chronic lung disease, diabetes and obesity.



◆ **Did you know?**

Islanders rate poorly in the major modifiable risk factors including tobacco use, physical inactivity, and they tend to carry more body weight.

- In 2001, PEI had the third highest smoking rate of 25.6% compared to the national average of 21.7%. (CTUMS 2001)
- The majority of PEI's adult population are not active enough to reap the health benefits associated with physical activity. (CFLRI 2000)
- 40% of Islanders are active or moderately active during leisure time. (CCHS 2002)
- PEI has the lowest rate of school completion (64.9%) compared to national average of 71.8%. (DHSS 2001)
- PEI has one of the highest rates of overweight and obesity in the nation. 3/4 of adults consume more than the recommended fat intake (30% of calories consumed). Many Islanders do not consume enough folate, calcium and other important nutrients in their diets. (PEI Nutrition Survey, 2002)
- Recent surveys indicate that most Island school children do not consume the recommended number of servings from Canada's food guide, especially for fruits and vegetables and grain products. (Evers, Taylor, Manske, Midgett, 2001)

Upwardly spiraling prevalence of chronic disease

Cancer	FACT <ul style="list-style-type: none"> • In 1999, PEI had 620 new cases of cancer, similar to Canada's incidence rate (Canadian Cancer Statistics, 2002) • The number of new cases continues to increase in Canada and PEI largely as a result of the aging of the population (CCS, 2002) • PEI has one of the highest lung cancer incidence rates among males - 88 per 100,000 compared to the Canadian average of 74 (CCS, 2002)
Cardiovascular Disease (CVD)	FACT <ul style="list-style-type: none"> • 16.2% of Islanders over the age of 19 report having high blood pressure compared to the National average of 14.4% (Canadian Community Health Survey, CCHS, 2000/01) • In 1999, PEI had the highest hospitalization rates for heart attacks in the country (Canadian Institute for Health Information, CIHI, 1999) • PEI's cardiovascular disease mortality rate of 267.1 per 100,000 is well above the national average of 245.9 (Stats Canada, 1996)
Chronic Lung Disease	FACT <ul style="list-style-type: none"> • PEI has one of the highest lung cancer mortality rates among males 78 per 100,000 compared to national average of 67 (CCS, 2002) • PEI asthma rate is 8.7% (12+) compared to national average of 8.4% (CCHS, 2000/01) • PEI has high respiratory hospitalization rates - 1488 per 100,000 compared to Canadian average of 832 (CIHI, 2001)
Diabetes	FACT <ul style="list-style-type: none"> • An increasing trend in prevalence of diabetes in Islanders aged 20+: 1995 - 3.5% (PEI Health Indicators, Provincial and Regional, January 2003) 1999 - 4.5% (National Diabetes Surveillance System) 2001 - 5.1% (NDSS)
Obesity	FACT <ul style="list-style-type: none"> • 38% of Islanders are overweight (BMI of 25 to 29.9) compared to national average of 33% (CCHS 2000/01). • Two-thirds of adults are overweight or obese based on BMI of 25 or greater (PEI-NS 2002) • Further 19% are obese (BMI of 30+) compared to national average of 15% (CCHS 2000/01) • Prevalence of obese children in Canada has more than doubled from 1981-1996 (Tremblay and Wilms, 2000)

These chronic conditions represent the major cause of death in PEI. They contribute to hospitalization and the reduction in quality and length of life. In Canada, cancer, CVD, mental disorders and injuries account for 62% of the direct and indirect health care costs and 46.4% of the economic burden of illness (Hancock 2001).

Increased costs related to chronic disease

Over the past decade or so, we have changed how we view our health. Today we are beginning to see health as a life long process rather than just the absence of illness or injury. We create health in our homes, schools, workplaces, and communities. Each of us - Alliances, NGOs, Health Regions, businesses, communities, individuals and national, provincial and local governments has an important role to play in preserving and improving health.

(a) Costs to individual

- Chronic disease rates increase with age. Over the next three decades it is expected that the proportion of the population age 65 and over in PEI will increase from 13% today to 15% in 2010 and to 28% in 2030 (PEI Provincial Treasury, 2001 using Statistics Canada 2000 data). This will impact on the Health System in several ways - the prevalence of cancer, heart disease, diabetes and dementia is expected to increase.

(b) Costs to society

- The direct and indirect costs of chronic disease are high in PEI.
- Diabetes costs PEI approximately \$25 million or 1 in 10 health care dollars for the treatment and/or management of diabetes and its related complications (e.g., stroke, heart disease, amputation, blindness, etc.).
- Obesity costs PEI about \$9 to \$15 million (3.9% to 6.8% of the health budget). This is based on recent work in Nova Scotia that estimated the direct costs. Obesity contributes to many chronic conditions including high blood pressure, stroke, type 2 diabetes, heart disease, osteoarthritis and other musculoskeletal disorders and cancer.
- Smoking costs PEI \$10 million per year in health costs and another \$43 million in productivity losses. Second-hand smoke costs \$1.24 million per year in health costs and \$5.5 million in productivity losses. (Coleman, 2002)
- Physical inactivity costs PEI \$12 million per year. This is based on methods used in a 1999 study estimating the total cost attributable to physical inactivity in Canada. (Katzmarzyk, 2000/DHSS, 2002)

Reducing the risk factors for chronic disease is our primary opportunity to improve health of Islanders and to sustain our Health Care System. A healthy population will also be better able to contribute to the productivity and prosperity of our province.

Risk Factor Reduction Through Community-Based Strategies

Alliances, NGOs, Health Regions, businesses, communities, individuals and various departments in national, provincial and local governments are working to address many of the common risk factors such as tobacco use, unhealthy diet and physical inactivity which contribute to PEI's burden of chronic disease.

Alliances

The Healthy Eating Alliance is made up of a group of individuals, community organizations and government departments who have come together to improve the eating behaviours of Island children and youth and reduce overweight in children. The Healthy Eating Strategy is focusing initially on school-age children and includes activities in the areas of nutrition education and promotion, access to healthy and safe food, research and evaluation.

The PEI Active Living Alliance is made up of a group of individuals, community organizations and government departments who have an interest in the physical activity levels of Islanders. The mandate of the PEI Active Living Alliance is to promote and encourage physical activity and its benefits to Islanders. The work of the PEI Active Living Alliance focuses on homes, communities, schools, workplaces and research. The Provincial Active Living Policy was presented and adopted by the provincial government.

The PEI Tobacco Reduction Alliance (PETRA) is composed of government and non-government organizations concerned with the health, social and economic consequences of tobacco use. Members of the Alliance work together to support, implement and evaluate the goals of PETRA. PETRA's goals include prevention (preventing tobacco use among Island youth), cessation (encouraging and helping smokers to quit) and protection (protecting the public by promoting healthy environments and eliminating exposure to second hand smoke).

Related Wellness and Disease Prevention Initiatives

Provincial and Island-based Efforts

There are a number of provincial and Island-based partnerships which focus on wellness and disease prevention. Examples of these initiatives include Healthy Communities in Action, Four Neighbourhoods Community Health Centre, Regional Health Promotion Programming, Active Healthy School Communities, Provincial Sport Development Strategy and Small Steps To Big Changes. Related provincial initiatives include: Healthy Child Development Strategy, Understanding the Early Years, Seniors Advisory Council and Heart to Heart.

Atlantic and National Partnerships

At the Atlantic and national level there is a great deal of interest and activity in chronic disease prevention. The Atlantic Health Strategic Planning Group, comprised of the four Atlantic Departments of Health and Health Canada-Atlantic Office, is working on an Atlantic Wellness Strategy for Healthy Eating and Active Living. During the September 2002 Conference of Federal/Provincial/Territorial Ministers, there was agreement to work together on short, medium and long-term Pan-Canadian “healthy living” strategies that emphasize nutrition, physical activity and healthy weights. Nationally, Health Canada has funded the Canadian Diabetes Strategy, supports the work of the Canadian Strategy for Cancer Control and through the Federal Tobacco Strategy is funding a number of PEI Tobacco Reduction Initiatives. As well, there is a proposed national plan for action on heart disease and stroke. The Chronic Disease Prevention Alliance of Canada was constituted in 2001 to enable collaborative linkages among a variety of established, new and emerging chronic disease prevention initiatives in Canada.

Our Partners: The Dialogue Process

The PEI Strategy for Healthy Living must be developed in consultation and partnership with others to be comprehensive and effective.

Initially, meetings were held with the Alliances, a number of NGOs (Cancer Society, Lung Association, Heart and Stroke Foundation and Canadian Diabetes Association) and provincial government departments to gain their input and perspective on a chronic disease prevention strategy for the province. As well, staff in the Health Regions working on health promotion and wellness initiatives were consulted.

Following the consultations, a joint proposal to move forward a Chronic Disease Prevention Strategy for the province was presented to Provincial Deputies by representatives from the lead Departments (Health and Social Services, Education, Community and Cultural Affairs). The Deputies agreed to support the development of a Chronic Disease Prevention Strategy for the province.



Feedback received from the consultations

- There is need and support for a comprehensive and integrated health promotion and chronic disease prevention strategy.
- It is appropriate for the Health and Social Services System to assume a leadership and coordination role in the development and implementation of the Strategy.
- Significant change cannot be achieved by action only in the health sector. We must work across all levels of government, community, and business in a comprehensive and interrelated way to address the common risk factors that contribute to chronic disease.
- Adequate resources and budget must be attached to the Strategy for it to be implemented in a meaningful and successful way.

A Chronic Disease Prevention Workshop Planning Committee was formed to begin planning for the development of a Provincial Strategy. Committee representation included Alliances, NGOs, Health Regions, school boards and provincial government departments. In May and September 2002, the Chronic Disease Prevention Planning Committee hosted two planning sessions to help guide the development of the Strategy. Over 55 individuals representing 33 organizations attended the sessions. During the September 2002 workshop, participants agreed to re-name the Strategy and call it the "PEI Strategy for Healthy Living".

The objectives of the workshops included:

1. Identifying and engaging key stakeholders;
2. Sharing information about health status and chronic disease risk factors for PEI;
3. Beginning development of an inventory of chronic disease prevention activity occurring on PEI;
4. Agreement regarding the benefits and opportunities of collaboration; and
5. Strategic planning - Vision, Mission, Goals, Strategies.

The Journey to Health and Wellness

Many factors work together to influence the health of Islanders. While there are many initiatives underway to address these factors, there continues to be room for improvement as evidenced by PEI's continued high rates of chronic diseases and related risk factors.

A comprehensive effort must include multiple strategies across all sectors and levels of government and involve a diverse array of organizations committed to reducing chronic disease.

A population health approach is one that is targeted to the entire population rather than individuals. It refers to the health of a population (or sub-population, e.g., all Aboriginal people) and assesses health status and health status inequities over the life span at the population level. This approach considers why people smoke, eat unhealthily, and are physically inactive. The approach tackles the environment and conditions that influence healthy choices and health outcomes. Population health strives to make healthy choices the easy choices.

Reducing the risk factors for chronic disease is our greatest opportunity to improve the health of Islanders and to sustain our Health Care System. Our knowledge of the determinants (e.g., income, environment, healthy childhood) will assist us to design our strategies. There are two main approaches to promotion and prevention which address the common risk factors for chronic disease:

1. those that aim to improve the knowledge and skills of individuals; and
2. those that aim to promote healthy public policy and supportive environments that make healthy lifestyle choices easy choices.

In the past, most efforts have been directed at individual knowledge and skills, but this approach has proven to have limited success in changing these risk factors. Rather than focusing on educating individuals alone, the aim of a population health approach is to create environments and conditions that are conducive to creating and maintaining healthy habits.

Factors which significantly contribute to chronic diseases	
Lifestyle factors such as: <ul style="list-style-type: none">• smoking• unhealthy eating patterns• physical inactivity	Societal factors such as: <ul style="list-style-type: none">• socioeconomic inequality• deficient early childhood development• poor social connections and support• unhealthy environments

Research findings confirm that modifiable risk factors of smoking, diet and physical activity are linked to a variety of chronic diseases such as cancer, heart disease, chronic lung disease, diabetes and obesity.

PEI Strategy for Healthy Living

The PEI Strategy for Healthy Living is designed to promote collaborative efforts to address three common barriers to health which are also the three most significant behavioural risk factors for chronic disease (tobacco use, unhealthy diet and physical inactivity). The goals of the Strategy will be addressed in partnership with Alliances, NGOs, Health Regions, businesses, communities, individuals and national, provincial and local governments.

Vision

Optimal health for all Islanders.

Mission

The PEI Strategy for Healthy Living, through its partners, will collectively encourage and support Islanders to take measures to address the common risk factors that contribute to chronic disease (tobacco use, unhealthy diet, and physical inactivity).

Goals

1. To slow the growth in the prevalence of preventable chronic disease in PEI
2. To reduce tobacco use and the harm it causes to the population of PEI
3. To increase the number of Islanders who participate in regular physical activity to promote optimal health
4. To improve healthy eating habits that support good nutritional health
5. To increase capacity for health promotion and chronic disease prevention

Enabling Strategies

- Build healthy public policy
- Increase collaborative action
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Evaluate and monitor

*The Alliances' strategies are available by contacting:

Lisa Shaffer, PEI Tobacco Reduction Alliance, 368-6133 or email llshaffer@gov.pe.ca

Jennifer Taylor, PEI Healthy Eating Alliance, 566-0475 or email jtaylor@upei.ca

Meaghan Lister, PEI Active Living Alliance, 569-7688 or email meaghan@peiactiveliving.com

Goal #1: To slow the growth in the prevalence of preventable chronic disease in PEI*

Action Area #1 - Addressing the Common Risk Factors		Addressing the Common Risk Factors
Targets	Indicators	Suggested Approaches**
By ____, reduce the prevalence of type 2 diabetes, diet and smoking related cancer and CVD in PEI	<ul style="list-style-type: none"> • Prevalence of type 2 diabetes • Incidence of smoking related cancers (lung, upper airway, esophagus, bladder, kidney) • Incidence of diet related cancers (colorectal, ovarian, pancreatic, prostate, stomach) • Prevalence of CVD • % healthy range blood cholesterol 	<ul style="list-style-type: none"> • Establish targets • Support the strategies outlined in the PEI Strategy for Healthy Living as well as its partners' strategies
Action Area #2 - Healthy Weights and Obesity		Healthy Weights Obesity
Targets	Indicators	Suggested Approaches**
<ul style="list-style-type: none"> • By ____, increase to ____ the percent of children and adolescents with healthy body weights • By ____, decrease the percentage of adults who are obese (BMI >30) to ____ • By ____, decrease the percentage of adults with elevated waist hip ratio to ____ 	<ul style="list-style-type: none"> • Percentage of children at various ages whose height/weight meet specified criteria <ul style="list-style-type: none"> - % >85th percentile BMI for age for risk of overweight - % >95th percentile BMI for age for overweight • Percentage of adults with body mass index (BMI) greater than 30 • Waist Hip Ratios 	<ul style="list-style-type: none"> • Establish targets • Support and enhance the Healthy Eating and Active Living Alliances to continue to develop and implement strategies to achieve these targets • Build consensus and develop a provincial action plan regarding the role of healthy eating and physical activity patterns • Facilitate programs that target the life stages when excess weight gain is likely to occur (i.e., early adulthood, pregnancy, menopause)

*Partners to assist in the implementation of this goal will be identified in the development of the Operational Plan.

**The enclosed examples will be of assistance to the Regional Networks as they design their Operational Plan.

Goal #2: To reduce tobacco use and the harm it causes to the population of PEI*

Action Area #1 - Tobacco Use Among Young People		Tobacco Use Among Young People	
Targets	Indicators	Suggested Approaches**	
<ul style="list-style-type: none"> By ____, increase the number of youth ages 15-19 years who are not smoking by __% By ____, reduce current smokeless tobacco use among youth aged 15-19 years by __% 	<ul style="list-style-type: none"> Percentage of persons aged 15-19 years who smoke daily, non-daily, former, never Age at initiation (CTUMS age first cigarette) Percentage who use smokeless tobacco (persons aged 15-19) Compliance rates for tobacco retailers Percentage of schools with a functional, effective tobacco policy (potential indicator) 	<ul style="list-style-type: none"> PETRA to establish tobacco reduction targets for the province Support and enhance efforts of the PEI Tobacco Reduction Alliance to continue to develop and implement strategies to achieve these targets 	
Action Area #2 -Exposure to Secondhand Smoke		Exposure to Secondhand Smoke	
Targets	Indicators	Suggested Approaches**	
<ul style="list-style-type: none"> By ____, __% of public places, workplaces or homes are smoke free 	<ul style="list-style-type: none"> Legislation Smoke-Free Places Proportion of population exposed to environmental tobacco smoke (ETS) - (CTUMS household exposure and restrictions) 	<ul style="list-style-type: none"> PETRA to establish tobacco reduction targets for the province Support and enhance efforts of the PEI Tobacco Reduction Alliance to continue to develop and implement strategies to achieve these targets 	

*Partners to assist in the implementation of this goal will be identified in the development of the Operational Plan.

**The enclosed examples will be of assistance to the Regional Networks as they design their Operational Plan.

Action Area #3 - Smokers Who Stop Using Tobacco Products			Smokers Who Stop Using Tobacco Products	
Targets	Indicators		Suggested Approaches**	
<ul style="list-style-type: none"> By ___, reduce current tobacco use among adult population by ___% By ___, reduce current tobacco use among adults aged 20-34 by ___% By ___, reduce current tobacco use among pregnant women by ___% 	<ul style="list-style-type: none"> Quit rate for youth and adult smokers Daily smoking rate for age 15 - 19 20 - 34 35 - 49 50 - 64 65+ Percentage of pregnant women who smoke 		<ul style="list-style-type: none"> PETRA to establish tobacco reduction targets for the province Support and enhance efforts of the PEI Tobacco Reduction Alliance to continue to develop and implement strategies to achieve these targets 	
Action Area #4 -Smoke-Free as the Norm			Smoke-Free as the Norm	
Targets	Indicators		Suggested Approaches**	
<ul style="list-style-type: none"> By ___, ___% of residents who will support smoke-free restaurants and bars 	<ul style="list-style-type: none"> Attitudes toward smoke-free restaurants and bars 		<ul style="list-style-type: none"> PETRA to establish tobacco reduction targets for the province Support and enhance efforts of the PEI Tobacco Reduction Alliance to continue to develop and implement strategies to achieve these targets 	

*Partners to assist in the implementation of this goal will be identified in the development of the Operational Plan.

**The enclosed examples will be of assistance to the Regional Networks as they design their Operational Plan.



Goal #3: To increase the number of Islanders who participate in regular physical activity to promote optimal health*

Action Area #1 - Physical Activity Participation Rates of Adults			Physical Activity Participation Rates of Adults
Targets	Indicators		Suggested Approaches**
<ul style="list-style-type: none"> By ___, decrease level of inactivity to ___% 	<ul style="list-style-type: none"> Rate of adults reporting any leisure time physical activity as active, moderate, inactive 		<ul style="list-style-type: none"> Community and Cultural Affairs and PEI Active Living Alliance to establish physical activity targets for the province Support and enhance efforts of the PEI Active Living Alliance to continue to develop and implement strategies to achieve these targets
Action Area #2 - Physical Activity Participation on Rates of Children and Youth			Physical Activity Participation on Rates of Children and Youth
Targets	Indicators		Suggested Approaches**
<ul style="list-style-type: none"> By ___, decrease the proportion of inactive adolescents to ___% By ___, decrease the proportion of inactive females to ___% By ___, increase the number of schools with daily physical activity by ___% 	<ul style="list-style-type: none"> Rate of adolescents reporting leisure time physical activity as active, moderate, inactive Rate of females reporting leisure time physical activity as active, moderate, inactive 		<ul style="list-style-type: none"> Community and Cultural Affairs and PEI Active Living Alliance to establish physical activity targets for the province Support and enhance efforts of the PEI Active Living Alliance to continue to develop and implement strategies to achieve these targets

*Partners to assist in the implementation of this goal will be identified in the development of the Operational Plan.

**The enclosed examples will be of assistance to the Regional Networks as they design their Operational Plan.

Goal #4: To improve healthy eating habits that support good nutritional health*

Action Area #1 - Eating Habits of Islanders		Eating Habits of Islanders
Targets	Indicators	Suggested Approaches**
<ul style="list-style-type: none"> • By ____, ____% of children will report eating at least 5 servings of vegetables and fruit per day • By ____, ____% of children will consume over 5 servings of grains per day, with a minimum of 3 whole grains • By ____, ____% of children will report eating at least 2 servings (aged 4-9) or 3 servings (aged 10-16) per day • By ____, ____% of children will report eating less than 3 servings of “extra” or low nutrient density foods a day • By ____, ____% of adults will report eating no more than 10% of daily energy as saturated fat and less than 30% of energy as total fat • By ____, ____% of adults will meet EAR for folate • By ____, ____% of adults will meet EAR for magnesium • By ____, ____% of adults will meet AI for calcium • By ____, ____% of infants who will be breastfed at birth • Increase number of schools with nutrition as mandatory component of school curriculum to ____ by ____ 	<ul style="list-style-type: none"> • Percentage of children consuming a minimum of 5 servings of fruit and vegetables a day • Percentage of children consuming over 5 servings of grains a day, with a minimum of 3 whole grains • Percentage of children consuming at least 2 servings of milk (aged 4-9) or 3 servings (aged 10-16) per day • Percentage of children eating less than 3 servings of “extra” or low nutrient density foods a day • Percentage of adults consuming less than 10% saturated fat and less than 30% total fat a day • Percentage of adults meeting EAR for folate • Percentage of adults meeting EAR for magnesium • Percentage of adults meeting AI for calcium • Percentage of children breastfed at birth • Number of schools with nutrition as mandatory component of school curriculum 	<p>Healthy Eating Alliance to establish healthy eating targets for the province</p> <ul style="list-style-type: none"> • Support and enhance efforts of the Healthy Eating Alliance to continue to develop and implement strategies to achieve these targets <p>Currently, the Healthy Eating Alliance focuses on improving the eating habits of children and youth. Therefore, a suggested approach is to assist the Healthy Eating Alliance to expand its mandate to include the 0-6 age group and adult population on PEI. Some potential strategies to achieve these targets with these population groups include:</p> <ul style="list-style-type: none"> • Implement programs and develop partnerships that provide all people with opportunities for developing skills and accessing nutrition knowledge. For example: <ul style="list-style-type: none"> ▶ Grocery store nutrition programs ▶ Cooking classes/demos ▶ Use of media ▶ Train the trainer ▶ Peer education • Partner with the PEI Breastfeeding Coalition and the Children’s Secretariate to implement programs that promote, protect, and support breastfeeding

Action Area #2 - Availability of Nutritious Foods		Availability of Nutritious Foods
Targets	Indicators	Suggested Approaches**
<ul style="list-style-type: none"> By ____, there will be ____ more schools with a comprehensive healthy eating policy 	<ul style="list-style-type: none"> Number of day cares and childcare facilities following the nutrition guidelines outlined in Day Care Guidelines Number of schools with comprehensive healthy eating policy 	<ul style="list-style-type: none"> Support and enhance efforts of the Healthy Eating Alliance to continue to develop and implement strategies to achieve these targets Create and maintain environments in which healthy food choices are the norm, including workplaces and community facilities Facilitate community partnerships and participation to identify needs and develop solutions related to the availability of nutritious foods, e.g., <ul style="list-style-type: none"> ▶ training for teachers on nutrition curriculum ▶ develop model school healthy eating policy

*Partners to assist in the implementation of this goal will be identified in the development of the Operational Plan.

**The enclosed examples will be of assistance to the Regional networks as they design their Operational Plan.

Goal #5: To increase capacity for health promotion and chronic disease prevention*

Action Area #1 - Health System and Community Capacity		Health System and Community Capacity
Targets	Indicators	Suggested Approaches**
<ul style="list-style-type: none"> • By ____, increase the number of health system-based health promotion and chronic disease prevention programs by ____% • By ____, increase the number of community-based health promotion and chronic disease prevention programs by ____% 	<ul style="list-style-type: none"> • Number of staff involved in health promotion • Programs offered 	<p>*Activities will be implemented in partnership with Steering Committee Healthy Living Strategy, Alliances, NGO's, and Regional Networks.</p> <ul style="list-style-type: none"> • Increase number of provincial and regional health promotion and chronic disease prevention staff • Enhance capacity within Regions, Family Health Centres and the community to carry out health promotion and chronic disease prevention and management programming in a sustainable fashion. This could include: <ul style="list-style-type: none"> ▶ Offering training in developing and delivering programs such as brief interventions (e.g., smoking cessation or healthy eating) ▶ Hosting workshops for community leaders to develop skills and knowledge in promoting healthy living in their communities (e.g., creating supportive environments, strengthening community action, and developing personal skills) • Coordinate and integrate services between health system and community • Include and involve governmental, non-governmental, and community based groups, organizations and individuals who have a direct interest, direct responsibility, and/or expertise in areas to be developed under the Strategy • Inventory of programs related to health promotion focusing on healthy eating, physical activity and tobacco reduction

*Partners to assist in the implementation of this goal will be identified in the development of the Operational Plan.

**The enclosed examples will be of assistance to the Regional Networks as they design their Operation Plan.

Enabling Strategies

A population health approach requires that policy and program decisions are based on sound evidence. Information on health status, the determinants of health and the effectiveness of interventions are used to assess health, identify priorities and develop strategies to improve health. Best practices make effective use of available resources.

Achieving population-wide changes requires a long-term commitment that includes multiple interventions carried out in a coordinated way at different levels over a period of time. As well, certain settings such as schools, workplaces, municipalities and local communities offer practical opportunities for effective health promotion. Promising strategies which will support and enhance tobacco reduction, healthy diet and physical activity include:

- **Building healthy public policy**

The potential of public policy to influence people's everyday choices is considerable. Public policy in governments at all levels, along with communities, business, non-government agencies, and each of us as individuals has a role to play in influencing health. All policies and all sectors have a bearing on health and involve partnerships and collaborative efforts. Healthy public policy assists in setting the stage for health promotion because the end result focuses on making it easier for people to make choices which are healthy. Healthy public policy refers to those decisions made at government and community levels that support the health and well-being of Islanders.

Examples of possible initiatives include:

- ▶ build capacity for local efforts to lobby for policy change
- ▶ develop advocacy working groups
- ▶ partner with Department of Education to develop means to increase percent of time spent on health education

- **Collaborative action**

The Health and Social Services System has a limited ability to improve the health and well-being of Islanders. Partnerships and intersectoral approaches are essential to address the common risk factors that contribute to chronic disease. We know that health goes beyond lifestyle and medical care, and can promote healthy living through the coordinated efforts of Alliances, NGOs, Health Regions, businesses, communities, individuals and national, provincial and local governments.

Examples of possible initiatives include:

- ▶ increase communication among partner organizations
- ▶ establish mechanism for cross-sectoral planning for healthy living
- ▶ establish regional registries of people interested in healthy living program
- ▶ comprehensive school intervention
- ▶ collaborate on a public awareness and social marketing campaign

- **Creating supportive environments**

Supportive community plays a role in achieving good health. Supportive environments create healthy living conditions and lifestyles.

Changing behaviour is more than convincing people to do the right thing. It is also developing a social environment which makes a healthy choice an easy choice. There is evidence that a lack of supportive environments is a significant risk for poor health.

Examples of possible initiatives include:

- ▶ make quality fresh fruits and vegetables available in low income communities at a not-for-profit price
- ▶ promote healthy nutrition in grocery stores, schools and workplace cafeterias
- ▶ provide free access to community recreational facilities
- ▶ build more parks and green spaces
- ▶ develop walking and bicycle trails
- ▶ establish peer education smoking cessation support groups
- ▶ engage and educate other sectors regarding barriers to healthy choices
- ▶ smoke-free spaces

- **Strengthening community action**

Communities are the groups that people form when they share common space, identities, interests and concerns. People experience community through family, friendship, and through relationships where they work, worship, study, volunteer and play. Individuals belong to many different communities, not all of which embrace the quality of sharing and caring which characterize strong communities. Communities need the capacity to set priorities and make decisions on issues that affect health.

Examples of possible initiatives include:

- ▶ form and support a network of community-based organizations and services committed to improving nutrition or physical activity
- ▶ provide support for a community volunteer group working to develop a cross-country ski trail
- ▶ bring together a group of interested youth and facilitate their process to increase physical activity opportunities for youth in a rural community

- **Developing healthy personal skills**

Islanders require the knowledge and skills to meet life's challenges. Conditions such as cancer, cardiovascular disease, chronic lung disease, diabetes and obesity can limit people's capacity to work, to take care of themselves, and to enjoy life. It is not always easy to know which choice is the healthy choice. Personal health practices and coping skills are important in preventing disease and promoting self care. Effective coping skills enable Islanders to be self reliant, solve problems, and make choices that enhance health.

Examples of possible initiatives include:

- ▶ develop an educational campaign to enable people to read and understand food labels
- ▶ teach young people to cook nutritious, low-fat foods
- ▶ provide outdoor leadership training for youth
- ▶ offer smoking cessation programs

- **Evaluation and monitoring**

Processes and outcomes of the Strategy will be evaluated and monitored. Long-term outcomes such as changes in population health indicators, as well as social and economic factors, will be monitored. Through the Canadian Community Health Survey, PEI will have baseline data for 2001 at the regional health level in four broad areas (current state of their health, behaviour to be related to health, use of health related services, and socio-demographic information concerning their household). As well, PEI will have annual information from a variety of sources including: Canadian Tobacco Use Monitoring System (CTUMS), Canadian Institute for Health Information (CIHI), and Canadian Fitness Lifestyle Awareness Institute (CFLAI).

Examples of possible initiatives include:

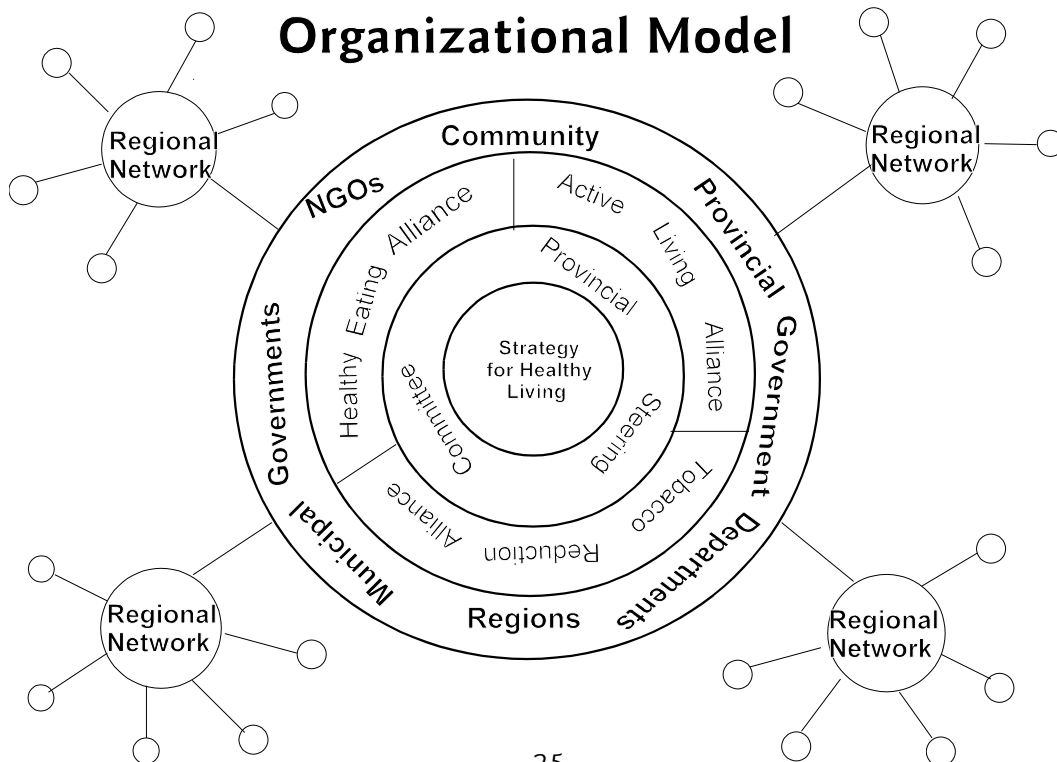
- ▶ establish centralized chronic disease monitoring system
- ▶ create a mechanism for sharing information on best practices
- ▶ collaborate on research initiatives involving school health
- ▶ coordinate local access to populations for research (e.g., schools, community groups)

How We Do Our Work

As stated earlier, a major factor in the success of the Strategy will be the level of intersectoral collaboration. While this collaboration is essential, it is also crucial to clearly define roles and responsibilities of the partners - Alliances, NGOs, Health Regions, businesses, communities, provincial government departments (Health and Social Services, Education, and Community and Cultural Affairs). There is a need to be very clear on how the parties will work together. The PEI Strategy for Healthy Living will be collectively owned by its partners and implementation of annual workplans will be a joint effort. The following is a visual depiction of the organizational structure as well as partner role statements developed to support the PEI Strategy for Healthy Living:

Conditions for successful intersectoral collaboration include:

- ▶ **seeking shared values and interests** and alignment of purpose among partners and potential partners
- ▶ **gaining commitment** of those organizations to actively participate in moving the Strategy forward
- ▶ **ensuring political support**, building on positive factors in policy environment
- ▶ **engaging key partners** at the very beginning, being inclusive
- ▶ **ensuring appropriate horizontal linking** across sectors as well as vertical linking of levels within sectors
- ▶ **investing in alliance building**, working for consensus at the planning stage
- ▶ focusing on **concrete objectives and visible results**
- ▶ **ensuring leadership, accountability and rewards are shared among partners**
- ▶ **building stable teams** of people who work well together and have appropriate supports



Partner Role Statements

Provincial Role - Steering Committee

- Provide leadership and coordination in the development, implementation and evaluation of the five-year PEI Strategy for Healthy Living
- Liaise with Atlantic and National chronic disease prevention initiatives
- Develop and implement a communication strategy
- Provide advice and assistance to Regional Networks, Alliances and other partners
- Develop provincial policy
- Provide linkages between partner organizations
- Set standards and monitor progress
- Bring together healthy living stakeholders
- Annually report on the Strategy

Community - Regional Network's Role*

- Provide regional leadership and coordination in the development, implementation and evaluation of a five-year action plan promoting healthy living for Islanders
- Support and enhance existing initiatives of Alliances, NGOs and provincial government departments
- Identify regional priorities and critical issues
- Foster connections and build local capacity
- Provide advice and assistance to local grass roots initiatives
- Foster and support partnership development

Alliances and NGOs

- Participate at the Regional Network Level
- Contribute to operationalizing Regional Network Action Plans
- Support work of other Alliances and NGOs
- Participate on Provincial Steering Committee
- Communicate and support the Strategy
- Provide linkage to Atlantic and National Initiatives

Provincial Government Departments

- Participate on and resource the Provincial Steering Committee
- Support the Regional Networks
- Establish a coordination mechanism for government's contribution to the Strategy
- Provide linkage to Atlantic and National initiatives

**Health Regions will assist in facilitating the implementation of a comprehensive approach including strategies from each key area, based on local data, identified needs and available local resources. The three Alliances will work in partnership with Health Regions and the Regional Networks to implement the Strategy. (Regional Networks will include Alliances, NGOs, Health Regions, other organizations, individuals and provincial government departments depending on regional need.)*

Conclusion

This is the first time a comprehensive strategy for healthy living has been developed in Prince Edward Island. The Steering Committee is enthusiastic about the benefits of this collaborative and province-wide approach in addressing the common risk factors to chronic disease.

We acknowledge the partners listed on page 4 of this report for their contribution in the development of this Strategy, and look forward to working in partnership to implement the strategies identified.

Next steps in the development of the Strategy will include facilitation of Regional Networks and development of their Operational Plans, and facilitation and development of Provincial Work Plans.



Glossary of Terms

Alliance - A partnership among two or more parties pursuing agreed upon goals. Alliance building usually involves negotiation among partners to clarify goals, ethical ground rules, joint action areas, and agreement on the form of coordination, cooperation and collaboration reflected in the alliance. (World Health Organization [WHO], 1998)

Capacity Building - Capacity building is the strengthening of the ability of people, communities, and systems to plan, develop, implement and maintain effective health and social approaches. (Dodd and Boyd, 2000)

Collaboration - A process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own visions of what is possible. Collaboration involves joint problem solving and decision-making among key stakeholders in a problem or issue.. (Chronic Disease Prevention Alliance of Canada, 2001)

Community - A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them. (WHO, 1998)

Community Capacity - The actual knowledge, skill sets, participation, leadership, and resources that a community group needs to effectively address local health issues and concerns.

Disease Prevention - Disease prevention covers measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established. Primary prevention is directed towards preventing the initial occurrence of a disorder. Secondary and tertiary prevention seek to arrest or retard existing disease and its effects through early detection and appropriate treatment; or to reduce the occurrence of relapses and the establishment of chronic conditions through, for example, effective rehabilitation.

Although there is frequent overlap between content and strategies, disease prevention is defined separately from health promotion. Disease prevention involves action, usually emanating from the health sector, dealing with individuals and populations identified as exhibiting identifiable risk factors, often associated with various risk behaviours. (WHO, 1998)

Determinants of Health - The range of personal, social, economic and environmental factors which determine the health status of individuals or populations. (WHO, 1998)

Empowerment for Health - In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health. (WHO, 1998)

Health - A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. (WHO, 1986)

Health Education - Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health. (WHO, 1986)

Health Goal - Health goals summarize the health outcomes which, in the light of existing knowledge and resources, a country or community might hope to achieve in a defined time period. (WHO, 1998)

Health Indicator - A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time). (WHO, 1998)

Health Outcomes - A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status. (WHO, 1998)

Health Policy - A formal statement or procedure within institutions (notably government) which defines priorities and the parameters for action in response to health needs, available resources and other political pressures. (WHO, 1998)

Health Promotion - Health promotion is the process of enabling people to increase control over, and to improve their health. (WHO, 1986)

Health Status - A description and/or measurement of the health of an individual or population at a particular point in time against identifiable standards, usually by reference to health indicators. (WHO, 1986)

Health Target - Health targets state, for a given population, the amount of change (using a health indicator) which could be reasonably expected within a defined time period. Targets are generally based on specific and measurable changes in health outcomes, or intermediate health outcomes. (WHO, 1998)

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 healthy public policy is to create a supportive environment that enables people to lead healthy lives. Healthy public policies make healthy choices possible or easier for citizens. They make social and physical environments health enhancing.

The Ottawa Charter highlighted the fact that health promotion action goes beyond the health care sector, emphasizing that health should be on the policy agenda in all sectors, and at all levels of government. One important element in building healthy public policy is the notion of accountability for health. Governments are ultimately accountable to their people for the health consequences of their policies, or lack of policies. A commitment to healthy public policies means that governments must measure and report on their investments for health, and the subsequent health outcomes, and intermediate health outcomes. (WHO, 1998)

Intersectoral Collaboration - A recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone. (WHO, 1997)

Lifestyle (lifestyles conducive to health)- Lifestyle is a way of living based on identifiable patterns of behaviour which are determined by the interplay between an individual's personal characteristics, social interactions, and socioeconomic and environmental living conditions. (WHO, 1998)

Network - A grouping of individuals, organizations and agencies organized on a non-hierarchical basis around common issues or concerns, which are pursued pro-actively and systematically, based on commitment and trust. (WHO, 1998)

Population Health - Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services. The population health approach focuses on the interrelated conditions and factor that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations. (Health Canada, 2002)

Risk Behaviour - Specific forms of behaviour which are proven to be associated with increased susceptibility to a specific disease or ill-health. (WHO, 1998)

Risk Factor - Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health, or injury. (WHO, 1998)

Supportive Environments - Supportive environments for health offer people protection from threats to health, and enable people to expand their capabilities and develop self-reliance in health. They encompass where people live, their local community, their home, where they work and play, including people's access to resources for health, and opportunities for empowerment. (WHO, 1991)

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