



River Valley Health  
Régie Santé de la Vallée

*RVH Healthy Living Strategy*  
*2007-2012*

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### GLOSSARY

### APPENDICES

- A. Table of Contents of Strategy Companion Document
- B. Strategy Planning Groups
- C. Preliminary Implementation Plan
- D. Community Mobilization Logic Model

# 1 EXECUTIVE SUMMARY

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River Valley Health (RVH) *Healthy Living Strategy* is a bold new initiative that focuses on improving the overall health of the population within Health Region 3. It responds to the compelling health status issues in the Region and reflects community feedback during regional needs assessments and wellness forums. It is a strong beginning toward building healthier communities in Region 3.

The *RVH Healthy Living Strategy* will guide investments and organizational efforts over the next five years (2007-2012) in addressing the promotion of health and wellness and prevention of chronic disease and injury. It provides a conceptual framework for sustained action based on a population health approach. This approach is based on research evidence that indicates strategic actions which affect a large number of people have a greater impact on health than actions that focus on affecting the health status of individuals within a population.

*The outcomes or benefits of a population health approach extend beyond improved health status outcomes. A healthier population makes more productive contributions to overall societal development, requires less support in the form of health care and social benefits, and is better able to support and sustain itself over the long term. Actions that bring about positive health also bring wider social, economic and environmental benefits for the population at large. They include a sustainable and equitable health care system, strengthened social cohesion and citizen engagement, increased national growth and productivity and improved quality of life.*

(Population Health Template:  
Key Elements and Actions That  
Define A Population Health Approach.  
Health Canada, July 2001)

Through this strategy, River Valley Health is demonstrating leadership; taking concrete action to implement in Region 3, the 4 pillars of the 2006 Provincial Wellness Strategy (physical activity, healthy eating, mental fitness, tobacco free living), and more. It supports the Provincial Department of Health's priority for chronic disease prevention; and it will help River Valley Health achieve its corporate Vision, Healthy Population Strategic Direction and Goals.

The strategy will be made possible through shared leadership/partnership between RVH and communities; building organizational capacity, and a greater emphasis on coordination and integration, to gain efficiencies.

It is important to acknowledge and applaud the many excellent health promotion/disease prevention programs and initiatives currently operating within River Valley Health. A snapshot inventory of these programs has been documented (June 2007) and will be made accessible to staff for awareness/information purposes, as well as for regular updating. This detailed program inventory is in a Companion Document to this report. The *RVH Healthy Living Strategy* recognizes and builds on these actions, while creating specific opportunities for improved coordination and integration among these initiatives.

Monitoring, evaluation, and knowledge translation of evidence into practice are all critical underpinnings of the strategy. These are areas where River Valley Health has an acknowledged need to build capacity, in partnership with the academic /research community.

## **1.1 Leading Wellness Indicators**

There are six leading indicators of change in population health that represent health risks which need to be addressed / reduced, through this strategy, for a healthier population. These indicators motivate action, can have accessible data to measure progress, and are considered critically important public health issues.

- Overweight and obesity
- Physical activity/active living
- Mental wellbeing
- Tobacco, alcohol, drugs and other substance use
- Preventable injuries
- Responsibility for one's own health and wellness

Through the process of evaluation and surveillance, we will measure the extent to which these leading indicators have been affected, over time, and make adjustments to the strategy accordingly.

## **1.2 Guiding Principles**

The spirit and intent of the strategy will be guided by the following principles:

- A population health approach will be used
- A community capacity building approach will be based on community development principles
- Partnerships/shared responsibility will be fostered
- Integration and coordination across programs and sectors will be encouraged
- Best /evidence-informed practices will be promoted/adopted where possible
- Self determination and readiness to change will dictate the rate of uptake

## **1.3 Strategic Priorities**

Population Health is a very large field and the “wellness agenda” has captured the interest of many public and industry sectors. RVH must therefore focus its efforts within its sphere of influence; where it has the ability to impact change in population health status.

Five Strategic Priorities form the fundamental pillars of the *RVH Healthy Living Strategy*. Collectively, they respond to health status profiles in Health Region 3 and, through a primary prevention focus, address identified gaps in current programming/approaches. They target improvements in the six leading indicators for improved population health.

Section 3 of the strategic plan presents the evidence, priority actions and expected outcomes for each Strategic Priority. Collectively, the actions represent a portfolio of projects which will require development and management over the course of the strategy timeline.

**Strategic Priority # 1**

*Strengthen Upstream Approaches to Healthy Child & Youth Development*

**Strategic Priority # 2**

*Promote the Development and Region-Wide Use of Evidence Based Approaches to Prevention of Chronic Disease*

**Strategic Priority # 3**

*Develop and Implement a Comprehensive Injury Prevention Strategy*

**Strategic Priority # 4**

*Enhance Community Capacity for Healthy Living*

**Strategic Priority # 5**

*Build Organizational Capacity to Support Wellness*

## 1.4 Supporting Frameworks

Sustainability of this strategy will be dependent upon clearly defined governance and evaluation frameworks which are outlined in Section 4 of the strategic plan. A solid change management plan will also be integral to achieving successful outcomes.

### Governance

Governance needs to happen at two levels to ensure success:

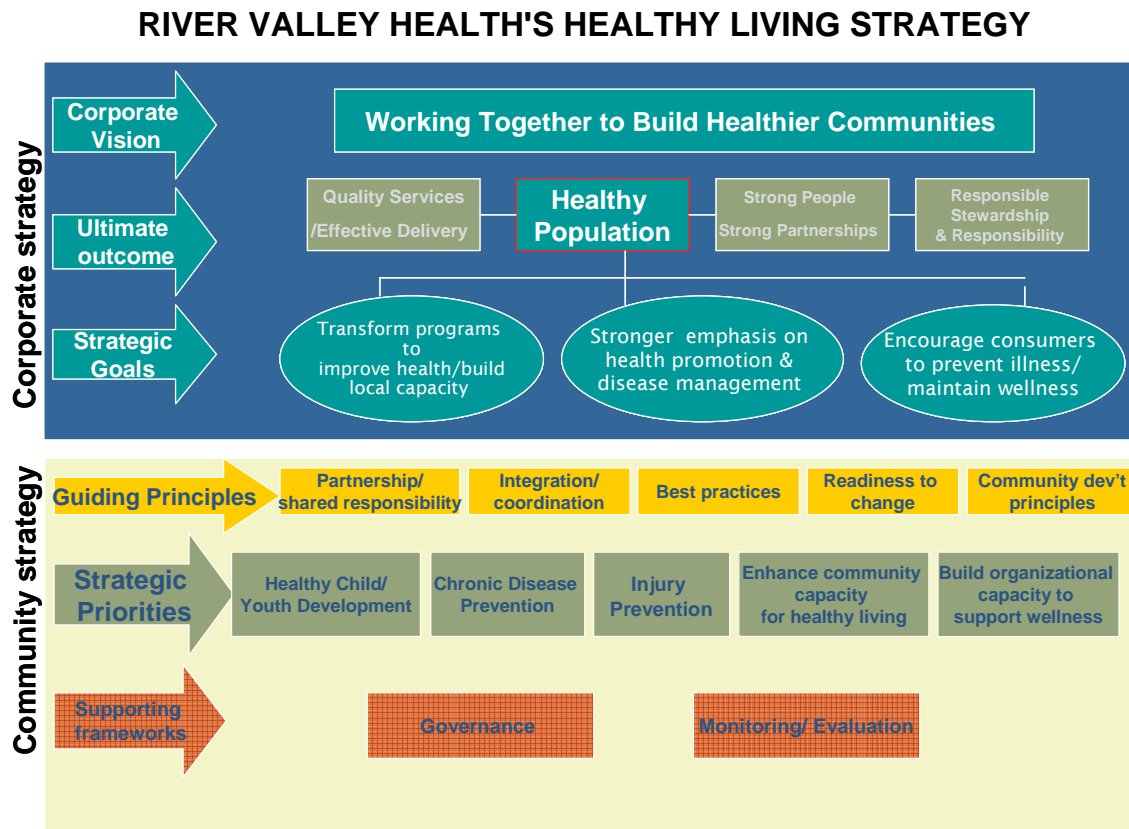
- **Operational level**, with a centre of responsibility for population health identified within RVH to initially drive and manage the overall implementation of the strategy, and create the integration required to successfully achieve the outcomes.
- **Community level**, through a shared governance framework between RVH and community stakeholders. A Region 3 Wellness Council is proposed as a means to maintain key relationships, knowledge exchange, leverage collective resources and support collaborative decision making with communities in our region.

### Evaluation

The development of an evaluation framework is a foundational component of the strategy and a critical success factor for long term sustainability. It will be a priority activity during the first year of strategy implementation. During the current assessment phase of strategy development, evaluation

was identified as a significant gap within RVH. The preliminary report recently completed by the Canadian Council on Health Services Accreditation survey team, also pointed to evaluation as an area for improvement within RVH. It would be opportune therefore, to use the *RVH Healthy Living Strategy* as the vehicle to begin to build increased capacity for evaluation across the organization.

The following concept diagram represents the relationship between the overall RVH corporate strategy (top) and the means through which the *RVH Healthy Living Strategy* will advance the Healthy Population goals (bottom) to achieve the vision of “*Working Together to Build Healthier Communities*”.



## 1.5 RVH Role

More than 200 people were consulted during a series of community wellness forums held across the region in the spring of 2007. The seriousness of the region’s health status profile was the impetus for these meetings. Many RVH Board members and staff attended these sessions. The key message coming from these consultations was that River Valley Health needs to take a leadership role in moving the population health agenda forward in the region, by creating conditions for action on wellness.

Specifically, community members suggested that RVH could demonstrate that leadership in the following ways:

- Be a **catalyst** for integrated and coordinated action toward healthy living across the region
- Provide tangible **resource/support** to individuals, families, organizations and communities within Health Region 3 that are committed to building capacity for wellness
- Be a **trusted source of information**, based on evidence. This supports RVH having a stronger role in surveillance and evaluation to be able to collect, analyze and report on population health information.

Achieving population health/wellness requires a multi-sectoral, multi layered approach. Through this strategy:

- RVH commits to playing a lead role as both a catalyst and as a resource to local communities in Health Region 3 as they build local capacity for improved health and wellness.
- RVH Board and staff commit to being strong, visible advocates for healthy public policy impacting the social determinants of health: literacy, healthy childhood development, food security, etc.
- RVH will also act in a supportive role to other community partners, where it makes sense to do so, within available resources and consistent with overall strategic priorities.

The need to strengthen / forge strong and sustainable partnerships is a central tenant of this strategy and a key success factor. There are already many lucrative partnerships between RVH and community organizations/agencies. As well, many communities in the region have well established interdisciplinary working groups that collaborate in achieving common goals. This will provide a solid foundation for the work proposed in the strategy.

The common messages from RVH staff that provided input during the current assessment phase of strategy development were that, given present program/service models, there is a noticeable gap in capacity within RVH to support these community expectations. Staff essentially suggested three areas that this strategy should address:

- **Articulate** RVH's role in population health so management across the organization can effectively plan program and services delivery and identify resource implications accordingly.
- **Integrate** current initiatives in the region for improved synergies and overall effectiveness.
- **Evaluate** the benefit of current program level initiatives as well as the cumulative impact of multiple initiatives on overall outcomes. In other words, understand if what we are doing and how we are doing it, on an individual program or collective basis is making a difference.

A Companion Document has been developed to accompany this strategic plan which contains documents produced throughout the strategy development phase as well as preliminary draft documents in support of strategy implementation.

## **1.6 Level of Investment**

The success of this strategy will be dependent on some new resources and a commitment to reorient services toward population health. The relative level of investment to accomplish the priorities proposed within the strategy will need to be fluid and responsive to both the spirit and the intent of the collaborative process of community capacity building.

Modest new investment, in the order of approximately \$500,000 per year is required to create the foundational capacity necessary to carry out this strategy over the initial five year period. This level of investment represents approximately 0.2% of RVH's total annual budget. Categories of investment include the following:

- People: to build the capacity required to support community development; evaluation and monitoring, and change management
- Process : Knowledge development/training of staff and community members
- Technology: Communication (web- based) and decision making tools to support links with and among communities and to capture, analyze and report solid data and information.

This investment will require further definition following Year 2 of implementation.

An essential tenant of the strategy assumes that opportunities to identify and procure external sources of funding to support activities will be aggressively pursued where at all possible. Reorientation of existing resources will also be required to support components of the strategy.

## **1.7 Summary of recommendations**

The following is a summary of recommendations required to launch and sustain the strategy. A preliminary implementation plan supporting action on these recommendations is presented in Appendix C of the strategic plan.

### **Strategy Governance**

1. Establish a Population Health and Wellness Department within RVH as the responsibility centre (initially) for leading and coordinating the implementation and evaluation of the RVH Healthy Living Strategy across Region 3; and providing for closer alignment with chronic disease prevention and management within the region
2. Create a Region 3 Wellness Council as a shared leadership forum (RVH and communities) supporting oversight of the spirit and intent of strategy within Region 3 communities
3. Brand the strategy and market it to make it a common household name in Region 3.

## **Strengthen Upstream Approaches to Healthy Child and Youth Development**

4. Establish a regional Healthy Child/Youth Alliance among school, community, primary health care and social services sectors responsible for:
  - incorporating current evidence interdisciplinary primary health care practice;
  - promoting consistent approaches to healthy child and youth development within the primary health care sector and communities.
5. Be a catalyst in bringing education and community partners to the table to plan and implement a region wide strategy for the promotion and adoption of the Developmental Assets <sup>TM</sup><sup>1</sup> framework across all interested Region 3 communities.

## **Promote the Development & Region-Wide Use of Evidence Based Approaches to Prevention of Chronic Disease**

6. Facilitate the alignment of primary prevention priorities across the respective chronic disease strategies/initiatives (cancer, diabetes, heart, stroke, and lung).
7. Develop a system-wide approach to supporting primary [health] care practice in the identification and management of behavioural risk factors with patients.
8. Expand the Evidence Based Smoking Cessation Intervention Program to include all hospitals in RVH including the EMP. Collaborate with community partners to develop a support system for patients discharged back into the community who are attempting to quit smoking.

## **Develop and Implement a Comprehensive Injury Prevention Strategy for Region 3**

9. Establish a multi-stakeholder regional steering committee (RVH, government and community partners) to develop and guide the implementation of an injury prevention strategy for Region 3; focusing initially on upstream actions to reduce the incidence of injury hospitalizations from motor vehicle crashes and falls.
10. Champion the development of a regional, population-based injury surveillance system to identify/quantify important injury problems, and serve as a baseline for evaluation of future interventions.

## **Enhance Community Capacity for Healthy Living**

11. Spearhead the community mobilization process in the region by hosting an educational workshop on community mobilization early in 2008; formally present the *RVH Healthy Living Strategy* and invite communities to be active partners in its implementation.

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<sup>1</sup> The Search Institute <http://www.search-institute.org/assets/>

12. Incrementally establish Community Wellness Charters with Region 3 communities committed to making population health change happen.
13. Provide information and staff support to individual communities in initiating the mobilizing process.

### **Build Organizational Capacity to Support Wellness**

#### ***Organization Development***

14. Appoint a cross functional Healthy Lifestyles Team, to serve as RVH's population health and wellness "subject matter experts" supporting the strategy rollout. This team will ensure that we "connect the dots" for primary prevention programming /approaches across the organization.
15. Establish a process to review and modify policies, as required, to incorporate planned population health approaches into the core business of RVH; including budget allocations sufficient to sustain upstream population health promotion action.

#### ***Workforce Development***

16. Develop a program of knowledge /skill development for RVH staff to provide a common understanding of the population health framework and staff's role in promoting population health.
17. Explore academic partnerships with University of New Brunswick, St. Thomas University and Dalhousie University School of Health and Human Performance (Health Promotion Program).

#### ***Resource Allocation***

18. Establish a Regional Director for Population Health and Wellness position that has a cross cutting role in driving the strategy and the systemic uptake of the population health agenda throughout the organization.
19. Create the following new positions:
  - Administrative Assistant position to support the demands of the Population Health and Wellness Department and its associated projects.
  - Population Health Data Analyst position for population health data collection, analysis and reporting that will contribute to building overall organizational decision support capacity.
  - Two community developer positions, seated within either the Public Health or Community Health Program to: be a catalyst / provide support to Region 3 communities engaging in mobilizing/ building capacity for healthy living; and, to collaborate with Learning Services in the development and delivery of a planned program of knowledge development for designated RVH staff.
20. Provide resources to contract subject matter experts and project management staff, as required, to support the strategy implementation.

21. Provide / acquire decision making tools necessary to conduct research and evaluation (data base and statistical analysis software).
22. Provide resources for the development of web based tools to enable information sharing among Region 3 Wellness Council members, health providers and the general public.
23. Form an evaluation team of RVH and external stakeholders with the requisite knowledge, skills, and experiences to develop an Evaluation Framework and tools during Year 1 to support implementation of the strategy.
24. Collaborate with Department of Health, the Department of Wellness Culture and Sport and the Department of Education in identifying a common framework of health status and population health indicators that can be used by all RHAs to allow for provincial/regional comparisons in measuring progress toward improved population health.
25. Identify and take action on opportunities to improve surveillance systems to support ongoing monitoring and evaluation of the strategy. Document region, provincial and national data sources and define processes for collection of a defined minimum population health dataset, analysis and regular reporting to various stakeholders.
26. Build a template and identify a development process and publication schedule for a RVH Health Status Report to the Community, based on a prescribed set of health and population health status indicators.

## 2 INTRODUCTION

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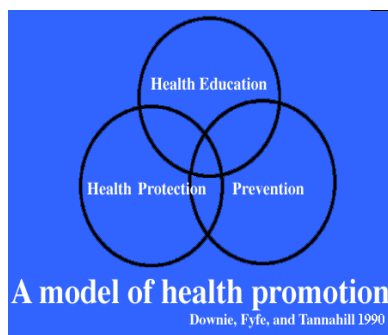
Population health focuses on improving the health status of the entire population or subgroups within a population. It is also concerned with reducing health inequities between population groups. Health and well-being are affected by a dynamic interaction among biology, behaviour and the environment and there are several levels of influence on individuals' health and health behaviours. These interactions change over the life course of individuals, families, and communities.

Internationally, the Jakarta Declaration on Leading Health Promotion into the 21st Century (July 1997) identified five priorities for health promotion in the 21st century:

- *Promote social responsibility for health*
- *Increase investments for health development*
- *Expand partnerships for health promotion*
- *Increase community capacity and empower the individual*
- *Secure an infrastructure for health promotion*

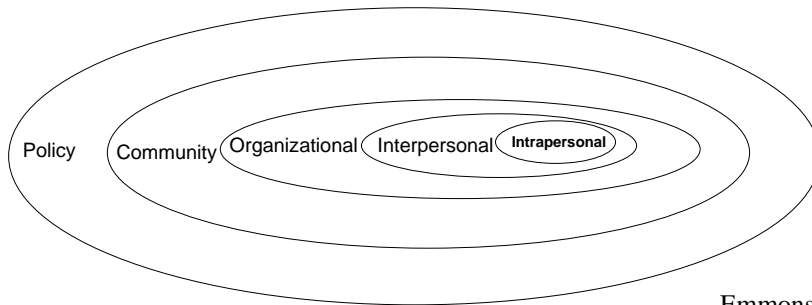
Major Canadian reviews like the Kirby (The Health of Canadians – The Federal Role. 2002) and Naylor (Learning from SARS - Renewal of Public Health in Canada. 2003) reports have identified a need for balancing investments in health promotion and chronic disease prevention in order to make a difference in reducing the burden on the health care system. Lessons learned indicate that upstream investments in health promotion and prevention are needed to reverse current trends and address unhealthy lifestyles.

The following model of health promotion developed by Downie, Fyfe, and Tannahill (1990) defines the concept of health promotion as being a combination of a focus on disease prevention, health education and health protection.



Prevention focuses on services such as immunizations, cervical screenings, hypertension case-finding, the use of nicotine-containing chewing gum to aid smoking cessation, etc. Health education is aimed at influencing positive health behaviour in individuals, groups, or whole communities. Health protection deals with regulations and policies such as the implementation of a workplace smoking policy in the interests of providing clean air or the commitment of public funds to the provision of accessible leisure facilities to promote positive health.

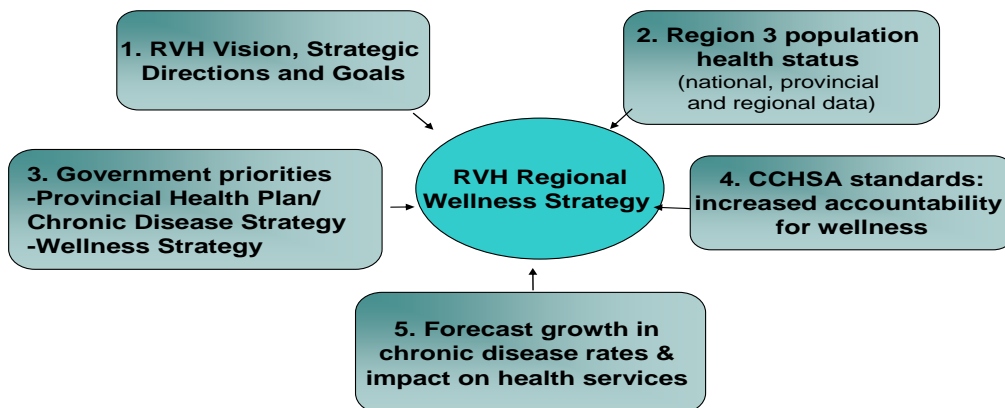
Population health promotion is a shared responsibility that requires the coordinated action of many sectors working together to improve well-being. The challenge therefore, is more substantial than targeting individual (intrapersonal) behavioural change; there are different interventions required at each/all of the levels represented in the following diagram.



Emmons, Institute of Medicine, 2000

There is a role for RVH at all levels in this model: working with individuals to motivate behaviour changes toward healthier lifestyles; working with communities to identify and leverage current assets to provide the right environments supportive of healthy living; providing advice to employers on how to establish healthy workplaces; and advocating for healthy public policy influencing the social determinants of health.

There are a number of key drivers that make a compelling argument for River Valley Health to take a leadership role in improving the overall health of the population in the region.



1. The current RVH Corporate Strategic Plan identifies “contributing to the health of the population” as its first strategic direction.
2. The 2005 River Valley Health Needs Assessment combined with provincial and national data, paint a concerning health profile of the health and health risk profile of people living in Region 3.
3. A provincial planning and policy focus on wellness, chronic disease prevention and management is evidenced in the Provincial Government’s Charter for Change (2007) and provincial Wellness Strategy and Health Plan.
4. Canadian Council of Health Services Accreditation standards are placing greater emphasis on the role of health provider organizations in working collaboratively with communities on improving health and wellness.

5. Given the health risk profile of Region 3, and in the absence of concerted action to improve current trends, the forecast growth in the incidence of chronic disease has the potential for significant downstream impacts on health services utilization.

## **2.1 Strategic Planning Approach**

The approach taken in developing this strategic plan involved essentially four phases conducted over 12 months.

### **2.1.1 Current Assessment – Where are we now?**

A detailed environmental scan was conducted primarily between June and December 2006 to understand the current environmental context for a wellness strategy and current body of knowledge/best practices in population health. Many of the products of this current assessment phase have been compiled in a Companion Document to this strategic plan. The table of contents for this Companion Document is found in Appendix A.

- River Valley Health Regional Health Status Assessment (2005), coupled with current provincial and national health status statistics defined the magnitude of the population health problem
- An audit of current programs/services/policies across RVH was completed, documented and circulated for validation and revisions. Staff also provided suggestions as to action that could be taken to address gaps /opportunity areas. This process engaged over 50 staff across the majority of program and service areas within RVH using a standardized survey tool, combined with one on one interviews, where possible. This document reflects the current state as of June 2007.
- Meetings were held with provincial organizations with a mandate for wellness to provide context for the strategy, identify opportunities for partnership and where there may be gaps. Key contacts included:
  - Department of Wellness Culture and Sport relative to the provincial wellness strategy and the role of RVH in advancing that strategy within Region 3
  - New Brunswick Healthy Eating and Physical Activity Coalition (HEPAC), a multi stakeholder coalition of provincial organizations concerned with disease prevention and health promoting. The RVH Health Promotion and Wellness Consultant was invited to participate in HEPAC strategic planning sessions to determine an appropriate and complementary role for Regional Health Authorities in the success of this provincial strategy
  - New Brunswick Anti Tobacco Coalition, in relation to collaborative smoking cessation strategies across all Regional Health Authorities
  - Department of Health in regards to: population health monitoring/surveillance and the potential for development of regional community health status profiles; alignment with the provincial chronic disease prevention and management strategy

- Other regional community wellness/injury prevention networks in Region 2, 5 and Region 7 to determine opportunities for lessons learned
- A review of pertinent best practices and lessons learned from other jurisdictions, provincially, nationally and internationally that have application potential for RVH. There is a significant body of knowledge encompassing population health which will be the foundation for this strategic plan.

### 2.1.2 Raising Awareness /Consultations –Selling the Problem

Over 20 presentations were given to RVH staff/volunteers and communities across the region to raise awareness of health status issues confronting our region, communicate RVH’s commitment to develop a strategy to address these issues and to seek opportunities for collaboration.

As part of this process, over 400 people were invited and 225 responded and attended RVH facilitated wellness forums, held within their communities. A number of RVH Board members and RVH staff working in community based programs across the region, also attended these sessions. Through use of a sign up sheet at each forum, community members were asked to indicate their interest in participating in/staying informed as to ongoing action toward healthier living in their communities. All participating communities received summary reports from their respective community forums in addition to the general summary of findings. Reports from this consultation process, which provided critical input into the direction of this strategy, are found in the Companion Document, Appendix A.

### 2.1.3 Strategy Development

This phase was conducted between January and July 2007. A life course/settings based planning framework was used to develop and document an inventory of current programs and services, and to guide the thinking throughout the strategy development phase.

### *Population Wellness Planning Framework*

	*Life course →			
	Children	Youth	Adults	Seniors
Healthy homes & families				
Healthy schools				
Healthy workplaces				
Healthy communities				
Healthy health care settings				

This framework was chosen because patterns of health and disease are largely a consequence of how we live, learn, work and play (Canadian Population Health Initiative, 2004); and appropriate interventions for modifying risk factors vary at different life stages. Various settings therefore become more or less relevant in approaches to promoting healthy behaviours and lifestyles.

This framework will help focus specific actions within the strategy and will also be a point of reference in evaluation of outcomes and results. The ultimate goal will be to have health supporting systems in all these settings, across the life course.

In January 2007 an invitational Think Tank was held with a core group of River Valley Health and community partners, to discuss development of a strategic plan for wellness in Health Region 3. Key goals and targeted outcomes for a wellness strategy for our region resulted from this one day planning session and served as another key input to the strategy's development.

A planning organization was subsequently established consisting of a Strategy Planning Group and two active Working Groups: Community Mobilization and Preventable Injuries. Membership for these is listed in Appendix B. These Committees provided consistent direction/validation and, during a full day planning session in July, identified priorities for the strategy. Preliminary work has also begun on the development of a high level evaluation framework.

#### **2.1.4 Strategy Review and Approval**

This phase was conducted between September and November 2007.

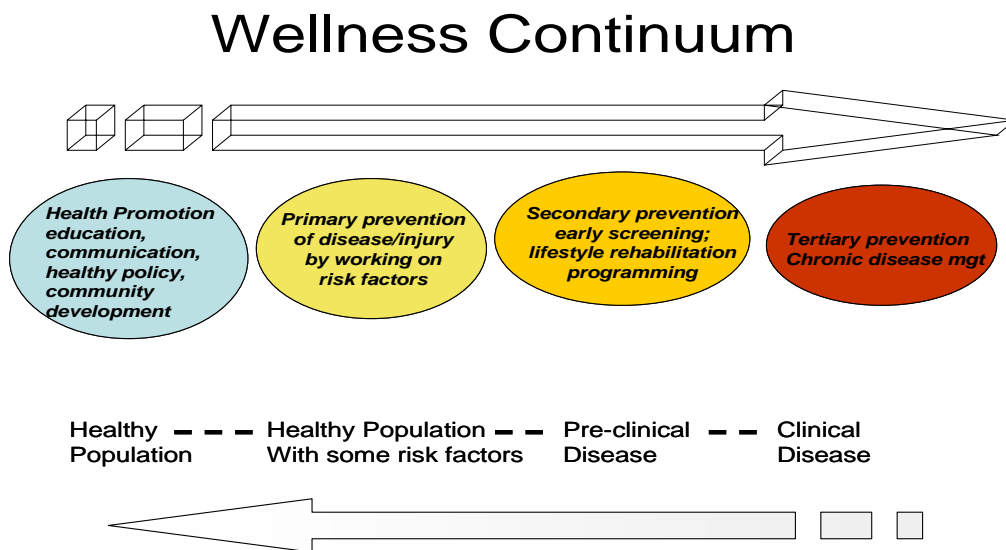
An initial draft strategy was created and a 23 person cross functional RVH Reference Group was identified to review the draft, provide feedback and suggest any revisions. This revised document was presented to RVH Senior Management for comment. The final *RVH Healthy Living Strategy* document was presented to the Board for approval in November 2007.

### 3 STRATEGIC PRIORITIES

The spirit and intent of the strategy will be guided by the following principles:

- A population health approach will be used
- A community capacity building approach will be based on community development principles
- Partnerships/shared responsibility will be fostered
- Integration and coordination across programs and sectors will be encouraged
- Best /evidence-informed practices will be promoted/adopted where possible
- Self determination and readiness to change will dictate the rate of uptake

The following diagram illustrates that wellness is a continuum, and that an individual strives to be “well” at whatever point they are on this continuum. For example you can be living with and managing a chronic condition, but still strive to live a healthy lifestyle, considering the constraints of your condition. The *RVH Healthy Living Strategy* will place the greatest emphasis on the left hand side of this continuum with a view to keeping a healthy population healthy and identifying and intervening early with those people who have been identified with risk factors for developing chronic conditions. This reflects the philosophy of a population health approach.



Five strategic priorities form the fundamental pillars of the *RVH Strategy for Healthy Living*, driving investment and activity over the next five years. Collectively, these priorities respond to population health status evidence for Health Region 3, and address identified gaps in current programming/approaches to the following six leading indicators for improved population health.

- Overweight and obesity
- Physical activity/active living
- Mental wellbeing
- Tobacco, alcohol, drugs and other substance use
- Preventable injuries
- Responsibility for one's own health and wellness

The critical dependence on strong partnerships to achieve these priorities can not be overstated.

Strategic Priorities # 4 and #5 are enablers, as well as dependencies to the success of the entire strategy. Highlights of each priority area are outlined below and a preliminary implementation plan is found in Appendix C.

It is important to note, that the actions identified within each Strategic Priority essentially comprise a portfolio of projects. Both individual projects and the overall portfolio of projects will require development and management over the course of the strategy timeline.

### **3.1 Strategic Priority #1 - Strengthen Upstream Approaches to Healthy Child and Youth Development**

**Healthy child development is a salient determinant of health. This strategic priority focuses on upstream actions that reach beyond the “at risk” population with attention to supporting healthy families in healthy communities to increase the number of children that grow up healthy, ready to learn and able to achieve a healthy transition into adulthood.**

#### **Context**

RVH professional staff and physicians have considerable reach into homes, schools and communities across the health region and have a key role to play in engaging, educating and influencing families and community partners in evidence informed approaches to healthy child and youth development.

Many current programs and services (identified in the inventory conducted June 2007) are focused largely on those categorized as at-risk populations. Despite best efforts, available resources and lack of coordination result in gaps within the system. There is opportunity for more consistent coverage of current health promotion/disease prevention programming across the region, in addition to systematically reorienting programs and services to more of an upstream primary prevention focus.

#### **Evidence**

The evidence is clear “that the quality of early childhood experiences has long term effects on an individual’s performance in the education system, their behaviour in adult life and their risks for chronic disease in adult life” [Dr. J. Fraser Mustard, 1999]

Recent developments in early neurodevelopment suggests that the period from conception to age six has the most important influence of any time in the life cycle on brain development and subsequent learning, behaviour and health. There is a need for a systematic and unified approach to incorporating this evidence across the spectrum of health service providers' practice.

The 2007 Canadian Paediatric Society *Status Report on Canadian Public Policy and Child and Youth Health* warns that mental health problems threaten to become the next paediatric epidemic.

*The aftermath of poor early child development "can appear as depression, anxiety, suicidal thoughts, or post-traumatic stress – or as aggression, impulsiveness, delinquency, hyperactivity or substance abuse"*

*Martin Teicher, Scientific American 2002*

Regional statistics indicate that the strategic priorities for the youth population should focus on reducing health risk behaviours, chronic disease prevention, promoting mental fitness. Recently completed New Brunswick Student Wellness Surveys will provide a rich source of additional information to direct actions within this priority area. These surveys focus on the 4 pillars of the Provincial Wellness Strategy (healthy eating, physical activity, mental fitness and resilience and tobacco free living) and the results will help inform policy direction at the provincial as well as regional and local school level.

Research by The Search Institute ([www.search-institute.org](http://www.search-institute.org)) has demonstrated that using a systematic approach, concrete steps can be taken by a community, as a whole, to build strong resilient youth who are equipped for success. These Developmental Assets™ comprise a number of essential building blocks for healthy youth/early childhood programming. Among the success stories from communities who have embraced this direction, is a large community collaborative from Springfield Missouri called *Community Partnership* ([www.commpartnership.org](http://www.commpartnership.org)). This collaborative provides insight into the results that can be realized from dedicated commitment to facilitating positive change for strong healthy youth and strong communities.

### **Priority Actions**

- Initiate a regional Healthy Child/Youth Alliance among school, community, primary health care and social services sectors. The mandate of the Alliance would be to:
  - Review the evidence on early child/youth development (including the prenatal period) and establish integrated programmatic goals with measurable indicators, incorporating this evidence into interdisciplinary primary (health) care practice
  - Provide leadership in promoting knowledge development for consistent approaches to healthy child and youth development within the Region 3 primary health care sector
  - Identify actions to reduce the health disparities experienced by vulnerable children and families living in conditions of risk
  - Encourage and support meaningful youth participation in building healthy communities
- Be a catalyst in bringing education and community partners to the table to plan and implement a region wide plan for the promotion and adoption of the Developmental Assets™

framework across all interested Region 3 communities. Collaborate on seeking sources of external funding to ensure the sustainability of this long term initiative. This builds on activity currently underway by the School Districts to introduce the Developmental Assets™ framework to schools within Region 3.

**Expected results**

- A coordinated, evidenced-based programmatic approach to healthy child and youth development is in place across RVH, with defined process and outcome indicators to evaluate effectiveness.
- The primary health care community collaborates on the adoption and implementation of consistent evidence- based practices supporting healthy child and youth development.
- Youth are both leading and engaged in youth health /wellness issues in schools and in communities
- Measurable increase achieved in the developmental assets among children and youth in Region 3

**3.2 Strategic Priority #2 - Promote the Development and Region- Wide Use of Evidence Based Approaches to Prevention of Chronic Disease**

This strategic priority focuses on the development and broad implementation of evidence-based approaches to risk identification and healthy lifestyle management. It also focuses on creating increased public awareness/ knowledge of lifestyle choices for wellness, as well as early identification and intervention of individuals at risk for developing a chronic disease.

**Context**

The majority of the chronic diseases (cardiovascular diseases, certain cancers, respiratory illness, and diabetes) accounting for the greatest morbidity/mortality rates in Region 3 have common modifiable risk factors.

**Chronic Disease Risk Factors**

Smoking cessation	Reduced alcohol consumption
Nutrition / Weight management	Blood pressure management
Physical activity	Dietary lipid levels
Stress	Blood glucose levels

At least 80% of premature heart disease, stroke and type 2 diabetes and 40% of cancer could be prevented through healthy diet, regular physical activity and avoidance of tobacco products (Chronic Disease Prevention Alliance of Canada, 2007).

Currently, there is a disease specific planning approach to chronic disease prevention and management within Canada, New Brunswick and Region 3. The focus is largely on secondary prevention. Similar planning frameworks are being used in silos without the benefit of integrated and collaborative planning for prevention of common risk factors. There are significant opportunities to improve efficiencies by **creating an integrated, upstream approach to prevention, early detection and intervention.**

The following initiatives are currently under development within RVH without the benefit of a coordinated /integrated approach to planning and implementation: RVH plan to implement the NB Stroke Strategy regionally, Regional Cardiac Rehabilitation Program, Upstream Screening of Prediabetes and Undiagnosed Diabetes Research Study, and Evidence Based Smoking Cessation Intervention Project.

### Evidence

*"A new generation is entering adulthood with unprecedented levels of obesity. This, in addition to the existing burden of adult obesity, reinforces the concern that weight-related chronic diseases will be the most significant public health concern throughout the 21st century." (International Diabetes Federation, 2007)*

- Health risks increase across the healthy weights to overweight and then obese categories. The scientific literature demonstrates that obese individuals are four times more likely as people with healthy body weight to develop diabetes; more than twice as likely to develop heart disease or arthritis; 50% more likely to develop colon or breast cancer or have a stroke<sup>2</sup>
  - More than one in two adults over 18 years of age in Region 3 report having at least one chronic disease
  - Cardiovascular disease accounts for the death of more Canadians than any other disease. It is also the major cause of death in Region 3
- One in 5 adult Canadians has high normal blood pressure and up to 60% of these people will develop hypertension within 4 years.
  - New Brunswick has a higher prevalence than the Canadian average for diabetes and the Public Health Agency of Canada has estimated that 21% of all people living in New Brunswick between ages 40-74 have prediabetes – most of whom have not been diagnosed due to ineffective or inconsistent screening

A snapshot of Region 3's profile of risk factors contributing to these conditions indicates a need to take action:

- 23% of people in NB/Region 3 use tobacco
- Obese and overweight children and adults have reached alarming rates in our region and province – 60% in the adult population and 34% of children aged 2-17. N.B. has the second highest child overweight and obesity rate in Canada

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<sup>2</sup> Janssen, Dr Ian. *The heavy burden of obesity.* Canadian Healthcare Manager. June 2007

- Over 50% adults and 60% children/youth are inactive and have inadequate diets
- 30% of the over 18 population in Region 3 have sought professional help for stress/emotional problems

### Priority Actions

Systematic risk screening, public policy and effective, sustained changes to lifestyle, can prevent, prolong the onset, or reduce the impact of chronic illnesses. It is therefore imperative that Region 3

- Facilitate alignment of primary prevention priorities across the respective chronic disease strategies, guided by national planning frameworks such as the Chronic Disease Prevention Alliance of Canada's CUBE project: *Facilitating Alignment of Primary Prevention Priorities across Comprehensive Chronic Disease Strategies*.
- In collaboration with family/primary care practitioners, develop a system-wide approach to the identification and management of behavioural risk factors. This priority action is a significant project that can be initially spearheaded by:
  - Establishing a regional interdisciplinary advisory group to identify and recommend a risk factor framework for primary [health] care providers, to guide evidence based approaches to behavioural risk factor modification
  - Developing a comprehensive plan to promote the adoption of these approaches into practice across all points of entry into the primary health care sector in the region. Initiatives such as the Australian Lifestyle Prescription Program<sup>3</sup> provide insight into the art of the possible here in Region 3/New Brunswick. [This framework uses the successful clinical tobacco intervention model of ask, assess, advise, assist and arrange].
  - Creating an interdisciplinary *Healthy Lifestyles Team* within Region 3 tasked with designing an evidence-based healthy lifestyle management program, as a referral destination for individuals and their families identified with chronic disease risk factors; and developing a plan to pilot the program in the Region. The focus of this program would be secondary prevention; equipping people with the knowledge and tools to reduce their health risks and live healthier lives. In addition to working with individuals and families, the *Healthy Lifestyles Team* would provide education to RVH staff and physicians; assist in the development of policies and procedures, and the promotion of clinical practice guidelines for the management and care of chronic conditions. The evidence based *Building Healthy Lifestyles* program offered by the Chinook Health Region, Alberta provides an example of a successful program model that uses an interdisciplinary team and community partners<sup>4</sup>.

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<sup>3</sup> <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-lifescrpts-index.htm>

<sup>4</sup> [www.chr.ab.ca](http://www.chr.ab.ca)

- Expand the Evidence Based Smoking Cessation Intervention Program to include all hospitals in RVH including the EMP. Collaborate with community partners to develop a support system for patients discharged back into the community who are attempting to quit smoking.

#### **Expected results**

- Standardized physical and mental wellbeing risk screening and healthy lifestyle management protocols and tools developed and institutionalized in primary health care practice
- Smoking Cessation program successfully implemented across RVH (inpatient, and community programs)
- *Healthy Lifestyle* pilot program launched; people are empowered to make healthier lifestyle choices through greater awareness of and access to trusted information and resources.
- Supportive environments are in place to enable healthy living choices

### **3.3 Strategic Priority #3 - Develop and Implement a Comprehensive Injury Prevention Strategy for Region 3**

This focus of this strategic priority is to develop and implement a comprehensive and coordinated injury prevention strategy for Region 3

#### **Context**

Traumatic injuries represent a substantial public health problem that has the potential to result in long-term disability or death. Traumatic injuries have serious implications for individuals, their families, and the health care system.

RVH currently has no coordinated approach to injury prevention across programs/services in the region and there is presently no provincial strategy for injury prevention in New Brunswick and no provincial trauma registry or established injury surveillance system.

#### **Evidence**

RVH has the highest injury hospitalization rate among Canadian Institute for Health Information comparators in Atlantic Canada.

- Preventable injuries are the # 1 killer of children/youth in Region 3; motor vehicle crashes are the single largest cause of death and hospitalizations for children in Canada under the age of 14
  - 75% of children between 4 -9 years in Canada do not use booster seats
  - 80% of child seats inspected in Canada are not installed correctly
- Motor vehicle crashes (including ATV and other motorized recreational vehicles) and falls constitute the greatest incidence of preventable injury hospitalizations in Health Region 3 and are also the leading contributors to spinal cord injury.

- NB has the third highest ATV injury hospitalization rate in Canada-predominantly among the less than 25 year age group.
- Alcohol is a contributing factor to the vast majority of motor vehicle crashes in New Brunswick
- 50% of youth 0-24 years of age and 100% of those between 25-54 years of age with major trauma injuries involved alcohol with blood alcohol levels >0.08%
- Statistics indicate a rise in alcohol and cannabis use among youth in Region 3, which often correlates with increased likelihood of engaging in risky behaviours /activities

### **Priority Actions**

- Establish a multi-stakeholder regional steering committee (RHV, government and community partners) to collaboratively develop and guide the implementation of an injury prevention strategy for Region 3; focusing initially on upstream actions to reduce the incidence of injury hospitalizations from motor vehicle crashes, and falls.
- Champion the development of a regional, population-based injury surveillance system which can be used to identify/quantify important injury problems, and serve as a baseline for evaluation of future interventions.

### **Expected results**

- A regional injury prevention program is in place
- Measurable change in the level of corporate (RVH staff and physicians) and public awareness of risky behaviours and their potential impact
- Safer environments are the norm in Region 3 communities
- Reduced fatalities/injury hospitalization rates
- Increased capacity for injury prevention within RVH/Health Region 3
- A regional injury surveillance system is established and data is available and accessible

## **3.4 Strategic Priority # 4 – Enhance Community Capacity for Healthy Living**

This strategic priority is a critical dependency to the overall success of the strategy. Enhanced community capacity for healthy living and wellness is also the means through which the other strategic directions can be achieved. The focus will be to develop creative and sustainable community-based solutions that receive broad acceptance within the community, and are supported through development of local policies and partnerships, promoting and enhancing health over the long term.

### **Context**

The Canadian Council of Health Services Accreditation Leadership and Partnership Standard 3.0 assess the extent to which a health authority promotes supports and participates in ongoing community development.

River Valley Health has conveyed the message about significant population health issues to communities across the region. Response was quite exciting with many communities indicating a readiness to take action. The challenge will now be to engage communities in defining the problem and solution so that the health messages will match their realities. Any programs or initiatives proposed therefore, need to be community-based, not community-placed.

Building capacity for healthy living and improved community wellness means working on multiple levels. People, organizations and communities do not exist in isolation. Strong, capable individuals build strong, capable organizations. Organizations and communities with strong commitments, leadership skills and resources can share their capacities in coalitions, partnerships and collaborative efforts with other organizations. River Valley Health itself is an organization of nearly 4,000 employees who all live in communities across the region. Many have children in the school system or senior relatives living in the community, and are part of and influence the fabric of the communities they live in. Collectively therefore RVH can be a formidable force promoting and being a role model for healthy living.

Key principles to guide this strategic priority include:

- Empowerment: the need to foster community ownership and focus on participatory problem-solving processes.
- Relevance: behaviour change will be greatest when community organizers start where the people are and engage community members as equals.
- Participation: behaviour change will be greatest when those whose behaviour or circumstances are to be changed are directly involved in intervention planning and decision making.

Communities told us that RVH should lead the charge in getting communities onboard and taking action toward improved wellness. The long term goal however, is to build community capacity and transition the leadership and ownership for improving health and wellness to the community, with RVH continuing to be the trusted source of information and playing a supportive role.

*When communities come together around the determinants of health, schools succeed, neighbourhoods are safer, crime shrinks, more people contribute, adults and youth feel connected and young people realize their potential*

*(Community Partnerships, Springfield Missouri. 2006)*

### **Evidence**

A growing body of evidence suggests that the most effective prevention strategies are those that actively engage the communities they are intended to serve. Participants in the Region 3 Community Wellness forums told us that communities committed to improving wellness must:

- Increase community awareness of the current crisis in the overall health of the population
- Create a community mobilization strategy using the information gathered from the RVH sponsored forums as a basis for planning local wellness plans and activities
- Implement a messaging strategy that promotes a positive image of the community/region and that creates passion to move the strategy forward

- Promote the benefits of healthy lifestyle routines and activities

### **Priority Actions**

- Spearhead the community mobilization process in the region by hosting an educational workshop on community mobilization early 2008 that will also provide invited participants from all communities the opportunity to network / share lessons learned; formally present the *RVH Healthy Living Strategy* and invite communities to be active partners in its implementation.
- Incrementally establish Community Wellness Charters with Region 3 communities as a tangible and compelling way to demonstrate shared commitment to actively creating positive population health change in communities. It is a positive initial step to position the Healthy Living Strategy for success. The Wellness Charter establishes a shared vision, provides a sense of purpose, clarifies what each member of the team is expected to do, focuses the energies and activities of team members, and provides a basis for setting goals, prioritizing work, and making decisions. A Sample Charter can be found in the Strategy Companion Document; however the charter should be developed in collaboration with interested communities.
- Create a Region 3 Wellness Council as shared leadership forum supporting oversight of the spirit and intent of strategy within Region 3 communities. Draft terms of reference for a Wellness Council are found in the Strategy Companion Document. The table of contents for this Companion Document is found in Appendix A.
- Provide education/information and staff support to individual communities in initiating the mobilizing process

### **Expected results**

- A framework for community mobilization is established
- Increased community ownership of health issues and priorities for action
- Communities recognize their capacity to bring about positive change in the health and overall state of wellness of their community
- A forum for shared leadership in strategy implementation is established with clearly defined roles and responsibilities

A sample community mobilization logic model template for Region 3 communities is found in Appendix D.

## **3.5 Strategic Priority # 5- Build Organizational Capacity to Support Wellness**

This strategic priority is a critical success factor of the strategy. The focus is on the development of organisational structures, knowledge and skills and resource allocations sufficient to support a sustained approach to healthy population at a systems as well as programmatic level, as identified in Strategic Priorities 1 – 4, as well as the development of evaluation capacity as outlined in Section 4.2

## Context

River Valley Health must be committed to instituting a process of organization development and change, to ensure sustainable support for improved population health and wellness. This includes cross-jurisdictional human resources capacity, effective dissemination of knowledge and information systems, and policy supports.

One of the five strategies of the sentinel Ottawa Charter for Health Promotion is reorientation of health services in support of health promotion. Using the hospital as a setting for health promotion also then means implementing the other four strategies in the Ottawa Charter: devising healthy public policy, creating environments that are supportive of health, involving community people and developing personal skills for promoting the health of staff and community people. The World Health Organization attests that comprehensive approaches to health development; that is those that use combinations of the five strategies are more effective than single-track approaches.

To achieve this, additional RVH capacity is needed to provide the required leadership and support to communities to increase their capacity and ownership for healthy living.

Three dimensions of capacity need to be improved within RVH to ensure the successful implementation of this strategy:

- Organizational Development
- Workforce Development
- Resource Allocation

## Priority Actions

### A. *Organizational Development*

Implementing the spirit and intent of the *RVH Health Living Strategy* requires corporate commitment to being a health promoting setting as well as improving the health of the community<sup>5</sup>, supported by strong policy and leadership.

There is a need for a responsibility centre within the organization to ensure change proposed through this strategy is managed effectively and can be sustained. Embracing a population health approach in the planning and delivery of services will be an overarching, long term objective of the implementation plan. New structures, policies / procedures and enabling decision support and communication tools will be required. A proposed operational governance model is outlined in Section 4.1.2. Key actions to achieve this include:

- Establish a Population Health and Wellness Department within RVH as the responsibility centre (initially) for leading and coordinating the implementation and evaluation of the *RVH*

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<sup>5</sup> Johnson, Anne and Frank Baum. *Health Promoting Hospitals: a typology of different organizational approaches to health promotion*. Health Promotion International, Vol. 16, No.3, 2001

*Healthy Living Strategy* across Region 3; and providing for closer alignment with chronic disease prevention and management within the region.

- Brand the strategy and market it to make it a common household name in Region 3.
- Appoint a cross functional *Healthy Lifestyles Team*, to serve as RVH's population health and wellness "subject matter experts" supporting the strategy rollout. This team will ensure that we "connect the dots" for primary prevention programming/approaches across the organization.
- Explore academic/research partnerships with University of New Brunswick, St. Thomas University and with Dalhousie University, School of Health and Human Performance (Health Promotion Program).
- Establish a process to review and modify policies, as required, to incorporate planned population health approaches into the core business of RVH.

### ***B. Workforce Development***

- Develop and deliver a program of knowledge /skill development for RVH staff to provide a common understanding of the population health framework and staff's role in promoting population health.

### ***C. Resource Allocation***

#### **Human resources**

##### **i. Staffing for the Population Health and Wellness Department:**

- Establish a Regional Director for Population Health and Wellness position that has a cross cutting role in driving the strategy and the systemic uptake of the population health throughout the organization.
- Create a new Population Health Data Analyst position for population health data collection, analysis and reporting that will contribute to building overall organizational decision support capacity. This resource will require statistical and epidemiological expertise; have management and policy perspectives, and planning skills.
- Create a new Administrative Assistant position to support the demands of the Population Health and Wellness Department and its associated projects.

The recently created Health Promoter position (September 2007) will also reside within Population Health and Wellness Department. This position has been funded for 2007-2010 through a Health Canada grant to focus on project management of the national Evidence - based Smoking Cessation Intervention project. Other staff that will be recruited before the end of Fiscal 2007/08 include:

- Smoking Cessation Counsellors (2 FTEs) and physician smoking cessation champions; to be established as funded positions for 2007-2010 to implement the Health Canada

Evidence -based Smoking Cessation Intervention Project. These will be time-boxed project positions with a mandate to transition the role within current staffing models.

## **ii. Other human resource requirements**

- Create two new community developer positions, seated within either the Public Health or Community Health Program to: be a catalyst / provide support to Region 3 communities engaging in mobilizing/ building capacity for healthy living. These new positions will also have a responsibility to strengthen partnerships/relationships with schools, local agencies, businesses, and community support groups. They will also collaborate with Learning Services in the development and delivery of a planned program of knowledge development in population health promotion for designated RVH staff.
- Project staff as required
- Resources to access expertise in research and evaluation; media and marketing; web design
- Resources to engage subject matter experts in a Speakers Bureau initiative

## **Information Technology/decision making tools**

- Population health data base and industry standard statistical analysis software
- Development of web tools to enable easy information sharing among Region 3 Wellness Council members and the general public e.g. interactive web site where people could seek out and exchange ideas.

## **Expected results**

- An organizational framework for population health and clarity on RVH's role in promotion of population health
- Sufficient organisational capacity to successfully execute the strategy over the projected timeline

## **3.6 Alignment of Strategic Priorities with Leading Indicators**

The priority actions within the strategy are far reaching in that they target the population across the lifespan and in the settings where people live, learn, work and play. Each of the strategic priorities outlined in Section 3, once implemented, has the potential to positively impact the six leading indicators for wellness, as outlined in the following table. While each strategic priority has a unique focus, it is the synergies among all 5 priorities that will achieve the greatest benefit.

### Leading Indicators

Strategic Priorities		Overweight /obesity	Active living	Mental wellbeing	Tobacco, alcohol, drug	Preventable injuries	Self responsibility
	Healthy Child/Youth Development	X	X	X	X	X	X
	Prevention Chronic Disease	X	X	X	X	X	X
	Injury Prevention Strategy					X	X
	Enhance Community Capacity	X	X	X	X	X	X
	Build Organizational Capacity	X	X	X	X	X	X

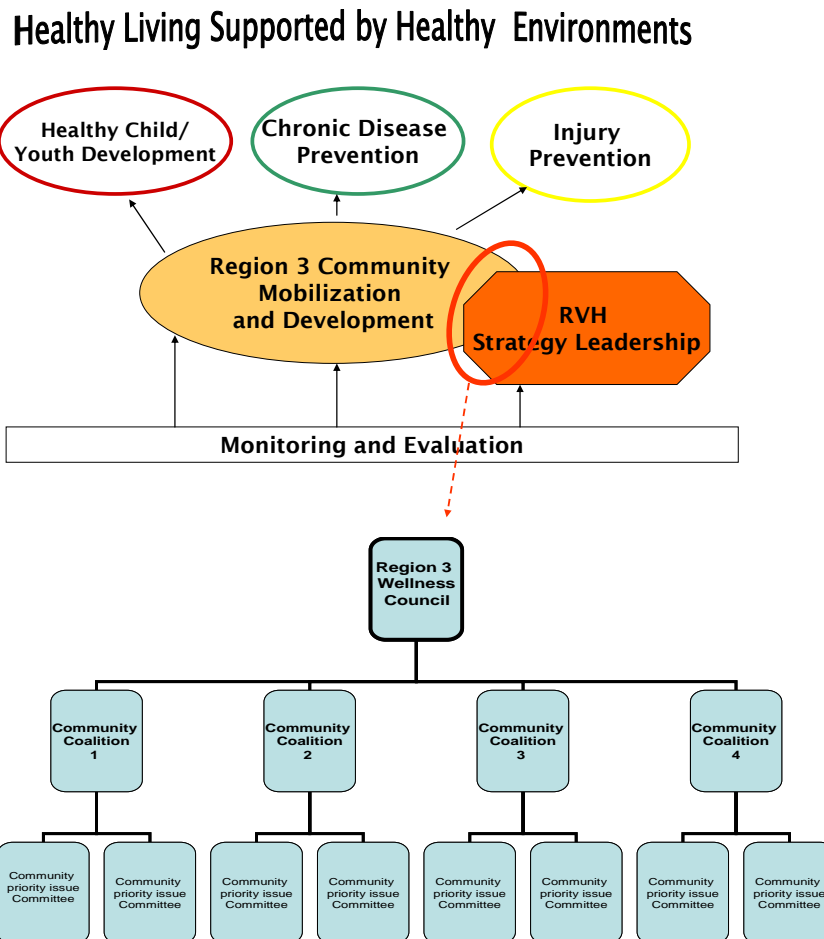
## 4 SUPPORTING FRAMEWORKS

### 4.1 Governance

A model of governance is required to oversee the strategy to ensure its success, which will be largely dependent upon the extent to which communities are able to mobilize around improved health and wellness in general and the three programmatic areas of focus of the strategy in particular.

#### 4.1.1 Shared Governance Model

The shared governance framework proposed below will provide a means of maintaining oversight and accountability for the strategy implementation. It will provide structure to support collaborative decision making related to achieving the goals; maintain key relationships between RVH and community stakeholders, and provide a system of circular communication. The overarching principles of community capacity building, as outlined in Section 3.4, will prevail.



The relationships, roles and responsibilities of the stakeholders in this shared governance model will be articulated in the Community Wellness Charters; essentially guidelines for the parties.

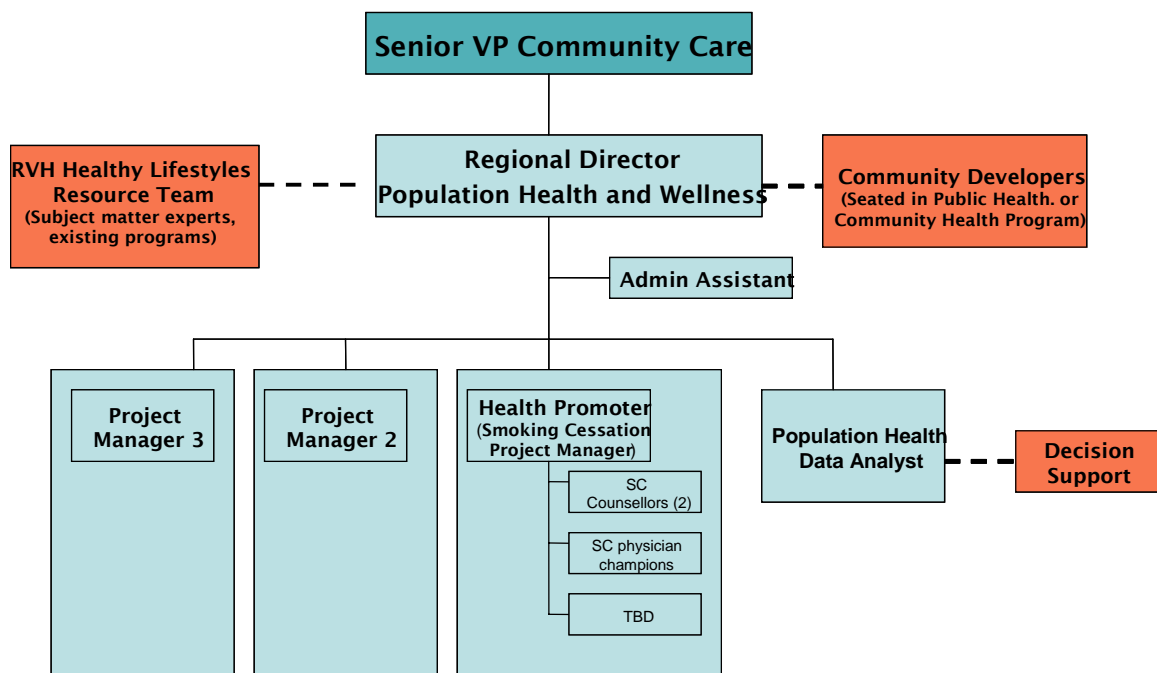
The proposed composition of the Region 3 Wellness Council includes the Regional Director Population Health and Wellness and other Departmental staff as required as well as 1 to 2 members appointed by those communities who have “signed- on” to the strategy through Wellness Charters. Individuals with relevant subject expertise from time to time as may be required will bring knowledge or inform decision making by the Council (evaluation; child health; injury prevention etc).

Through the community mobilization process, it is anticipated that communities will identify priority issues and actions based on local resources and leadership. The Region 3 Wellness Council provides a forum through which to establish a strong network of communities supporting communities through knowledge development /lessons learned and the potential to leverage resources as well as present a strong united voice on specific issues to effect broader policy/social change.

#### 4.1.2 Operational Governance of RVH Healthy Living Strategy

A new internal organizational structure is required to provide the necessary oversight and management of the implementation of strategy across the region. The positions described in Section 3.5 are represented in the following operational governance framework.

### Operational Governance of RVH Healthy Living Strategy



## 4.2 Monitoring and Evaluation

Evaluation of population health actions is important to build the body of evidence about what strategies influence the determinants of health.

During the current assessment phase of strategy development, there was a consistent message from staff interviewed, that program evaluation is a significant gap that needs to be filled, as it will contribute to more effective decision making. Staff acknowledged it is difficult to know, with confidence, whether what we are doing is making a difference. It is critical therefore to develop an evaluation framework to support the strategy. This framework will serve as a guide for developing specific evaluation plans, and will recommend a process for systematically gathering, analyzing and reporting on information to guide evidence based planning and actions. There is an opportunity to then use this framework as a springboard to build overall evaluation capacity within the organization.

Recognizing the real constraints such as lack of time, resources, knowledge, and program boundaries, the support required for evaluation to occur includes:

- Management support to ensure the resources necessary to support properly conducted evaluation that produces reliable information for decision making.
- Requisite skills and resources to construct survey or data collection instruments, or analyze and interpret the data.
- Relevant data

Monitoring changes / trends in population health requires a comprehensive and reliable surveillance system. A gap exists in this area within RVH which needs development. New organizational structures and processes are required to support knowledge development and the ability to systematically capture analyze and report on a select set of population health status indicators.

There is a need to establish a population health surveillance system that will collect data from disparate sources, analyze and report on these data in a manner that supports improved planning and decision making among the stakeholders. This is a fundamental requirement.

Attention must also be paid to ensuring that, as an organization, RVH has the processes in place to capture and successfully incorporate evidence into [population health] practice.

### Priority Actions

- Form an evaluation team of RVH and external stakeholders with the requisite knowledge, skills, and experiences to develop an Evaluation Framework and tools during Year 1 to support implementation of the strategy. [Engagement with experts should occur minimally at two points: when planning the assembly of evidence; and when interpreting the findings]. This framework will provide standard approaches for systematically gathering, analyzing and reporting relevant information germane to the strategic priorities, and support subsequent decision-making. This framework will have wider application across other RVH programs and services, as part of building capacity for evaluation within the organization.

- Collaborate with Department of Health, the Department of Wellness Culture and Sport and the Department of Education in identifying a common framework of health status and population health indicators that can be used by all RHAs to allow for provincial/regional comparisons in measuring progress toward improved population health.
- Identify and take action on opportunities to improve surveillance systems to support ongoing monitoring and evaluation of the strategy. Document region, provincial and national data sources and define processes for collection of a defined minimum population health dataset, analysis and regular reporting to various stakeholders.
- Build a template and identify a development process and publication schedule for a RVH Health Status Report to the Community, based on a prescribed set of health and population health status indicators

A preliminary draft evaluation framework can be found in the Companion Document. The table of contents for this Companion Document is found in Appendix A.

### **Expected Results**

- RVH and Region 3 have the analytic supports needed for effective population health planning and decision making.

## 5 HIGH LEVEL INVESTMENTS REQUIRED

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The success of this strategy will be dependent on some new resources and a commitment to reorient services toward population health. The relative level of investment to accomplish the priorities proposed within the strategy will need to be fluid and responsive to both the spirit and the intent of the collaborative process of community capacity building.

Modest new investment, in the order of approximately \$500,000 per year, is required to create the foundational capacity necessary to carry out this strategy over the initial five year period. This level of investment represents approximately 0.2% of RVH's total annual budget. Categories of investment include the following:

- People: to build the capacity required to support community development; evaluation and monitoring, and change management
- Process : Knowledge development/training of staff and community members
- Technology: Communication (web- based) and decision making tools to support links with and among communities and to capture, analyze and report solid data and information.

An essential tenant of the strategy assumes that opportunities to identify and procure external sources of funding to support activities will be aggressively pursued, where at all possible. Reorienting and realigning resources will accomplish many of the recommended actions. Strategic partnerships will leverage RVH resources available to support the strategy.

The following table represents those areas where an infusion of new resources will be required, and the relative order of magnitude of costs to initially implement the strategy over the first two years at which time the strategy should be evaluated and ongoing investments identified. It is understood that the costs associated with implementing the strategy will be subject to River Valley Health's budget approval process.

## HIGH LEVEL SUMMARY OF ANTICIPATED INVESTMENTS REQUIRED

(Subject to further development and the RVH budget approval process)

ORGANIZATIONAL COSTS		
	Expense Category	Annual budget estimate
<b>Strategy branding</b>	Marketing Collateral	10,000
PEOPLE COSTS		
	Office start up costs	25,000
<b>New positions</b>		
<ul style="list-style-type: none"> <li>▪ Community Developer positions (2FTEs)</li> <li>▪ Population Health Data Analyst (1FTE)</li> <li>▪ Administrative Support (1FTE)</li> <li>▪ Project Management (contract/temporary)</li> </ul>	Salaries for new positions	325,000
<b>Contract service:</b>		
<ul style="list-style-type: none"> <li>▪ Evaluation</li> <li>▪ Community mobilization</li> <li>▪ Social Marketing</li> </ul>	Contract Services/ Subject Expert Consulting Fees	50,000
<b>Speakers Bureau</b>	Honoraria	10,000
PROCESS COSTS (Training, workshops)		
Community Mobilization workshops	1 day for 200 people (to launch the strategy )	10,000
	Ongoing community based knowledge development/ training sessions	
<b>Training</b> (RVH Population Wellness Ambassadors)	5 days training for 50 staff	50,000
Training materials		10,000
TECHNOLOGY COSTS		
<ul style="list-style-type: none"> <li>▪ Web site design/functionality; content development &amp; management</li> </ul>		TBD
<b>Decision making tools :</b>		
<ul style="list-style-type: none"> <li>▪ Population health data base</li> <li>▪ Statistical software/data analysis package(s)</li> </ul>		
MISCELLANEOUS		
Office supplies/operating expenses		10,000
<b>High Level Estimate</b>		<b>500,000.</b>

## 6 IMPLEMENTATION PLAN

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Population health change is complex and requires a long term time horizon and partnerships /collaboration on many levels.

This *RVH Healthy Living Strategy* is a complex change initiative that provides direction for the initial five years of sustained and dedicated effort toward improved population health and wellness for Region 3. It is a beginning.

Year 1 of the strategy will lay the foundation for successful implementation of Years 2 through 5. The goal for Year 1 is to build awareness and support for the strategy and establish supportive structures and processes. Years 2 through 4 focus on engagement/implementation and Year 5 on continued implementation and evaluation; recognizing process evaluation will be ongoing throughout the strategy. There are obvious relationships and dependencies among the strategic priorities which will contribute to the overall cumulative success of the strategy.

A preliminary implementation plan is proposed in Appendix C. Detailed action plans will be further developed by those assigned accountability for the various strategic priorities. Management of the overall portfolio of projects will be the responsibility of the Population Health and Wellness Department.

A comprehensive change management strategy and communication plan will help create the required momentum, build commitment for the strategy and ensure its sustainability. Accountability for managing the changes required will be lead by the Population Health and Wellness Department in collaboration with the RVH Wellness Council and supported by the RVH Communication Department.

## 7 SUMMARY OF RECOMMENDATIONS

Organizational	Recommendations
STRATEGY GOVERNANCE	<ol style="list-style-type: none"> <li>1. Establish a Population Health and Wellness Department within RVH as the responsibility centre (initially) for leading and coordinating the implementation and evaluation of the <i>RVH Healthy Living Strategy</i> across Region 3; and providing for closer alignment with chronic disease prevention and management within the region</li> <li>2. Create a Region 3 Wellness Council as shared leadership forum supporting oversight of the spirit and intent of strategy within Region 3 communities</li> <li>3. Brand the strategy and market it to make it a common household name in Region 3.</li> </ol>
Strategic Priority	
STRENGTHEN UPSTREAM APPROACHES TO HEALTHY CHILD AND YOUTH DEVELOPMENT	<ol style="list-style-type: none"> <li>4. Establish a regional Healthy Child/Youth Alliance among school, community, primary health care and social services sectors. Roles and responsibilities to be defined in a charter to include: <ul style="list-style-type: none"> <li>-incorporate evidence on early child/youth development into interdisciplinary primary health care practice;</li> <li>-provide leadership in promoting knowledge development in consistent approaches to health child and youth development within the primary health care sector and communities.</li> </ul> </li> <li>5. Be a catalyst in bringing education and community partners to the table to plan and implement a region wide strategy for the promotion and adoption of the Developmental Assets™ framework across all interested Region 3 communities.</li> </ol>
PROMOTE THE DEVELOPMENT & REGION-WIDE USE OF EVIDENCE BASED APPROACHES TO PREVENTION OF CHRONIC DISEASE	<ol style="list-style-type: none"> <li>6. Facilitate the alignment of primary prevention priorities across the respective chronic disease strategies/initiatives (cancer, diabetes, heart, stroke, and lung).</li> <li>7. Develop a system-wide approach to supporting primary [health] care practice in the identification and management of behavioural risk factors with patients.</li> <li>8. Expand the Evidence Based Smoking Cessation Intervention Program to include all hospitals in RVH including the EMP. Collaborate with community partners to develop a support system for patients discharged back into the</li> </ol>

	community who are attempting to quit smoking.
DEVELOP AND IMPLEMENT A COMPREHENSIVE INJURY PREVENTION STRATEGY FOR REGION 3	<p>9. Establish a multi-stakeholder regional steering committee (RHV, government and community partners) to develop and guide the implementation of an injury prevention strategy for Region 3; focusing initially on upstream actions to reduce the incidence of injury hospitalizations from motor vehicle crashes and falls.</p> <p>10. Champion the development of a regional, population-based injury surveillance system to identify/quantify important injury problems, and serve as a baseline for evaluation of future interventions.</p>
ENHANCE COMMUNITY CAPACITY FOR HEALTHY LIVING	<p>11. Spearhead the community mobilization process in the region by hosting an educational workshop on community mobilization early in 2008; formally present the Strategy and invite communities to be active partners in its implementation.</p> <p>12. Incrementally establish Community Wellness Charters with Region 3 communities committed to making population health change happen.</p> <p>13. Provide information and staff support to individual communities in initiating the mobilizing process</p>
BUILD ORGANIZATIONAL CAPACITY TO SUPPORT WELLNESS	<p><b>Organization Development</b></p> <p>14. Appoint a cross functional <i>Healthy Lifestyles Team</i> to serve as RVH’s population health and wellness “subject matter experts” supporting the strategy rollout. This team will ensure that we “connect the dots” for primary prevention programming /approaches across the organization.</p> <p>15. Establish a process to review and modify policies, as required, to incorporate planned population health approaches into the core business of RVH; including budget allocations sufficient to sustain upstream population health promotion action.</p> <p><b>Workforce Development</b></p> <p>16. Develop a program of knowledge /skill development for RVH staff to provide a common understanding of the population health framework and staff’s role in promoting population health</p> <p>17. Explore academic partnerships with University of New Brunswick, St. Thomas University and Dalhousie University School of Health and Human Performance (Health Promotion Program).</p> <p><b>Resource Allocation</b></p> <p>18. Establish a Regional Director for Population Health and Wellness position that has a cross cutting role in driving the strategy and the systemic uptake of the population health agenda throughout the organization.</p>

	<p>19. Create the following new positions:</p> <ul style="list-style-type: none"> <li>-Administrative Assistant position to support the demands of the Population Health and Wellness Department and its associated projects.</li> <li>-Population Health Data Analyst position for population health data collection, analysis and reporting that will contribute to building overall organizational decision support capacity.</li> <li>-Two community developer positions, seated within either the Public Health or Community Health Program to: be a catalyst / provide support to Region 3 communities engaging in mobilizing/ building capacity for healthy living; and, to collaborate with Learning Services in the development and delivery of a planned program of knowledge development for designated RVH staff</li> </ul> <p>20. Provide resources to contract subject matter expertise and project management staff as required to support the strategy implementation.</p> <p>21. Provide / acquire decision making tools necessary to conduct research and evaluation (data base and statistical analysis software)</p> <p>22. Provide resources for the development of web based tools to enable information sharing among Region 3 Wellness Council members, health providers and the general public</p>
EVALUATION	<p>23. Form an evaluation team of RVH and external stakeholders with the requisite knowledge, skills, and experiences to develop an Evaluation Framework and tools during Year 1 to support implementation of the strategy.</p> <p>24. Collaborate with Department of Health, the Department of Wellness Culture and Sport and the Department of Education in identifying a common framework of health status and population health indicators that can be used by all RHAs to allow for provincial/regional comparisons in measuring progress toward improved population health.</p> <p>25. Identify and take action on opportunities to improve surveillance systems to support ongoing monitoring and evaluation of the strategy. Document region, provincial and national data sources and define processes for collection of a defined minimum population health dataset, analysis and regular reporting to various stakeholders.</p> <p>26. Build a template and identify a development process and publication schedule for a RVH Health Status Report to the Community, based on a prescribed set of health and population health status indicators</p>

## GLOSSARY

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The following definitions are largely taken from the World Health Organization Health Promotion Glossary [http://www.who.int/hpr/NPH/docs/hp\\_glossary\\_en.pdf](http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf) and /or documents published by the Public Health agency of Canada.

**Determinants of health** - the range of personal, social, economic and environmental factors which determine the health status of individuals or populations.

**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.

**Evidence based planning** is the application of the best available information derived from clinical, epidemiological, administrative, demographic and other relevant sources and consultations to clearly describe current and desired outcomes for an identified population or organization. ( The Health Planners Toolkit. *Health Systems Intelligence Project*. Ontario 2006)

**Health promotion** is the process of enabling people to increase control over the determinants of health and thereby improve their health. The Jakarta Declaration (1997) describes health promotion as an essential element of health development.

**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).

**Health outcomes** are 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.

**A health promoting hospital** not only provides high quality comprehensive medical and nursing services, but also develops a corporate identity that embraces the aims of health promotion, develops a health promoting organizational structure and culture, including active, participatory roles for patients and all members of staff, develops itself into a health promoting physical environment and actively cooperates with its community. (Budapest Declaration on Health Promoting Hospitals. WHO, (EURO), Copenhagen, 1991)

**Intermediate health outcomes** are changes in the determinants of health, notably changes in lifestyles, and living conditions which are attributable to a planned intervention or interventions, including health promotion, disease prevention and primary health care.

**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.

**A population health approach**, focuses on the entire range of individual and collective factors that determine the health of populations over the life course, and applies the knowledge to develop and implement policies and actions to improve the health and well-being of those populations.

**Re-orienting health services** is characterized by a more explicit concern for the achievement of population health outcomes in the ways in which the health system is organized and funded. This must lead to a change of attitude and organization of health services, which focuses on the needs of the individual as a whole person, balanced against the needs of population groups.

**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.

**Upstream approaches** seek the causes of disease and disability and address problems through prevention rather than treatment. The upstream metaphor goes like this: *People are drowning in a river. Rescue workers are pulling them out but soon realize that no matter how hard they work, there are always more people floating downstream. Public health advocates decide to take a walk upstream, to see why people are falling into the river in the first place.*

## **APPENDIX A – TABLE OF CONTENTS - STRATEGY COMPANION DOCUMENT**

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### **1. Current Assessment of RVH Programs and Services**

- a. List of participants
- b. Survey tool
- c. Current Inventory of RVH Health Promotion and Wellness Programs (June 25, 2007)

### **2. Community Wellness Forums**

- a. Letter of invitation
- b. Schedule of Community Forums
- c. Mail out/Handout materials
- d. Synopsis of Forums/Evaluation Report
- e. Follow-up Letter to Communities
- f. Community Forum Summary Document
- g. Summary of Discussions (by community)

### **3. Map of Community Partners**

### **4. Draft documents in support of strategy implementation**

- a. Region 3 Wellness Council Draft Terms of Reference
- b. Sample RVH/Community Wellness Charter
- c. Draft Evaluation Framework
- d. RVH Healthy Living Team Terms of Reference
- e. Strategy Evaluation Team Terms of Reference

## APPENDIX B - STRATEGY PLANNING GROUPS

INVITATIONAL WELLNESS STRATEGY THINK TANK	
Diane Morrison	Senior VP Community Care
Dr. Bill Cook	VP Medical Affairs
Gordon Skead	Regional Director Addictions Services
Jean Bustard	Admin Director Community/Health Centres
Marlene McClement	Board/Community Representative
Michelle Bourgoin,	Regional Director Planning
Patti Byrne	Regional Director Therapeutic Services
Paul Cartwright	Administrative Director Community Mental Health/ Addictions, (RVH/ FN
Dr Joanne Majerovich	Family Physician
Shauna Miller	Public Health Nutritionist
Anne Marie Atkinson	RVH Health Promotion & Wellness Consultant (Chair/secretariat to committee)
Dr. Bill Morrison	UNB Health Education & Research Group (HERG)
Dr. Mary McKenna	UNB Faculty of Kinesiology
Bruce MacPherson	RVH Regional Manager/Clinical Chief Social Work
Randy Hickey	RVH Learning Services
Bill MacKenzie	Co-Chair NB Healthy Eating & Physical Activity Coalition
Shelly Fletcher	RVH Director Communications
Bill Toner	Social Work Queens North Community Health Centre
Mary Scott	RN McAdam Health Centre
Dr. David Calhoughn	Psychology
Allison Henry	RVH Asthma Education Program
Joan Scott	RN, Manager RVH Cardiac Rehabilitation Program
Marlien McKay	Manager Wellness, Department Wellness Culture & Sport

<b>Wellness Strategy Planning Group</b>	
Anne Marie Atkinson	Health Promotion and Wellness Consultant
Michelle Bourgoin	Regional Director Planning and Development
Jean Bustard	Administrative Director Community Health
Patti Byrne	Regional Director Therapeutic Services
Paul Cartwright	Administrative Director Mental Health/Addiction
Dr. Bill Cook	VP Medical Affairs
Dr. Joanne Majerovich	Family Physician
Marlene McClement	Member RVH Board of Directors
Dr. Mary McKenna	Professor, UNB Faculty of Kinesiology
Shauna Miller	Public Health Nutritionist
Diane Morrison	VP Community Care
Dr. Bill Morrison	Director, UNB Health Education & Research Unit
Gordon Skead	Regional Director Addiction Services
Faye Skaarup (participated in July 2007 planning day)	Administrative Director Public Health
<b>Community Mobilization Working Group</b>	
Anne Marie Atkinson	Health Promotion and Wellness Consultant
Paula Baker	Public Health Nurse
Michelle Bourgoin	Regional Director Planning and Development
Dr. Joanne Majerovich	Family Physician
Bruce MacPherson	Regional Director Social Work
Dr. Bill Morrison	Director, UNB Health Education & Research Unit
Gordon Skead	Regional Director Addiction Services
<b>Preventable Injuries Working Group</b>	
Marjorie Allison-Ross	Regional Manger Public Health
Anne Marie Atkinson	Health Promotion and Wellness Consultant
Patti Byrne	Regional Administrative Director Therapeutic
Monique Comeau	Safety Coordinator
Dr. Ron Harris	Administrative Director Tertiary Neurological
Nicole Moore	Nurse Manager Emergency Department Dr
Heather Oakley	AHSC, Director Trauma Program
Nicole Tupper	Administrative Director Healthy Aging and
Janice Wilson	EMP Manager, Woodstock Program
Margaret York	Clinical Social Worker, Addiction Services

## APPENDIX C- PRELIMINARY IMPLEMENTATION PLAN- FOUNDATIONAL YEAR 1

Priority	Foundational Year 1
<b>1. Strengthen Upstream Approaches to Healthy Child and Youth Development</b>	<p>Establish a framework and action plan incorporating neurodevelopment evidence into primary healthcare practice guidelines.</p> <p>Develop a plan for the promotion and adoption of the Developmental Assets™ Framework across Region 3 communities</p> <p>Develop education /resource materials in support of changes proposed</p>
<b>2. Promote the Development and Region-Wide Use of Evidence Based Approaches to Prevention of Chronic Disease</b>	<p>Establish interdisciplinary team to collaborate on the design and promotion of an integrated Healthy Lifestyle Management (HLM) program as a referral destination for at risk individuals in the region</p> <p>Expand the Smoking Cessation Intervention project to include all Region 3 hospitals including the Extra Mural Program.</p> <p>-Recruit, hire and train Smoking Cessation project staff as per the project plan</p>
<b>3. Develop and Implement a Comprehensive Injury Prevention Strategy for Region 3</b>	<p>Establish an interdisciplinary steering committee of RVH/community stakeholders to develop a Region 3 injury prevention strategy including a professional and a public education campaign</p> <p>Develop regional expertise in injury prevention by supporting staff in completion of the Canadian Injury Prevention and Control Curriculum and Master Falls Prevention Certification Programs.</p> <p>Determine the stakeholders and steps required to establish a regional injury surveillance system and establish a process to accomplish same.</p>
<b>4. Enhance Community Capacity for Healthy Living</b>	<p>Develop a community mobilization framework in support of healthy living and improved population health</p> <p>Plan and host a regional educational workshop on community mobilization early in 2008 that will include invited participants from all Region 3 communities</p> <p>Begin the process to incrementally establish Community Wellness Charters with Region 3 communities committed to making population health change happen</p>

Priority	Foundational Year 1
	Provide tangible support individual communities in initiating the mobilizing process
<b>5. Build Organizational Capacity to Support Wellness</b>	<p>Establish appropriately resourced Population Health and Wellness Department within RVH</p> <p>Brand the strategy and make it, and its underlying healthy living objectives, a common household name in Region 3</p> <p>Appoint Healthy Living Resource Team</p> <p>Develop and roll out change management/communications plan throughout RVH and Region 3</p>
<b>Governance</b>	Establish the RVH Wellness Council and associated management framework
<b>Evaluation</b>	Appoint an Evaluation Team to begin the work of developing an evaluation framework for the strategy

**APPENDIX D-SAMPLE COMMUNITY MOBILIZATION LOGIC MODEL TEMPLATE**

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# Sample Community Mobilization Logic Model –A Template for Region 3 Communities

**Areas of Focus:** Obesity, Inactivity, Tobacco / Substance Use, Injury Prevention, Mental wellbeing, Self responsibility for health  
**Approach:** Community Readiness Model/Mobilization.

