



**Network of Provincial/Territorial Alliances**

**“Provincial Updates”**

**November 2006**

**PRINCE EDWARD ISLAND**

## **PRINCE EDWARD ISLAND**

**NAME OF ALLIANCE:** The PEI Strategy for Healthy Living  
**MAIN CONTACT:** Laraine Poole  
**MAILING ADDRESS:** PEI Department of Health  
Primary Care Division  
Health Promotion/Chronic Disease Prevention Unit  
P.O. Box 2000  
Charlottetown, PEI, C1A 9L2  
**PHONE:** 902-368-4926  
**FAX:** 902-368-6136  
**EMAIL:** [lfpoole@ihis.org](mailto:lfpoole@ihis.org)

**SECOND CONTACT:** Don LeClair  
**MAILING ADDRESS:** PEI Active Living  
40 Enman Crescent  
Charlottetown, PEI, C1E 1E6  
**PHONE:** 902-569-7688  
**FAX:**  
**EMAIL:** [don@peiactiveliving.ca](mailto:don@peiactiveliving.ca)

**WEBSITE:** [www.gov.pe.ca](http://www.gov.pe.ca)

---

### **HISTORY:**

The PEI Strategy for Healthy Living represents a unification of the collective vision of existing Alliances (PEI Healthy Eating Alliance, PEI Active Living Alliance and the PEI Tobacco Reduction Alliance), NGOs and other partners to addressing common risk factors for chronic disease.

The PEI Strategy for Healthy Living is guided by a steering committee that includes representatives from the Alliances and other partners. The Strategy does not duplicate work of the Alliances, NGOs, businesses, communities and national, provincial and local governments but rather it is intended to strengthen existing efforts through shared vision, *Optimal health for all Islanders*, and a shared mission statement:

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

The following Alliances are part of the PEI Strategy for Healthy Living:

The PEI Healthy Eating Alliance, established in November 2001, is composed of a group of individuals, community organizations and government departments who have come together to improve the eating behaviors of Island children and youth and reduce the prevalence of overweight in children. This Alliance has developed a Healthy Eating Strategy (2002-2005) which focused initially on school-age children and included activities in the areas of nutrition education and promotion, access to healthy and safe food, research and evaluation.

The PEI Active Living Alliance, formed in 1999, is composed of a group of individuals, community organizations and government departments who have an interest in the physical activity levels of Islanders. The mandate of the PEI Active Living Alliance is to encourage and enable Islanders to be more physically active. The work of the PEI Active Living Alliance focuses on homes, communities, schools, workplaces and research.

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

#### How/When the alliance started

The PEI Strategy for Healthy Living developed from meetings held by a Chronic Disease Prevention Workshop Planning Committee, representing Alliances, NGOs, Health Regions, school boards and provincial government departments. In May and September 2002, the Chronic Disease Prevention Planning Committee hosted two planning sessions to help guide the development of the Strategy. Over 55 individuals representing 33 organizations attended the sessions. Work on the Strategy goals, enabling strategies and indicators culminated with the official launch of the strategy in May 2003.

#### Founding members

Founding members included the chairpersons of the PEI Healthy Eating Alliance, PEI Active Living Alliance and the PEI Tobacco Reduction Alliance, all of whom had played key roles in the initial consultations that resulted in development of the PEI Strategy for Healthy Living. NGO founding members included the Canadian Cancer Society, Heart and Stroke, Lung Foundation, Canadian Diabetes Association, PEI Recreation & Facilities Association, School Boards and the PEI Federation of Municipalities all represented on multiple Alliances and many working across the multiple risk factors. Founding government departments included Education, Community and Cultural Affairs, Health and Social Services, Development and Technology and the Office of the Attorney General. Assignment of government staff to support the emerging strategy work and project money assisted the strategy to become firmly established.

#### Structure

The Healthy Living Strategy is guided by a Steering Committee, a multi-sectoral group including representatives from local and provincial government departments, Alliances, non-governmental organizations, and School Boards who are committed to working collaboratively on health promotion and chronic disease prevention initiatives to improve the health of Islanders. The Healthy Living Steering Committee provides leadership for the implementation of the Strategic Plan in partnership with government departments, Alliances, non-government organizations. This steering committee does not have direct say in the activities or projects of the other respective Alliances or partners.

The Active Living Alliance is governed by a 12 member board of directors that is elected at the annual general meeting by the Alliance's membership. These board members sit as individuals not representing specific organizations. An additional 3 liaisons are appointed to sit as part of the board of directors representing the PEI Healthy Eating Alliance, Recreation and Facilities Association and Provincial Government.

The PEI Healthy Eating Alliance and PEI Tobacco Reduction Alliance are governed by steering committees composed of representatives from school districts, health charities, community organizations, professionals, government and others.

### Relation to government

Provincial government representatives are members of the Healthy Living Steering Committee and one Tri-chair is a government representative. Government staff sit on the steering committee / board of the three Alliances. While all member organizations are autonomous, the steering committee provides opportunities to build linkages between partner organizations, make recommendations on policy issues, and work together on common concerns such as communication, joint risk factor initiatives and evaluation.

A Healthy Living Inter-governmental sub-committee (Departments of Health, Social Services and Seniors, Education and Community and Cultural Affairs) seeks to coordinate work by staff of the member departments. Ministers/Deputies of the lead departments meet twice a year for updates on the strategy.

The Provincial government has staff that support the work of Alliances through coordinating, research, evaluation and leadership support. The provincial government has provided funding grants to support projects.

Federal government contributions have supported project work such as the Prevention and Promotion project funding from the Tobacco Control and Diabetes Strategies; support to attend meetings of national and local (Atlantic) significance that facilitate the development of initiatives.

### **CURRENT INITIATIVES/PRIORITIES:**

#### Background

Uncertainty caused by the Provincial Government's restructuring of the Department of Health slowed the momentum of the Strategy for Healthy Living steering committee over the last year and a half. For several months, NGO members of the steering committee focused on lobbying government for continued support of health promotion initiatives. Also as a result of the restructuring, reductions were made in the amount of government staff support on which two of the Alliances had previously relied. As the situation settles a Health Promotion / Chronic Disease Prevention Unit in the Dept of Health, Division of Primary Care supports the Strategy for Healthy Living steering committee and member Alliances finding new ways to work together. The Department of Health has recently enhanced their support of the strategy by funding two Healthy Living Coordinator positions on a permanent basis. The Department of Education recently hired an Active Healthy Schools and Communities Specialist to work with the partners involved in the Healthy Living Strategy.

The Alliances are exploring options to work together more closely, including possible amalgamation. This is in recognition of the benefits of a comprehensive approach to health promotion. The Healthy Living Strategy steering committee will meet October 30/06 to review mandate and the varied needs of partner organizations.

The steering committee has established a sub-committee to investigate the issue of food security in the province with the possibility that this topic may be one on which the steering committee can focus combined efforts.

The PEI Tobacco Reduction Alliance will hold a planning day in November 2006 to consult with member organizations and other stakeholders and inform a provincial tobacco control strategy. Member organizations are involved in a number of projects such as: targeting youth engaged in schools, universities and colleges and sports organizations.

Current initiatives of the Healthy Eating Alliance include launching a healthy school eating policy with the French School Board, raising public and political awareness about issues dealing with food access, and continuing efforts to promote healthy eating in the elementary and consolidated schools.

The Active Living Alliance is promoting fitness programs recently developed for toddlers aged 18 - 48 months, kindergarten- aged children and Mothers and Daughters. They are also piloting Healthy Living programs for children in Alternative Education classes.

### **FUTURE PLANS:**

Future plans of the Strategy for Healthy Living steering committee will be determined this fall. The emphasis continues to focus on healthy eating, tobacco reduction, and active living.

The tobacco reduction strategy being developed by the PEI Tobacco Reduction Alliance will also determine future plans. Some of the projects being undertaken by member organizations are in infancy and will be nurtured and developed. These include multi-media campaigns targeting youth and young adults.

The Healthy Eating Alliance intends to expand the policy work it has accomplished in elementary schools into the junior high age level.

The Active Living Alliance is exploring ways to improve access to physical activity for seniors and is spearheading a committee to develop a strategy to support Active Transportation.

All Alliances will continue to promote initiatives already underway.

**NOVA SCOTIA**

## **NOVA SCOTIA**

**NAME OF ALLIANCE:** Nova Scotia Alliance for Healthy Eating and Physical Activity (NSAHEPA)

**MAIN CONTACT:** Judy Purcell  
**MAILING ADDRESS:** 1278 Towers Road  
5<sup>th</sup> Floor, Bethune Building  
Halifax, NS, B3H 2Y9  
**PHONE:** 902-473-6063  
**FAX:** 902-473-6535  
**EMAIL:** [judith.purcell@ccns.nshealth.ca](mailto:judith.purcell@ccns.nshealth.ca)

**WEBSITE:** [www.hpclearinghouse.ca/alliance/index.asp](http://www.hpclearinghouse.ca/alliance/index.asp)

---

### **HISTORY:**

The NSHAHEPA began as a result of a stakeholder meeting where a report on the issue of obesity was presented to those in attendance. The meeting concluded with several recommendations including the need to focus energy and attention on the risk factors for obesity as they related to children and youth. A second stakeholder meeting was held entitled “Communicating for Change” where the need for ongoing networking and linkages on these issues could be supported. The outcome was the formation of the NSAHEPA.

Following the second stakeholder meeting, a coordinating committee was established and work began on the development of a name and statement of purpose, priority development, etc.

#### Founding Members:

Cancer Care Nova Scotia and the Department of Health co-hosted the first two stakeholder meetings and agreed to provide coordinating support and leadership for the first year of the Alliance. Members of the Coordinating Committee initially included the Canadian Diabetes Association, Canadian Cancer Society-Nova Scotia Division, Heart and Stroke Foundation of Nova Scotia, Sport and Recreation, recreation Association, Atlantic Health and Wellness Institute, Twin Oaks Continuing Care Centre, Hants West Community Health Board, Public Health Services, Northern Region, Kingston Greenwood Community Health Board, Diabetes Care Program, Department of Community Services Family and Children’s Services (Digby), Family Studies Teachers Association, Dietitians of Canada, Public Health Services Northern Regional Health Board, Sharing Strengths, Choices Nutrition Services, Leisure Studies, Girl Guides of Canada.

#### Structure:

As a result of a strategic planning process the Alliance structure is evolving at present. We however continue to have a Coordinating Committee with approximately 10 members and one working group responsible for networking. Two other priority areas requiring working groups – communication and advocacy are under development. The broader membership includes about 100 members. The Alliance is supported through member’s in-kind contributions of time, expertise and funding.

#### Relation to Government:

Our Alliance has a working relationship with government at the provincial level. Co-leadership has in the past been provided by a government department and a government funded program. At present these agencies are active members of the Alliance Coordinating Committee. The Alliance has actively participated on some government-driven work at the regional level (development of the Atlantic Wellness Strategy) and federally on the development of the Pan Canadian Healthy Living Strategy. We have Alliance members who work at the district level within Public Health

#### **CURRENT INITIATIVES/PRIORITIES:**

The Nova Scotia Alliance for Healthy Eating and Physical Activity has identified the following mandate and priorities.

1. To facilitate communication and information sharing among those working to address healthy eating and physical activity at the local, provincial and national levels.
2. To improve the effectiveness of member efforts in promoting healthy eating, physical activity, and overall health by facilitating networking and the identification of collaborative action.
3. To advocate on issues of importance and relevance to the promotion of healthy eating and physical activity including the need for sustained implementation and adequate funding of comprehensive strategies.

Strategies priorities include:

1. Communication
2. Networking
3. Advocacy

The Objectives of the Nova Scotia alliance for Healthy Eating and Physical Activity are:

1. To co-host with Recreation Nova Scotia a provincial conference in October 2006
2. To finalize and begin implementation of the Alliance strategic plan through the establishment of three action groups, terms of reference and action plans.
3. To establish a sustainable infrastructure for the Alliance.
4. To research, develop and disseminate evidence-based position statements on priority issues.
5. To strengthen communication and linkages with stakeholders at, and between, the local, provincial and national levels.
6. To strengthen and grow the membership of the Alliance.

**NEWFOUNDLAND AND LABRADOR**

## **NEWFOUNDLAND AND LABRADOR**

**NAME OF ALLIANCE:** Newfoundland and Labrador Provincial Wellness Advisory Council (PWAC) and Regional Wellness Coalitions (RWC) (6)

**MAIN CONTACT:** Glendora Boland, Provincial Nutrition Consultant

**MAILING ADDRESS:** Department of Health and Community Services,  
P.O. Box 8700  
St. John's, NL, A1B 4J6

**PHONE:** 709-729-6013

**FAX:** 709-729-7743

**EMAIL:** GlendoraMBoland@gov.nl.ca

**SECOND CONTACT:** Dr. Catherine Donovan

**MAILING ADDRESS:** Division of Community Health and Humanities,  
Faculty of Medicine, H2841  
Memorial University of Newfoundland  
St. John's, NL A1B 3V6

**PHONE:** 709-777-8534

**FAX:** 709-777-7382

**EMAIL:** catherinedonovan@hcse.ca

**WEBSITE:** [www.gohealthy.ca](http://www.gohealthy.ca)  
[www.livinghealthyschools.com](http://www.livinghealthyschools.com)

---

### **HISTORY:**

The PWAC and RWC grew out of the Newfoundland & Labrador Heart Health Program (NLHHP) 1990-2003. NLHHP was a community based health promotion and prevention research program developed to examine the effectiveness of community based programming across the province. The NLHHP was comprised of a Program & Research Team, a provincial Heart Health Advisory Committee and six Regional Heart Health Coalitions.

- The program received national and international recognition for best practices in Heart Health Promotion. The NLHHP also contributed significantly to health promotion in the province with the regional coalition structure being identified by other groups as a successful vehicle for health promotion delivery.
- The NLHHP ended in 2003 the provincial government asked the Regional Heart Health Coalitions to help facilitate the development of Regional Wellness Coalitions across the province.

- In 2002, a Provincial Health Strategy was developed and a Provincial Wellness Advisory Council (PWAC) was formed at the request of the Minister of Health. The membership of the Provincial Wellness Advisory Council includes a broad representation from non-government agencies and government departments.
- In March 2006, Achieving Health & Wellness: Provincial Wellness Plan for Newfoundland & Labrador was released. Visit our website at [www.gohealthy.ca](http://www.gohealthy.ca)
- The Government of Newfoundland and Labrador invested \$2.4 million in Budget 2005 to support the Wellness Plan, the largest cash infusion in health promotion in the history of the province.

### **CURRENT INITIATIVES/PRIORITIES**

- Achieving Health & Wellness: Provincial Wellness Plan for Newfoundland & Labrador Phase 1: 2006-2008 includes wellness priorities: healthy eating, physical activity, tobacco control and injury prevention
- In Budget 2006, \$3.7 million was provided to support the implementation of the Wellness Plan. This included \$50,000 for each of the six Regional Wellness Coalitions, \$695,000 for Community grants and an additional 2 new Provincial Consultant positions for the newly created Health Promotion and Wellness Division in the Department of Health & Community Services
- \$250,000 to support the release of Provincial School Food Guidelines, June 2006
- Sustained funding for hiring five School Health Liaison Promotion Consultants for School Boards to support health promotion in schools throughout the province.
- Smoke free school yards in all school districts, September 2006
- \$1.4 million for physical education equipment for Senior High Schools
- \$250,000 to provide continued support for the Jumpstart Program
- An additional \$4.6 million to hire 39 Public Health Nurses over the next 2 years to strengthen public health

### **FUTURE PLANS:**

- **Achieving Health & Wellness: Provincial Wellness Plan for Newfoundland & Labrador**
  - Phase 2 for 2009-20011, Wellness Priorities; mental health promotion, child & youth development, environmental health, health protection
- Developing Injury Prevention cabinet paper
- Developing Child & Youth cabinet paper
- Expanding the Provincial Wellness Team

**NEW BRUNSWICK (A)**

## **NEW BRUNSWICK**

**NAME OF ALLIANCE:** Healthy Eating Physical Coalition NB (HEPAC)  
**MAIN CONTACT:** Barb Ramsay  
**MAILING ADDRESS:** 1017 Woodstock Road  
Fredericton, NB, E3B 7R7  
**PHONE:** 506-458-1700  
**FAX:** 506-454-8062  
**EMAIL:** hepac@nbnet.nb.ca  
**WEBSITE:** www.hepac.ca

---

### **HISTORY:**

June	2001 -	Provincial Diabetes Prevention Conference
September	2001 -	Steering Committee formed
April	2002 -	Vision document developed "Action Towards 2007"
January	2003 -	Provincial Strategic Planning Session Provincial Coalition formed Strategy document and 6 working groups
May	2003 -	Provincial Conference on Physical Activity and Healthy Eating
September	2003 -	Provincial Strategy Meeting with government

### **2003 Strategies**

1. Build an evidence-based business case
2. Host a provincial physical activity and healthy eating conference
3. Promote healthy food choices in schools
4. Build capacity for the development of a mass media strategy
5. Facilitate the development of healthy workplace policies
6. Develop a provincial intersectoral approach/framework to promote healthy eating and physical activity

September 2003 HEPAC held a strategic planning workshop with representatives from the following Departments:

- Health and Wellness
- Education
- Family and Community Services
- Environment and Local Government
- Sport and Culture Secretariat

Funding from the Department of Health and Wellness for Secretariat Support December 2003 through March 2005. Currently on-going.

## CURRENT INITIATIVES AND FUTURE PLANS:

VISION	For every New Brunswicker to lead a healthy lifestyle
MISSION	To work collaboratively to support the creation of environment in New Brunswick that promote healthy eating and physical activity

## STEERING COMMITTEE MEMBERS

NB Aboriginal Peoples Council	Association des travailleurs et travailleuses en loisir du NB
Canadian Cancer Society – NB Division	Canadian Diabetes Association
Dietitians Canada	Heart and Stroke Foundation of NB
NB Advisory Council on Youth	NB Healthcare Association
NB Physical Education Society	Medavie Blue Cross
Recreation New Brunswick	Sport NB
NB Heart Centre	GNB Wellness, Culture & Sport
GNB Department of Education	GNB Department of Local Government
GNB Department of Family & Community Services	GNB Department of Health

## HEPAC STRATEGIC PRIORITIES 2006-2007

Priority leaders and working group members move HEPAC priorities forward

1. Support regional healthy living workshops
2. Work to ensure healthy food choices in community recreation facilities
3. Engage municipalities to build capacity for healthy eating and physical activity
4. Support healthy eating and physical activity in the workplace
5. Support healthy lifestyle participation within the school community
6. Ensure a food-secure population

## WORKING GROUP ACTIVITIES/ACCOMPLISHMENTS

- Engage municipalities to Build Capacity for Healthy Eating and Physical Activity
  - Developed a speakers bureau to support municipalities in their health promotion efforts
  - Conducted presentations to provincial municipalities of New Brunswick in October and Cities of New Brunswick Association in October
  - Conducted presentations to provincial health promotion/disease prevention stakeholders reinforcing the need for collective action to address issues (e.g., Recreation NB, river Valley health Authority, UNB, NB Council for fitness & Active Living, NB Anti-Tobacco Coalition, etc.)
- Work to ensure healthy food choices in community recreation facilities
  - Conducted a survey of provincial recreation facilities to determine current food service practices
  - Developed and distributed a “healthy eating toolkit” to provincial rinks and pools
- Promote healthy eating and physical activity in the workplace
  - Work is underway to develop a workplace wellness business case, sample policies and practical

**NEW BRUNSWICK (B)**

## **NEW BRUNSWICK - B**

**NAME OF ALLIANCE:** New Brunswick Anti-Tobacco Coalition  
**MAIN CONTACT:** Julie Dupuis  
**MAILING ADDRESS:** P.O. Box 1090  
Salisbury, NB, E4J 3E2  
**PHONE:** 506-372-1199  
**FAX:** 506-372-9742  
**EMAIL:** admin@nbatc.ca  
**WEBSITE:** www.nbatc.ca

---

### **HISTORY:**

In November 1999, a group of stakeholders interested in tobacco control met to develop a New Brunswick Anti-Tobacco Strategy. They hosted several consultations and reviewed many related documents. The strategy they drafted was based upon the *New Directions for Tobacco Control A National Strategy* endorsed by federal/provincial/territorial Ministers of Health. Those involved in the development of the Strategy included:

- Canadian Cancer Society – New Brunswick Division, Heart and Stroke Foundation of New Brunswick, New Brunswick Lung Association, New Brunswick Advisory Council on Youth, Canadian Public Health Associations, Community Health Promotion Network Atlantic, Government of New Brunswick representatives of various departments, Health Canada – Atlantic Division, New Brunswick Coalition for a Smoke-Free Generation, New Brunswick Home and School Associations, New Brunswick Dental Assistants Association, New Brunswick Medical Society, New Brunswick Pharmacists Association, Nurses Association of New Brunswick, Premier’s Council for Disabled Persons, RCMP DARE Program, W. Morrison & Associates Inc.

All recognized tobacco use as a public health problem that crosses all boundaries, including communication, economics, education, environment, health services, municipal planning, recreation, and tourism. All recognized the need for a coordinated comprehensive approach to effectively implement an anti-tobacco strategy. As a result the New Brunswick Anti-Tobacco Coalition was launched in September 2001 with the purpose of implementing the NB Anti-Tobacco Strategy. Founding members included:

- Canadian Cancer Society – New Brunswick Division, Department of Health and Wellness – Office of the Chief Medical Officer of Health, Heart and Stroke Foundation of New Brunswick, New Brunswick Lung Association, New Brunswick Advisory Council on Youth.

The NBATC is a coalition of various groups and organization, including, departments of government, non-government organizations, private sectors, communities and individuals: It is not a separate entity of its own. As such, it does not have a dedicated budget. Member organizations support the Coalition’s work through monetary funding or “in-kind” contributions such as dedicated staff time and administrative support. Each organization brings resources to the table. If a gap is identified, then efforts are made to secure funding support through other avenues. In other words, we identify a need, form partnerships to address the need and then seek additional funding. We see this approach as crucial in building capacity, commitment and sustainability in New Brunswick.

The structure of the NBATC consists of different levels of contribution and commitment; the Implementation Committee; Working Group Members; Networks and Community Action Participants. It is through the commitment and action of all stakeholders, that we will impact New Brunswick's tobacco related disease and mortality rates.

To learn more about the New Brunswick Anti-Tobacco Coalition and to view the NB Anti-Tobacco Strategy please visit [www.nbatc.ca](http://www.nbatc.ca)

The following "Current initiatives/priorities" and "Future Plans" are excerpts of the NBATC May 2006 – October 2006 Progress Report and are based upon the NB Anti-Tobacco Strategy Goals and Objectives. For a complete listing of "Ongoing", "Planned", "In Process" and "Completed" activities please visit [www.nbatc.ca](http://www.nbatc.ca) or request a copy by e-mailing [admin@nbatc.ca](mailto:admin@nbatc.ca)

### **CURRENT INITIATIVES/PRIORITIES:**

#### Goal 1: Increase the number of individuals taking action to support anti-tobacco activities

Identify and increase the skills and knowledge base of provincial stakeholders required to support the goals and objectives of this strategy (1c)

- Develop detailed project outlines for all programs and projects relating to the work of the NBATC.

Conduct and disseminate tobacco research that will advance the goals of the strategy (1d)

- Administer Wellness Surveys (Department of Wellness Culture & Sport) to middle and high schools during the 2006-2007 school years. This survey includes Health Canada's Youth Smoking Survey (YSS) and additional modules on healthy eating, physical activity and mental fitness/resiliency.
- Build research capacity around tobacco control in New Brunswick.
- Create final research papers related to the *Communities of Practice* research project which analyzes the structure and the progress of the NBATC.

Build capacity through partnerships with minority groups and other sectors in order to support the goals and objectives of this strategy (1f)

- Implement "Tobacco Attitudes and Behaviour Assessment of Multicultural Youth in New Brunswick" to consider how best to address tobacco issues with this population (September 2007 – March 2007).

Support implementation of tobacco reduction initiatives\* in First Nations Communities in New Brunswick (1g)

- Encourage integration of Clinical Tobacco Intervention (CTI) Ask-Advise-Assist program into revision of on-reserve nursing guidelines

Promote an active role for youth through the development of a youth network (1h)

- Develop a Youth Engagement Tool Kit to support organizations seeking to involve youth in a meaningful way.

## Goal 2: Increase the number of non-smokers who stay smoke-free

Increase the quality and quantity of anti-tobacco awareness activities within school and community settings (2a)

- Utilize findings from the Youth Smoking Survey when developing new Tobacco-Free Schools initiatives.
- Explore opportunities to obtain funding from community foundations to host a follow-up Tobacco-Free Schools Teens against Tobacco Use Rally.
- Administer the Tobacco-Free Schools grant Program during the 2006-2007 school years to all high schools undertaking a comprehensive school health approach to promote tobacco-free schools.

Encourage and support community efforts to reduce youth access to tobacco products (2b)

- Consider opportunities to address social sources of tobacco products

Expose tobacco industry practices that promote the initial use of tobacco products by youth (2d)

- Work to reduce tobacco product displays and signage (e.g. power walls) that negatively impact upon children, youth and tobacco users wanting to quit.

## Goal 3: Increase the number of smokers who quit and remain smoke-free

Support an integrated cessation provider's network accessible across the province (3a)

- Implement "A Chance of a Lifetime" to increase cessation efforts which will support smoke-free property policy on Regional Health Authority 7 grounds (September 2006 – March 2007).
- Implement an "Integrated Smoking Cessation Program for Smokers who are Clients of the Beauséjour Regional Health Authority" (September 2006 – March 2007).

## Goal 4: Increase the number of public, private, workplace environments that are smoke-free

Increase public awareness of ways to actively support 100% smoke-free spaces (4c)

- Distribute "Keep It Outside" materials that promote smoke-free homes and vehicles.

## **FUTURE PLANS:**

### Goal 1: Increase the number of individuals taking action to support anti-tobacco activities

Understand and ensure public attitudes and beliefs are integrated into any actions undertaken to support the New Brunswick Anti-Tobacco Strategy's goals (1a)

- Explore means to produce a New Brunswick Provincial Profile: using the 2005 CTUMS.

Build capacity through partnerships to leverage financial and in-kind support for anti-tobacco initiatives (1b)

- Support and participate in a Health Canada *Proposal Writing Workshop* for NBATC Stakeholders.

Identify and increase the skills and knowledge base of provincial stakeholders required to support the goals and objectives of this strategy (1c)

- Consider ways to support the Acadian Peninsula Anti-Tobacco Committee (Comité Anti-tabac de la Péninsule acadienne) in its efforts to host a meeting of stakeholders who wish to take action on tobacco control in that region (December 2006).

- Explore opportunities for provincial stakeholders training or regional development.
- Present at Chronic Disease Management Invitational Symposium regarding cessation continuum and the benefits of developing Partnerships (November 2006).

Conduct and disseminate tobacco research that will advance the goals of the strategy (1d)

- Explore funding to conduct research with alternative educational sites regarding attitudes and behaviours related to tobacco use, healthy eating, physical activity and mental fitness/resiliency.

Build capacity through partnerships with minority groups and other sectors in order to support the goals and objectives of this strategy (1f)

- Explore opportunities to enhance workplace wellness initiatives.

Support implementation of tobacco reduction initiatives\* in First Nations Communities in New Brunswick (1g)

- Explore opportunities to link to future tobacco control measures resulting from discussions between Government of Canada and First Nations.

Promote an active role for youth through the development of a youth network (1h)

- Follow-up on recommendations of *Rock the Boat – Healthy YOUth*, *Healthy NB* final report.

Goal 2: Increase the number of non-smokers who stay smoke-free

Increase the quality and quantity of anti-tobacco awareness activities within school and community settings (2a)

- Develop and provide feedback reports on results of the Wellness Surveys (DWCS) to participating schools/districts during the 2006-2007 school years.
- Explore new opportunities to increase involvement of Teens Against Tobacco Use within high schools, youth groups, post-secondary and community colleges.

Encourage and support community efforts to reduce youth access to tobacco products (2b)

- Consider revisions to the Tobacco Sales Act.
- Participate in a Health Canada Expert Round Table on social sources.

Expose tobacco industry practices that promote the initial use of tobacco products by youth (2d)

- Explore youth activity with Teens Against Tobacco Use to promote Out of Sight - Out of Mind; Take Death Off Display.

Goal 3: Increase the number of smokers who quit and remain smoke-free

Support an integrated cessation provider's network accessible across the province (3a)

- Enhance promotion of the Smokers' Helpline and increase its call volume.
- Support submission by Ottawa Health Institute for a national demonstration project, "Expansion of Evidence-Based Smoking Cessation Initiatives in Hospitals Across Canada" with River Valley Health (RHA 3) as the New Brunswick site.

Goal 4: Increase the number of public, private, workplace environments that are smoke-free

Increase public awareness of ways to actively support 100% smoke-free spaces (4c)

- Explore new opportunities to increase public support for smoke-free spaces, including smoke-free homes and vehicles

**QUÉBEC**

## **QUEBEC**

**NAME OF ALLIANCE:** Réseau Action Santé  
**MAIN CONTACT:** Pauline Dsamou  
**MAILING ADDRESS:** Fondation des maladies du coeur du Québec  
1434, rue Sainte-Catherine Ouest, bureau 500  
Montréal, QC, H3G 1R4  
**PHONE:** 514-871-8038 ext 244  
**FAX:** 514-871-9385  
**EMAIL:** pauline.dsamou@fmcoeur.qc.ca  
**WEBSITE:** www.fmcoeur.ca

---

### **HISTORY:**

In 2003, our alliance was created in order to take a leadership and work in close cooperation with the organizations which work in health promotion and healthy living, more particularly in Québec, in order to prevent chronic diseases.

Founding members included:

Canadian Cancer Society  
Diabetes Québec  
Québec Council on Tobacco and Health  
Heart and Stroke Foundation of Québec

### **CURRENT INITIATIVES AND PRIORITIES:**

Currently deciding which directions we want our alliance to take during the next years.

- To meet with Fondation Chagnon to discuss chronic disease initiatives
- To contact different groups to determine willingness and ability to come together on Health Living and Chronic Disease prevention. This will lead to action and prevent multiplication of work and efforts.

### **FUTURE PLANS:**

- Enlarge our partnership with other organizations
- Look at actions/strategies for Healthy Living and Healthy Activity
- Become a Crossroads of information

# ONTARIO

## ONTARIO

**NAME OF ALLIANCE:** Ontario Chronic Disease Prevention Alliance (OCDPA)  
**MAIN CONTACT:** Maria Grant  
**MAILING ADDRESS:** 700 Lawrence Avenue, West  
Suite 310  
Toronto, ON, M6A 3B4  
**PHONE:** 416-367-3313 ext 251  
**FAX:** 416-367-2844  
**EMAIL:** MGrant@opha.on.ca  
**WEBSITE:** [www.opha.on.ca](http://www.opha.on.ca)

---

### HISTORY:

Key individuals from the Ontario Public Health Association, Cancer Care Ontario, Centre for Behavioural Research and Program Evaluation and the Ontario Prevention Clearinghouse, came together in 2002 to discuss the formation of an Alliance that would address chronic disease prevention in Ontario. Additional NGOs signed on to this initiative and the Ontario Chronic Disease Prevention Alliance was officially formed in February of 2003. Memoranda of understanding were signed by all core partners and terms of reference were developed and ratified.

The core partners of the Ontario Chronic Disease Prevention Alliance include:

- Canadian Arthritis Society
- Canadian Cancer Society (Ontario Division)
- Canadian Diabetes Association
- Cancer Care Ontario
- Centre for Addiction and Mental Health
- Heart and Stroke Foundation of Ontario
- Ontario Prevention Clearinghouse
- Osteoporosis Canada
- The Kidney Foundation
- The Lung Association
- The Ontario Public Health Association

The Alliance is also made up of a number of affiliate organizations.

From the core, one chair and one vice-chair are elected. The other core partners provide strategic direction for the Alliance and valuable in-kind support as chairs of the various working groups. The working groups include: advocacy, knowledge exchange, communications, and a system plan steering committee.

## **CURRENT INITIATIVES AND PRIORITIES:**

Currently the OCDPA is working on a number of initiatives. They include:

1. Application of the System Plan to the Healthy Eating and Active Living Action Plan and Ontario Tobacco Strategy.
2. Development of a database for chronic disease prevention initiatives in Ontario.
3. Review of economic analysis of chronic disease in Ontario.
4. Social determinants of health toolkit.
5. Review of local alignment.
6. Governance structure – new proposals.

## **FUTURE PLANS:**

1. Determine next steps on common messages for chronic disease prevention.
2. Development of an evaluation plan.
3. Development of communication plan and key messages for the Alliance.

**MANITOBA**

## **MANITOBA**

**NAME OF ALLIANCE:** Alliance for Chronic Disease Prevention of Manitoba

**MAIN CONTACT:** Louise Hutton  
**MAILING ADDRESS:** 194C Sherbrook Street  
Winnipeg, MB, R3C 2B6  
**PHONE:** 204-779-2922  
**FAX:** 204- 784-7039  
**EMAIL:** lhutton@apcd.mb.ca

**WEBSITE:** [www.apcd.mb.ca](http://www.apcd.mb.ca)

---

### **HISTORY:**

In 1996, five not-for profit organizations in Manitoba formed a partnership to advance health promotion and chronic disease prevention. This partnership, called the Alliance for the Prevention of Chronic Disease, was established at a time when the health care environment was in flux due to recent changes. By 1998, the Alliance for the Prevention of Chronic Disease had incorporated as a registered charity, added a sixth member - CancerCare Manitoba, and successfully negotiated for a representative from Manitoba Health to serve on the Alliance Council as liaison between the two organizations.

The first mission statement of the Alliance was: To strengthen health care capacity for the primary prevention of chronic disease and the enhancement of the quality of life of Manitobans.

From 1996 to 2005, the Alliance focused on three goals:

1. to build linkages for information, advocacy and action,
2. to reduce disease through education, advocacy and action, and
3. to increase the use of evidence to improve policy and decision-making related to health promotion and health care.

### **CURRENT INITIATIVES/PRIORITIES:**

#### **New Environment, New Role**

When the Alliance was established it was a leader in health promotion and disease prevention. Today other organizations in the not-for-profit and government sectors have embraced this agenda and increasingly, the public also understands and values the prevention message. In addition, some Alliance member organizations have increased their health promotion-disease prevention work.

The Alliance's work has been well received and we now find ourselves in an improved environment where the promotion of healthy living through increasing public policies, community engagement (including high risk ethnic and geographic communities), public education and programs, research and emerging best practices has increased significantly.

To reflect this new environment, the Alliance has shifted its attention from its original mission to strengthen health care capacity to a new role: to ensure that Manitoba has a sustainable, comprehensive,

and effective primary prevention system. This new role will again position the Alliance as a leader in health promotion.

Building on the new environment, the Alliance has begun to focus on four key components to support a growing and sustainable province wide prevention system:

- Evidence-based goals, programs, and policies
- Resource development and training for community capacity development
- Sustained and sufficient funding
- Surveillance and evaluation system

The Alliance will use its independence, creativity, foresight, and demonstrated ability to bring diverse groups together to advocate for a sustainable, comprehensive, and effective primary prevention system for Manitoba.

### **FUTURE PLANS:**

In the spring of 2006, the Alliance organizational members held intensive meetings to carefully consider an appropriate strategy to address the environmental changes occurring in chronic disease prevention. As partners in prevention the Alliance agreed to support two existing projects:

- An integrated knowledge system (integrating knowledge at the community level for community level planning) along with surveillance of community level risk factor data that will be used for planning and evaluation purposes.
- All Alliance members have relationships and commitments with the Aboriginal community in Manitoba and the Alliance has agreed to support broader prevention initiatives in partnership with Aboriginal communities by focusing on reducing risk factors through relationship building and the sharing of information to effect positive changes.

The proposed new mission statement for 2007 is to:

Provide leadership and contributions to building a sustainable, comprehensive, and effective primary prevention system.

**SASKATCHEWAN**

## **SASKATCHEWAN**

**NAME OF ALLIANCE:** Chronic Disease Alliance of Saskatchewan  
**MAIN CONTACT:** Roberta Cox  
**MAILING ADDRESS:** 2110 Hamilton Street  
Regina, SK, S4P 2E3  
**PHONE:** 306-766-7616  
**FAX:** 306-766-7798  
**EMAIL:** roberta.cox@rqhealth.ca  
**WEBSITE:** none

---

### **HISTORY:**

CDPAS was started in 2001 by Canadian Diabetes Association and the Heart and Stroke Foundation of Saskatchewan with funding received for two years from the Health Canada Canadian Diabetes Strategy. The plan: to develop a provincial coalition of organizations to work on strategies to prevent Type 2 diabetes, cardiovascular disease and other chronic conditions.

Vision - All Saskatchewan people have the opportunity to lead healthy lives in healthy communities.

Mission – To work to improve the health of Saskatchewan people by providing leadership for collaborative action in the primary prevention of chronic disease, with a focus on reducing physical inactivity, tobacco use and unhealthy eating.

This will be accomplished by using an integrated, multi-sectoral approach, population health framework, focusing on health improvement, best practices, and with respect for common goals and individual perspectives.

### Membership and Structure

A Steering Committee composed of Canadian Cancer Society, Canadian Diabetes Association, Kidney Foundation of Canada, Public Health Nutritionists of Saskatchewan Working Group, Saskatchewan Coalition for Tobacco Reduction, and Saskatchewan in motion representatives, provides overall leadership. Membership includes other non-profit organizations, mainly provincial in scope, that are working either directly on chronic disease prevention or are working in one of the risk factor areas, ie. physical activity.

Government representatives from the Departments of Health and Culture, Youth and Recreation attend as ex-officio members, to act as a liaison between CDPAS and government.

Committees are used to work on specific areas.

## **CURRENT INITIATIVES/PRIORITIES:**

Current strategies focus on advocacy and education.

1. Advocacy includes:

- a) supporting others in their advocacy efforts and where needed, taking the lead role in advocacy efforts. This includes: assisting local nutritionists working with health authorities to develop and adopt healthy food policies for all regional health authority activities; supporting nutritionists working with school boards to develop and implement healthy school food policies; exploring policy and/or resource needs in the areas of food security and poverty; supporting smoke-free workplaces and smoke-free school zones; supporting increased opportunities for physical activity including changes to the built environment.

2. Education includes:

- a) facilitating knowledge transfer of research to practical community applications through information sharing and speakers at meeting, networking, and a newsletter for professionals mainly, published 2-3 times per year.
- b) having representation from CDPAS on relevant Boards and committees at provincial levels.

3. Sustainability of the CDPAS by seeking base funding.

## **FUTURE PLANS:**

- Hold a province wide chronic disease conference/workshop to facilitate knowledge exchange and further the agenda of chronic disease prevention with a focus on creating supportive environments, healthy policy and removing barriers to positive behavior change.
- Continue to advocate in the areas of healthy eating, physical activity and tobacco control.
- Continue to broker information on chronic disease prevention issues.
- Strengthen the Alliance through strategically increasing membership and obtaining funding.

**ALBERTA**

## **ALBERTA**

**NAME OF ALLIANCE:** Alberta Healthy Living Alliance Network  
**MAIN CONTACT:** Ellen Murphy, Co-Chair  
**MAILING ADDRESS:** 2202 Second Street, SW  
Calgary, AB, T2S 3C17  
**PHONE:** 403-355-3271  
**FAX:** 403- 355-3292  
**EMAIL:** ellenmurphy@cancerboard.ab.ca

**MAIN CONTACT:** Judith Down, Co-Chair  
**MAILING ADDRESS:** 3<sup>rd</sup> Floor, 11759 Groat Road  
Edmonton, AB, T5M 3K6  
**PHONE:** 780-427-8008  
**FAX:** 780-455-2092  
**EMAIL:** judithdown@ualberta.ca

**WEBSITE:** [www.ahln.ca](http://www.ahln.ca)

---

### **CURRENT INITIATIVES AND FUTURE PLANS:**

The Alberta Healthy Living Network is proud to have helped host the Alberta CINDI Demonstration Showcase Event at the 23<sup>rd</sup> Annual CINDI Program Directors Meeting in Banff on October 18, 2006. The day focused on two themes; integration and knowledge exchange. Delegates from 23 countries received presentations on the health of Albertans and the working relationship between our provincial and federal levels of government. The Alberta demonstration projects (the Healthy Living Network and the Healthy Alberta communities project) were featured as a “site visit within their meeting room”. The presentation on the AHLN included information about our relationship to CDPAC. Provincial Minister of Health and Wellness, The Honorable Iris Evans, paid a visit and also made a presentation to the enjoyment of all delegates. An attractive new display for the AHLN was unveiled.

We are currently seeking a new manager for our Network. Funding to support a full-time manager is being provided by the Alberta Cancer Board and recruitment is underway. In the interim, all of our members are working hard together to keep us operational.

**BRITISH COLUMBIA**

# **BRITISH COLUMBIA**

**NAME OF ALLIANCE:** BC Healthy Living Alliance

**MAIN CONTACT:** Sonya Kupka

**MAILING ADDRESS:** c/o BC Recreation and Parks Association  
#101 – 4664 Lougheed Hwy.  
Burnaby, BC, V5C 5T5

**PHONE:** (604) 629-0965 ext. 25

**FAX:** (604) 629-2651

**EMAIL:** skupka@telus.net

**WEBSITE:** www.bchealthyliving.ca

---

## **HISTORY:**

Formed in February 2003, the BC Healthy Living Alliance (BCHLA) is a group of organizations that have come together with a mission to improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free.

The BCHLA network is open to any organization that:

- has a provincial scope or is a regional alliance with a mission which is aligned with the work of the BCHLA
- endorses BCHLA's mission and goals
- is a non profit organization

BCHLA is governed by a Coordinating Committee, comprised of the founding members. The Coordinating Committee enacts the vision, mission, guiding principles and goals by providing collaborative leadership in relation to setting positions, broad policy, and strategic directions. The Coordinating Committee also facilitates a coordinated, comprehensive approach for select initiatives. The work of the Coordinating Committee is supported by Working Groups and an Operations Committee. Operational functions are delegated to the Secretariat.

## **Coordinating Committee Members**

- BC Lung Association
- BC Pediatric Society
- BC Recreation and Parks Association
- Canadian Cancer Society, BC and Yukon Division
- Canadian Diabetes Association
- Dietitians of Canada, BC Region
- Heart and Stroke Foundation of BC and Yukon
- Public Health Association of BC
- Union of BC Municipalities

As an advocacy group, we are working with government and holding them accountable to promote wellness and prevent chronic disease. The BC Ministry of Health, all six Health Authorities and the Public Health Agency have seats on the Coordinating Committee as advisors and participate fully in all discussions.

## **CURRENT INITIATIVES/PRIORITIES:**

The BC Healthy Living Alliance received \$25.2 million dollars from the Province of British Columbia on March 23, 2006, as part of an investment by the province in health promotion. This investment will allow the BCHLA to put the Winning Legacy Strategy into motion in three ways:

- 1) Implement our priorities as they relate to three key pillars:
  - a. Living tobacco-free
  - b. Healthy eating
  - c. Regular physical activity
- 2) Enable the BCHLA to leverage more support from partners and the private sector
- 3) Help the BCHLA to build on existing, successful programs.

BCHLA is currently engaged in a comprehensive planning process for the allocation of these funds. The process began with an inventory of local (ie BC) programs and services related to the three pillars. Discussions on gaps are informing the development of comprehensive, targeted strategies for each pillar. Selected initiatives are expected to be launched early in the new year.

Parallel to this process, mechanisms are being developed to support BCHLA's new governance and fiduciary role. For example, BCHLA is committed to measuring the impact of this funding on our targets. A framework has been drafted to guide the implementation of a comprehensive evaluation strategy.

## **FUTURE PLANS:**

BCHLA will ensure a coordinated, comprehensive approach for the programs which it funds. BCHLA is committed to communicating the allocation of the funding, demonstrating how this is helping us to reach our targets and disseminating the findings of our evaluation.

In addition, BCHLA remains committed to our advocacy role which is to advocate, recommend and support healthy public policies. We are planning for our second Call to Action which brings together participants from the public sector, the non-government organizations, and potentially the private sector to mobilize them around key advocacy priorities (e.g. 100% smoke free legislation, implementation of school food guidelines.)

BCHLA looks forward to representing the Provincial and Territorial Alliance on the CDPAC Steering Committee.

YUKON

## YUKON

**NAME OF ALLIANCE:** Government of Yukon  
**MAIN CONTACT:** Sandra Duncan  
**MAILING ADDRESS:** Recreation and Parks Association of the Yukon  
4061-4<sup>th</sup> Avenue  
Whitehorse, Yukon, Y1A 1H1  
**PHONE:** 867-668-3012  
**FAX:** 867-668-2455  
**EMAIL:** healthy@klondiker.com  
**WEBSITE:** www.rpay.org

---

### HISTORY:

Currently in the Yukon we do not have an alliance or frame work that integrates or provides leadership to all healthy living initiatives. We do however have a number of positive health driven projects happening. Current health concerns are being addressed by local non profit organizations, Government agencies, and various collaboratives. Within the Yukon the focus on healthy living is vibrant and viewed as a priority for various agencies. Collectively we are working towards a healthier Yukon.

In March of 2000 the Yukon's first Active Living Strategy was developed. The need for this strategy stemmed from the national and local statistics on inactivity and its direct correlation to our overall health, and the stress on the health care system. The momentum was heightened and commitment increased in 1998 when the Canadian government made a commitment to decrease the level of physical inactivity among inactive Canadians by a minimum of 10 percent by the year 2003.

In the winter of 2003 the first Yukon Diabetes strategy was developed through a collaborative effort. It was designed to reflect the current needs of diabetes in the Yukon, within the context of chronic care management. The diabetes strategy proposes an effective response to diabetes within the areas of: Care and Treatment, Health promotion and Diabetes prevention, and Coordination and support. The strategy was renewed in March of 2006 to once again reflect the needs of the community.

Over the last year an email based Healthy Living collaborative was set up to bring together a representative for those working in the area of health and recreation. It was designed as a venue to share successes, initiatives, best practices, and on going efforts in the area of chronic disease prevention and health promotion. Its secondary purpose was to enhance communication between Provinces/Territories and National organizations through the direction of CDPAC.

There are a number of working partnerships happening here in the Yukon, under the collective goal of building a healthier community.

## **CURRENT INITIATIVES AND PRIORITIES:**

### Tobacco control

The Government of Yukon's Health promotion unit has just launched phase two of their smoking cessation campaign, 'I'm moving on - smoke free'. The media campaign is targeted at young adults. Phase one was very successful, it looks at smoking as a relationship and going through the break up stage. The second phase is 'since you've been gone'.

### Yukon Diabetes Strategy

Under the goals and objectives of care and treatment within the Yukon Diabetes strategy, a Diabetes collaborative was developed. It will run May 2005 – September 2006; to support and direct system changes for health professionals. The collaborative is a group of health professionals who are working and learning together to provide the best diabetes care to their patients. In June of 2006 they implemented a chronic disease management web-based electronic database that allows health professionals to collect, store and share information with each other. This toolkit is provided by the Ministry of Health in BC and the Yukon has an agreement to use it. The initial roll out of the toolkit in the Yukon includes only the Diabetes component and does not include all physicians. The toolkit will allow physicians to take a more pro-active approach with their diabetic patients; through better monitoring, recall, and overall maintenance of patients with diabetes.

Wave II of this initiative has recently been put into action and other Doctors and Health Professionals have been invited to implement the toolkit as an essential part of improving diabetes care. They are also directing their attention into the outlining communities as they continue to implement other projects such as the "model for improvement".

### Yukon Active Living Strategy

There are a number of initiatives currently being concentrated on in order to fulfill the recommendations of the Active Living Strategy. The Recreation and Parks Association of the Yukon (RPAY) is well situated to address a number of these recommendations. The strategic areas or pillars of the strategy are Active Lifestyles, Active Schools, Active Workplaces and Active Communities. Within these areas there are various programs, projects, and marketing occurring that promote and support individual health and well being. There are a few initiatives that are note worthy:

- A part time (contract) position for an active schools coordinator, who works directly with teachers and other staff to encourage active living and physical activity. The coordinator provides ideas, resources, training workshops etc.
- Rural active living Coordinators provides active living programming in small Yukon communities; based on the interest of that community – for example pre-school programs, noon hour activities, and fitness classes for seniors.
- Various programs and resources are provided through workplaces to increase active living. For example RPAY coordinates the commuter challenge each year, and participates and schedules activities during healthy workplace week.

## **FUTURE PLANS:**

In the near future a scan/survey will be done with the key stakeholders within the healthy living field here in the Yukon. We are looking for guidance and direction on the need for, and benefits of developing a

Yukon healthy living network/ alliance. It needs to be determined if the culmination of such a network would further enhance the delivery of healthy living initiatives and subsequently be of assistance in addressing the health concerns of Yukon residence.

NUNAVUT

# NUNAVUT

**NAME OF ALLIANCE:** Government of Nunavut  
**MAIN CONTACT:** Terry Creagh  
**MAILING ADDRESS:** P.O. Box 1000, Stn 1000  
Iqaluit, Nunavut, X0A 0H0  
**PHONE:** 867-975-5728  
**FAX:** 867-975-5755  
**EMAIL:** TCreagh@GOV.NU.CA  
**WEBSITE:** www.gov.nu.ca

---

## HISTORY:

Representing Health & social Services for the Government of Nunavut.

## CURRENT INITIATIVES/PRIORITIES:

This is a list of current Health & Social Services Government of Nunavut Initiatives:

- **Hip Hop:** Promoting healthy active youth using hip hop dancing. Hip Hop dancing is modified to include traditional Inuit games and moves to the hip hop dance.
- **Nunavut Food Guide:** Incorporates traditional foods into the Canadian Food Guide and addresses Nunavut's literacy needs.
- **Diabetes strategy:** The incidence of Diabetes remains low in Inuit however this is changing, the Diabetes strategy is focused on prevention as opposed to treatment.
- **Suicide Prevention:** Embrace Life focuses on families and communities with suicide prevention.
- **Vitamin D:** Actively promotion appropriate Vit D intake in pre-natals and infants. Although primarily a prevention program to prevent rickets the role of Vit D in chronic disease is being investigated.
- **Online nutrition course:** Nutrition education designed for community workers, this project is specific to Inuit, Inuit culture and traditional foods. Available in Inutkitut and English.
- **FAS:** Increase knowledge of FASD and effects on the community, the focus has been on community responsibility, in the process of developing a 5 year strategy plan for intervention and treatment. Incorporate traditional Inuit values, knowledge and beliefs into program development.

All written materials must be translated and modified to meet language needs (four official languages).  
All information developed must be adapted to Inuit culture and northern.

## **FUTURE PLANS:**

2006/2007

- Do a review of public health programs in Nunavut
- Complete a comprehensive Public Health Strategy with a focus on community involvement
- Incorporate the recommendations from the Nunavut Diabetes Strategy to meet the unique needs of the north.

