



In this issue...

- Message from the President
- Oral Health Month
- NLPHA Executive
- Nutrition Month – March, 2013
- NCCDH- Health Inequality, Inequity, Equity: What's the Difference?
- Oral Health and Public Health Practice
- Tobacco Use and Its Effect on Public Health
- The Lighter Side
- NLPHA –WWW
- Canadian College of Health Leaders
- CPHA Conference and Award Nominations

Message from the NLPHA President- Lynn Vivian-Book

An important role of the NLPHA Executive Board is to report regularly on progress in achieving the goals and objectives of our Strategic Plan. In this message, I want to highlight three areas of significant progress and reflect a little on the known and yet to be determined impacts of the recent provincial budget.

Growing and broadening our membership base is an ongoing priority of NLPHA. I am pleased to report that as of March 2013 NLPHA has 90 active members (56 joint CPHA members and 34 NLPHA only members). I am not sure if this is a record but it's certainly the highest and most diverse level of membership the organization has experienced in many years.

With the recent launch of our new and improved website another strategic plan objective has been completed. Overseeing the development and content review of the website has been a major piece of work over the past few months. Many thanks to Darrell Wade for managing the website development contract with Glacier Cove Consulting.

Supporting and offering educational opportunities for members has been guided by our new education committee, which is chaired by Gerri Thompson. Over the past 18 months NLPHA has partnered to host one major conference, two workshops, and five regular meeting education sessions. As you can see much has been accomplished. We are stronger as an organization, which will assist us in establishing NLPHA as a credible voice on current and emerging public health matters.

Our capacity as a province to respond to important public health issues has certainly been impacted by the recent provincial budget. The Department of Health and Community Services lost 54 positions including staff dedicated to priority public health issues such as wellness, childhood obesity, chronic disease, injury prevention and environmental health. The loss of these positions will be felt throughout the province and equally challenging will be the ability to move the work forward in the current environment. Cuts to programs and community grants are also becoming clearer. An early example of a program change is the access restrictions placed on the adult dental program.

It will be months before we can really assess the full impact of this budget and the yet to be determined management cuts and further efficiencies being sought from the Regional Health Authorities.

NLPHA will continue to monitor the impacts of the budget and be a strong voice in supporting public health capacity in Newfoundland and Labrador.

Lynn Vivian-Book
President
NLPHA

April is Oral Health Month

"A healthy mouth is much more than a great smile. Regular brushing, flossing, a healthy diet and regular check-ups with a dental professional contribute to a lifetime of talking, eating and smiling." - NLDHA

2012 – 2014 NLPHA Executive

President - Lynn Vivian-Book
 President Elect – Christine Kennedy
 Past-President – Minnie Wasmeier
 Treasurer -Pat Murray
 Secretary -Elizabeth Wright
 Newsletter Editor – Darrell Wade

Members at Large

Eastern St. John's-Ann Ryan
 Eastern Rural-Fay Matthews
 Central-Bev White
 Western-Pam Moores/Holly Ledrew (co-reps)
 Northern-Cora Foster
 Labrador-Sylvia Doody

Nutrition Month – March 2013

In March, members of Dietitians of Canada throughout the province of Newfoundland & Labrador promoted the Nutrition Month theme, “Best Food Forward: Plan Shop Cook Enjoy!” with events and education throughout the region. The campaign encouraged consumers to make healthy choices when grocery shopping.



During the month, Coleman's and Sobeys supermarkets offered numerous information sessions for shoppers led by registered dietitians and Dominion Stores held a session where registered dietitians helped shoppers fill their carts with healthy foods. Dietitians also partnered with the Food Security Network of Newfoundland and Labrador to host community screenings of the film 'Nourish' and hosted a teleconference with registered dietitian speakers to help people all across the island and Labrador put their best food forward.

The campaign received considerable media coverage. Articles ran each Monday in The Telegram in the 'On Your Plate' column. The Herald featured a write-up on dietitian tips for busy families. Radio interviews were conducted with VOXM and Radio Bell Island. There was also a television segment with “Out of the Fog” discussing label reading and simple tips for eating healthy.

The @NLnutrition2013 handle was active tweeting tips to followers on putting their 'Best Food Forward to plan, shop, cook and enjoy!'

Nutrition month was celebrated in classrooms across the province as students learned about the importance of healthy eating.

Displays were set up at many health care sites to provide staff and the public with tips on how to plan, shop, cook, and enjoy delicious and nutritious meals.

For more information about Nutrition Month or about registered dietitians please visit the Dietitians of Canada website at www.dietitians.ca.

Submitted by Margie Coombes, R.D. with input from Amanda Burton, R.D.

What's the difference between health inequality, health inequity, and health equity?



National Collaborating Centre
 for Determinants of Health

Centre de collaboration nationale
 des déterminants de la santé

The [National Collaborating Centre for Determinants of Health](http://nccdh.ca) has just released **Let's Talk: Health Equity**. This short resource sheet is the first of the NCCDH's “Let's Talk” series which explores the concept of health equity and how it applies to public health practice. Visit the NCCDH Resource Library to download the resource:

<http://nccdh.ca/resources/entry/health-equity>

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Oral Health and Public Health Practice

Public health practitioners have been champions integrating the relationship of oral health and general systemic health. From public health nurses adding dental screening in pre-school checks to medical officers keeping oral health on their agendas, few in the field would deny the implications of poor oral health on the health and well-being of children and adults. Nevertheless chronic dental disease persists, and access to dental services is becoming increasingly more exclusive.

Research is continuing to demonstrate that not only is access to private dental care often determined by one's employment through dental benefits but it's becoming more apparent that insurance coverage is insufficient for the professional care proposed. According to the latest figures of the Canadian Health Measures Survey (CHMS), 32% of Canadians do not have dental insurance and another 17% are not able to afford the treatment offered to resolve their dental problems. It's likely these numbers are consistent for the population in Newfoundland and Labrador.

In January 2012 the NL government released a new public dental service program for adults with great anticipation. The program offers basic dental services for adults enrolled in the Newfoundland and Labrador Prescription Drug Program (NLPDP). It is most welcome in the community and another step ahead for population health and well-being. The children's dental health program has been ongoing for a number of years.

Despite the benefits of these new public services, most would agree improving oral health should not be limited to professional care. Effective promotion strategies must also support the distribution of oral health services. This promotion activity need not always be specific to oral health, but considered in a 'shared risk' approach. This scheme incorporates an understanding whereby health strategies and frameworks advocating general health and wellness also support oral health. This intercedes the segregation of oral health from general health and well-being.

Australia and New Zealand have introduced health strategies incorporating a shared risk to prevention. The premise being that the risks associated with chronic illnesses such as diabetes, heart disease and stroke are also responsible for chronic oral conditions such as periodontal disease, high caries rates and oral cancer. Wellness promotion and poverty reduction strategies to help reduce smoking rates, alcohol consumption, and poor eating habits will positively improve oral health as well.

The newly released *Chronic Disease Prevention and Management Strategy* has highlighted that chronic illness is a critical concern for population health in Newfoundland and Labrador with 61% of the population over 12 years old reporting at least one chronic condition. Many chronic illnesses are exacerbated by poor oral health and vice versa. No surprise to most is the impact of low income and poor social supports to aggravate, if not precipitate these conditions.

Studies on caries rates in children designate a variety of social factors as determinants of oral health including parents' education, income and nutrition. Data for oral health in this region is severely limited. However some early research and the high rate of dental surgery required for preschool children suggests early childhood caries (ECC) is a significant health issue in this province and more work is necessary.

Access to good nutrition and eating habits are familiar determinants of good oral health. Weston Price, a dentist of the early 20th century produced some controversial research on the impact of appropriate nutrition and oral health. Dental decay at the time appeared to be a condition of more affluent and developed societies. Today however, the increasing challenges of food security and access to more natural food choices is becoming selective to those who can afford it. While there may be limited data on food choices and oral health, dental disease is clearly a condition more prevalent in poor economic environments where there is less access to professional care and appropriate nutritional choices.

The challenge of keeping oral health in the public health domain presents somewhat of a paradox. While targeted oral health initiatives may be necessary on some level, promotion programs specifically related to oral health run a risk of keeping oral health separate from general health to which it has already been estranged. Oral health in public health practice is well recognized but could maintain a profile with other chronic health issues given that they are determined by the same social factors.

Public health practitioners and wellness promotion will have a significant impact on oral health through support and advocacy of public policy that improves social and environmental determinants. Effectively mitigating chronic conditions and improving overall health should certainly improve oral health status that is less dependent on comprehensive health services.

Cindy Holden RDH, MPH

For additional references, Please request at <mailto:dhc.inc@gmail.com>

Tobacco use remains one of the biggest threats to public health in our province – Alliance for the Control of Tobacco



On February 26, the Newfoundland and Labrador Alliance for the Control of Tobacco (ACT) released a new five year strategy outlining actions and initiatives designed to reduce the harms of tobacco use on the people of the province. A copy of the Tobacco Reduction Strategy 2013-2017 entitled *Every Action Counts*, was presented to the Honourable Susan Sullivan, Minister of Health and Community Services, during the official launch at the Prince Phillip Drive campus of College of the North Atlantic.

The Tobacco Reduction Strategy 2013-2017 is informed by extensive consultations with partners and organizations around the province. It calls on organizations, individuals and all levels of government to play a role in reducing the negative health, economic and environmental effects of tobacco use on our population.

According to Dr. Noreen Fardy, Chair of the ACT Board of Directors, “Tobacco use remains one of the biggest threats to public health in our province. There are 81,000 Newfoundlanders and Labradorians currently addicted to tobacco and this addiction results in the death of 14-16 people in our province every week. Our work on this issue is far from complete and it is with this in mind that ACT releases its five-year plan of action.”

Kevin Coady, Executive Director of ACT, explained that the aim of the strategy is to prevent children from starting to use tobacco, protect people from the harms of second-hand smoke, increase the number of smokers who quit and change attitudes about tobacco use. Coady said he is confident the actions outlined in the new strategy will reduce the number of people who use tobacco in the province and enable more people to live healthier and longer lives.

A copy of the strategy is available at www.actnl.com or by contacting the ACT office.

The Lighter Side

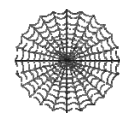


We have certainly come a long way in the area of public health advertising.



Retrieved from: <http://sophialiteraria.wordpress.com/2008/07/16/an-iconography-of-contagion/>

New Website Up and Running



Check us out @

www.nlpha.ca

You'll be glad you did!!!



Are you a Leader? The CCHL Wants You



The Canadian College of Health Leaders is a national, member-driven, non-profit association dedicated to ensuring that the country's health system benefits from capable, competent and effective leadership.

College members come from every health sector and region in Canada and are at varying stages of their careers. Members include students, and health leaders who work in a variety of environments including medical companies, health authorities, health consultants, multi-level care facilities, hospitals, public and private health agencies, health charities, the Canadian military and all levels of the Canadian government.

With 21 chapters across the country, representing thousands of individual and corporate members, the College offers capabilities-based credentialing, professional development opportunities, and an extensive career network. Guided by a Code of Ethics and the LEADS in a Caring Environment Framework, the College helps individuals acquire the skills they need to change their own organizations and, ultimately, the health system.

For more information about the College's services visit www.cchl-ccls.ca



CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

Learning, Leading, Inspiring
Apprendre, mener, inspirer

CPHA Conference June 9-12, 2013

The 2013 Canadian Public Health Association Conference will be held in Ottawa on June 9th thru 12th, 2013.

Conference presentations will explore how evidence of different types can be used successfully in different situations and for different purposes. CPHA's 2013 Annual Conference will provide a unique venue to explore new perspectives on the various types of evidence available and how best to use them.

Participants will discuss the integration of evidence into policy and practice and back into the research cycle as well as the factors beyond evidence that influence the policy development process.

In addition, each year, the Canadian Public Health Association has the opportunity to recognize individuals/groups and/or organizations that have made a significant contribution in the area of public health.

This year's nominations should be submitted following the guidelines provided and forwarded to the CPHA Awards Committee no later than **April 12, 2013**. Nominations received after this date cannot be considered for the 2013 awards.

Nominations will be reviewed by the Awards Committee and Awards will be presented during the CPHA 2013 Annual Conference in Ottawa, Ontario in June 2013.

CPHA members nominate candidates for the following prestigious awards (click on link for nomination guidelines):

- [R.D. Defries Award](#)
- [Certificate of Merit](#)
- [Ron Draper Health Promotion Award](#)
- [National Public Health Hero Award](#)
- [CPHA-Amgen Award for Innovation in Family Health](#)



Canadian Public Health Association 2013 Annual Conference
Moving Public Health Forward:
Evidence, Policy, Practice
Ottawa Convention Centre • June 9-12, 2013