



National Policy for

# The Promotion of Healthy Lifestyle in Jamaica

Ministry of Health

**NATIONAL POLICY FOR**

**THE PROMOTION OF**

**HEALTHY LIFESTYLES**

**IN JAMAICA**



**SKIP** means  
Setting Knowledge Into Practice.

Celebrating Health.... It's all about what I put in, what I keep out and how much I do.

Slogan: Created by Andrew Davies

Logo: Created by Richard Robinson

Health Promotion & Protection, Ministry of Health  
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# EXECUTIVE SUMMARY

The National Policy for the Promotion of Healthy Lifestyles in Jamaica is an intersectoral approach, involving the public and private sectors, government and non-governmental organisations and communities to address critical health problems affecting the nation.

## 1 The concept of health promotion

The conceptual framework for the Policy is based on:

- the creation of a supportive environment through improvements in socio-economic conditions, the physical environment (safe spaces), addressing cultural issues and the availability of healthy foods for public consumption
- lifestyle behaviour awareness/ educational activities in different settings such as the workplace, schools/clubs/churches, communities, sports, health facilities and the home
- targeted lifestyle behaviour activities integrated into treatment programmes for those affected by lifestyle diseases/health problems utilising the health facilities, the home, the workplace and communities

## 2 The rationale for the healthy lifestyles programme in Jamaica

Over the past half-century the major causes of death and disability in Jamaica have shifted from communicable and infectious diseases to chronic disease conditions. These chronic disease/ health conditions are largely rooted in the lifestyles of Jamaicans and include:

- Cardiovascular diseases, diabetes, obesity and cancer which now account for 56% of deaths annually
- Reproductive health issues highlighted by the following facts:
  - sexual activity begins at the early age of 13.4 years for boys and 15.9 years for girls
  - 40% of Jamaican women are pregnant at least once before they reach 20 years of age
  - cancer of the cervix is the second leading cause of death among women
  - HIV infection rates increase annually with the highest infection rates in the 10-19 year age group
- Injuries and violence as evidenced by the following:
  - Over the past five years more than 1,000 persons have died violently with the rate in the year 2002 of 44 per 100,000 population being one of the highest in the world

- Adolescents (10-19 years) account for 26% of persons with injuries from violent acts treated at the Accident and Emergency Units of all hospitals  
Children and youth are the most vulnerable victims of violence and injury  
Injury from sexual assault was the main reason for treatment of women

### **3 The main components of the Policy for the Promotion of Healthy Lifestyles in Jamaica**

- The goal of the policy is to decrease the incidence of chronic diseases, high risk sexual behaviour/violence and injury through the adaptation of appropriate behaviours by the population and particularly young children, adolescents and young adults
- In keeping with the goal, specific objectives have been defined for the main components of the policy which are:
  - *Chronic diseases* with regard to levels of physical activity, increased availability and consumption of healthy foods resulting in no excess increase in bodyweight and a reduction in the incidence of smoking among the Jamaican population
  - *Reproductive health* aimed at increasing the adoption of appropriate reproductive health behaviour with emphasis on the pre-adolescents, adolescents and the youth
  - Reduction in the risk behaviours that lead to *violence, unintentional injury and suicide*

### **4 The management and implementation of the Policy**

The management and implementation of the policy will be the responsibility of:

- A *National Advisory Committee on Health* will be appointed by the Minister of Health with broad advisory functions to the Minister on health issues including the implementation of the policy on healthy lifestyles. This Committee will embody the integrated approach which is essential for the successful implementation of the Policy through the establishment of close partnerships with key stakeholders in government, the private sector and the community
- A *Management Team* appointed by the Minister of Health will be responsible for the day-to-day planning, implementation and evaluation of the Policy and will report periodically to the Minister and the Committee. The Minister of Health will in turn report to the Cabinet

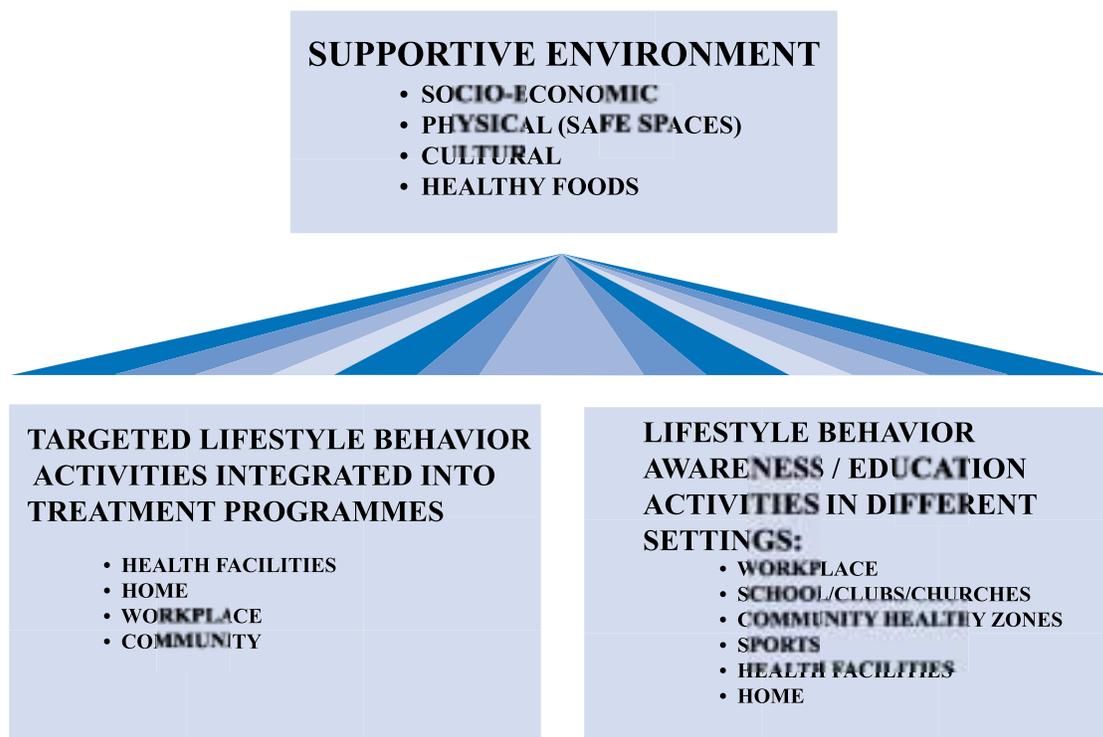
- The Management Team will be comprised of those managers responsible for the different components of the Policy implementation process and other technical/professional staff selected by the Minister
- The Management Team will be supported by Technical Advisory Groups appointed by the Minister to support different aspects of the policy implementation process
- Each main programme area will have its own Programme Team responsible for planning, implementation and evaluation of each programme area
- The programme teams will submit progress report to the National Advisory Committee and the Minister of Health at least once per quarter on progress made in implementing programme components



# 1 HEALTH PROMOTION - THE CONCEPTUAL FRAMEWORK

- Health and well-being are conditions arising from on-going interaction between the individual and the environment
- Health promotion:
  - strives to generate living and working conditions that are safe, stimulating, satisfying and enjoyable
  - enables social and personal development of people through access to information on health and to opportunities for enhancing life skills
  - strives for effective empowerment of communities to take responsibility for their own health

FIGURE 1: HEALTH PROMOTION - THE CONCEPTUAL FRAMEWORK



The maintenance and improvement of health and well-being:

- depend on a balanced sharing of responsibilities among individuals, families, communities, public authorities, Industry and society as a whole
- is a worthwhile investment for the Jamaican society

## **The Caribbean Charter on Health Promotion**

The Caribbean Charter on Health Promotion approved in 1993 builds on the core principles of Health promotion, emphasising community participation and creating alliances, especially with the media.

The six strategies of the Charter are:

- 1. Formulating public policy**
- 2. Re-orientation of health services**
- 3. Empowering communities to achieve wellbeing**
- 4. Creating supportive environments**
- 5. Developing/increasing personal skills**
- 6. Building alliances with special emphasis on the media**

## **II RATIONALE FOR THE HEALTHY LIFESTYLES PROGRAMME IN JAMAICA**

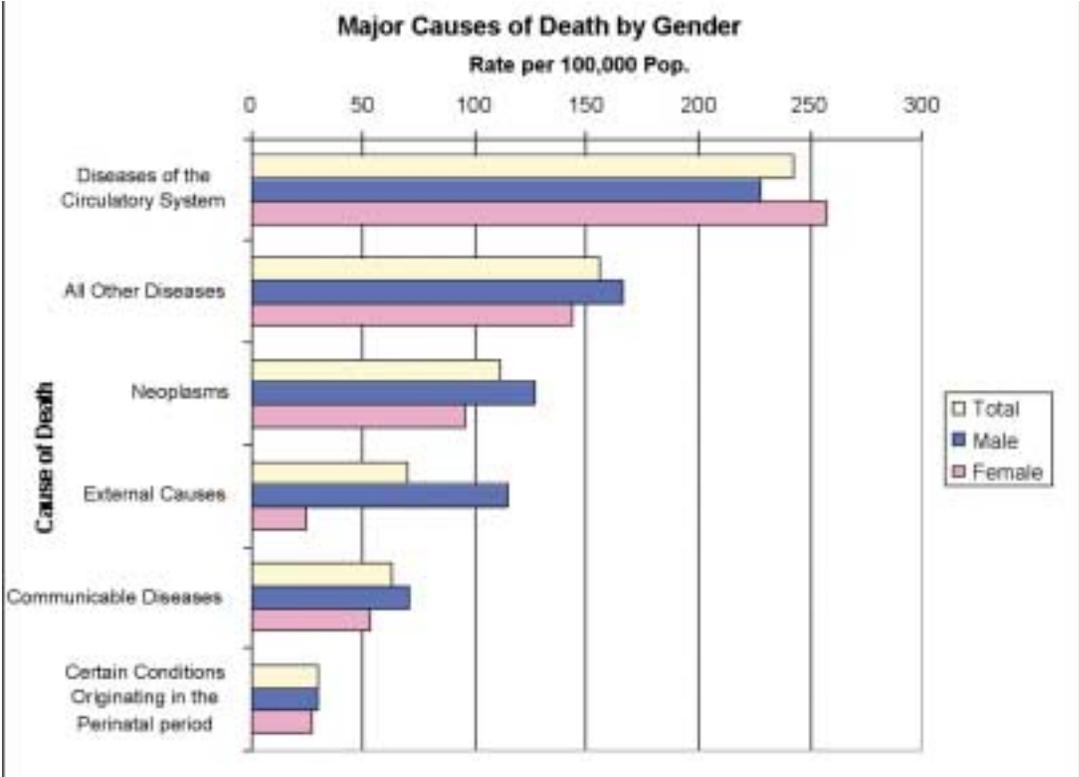
### **2.1 Changing Epidemiological Profile**

During the last 50 years the major causes of death and disability in Jamaica have changed from communicable and infectious diseases to chronic disease conditions. The major health challenges that we face in Jamaica today, based on the changing epidemiological profile are largely rooted in our lifestyle and show a dominance of chronic diseases, sexually related conditions including HIV/AIDS and violence related injuries and deaths.

## 2.2 Chronic Diseases

Chronic diseases, including cardiovascular diseases, diabetes, obesity, and cancer now account for 56 % of deaths annually. Diabetes, hypertension, and certain types of cancers, such as cervical cancer, are of growing concern. Depending on the environment, peer pressure, what may be learnt from product advertising and the media, what is learned by children and adolescents at school and in the home, may increase risk for weight gain and chronic diseases in later life. This is of paramount importance in Jamaica as overweight and obese children/adolescents mature with lower self-esteem and self-worth, and where rural school children have particularly high consumption of sweets, snacks and sweet drinks

Figure 2: Jamaica



\*Source: McCaw-Binns A, Holder Y, Spence K, Gordon-Strachan G, Nam V, Ashley D. *Multisource method for determining mortality in Jamaica 1996 and 1999*. University of the West Indies/Ministry of Health

Established preventive strategies for prevention of chronic diseases in populations include promotion of:

- An optimal diet, which does not lead to weight gain
- Daily physical activity of moderate intensity
- Limited consumption of alcohol
- No smoking

In relation to the cost of providing care in the public and private health sectors for persons suffering with cardiovascular disease and diabetes mellitus the following statistics are revealing:

- *Cardiovascular diseases and diabetes mellitus accounted for expenditure of JA \$663 million in 1999 up from JA\$ 316 million in 1996 in relation to hospital care*
- *In looking at the total cost of public and private sector ambulatory and hospital based care for cardiovascular disease this was projected in 1999 to be JA\$ 1.8 billion with a hospital based cost of JA\$ 332 million representing 19% of the total*
- *Hypertension and diabetes accounted for 31% of curative visits in Jamaica with an average of four visits per year*
- *Over 200,000 hospital days are used by patients suffering from chronic diseases*
- *While there are no documented statistics, it is acknowledged that thousands of productive hours are lost each year due to absenteeism and sick leave for the treatment of chronic diseases*

#### **CONTRIBUTING FACTORS TO THE THREAT OF LIFESTYLE DISEASES / PROBLEMS**

**A lifestyle survey conducted by the University of the West Indies and the Health Promotion and Protection Unit of the Ministry of Health shows that:**

- Approximately 30% men and 60% women are obese and overweight
- 20% are hypertensive
- 8 % are diabetic
- Almost 40% are either inactive or indulge in low levels of activity
- 50% eat more fat than is recommended
- 1 in 7 persons (29 % males and 7% males) smoke
- 1 in 4 men and 1 in 8 women (28% males and 7% females) have had a sexually transmitted disease
- 1 in 2 men and 1 in 10 women (64% males and 11% females) had more than one sex partner in the last year
- 1 in 2 persons (53% males and 67% females) did not use a condom in their last sex act
- 2.7 % of adolescents reported engaging in a fight with a weapon
- 17.5 % of adolescents reported physical abuse
- 11.6 % of adolescents reported sexual abuse

**TABLE 1: PROJECTED COST OF CARDIOVASCULAR DISEASE 1999**

**A. Primary Care Expenditure for Treatment of Hypertension**

(based on cost estimates non-drugs visits, and medication purchase from the Survey of Living Conditions 1999)

**COST**

	Utilization of Public Sector Services (\$)	Utilization of Private Sector Services (\$)	Utilization of Both Public and Private Sector Services (\$)	TOTAL
Non-Drug Visits	40,229,500.15	232,536,451.90	25,667,968.00	298,433,920.05
Purchase of Medication	23,221,685.44	288,270,062.08	22,495,469.70	333,987,217.22
Total	63,451,185.59	520,806,513.98	48,163,437.70	632,421,137.27

Utilization figures based on percentage estimates of utilization of public, private and both services from the Survey of Living Conditions 1999.

**B. Provision of Care for Cardiovascular Disease = \$332,253,637**

**C. Investigations and Surgical Intervention**

The Total Discharges for Diseases of the Circulatory System = 10,565

Using the premise that:

- 50% will require an echocardiogram @\$6000 each (10,565 \* 0.5 \* \$6000) = \$ 31,695,000
- 25% will require a treadmill @ \$6000 each (10,565 \* 0.25 \* \$6000) = \$ 15,847,500
- 15% need an angiography exam @ \$90,000 each (10,565 \*.15 \* \$90,000) = \$142,627,500
- 5-10% need bypass surgery @ U.S. 12,000 (using the rate of JA \$47 = U.S. \$1) = \$595,866,000
- 4% of cases of rheumatic fever will require open heart surgery at U.S. \$2,500\* \$ 709,700

(151 total rheumatic fever cases \* 0.04 \*\$2500 \* \$47)

Total Cost for Investigation and Surgical Intervention = \$ 786,745,700

Total Costs for Treatment of Cardiovascular Disease (A+B+C) = \$1,751,420,472

Source: *Epidemiological Profile of Selected Conditions and Services in Jamaica: A Ten Year Review. Report of the Health Promotion and Protection Division 2003.*

\*Amendment to original calculation: unit cost of open heart surgery is estimated at U.S. \$2500 and not JA \$25,000.

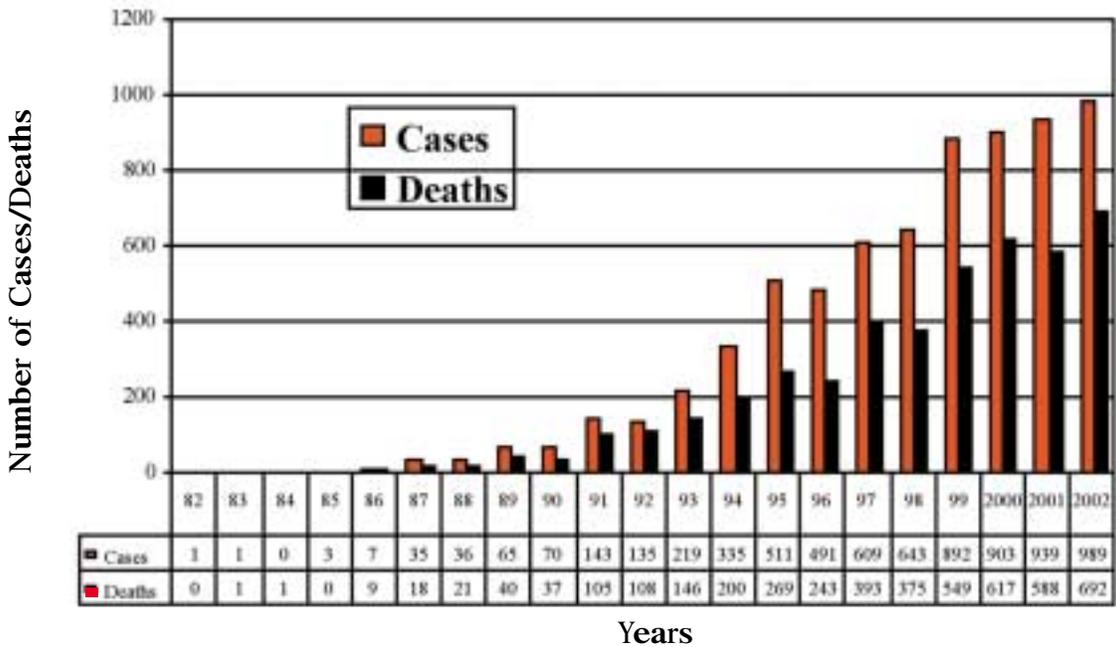
**2.3 Reproductive Health**

- Sexual activity begins at an early age for many Jamaicans as the median age for initiation of sexual activity is 13.4 years old for boys and 15.9 years old for girls
- 40% of Jamaican women are pregnant at least once before they reach the age of 20 years
- Cancer of the uterine cervix is the second leading cause of mortality due to malignancy among women, surpassed only by breast cancer
- HIV Infection rates in Jamaica grow annually, the highest rates of infection occur in adolescents , 10 - 19 years old, with the rate growing 2.3 times faster in girls than boys
- Early onset of sexual activity is accompanied by:
  - Frequent change in partners
  - Multiple partners
  - increase the risk of:
    - HIV transmission,
    - Teenage pregnancy
    - Cervical cancer later in life.

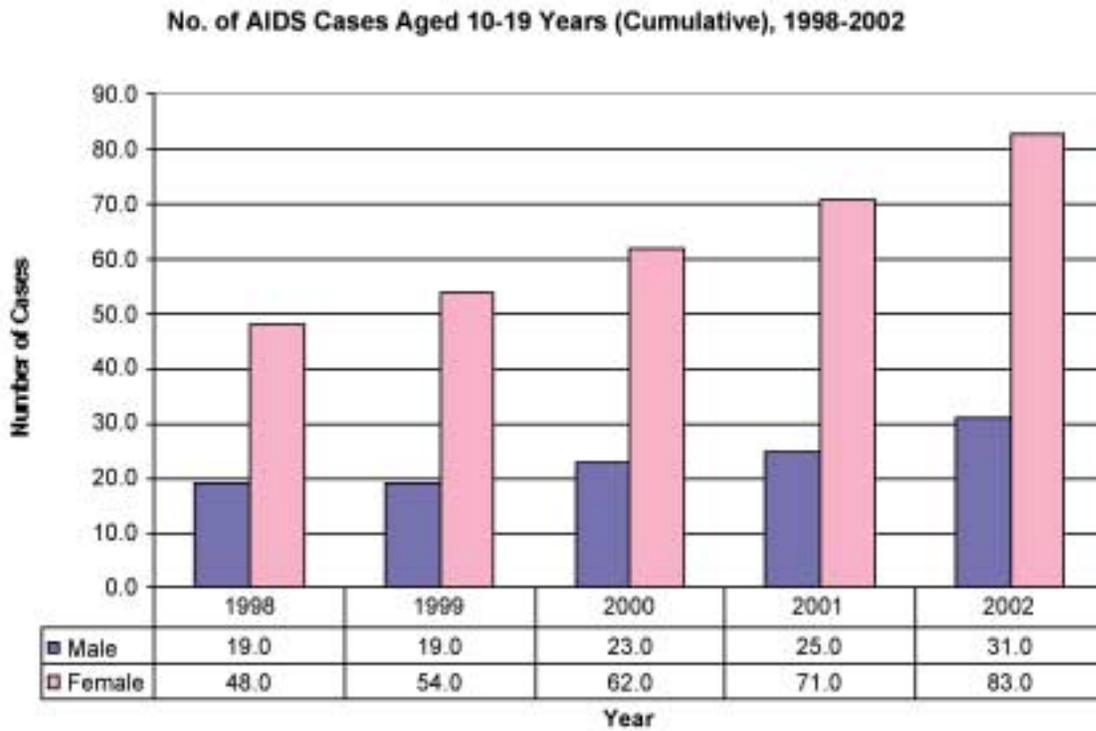
*Characteristic but preventable behaviours associated with the spread of HIV/AIDS include:*

- Abuse of drugs and alcohol
- Sexual promiscuity
- Unsafe sexual practices

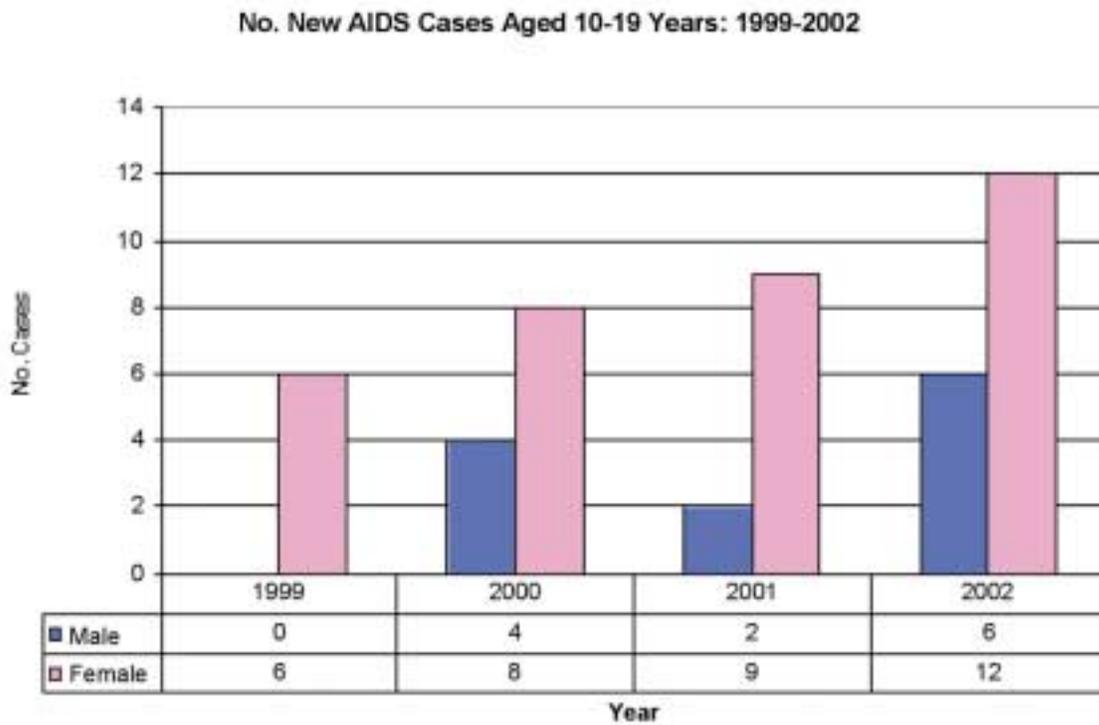
**Figure 3: Jamaica AIDS Cases & Deaths Reported Annually in Jamaica (1982 to 2002)**



**Figure 4: Jamaica**



**Figure 5: Jamaica**



**TABLE 2: HIV/AIDS - MACROECONOMIC  
IMPACT ON KEY VARIABLES IN 2005**

Impact Variables	Trinidad & Tobago	Jamaica
Gross Domestic Product	-4%	-6%
Savings	-10%	-24%
Investment	-16%	-17%
Employment in Agriculture	-4%	-5%
Employment in Manufacturing	-5%	-4%
Employment in Services	-7%	-8%
Labour Supply	-5%	-7%
<b>HIV/AIDS Expenditure</b>	<b>+25%</b>	<b>+35%</b>

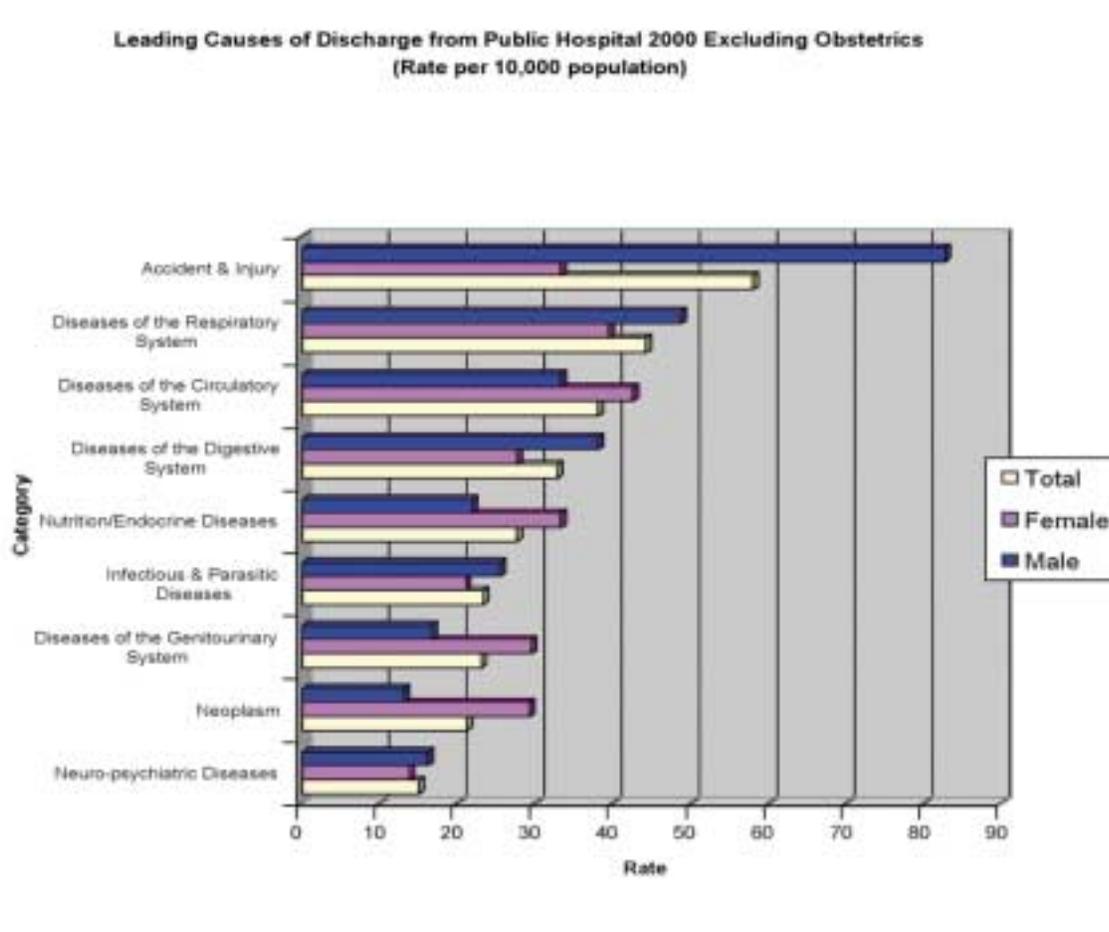
*A CAREC/ UWI study has shown that by the year 2005 the HIV/AIDS epidemic could cost Jamaica as much as 6.4% of GDP, equivalent to J\$70 billion (in 1997 terms)*

#### 2.4 Injuries and Violence

- The main usage of hospital care (excluding obstetric causes) is from:
  - unintentional injuries due to motor vehicle accidents
  - intentional causes associated with violence.
  
- Over the past 5 years more than 1,000 persons annually have died violently. The rate in the year 2002 of 44/100,000 is one of the highest in the world.
  
- 90% of violent injuries can be prevented
  
- Adolescents 10-19 years old, mostly male, account for 26% of the total visits to the accident and emergency units at all hospitals for:
  - stab wounds, (2 %)
  - gun shot wounds (41%)
  - blunt injury, (10%)
  - 27% were from intentional laceration.
  
- Injury due to sexual assault was the principal reason for treatment of women.

- Children and youth are the most vulnerable victims of violence and injury.
- Research has found that television violence influence those children who from an early childhood had a deep affinity for television and the violence genre in that:
  - All youngsters admitted to copying or modeling violence seen on television
  - The youngsters themselves recommended a reduction in exposure to violence
  - they copied television violence because it was similar to real-life experience, violence was accepted as part of everyday life, violence solves problems and gave them gratification, enjoyment and status

**Figure 6:**

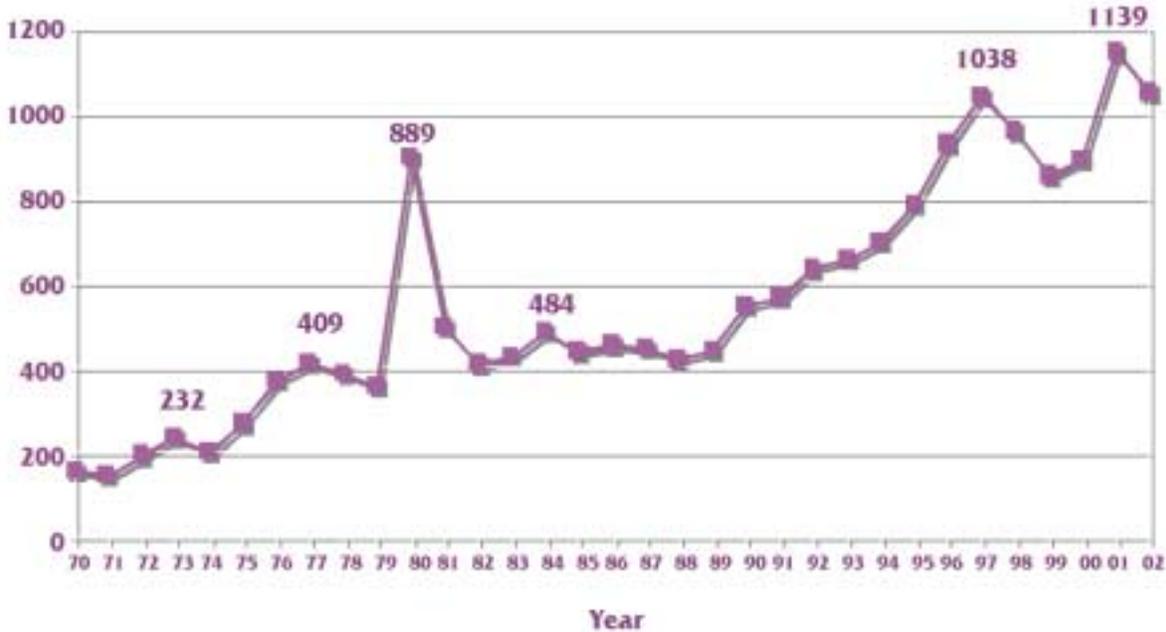


- Local studies have highlighted the need for:
  - Building self - esteem and resiliency in Jamaican children, adolescents and youth at risk of exposure to violence and other risk behaviours
  - Parenting and community support
  - Conflict resolution

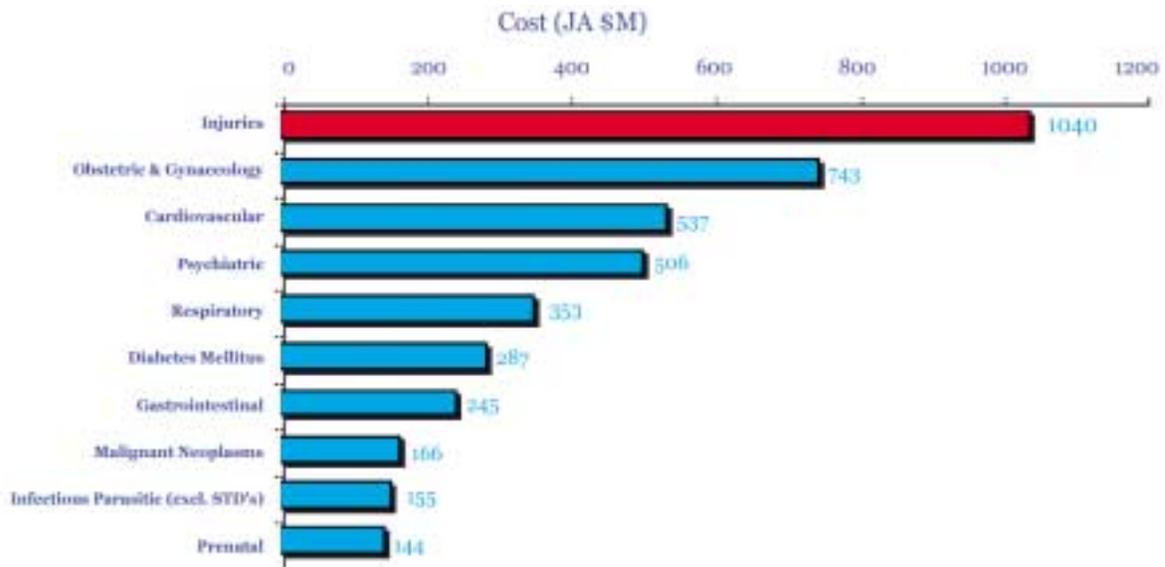
- Mentoring and peer counselling
- Homework supervision
- Supervised after- school activities
- Skills training

Children, teachers and communities should be active partners in creating a healthy environment which would provide the basis for prevention of violence.

**Figure 7:** The Epidemic of Violence in Jamaica



**Figure 8:** Estimated Cost Of Provision of Hospital Care in Jamaican Hospital in 2002

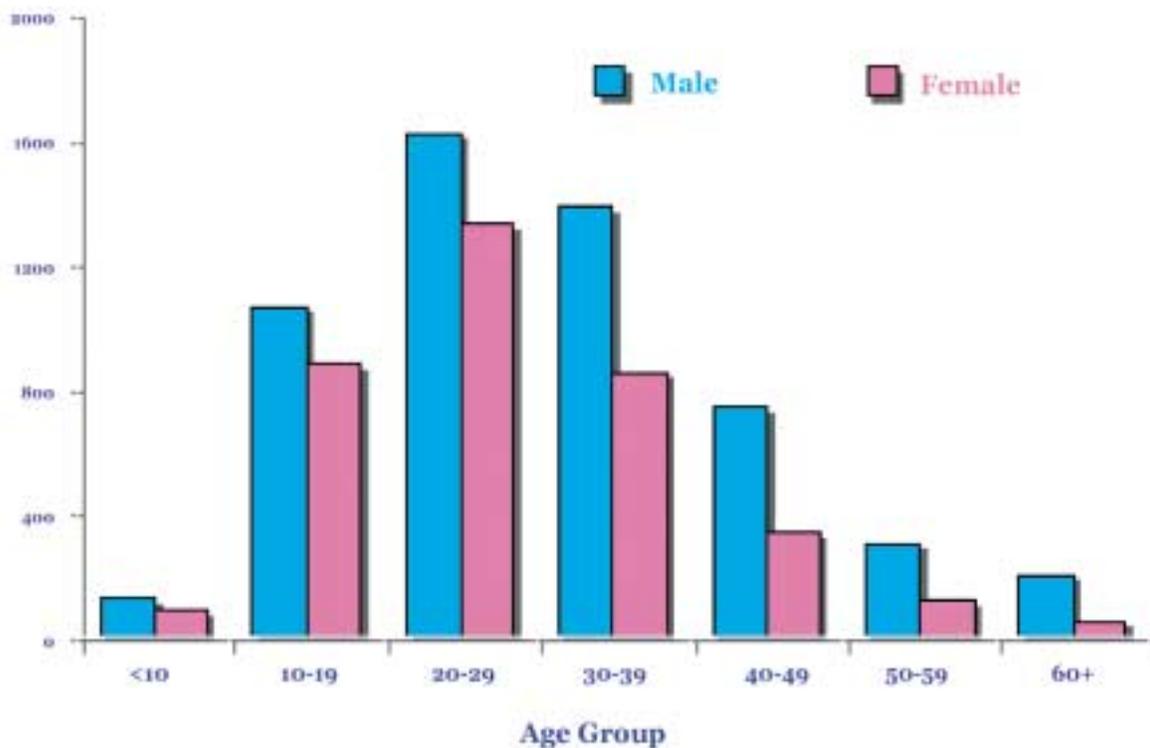


## Impact of Violence on Health Care Kingston Public Hospital

- 11% of the major trauma hospital's budget
- Cancellation of 1 in 3 elective lists per week
- Cost J\$ 12,962 /patient (Inflated cost to 2002 )  
J\$ 3,000 - \$128,000
- Cost ICU J \$ 8 Million in 2002

(based on study Taylor and McCartney 1997 )

**Figure 9:** Age Group by Gender - 7 Jamaican Hospitals Violence Related Injuries - 2002



The high number of injuries due to violence and the associated cost of hospitalisation is impacting negatively on the ability of the public health system to deliver services and on the social development of the country.

### III THE MAIN COMPONENTS OF THE POLICY FOR THE PROMOTION OF HEALTHY LIFESTYLES IN JAMAICA

The Health Promotion Policy seeks to:

- Promote healthy lifestyles in the population so as to reduce the risk of developing heart disease, diabetes, hypertension obesity, cervical cancer and HIV/AIDS and to reduce the incidence of violence and injury
- Focuses on preventable behavioural risk factors

#### **Elements of the Strategic Approach**

The five key behavioural elements to be promoted through this health promotion strategic plan are:

##### *Chronic Diseases*

- Physical activity
- Appropriate eating behaviours
- Prevention and control of smoking

##### *Reproductive Health*

- Appropriate sexual behaviour

##### *Violence and Injuries*

- Reduction of violence and injuries through building self-esteem, resiliency and life skills

A matrix showing the main components and strategies of the Strategic Approach is provided at Appendix 1.

#### **a) Goal of the Strategic Approach:**

To decrease the incidence of chronic diseases, high risk sexual behaviour and violence and injury through the promotion of appropriate behaviours and by building self-esteem, resiliency and life skills in the population, particularly among young children, adolescents and young adults.

## **b) Broad Objectives of the Strategic Approach:**

Develop and implement an integrated healthy lifestyle promotion strategic plan in the following areas to:

### **Chronic Diseases**

- 1 Increase the number of persons having moderate levels of physical activity practiced for 30 minutes daily
- 2 Increase the consumption of fruits and vegetables and reduce the consumption of fat, sugar and salt with no excess increase in body weight in the young child and adolescent population
- 3 Ensure the production and marketing of healthy foods
- 4 Reduce the incidence of smoking within the population

### **Reproductive Health**

- 1 Increase the adoption of appropriate reproductive health behaviour by the total population with special emphasis on the pre-adolescents, adolescents and the youth.

### **Violence and Injuries**

1. Reduce risk behaviours that lead to violence, unintentional injury and suicide

## **3.3 Outcomes of the Policy**

The outcomes of the integrated healthy lifestyle promotion policy are:

- 1 Decrease in the incidence and impact of chronic diseases on health of the population
- 2 Decrease in the incidence and impact of early sex, unprotected sex and multiple partners on the reproductive health of the population
- 3 Increase in protective factors such as caring relationships, autonomy and sense of self.
- 4 Decrease in the incidence and impact of violence on the population
- 5 Reduction in the economic burden of chronic diseases, HIV infection and violence

### 3.4 Strategies for Policy Implementation

#### a) Integrated Approach

The Healthy Lifestyles initiative:

- Is a proactive approach to health care that empowers Jamaicans to take charge of their health
- Offers an integrated approach to changing behaviours and to empower individuals and families by targeting special settings such as communities, schools, workplace, sports/recreation groups and places of leisure.
- Provides a framework for national inter- sectoral collaboration on issues that impact on Jamaican's quality of life and national development

#### b) Advocacy and Partnership

Partnerships with policy makers responsible for the socio-economic development of the country in government and in industry and with consumers will be established to:

Develop healthy living, learning and working environments aimed at putting health promotion strategies into practice in the daily life of the average Jamaican

- Establish public policy, a supportive legal framework and adopt other relevant measures as may be required
- Empower communities and individuals
- Reorient health services towards health promotion and prevention
- Create supportive environments in the schools, workplaces and communities

The workplace, school and the community provide:

- unique opportunities for promoting health and for specific targeted interventions.
- structured environments that allow co-ordination of efforts and efficient use of available resources.

Key partners will be:

- Ministries/Agencies involved in :  
Education  
community development  
sports  
agriculture and food production  
economic development and local government
- consumer and community groups
- private sector organisations
- food industry

## CREATING A HEALTHY WORKPLACE



- Annual Health checks with an emphasis on identifying the risk of lifestyle related diseases
- Health Education and Parenting Programme
- Signage Promoting Health Messages
- Smoke - Free Environment
- Canteen Providing Healthy Foods
- Sports/fitness Programme at or near the Workplace
- Company Nurse /access to Emergency Care
- Non-discriminatory Employment Policy, Including Persons With HIV/AIDS, Persons With Disability and the Mentally Ill
- Stress Management
- Access to Conselling
- Recreational /Social Activities For Employees
- After – School Facilities and Activities for Children of Employees
- Day-care Facilities And Support For Breast-feeding
- Community Outreach Programmes

## CREATING HEALTHY SCHOOLS

- The school community, including children, parents, teachers and canteen operators to make wise food choices, to promote exercise and inculcate valuable life skills
- A Schools Health Programme to monitor the delivery of balanced meals and encourage wise food choices by children, while promoting a healthy and active lifestyle
- Aerobics Competition for Preparatory and Primary Schools
- Cheerleading Competition for Secondary Schools
- Dance competition for Boys and Girls Youth Clubs

## CREATING HEALTHY COMMUNITIES

- Communities, including churches, citizens associations and civic organisations, to encourage broad-based participation in health promotion, organised exercise programmes and other initiatives
- The food industry, including manufactures, fast food outlets, retailers, farmers and consumer groups to ensure access to healthy, tasty and affordable foods
- Health clubs, sports and recreational organisations and places of leisure to promote organised activity and exercise programmes for citizens of all ages
- A multi-faceted Public Education Programme based on research and evaluation and developed around accurate data that will provide a basis for individual commitment and behaviour change
- Community Safe Zones to promote health and fitness activities in parks island-wide
- Regional Health Festivals/ Exhibitions to educate citizens about the importance of healthy options, positive lifestyles and preventive health management
- Work with the food industry to define criteria for “healthy foods” and the production and marketing of these foods

## IV MANAGEMENT AND IMPLEMENTATION OF THE PROMOTION OF HEALTHY LIFESTYLES POLICY

### **The management system:**

- Recognises a wider socio-economic, political and cultural environment, which will influence the strategies and the nature of interventions used to achieve the objectives of the Policy for the Promotion of Healthy Lifestyles
- Reflects multi-sectoral partnership at all levels of the decision-making process.

**Figure 10** depicts this management process is by a series of interlocking circles indicating the main components of the policy implementation process as they relate to the wider environment.

### **Organizational Relationships**

The organisation relationships between the National Advisory Committee on Health, the Management Team, the Technical Advisory Groups and the programme managers are shown in **Figure 11**.

### **The National Advisory Committee on Health**

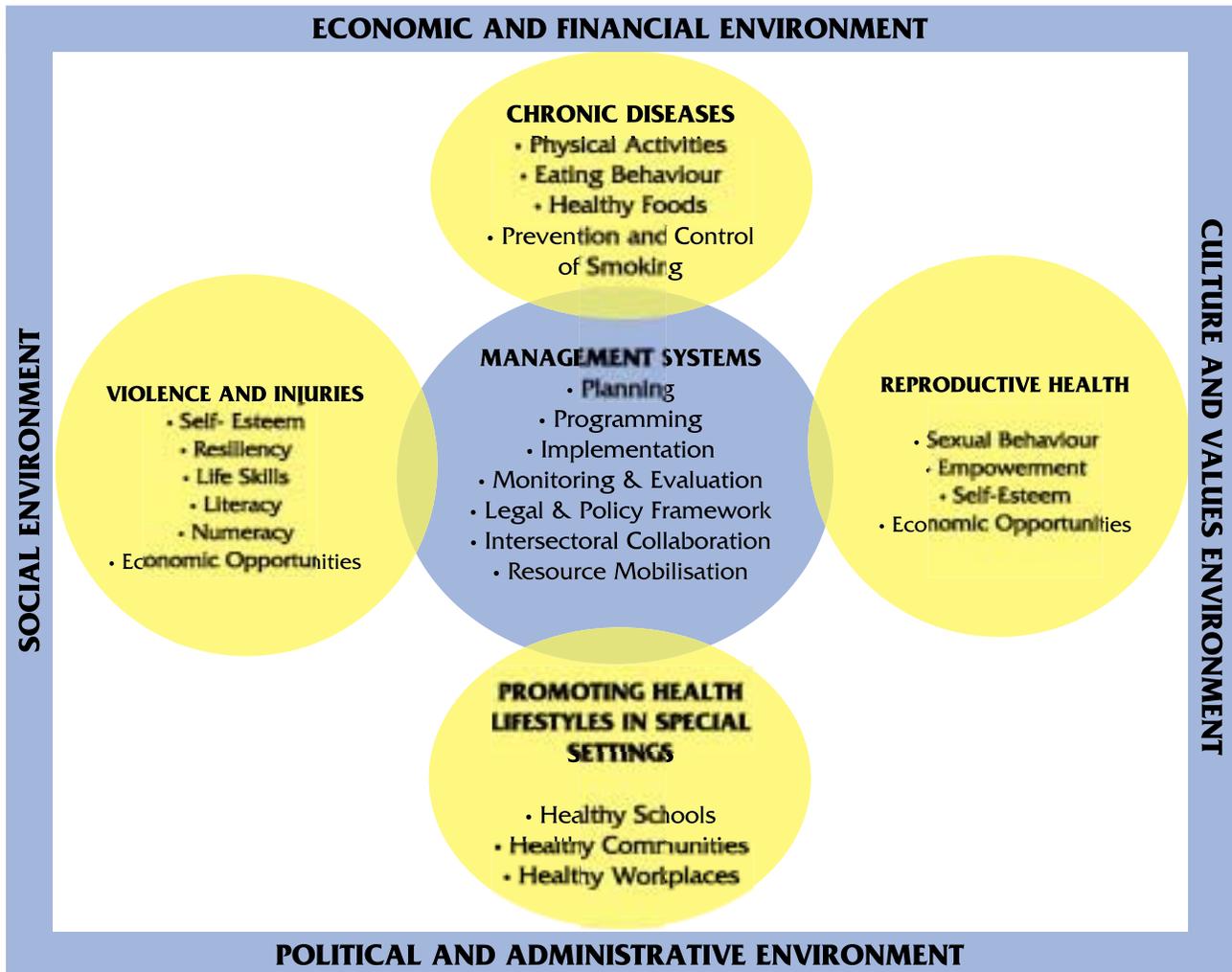
- The National Advisory Committee on Health with the responsibility for advising the Minister of Health policy and strategic planning process for the promotion of healthy lifestyles will be established
- This National Advisory Committee will comprise representatives of key partner ministries and other organisations/ institutions
- Alliances with key stakeholders in each programme will have to be forged and utilised for achieving the success of policy and programme implementation
- The Minister of Health will appoint the members and chairman of this Committee

### **Responsibilities of the Committee**

- The Committee will have overall responsibility for advising the Minister on the formulation and review of policies and plans for promoting healthy lifestyles, the legal and policy framework needed, inter-sectoral collaboration and mobilisation of resources in keeping with its strategic management function

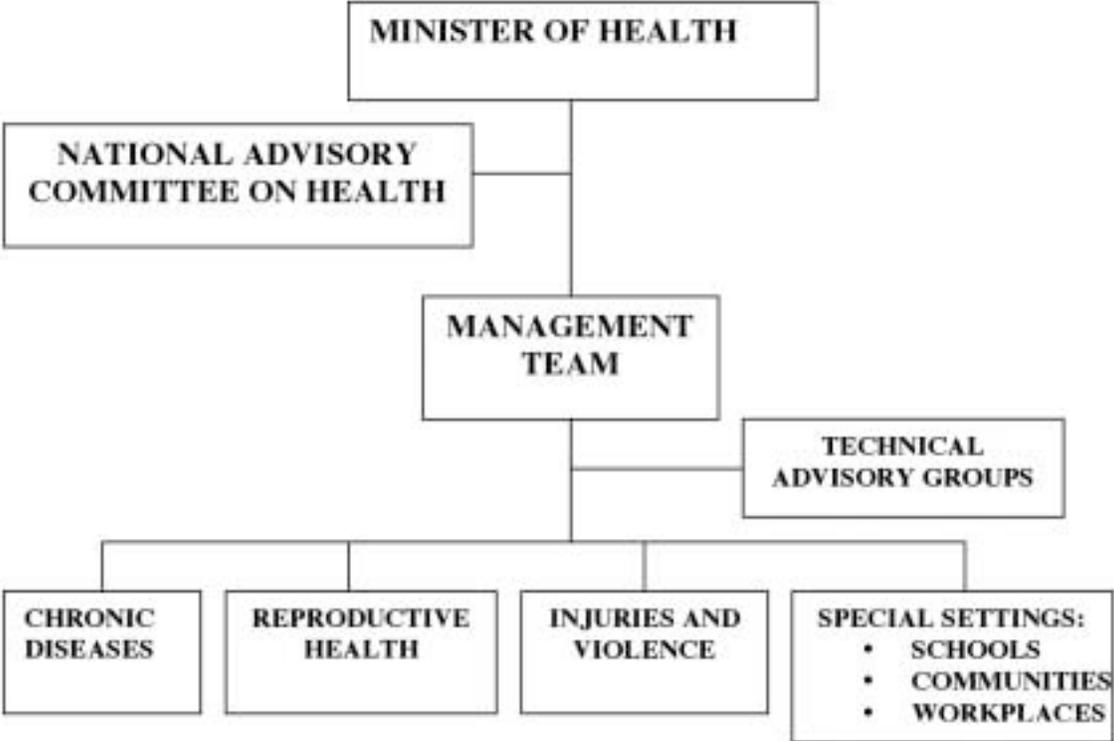
- The Committee will evaluate progress made in implementing the Policy and Strategic Plan, prepared by the Management Team, and recommend key policy and programme strategies to be used. The Committee will use these annual meetings to report to the Minister of Health who will in turn report to the Human Resource Committee of Cabinet.

FIGURE 10 - THE MANAGEMENT SYSTEM AND THE ENVIRONMENT



- The Human Resource Committee of Cabinet will give direction and support for the implementation of the policy and plan and will receive reports at agreed intervals on the implementation process.

FIGURE 11 - ORGANISATIONAL RELATIONSHIPS



**The Management Team:**

- The Management Team will be appointed by the Minister of Health and will be comprised of the managers responsible for the different policy and programme components of the Promotion of Healthy Lifestyles Strategic Plan as well as other technical/ professional staff selected by the Minister
- The Management Team will be chaired by the Ministry of Health and will meet at least once per quarter to ensure the appropriate implementation of the sub-programmes in keeping with programme policies and objectives.
- The Management Team will be supported by Technical Advisory Groups that provide technical advice on the different aspects of the Policy and Strategic Plan for the Promotion of Healthy Lifestyles.
- The Management Team, in consultation with the Committee, will determine the nature and composition of these technical groups which will be approved by the Minister

## **Programme Component Management Teams**

- Each of the main programme components will have its own management teams responsible for the planning, implementation and evaluation of each programme area.
- Professional staff from the Ministry of Health will provide technical support and share responsibility for planning, implementing and co-ordinating each programme area.
- Each programme component management team using the Policy and Strategic Plan for Healthy Lifestyles will finalise the five-year programme for each component of the Plan.
- The five-year plans should be broken down into annual programmes plans tied to the government's annual budgeting cycle to ensure that funds are provided for implementing the programme.
- Each programme component management team will also work in partnership with the private sector, the National Health Fund and non-governmental organisations to mobilise resources to support the programme.
- The programme component management teams should have at least monthly meetings to assess progress based on these programme indicators and take corrective action to keep the programmes on target.
- The Management Team will work directly with programme component teams and use monthly meetings to monitor the progress of each programme and give feedback on the strategies to be used to ensure the successful implementation of programmes.
- Reporting by programme component teams must be based on the programme plans developed for each programme and the indicators stated for each output/component of the programme. The results of these monthly meetings would be fed into the monthly meetings of the Management Team.
- Results of the evaluation process will be used to prepare these annual programmes. These annual programmes will be approved by the Minister of Health, in consultation with the National Advisory Committee and submitted as part of the budgeting request of the relevant government ministry or agency.
- In addition programmes will be submitted to the private sector, non-governmental organisations and the Health Fund for financial and other resources to support the implementation process.

## V NEXT STEPS - PUTTING THE POLICY FOR PROMOTING HEALTHY LIFESTYLES INTO EFFECT

The following broad steps will be followed in implementing the policy for promoting healthy lifestyles:

- National consultation on the Policy and presentation to Cabinet prior to tabling in Parliament
- Finalisation of a Five - Year Strategic Plan for Promoting Healthy Lifestyles
- Establishment of the National Advisory Committee on Health with overall responsibility for advising the Minister of Health on refining and implementing the policy and plan
- Establishment of the Management Team to take the day-to-day responsibility for refinement and implementation of the plan under the guidance of the Committee and Minister
- Establishment by the Management Team of programme component teams to take responsibility for the planning and implementation of each of the main programme components of the Plan which will be implemented incrementally based on the flow of resources and the capacity to implement the programmes

**Each programme component team will be required to:**

- Establish the inter-sectoral linkages (private and public) needed to move the programme forward
  - Obtain the required resources through government and other sources and implement the programme in keeping with its goals, objectives and deliverables
  - Identify the technical guidance needed and request the Executive Committee to establish such technical committees to provide this guidance
  - Report on an agreed basis to the Management Team on progress made in implementation of programmes. These reports will serve as the basis for reporting to the Advisory Committee, the Minister of Health and the Cabinet through the Human Resource Council.
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# APPENDIX 1

## SUMMARY OF STRATEGIES USED IN THE HEALTHY LIFESTYLE PROGRAMME

Health Promotion Strategies	Physical Activity	Appropriate Eating Behaviour	Food & Beverage Industry
<p><b>Public Policy</b></p>	<p>Policies, laws and regulations supportive of a physically active lifestyle and environment in schools, places of work and communities established and enforced</p> <p>Environment, transport, security and safety policies to protect areas designated for physical activity advocated</p> <p>A programme of on-going research established to guide policy development</p>	<p>Public policy on food and health established</p> <p>Appropriate laws / regulations relevant to the policy enacted</p> <p>An on-going programme of research to support public policy developed</p> <p>Work with partner organizations to enact policy guidelines to support appropriate eating behaviours</p> <p>The policy on breast - feeding and "Baby Friendly" hospitals reinforced and implemented</p>	<p>Regulatory and operational issues facing the food industry having appreciable impact on dietary choices in the population that will make food available to support nutritionally desirable food choices addressed</p> <p>Nutrition and food safety standards for the industry based on food-based dietary guidelines established</p> <p>Nutritional labeling standards established</p> <p>Policy on breast milk substitutes developed /revised</p> <p>An on-going research programme developed to guide policy formulation</p>

Prevention and Control of Smoking	Appropriate Sexual Behaviour	Injury and Violence	Health Promotion in Special Setting
<p>An appropriate framework for the prevention and control of tobacco use established</p> <p>All tobacco products registered under the Food and Drug Act with the appropriate Agency</p> <p>Manufacturers and importers label tobacco products according to approved standards and include the Chief Medical Officer's Warning</p> <p>Taxation policy revised to provide for increased taxation on tobacco products</p>	<p>A policy and guidelines for provision of contraceptives to minors developed and implemented</p>	<p>Child/adolescent health policy to promote participation and the rights of the child/youth developed</p> <p>A code/policy and guidelines to control the services provided by the media in relation to violence implemented and enforced</p> <p>A policy for the sharing of information / data collected on violence and injuries by different public and private agencies established and used in decision-making</p>	<p>Framework policies for creating healthy schools, healthy communities and healthy workplaces formulated</p> <p>Models of healthy schools, communities and workplaces based on the frameworks developed, implemented and evaluated on a pilot basis</p>

Health Promotion Strategies	Physical Activity	Appropriate Eating Behaviour	Food & Beverage Industry
<p><b>Empowering Communities / Individuals</b></p>	<p>Curriculum development/revision and training at primary secondary and tertiary educational institutions and community levels implemented</p> <p>Guidelines on physical education and sports for target groups developed</p> <p>Awareness and knowledge of physical/recreational activity and health in young children, adolescents and adults increased</p>	<p>Curriculum development / revision and training: courses to improve the knowledge of teachers, students parents and vendors developed and incorporated into existing training</p> <p>Programmes at the secondary and tertiary levels especially for the hospitality industry, retail outlets, medical and paramedical personnel, coaches, teachers etc.</p> <p>Guidelines for the promotion of healthy foods in schools, workplaces and communities and by the media provided</p>	<p>Guidelines for marketing and promotion of food products developed</p> <p>Projects for social marketing of health food products in target populations developed</p> <p>Individuals and communities empowered through an aggressive public education and training programmes to make healthy food choices</p>

Prevention and Control of Smoking	Appropriate Sexual Behaviour	Injury and Violence	Health Promotion in Special Setting
<p>Research conducted to determine the knowledge, attitudes, practices and beliefs of individuals in relation to smoking and drug abuse (marijuana)</p> <p>Existing prevention education programmes in schools and communities strengthened</p> <p>Peer and community educators/ counsellors strengthened in their fight against smoking and substance abuse</p> <p>Peer and community educators/ counsellors trained in promoting the prevention of tobacco and substance abuse</p>	<p>A community intervention model for healthy lifestyles developed and implemented</p> <p>Sexual decision - making capacity of pre-adolescents and adolescents improved</p> <p>Leadership and parenting skills improved</p> <p>NGO / CVO and youth organization healthy lifestyle and sexual behaviour programme content increased</p>	<p>Leadership and parenting skills improved</p> <p>Community empowered to address violence prevention (e.g. Resiliency issues etc.)</p> <p>Victims and perpetrators of violence provided with counseling and supportive programme for violence prevention</p>	<p>Teachers, school counselors, children and parents provided with appropriate life-skills to reduce violence in schools, practice healthy eating habits, appropriate physical activity and appropriate reproductive behaviour</p> <p>Community leaders and members provided with appropriate life-skills to reduce violence in communities, practice healthy eating habits, appropriate physical activity and appropriate reproductive health behaviour</p> <p>Management and employees provided with appropriate life-skills to reduce violence in the workplace, manage stress, practice healthy eating habits, appropriate physical activity and appropriate reproductive health behaviour</p> <p>Supportive programmes and educational materials Developed</p>

Health Promotion Strategies	Physical Activity	Appropriate Eating Behaviour	Food & Beverage Industry
<p><b>Create Supportive Environments</b></p>	<p>Models of institutional interventions for integrating physical activity into the lives of all individuals, developed implemented and evaluated</p> <p>The development of healthy and safe zones in schools and communities to promote a physically active lifestyle facilitated</p> <p>The impact of physical activity interventions on the well being of the target group evaluated</p>	<p>Models of institutional interventions developed and tested</p> <p>Facilitating environments to ensure that foods available at canteens, in retail outlets, restaurants and from vendors allow for alternative and informed choices created</p> <p>The impact of interventions on food choice behaviour in target groups evaluated</p>	<p>The availability of acceptable food products in the market-place increased</p> <p>All food products properly labeled in relation to their nutrition content</p>

Prevention and Control of Smoking	Appropriate Sexual Behaviour	Injury and Violence	Health Promotion in Special Setting
<p>Comprehensive prevention strategies integrated into the daily life of communities / settings with emphasis on high-risk economically disadvantaged children, youth and young adults</p> <p>All government buildings, properties and public places designated as non-smoking areas</p> <p>Promotion (including advertising) of cigarettes and tobacco products prohibited / controlled</p> <p>Communication strategy and programmes to promote increased awareness of harmful effects of tobacco and substance abuse implemented</p>	<p>The development of a policy and legal framework that protects the human rights of persons living with and affected by HIV/AIDS and facilitates access to services facilitated</p>	<p>Awareness of the impact of violence on the society and the health services increased through public education programmes</p> <p>Mentorship programme developed and implemented to manage and prevent violence</p> <p>Socio- economic issues of high risk communities addressed to reduce conditions supportive of violence</p> <p>Skills training and employment opportunities for youth in high risk communities increased</p>	<p>Support groups established with existing parent/teachers and community and work conducted to extend and institutionalize the healthy school concept into communities served by the school</p> <p>Community support groups established and work conducted to extend and institutionalize the healthy community programme</p> <p>Employee/employer support groups (including trade unions) established and work conducted to extend and institutionalize the healthy workplace</p> <p>Healthy Schools Behavioural Surveillance model that includes sexual behaviour developed</p>

Health Promotion Strategies	Physical Activity	Appropriate Eating Behaviour	Food & Beverage Industry
<p><b>Reorientation of Services</b></p>	<p>Physical activity included as a component of chronic disease management at government clinics</p> <p>Facilities for engaging physical activity in the health services evaluated and improved</p>	<p>Nutrition integrated into programmes for management of chronic diseases</p> <p>Nutrition and dietetic services offered at health facilities improved</p> <p>All hospitals certified "Baby Friendly"</p>	

Prevention and Control of Smoking	Appropriate Sexual Behaviour	Injury and Violence	Health Promotion in Special Setting
<p>Public Health centres strengthened to be a major vehicle for promoting the prevention and control of the smoking of tobacco products and marijuana/ drug use</p>	<p>Clinic-based reproductive services outreach to community extended</p> <p>Community accessibility to the existing social support network strengthened</p> <p>Community outreach of Family Planning/Adolescent Reproductive Health (FP/ARH) services extended</p> <p>Behavioural surveillance system implemented</p>	<p>Community-based model of violence prevention developed and implemented</p> <p>Hospital based model of violence prevention developed and implemented</p> <p>Access of victims of violence and communities to community based support services increased</p> <p>An evaluation system for community and hospital-based programmes developed and implemented</p> <p>The Jamaica Injury Surveillance System and Health GIS, Jamaica enhanced</p>	<p>Life-skills and emotional intelligence in children less than 10 years improved</p> <p>Structured after-school programme developed and implemented</p> <p>Mentorship programme developed and implemented</p> <p>Behavioural surveillance system developed and implemented in schools and other institutions</p> <p>Supportive systems in the Education System to sustain and implement the healthy schools concept established</p> <p>The impact of interventions on risk behaviour in the school population evaluated</p> <p>Reorient the local and central government agencies to sustain and implement the healthy community concept</p> <p>Evaluate the impact of interventions on the risk behaviours in the community</p> <p>Reorient services and programmes within the workplace and provided by the local and central government agencies to sustain the health workplace concept</p> <p>Evaluate the impact of the interventions on risk behaviour in the workplace</p>

Health Promotion Strategies	Physical Activity	Appropriate Eating Behaviour	Food & Beverage Industry
<p><b>Build Alliances</b></p>	<p>Supportive networks and alliances with government agencies, NGO's, private sector and other relevant organizations or groups created</p> <p>A partnership with the media to promote the value of physical exercise established</p>	<p>Partnership with the public service and relevant agencies, unions, the business community established to collaborate in the development of policies and programmes that encourage weight maintenance and healthy food choices</p> <p>A public education programme in partnership with the media developed and implemented</p>	<p>A partnership with the Food and Beverage Industry established to manage the programme for the production and marketing of healthy foods</p> <p>This partnership utilised to increase the influence on policy-makers responsible for the national health agenda and create opportunities to articulate, interpret and implement policies governing health and trade</p>

Prevention and Control of Smoking	Appropriate Sexual Behaviour	Injury and Violence	Health Promotion in Special Setting
<p>Linkages established with key groups to promote healthy lifestyle concepts and practices related to prevention and control of tobacco use</p> <p>Partnerships established with the media and entertainment industry to promote the prevention and control of tobacco use</p>	<p>Other government agencies, private sector, non-governmental organizations and community based organizations involvement increased</p> <p>Availability of sexual information in the private sector increased</p> <p>Number of condom vending machines in the private sector and public places increased</p> <p>Media lobbied to enhance appropriate sexual behaviour in the population</p>	<p>Coordination committee with key government and non-governmental partners to manage various aspects of the programme established</p> <p>Media lobbied and commitment to reduce exposure to violence gained</p> <p>Public relations efforts to bring violence prevention on the public health, government, NGO and PSOJ agendas strengthened</p>	<p>An Inter-sectoral committee, including the Ministries of Health, Education and Community Development as well as other key partners established to manage the healthy schools programme</p> <p>An Inter-sectotal committee, including Ministries of Health, Education and Community Development as well as other key partners establish to manage the healthy community programme</p> <p>An Inter-sectoral committee including the Ministries of Health, Labour and Local Government as well as other key partners established to manage the healthy workplace programme</p>

