

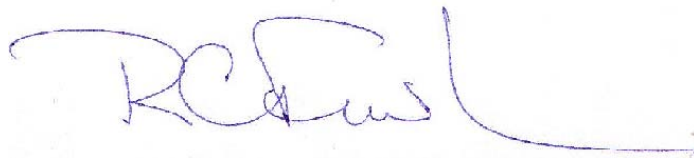


NOVA SCOTIA
**Health Promotion
and Protection**

Department of Health Promotion and Protection

2006-2007 Business Plan

April 25, 2006



Robert C. Fowler, Deputy Minister

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1. Message from the Minister and Deputy Minister

This business plan is more than business as usual. What's in these pages represents an opportunity seized, strides taken and a journey begun; a journey that in no small way is critical to the future health and safety of Nova Scotians.

More than a year ago, the Department of Health and the former Nova Scotia Health Promotion office together commissioned a review of the province's public health system, consulting with stakeholders throughout the process. The report went to Cabinet in January 2006 and they acted quickly.

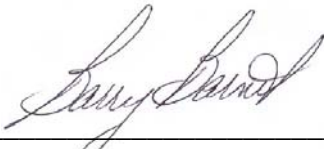
The creation of the new Department of Health Promotion and Protection (HPP) announced in February 2006 is a strong signal that government is committed to renewing the public health system in all its facets.

This new Department brings together two key areas from the Department of Health: the Office of the Chief Medical Officer of Health and the Public Health branch. It also incorporates Nova Scotia Health Promotion as equally important in order to continue the momentum of its success.

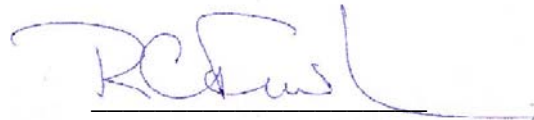
The focus is prevention, promotion and protection and it is a clear demonstration of government's leadership. Uniquely Nova Scotian, this department is well positioned to respond to emerging health threats, prevent chronic disease and injury, and promote healthier choices for individuals and communities. The work involved will range from improving access to physical activity through facility and school grants, preparing for health threats such as pandemic influenza, and providing information, services and supports to future generations through Youth Health Centres.

System renewal is underway but note that this journey is a long one, expected to take up to five years. The timing is right. We are building on the commitment made three years ago with the creation of the Office of Health Promotion. We will continue in a planned, deliberate and inclusive manner.

We are grateful for the hard work and commitment of staff and stakeholders in bringing these progressive changes to fruition. Without their dedication, we would not be poised for the future in the way we are today.



Honourable Barry Barnett
Minister of Health Promotion and Protection



Robert C. Fowler
Deputy Minister

2. Planning Context

2.1 Organization of the new Department of Health Promotion and Protection

With SARS behind us and the prospect of a pandemic ahead of us, the Department of Health and Nova Scotia Health Promotion commissioned a review of the public health system more than a year ago, consulting with stakeholders and partners throughout the process.

In January 2006, Government received the final Public Health Review Report, “*The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*”. It acted quickly by implementing a key recommendation: creating a new department that brings together the priorities of Nova Scotia Health Promotion with Health’s public health branch and the Office of the Chief Medical Officer of Health. Announced on February 23, 2006, the new department sets the stage for the development and implementation of an integrated public health system that emphasizes both the promotion and protection of Nova Scotians’ health and well-being.

In this 2006-2007 business plan, HPP builds on the early successes of Nova Scotia Health Promotion, continuing the strong work of the public health branch and the Office of the Chief Medical Officer of Health, while working to consolidate and strengthen the province’s public health system.

The new Department will continue to develop strong linkages with other government departments and stakeholders whose work impacts the health of Nova Scotians. A strong public health system will contribute to the improved health of individuals, families and communities in Nova Scotia as well as to the sustainability of our broader health system.

The actions for system renewal (see Appendix A) will develop the infrastructure, systems and processes that will make the new Department a good leader, enhance and strengthen the partnerships with district health authorities and ensure an efficient, effective and responsible system that serves Nova Scotians well. By this time next year, a permanent public health leader will be working to continue government’s commitment to renewing the province’s public health system. We are at the beginning of an exciting journey.

While this new Department evolves to offer these services, it receives corporate support and liaison from the Department of Health in the following areas:

- Legal Services
- Legislative Policy
- Health Information Management
- Intergovernmental Affairs
- Financial Services
- Human Resources.

2.2 Health Goals for Canada

In developing a pan-Canadian Public Health Strategy, First Ministers committed to “improving the health status of Canadians through a collaborative process”. Federal/Provincial/Territorial Ministers of Health adopted the following Health Goals for Canada. Nova Scotia has endorsed these goals and the department is committed to upholding them in our policies and programs.

Health Goals for Canada

Overarching Goal: As a nation, we aspire to a Canada in which every person is as healthy as they can be - physically, mentally, emotionally, and spiritually.

Canada is a country where:

Basic needs (social and physical environment)

- Our children reach their full potential , growing up happy, healthy, confident and secure;
- The air we breathe, the water we drink, the food we eat, and the places we live, work and play are safe and healthy - now and for generations to come.

Belonging and Engagement

- Each and every person has dignity, a sense of belonging, and contributes to supportive families, friendships and diverse communities.
- We keep learning throughout our lives through formal and informal education, relationships with others, and the land.
- We participate in and influence the decisions that affect our personal and collective health and well-being.
- We work to make the world a healthy place for all people, through leadership, collaboration and knowledge.

Healthy Living

- Every person receives the support and information they need to make healthy choices.

A System for Health

- We work to prevent and are prepared to respond to threats to our health and safety through coordinated efforts across the country and around the world.
- A strong system for health and social well-being responds to disparities in health status and offers timely, appropriate care.

2.3 Vision, Mission, Guiding Principles and Strategic Goals¹

Vision Nova Scotians working together to make our province a safe and healthy place in which to live, work and play.

Mission Through leadership, collaboration and capacity-building:

- To strengthen community action and enhance personal skills that promote health and prevent illness and injury
- To create and sustain supportive environments for health improvement and healthy public policy development
- To support reorientation of health and other services to enable population health

Guiding Principles ²

- Integration - requires multi-sectoral, multi-disease and multi-risk factor approaches using a variety of health promotion strategies, including policy development, leadership development, building supportive environments, community action and capacity-building, skill-building, awareness and education, and knowledge development and translation.
- Partnership and Shared Responsibility - requires the collective efforts of all government departments, economic sectors, voluntary agencies and community groups working together toward shared goals.
- Best/Promising Practices - requires consideration of evidence-based approaches, which are grounded in sound scientific knowledge and successful experience.
- Capacity - focuses on valuing, developing and sustaining individual and community resources, skills, and strengths.
- Accountability - requires consistent and thoughtful monitoring, evaluating and reporting on strategies, programs, activities and outcomes.

Strategic Goals

Through leadership, support, education and promotion, advocacy, research and policy:

- to create an environment in which individuals, communities, organizations and government sectors work together to improve health

¹From the former Office of Health Promotion

²Adapted from the Chronic Disease Prevention Strategy, 2003

- to reduce health disparities
- to improve overall health outcomes.

2.4 The State of Our Health in Nova Scotia

Canadians are among the healthiest people in the world, but some groups of Canadians are not as healthy as others. Major health disparities exist throughout the country.³ Nova Scotia has some of the poorest health statistics in the country, including the highest rate of deaths from cancer and respiratory disease, the second highest death rate from cardiovascular disease, the second highest diabetes rate, the second highest psychiatric hospitalization rate, and the lowest life expectancy and free-of-disability measures for both men and women⁴.

Four types of chronic disease kill an estimated 5,800 Nova Scotians a year, account for nearly 75% of all deaths in the province, and are the major causes of premature death and hospitalization. Injury is the leading cause of death of Nova Scotians under the age of 45 and the fourth leading cause of death overall.⁵ Cardiovascular disease claims 2,800 Nova Scotians each year and accounts for 36% of all deaths in the province. Cancer kills an estimated 2,400 Nova Scotians each year accounting for 30% of all deaths in the province.⁶

Costs to the Nova Scotia Economy

The burden of illness and injury, together with an aging population, is increasing pressure on our health care system and costing the Nova Scotia economy billions of dollars each year. Chronic diseases cost the Nova Scotia economy a total of \$3 billion each year—\$1.24 billion in direct medical costs and \$1.79 billion in lost productivity. Specifically:

- Treatment of smoking-related illness costs \$170 million a year and smoking costs the Nova Scotian economy \$358 million annually in productivity losses due to premature death and absenteeism;
- Physical inactivity costs \$107 million a year in direct medical costs;
- Annual direct and indirect costs of injury in Nova Scotia accounts for \$570 million each year;
- Direct preventable costs associated with alcohol use are \$112 million; indirect costs total \$240 million.⁷

Health Determinants

The prerequisites and prospects of health cannot be ensured by the health sector alone. The evidence is clear that our health is determined by many factors: gender, education and literacy, income and social status, employment and working conditions, economic, social and physical

³Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security (December 2004). *Reducing Health Disparities: Role of the Health Sector Discussion Paper*.

⁴Colman, R., GPI Atlantic. (October 2002). *The Cost of Chronic Disease in Nova Scotia*.

⁵Nova Scotia Health Promotion and EHS Nova Scotia Trauma Program. (2003). *Nova Scotia Injury Prevention Strategy: Report and Recommendations*. (2003).

⁶Colman, R., GPI Atlantic. (October 2002). *The Cost of Chronic Disease in Nova Scotia*.

⁷Office of Health Promotion (2004). *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion*.

environments, personal health practices and coping skills, social support networks, human biology, healthy child development, health services, culture and gender. Taken together, these are the “determinants of health.” The complex web of causation that influences health-related behaviours and health status requires comprehensive approaches to address them adequately.⁸

Population Health

Population health focuses on factors that enhance the health and well-being of the overall population.⁹ A population health approach aims to maintain and improve the health status of the entire population by:

- Focusing away from changing individuals to promoting healthier communities, this helps to reduce health disparities,
- Addressing the health determinants and their interaction,
- Basing decisions on evidence, drawing on this evidence allowing the identification of specific priorities to address specific populations,
- Increasing upstream investments which consider the root causes of illness and injury and the conditions that create health,
- Applying multiple strategies across different settings to improve the population,
- Collaborating across sectors and levels, recognizing that taking action on health determinants requires working closely with other sectors, and
- Seeking public involvement.¹⁰

The Department is committed to the population health approach for its work in health promotion and protection.

2.5 Review of Nova Scotia’s Public Health System

The Government of Nova Scotia recognized the importance of the population health approach in addressing risk factors and health determinants to improve the health of its citizens. The Office of Health Promotion was created in December 2002 by combining the former Nova Scotia Sport and Recreation Commission with aspects of the Population Health Branch of the Department of Health. But the public health system must not only contribute to improving the population’s health, it must also help to prevent and mitigate public health emergencies.

Following the SARS outbreak in Ontario and the Naylor Report¹¹ on the public health system’s response, the Federal/Provincial/Territorial Ministers of Health decided to “make public health a top priority by improving health infrastructure, and increasing international, provincial, territorial and federal capacity across the country”.

⁸Department of Health/NSHP. (September 2006). *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*.

⁹Federal/ Provincial/ Territorial Advisory Committee on Population Health, (1994), *Strategies for Population Health*, P. 9

¹⁰Nova Scotia Department of Health, Public Health Services (2001). *Healthy People, Healthy Communities: Using the Population Health Approach in Nova Scotia*.

¹¹National Advisory Committee on SARS and Public Health. (October 2003). *Learning from SARS: Renewal of Public Health in Canada*.

In response, Nova Scotia embarked on an assessment of the coordination, integration and comprehensiveness of its public health system. The resulting report showed a number of issues in our public health system including¹²:

- a structurally complex system,
- the proclamation of a new *Health Protection Act* that focuses solely on communicable diseases and environmental health,
- no explicit application of high level public health program standards,
- limited system capacity, and
- limited information systems.

The report identified 21 “action items” which are summarized in Appendix A.

2.6 Horizontal and Stakeholder-driven Collaboration

Aimed at the goal of a healthier population, HPP facilitates communication, cooperation, collaboration, and action among individuals, organizations, sectors and government departments on issues and strategies relating to public health, health promotion and health protection across different settings and different populations. HPP has a particularly well developed and constructive relationship with Health Canada, Sport Canada and the Public Health Agency of Canada (PHAC).

Advisory Committee to Nova Scotia Health Promotion

The Advisory Committee for Nova Scotia Health Promotion has a mandate which includes:

- Providing a mechanism for exchange and sharing of information; networking and collaboration,
- Providing advice on program issues, strategic directions, policy and intersectoral collaboration initiatives proactively and in response to requests, and
- Providing advice to NSHP on annual and long term priorities.

The Advisory Committee provided the following input to the business planning process for 2006-2007:

- Increase communication to the government and to the public of the importance of health promotion and prevention.
- Government departments consider their actions and policies through a health promotion/prevention lens.
- Increase human resource capacity especially at the community level.
- Provide local infrastructure including consideration for a centre that provides health promotion training.
- Implement new initiatives on the basis of evidence and best practices.
- Develop early and easy access to relevant information.
- Include all Nova Scotians but especially target populations which traditionally experience barriers.

¹²Department of Health/NSHP. (September 2006). *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*.

- Apply a settings-based approach to align public health, health promotion and health protection activities using a population health focus and addressing a range of health determinants specific to particular settings.

These recommendations were received by the Minister of Health Promotion in January 2006 and have been carefully considered in the preparation of this business plan.

Healthy Public Policy Development Through Intersectoral Collaboration

Employing a population health approach to policy development and program planning often leads the Department to target specific populations with greater than average health needs, and to work with the federal government, other government departments and non-government organizations (NGOs). Some examples of the Department's recent collaborative, horizontal and intersectoral policy development and program planning efforts are listed below.

- Children and Youth Activity Committee (CAYAC)
The Department is responsible for chairing this interdepartmental committee for the next 2 years, Membership includes the Departments of Health, Community Services, Justice, Education, and the Youth Secretariat.
- Community Development Policy and Lens
The Department has participated in the development of the Community Development Policy and has successfully applied it in several of our priority areas in 2006-2007.
- Nova Scotia Green Plan
The Department works closely with partners such as the Department of Environment and Labour and NGOs in connection with trail development.
- Strategy for Positive Aging
The Department was a key partner with the Seniors Secretariat in the development of the Strategy for Positive Aging. In areas such as the oral health of seniors, falls prevention, and chronic disease prevention, The Department will continue collaborative efforts aimed at reducing the risk factors for chronic disease and injury in our seniors population.
- Nova Scotia School Food and Nutrition Policy
Under the leadership of Education and in collaboration with HPP and former Agriculture and Fisheries and other key stakeholders, the provincial policy addresses a variety of issues including foods offered at school cafeterias, vending machines, portion sizes, and nutrition education.

Relationships with District Health Authorities (DHAs) and Community Health Boards

The DHAs have identified health promotion activities in their business plans in the context of public health, primary health care, mental health services, and other varieties of health services. The Department provides overall direction and support to DHAs and Community Health Boards (CHBs) in all of our core business areas - healthy eating, sexual health, injury prevention, tobacco control, addictions, physical activity, sport and recreation, chronic disease prevention, health protection, public health and communications and social marketing.

Health Promotion and Protection in Settings: Schools, Workplaces, and Communities

Some of the Department's core business areas and priorities are organized by "risk factors" for chronic disease and injury. Examples include healthy eating, tobacco control, addictions prevention, injury prevention, and physical activity promotion. However, there is increasingly compelling evidence that the most successful population-targeted interventions that mitigate these factors are those that occur in clusters in particular settings where people learn, work and live, that is in schools, workplaces and communities.

Creatively combining multiple initiatives and working closely with DHAs, school boards, the private sector, and community-based NGOs, the Department is developing and implementing "settings-based approaches" to health protection, public health, and the prevention of chronic disease and injury. Examples of initiatives in each of these three key settings follow.

In Schools

- Health Promoting Schools (HPS) provides funding for partnerships between DHAs and school boards to support school-based programs that promote and support physical activity and healthy eating in schools throughout the province. A provincial school health coordinator has been funded and hired by the Department of Education and HPP to oversee the implementation of this program.
- Sport Animators have been hired throughout the province to liaise with schools and communities to maximize sport and recreational opportunities for children, youth and families.
- P.A.R.T.Y. is a partnership with the Departments of Health, Transportation and Public Works (TPW) and Education. Its aim is to Prevent Alcohol and Risk Related Trauma in Youth and it has been approved as a resource for the high school Career and Life Management Program.

In Workplaces

- HPP is providing leadership and support to workplace health initiatives in the provincial health system (DHAs, long term care facilities, etc.).
- HPP is supporting the Public Service Commission and other government departments to develop and implement a healthy workplace strategy aimed at provincial government employees.
- Working with the Workers Compensation Board, health charities, other government departments and the private sector, HPP is providing leadership and support to the development of a comprehensive workplace health strategy for Nova Scotia.

In Communities

- HPP provides a range of "promotional assistance" grants to community and other organizations aimed at encouraging their work in health promotion and protection.

- HPP provides a tax system-based "healthy living incentive" to parents of children who wish to enroll their children in community-based physical activity and sporting programs.
- HPP supports the Preventing Falls Together Initiative through Community Links to develop community-based services, supports, education and assistance to reduce falls among seniors.
- In conjunction with DHAs, Community Health Boards receive Wellness Grants for local initiatives aimed at preventing chronic disease and injury prevention.
- HPP provides physical activity grants to community-based organizations offering a wide range of opportunities to help Nova Scotians of all ages be more active.

3. The Nova Scotia Government's 6 Priority Areas

Through its business plan and budget, the Government of Nova Scotia is setting a policy direction that provides leadership and support to the mandate, vision, mission, strategic priorities and core business areas of HPP. The Government has announced 6 strategic priority areas for 2006-2007:

- Health Promotion and Protection
- Youth, Families and Communities
- Community Safety
- Economic Development and Infrastructure
- Environment
- Energy - Green and Sustainable

HPP is leading and/or supporting key initiatives in all six areas.

3.1 Health Promotion and Protection

The broad ranging mandate of the new Department of Health Promotion and Protection is obviously and entirely dedicated to the achievement of goals that align with this new and important priority. Initiatives in each of the Department's core business areas support this priority. A full account of 2006-2007 departmental priorities is outlined in section 5 of this business plan but the departmental highlights in this area include:

- Public Health Review Implementation
- Public Health Laboratory Development
- Public Health and Chronic Disease/Injury Prevention Information and Surveillance System
- National Collaborating Centre of the Social Determinants of Health
- Tobacco Control Strategy Renewal
- *Smoke-free Places Act*
- Nova Scotia's Smokers Helpline
- Point-of-Sale Advertising
- Lawsuit Against Tobacco Manufacturers

- Provincial Alcohol Strategy Development
- Provincial Gaming Strategy Implementation
- Food Security and Sustainable Food Costing Model
- Provincial Falls Prevention Strategic Framework
- Strategic Framework for Addressing Suicide
- Physical Activity, Sport and Recreation Framework Development
- Nicotine Treatment Services
- Comprehensive Workplace Health Strategy
- Children's Immunization
- Stakeholder Database and Webmaster
- Public Affairs Support for Social Marketing Campaigns

3.2 Youth, Families and Communities

Departmental highlights include:

- Active Living Communities
- Community Health Board Wellness Grants
- Healthy Beginnings Enhanced Home Visiting
- Youth Sexual Health
- Youth Health Centres
- Web-based Alcohol and Other Drug Education Resources Grade 10-12
- Fruit and Vegetable Consumption
- Provincial School Food and Nutrition Policy
- MomsandDads.ca
- Health Promoting Schools
- Breastfeeding
- Active Kids, Healthy Kids
- PACY2
- Recreation Policy
- Sport Futures Leadership Program and Sport Participation Opportunities for Children and Youth Program (Sport Animators)
- Nova Scotia Sport Plan
- Capacity-building in Community Volunteers
- Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.)
- Summit on Seniors Falls
- District Injury Prevention Initiatives
- Nova Scotia Injury Prevention Strategy Evaluation Framework
- Drug Education Curriculum Supplement
- National Addictions Awareness Week
- Chronic Disease Prevention Positions
- Children's Car Seats

3.3 Community Safety

Departmental highlights include:

- Road Safety Campaign
- Off Highway Vehicle (OHV) Action Plan Implementation
- Preventing Falls Together

3.4 Economic Development and Infrastructure

Departmental highlights include:

- Recreation Facility Development Grant Program
- Physical Activity, Sport and Recreation (PASR) Regional Services Program and Grant Administration
- 2014 Commonwealth Games Bid
- 2011 Canada Winter Games Hosting

3.5 Environment

Departmental highlights include:

- Trail Maintenance Program
- Provincial Walking Initiative

3.6 Energy - Green and Sustainable

Department highlights include:

- Active Transportation in Nova Scotia

4. Core Business Areas

HPP's core business areas align with the strategic priority areas from the former Nova Scotia Health Promotion and the Office of the Chief Medical Officer of Health:

- Healthy Eating
- Sexual Health
- Physical Activity, Sport and Recreation
- Tobacco Control
- Injury Prevention
- Addictions
- Chronic Disease Prevention
- Health Protection and Public Health
- Communications and Social Marketing.

4.1 Healthy Eating

The Healthy Eating Nova Scotia Strategy¹³ was written by stakeholders and released in March 2005. It is part of a coordinated, worldwide movement to reduce chronic disease through better nutrition. The strategy focuses on four priority areas:

- breastfeeding
- children and youth
- fruit and vegetable consumption
- food security.

We seek to promote healthy eating and improve nutritional health by maintaining collaborations among partners, providing leadership in nutrition-related policy that supports Nova Scotians, supporting best-practice evidence-based initiatives, and undertaking research and evaluation in priority areas identified in HPP's Strategic Directions and the Healthy Eating Nova Scotia strategy.

4.2 Sexual Health

Research in Nova Scotia has demonstrated that our youth are at risk when it comes to their sexual health. In 2002, 8% of grade 7 students reported having had sexual intercourse. The proportion of students engaging in sexual intercourse increased to 21% in grade 9, 34% in grade 10 and 58% in grade 12. Many of the youth are engaging in unprotected sexual activity. Of those students reporting that they had sexual intercourse, 66% had unplanned sexual intercourse, 35% had unplanned sexual intercourse while under the influence of alcohol and drugs and 35% had not used a condom during their last sexual intercourse.¹⁴

HPP, with partners, leads a coordinated population health approach to youth sexual health by developing resources that promote sexually healthy behaviours and informed decision-making across the life span, as well as across cultural, geographic, linguistic and other categories of diversity. These supports and resources are especially important in adolescence.

4.3 Physical Activity, Sport and Recreation (PASR)

Physical activity is an important contributor to both physical and mental health. Inactivity is strongly associated with high rates of chronic disease. It has been estimated that 9.2% of premature deaths in Nova Scotia result from physical inactivity.¹⁵

¹³Healthy Eating Action Group of the Nova Scotia Alliance for Healthy Eating and Physical Activity, Office of Health Promotion. (March 2005). *Healthy Eating Nova Scotia*, <http://gov.ns.ca/ohp/ohp/HealthyEating.html>.

¹⁴Nova Scotia Student Drug Use Survey, 2002

¹⁵Katzmarzyk et al., Canadian Medical Association Journal 163 (11), p. 1438; Health Canada, *Statistical Report on the Health of Canadians*, p. 291; National Cancer Institute of Canada, *Canadian Cancer Statistics*, 2001, p. 27; U.S. Centers for Disease Control and Prevention "Chronic diseases and their risk factors: The nation's leading causes of death", Atlanta, 1999, p. 34.

The benefits of physical activity include:

- prevention of a number of chronic diseases
- reduced anxiety and stress
- improved confidence and self-esteem
- improved fitness
- maintenance of a healthy weight
- stronger muscles and bones
- continued independent living in later life.¹⁶

Despite this evidence, less than half of Nova Scotians report being active or moderately active. In 2001, only 42% of Nova Scotian adults 20 years and older reported being active or moderately active. In 2003, there was a slight increase to 45%.¹⁷

Low levels of activity are also common in children and youth. In 2001, 90% of boys and 93% of girls in grade 3 accumulated at least 60 minutes of moderate or greater physical activity during five days of the week. By grade 11, the figures had dropped to 12% of boys and 7% of girls getting at least 60 minutes of physical activity.¹⁸ And inactive children and youth grow up to be inactive adults.

HPP is committed to increasing physical activity through the provision of leadership in policy development, support to the local and provincial sport and recreation delivery system, and collaboration with service-providing partners, other government departments and our Federal/Provincial/Territorial counterparts. Services are delivered in the following strategic areas:

- Active, Healthy Living
- Sport
- Regional Services.

Regional Services staff of the PASR division work in six regions (Cape Breton, Highland, Fundy, Central, Valley and South Shore) to support the goals, values and mission of HPP and the PASR priority area. Regional representatives work collaboratively with the Sport and Active Healthy Living teams within PASR to assist communities across Nova Scotia. Locally, Regional Representatives work with a broad range of community stakeholders to support their needs and objectives, such as municipal recreation staff and council volunteers, nonprofit organizations, sport and recreation clubs/organizations, community and service groups, district health personnel, schools and school board representatives, and other government departmental staff.

¹⁶Public Health Agency: Physical Activity Unit . *Physical activity for health: the evidence*. Retrieved March 6, 2006 from <http://www.phac-aspc.gc.ca/pau-uap/fitn4ess/evidence.htm>.

¹⁷*Canadian Community Health Survey, 2002 and 2004.*

¹⁸Report submitted by Physical Activity for Children and Youth Working Group (2002).

4.4 Tobacco Control

Smoking translates into high rates of chronic disease. Tobacco use remains Nova Scotia's number one cause of preventable illness and death¹⁹. In 2000, Nova Scotia had the highest provincial rate of smoking in Canada at 30%. In 2004, Nova Scotia had aligned its rate of smoking with Canada's rate at 20%²⁰ showing the Nova Scotia Comprehensive Tobacco Strategy is working and will continue.

HPP promotes tobacco reduction by working in partnership with many groups in the continued implementation of the province's comprehensive tobacco control strategy and ongoing initiatives in the following key strategic areas:

- taxation
- legislation
- treatment/cessation programs
- community-based programming
- youth smoking prevention
- media awareness
- monitoring and evaluation.

4.5 Injury Prevention

These are the strategic pillars of the Injury Prevention Strategy:

- strategies to address leading causes of injury (falls among seniors, transportation-related injuries and suicide)
- injury surveillance, research and evaluation
- intersectoral collaboration and capacity-building
- behaviour change through social marketing.

HPP provides leadership and ensures intersectoral collaboration in the ongoing development, implementation, monitoring and evaluation of the Nova Scotia Injury Prevention Strategy. Through this strategy and in collaboration with injury prevention stakeholders, HPP will continue to work with Nova Scotians toward the goal of an injury-free province.

4.6 Addictions

Addiction Services provides a continuum of care and service spanning health promotion, addiction prevention, and early intervention and treatment. The focus is on alcohol, drugs, and problem gambling. Addiction Services at HPP collaborates with DHAs as service deliverers.

Strategic areas include:

- core service identification and program development and planning
- policy, service standards and best practices
- monitoring, tracking and auditing system performance
- provincial program development and research.

¹⁹Colman, R. GPI Atlantic, (October 2000). *The cost of tobacco in Nova Scotia*.

²⁰Canadian Tobacco Use Monitoring Survey, 2004

4.7 Chronic Disease Prevention

HPP promotes chronic disease prevention by leading the province's coordinated and integrated multi-year initiatives focused on key settings with the participation of a broad range of stakeholder organizations.

Strategic areas of emphasis include comprehensive workplace health and support to chronic disease prevention work in the DHAs, CHBs, and elsewhere.

4.8 Health Protection and Public Health

Health Protection is the legislated responsibility of the Office of the Chief Medical Officer of Health and includes the protection and promotion of the public's health in the areas of communicable disease control, environmental health, and emergency preparedness and response.

The Office of the Chief Medical Officer of Health functions as an expert resource in community health science and an epidemiological resource for the Department of Health, the DHAs, other government departments, and community groups.

Public Health Services are delivered to Nova Scotians through the DHAs. The Department works in partnership with communities, families and individuals to prevent illness, protect and promote health and achieve well-being. Activities are directed at an entire population, priority sub-populations or individuals in some circumstances. Major functions include population health assessment, health surveillance, population health advocacy, health promotion, disease/injury prevention, and health protection.

4.9 Communications and Social Marketing

The purpose of Communications and Social Marketing in HPP is to persuade stakeholders, decision-makers and Nova Scotians to adopt health-promoting practices by overseeing the development of communications and social marketing plans that support HPP's work. Major functions include:

- communications, public affairs and social marketing campaigns,
- internal and stakeholder communications,
- media relations, and
- ministerial support.

5. Priorities for 2006-2007

5.1 Healthy Eating

Breastfeeding The Nova Scotia Breastfeeding policy was approved and released by both the Department of Health and Nova Scotia Health Promotion in 2005²¹. HPP will hire an Early Childhood Nutritionist to lead the implementation of the Breastfeeding priority area and the

²¹Nova Scotia Health Promotion: Healthy Eating. *Nova Scotia's Breastfeeding Policy*. Retrieved March 6, 2006 from <http://www.gov.ns.ca/ohp/breastfeeding.html>

'preschool' component of the Children and Youth priority area of the Healthy Eating Nova Scotia strategy. This position will support and address breastfeeding, infant nutrition, and early childhood nutrition in formal and informal childcare settings. This will include:

- developing, monitoring and evaluating provincial policy and program initiatives related to these priority areas;
- consulting with key stakeholders in the development of strategic partnerships;
- establishing a process to ensure the implementation of the breastfeeding policy in all organizations funded through the provincial health system; and
- enhancing the capacity of staff in early childhood programs to support parents in the development of healthy eating habits for their children.

Health Promoting Schools (HPS) Research has shown that poor nutrition affects both health and education outcomes. It can affect our children's behaviour, school performance and overall cognitive development. A hungry child has difficulty learning and over time, poor nutrition also reduces a child's resistance to infection and increases the likelihood of developing chronic diseases. This program supports schools throughout the province in providing healthy eating and physical activity opportunities for their students. HPS is expanding in 2006-2007 to support a comprehensive approach to school health in Nova Scotia. The Annapolis Valley HPS pilot project demonstrated lower rates of obesity, higher intakes of fruits and vegetables and better overall nutritional intake compared to other grade five students²².

Nova Scotia School Food and Nutrition Policy HPP supported the development of the Department of Education's School Food and Nutrition policy for Nova Scotia public schools. The purpose of the policy is to make healthy food choices the easiest choices for students. Implementation of the policy will be phased in over time and will begin in the 2006-2007 school year.

Fruit and Vegetables A rapidly growing number of studies are showing the protective role that fruit and vegetables play in preventing chronic diseases. HPP will work with the provincial Fruit and Vegetables Working Group of the Healthy Eating Nova Scotia Strategy to support an increase in fruit and vegetable consumption, increase the availability of fruits and vegetables in a variety of settings, and improve access to and affordability of fruits and vegetables.

Food Security Food security is defined as the ability of all people, at all times, to have access to nutritious, safe, personally acceptable and culturally appropriate foods, produced (and distributed) in ways that are environmentally sound and socially just.²³ There are many factors which affect food security including income, transportation trends in the food industry, and agricultural practices.²⁴ Research has shown that 17% of Nova Scotian households experienced food insecurity at some time in 2000-01.²⁵ Research consistently demonstrates that poverty is

²²Veugeliers, P.J. and Fitzgerald, A.L. (March 2005). *Effectiveness of school programs in preventing childhood obesity: a multilevel comparison*. American Journal of Public Health 95(3) 432-435.

²³Fairholm, Jacinda, 1998. *Urban agriculture and food security initiatives in Canada: a survey of Canadian non-governmental organizations*. IDRC Cities Feeding People Series, Report 25.

²⁴Healthy Eating Action Group of the Nova Scotia Alliance for Healthy Eating and Physical Activity, Office of Health Promotion. (March 2005). *Healthy Eating Nova Scotia*.

²⁵Canadian Community Health Survey

associated with poorer nutrition and higher rates of obesity. Reducing health disparities is one of the goals of HPP and one of the two overall goals of the Healthy Eating Nova Scotia strategy.

HPP will continue to work in partnership with the provincial Food Security Steering Committee to address the next steps identified for food security in the Healthy Eating Nova Scotia strategy. HPP will hire a Food Security Nutritionist and fund the sustainable food costing model that was developed for HPP to monitor the cost of a healthy diet in Nova Scotia.

5.2 Sexual Health

Roundtable on Youth Sexual Health As a partner with the Roundtable on Youth Sexual Health, the Department will lead the implementation of the Framework for Action on Youth Sexual Health. The framework provides a rationale and strategic direction for a comprehensive approach to sexual health education, services, and supports for Nova Scotia youth. In 2006-2007, activities will include:

- distributing, publicizing and promoting the Framework for Action,
- setting overall priorities for the goals and objectives of the Framework based on consultation with key stakeholders and community partners,
- continuing integration and coordination among relevant strategies and initiatives related to youth sexual health,
- establishing provincial and regional working groups to develop implementation plans for the components of the Framework, and
- establishing an evaluation committee to develop and implement an evaluation plan.

Youth Health Centres Youth Health Centres (YHCs) across Nova Scotia provide a broad range of health education and promotion services including sexual health counselling. YHCs operate in a non-judgmental manner to help young people make sound decisions about their physical, social and mental health.

5.3 Physical Activity, Sport and Recreation

Nova Scotia committed to the goal set by the Federal/Provincial/Territorial Ministers Responsible for Sport, Recreation and Fitness to increase the number of Canadians active enough for health benefits by 10% by 2010. The achievement of this goal is enabled through the work of three areas within PASR: Active, Healthy Living, Sport and Regional Services.

Physical Activity Sport and Recreation Framework HPP will develop a PASR Framework to provide direction to key stakeholders in PASR in Nova Scotia. Taking a participatory approach, the Framework will consider the needs of specific population groups, key settings, influences and possible interventions. A major benefit of creating the Framework will be to mobilize organizations and individuals toward a multifaceted approach to achieving the goal above.

Recreation Policy Working with Recreation Nova Scotia (RNS) and other partners and stakeholders, HPP will lead the development of a recreation policy.

Active Kids, Healthy Kids HPP will continue its comprehensive evaluation of the Active Kids, Healthy Kids Strategy. Using the results, the Strategy will be revised to ensure its continued effectiveness at the community, regional and provincial levels.

Active Living Communities Program HPP will pilot an Active Living Communities Program in 2006-07. This program will build and sustain the capacity of municipal governments to provide community-based leadership in physical activity.

Active Transportation HPP will continue to play a lead role in developing and implementing the *Pathways for People Framework for Action for Advancing Active Transportation in Nova Scotia*. Active transportation encompasses transportation for both recreation and utilitarian purposes and includes walking, bicycling, roller-blading, skateboarding, etc. HPP will work with municipalities, community groups and other government departments to advocate for active transportation as a means of enabling Nova Scotians to make active choices.

Trail Maintenance Program The trail movement in Nova Scotia is based on partnerships and community development with support from governments and the corporate sector. HPP supports trail development and management through funding, consultation, coordination, expertise and planning. HPP will introduce a Trail Maintenance Program in 2006-2007 which will fund community trail groups and municipalities to maintain their trails and trail systems. HPP will continue the development of a Nova Scotia Trails database.

Provincial Walking Initiative Walking is the favorite leisure time physical activity reported by Canadians and Nova Scotians.²⁶ A provincial walking initiative will be developed in collaboration with the Heart and Stroke Foundation of Nova Scotia. The initiative will provide information, resource materials, social marketing, education, pedometer access, and recognition programs for individuals, schools, workplaces and communities.

Physical Activity Children and Youth Begun in 2005, HPP will complete the Physical Activity Children and Youth 2 Accelerometer Study (PACY2). This phase 2 research will include nutrition data analysis and be completed in late 2006.

Off Highway Vehicle Action Plan HPP will partner with the other members of the Off-Highway Vehicle (OHV) Interdepartmental Committee in implementing the OHV Action Plan.

Health Promoting Schools (HPS) HPP will provide increased program funding support for partnerships with school boards and DHAs to expand HPS programs.

Expanded Recreational Facility Grant Funding This funding will allow strategic investments in the infrastructure of sport and recreational facilities throughout the province.

Nova Scotia Sport Plan HPP is leading the development of a Nova Scotia Sport Plan as part of our commitment and contribution to achieve the vision and goals of the Canadian Sport Policy by 2012.²⁷ An implementation plan will be developed to improve the quality of life for individuals and communities in Nova Scotia through active participation in sport.

Sport is widely accepted as a powerful contributor to social and personal development. Studies

²⁶Canadian Fitness and Lifestyle Research Institute, Physical Activity Monitor, 2003

²⁷Canadian Heritage: Sport Canada. *The Canadian Sport Policy*. Retrieved March 6, 2006 from http://www.pch.gc.ca/progs/sc/pol/pcs-csp/index_e.cfm

have shown that an increased level of sport participation offers many benefits over and above personal satisfaction and a sense of physical and emotional well-being - an increase in sport activity can result in better marks at school, a decrease in cigarette smoking, reduced crime rates, and reduced use of illicit drugs. As a way to be physically active, participation in sport contributes to the adoption of a healthy lifestyle and prevention of disease and illness.²⁸

Priorities for 2006-2007 include:

- **Leadership** - Collaborate on the development of a Volunteer Capacity-Building Framework that will be designed to increase the number of volunteers working in sport at all levels. Work to provide increased support for volunteers, sport administrators, coaches and officials to make training opportunities more accessible.
- **Infrastructure** - Provide advice, expertise, and support where possible to municipalities and community groups on planning for facility construction, upgrading, and conservation. Work to identify innovative funding sources and promising practices related to the sustainable development of sport and recreation facilities.
- **Hosting** - Lead the multi-year planning process for hosting the 2011 Canada Winter Games and provide support to the bid to host the 2014 Commonwealth Games in Halifax Regional Municipality.
- **High Performance Sport** - Develop and implement the High Performance Sport Strategy which aims to strengthen the high performance sport system by supporting provincial athletes, teams and coaches to reach their full potential at national competitions with the goal of promoting more Nova Scotian athletes and coaches to National Team status.
- **Coaching** - Develop the Provincial Sport Leadership Council to oversee the general responsibilities for the delivery and promotion of the national coach and sport leader development program within the province. HPP and members of the sport community will form a working group to manage this Council. The Competency-based National Coaching Certification Program will be developed and rolled out in 2006-2007.
- **Canadian Sport for Life** - Assist in the implementation of a seven-stage Long Term Athlete Development model designed in Canada to address training, competition, and recovery based on the developmental age of the athlete.
- **Provincial Sport Organization Funding** - Review block funding for provincial sport and recreation organizations.
- **Aboriginal Sport** - As a partner of the Tripartite Forum, HPP will co-Chair its newly formed Sport and Recreation Committee. This Committee will develop a common vision, mission and work plan aimed at increasing physical activity, sport and recreation, participation in the Aboriginal population.

Sport Futures Leadership Program HPP will expand support for the Sport Futures Leadership Program. The program aims to increase levels of physical activity by assisting provincial sport organizations to provide fun, safe and inclusive sport activities for children and youth regardless of gender, socio-economic status, disability, ethnic background or culture. The program employs technical Sport Futures Leaders to work with volunteers of sport programs to improve sport programming and increase recruitment of participants.

²⁸As endorsed by Ministers Responsible for Sport, Fitness and Recreation (April 2002). *The Canadian Sport Policy*.

Sport Participation Opportunities for Children and Youth Program/Sport Animators The Sport Participation Opportunities Program will continue offering through school and community-based programs, structured and unstructured sporting activities aimed at decreasing current levels of physical inactivity in children. A collaborative partnership involving all levels of government, the program focuses on community-based sport and active school communities and uses dedicated professional Sport Animators.

Volunteer Capacity-Building GPI Atlantic²⁹ suggested government needed to recognize the economic and capacity value of volunteers. This report outlined the barriers of volunteerism in this region and the areas of support needed to begin to rebuild this sector. The Volunteer 2000 report³⁰ included an action plan for Nova Scotia's volunteer movement. PASR's Regional Services staff is working in partnership with provincial and regional stakeholders to develop a framework to ensure sustainability, growth and development of volunteers within PASR sectors across the province.

5.4 Tobacco Control

Renewal of Tobacco Control Strategy Smoking prevalence rates have decreased from 30% to 20% over the past five years, but smoking rates are still high in young adult populations. HPP is undertaking an extensive health stakeholder consultation to provide recommendations on the renewal of the 5-year old Tobacco Control Strategy. DHAs, First Nations, school boards, health charities, anti-poverty organizations, and non-governmental organizations and other provincial and federal government departments will be invited to participate in a tobacco control summit in Fall 2006.

Evaluation of Tobacco Control Strategy An evaluation of the strategy will be prepared and released in 2006-07. The results will generate recommendations for future strategy elements and assist with the identification of new priorities. With the help of members of Smoke Free Nova Scotia, a revised costs of tobacco report and a public opinion survey on attitudes towards tobacco control will be prepared.

Nova Scotia Smokers Helpline As of April 1, 2006, the Province will assume responsibility for the costs associated with call volume charges for the Nova Scotia Smokers Helpline (SHL). This service offers tobacco users, friends and family toll-free information on how to quit or reduce tobacco use. The SHL also offers a referral system as well as an over-the-phone counseling service. A recent evaluation of the SHL demonstrates its effectiveness. In June

2005, 89% of callers said they had taken action toward cessation, 54% set a quit date, 71% cut down and 11% quit for a prolonged period of time.³¹

²⁹Colman, R. GPI Atlantic, (July 1998). *The economic value of civic and voluntary work in Nova Scotia*.

³⁰*Volunteer 2000*: Report submitted to the Honourable Neil LeBlanc, Minister of Sport and Recreation Commission.

³¹Centre for Behavioural Research and Evaluation, University of Waterloo (June 2005). *Smokers' Helpline Quarterly Report*

Nicotine Treatment and Prevention Programs HPP will provide financial support to DHAs for nicotine treatment services to encourage smoking cessation and improve cessation success rates and provide financial support to DHAs to develop community-based tobacco reduction programs.

Smoke-free Places Act On December 1, 2006 Nova Scotia will implement the strongest legislation in Canada to protect workplaces from second hand tobacco smoke. Amendments to the *Smoke-free Places Act* will ensure all workplaces are smoke free and no longer permit smoking on licensed outdoor patios.

Tobacco Industry Litigation Taking legal action against the tobacco industry is seen as an important part of the Province's Comprehensive Tobacco Control Strategy. HPP will support Nova Scotia's litigation team by researching the healthcare costs associated with tobacco use.

Point-of-Sale Advertising Research will be undertaken on point-of-sale advertising to find and explore options to discontinue point-of-sale advertising and promotion of tobacco products.

5.5 Injury Prevention

Seniors' falls, transportation-related injuries and suicide were identified in the Nova Scotia Injury Prevention Strategy as three target injury areas. They are the leading causes of injury-related hospitalizations and deaths and together, account for the greatest proportion of the economic burden of injury.³²

Preventing Falls Together HPP will continue funding and support of the partnership with Community Links for the Preventing Falls Together initiative (PFT) and work with the Provincial Intersectoral Falls Prevention Committee to implement the provincial falls prevention strategic framework.

Summit on Seniors Falls Up to 75% of falls among older people are associated with environmental hazards.³³ To advance the Falls Prevention Framework, increase knowledge capacity of non-traditional falls prevention stakeholders, and create capacity and interest for action around falls prevention and supportive environments for seniors, HPP will host a Summit on Seniors Falls in 2006-2007. The Summit will engage traditional and non-traditional partners and use a population health perspective to identify risks and prevent seniors' falls.

Road Safety Campaign Motor vehicle crashes created an economic burden of approximately \$75 million in 1999.³⁴ Nova Scotia supports Vision 2010: Canada's Road Safety Plan. It emphasizes the importance of partnerships and the use of a wide variety of initiatives that focus

³²EHS: Nova Scotia Trauma Program (2004). *Nova Scotia Injury Prevention Strategy*.

³³Public Health Agency of Canada, Division of Aging and Seniors (2005). *Report on seniors' falls in Canada*.

³⁴Atlantic Network for Injury Prevention (2003). *The economic burden of unintentional injury in Atlantic Canada*.

on road users, roadways and motor vehicles.³⁵ HPP will, in 2006-2007, continue working with TPW (Transportation and Public Works) to develop and implement an inter-departmental/inter-agency road safety campaign to complement other initiatives designed to reduce the number of transportation-related injuries and deaths in Nova Scotia.

Child Safety Link Additionally, HPP will continue its partnership with the IWK Child Safety Link's Car Seat Safety initiative.

Suicide Prevention Strategic Framework HPP will continue the development and implementation of a comprehensive strategic framework for suicide in Nova Scotia rooted in the principles of population health and health promotion and the current research regarding suicide risk, protective factors and best practices. The collaborative development of this strategic framework will identify evidence-based approaches to create and enhance the necessary societal, policy, and individual supports that will reduce suicide in Nova Scotia and will be reviewed by external experts to ensure it is in line with evidence-based approaches.

Community-based Suicide Prevention Initiatives HPP will partner with the Canadian Mental Health Association to develop community-based suicide prevention initiatives and establish regional suicide prevention coalitions.

Injury Prevention in DHAs HPP will establish a grant to enable the development and implementation of a DHA-based injury prevention strategy. Local leadership will ensure vertical and horizontal integration of injury prevention programs and resources.

Preventing Alcohol and Risk Related Trauma in Youth (PARTY) Injury is the leading cause of death and disability for Nova Scotia's teens³⁶. In 2005-2006, HPP launched the Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.), an evidence-based resource designed to educate teenagers (ages 15 and 16) about the consequences of risk and serious injury. Partnering with Emergency Health Services, the Departments of Education and TPW, and with Dalhousie University, the PARTY program will expand in 2006-2007. Planned activities include continued training of program facilitators, development of curriculum supplements, research and evaluation. HPP's goal is to deliver PARTY to all 15,000 grade 10 students in Nova Scotia.

Injury Prevention Strategy Evaluation Plans in 2006-2007 include evaluation in each of the three strategic priority areas: falls, suicide and transportation-related injuries.

5.6 Addictions

Provincial Alcohol Strategy The province will coordinate the development of a provincial Alcohol Strategy based on best practices, current scientific evidence, and harm reduction approaches. Stakeholder consultations will precede the strategy launch during Addiction

³⁵The targets of Road Safety Vision 2010 are expressed as average decreases in fatalities and serious injuries during the 2008-2010 period, rather than simply as fatality and serious injury totals during 2010, to provide a more reliable indication of the safety improvements that occur during the decade.

³⁶EHS: Nova Scotia Trauma Program (2004). *Nova Scotia Injury Prevention Strategy*.

Awareness Week. HPP will also develop, test and release education materials to support less harmful drinking.

Alcohol and Other Drug Education Resources HPP, in partnership with the Department of Education, will provide leadership in the development of web-based Alcohol and Other Drug Education Resources for Grades 10 to 12 teachers and students. The new resources will reflect the most current scientific evidence and best practices in addiction prevention. This initiative supports the key recommendations from the 2002 Nova Scotia Student Drug Survey.³⁷

Provincial Gaming Strategy Implementation In 2006-2007, HPP will continue implementation of seven initiatives from the Gaming Strategy released by government in April 2005:

- Addressing gaps in treatment by providing resources to the DHAs to enhance problem gambling treatment services,
- Developing and implementing an early identification/intervention program,
- Developing and implementing a comprehensive treatment demonstration research project,
- Establishing a comprehensive problem gambling strategy,
- Launching a social marketing campaign on problem gambling,
- Developing and implementing targeted education programs (youth and seniors), and
- Developing and implementing a community-based prevention program.

Curriculum Supplement on Drug Education for Grades 7 to 9 In partnership with the Department of Education, HPP will implement and monitor the impact of the new drug education curriculum supplement: *A Question of Influence*, for use in the Health/Personal Development and Relationships course in Grades 7 to 9.

Addictions Awareness Week The National Addictions Awareness Week is an effective addictions prevention and communication tool. Addictions Awareness Week in 2006 will aim to raise awareness about the impact and harms associated with substance use and gambling, and to promote awareness of the range of community-based addiction services. Held during the third week of November, the focus of Addictions Awareness week 2006 will be on the release of provincial Alcohol Strategy.

5.7 Chronic Disease Prevention

Comprehensive Workplace Health Building on the success of the pilot project *HealthWorks: A National Strategy for Comprehensive Workplace Health* and responding to the identification of the workplace as one of the key settings to be considered by the Provincial Chronic Disease Prevention Strategy, HPP will lead the development of the Comprehensive Workplace Health (CWH) Strategy for Nova Scotia.³⁸

³⁷Retrieved March 6, 2006 from http://www.gov.ns.ca/heal/downloads/2002_NSDrugHighlights.pdf

³⁸<http://www.healthworkscanada.ca>

HPP Healthy Workplace Committee Responding to the Public Service Commission Corporate Human Resources Plan - to be a safe and supportive workplace - HPP has created a Healthy Workplace Committee. The Committee will be responsible for the development, implementation and evaluation of a comprehensive Healthy Workplace Plan for HPP staff.

Community Health Board Wellness Grants In conjunction with DHAs, CHBs will continue to receive Community Health Board Wellness Grants for local initiatives aimed at preventing injury and chronic disease.

DHA-based Chronic Disease Prevention Positions In 2006-2007 each DHA will have a Chronic Disease Prevention position to support the development, implementation and evaluation of a district chronic disease prevention strategy. HPP staff will support these positions and strategy development work at the DHA level.

5.8 Health Protection and Public Health

Communicable Disease Control and Prevention³⁹ HPP will continue to implement the Strategy on HIV/AIDS in cooperation with the Nova Scotia AIDS Commission and other key stakeholders. HPP will provide recommendations on communications to key stakeholders.

Drinking Water Strategy HPP will cooperate with the Department of Environment and Labour to complete the renewal of the Drinking Water Strategy.

Childhood and Youth HPP will continue to support the implementation and evaluation of the Healthy Beginnings Enhanced Home Visiting Initiative including the development of a provincial database.

In collaboration with partners, HPP will develop preconception resources for women of childbearing ages.

Childhood Immunization HPP will continue to implement the expanded childhood immunization schedule consistent with the National Immunization Strategy.⁴⁰

Pandemic Influenza Preparedness Planning HPP is developing a pandemic influenza preparedness plan which includes surveillance and public health measures as well as vaccine and antiviral strategies. This will complement the Department of Health's "all hazards" plan which includes, among other elements, emergency operations centre (EOC) readiness, workforce deployment, communications, and business continuity planning.

³⁹Provincial HIV/AIDS Strategy Steering Committee, (2003), *Nova Scotia's Strategy on HIV/AIDS: Summary Report 2003*, http://www.gov.ns.ca/health/downloads/HIVAids_summaryreport.pdf

⁴⁰http://www.phac-aspc.gc.ca/publicat/nat_immunization_03/index.html

Communicable Disease Surveillance HPP will continue to collaborate with the federal government and Canada Health Infoway on the development and implementation in Nova Scotia of the Pan-Canadian Public Health Communicable Disease Surveillance and Management Project.

Public Health Laboratory HPP will continue to work on establishing a Nova Scotia Public Health Laboratory Program. Supported by the recommendations of the 2006 Public Health Review, this will involve designating an existing laboratory as the Public Health Laboratory under the *Health Protection Act* and establishing a public health laboratory network in the province.

National Collaborative Centre on the Social Determinants of Health HPP will continue to work collaboratively with the other Atlantic Provinces, the Public Health Agency of Canada and stakeholders on the establishment and implementation of the National Collaborating Center on the Social Determinants of Health. The Centre will provide a national focal point for social determinants as a key component of the overall pan-Canadian public health strategy. It will synthesize research and best practices and identify research gaps to better inform public policy and program development.

Sydney Tar Ponds/Coke Ovens Clean Up HPP will continue to provide support to the Cape Breton DHA with the public health aspects of the Sydney Tar Ponds/Coke Ovens clean up.

Community Development Policy HPP will continue to assist the Office of Economic Development with the implementation of the Community Development policy.

Environmental Health Services Recognizing their joint responsibilities around environmental public health issues, the Departments of Agriculture, Environment and Labour, Health Promotion and Protection and Nova Scotia Fisheries and Aquaculture will collaboratively develop policy, programs and staffing approaches aimed at expanding the boundaries of environmental health practice to protect the health of Nova Scotians. The three Departments will work together to develop common response strategies for natural and man-made disasters.

5.9 Communications and Social Marketing

Social marketing is the use of marketing principles and techniques to support and influence a target audience to voluntarily change behaviour. Research shows that the most effective health promotion programs include social marketing in the mix of strategies and interventions. HPP is undertaking new or continuing priorities in 2006-2007 related to social marketing.

MomsandDads.ca - Parenting Social Marketing Campaign In 2006-2007, the second year plan for the social marketing campaign targeting parents of young children aged 0-12 years will be implemented. The goal of the campaign is to motivate parents to begin to make changes to improve the health of their children. The issues of focus are healthy eating, physical activity, car seat/booster seat usage and second-hand smoke in the home. Year two tactics will include

television, radio advertisements, magazine inserts, ongoing website updates, internet banner ads and community-based partnerships. As a follow-up to the benchmark survey conducted in 2005, a survey of parents will be conducted to evaluate campaign awareness and impact.

Problem Gambling Social Marketing Campaign HPP will develop, launch and evaluate a problem gambling social marketing campaign. This campaign is one component of the Nova Scotia Gaming Strategy. The key target audience for the campaign is problem and at-risk gamblers aged 19-34 years. The goal is to contribute to a reduction in problem gambling in Nova Scotia by: (1) increasing awareness of problem gambling and the help that is available; (2) preventing at-risk gamblers from developing a gambling problem; and (3) encouraging problem gamblers to seek treatment. The campaign will build on the current tactics already in place and develop new and effective approaches for reaching the target groups.

Tobacco Reduction Social Marketing Campaign As part of the renewal of the Tobacco Control Strategy, HPP will review the tobacco social marketing campaign that has been in place for the past four years. Objectives, target audiences, and key messages will be established for future social marketing efforts.

HPP Stakeholder Communications The engagement and support of stakeholders is required to meet HPP's corporate goals. Having an up-to-date and multifaceted stakeholder database will be one important tool in increasing stakeholder capacity and communicating effectively with these stakeholders. In 2006-2007, HPP will develop and implement this stakeholder database.

In 2006-2007, HPP will evaluate and implement enhancements to its stakeholder communications including acting on an evaluation of the stakeholder newsletter and corporate website. HPP will hire a webmaster in 2006-2007 to ensure the website meets the needs of its audiences and is updated in a timely way. This webmaster will continue the evaluation of the HPP website and implement changes accordingly.

Public Affairs and Social Marketing HPP's social marketing campaigns require public affairs support to help influence decision-makers to make the policy changes that will reduce barriers to healthy living. In 2006-2007, HPP will target key community leaders and others with influence through media relations and other communications tools to help create the environment Nova Scotians need to make healthier and safer choices.

5.10 Health Promotion and Protection: System-Wide Priorities

A New Department and a Renewed Public Health System On January 25, 2006, Cabinet received the report from the public health review, "*The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*"⁴¹. The result will be a strengthened public health system that builds on the success of Nova Scotia Health Promotion and the public health functions. It will create a system that is co-ordinated, responsive and integrated. The report's "21 actions steps" (see appendix A) will guide the development of

⁴¹www.gov.ns.ca/ohp/

efficient and effective services for this new Department and the renewal of the public health system.

Funding Increase to HPP The Government committed in its 2003 platform to "doubling the funding for the Office of Health Promotion". Spreading this commitment over 4 years means increases of 25% per year in each of the 4 years. 2006-2007 is the 3rd year of its 4-year commitment and translates into \$3.76M in new funding for health promotion. Highlights include expanded funding for the health promoting schools initiative, new positions and programs to expand the reach of chronic disease and injury prevention, enhanced funding for website development to support social marketing initiatives, strengthened physical activity programs, and enhanced capacity for healthy public policy, evaluation and research.

Youth Health Centres Approximately 37 Youth Health Centres (YHCs) operate in Nova Scotia, most of them in schools. They provide a range of health education and promotion services such as nutrition and sexual health counselling and peer-led tobacco cessation, physical activity, and alcohol and drug programs. YHCs provide their services and supports in a non-judgmental manner to help young people make sound decisions about their physical, social and mental health.

The evidence for the effectiveness of these centres is consistent and clear. Responding to a longstanding need for sustained and predictable funding, HPP will provide base funding for those YHCs which had been at risk of closure.

Chronic Disease and Injury Prevention Coalition The Nova Scotia Health Promotion Minister's Advisory Committee was struck to provide advice to the Minister on issues related to health promotion and chronic disease.⁴² This committee is considering options for reconfiguration of its existing committee structure and function to a Chronic Disease and Injury Prevention Alliance or Coalition similar to models that exist nationally and in other provinces. The purpose of such an alliance would be to foster and sustain a coordinated province-wide movement of organizations working toward an integrated population health approach for the prevention of chronic diseases and injury. Major foci are likely to include collaborative leadership, advocacy and capacity-building. Purpose, governance, funding, mandate and other issues will be addressed in this reconfiguration.

Health Promotion and Protection Research HPP recognizes the importance of working together to address knowledge gaps and contribute to better information sharing.⁴³ In 2006-2007, HPP will continue its contract with the Nova Scotia Health Research Foundation (NSHRF) to develop a strategy for health promotion research. The strategy will identify:

- relevant research questions or priorities,
- a process for ongoing engagement in research and knowledge transfer,
- a process or mechanism to support the application of research findings, and

⁴²Office of Health Promotion (2004). *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion*.

⁴³Office of Health Promotion (2004). *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion*.

- a knowledge cycle (knowledge creation, utilization, application, and identification of future needs).

Public Health Surveillance As governments commit to meeting goals and targets, surveillance becomes an essential tool to measure disease and injury incidence and prevalence, and to monitor and measure progress. The need for a public health surveillance system was identified in the Office of Health Promotion Strategic Directions document (2004) and reinforced at the federal level and by the 2005 Public Health Review report⁴⁴. In 2006-2007, HPP will begin to develop a surveillance system common to all priority areas of HPP that will strengthen HPP's capacity to coordinate and use existing risk factor and social determinant data to support and inform its evidence-based decision making.

Teaching, Student Placements, Research and Mentoring HPP remains committed to doing its part to train, develop and encourage the next generation of public health and health promotion professionals. In 2006-2007, HPP will continue to work closely with the academic

community in a number of disciplines by providing guest lectures, participating on panels, contributing to research papers, and hiring undergraduate and graduate students.

5.11 Human Resources Priorities

HPP uses the Department of Health's Human Resources Branch as its corporate services unit (CSU). The Human Resources Branch has established several goals:

- To Make a Difference Through a Skilled, Committed, and Accountable Public Service: A succession management plan for identified key management positions will be developed and an education program identifying the principles of this succession management plan will accompany it.

Human Resources will improve the level of awareness and importance of the performance management process and support managers and employees to understand and utilize the performance management tools and resources through education sessions and ongoing support as requested.

- To Be a Preferred Employer: Human Resources will integrate current best practice services and processes into the strategic and operational streams of the Department of Health, HPP, Seniors Secretariat and Human Rights Commission making such services/practices consistently delivered throughout the CSU's client groups.

HPP will begin working toward specific employment issues as it participates in the government's employee survey as a new department separate from the Department of Health.

⁴⁴Advisory Committee on Population Health and Health Security (June 2005). *Enhancing capacity for surveillance of chronic disease risk factors and determinants.*

- To Be a Safe and Supportive Workplace: A policy and set of guidelines for a respectful workplace will be developed in conjunction with the Public Service Commission and Occupational Health and Safety. Educational programs will be provided as required.

HPP has established a Healthy Workplace Committee and is developing its Terms of Reference. Wellness programs will be explored as options for improving health in the workplace.

- To be a Diverse Workforce: To promote equality and diversity in the workplace, all employees will complete the Public Service Commission Diversity Program in the first year of employment.

Affirmative Action data will be maintained and analyzed to determine representation of designated groups within HPP. Actions to increase awareness and utilization of the PSC Diversity Inventory and Career Starts Program will be undertaken and advertisement practices in conjunction with the PSC will be expanded.

- To be a Learning Organization: Human Resources Development Consultants will be available for support and advice with employees to assist in the development of their career plans. Educational sessions will also be provided on a variety of topics including performance management, team building, career planning and succession planning.
- Providing Service Excellence: An Objective of the Human Resources Plan: Providing service excellence is one objective of the provincial human resource strategy. HPP's response to this objective has been noted throughout the priorities. Further, action steps of the Public Health Review included establishing a single leadership position for Nova Scotia's public health system and establishing and implementing a public health workforce development strategy with particular emphasis on critical gaps in the existing workforce.

6. Health Promotion and Protection - Budget Context

Business Plan Elements	2005-06 Estimate	2005-06 Forecast as of Mar 31/06	2006-07 Estimate
Administration	\$ 1,949,000	\$ 1,922,000	\$ 2,401,000
Public Health	\$ 3,439,100	\$ 2,987,100	\$ 5,180,500
Health Protection (a)	\$	\$	\$ 5,682,800
Tobacco Control	\$ 2,252,300	\$ 2,159,500	\$ 2,334,200
Addictions	\$ 2,811,000	\$ 2,761,000	\$ 3,279,800
Injury Prevention	\$ 532,500	\$ 592,600	\$ 787,800
Healthy Eating	\$ 2,396,900	\$ 2,296,800	\$ 2,997,700
Sexual Health	\$ 70,000	\$ 3,100	\$ 109,200
Chronic Disease Prevention	\$ 902,200	\$ 926,600	\$ 1,582,800
Physical Activity, Sport and Recreation	\$ 9,566,000	\$ 16,839,000	\$ 11,943,000
Net Program Expenses Health Promotion and Protection	\$ 23,919,000	\$ 30,488,000	\$ 36,299,000
Funded Staff (FTES)	72.1	63.5	100.6
Staff Funded by External Agencies	(2.00)	(2.3)	(9.0)
Total FTE Net Health Promotion and Protection	70.1	61.2	91.6

(a) Budget with Department of Health until 2006-2007

7. Performance Measures

Core Business Area: Healthy Eating				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the HPP (and partners) focused on healthy eating will contribute to the health and well-being of Nova Scotians as measured by:	Fruit/vegetable consumption: percentage of NS population (12 yrs +) who report eating recommended 5-10 servings of fruit/vegetables per day	Baseline NS 2001: 29% Baseline National 2001: 33% Source: CCHS ⁴⁵	As of 2009-2010 be at or above national rate Source: CCHS	Support the provincial initiatives of the Nova Scotia Healthy Eating Strategy to increase the availability of fruit and vegetables and to improve access to and affordability of fruit and vegetables
	Breast-feeding initiation rate: percentage of women initiating breast-feeding at hospital discharge	Baseline NS 2003: 76.4% Baseline National 2003: 84.5% Source: CCHS	As of 2009-2010 be at national rate Source: CCHS	Increase the capacity of DHAs and IWK Health Centre to promote, support and protect breastfeeding
	Breast-feeding duration rate: percentage of infants breast-feeding for at least 6 months	Baseline NS 2003: 30.8% Baseline National 2003: 38.7% Source: CCHS	As of 2009-2010 be at national rate Source: CCHS	

⁴⁵Canadian Community Health Survey

Core Business Area: Sexual Health				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the HPP (and partners) focused on Sexual Health will contribute to the health and well-being of Nova Scotians as measured by:	Teen pregnancy in females aged 15-19	Baseline NS 2001-2002: 25.9 per 1000 of population aged 15-19 National rate N/A currently Source: CIHI ⁴⁶	As of 2009-2010 be at or below national rate Source: CIHI	In collaboration with a wide range of stakeholders, promote a coordinated population health approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia in the following areas: leadership and commitment, community awareness and support, sexual health education, youth involvement and participation, and sexual health related services for youth. Hire a sexual health coordinator.
	Condom use among youth ⁴⁷	Baseline 2002: Gr. 10 (76%) ⁴⁸ Gr. 12 (54%) Source: Drug Use Survey of Atlantic Provinces	As of 2009-2010 be at or above Atlantic average ⁴⁹ Source: Drug Use Survey of Atlantic Provinces	
	Rate of Chlamydia	Baseline NS 2001: 170 per 100,000 Baseline National 2001: 161 per 100,000 Source: CCDR ⁵⁰ Notifiable Diseases Annual Summary	As of 2009-2010 be at or below national rate Source: CCDR Notifiable Diseases Annual Summary	

⁴⁶Canadian Institute of Health Information

⁴⁷Of those grade 10 students who had sexual intercourse, the percentage that used a condom at the time of their last intercourse; Of those grade 12 students who had sexual intercourse, the percentage that used a condom at the time of their last intercourse.

⁴⁸Reporting from 2005-06 has been changed from Grade 7 to Grade 10 students, because it is unlikely NB and NI will ask this question of grade 7s again.

⁴⁹The availability of an Atlantic average will be dependent on how the other Atlantic Provinces choose to analyse their data. If the Atlantic average is unavailable, the target will be to have the Nova Scotia rates lower than those rates available from the other provinces.

⁵⁰Canada Communicable Disease Report

Core Business Area: Physical Activity, Sport and Recreation				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the HPP (and partners) focused on physical activity, sport and recreation will contribute to the health and well-being of Nova Scotians as measured by ⁵¹ :	Leisure-time physical activity of the adult population: Population 20 yrs + who report being “regularly” or “moderately” physically active (i.e. physical activity equivalent to 30 minutes of walking daily) ⁴⁹	Baseline NS 2001: 42% Baseline National 2001: 44% Source: CCHS	As of 2009-2010 be at or above 52% Source: CCHS	<p><i>Active Healthy Living</i></p> <p>Develop Physical Activity, Sport and Recreation Framework for Nova Scotia. Related initiatives include to:</p> <ul style="list-style-type: none"> • develop and implement initiatives on early childhood and physical activity • work in partnership with provincial organizations and stakeholders to train: <ul style="list-style-type: none"> - train high school youth as fitness instructors - train health care providers in physical activity counseling - develop Provincial Walking Initiative - develop and implement <i>Pathways for People Framework for Action in Advancing Active Transportation in NS</i> <ul style="list-style-type: none"> - develop Trails Maintenance Program - initiate Active Living Communities program - develop Recreation Policy - implement OHV Action Plan - promote active living by and for older adults • evaluate and implement changes to the AKHK • replicate 2001 PACY study and nutritional analysis • continue RNS HIGH FIVE initiative • continue Physical Activity Grants Program
	Physical activity of children & youth: Percentage of grade 3, 7, and 11 students who accumulate at least 60 minutes of moderate to vigorous activity on at least 5 days of the week	Baseline 2001: Gr 3 males: 90% Gr 3 females: 92% Gr 7 males: 62% Gr 7 females: 44% Gr 11 males: 12% Gr 11 females: 7% Source: NS Accelerometer Population Study	As of 2009-2010 maintain baseline for Gr 3s & increase PA activity levels for Grs 7 and 11 by 10% Target: Gr 3 Males: 90% Gr 3 Females: 92% Gr 7 males: 72% Gr 7 females: 54% Gr 11 males: 22% Gr 11 females 17% Source: NS Accelerometer Pop Study	

⁵¹Strategies identified in the 4th column support the achievement of targets for both measures: leisure-time physical activity of adult population and physical activity of children and youth and include all of the strategies in all three areas: active, healthy living, sport and regional services and volunteer capacity-building

⁴⁹Regular physical activity is defined in the CCHS as having a daily average energy expenditure of 3.0+ kilocalories per kilogram of body weight. Moderate physical activity is defined as expending an average of between 1.5 and 2.9 kilocalories per kilogram of weight per day.

Core Business Area: Physical Activity, Sport and Recreation				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
<p><i>Continued</i> The work of the HPP (and partners) focused on physical activity, sport and recreation will contribute to the health and well-being of Nova Scotians as measured by⁵⁰:</p>	<p>Body Mass Index for adults aged 20-64</p>	<p>Baseline NS 2001: 44% Baseline National 2001: 52% Source: CCHS</p>	<p>As of 2009-2010 be at or above 54% Source: CCHS</p>	<p><i>Continued Sport</i></p> <ul style="list-style-type: none"> • develop Nova Scotia Sport Plan • continue bi-lateral <i>Sport Development</i> agreement and bi-lateral agreement to increase participation in sport, recreation and physical activity • complete bid process for 2011 Canada Winter Games • implement Competency Based National Coaching Certification Program • conduct review of community coaching and develop community coach program • complete and implement intergovernmental major hosting policy • implement deliverables in the Tripartite Sport and Recreation Operational Plan <p><i>Regional Services</i></p> <ul style="list-style-type: none"> • Core Services Capacity Building through leadership, organizational, program, community, facility and partnership development • Policy/Planning/Evaluation at the local, regional and provincial levels • Social Marketing through presentations, communication materials, campaigns, promotion • Regional Services in program and grand administration (Community Development, Physical Activity, Recreation Facility Development, Community Recreation Capital, Planning Assistance, Active Kids, Healthy Kids Strategy) • General information, advice, performance management and office administration

⁵⁰Strategies identified in the 4th column support the achievement of targets for both measures: leisure-time physical activity of adult population and physical activity of children and youth and include all of the strategies in all three areas: active, healthy living, sport and regional services and volunteer capacity-building

Core Business Area: Tobacco Control				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the HPP (and partners) focused on tobacco will contribute to the health and well-being of Nova Scotians as measured by:	Smoking rates: Population 15 yrs + who smoke	Baseline NS 2000: 30% National rate 2000: 24% Source: CTUMS ⁵¹	As of 2009-2010 be at or below national rate Source: CTUMS	Renew the province's comprehensive tobacco control strategy in order to: <ul style="list-style-type: none"> • sustain and enhance current efforts • address emerging challenges • identify new priorities • engage existing and new stakeholders
	Exposure to environmental tobacco smoke: Percentage of children aged 0-17 regularly exposed to environmental tobacco smoke	Baseline NS 2000: 30% National rate 2000: 27% Source: CTUMS	As of 2009-2010 be at or below national rate Source: CTUMS	Continue enforcement of the <i>Smoke-free Places Act</i> Implement amendments to the <i>Smoke-free Place Acts</i>
	Youth Smoking rate: Percentage of youth (15-19) who smoke	Baseline NS 2000: 25% National rate 2000: 25% Source: CTUMS	As of 2009-2010 be at or below national rate Source: CTUMS	<ul style="list-style-type: none"> • Continue enforcement of the <i>Tobacco Access Act</i> • Continue support of school-based tobacco reduction programs • Support community organizations in their implementation of tobacco-free youth sport and recreation initiatives
	Young adult smoking rate: Percentage of young adults (20-24) who smoke	Baseline NS 2000: 37% National rate 2000: 32% Source: CTUMS	As of 2009-2010 be at or below national rate Source: CTUMS	Continue social marketing campaign focusing on helping young adults quit.

⁵¹Canadian Tobacco use Monitoring Survey

Core Business Area: Injury Prevention				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the HPP (and partners) focused on injury prevention will contribute to the health and well-being of Nova Scotians as measured by ⁵² :	Rate of injury-related deaths due to falls among seniors (age 65 and over)	Baseline NS 2002: 58.44 fall-related deaths per 100,000 persons Source: Vital Stats	By 2009-2010 20% reduction in fall-related deaths Source: Vital Stats	Identify and support existing injury prevention programs and initiatives Address priority issues of falls among seniors through the Preventing Falls Together Initiative, Provincial Intersectoral Falls Prevention Committee, and implementation of the NS Falls Prevention Strategic Framework
	Rate of injury-related hospitalizations due to falls among seniors (age 65 and over)	Baseline NS 2002: 1689.33 fall-related hospitalizations per 100,000 persons Source: CIHI	By 2009-2010 20% reduction in fall-related hospitalization Source: CIHI	Implement the Nova Scotia Injury Surveillance Strategy Generate greater awareness of injuries and how to prevent them, and create societal changes in attitudes towards risk-taking through: <ul style="list-style-type: none"> • public reporting of statistics to community groups • dissemination of data to stakeholders • stakeholder forums
	Rate of completed suicides ⁵³	Baseline NS 2002: 9.92 completed suicides per 100,000 persons Source: Age Standardized Vital Stats	By 2009-2010 20% reduction in suicide-related deaths Source: Age Standardized Vital Stats	Address priority of suicide through the Suicide Prevention Community Capacity Initiative, and the NS Strategic Framework to Address Suicide. Address priority of transportation-related injuries through collaboration with TPW and RSAC, partnership on the road safety social marketing campaign, Parent Campaign (carseats element), and Child Safety Link Car Seat Initiative.

⁵²The strategies identified in the fourth column are supporting the achievement of the targets for measures related to seniors' falls, transportation and suicide

⁵³Indicators related to suicide may be amended upon completion of the suicide prevention strategy.

Core Business Area: Injury Prevention				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
<p><i>Continued</i></p> <p>The work of the HPP (and partners) focused on injury prevention will contribute to the health and well-being of Nova Scotians as measured by⁵⁴:</p>	Rate of suicide-related hospitalizations ⁵⁵	<p>Baseline NS 2002: 88.91 suicide-related hospitalizations per 100,000 persons</p> <p>Source: CIHI</p>	<p>By 2009-2010 20% reduction in suicide-related hospitalizations or TBD based on Suicide Prevention Strategy</p> <p>Source: CIHI</p>	<p><i>Same as above.</i></p>
	Rate of transportation/ motor vehicle injury-related deaths	<p>Baseline 2002: 10.69 transportation/ motor vehicle-related deaths per 100,000 persons Source: CIHI</p>	<p>By 2009-2010 30% reduction in transportation/ motor vehicle hospitalizations</p> <p>Source: CIHI</p>	
	Rate of transportation/ motor vehicle injury-related hospitalizations	<p>Baseline 2002: 90.71 transportation/ motor vehicle-related deaths per 100,000 persons Source: CIHI</p>	<p>By 2009-2010 30% reduction in transportation/ motor vehicle hospitalizations</p> <p>Source: CIHI</p>	

⁵⁴The strategies identified in the fourth column are supporting the achievement of the targets for measures related to seniors' falls, transportation and suicide

⁵⁵ Indicators related to suicide may be amended upon completion of the Suicide Prevention Strategy

Core Business Area: Addictions				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the HPP (and partners) focused on addiction will contribute to the health and well-being of Nova Scotians as measured by:	Hazardous drinking: % of current drinkers with AUDIT Score \geq 8	Baseline NS 2004 ⁵⁶ : 20.8% CAN 2004: 17.0% Source: Canadian Addiction Survey ⁵⁷	As of 2009-2010 be at or below national rate Source: Canadian Addiction Survey	Launch province-wide alcohol strategy aimed at preventing and reducing harmful alcohol use and related harms. Implement curriculum supplement for use with grades 7-9 that focuses on addiction education and prevention Development, test and release education materials to support less harmful drinking.
	Mortality: Number of deaths attributed to alcohol	Baseline: NS 2001: 222 Source: Statistics Canada: Vital Statistics Database	TBD ⁵⁸	
	Morbidity: Number of hospitalizations attributed to alcohol	Baseline: NS 2001: 3120 Source: CIHI Discharge Abstract Database	TBD ⁵⁹	

⁵⁶The baseline percentages have been updated from previous reports. The initial figures were based on the Canadian Addiction Survey Highlights Report, which included Audit Score \geq 8 as a percentage of all survey participants. The new baseline refers to the percentage of current drinkers with an Audit Score \geq 8 and are from the full Canadian Addiction Survey Report.

⁵⁷The baseline data source has been changed from the CCHS to the 2004 Canadian Addiction Survey to reflect this more accurate measure.

⁵⁸A literature review and calculation by an epidemiologist will be required to determine a statistically significant target.

⁵⁹A literature review and calculation by an epidemiologist will be required to determine a statistically significant target.

Core Business Area: Addictions				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
<i>Continued</i> The work of the HPP (and partners) focused on addiction will contribute to the health and well-being of Nova Scotians as measured by:	Rates of problem gambling: Percentage of the Nova Scotia population considered problem gamblers	Baseline NS 2003: 2.1% Source: 2003 NS Gambling Prevalence Study ⁶⁰ National Rate 2002: 2.0% Source: CCHS	As of 2009-2010 be at or below national rate Source: CCHS	Lead the development of the problem gambling strategy Implement the problem gambling strategy including: <ul style="list-style-type: none"> • service standards • program planning and coordination • enhancement of awareness of the risks and consequences of problem gambling
Core Business Area: Chronic Disease Prevention				
The work of the HPP (and partners) focused on chronic disease prevention will contribute to the health and well-being of Nova Scotians as measured by:	The performance measures for the core business areas of tobacco control, healthy eating, and physical activity apply to the core business area of chronic disease prevention.			
Core Business Area: Health Protection and Public Health				
The work of the HPP (and partners) focused on health protection will contribute to the health and well-being of Nova Scotians as measured by:	Population over 65 who report having a flu shot in the past year	Baseline NS 2001 66% Source: CCHS, NPHS	TBD ⁶¹	Immunization for prevention of influenza is a key public health intervention; increase coverage through collaboration with other agencies, increasing the number and variety of public health services clinics, continuance of the annual public awareness campaign and continued work with professional groups (such as Pharmacy Association, Medical Society and others).
	Children 6 to 23 months immunized adequately against influenza	TBD	TBD ⁶²	

⁶⁰The baseline data source has been changed from the CCHS to the 2003 Nova Scotia Gambling Prevalence Study to reflect this more accurate measure.

⁶¹National targets are being developed through the National Immunization Strategy and it is expected that provincial deputy ministers will endorse these targets.

⁶²This is a program introduced last year. The baseline and targets are still to be determined.

Core Business Area: Communications and Social Marketing				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the HPP (and partners) focused on communications and social marketing will contribute to the health and well-being of Nova Scotians as measured by:	Success of social marketing plans ⁶³	Social marketing is a key activity used by HPP to promote change in ideas, attitudes and ultimately behaviour that will lead to healthier individuals and communities. Specific social marketing campaigns are identified as priorities under the relevant core business areas and the performance measures for these core business areas will apply to the core business area of social marketing.		
	Satisfaction with HPP website	Baseline average number of hits in a month in 2005-2006: 15,423 ⁶⁴ Baseline from client survey 2006-2007 ⁶⁵	As of 2009-2010 increase number of hits by 20% As of 2009-2010 increase overall satisfaction by 20%	Evaluate and modify website Analyse client survey results and implement recommendations to modify website accordingly

⁶³The measure for social marketing has been changed from 2005-2006 to be similar to chronic disease prevention measure as the social marketing campaign priorities for the different core business areas will only show change over the long term and the behavioural changes will be measured by indicators specific to the core business areas, there are no specific measures for social marketing alone.

⁶⁴Baseline average number of hits in a month in 2005-06 does not include March, April 2006 as this data is not yet available. This indicator may be re-evaluated when HPP has its own webmaster.

⁶⁵The client survey will be completed in 2006-2007, to determine baseline results

Appendix A: Summary of Actions for System Renewal⁶⁶

The following sections of this report provide 21 actions for system renewal. These items are highly inter-dependent and need to be viewed as a package of strategic actions to be implemented over a multi-year period. The reader is invited to review the accompanying discussion in the relevant report section for the rationale and context for each of the actions.

1. Articulate and be guided by a collective vision for the public health system that integrates and supports the fulfilment of public health's core functions that effectively contribute to:
 - a. Improving levels of health status of the population and decreased health disparities
 - b. Decreasing the burden on the personal health services system and thereby contribute to its sustainability
 - c. Improving preparedness and response capacity for health emergencies.
2. Establish a single leadership position for Nova Scotia's public health system:
 - a. Lead provincial public health organization and be responsible for overall system coordination and development
 - b. Reporting to DM
 - c. Highly developed competencies: public health, leadership, and management (may also fulfil legislated CMOH responsibilities if appropriate)
 - d. Clearly defined roles and responsibilities
 - e. Independence – reporting to public, legislature
 - f. Competitive, transparent selection process with renewable 5-year term
3. Establish integrated public health organization at provincial system level
 - a. Created by consolidating current 3 public health "entities" (i.e. Office of Chief Medical Officer of Health; Population and Public Health Division; Nova Scotia Health Promotion)
 - b. Fulfills 5 public health core functions in integrated fashion: population health assessment, surveillance, health promotion, disease prevention and health protection
 - c. Structure similarly to other leading domestic and international public health agencies by programmatic area
 - d. Choose name for the public health organization that clearly identifies its responsibilities to staff, decision makers and the public.
4. Decide whether the consolidated provincial public health organization is best located within or outside the Department of Health and establish appropriate Ministerial oversight.
5. Transition the sub-provincial public health system level in a controlled manner from the existing Shared Service Area model to one based within DHAs. This will require:
 - a. Being guided by the vision of a public health system that is vertically integrated between the provincial and DHA system levels, each of which are integrated horizontally with the rest of the health system
 - b. Clear roles, responsibilities and accountabilities of the two system levels
 - c. Directors of public health in *each* DHA to manage and be responsible for public health programming within the DHA and to provide population-level analysis and advice to senior executive and the board of the DHA

⁶⁶Department of Health/NSHP. (September 2006). *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*.

- d. Maintaining an intact public health team headed by the Director of Public Health
 - e. Adequate capacity at both system levels in order to fulfill roles and responsibilities
 - f. Expectations and commitment for mutual aid among DHAs to address surges in demand (e.g. outbreaks, emergencies)
 - g. Medical Officers of Health to have dual roles:
 - i) Be MOH for one or more DHAs
 - ii) Be member of a provincial programmatic team.
6. The Departments of Health, Environment and Labour, and Agriculture and Fisheries embark on a collaborative process to achieve the following:
 - a. Identify, from the perspective of the three departments, the key issues and concerns regarding the current distribution of public health responsibilities and resources.
 - b. Identify the range of public health issues and corresponding programming that needs to be provided.
 - c. Identify the optimal distribution of responsibilities and resources required to address the findings identified in “b” above.
 - d. Develop an implementation plan to achieve “c” above.
 7. Establish and implement a public health workforce development strategy with particular emphasis on critical gaps in the existing workforce.
 8. Expand overall size of the workforce, as well as those with specialized skill sets including, but not limited to:
 - a. Epidemiologists
 - b. Professional Masters trained public health professionals
 - c. DHA Directors of public health.
 9. Partner with the academic sector to expand/establish training programs and practicum settings including supporting the development of a teaching health unit.
 10. Review, update and implement an IT strategy to improve the information infrastructure to support public health core functions and programming.
 11. Establish evidence-based standards for Nova Scotia’s public health system applicable to provincial and DHA levels that provide flexibility for tailoring to local circumstances and that support local and provincial level planning.
 12. Establish a multi-component accountability mechanism for the public health system:
 - a. Planning, priority setting and implementation of evidence-based interventions
 - b. Financial tracking of system investment and its application
 - c. Reporting on system performance
 - d. Reporting on health of the public.
 13. Develop and implement strategic plan to ensure high quality public health laboratory services in Nova Scotia by the provincial public health laboratory and a provincial laboratory network that are accountable for public health functions to the public health system.
 14. Prepare public health legislation to comprehensively describe the public health system’s functions,

approaches, structures, roles and accountabilities.

15. Ensure the preparedness of the public health system to address outbreaks and other public health emergencies by:
 - a. Resources to plan, train and exercise for emergencies
 - b. Sufficient ongoing and surge capacity.
16. Implement a multi-year plan (i.e. 5-10 years) to achieve a doubling of current public health system funding to improve the capacity of the province's public health system to optimally promote health, prevent disease and injury, and be prepared to address the occurrence of public health emergencies. [Current public health system funding accounts for approximately 1.2% of provincial health system expenditures, or \$31 million].
17. Engage the academic sector within Nova Scotia to discuss opportunities for collaboration with the public health system in training, applied research and service.
18. Engage Atlantic Canada regional bodies and other Atlantic provinces to discuss opportunities for collaboration with mutually beneficial public health system functions and infrastructure development.
19. Partner with the federal government and the Public Health Agency of Canada to collaboratively strengthen public health system in Nova Scotia.
20. Engage the non-governmental sector to discuss opportunities for greater collaboration between the formal and informal public health systems in Nova Scotia.
21. Establish a dedicated team to project manage the implementation of the foregoing strategic actions. This will be a multi-year undertaking requiring a minimum team of 5 individuals to manage the implementation of the foregoing actions.