



**Health Promotion
and Protection**

**DEPARTMENT OF HEALTH PROMOTION
AND PROTECTION
(FORMERLY THE OFFICE OF HEALTH PROMOTION)**

**ANNUAL ACCOUNTABILITY REPORT
FOR THE FISCAL YEAR 2005-2006**

November 30, 2006

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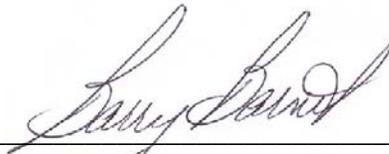
Annual Accountability Report for the Fiscal Year 2005-2006

Health Promotion and Protection

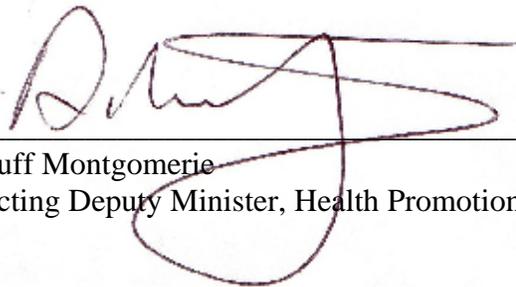
Accountability Statement

The accountability report of the Department of Health Promotion and Protection for the year ended March 31, 2006, is prepared pursuant to the Provincial Financial Act and government policy and guidelines. These authorities require the reporting of outcomes against the former Office of Health Promotion's business plan information for the fiscal year 2005-2006. The reporting of outcomes includes estimates, judgements and opinions by the management and staff of Health Promotion and Protection.

We acknowledge that this accountability report is the responsibility of the management of Health Promotion and Protection. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in Health Promotion and Protection's business plan for the year.



Honourable Barry Barnet
Minister of Health Promotion and Protection



Duff Montgomerie
Acting Deputy Minister, Health Promotion and Protection

Message for the Minister of Health Promotion and Protection

The Department of Health Promotion and Protection has grown and evolved over the past year, changing its name and its mandate while broadening its focus.

But one thing that has not changed is our commitment to enable Nova Scotians to become healthier, more physically active and safer. As in past years, we have continued to develop and implement new programs with that commitment in mind.

Our estimated budget was \$23.9 million in 2005-2006. This accountability report highlights our achievements.

One of the highlights of 2005-2006 was the February 2006 announcement by Premier Rodney MacDonald creating the Department of Health Promotion and Protection. The new department is a combination of Nova Scotia Health Promotion, the former Public Health branch of the Department of Health and the Office of the Chief Medical Officer of Health.

The department is responsible for responding to emerging public health threats, preventing chronic disease and injury, and promoting health among Nova Scotians.

The creation of the Department of Health Promotion and Protection was in response to one of the key recommendations included in *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*, commonly known as the “Public Health Review” Report.

The report – an assessment of the coordination, integration and comprehensiveness of the public health system – was the first such external review by a province in Canada. It was one of the key highlights of our Health Protection and Public Health Services efforts.

Our Healthy Eating work focused on the draft of the Food and Nutrition in Nova Scotia Schools Policy Framework that was released for public consultations in September and October 2005. We received more than 1,000 responses from the public. The provincial policy working group reviewed the responses and made final recommendations for the policy which were presented to the ministers of Health Promotion and Protection and Education in March 2006.

Our Physical Activity Sport and Recreation work had a number of highlights including implementation of the Healthy Living Incentive in August 2005. It gives parents and care givers a non-refundable tax credit on registration fees of up to \$150 per child on everything from swimming lessons to dance classes.

The province of Nova Scotia also partnered with the Halifax Regional Municipality in a bid to host the 2014 Commonwealth Games in Halifax. In January 2006, Halifax was named the Canadian candidate city for the 2014 Commonwealth Games. This is the third largest athletic gathering of its kind in the world.

As Nova Scotia sees its smoking rates continue to decline, amendments to the *Smoke-free Places Act* in October 2005 highlighted our Tobacco Control work in 2005-2006. The amendments eliminated the use of designated smoking rooms to provide complete protection from second-hand smoke in all workplaces and public places.

In the area of Injury Prevention, addressing suicide was identified as a priority. In May 2005 the Minister of Health Promotion announced the intention to lead the development of a framework to address suicide. A stakeholder forum was held in November 2005 to begin work on the development of this strategic framework.

Our Addictions efforts included working in partnership with District Health Authorities province-wide to develop a provincial alcohol strategy. Health Promotion and Protection, in conjunction with the Alcohol Task Group, released two key documents in 2005-2006:

- the Alcohol Indicators Report which identifies the scope and context of alcohol-related harms and consequences in Nova Scotia
- The Cost of Substance Abuse in Canada 2002 which defines the scope and burden of alcohol abuse.

Work continued on Health Promotion and Protection-led initiatives in the Nova Scotia's Gaming Strategy, *A Better Balance*, including financial resources to enhance treatment and prevention programs.

In March 2006, the department launched a new Social Marketing campaign targeting parents of young children with the goal of motivating them to take small steps to improve the health and safety of their children. The campaign, which includes the web site momsanddads.ca, focuses on healthy eating, physical activity, car seats and booster seats and second-hand smoke in the home.

I am proud of our accomplishments in 2005-2006 and know my department will strive to enable Nova Scotians to become healthier, more physically active and safer in the coming year.



Honourable Barry Barnett
Minister of Health Promotion and Protection

INTRODUCTION

This Annual Accountability Report is based on the goals, priorities and performance measures set out in Nova Scotia Health Promotion's Business Plan for the 2005-2006 fiscal year and the additional priorities and performance measures that became the responsibility of the Department of Health Promotion and Protection when the department was created in February 2006.

The report details key departmental accomplishments for 2005-2006, financial performance, and related performance measures and outcomes.

Organization of the Department

Nova Scotia Health Promotion (Office of Health Promotion)

The Premier announced the creation of the Office of Health Promotion on December 19, 2002 with the Honourable Rodney MacDonald as Minister. The Deputy Minister of Health served as the Chief Executive Officer of the Office of Health Promotion. Later known as Nova Scotia Health Promotion (NSHP), the Office was led by an Assistant Deputy Minister who reported to the CEO.

NSHP Vision and Mission

Our Vision . . .

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

Our 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

*NSHP Guiding Principles*¹

NSHP adopted five principles that guide its thinking, planning and actions:

- **Integration** - requires multi-sectoral, multi-disease and multi-risk factor approaches using a

¹Adapted from the Chronic Disease Prevention Strategy, 2003

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 of NSHP

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

The New Department of Health Promotion and Protection (HPP)

Following the SARS outbreak in Ontario and the Naylor Report² 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".

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 including³:

- 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.

²National Advisory Committee on SARS and Public Health. (October 2003). *Learning from SARS: Renewal of Public Health in Canada*.

³Department of Health/HPP. (September 2006). *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*.

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 promptly responded to a key recommendation on February 23, 2006 by announcing a new and free standing Department of Health Promotion and Protection to consolidate the activities of Nova Scotia Health Promotion with Health’s public health branch and the Office of the Chief Medical Officer of Health. The new Department’s creation provides a strong foundation 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.

The Public Health Review Report’s 21 “Actions for System Renewal” provide direction required to develop the infrastructure, systems and processes needed to strengthen the partnerships with the Province’s nine District Health Authorities and ensure an efficient, effective and responsible public health system.

Descriptions of Core Business Areas of HPP

Healthy Eating

HPP promotes healthy eating and improved 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 Directions⁴ and the *Healthy Eating Nova Scotia*⁵ strategy.

Tobacco Control

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.

Injury Prevention

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 works with Nova Scotians toward the goal of an injury-free province.

⁴Office of Health Promotion (2004), *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion*

⁵Healthy 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://www.gov.ns.ca/hpp/repPub/HealthyEatingNovaScotia2005.pdf>

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 District Health Authorities, Community Health Boards, and elsewhere.

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 District Health Authorities 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.

Sexual Health

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

Physical Activity, Sport and Recreation (PASR)

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.

Health Protection and Public Health Services

As noted above, when Government received the *Public Health Review Report* in January 2006, it acted immediately on one of the 21 actions for renewal by creating, in February 2006, a new department that brought together the priorities of Nova Scotia Health Promotion, with Health's Public Health branch and the Office of the Chief Medical Officer of Health. This resulted in the addition of a new core business area, Health Protection and Public Health Services.

Health Protection is the legislated responsibility of the Office of the Chief Medical Officer of Health. It 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 District Health Authorities, other government departments, and community groups.

Public Health Services are delivered to Nova Scotians through the District Health Authorities. 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.

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.

HPP has developed internal capacity in the areas of policy, planning, research and evaluation. These services support the Minister, Deputy, and core service areas of HPP.

HPP receives corporate support and liaison from the Department of Health in the following areas:

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

PROGRESS AND ACCOMPLISHMENTS FOR YEAR 2005-2006

Core Business Area: Healthy Eating	
Priority	Accomplishments
<p>Provide leadership and coordination in collaboration with key stakeholders to initiate implementation of the provincial healthy eating strategy. In 2005-2006, this will include developing an evaluation framework for the strategy and increasing the capacity of District Health Authorities through human resources and grant funding to facilitate implementation of the strategy at the DHA level.</p>	<p><u>Healthy Eating Nova Scotia</u></p> <p>The provincial <i>Healthy Eating Nova Scotia</i> strategy was released in March 2005. In 2005-2006, HPP provided leadership and collaborated on the implementation of the four priority areas: breastfeeding, children and youth, fruit and vegetable consumption and food security.</p> <p>The provincial <i>Healthy Eating Nova Scotia</i> Coordinating Committee oversees the implementation of the provincial strategy. It comprises key healthy eating stakeholders including non-government organizations, District Health Authorities, academia, industry, and government.</p> <p>Each of the nine District Health Authorities hired an additional public health nutritionist as a result of an investment from HPP of \$360,000 in 2005-2006. This investment increased the public health nutrition capacity at the local level and supported the implementation of all four priority areas of the <i>Healthy Eating Nova Scotia</i> strategy.</p> <p>Grants totaling \$180,000 were given to the District Health Authorities to support the local implementation of <i>Healthy Eating Nova Scotia</i>. Recognizing the importance and significance of local action and contribution to the implementation of the strategy, the funding was used for local healthy eating priorities.</p> <p>A grant in the amount of \$400,000 was provided to the Heart and Stroke Foundation of Nova Scotia and the Canadian Cancer Society, Nova Scotia Division to support the fruit and vegetable priority area of <i>Healthy Eating Nova Scotia</i>. Key stakeholders were consulted to identify priority action areas to reach the goals of increasing the availability of fruits and vegetables in a variety of settings, improving access to and affordability of fruits and vegetables for low income Nova Scotians, and increasing the consumption of fruits and vegetables.</p>

Core Business Area: Healthy Eating

Priority	Accomplishments
<p>continued Provide leadership and coordination in collaboration with key stakeholders to initiate implementation of the provincial healthy eating strategy. In 2005-2006, this will include developing an evaluation framework for the strategy and increasing the capacity of District Health Authorities through human resources and grant funding to facilitate implementation of the strategy at the DHA level.</p>	<p>A grant in the amount of \$40,000 was provided to Mount Saint Vincent University on behalf of the Nova Scotia Food Security Projects Steering Committee to continue the momentum of food security initiatives in the province. Activities included the coordination of the steering committee, the development of strategic next steps for implementation of the food security priority area of <i>Healthy Eating Nova Scotia</i>, and resource development.</p> <p><u>Health Promoting Schools</u> Education and HPP hired the province's first School Health Co-ordinator in March 2006 to co-ordinate efforts of Education, HPP, and Health to address school health issues, promote comprehensive school health, and support related initiatives of the Pan-Canadian Joint Consortium for School Health⁶.</p> <p>HPP provided \$500,000 to partnerships of school boards and District Health Authorities to implement the provincial Health Promoting Schools program. The initial focus of the provincial program is on healthy eating and physical activity. HPS funding was provided to all school boards in the province including all English school boards, the Conseil scolaire acadien provincial, as well as the Mi'kmaw school board.</p>

⁶<http://www.jcsh-cces.ca/index.asp?Page=Home>

Core Business Area: Healthy Eating

Priority	Accomplishments
<p>In 2005-2006, HPP will, with DOH, confirm and communicate the Provincial Breast-feeding and Baby-Friendly Initiative (BFI) Policy and related roles, expectations, and accountabilities to the District Health Authorities and IWK Health Centre. Related to this priority, HPP will facilitate the implementation of the provincial infant feeding/breast-feeding and care planning tools and increase the capacity of the District Health Authorities and IWK Health Centre, through funding for professional education and community-based programming, to implement other aspects of the provincial Infant Feeding/Nutrition and Growth Monitoring Postnatal Guidelines.</p>	<p>In Fall 2005, Health and HPP approved and released the provincial breast-feeding policy: <i>Breast-feeding in Nova Scotia: Responsibilities of the Nova Scotia Department of Health and Health Promotion and Protection</i>. The provincial policy states that the Departments of Health and HPP hold a firm and unequivocal position in favour of breast-feeding. Priority measures identified in the provincial policy include a focus on integrating breast-feeding into all government programs related to child health, developing a standardized infant feeding assessment and care planning tools, establishing a breast-feeding social marketing campaign, providing leadership to the provincial Breast-feeding and Baby Friendly Initiative (BFI) Committee, and linking with national and international breast-feeding organizations.</p> <p>Grants totaling \$55,000 were provided to the District Health Authorities for initiatives specific to breast-feeding and the Baby Friendly Initiative (BFI). The funding was used by District Health Authorities to support local initiatives in acute care, public health, and community organizations related to breast-feeding.</p> <p>Health and HPP communicated the provincial breast-feeding policy to many key groups including the Departments of Health and HPP staff, District Health Authorities, the IWK Health Centre, and various other interested groups.</p> <p>The provincial committee completed BFI progress surveys with all District Health Authorities (including acute care and public health) to measure progress in implementing the BFI within District Health Authorities and the IWK Health Centre; and to inform future work of the provincial Committee in supporting hospitals, public health services, and community health organizations and agencies.</p> <p>The Committee hosted a provincial workshop in March 2006 for health care providers and community partners. The workshop included presentations from the Breast-feeding Committee for Canada, HPP, and BFI assessors from Ontario and Quebec.</p>

Core Business Area: Healthy Eating

Priority	Accomplishments
<p>continued In 2005-2006, HPP will, with DOH, confirm and communicate the Provincial Breast-feeding and Baby-Friendly Initiative (BFI) Policy and related roles, expectations, and accountabilities to the District Health Authorities and IWK Health Centre. Related to this priority, HPP will facilitate the implementation of the provincial infant feeding/breast-feeding and care planning tools and increase the capacity of the District Health Authorities and IWK Health Centre, through funding for professional education and community-based programming, to implement other aspects of the provincial Infant Feeding/Nutrition and Growth Monitoring Postnatal Guidelines.</p>	<p>During World Breast-feeding Week in October 2005, HPP and Health collaborated with partners in the community to raise awareness of the benefits of breast-feeding to children, mothers, families, and the community.</p> <p>To support district implementation of the Healthy Babies, Healthy Families: Postpartum & Postnatal Guidelines (Infant Feeding/Nutrition and Growth Monitoring guidelines), HPP worked with the Reproductive Care Program of Nova Scotia as the lead, on the development of a provincial infant feeding assessment tool to support a consistent approach, across the continuum, for assessment, documentation & communication of infant feeding. Pilot testing of the draft tool with health care providers and families is underway.</p>
<p>Under the leadership of Education, and in collaboration with Agriculture and Fisheries, the Province will, in 2005-2006, complete the provincial policy framework for food and nutrition in Nova Scotia schools and begin its implementation. HPP will also increase the capacity of school boards and District Health Authorities, by hiring public health nutritionists and using best practice tools, to implement the provincial food and nutrition policy for Nova Scotia schools as part of the provincial healthy eating strategy.</p>	<p><u>School Food and Nutrition Policy</u> A Policy working group was struck in September 2004 to develop the Food and Nutrition in Nova Scotia Schools Policy Framework over the 2004-05 school year. Membership included Education as the lead, along with HPP, Agriculture, school boards, Nova Scotia Teachers Union, Nova Scotia School Boards Association, Nova Scotia Federation of Home and School Associations and other key stakeholders.</p> <p>This comprehensive, province-wide policy applies to grades primary through 12 and addresses issues including: foods offered at school cafeterias, vending machines, canteens, fund-raising, portion sizes, nutrition education, vulnerable children, and time to eat.</p> <p>The draft of the Food and Nutrition in Nova Scotia Schools Policy Framework was released for public</p>

Core Business Area: Healthy Eating

Priority	Accomplishments
<p>continued Under the leadership of Education, and in collaboration with Agriculture and Fisheries, the Province will, in 2005-2006, complete the provincial policy framework for food and nutrition in Nova Scotia schools and begin its implementation. HPP will also increase the capacity of school boards and District Health Authorities, by hiring public health nutritionists and using best practice tools, to implement the provincial food and nutrition policy for Nova Scotia schools as part of the provincial healthy eating strategy.</p>	<p>consultations in September and October 2005. In addition to the public consultation, focus groups were held in each of the eight provincial school boards, along with sessions for students and members of the food industry. Over 1000 responses were received from students, parents, educators, school boards, health professionals, food industry, and the public at large. The provincial policy working group reviewed the consultation feedback, made revisions, and made final recommendations for the policy and implementation schedule which were presented to the Ministers of Education and HPP in March 2006.</p>
<p>By Summer 2005, through funding provided by HPP to the provincial food security projects, model options for sustained food costing in Nova Scotia will be available for consideration. The options will be analyzed, one selected, and a business case made for this option in order to proceed with budgeting and planning for the next fiscal year. HPP will also work with Community Services and Agriculture and Fisheries to assess current and new government policies' impact on food security.</p>	<p>Food Security HPP provided funding to the Atlantic Health Promotion Research Centre (AHPRC), in collaboration with the Nova Scotia Nutrition Council, to develop the "Working Together for Ongoing Food Costing & Policy Solutions to Build Food Security" report.</p> <p>There are three components to the project:</p> <ul style="list-style-type: none"> - Policy discussion paper and policy lens: a draft was submitted to HPP in the Fall of 2005 and final revisions are being made; - Proposed sustainable food costing model was submitted to HPP in the Fall of 2005 and the proposed model and budget were included in the 2006 - 2007 business plan; and - Food costing data were collected in 2005 - 2006 and comparisons on the cost of healthy eating are to be made to 2002 food costing data.

Core Business Area: Healthy Eating

Priority	Accomplishments
<p>Other Accomplishments Breakfast Programs</p>	<p>HPP committed \$750,000 to enhance and expand breakfast programs for elementary-aged children in Nova Scotia.</p> <p>Through support from a grant provided by HPP to Breakfast For Learning (BFL), BFL has hired a Registered Dietitian to support development of the program framework and program implementation.</p> <p>Funding to enhance and expand breakfast programs was distributed to school boards. Schools with children in grades primary to six or any part thereof were eligible to apply directly to their school board for the Provincial Breakfast Program funding. Grants were distributed based on participation rates and levels of readiness to engage BFL's Best Practice standards. HPP supported the Provincial Breakfast Program initiative, working with school boards individually and collectively through workshops, focus groups, training, and resource development.</p>

Core Business Area: Sexual Health

Priority	Accomplishments
<p>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. In order to proceed with this initiative, funding must be available in 2005-2006 in order to hire a healthy sexuality coordinator.</p>	<p>The Nova Scotia Roundtable on Youth Sexual Health, with the support of HPP, completed its final draft of the Framework for Action: Youth Sexual Health in Nova Scotia in Fall, 2005. The framework provides the rationale and strategic direction for a comprehensive approach to sexual health education, services, and supports for all youth throughout Nova Scotia. The Framework for Action is scheduled for release in Fall, 2006.</p> <p>Early in 2006, the Department hired a Coordinator for Sexual Health. One of the key responsibilities of this position is to work with the Roundtable to begin implementation of the Framework, once it is released.</p>

Core Business Area: Physical Activity and Sport and Recreation

Priority	Accomplishments
<p>Create a plan to increase the percentage of all Nova Scotians, including seniors, who participate in enough physical activity to achieve health benefits by 10 percentage points by 2010. In 2005-2006, the development of this plan will involve incorporating the Active Kids, Healthy Kids Strategy with policy and strategic directions developed in consultation with key stakeholders focusing on physical environments and facilities, accessible and supportive social environments, public education, and research and knowledge exchange, and the development of a healthy living tax incentive.</p>	<p><u>Sport Futures Leadership Program</u> The Sport Futures Leadership Program continued in 2005-2006 as part of a three-year bilateral agreement aimed at decreasing current levels of physical inactivity by assisting provincial sport organizations to provide fun, safe and inclusive sport activities for children and youth regardless of gender, socioeconomic status, disability, ethnic background or culture. Sport Future Leaders worked with volunteers of sport programs to improve sport programming and increase recruitment of participants.</p> <p>Also as part of the Sport Futures Leadership Program an after-school component was carried out in nine schools across Nova Scotia. High School leaders were hired and trained to work with students from grades 3-6 at local elementary schools. Over 500 students were involved in the program, participating in non competitive games and activities.</p> <p><u>Healthy Living Incentive (HLI)</u> The Healthy Living Incentive (HLI) was implemented in August 2005, allowing parents and caregivers to receive a non-refundable tax credit on registration fees of up to \$150 per child on everything from swimming lessons to dance classes to ski memberships. The immediate objective of the HLI is to increase youth enrollment in physical activity, sport and recreation as well as to make it more affordable. The tax incentive had over 800 sport and recreation organizations register for 2005 and it is expected that this number will increase for 2006. HPP has been recognized as a leader with the implementation of the HLI and other provinces are looking to Nova Scotia as a model to follow. In the 2006 tax year, the tax credit has been increased to \$500.</p> <p><u>Physical Activity Grant Program</u> The 2005-2006 Physical Activity Grant Program was announced in July 2005 with a goal to increase the percentage of Nova Scotians active enough to achieve</p>

Core Business Area: Physical Activity and Sport and Recreation

Priority	Accomplishments
<p>continued Create a plan to increase the percentage of all Nova Scotians, including seniors, who participate in enough physical activity to achieve health benefits by 10 percentage points by 2010. In 2005-2006, the development of this plan will involve incorporating the Active Kids, Healthy Kids Strategy with policy and strategic directions developed in consultation with key stakeholders focusing on physical environments and facilities, accessible and supportive social environments, public education, and research and knowledge exchange, and the development of a healthy living tax incentive.</p>	<p>physical and mental health benefits. Through this grant program, HPP supports community initiatives that increase participation in organized forms of sport, recreation and active transportation.</p> <p><u>Active Transportation Framework</u> In 2005-2006, HPP led the development of an Active Transportation Framework that will guide governments and non-government organizations in developing opportunities for Nova Scotians to choose more active forms of transportation for recreational and utilitarian purposes. The Framework will be released and implementation begun in 2006-2007.</p> <p><u>Insurance Issues</u> HPP brokered an insurance program, administered through the Nova Scotia Trails Federation, that resolved insurance issues for many community-based trail groups.</p> <p><u>KidSport</u> HPP continued funding of the KidSport, a program administered by Sport Nova Scotia that helps children overcome financial barriers which prevent or limit their participation in organized sport.</p> <p><u>Health Promoting Schools</u> Education and HPP hired the province's first School Health Co-ordinator in March 2006 to co-ordinate efforts of Education, HPP, and Health to address school health issues, promote comprehensive school health, and support related initiatives of the Pan-Canadian Joint Consortium for School Health.</p> <p>HPP provided \$500,000 to partnerships of school boards and District Health Authorities to implement the provincial Health Promoting Schools program. The initial focus of the provincial program is on healthy eating and physical activity. HPS funding was provided to all school boards in the province including all English school boards, the Conseil scolaire acadien provincial, as well as the Mi'kmaq school board.</p>

Core Business Area: Physical Activity and Sport and Recreation

Priority	Accomplishments
<p>continued Create a plan to increase the percentage of all Nova Scotians, including seniors, who participate in enough physical activity to achieve health benefits by 10 percentage points by 2010. In 2005-2006, the development of this plan will involve incorporating the Active Kids, Healthy Kids Strategy with policy and strategic directions developed in consultation with key stakeholders focusing on physical environments and facilities, accessible and supportive social environments, public education, and research and knowledge exchange, and the development of a healthy living tax incentive.</p>	<p><u>Physical Activity of Children and Youth (PACY)</u> HPP and the Department of Education funded a second Physical Activity of Children and Youth (PACY) study to understand the attitudes and behaviours of children and youth related to being active and eating healthy. Data was collected and analyzed in 2005. Results will be reported out in 2006 and compared to the first PACY study to provide evidence of the effectiveness of policies and programs promoting healthy eating and physical activity for children and youth.</p> <p><u>Provincial Walking Initiative</u> Working in collaboration with the Heart and Stroke Foundation of Nova Scotia, initial planning was completed on a Provincial Walking Initiative. To be launched in 2006-2007, the Initiative will be targeted to communities, workplaces, schools and individuals.</p> <p><u>Physical Activity of Seniors</u> Funding was provided to Recreation Nova Scotia to gather information on the physical activity resources and systems available to seniors and to assess their availability and appropriateness.</p>
<p>Deliver on the third year of the Active Kids, Healthy Kids Strategy in 2005-2006 which will include the implementation of six regional action plans and eight active school community pilot projects, the development of initiatives in active transportation, physical activity counseling, parent education, early childhood development, and knowledge exchange with volunteers and professionals, and the completion of an evaluation of the strategy and development of recommendations for implementation.</p>	<p>The purpose of the Active Kids, Healthy Kids Strategy (AKHK) is to increase the number of children and youth who accumulate at least 60 minutes of moderate to high intensity physical activity on a daily basis. The following components were developed in 2005-2006:</p> <ul style="list-style-type: none"> • <i>Everybody Gets to Play</i> workshops were delivered across the province to train practitioners in the use of tools that help make recreation and sport more accessible to children from low-income families. • <i>Make a Move</i> is an initiative aimed at health care providers to train them in effective physical activity counseling strategies. By March 2006 over 100 practitioners had received training. • In February 2006, <i>Tumblebugs</i>, a basic movement program for early childhood was initiated through Gymnastics Nova Scotia in partnership with the Departments of Education and Community Services. Training in pre-primary and early childhood development settings will begin the 2006-2007.

Core Business Area: Physical Activity and Sport and Recreation

Priority	Accomplishments
<p>continued Deliver on the third year of the Active Kids, Healthy Kids Strategy in 2005-2006 which will include the implementation of six regional action plans and eight active school community pilot projects, the development of initiatives in active transportation, physical activity counseling, parent education, early childhood development, and knowledge exchange with volunteers and professionals, and the completion of an evaluation of the strategy and development of recommendations for implementation.</p>	<p>An evaluation of the AKHK Strategy began in March 2006 with data collection occurring in all six PASR regions of the province. The findings are intended to inform the future direction of the AKHK strategy.</p>
<p>Develop a Nova Scotia Sport Plan that represents stakeholders' shared vision and collaboration to achieve the goals of enhanced participation, excellence, capacity and interaction including setting targets and implementing the plan by the end of the fiscal year and undertaking a sport funding review including analysis and identification of recommendations by the end of the fiscal year.</p>	<p>Ten consultations across all PASR regions helped to inform the development of a ten-year Sport Plan. A think tank of key leaders from the sport and recreation community and sessions for Provincial Sport Organization presidents and staff followed. The report of the consultations was received in March 2006 and will become the basis of the Sport Plan development in 2006-2007.</p>
<p>Implement the new program, Sport Opportunities for Children and Youth in Nova Scotia, which was included in the bi-lateral agreement with the federal government to fund and facilitate working with partners to increase sport participation in communities.</p>	<p>Sport Opportunities for Children and Youth Program is a collaborative partnership program between Sport Canada, HPP, Education, and eight school boards. As a part of this program, a manager and nine sport animators were hired at the beginning of the 2005-2006 school year to link school and community sport programs to create and enhance opportunities for students to be engaged in physical activities.</p>

Core Business Area: Physical Activity and Sport and Recreation

Priority	Accomplishments
<p>Begin the multi-year planning process for the Nova Scotia hosting of the 2011 Canada Winter Games. In 2005-2006, this will include developing a process for all regions to have the opportunity to bid to host the Games and identifying infrastructural needs. This initiative will be supported by the development of an intergovernmental hosting policy.</p>	<p>The 2011 Canada Winter Games Provincial Bid Process was launched in December 2005. Objectives included: emphasizing health promotion objectives for hosting; identifying a maximum of three bids to advance to the Canada Games Council formal bid process; and, providing feedback to bid committees. Four communities submitted bids: Annapolis Valley, Highland Region, Hub Central Nova, and Halifax Regional Municipality. A Review Committee of experts from across Canada visited each community and evaluated the bids based on pre-established assessment criteria. The provincial bid evaluation process for the 2011 Canada Winter Games will continue into 2006-2007.</p>
<p>Implement the new Competency Based National Coaching Certification Program initiative and undertake a review of the needs of community coaches.</p>	<p>Provincial Ministers responsible for sport approved the new coaching governance framework at Minister's meeting August 2005. The development of a Provincial Sport Leadership Coaching Council is underway.</p>
<p>Offer advice and expertise on facility construction, planning and design and fund the improvement, condition and sustainability of facilities.</p>	<p>HPP granted \$2.6 million this year to the Recreation Facility Development program that funds the construction and renovation of sport facilities across the province.</p> <p>In 2005, discussions took place between federal, provincial and territorial governments concerning the condition of the country's aging sport and recreation facilities relative to a national Infrastructure Program. As a result, HPP commissioned a study designed to summarize 29 building audits conducted in Nova Scotia in the past ten years to determine capital costs associated with conservation of Nova Scotia's existing facilities. The report was received by HPP staff in October 2005.</p> <p>HPP hired a GIS Technician in August 2005 to work with HPP's Coordinator of Facility Development to develop a recreation facility inventory and facility planning and analysis tool.</p>

Core Business Area: Physical Activity and Sport and Recreation

Priority	Accomplishments
<p>The Tripartite Forum is a partnership amongst the Nova Scotia Mi'kmaq, and the governments of Nova Scotia and Canada developed to strengthen relationships and to resolve outstanding Mi'kmaq issues of concern. In 2005, the Tripartite Sport and Recreation working group will implement the following deliverables: increasing physical activity, sport, physical education and recreation opportunities in schools, developing leadership and capacity-building, revitalizing and introducing indigenous sports, and promoting participation in Atlantic-wide sport competition.</p>	<p>A three-year review of the Mi'kmaq Youth, Recreation and Active Circle for Living (MYRACL) was conducted. It concluded that much had been done in capacity development within Mi'kmaq communities and elite athlete development, but that gaps exist in the areas of community needs assessment, human resources, financial constraints, and governance and reporting.</p> <p>A vision and targets for year 2010 were developed with goals and key strategies for a three to five year period. These will improve the outcomes of physical activity, sport and recreation of the Aboriginal population.</p> <p>Other accomplishments included: daily physical activity at Eskasoni Elementary and Middle School for students and staff; Wellness Day In-service for teachers at Eskasoni, Health Nutrition plan for Eskasoni High School, and the offering of scholarships to graduating high school Mi'kmaq students in Nova Scotia who have successfully combined sports and academics.</p>
<p>Continue to support municipalities and local sport and recreation organizations through the provision of core services and the capacity to respond to regional or local priorities, and continue to encourage and support collaboration among a wide range of community partners.</p>	<p>In 2005 - 2006, HPP entered into agreements with municipalities in Annapolis and Shelburne Counties that led to increased capacity for those municipalities to encourage and enable their citizens to be more active. These initiatives provided a model for further development of a municipal physical activity cost sharing initiative to be developed in 2006-2007.</p> <p>In 2005-2006, there was an increase of \$150,000 to the annual block funding for provincial sport organizations bringing 2005-2006 funding block to almost \$1 million.</p> <p>In October 2005, HPP hosted a series of <i>Physical Activity for Life</i> sessions on the emerging Canadian model for Long Term Athlete Development (LTAD). Fundamental to the model is ensuring physical literacy in all children by promoting physical activity and sport in schools and the community, which encourages individuals to be active for life.</p>

Core Business Area: Physical Activity and Sport and Recreation

Priority	Accomplishments
<p>Other Accomplishments Commonwealth Games</p>	<p>Nova Scotia was last involved in a competition to host the Commonwealth Games when we competed domestically to win the right to represent Canada internationally for the 2010 Commonwealth Games. Although Hamilton was the successful domestic bidder for the 2010 Commonwealth Games, the Province decided that it would take the lessons it learned in 2010 and apply it to a new bid for 2014 Commonwealth Games. Halifax recognized that successfully hosting the 2014 Commonwealth Games in the Atlantic region would instantly and powerfully raise the recognition and prestige of Halifax, Nova Scotia and the Atlantic region nationally and internationally.</p> <p>The Commonwealth Games are the third largest athletic gathering of their kind in the world. Successfully hosting the 2014 Commonwealth Games will not only raise our profile on the domestic and international stage but provide opportunities for Halifax, the Province and region to benefit economically, culturally and socially before, during and long after the Games.</p> <p>In 2005-2006, Nova Scotia and HRM co-signed a letter of intent, prepared the domestic bid and was selected in December 2005 as the Canadian candidate city. Since winning the domestic bid, work has begun on the international phase including commitment to providing financial and human resource support in partnership with HRM, the federal government and the corporate community. In March 2006, the 2014 CWG delegation traveled to Melbourne, Australia to promote the Canadian bid. A new website was launched, 2014 Halifax, to keep people informed of the bid process and provide a forum to offer support to the bid and volunteer for future opportunities related to the CWG.</p> <p>The Commonwealth Games Federation will announce the host city for the 2014 Games at the Annual General Assembly in Sri Lanka in November 2007.</p>

Core Business Area: Tobacco Control	
Priority	Accomplishments
<p>Research options to enhance protection from second-hand tobacco smoke in workplaces and indoor public places.</p>	<p>The most effective, evidence-based approach to increase protection from second-hand smoke is to ensure workers and the public have legal protection. Second-hand smoke protection includes initiatives to protect individuals from exposure to second-hand smoke that will involve education on the known health effects of second-hand smoke, support and encouragement to parents to reduce or eliminate children's exposure to second-hand smoke in the home, and passage of province wide smoke-free workplace legislation.</p> <p>In October, 2005 amendments to the <i>Smoke-free Places Act</i> were passed that eliminate the use of designated smoking rooms to provide complete protection from second hand tobacco smoke in all workplaces and public places. Because of these amendments, on December 1, 2006, Nova Scotia will have the strongest legislated protections in Canada banning smoking in all indoor workplaces and public places and all outdoor drinking and eating establishments in Nova Scotia.</p> <p>The anti-smoking public awareness campaign continued in 2005-2006 with the launch of an advertising campaign to encourage smokers to look at the lengths they go to hide their smoking and provide information on how to quit.</p> <p>With funding from HPP, the District Health Authorities continued to encourage Nova Scotians to reduce exposure to second-hand smoke in homes and cars. The parent campaign, momsandads.ca, provided links to the <i>Smoke Free Around Me</i> campaign.</p>
<p>Support community organizations in their implementation of tobacco-free youth sport initiatives in 2005-2006 through funding, and resource development and its dissemination.</p>	<p>Officially launched in July 2005, the <i>Tobacco-Free Youth Sport and Recreation: How to Get There</i> guide explains why and how to create, promote, and reinforce tobacco-free policies for use within youth sport and recreation. This guide is a resource to be used by sport and recreation organizations who would like to develop, communicate and reinforce a tobacco-free policy for their athletes/participants, coaches/leaders, and spectators.</p> <p>Funding was also provided to District Health Authorities to help communities take action on reducing tobacco use.</p>

Core Business Area: Tobacco Control	
Priority	Accomplishments
Support First Nations communities in developing effective tobacco reduction programs through 2005-2006 funding of partnership initiatives.	<p>HPP supported District Health Authorities including Guysborough Antigonish Strait, Cape Breton and Capital Health in building partnerships with First Nations to develop new cessation and community-based programs.</p> <p>HPP provided funding to <i>Action in Your Community Against Tobacco</i> (ACT) to adapt the community-based tool kit in tobacco control for First Nations.</p>
Enhance funding in 2005-2006 for nicotine treatment services to encourage smoking cessation and improve cessation success rates.	Funding has been provided to Addiction Services to support the hiring of additional staff dedicated to nicotine addiction treatment programs. Funding has also been dedicated to conduct pilot evaluations to demonstrate the efficacy of nicotine addiction treatment programs using a combination of counseling and pharmaceutical cessation aids.
Conduct an evaluation of year 3 and 4 (2004-2006) of the provincial tobacco control strategy which will include stakeholder consultations to revisit the provincial strategy and generation of recommendations for future strategy elements.	Building on the success of the comprehensive tobacco control strategy initially launched in October 2001, preliminary work began on its evaluation in 2005-2006. This work will continue in 2006-2007 with planned stakeholder consultations to contribute to the renewal of the Strategy.
Other Accomplishments <i>Tobacco Damages and Health Care Costs Recovery Act</i>	<p>Nova Scotia, with seven other provinces, intervened to support British Columbia in its appeal of the <i>Tobacco Damages and Health Care Costs Recovery Act</i> as being constitutional. Winning this appeal allowed other provinces to move forward with their own Acts to cover the cost of smoking related health care.</p> <p>As a result, HPP provided support to the Department of Justice in the development of the <i>Tobacco Damages and Health Care Costs Recovery Act</i> passed in Fall 2005.</p>

Core Business Area: Injury Prevention	
Priority	Accomplishments
Identify existing injury prevention programs and initiatives, and identify and stimulate opportunities for collaboration.	Collaboration continued through the Provincial Intersectoral Falls Prevention Committee, through funding for the Community Links' "Preventing Falls Together" network of regional falls prevention coalitions, and through work with the Road Safety Advisory Committee (RSAC). Partnerships continued with Mental Health Services, the Nova Scotia Community Network to Address Suicide, Canadian Mental Health Association (CMHA) and other stakeholders.
Related to seniors' falls prevention, HPP will, in 2005-2006, complete development and provide leadership for the implementation of a provincial seniors' falls prevention strategy; continue the partnership with Community Links to deliver and monitor the Preventing Falls Together (PFT) initiative; and work with the Provincial Intersectoral Falls Prevention Committee to identify solutions and remove barriers to falls prevention.	<p>HPP continued its work with the Provincial Intersectoral Falls Prevention Committee to coordinate falls prevention activities and initiatives and help to identify program and policy gaps and priorities.</p> <p>In 2005-06, HPP began the process of developing a seniors falls prevention strategy as a component of the Nova Scotia Injury Prevention Strategy. This strategy will articulate a coordinated approach to falls prevention to identify gaps and policy issues and make recommendations to resolve these gaps and issues. Strategy completion is anticipated in late 2006.</p> <p>HPP continued its funding support to the Preventing Falls Together initiative through Community Links to develop a sustainable network of regional falls prevention coalitions to work with seniors, care givers, health professionals, government and other community organizations.</p>

Core Business Area: Injury Prevention

Priority	Accomplishments
<p>Concerning transportation related injuries, HPP will, in 2005-2006, identify areas where it can increase collaboration, awareness, or influence public policy; support the work of and collaborate with the Road Safety Advisory Committee (RSAC); provide input related to off-highway vehicle safety issues; and partner with Emergency Health Services (EHS) in providing leadership to the implementation of the provincial P.A.R.T.Y. Program (Prevention of Alcohol & Risk Related Trauma in Youth Program).</p>	<p>HPP maintains a partnership with TPW and RSAC. Working with TPW and RSAC, HPP led the development of a comprehensive strategy for road safety communications. TPW is now leading the implementation of this road safety communications strategy, with expert support and funding contributions from HPP.</p> <p><u>P.A.R.T.Y.</u> Officially launched in November, 2005, the hybrid version of the Prevent Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y) program is designed to educate high schools students about the consequences of risk and serious injury. Through the P.A.R.T.Y. program, students follow the path of a trauma patient through the health-care system, seeing firsthand the impact of an injury. The new, updated version of P.A.R.T.Y. uses a DVD, interactive exercises and two trained facilitators to deliver the injury prevention message. During the 2005 - 2006 school year the new version of PARTY was staged in 33 high schools across Nova Scotia in English and French. Almost 4000 students participated in the initiative, with the help of more than 150 facilitators from local communities. Facilitators include nurses, paramedics, police, doctors, health professions students and medical first responders. Dalhousie University is leading a comprehensive research and evaluation component as the hybrid version is implemented across the Province. HPP has also helped introduce the P.A.R.T.Y. program in Newfoundland, Prince Edward Island and New Brunswick.</p> <p>New regulations on child restraint were created by the RSAC's vehicle occupant safety sub-committee and approved by Cabinet. The regulations come into effect January 1, 2007. HPP and TPW have been working collaboratively to develop an integrated approach to preparing the public, police officers, and those who work with children to prepare for the changes in legislation.</p>

Core Business Area: Injury Prevention

Priority	Accomplishments
<p>continued Concerning transportation related injuries, HPP will, in 2005-2006, identify areas where it can increase collaboration, awareness, or influence public policy; support the work of and collaborate with the Road Safety Advisory Committee (RSAC); provide input related to off-highway vehicle safety issues; and partner with Emergency Health Services (EHS) in providing leadership to the implementation of the provincial P.A.R.T.Y. Program (Prevention of Alcohol & Risk Related Trauma in Youth Program).</p>	<p>HPP signed a four year, \$75,000 grant agreement with IWK Child Safety Link. This grant funding is used by Child Safety Link to implement a provincial Car Seat Safety Strategy. The strategy includes the development of resources and tools to promote the proper use of car seats and the development and enhancement of car seat coalitions across the province who provide education services and car seat clinics in their communities.</p>
<p>Related to suicide prevention, HPP will, in 2005-2006, collaborate with Mental Health Services of the Department of Health and other suicide prevention stakeholders; and establish a provincial suicide prevention initiative that includes regional suicide prevention coalitions, best practice dissemination, and local community capacity development.</p>	<p>Addressing suicide was identified as a prevention priority in the Nova Scotia Injury Prevention Strategy. In May 2005, the then Minister of Health Promotion announced the intent to lead the development of a comprehensive, evidence-based framework to prevent suicide in Nova Scotia. HPP has been working with the Department of Health (Mental Health) and suicide prevention stakeholders from other government departments, communities, District Health Authorities, and others to develop this strategy.</p> <p>In November, 2005, HPP held a stakeholder forum to develop a Strategic Framework to Address Suicide in Nova Scotia. Following consultations with those at greatest risk for suicide and the groups and organizations who serve their needs, the Framework will be finalized in 2006-2007.</p> <p>To adequately address the many factors associated with suicide, HPP partnered with the Canadian Mental Health Association-Nova Scotia to develop and implement the provincial <i>Communities Addressing Suicide Together</i> Initiative. The initiative will serve to connect individuals</p>

Core Business Area: Injury Prevention

Priority	Accomplishments
<p>continued Related to suicide prevention, HPP will, in 2005-2006, collaborate with Mental Health Services of the Department of Health and other suicide prevention stakeholders; and establish a provincial suicide prevention initiative that includes regional suicide prevention coalitions, best practice dissemination, and local community capacity development.</p>	<p>and organizations who have a role to play in the local community to prevent suicide and provide provincial leadership and coordination that will support the establishment and/or enhancement of local suicide prevention coalitions.</p>
<p>Implement the Nova Scotia Injury Surveillance Strategy which identifies the Nova Scotia Injury Surveillance System as the foundation for injury prevention and control. In 2005-2006, this will involve establishing a governance model for the Nova Scotia Injury Surveillance System; identifying options and determining solutions for linking existing data systems; implementing privacy impact assessments for injury surveillance data sets; developing data access and sharing agreements; establishing architecture for existing systems; identifying common variables; establishing a minimal common dataset; performing details gap analysis of existing systems; developing public inventory of existing datasets and establishing tools that will ensure that existing data is more widely shared and utilized to influence policy and programming decisions.</p>	<p>HPP has partnered with Dalhousie University's Population Health Research Unit to develop a series of injury profile reports. This will enable better use of available data and support evidence-based decision making within government, District Health Authorities, and community.</p>

Core Business Area: Injury Prevention	
Priority	Accomplishments
Begin implementation of the Nova Scotia Injury Prevention Strategy Evaluation Framework including reporting on the evaluation framework to stakeholders and identifying and developing action plans to implement initiatives identified in the framework.	There are a series of evaluation projects underway in support of Nova Scotia Injury Prevention Strategy Evaluation Framework; most notably the comprehensive P.A.R.T.Y. program evaluation and the Preventing Falls Together initiative. These evaluations began in 2005-2006 and will be completed in 2006-2007.
Support and provide opportunities that will develop injury prevention knowledge and capacity at the community level. Specific to 2005-2006 this will involve co-hosting the Canadian Injury Prevention & Safety Promotion Conference in November 2005 and ongoing provision of the Canadian Injury Prevention & Control Curriculum.	<p>Injury prevention knowledge and capacity building supports and delivers opportunities at the community level. In November 2005, HPP co-hosted the Canadian Injury Prevention and Safety Promotion Conference. By bringing the conference to Nova Scotia, the province was able to highlight its leadership in the area of injury prevention and provide a forum for our stakeholders to dialogue with and learn from international injury prevention experts. HPP sponsored 65 of Nova Scotia's injury prevention stakeholders to attend the event. These individuals comprised community volunteers, staff from community based organizations, and others who would not otherwise have been able to attend the conference.</p> <p>HPP delivered three Canadian Injury Prevention Curriculum Courses to more than 150 injury prevention stakeholders from across Nova Scotia and hosted an instructor training course, thereby expanding the base of instructors for this program in Atlantic Canada.</p>
Working with road safety stakeholders, develop and implement a targeted social marketing strategy to change unsafe attitudes and behaviours of road users.	Working with TPW and RSAC, HPP led the development of a comprehensive strategy for road safety communications. TPW is now leading the implementation of this road safety communications strategy, with expert support and funding contributions from HPP.

Core Business Area: Addictions

Priority	Accomplishments
<p>Coordinate the development of a province-wide problem drinking strategy, which embodies a population health approach and addresses issues across the life span. In 2005-2006, this will include stakeholder consultations, a research and best practices review, service standards development, evaluation framework development and DHA implementation.</p>	<p>HPP works in partnership with Addiction Services in all districts across the province to develop the basis of a provincial alcohol strategy. HPP, in conjunction with the Alcohol Task Group, released two foundational documents during 2005-2006:</p> <ul style="list-style-type: none"> a) The Alcohol Indicators Report for Nova Scotia provides a framework for a provincial monitoring system for alcohol use and related harms. This report identifies the scope and context of alcohol-related harms and consequences in Nova Scotia and provides the critical evidentiary component for a provincial alcohol strategy. b) The Cost of Substance Abuse in Canada 2002 provides information about the scope and burden of alcohol abuse (defined as alcohol use that impacts illness and death). <p>HPP completed focus group research on alcohol use among young adults 19 -29 to learn more about the context (who, what, when, where, why and how much) of alcohol use among people in this age group and to assess their reactions to a variety of education materials about less harmful drinking.</p> <p>Fourth quarter funding was released to the District Health Authorities to help address district-specific alcohol issues for the hiring of 5 alcohol specialists across the districts. The Alcohol Task Group helped to identify the parameters for the new district level alcohol-related staff positions and liaised with district staff.</p>

Core Business Area: Addictions	
Priority	Accomplishments
<p>Provide leadership, in partnership with the Department of Education, in the implementation of a supplement for the Personal Development and Relationship Curriculum focused on addiction education. In 2005-2006, this will include an information gap analysis, development and implementation of a plan to coordinate and disseminate up-to-date addictions information, teacher in-services, communications for school board awareness, a communications plan roll-out and an evaluation of the implementation of the supplement.</p>	<p>HPP in collaboration with the Department of Education, and under the guidance of an Advisory Group, undertook work with a consultant to prepare a new drug education curriculum supplement for Junior High Personal Development and Relationships. The new supplement, <i>A Question of Influence</i>, is based on the Social Influences Model, and reflects a commitment to evidence-based school drug education. The draft of the supplement was available in the Fall of 2005.</p> <p>Consultant-managed field testing was undertaken from January to June 2006 to obtain teachers' and students' responses to the supplement.</p>
<p>Lead the development and implementation of the problem gambling strategy addressing key elements within the full continuum of health promotion, prevention, early intervention, and treatment. In 2005-2006, this will include standards implementation, gap and impact analysis, public awareness and education material development, and monitoring and tracking of gambling issues for special populations.</p>	<p>In April 2005, <i>A Better Balance: Nova Scotia's First Gaming Strategy</i> was released. This strategy includes seven HPP-led initiatives and a \$3 million investment for more treatment resources. Among the enhanced treatment and prevention programs are measures aimed at:</p> <ul style="list-style-type: none"> • increasing problem gambling resources in communities, • developing an early identification and intervention program for at-risk players, • research and real-world testing to determine the best model for providing problem gamblers in Nova Scotia (a comprehensive treatment demonstration research project), • developing a community-based prevention program; targeting education programs to youth and seniors, and • launching a public awareness program. <p>A provincially coordinated problem gambling strategy is being developed to address the full range of gambling related prevention and treatment needs.</p> <p>An interdepartmental steering committee lead by Environment and Labour and including HPP, Nova Scotia Gaming Corporation (NSGC), Alcohol and</p>

Core Business Area: Addictions

Priority	Accomplishments
<p>continued Lead the development and implementation of the problem gambling strategy addressing key elements within the full continuum of health promotion, prevention, early intervention, and treatment. In 2005-2006, this will include standards implementation, gap and impact analysis, public awareness and education material development, and monitoring and tracking of gambling issues for special populations.</p>	<p>Gaming Authority (AGA); Aboriginal Affairs, and Finance, has begun work aimed at commissioning a study to assess and understand the social and economic impacts associated with gambling in Nova Scotia.</p> <p>Allura Communications and Marketing has been contracted to develop a social marketing campaign for at-risk gamblers aged 19-34 years. The campaign was launched in September 2006.</p> <p>In January 2005, a radio advertisement campaign targeting problem gamblers was launched. The advertisements directed callers to the Problem Gambling Help Line (PGHL) for further information/assistance. In August 2005, new advertisements were launched targeting the at-risk gambler. Calls to the PGHL increased 50% in 2005 over 2004 levels.</p> <p>A set of brochures aimed at problem gambling were produced and distributed in late 2005. The brochures were designed to reach out to problem and at-risk gamblers, along with family and friends impacted by someone else's gambling.</p> <p>An additional \$1.4 million was provided to the District Health Authorities in 2005-2006 to enhance problem gambling prevention and treatment. An additional \$40,000 was provided to the PGHL for an additional counselor.</p>

Core Business Area: Health Protection and Public Health Services

Priority	Accomplishments
<p>The Department of Health’s emergency preparedness and response planning spans the health sector and integrates with plans in health service delivery organizations (District Health Authorities and long term care facilities), the provincial Emergency Measures Organization (EMO), Health Canada, and other provincial government departments.</p> <p>The Department of Health is developing plans for comprehensive emergency preparedness and response across the Nova Scotia health sector. Rather than focus planning on a single or anticipated group of potential hazards or threats, the intended “all hazards” approach will address the threats of CBRNET attacks, world economic uncertainty, weather-related and other natural disasters, and infectious diseases (e.g. SARS, BSE, WNV, pandemic influenza, etc.). This is consistent with the efforts of other provinces and the federal government.</p>	<p>As noted in the Introduction, when Government received the <i>Public Health Review Report</i> in January 2006, it acted immediately on one of the 21 actions for renewal by creating, in February 2006, a new department that brought together the priorities of Nova Scotia Health Promotion, with Health’s Public Health branch and the Office of the Chief Medical Officer of Health. This resulted in the addition of a new core business area, Health Protection and Public Health Services and these related priorities.</p> <p><i>This priority will remain in both the Department of Health and HPP’s accountability reports. Health’s focus will be the health system and “all hazards” and HPP’s focus will be on public health emergency planning.</i></p> <p><u>Public Health Emergency Planning</u></p> <p>Extensive pandemic influenza preparedness work has been done which provides the foundation on which to continue development of a coordinated operational plan.</p> <p>The Department of Health and HPP have jointly sponsored the Pandemic Health Services Influenza Planning Project. It emphasizes health system-wide planning, integration and development of consistent and informed communication between and among stakeholders.</p> <p>HPP and Health have jointly developed a project charter to guide the continued work required. A pandemic influenza project management office which has been created.</p> <p>Completed and submitted the first draft of the pandemic influenza plan to the Emergency Preparedness and Planning Committee.</p>

Core Business Area: Health Protection and Public Health Services

Priority	Accomplishments
<p>continued</p> <p>The Department of Health’s emergency preparedness and response planning spans the health sector and integrates with plans in health service delivery organizations (District Health Authorities and long term care facilities), the provincial Emergency Measures Organization (EMO), Health Canada, and other provincial government departments.</p> <p>The Department of Health is developing plans for comprehensive emergency preparedness and response across the Nova Scotia health sector. Rather than focus planning on a single or anticipated group of potential hazards or threats, the intended “all hazards” approach will address the threats of CBRNET attacks, world economic uncertainty, weather-related and other natural disasters, and infectious diseases (e.g. SARS, BSE, WNV, pandemic influenza, etc.). This is consistent with the efforts of other provinces and the federal government.</p>	<p><u>Health Systems</u></p> <p>Established the Preparedness, Planning and Equipment Resource Working Group (PP&ERWG) in March 2006. Emergency Health Services is responsible for the health emergency model that is approved within the department. The PP&ERWG is one of the working groups within the model. Membership on this working group comes from almost every branch of the Department of Health, as well as representatives from the DHAs, municipal and provincial emergency management offices, the Department of Community Services and others such as the RCMP. The PP&ERWG created two sub-groups: Contingency Planning and Physical Resources. The Contingency Planning sub-group began work on educating its membership on the assorted contingency plans that will be required for a health care sector response.</p> <p>The Physical Resources sub-group began building a pandemic personal protective equipment stockpile and preparing the warehousing proposal for these items. This is the surge inventory that will be required by the DHAs. A final version of the warehousing position paper is under development.</p> <p>All work done by the PP&ERWG and its sub-groups is directed toward ensuring that there will be an adequate health care sector response for the population of Nova Scotia during any emergency by having appropriate contingency plans in place and adequate resources for use by the health care sector.</p> <p>Established Critical Issues Communications Working Group (CICWG), whose goals are to instill and maintain public confidence in the public health system, especially its ability to respond to and manage the appearance of pandemic influenza. It also aims to provide accurate, rapid and complete information before, during and after an outbreak and the general health risk it poses. The Working Group set out media guidelines for use during a pandemic and completed the first draft of the health services communications plan.</p>

Core Business Area: Health Protection and Public Health Services

Priority	Accomplishments
<p>continued The Department of Health’s emergency preparedness and response planning spans the health sector and integrates with plans in health service delivery organizations (District Health Authorities and long term care facilities), the provincial Emergency Measures Organization (EMO), Health Canada, and other provincial government departments.</p> <p>The Department of Health is developing plans for comprehensive emergency preparedness and response across the Nova Scotia health sector. Rather than focus planning on a single or anticipated group of potential hazards or threats, the intended “all hazards” approach will address the threats of CBRNET attacks, world economic uncertainty, weather-related and other natural disasters, and infectious diseases (e.g. SARS, BSE, WNV, pandemic influenza, etc.). This is consistent with the efforts of other provinces and the federal government.</p>	<p>The Working Group also made presentations to Communications Nova Scotia, Capital Health workers and International Association of Business Communicators (IABC); produced information letters to businesses and pandemic fact sheets; and contributed to the province’s pandemic website. These efforts have increased awareness of pandemic influenza and ensured appropriate planning in the event of an outbreak.</p> <p>Created the Health System Emergency Planners Working Group (HSEPWG) to enhance Nova Scotia’s emergency preparedness and response capacity across the health sector. Essential to improvement were self-evaluations and their review of the states of preparedness of the DHAs in 2004 and 2005. In the stream of the “all-hazards” approach that the province takes to emergency preparedness, the HSEPWG crafted a DHA Duty Officer Manual for use in times of crisis and developed an all-hazards planning template.</p> <p>The Working Group also outlined the accessibility protocol for medical care for individuals in emergency shelters. In addition to assisting in pandemic planning initiatives, the HSEPWG also delivered education training to the health emergency planning community in the form of workshops & educational sessions. It also began the very important work of developing a mutual aid agreement for the sharing of resources between HSEP members in emergency situations, designing an emergency exercise, and develop standards. All of these tasks enhanced the collaborative networking and relationships among health emergency planners throughout the province.</p>

Core Business Area: Health Protection and Public Health Services

Priority	Accomplishments
<p>Work with the Nova Scotia AIDS Commission and other key stakeholders in the implementation of the Strategy on HIV/AIDS.</p>	<p>HPP is a key partner in and supporter of Nova Scotia's HIV/AIDS Strategy and its intended outcomes. Key contributions in 2005-2006 included:</p> <p>Provided support to the AIDS Coalition of Cape Breton in the establishment of an anonymous testing program through the Cape Breton and Guysborough Antigonish Strait District Health Authorities; to Cape Breton District Health Authority in the establishment of a methadone maintenance treatment program; and to Direction 180 methadone program through Capital Health.</p> <p>Continued funding support to community-based organizations doing HIV/AIDS related work as well as for smaller projects that support the initial stages of implementing specific recommended actions of the Strategy.</p> <p>Provided support for the <i>Framework for Action: Youth Sexual Health in Nova Scotia</i> as specific recommendations of the HIV/AIDS Strategy pertaining to youth have been channelled through this framework.</p> <p>Provided support to agencies and organizations to increase capacity for compliance with the standards for the prevention of blood borne pathogens and standards for youth health centres.</p>
<p>Work with the Department of Environment and Labour on the completion and renewal of the Drinking Water Strategy.</p>	<p>Working with the Department of Environment and Labour, HPP assisted in completing all of the action items in Nova Scotia's Drinking Water Strategy by September 2005.</p>
<p>Develop a provincial database to support implementation of Healthy Beginnings Enhanced Home Visiting Initiative.</p>	<p>In 2005-2006 development work related to the provincial database to support the implementation of the Healthy Beginnings Enhanced Home Visiting Initiative continued. This included development of the database, training for database users in most areas of the province, development of provincial reports and mapping of the existing Cape Breton database. Training for the remainder of the area continued into 2006-2007.</p>

Core Business Area: Health Protection and Public Health Services

Priority	Accomplishments
Fully implement the expanded childhood immunization schedule consistent with the National Immunization Strategy.	In Fall 2005, the immunization program in schools expanded to include immunization against chicken pox for Grade 4 students who had not had chicken pox before; and meningococcal immunization of Grade 4 students to protect against certain types of meningitis. Children received the vaccines as part of the regularly scheduled school immunization program. These vaccines were the last phase of the province's expanded immunization program, which was first announced by the then Health Minister Angus MacIsaac in November 2004.
In collaboration with District Health Authorities and stakeholders, continue the development of standards, policies and guidelines for Youth Health Centres. (YHCs)	Related to YHCs, guidelines in the areas of policies and procedures for services, informed consent and privacy, partnership agreements, and orientation and continuing education have been completed. These guidelines are the first in Canada specifically related to YHCs. A provincial Advisory Group consisting of youth, YHCs, educators and health sectors has been established and provides advice to HPP.
Collaborate with federal colleagues/Infoway on the development and implementation in Nova Scotia of the Pan-Canadian Public Health Communicable Disease Surveillance and Management Project.	The Pan Canadian Public Health Surveillance Project is a public health information system that will include modules on communicable disease and outbreak management, immunization registry and inventory control and public health alerts. The system is being developed by Canada Health Infoway and British Columbia as lead with input from public health practitioners across the country. Atlantic provinces are working with a consultant on planning for implementation of the public health information system in Atlantic Canada. In the meantime, several small applications are being deployed to assist with the public health work in the interim. This includes a biological inventory management system.
Establish a Nova Scotia Public Health Laboratory Program. This includes designating an existing laboratory as the Public Health Laboratory under the <i>Health Protection Act</i> and establishing a public health laboratory network.	A draft proposal was developed for the Public Health Laboratory Program which includes an anchor or reference public health laboratory as part of an existing lab with a network of district laboratories that do some public health related work in addition to clinical diagnostics. Additional work will identify and assess possible governance and accountability models. A consultant is being hired to manage this project.

Core Business Area: Health Protection and Public Health Services

Priority	Accomplishments
<p>Work collaboratively with the Atlantic Provinces, the Public Health Agency of Canada and stakeholders on the development and implementation of the National Collaborating Center on Determinants of Health (one of six Collaborating Centers announced by the Public Health Agency of Canada).</p>	<p>The National Collaborating Centre (NCC) for the Social Determinants of Health will provide a national focal point for social determinants as a key component of the overall pan-Canadian public health strategy.</p> <p>Requests for proposals for a host agency were solicited, received and reviewed by an external panel during January-February, 2006. St. Francis Xavier University has been chosen as the host agency for the NCC on the Social Determinants of Health.</p>
<p>Provide support to the Cape Breton DHA in the public health aspects of the Sydney Tar Ponds/Coke Ovens clean up.</p>	<p>A proposal for remediation of the Sydney Tar Ponds and Coke Ovens Sites was received and underwent environmental assessment and review. Led by a Joint Review Panel appointed by the federal Minister of Environment and the Nova Scotia Minister of Environment & Labour, hearings were held in Sydney. The Panel identified and assessed the potential environmental effects to the Ministers.</p> <p>HPP is participating with other departments in preparing response.</p>
<p>Develop an implementation plan for acting on the results/recommendations of the review of the public health system in Nova Scotia.</p>	<p>Following the release of the Learning from SARS report (the Naylor Report) in 2003, Nova Scotia embarked on an assessment of the coordination, integration, and comprehensiveness of its public health system.</p> <p>An external review of the Nova Scotia Public Health System was undertaken resulting in the Report: <i>The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians</i>. The report was received by Government in January 2006. In February 2006 Government acted on one of the 21 actions for renewal and created a new department that brought together the priorities of Nova Scotia Health Promotion, with Health's Public Health branch and the Office of the Chief Medical Officer of Health. Work is underway in many of the areas identified for renewal.</p>

Core Business Area: Health Protection and Public Health Services	
Priority	Accomplishments
Implement the communication plan for the roll out of the <i>Health Protection Act</i> . The plan includes development of a Users Guide to the <i>Health Protection Act</i> along with other communication materials, presentations to affected stakeholder, etc.	The new <i>Health Protection Act</i> was proclaimed on October 14, 2005. Under the new Act, the Health Promotion and Protection Minister can declare a public health emergency if a threat is serious and imminent. The Act also gives public health officials the ability to set up quarantine facilities, if necessary, in order to protect others from being exposed to illness.
Assist the Office of Economic Development with the implementation of the Community Development policy	<p>2005-2006 was the first year of the implementation plan for the Community Development Policy.</p> <p>Representatives from HPP as partners on the Provincial Action Committee for the Community Development Policy participated:</p> <ul style="list-style-type: none"> • Held a community development conference in Fall 2005 to showcase successful community development practices in Nova Scotia; • Provided education sessions with the Departments of Health and HPP, AIDS Commission and others on the use of the community development lens in developing policies, programs and services; • Provided an education session with HPP Executive on the use of the community development lens in business planning and preparing submissions to Cabinet.
Core Business Area: Chronic Disease Prevention	
Priority	Accomplishments
In conjunction with District Health Authorities, fund community health boards for local initiatives aimed at preventing chronic disease. Targeted areas will include healthy eating, tobacco reduction, physical activity and community capacity-building.	HPP provides Wellness Funds via District Health Authorities to Community Health Boards to distribute to local community organizations for local health promotion and illness prevention initiatives that assist in the mandate of HPP. For 2005-2006, \$348,000 was allocated to District Health Authorities.

Core Business Area: Chronic Disease Prevention	
Priority	Accomplishments
<p>Other Accomplishments</p> <p>Nova Scotia Comprehensive Workplace Health Strategy</p>	<p>HPP is leading the development of a Comprehensive Workplace Health Strategy for Nova Scotia. A Strategic Leadership and Partnership Steering Committee was established to develop, implement and evaluate this Strategy. The committee includes representatives from the Nova Scotia Chamber of Commerce, District Health Authorities, the Government of Nova Scotia, the Nova Scotia Heart and Stroke Foundation, Nova Scotia Workers Compensation Board, Nova Scotia Community College, Nova Scotia Association of Health Organizations and the private sector.</p> <p>HPP hosted the Provincial Forum for Building Capacity for Comprehensive Workplace Health in Nova Scotia in November 2005. The purpose of this forum was to inform and promote discussion among District Health Authorities, HPP and other interested and committed organizations about what supports are required to develop an effective provincial approach to support comprehensive workplace health.</p>
Core Business Area: Communications and Social Marketing	
Priority	Accomplishments
<p>Develop and implement a social marketing plan that identifies HPP's priority audiences in terms of their readiness to change; determine the best strategies to make these changes, as well as the media, marketing and communications tactics to deliver and implement these strategies.</p>	<p>In March 2006, HPP launched a new social marketing campaign targeting parents of young children aged 0-12 years. The campaign focuses on four key issues which are important to overall health and well-being: healthy eating, physical activity, injury prevention (car seats/booster seats) and tobacco (second-hand smoke in the home). The goal of the campaign is to motivate parents to take small steps to improve the health and safety of their children.</p> <p>The campaign includes television, print ads and on-line ads, a column in weekly papers, and a new website (momsanddads.ca) This website contains information specific to each of the four campaign topic areas and provides opportunity for parents and organizations to submit stories and community events to be posted on the website.</p> <p>Other targeted social marketing campaigns in development include:</p> <ul style="list-style-type: none"> • comprehensive strategy for road safety communications • social marketing campaign for at-risk gamblers • anti-smoking public awareness campaign

Core Business Area: Communications and Social Marketing

Priority	Accomplishments
<p>Evaluate the current HPP website to determine improvements that will make this website one that effectively delivers behaviour change and public affairs information to Nova Scotians; implement these improvements.</p>	<p>In 2005-2006, HPP began the process of re-developing the department's website and e-newsletter and developing a communications process to serve the new department.</p> <p>A consultant administered a survey via e-mail to approximately 600 people who receive the e-newsletter asking questions about both the newsletter and website. The results were compiled and a Web Advisory Committee established to respond to these recommendations.</p> <p>Approval was received to hire a webmaster to move forward with the recommendations of the Advisory Committee.</p>
<p>Broaden and improve stakeholder communications through the introduction of a variety of communications approaches including improvement to and continuation of a stakeholder electronic newsletter and making improvements to the HPP website for more effective stakeholder use.</p>	<p>As noted above, a review of the e-newsletter and website began in 2005-2006 and will continue in 2006-2007.</p> <p>Ongoing support was provided in the form of advice, communications plans, development of written and designed materials, news releases, introductory paragraphs to news releases for internal distribution to inform staff of initiatives and ongoing announcements for many initiatives such as awareness weeks, programs, funding, advertisements to stakeholders etc.</p> <p>Work began on a survey of stakeholder opinions on HPP but was halted when HPP was formed. This initiative will be completed when the structure of the new department is determined and stakeholders are identified for all aspects of the new department's work.</p> <p>HPP began work on the development of a comprehensive mailing list for the new department's stakeholders.</p>

Financial Results 2005-2006⁷

Priority Area	2005-2006 Estimate ('000s)	2005-2006 Actual ('000s)
Nova Scotia Health Promotion (Sub-total)	\$ 29,086.0	\$ 34,741.1
Less: Recoveries	\$ (5,167.0)	\$ (4,285.6)
Total - Nova Scotia Health Promotion	\$ 23,919.0	\$ 30,455.5
Total full-time equivalents on staff	72.1	63.4
Less: Staff Funded by External Agencies	-2	-2.2
Total	70.1	61.2

Explanations for Significant Variances:

Health Promotion Administration - Decrease: \$18.2K - Miscellaneous expenses.

Public Health - Decrease: \$610.3K - Vacancies and decrease in program funding.

Tobacco Control - Decrease: \$197.7K - The utilization of Professional Services in the Tobacco Strategy area was deferred until the next fiscal year.

Addictions - Decrease: \$881.1K - The number and amount of Program Grants to the Gambling / Problem Gambling Strategy areas were lower than anticipated due to various delays. There was a corresponding reduction in Recoveries to offset underexpenditure.

Injury Prevention - Increase: \$29.8K - In Program Grants.

Healthy Eating - Decrease: \$120.6K - Postponement of Professional Services expenditures offset by increase in Program Grants.

Healthy Sexuality - Decrease: \$67.7K - Coordinator's position was vacant for the full year with a corresponding reduction in operating expenses.

Chronic Disease Prevention - Increase: \$33.1K - Reflects Chronic Disease position start up grants in the District Health Authorities being offset by various reductions.

⁷The NSHP budget was not changed with the reorganization of the Department in February 2006. Changes to the budget and FTEs will be recorded in the 2006-07 Accountability Report.

Physical Activity - *Increase: \$7,552.2K* - Consists of high-level projects previously unanticipated: Business Plans Priorities - North Sydney Forum; additional funding for Strategic Funding Initiatives and Recreational Facility Development (RFD) Grants.

Recoveries - *Decrease: \$881.4K* - Mirrors the decrease in actual expenditure noted in Addictions as the Gambling expenditures are fully recoverable from other sources.

FTE - The FTE underutilization highlights the fact that the Department of Health Promotion and Protection was still in the growth and development stage; therefore approved funded positions remained unfilled throughout a part of the year as Health Promotion & Protection evolved.

MEASURING OUR PERFORMANCE

2005-2006 Targets

In 2001-2002, Treasury and Policy Board (TPB) asked departments to establish base year performance data and medium term targets for each performance measure with the target year set at 2004-2005.

Nova Scotia Health Promotion was created in December 2002 and released its first Business Plan in 2003-2004. At that time, the identification of indicators and medium term performance targets was in development. The 2004-2005 Business Plan included improved indicator choices and set performance targets for 2009-2010. This accountability report continues to use 2009-2010 as the target year for HPP performance measures.

Two new performance measures added in this accountability report are a result of the re-organization of NSHP into HPP and were previously reported by the Department of Health: the percentage of Nova Scotians (65 years and older) who received a flu shot in the past year and hospitalization of people aged 65 years or older for pneumonia and influenza.

Where changes in the choice of measure have occurred, an explanation is included in the narrative under “Changes in the Measure”.

In all cases, the most current data available have been included. For some measures, however, these data may be a couple of years old due to the cycle of data collection or surveying.

Chronic disease prevention is an overarching core business area and its related outcomes are measured by the outcomes of other more specific core business areas: tobacco control, healthy eating, injury prevention and physical activity and sport and recreation.

Communications and social marketing is another overarching core business area. 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.

Percentage of Nova Scotia Population (12 yrs +) Who Report Eating the Recommended 5-10 Servings of Fruit/Vegetables Per Day

One of HPP's core business areas is Healthy Eating. One measure of healthy eating is the rate of consumption of fruits and vegetables.

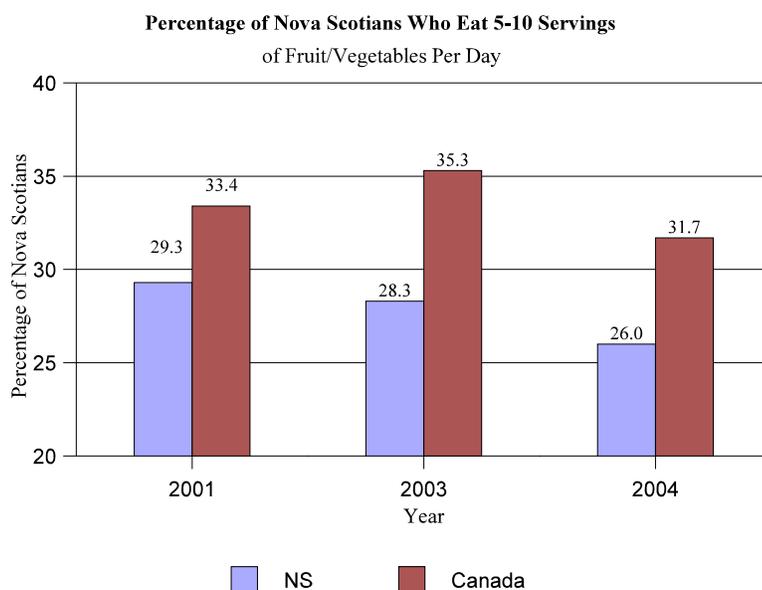
What Does the Measure Tell Us?

This measure is the percentage of Nova Scotians (12 years and older) who report eating the recommended 5-10 servings of fruits and vegetables per day from Canada's Food Guide to Healthy Eating as reported by the Canadian Community Health Survey (CCHS). Studies have shown the protective role that fruits and vegetables play in preventing chronic diseases, such as heart disease, stroke, type 2 diabetes, hypertension, and many cancers.

Where Are We Now?

For 2005 CCHS data related to this indicator was an optional module and was not selected by Nova Scotia for data collection. It will be selected in the future for comparison.

Data from the 2004 CCHS designated nutritional survey which is comparable to the 2001 and 2003 data show that fewer Nova Scotians than Canadians consume the recommended number of fruits and vegetables per day; 26% and 32% respectively.



Where Do We Want to Be in the Future?

By 2009-2010, Nova Scotia aims to increase the percentage of the population (12 years and older) who report eating the recommended 5-10 servings of fruits and vegetables per day to the national rate or above it.

Strategies to achieve this target include:

- ensuring that any nutrition guidelines produced for government funded or regulated food service operations include efforts to increase access to fruit and vegetables
- supporting the development of community based initiatives that increase knowledge and skills related to preparing fruit and vegetables
- complementing work underway with the national "5 to 10 a Day" campaign with activities at the local level
- developing policy to ensure access to affordable fruit and vegetables by all Nova Scotians.

Percentage of Women Who Breast-feed As Soon As Babies Are Born (Breast-feeding Initiation Rate)

One of HPP's core business areas is Healthy Eating. One measure for healthy eating is the percentage of women who breast-feed as soon as their babies are born.

What Does the Measure Tell Us?

This measure is the percentage of women who indicated that for their last baby in the past 5 years, they breast fed or tried to breast-feed, if only for a short time.

Breast-feeding has been identified as the normal and optimal method of feeding worldwide because of the proven health benefits for infants and mothers. Breast feeding supports the healthy development of newborns by: contributing to healthy brain and nervous system development, protecting babies against infectious diseases, and enhancing emotional development. Beyond infancy, the benefits continue to contribute to protection against childhood cancers, diabetes, and allergies.

Where Are We Now?

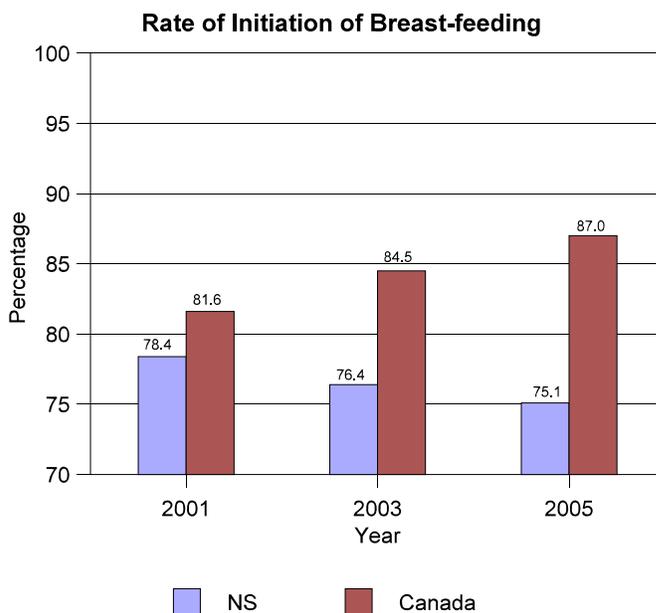
According to the CCHS in 2001 the rate of initiation of breast-feeding for Nova Scotia was 78.4% as compared to Canada at 81.8%. In 2005, the rates were 75.1% and 87.0% respectively.

Where Do We Want to Be in the Future?

By 2009-2010, Nova Scotia aims to be at or above the national initiation rate for breast-feeding.

Strategies to achieve this target include:

- continuing to promote, support and protect breast-feeding through the District Health Authorities, the IWK Health Centre, family resource centres and other community organizations
- continuing to implement the provincial breast-feeding policy
- enhancing education and training related to breast-feeding for health care professionals and early childhood educators.



Percentage of Women Who Breast-feed For At Least Six Months (Breast-feeding Duration Rate)

One of HPP's core business areas is Healthy Eating. One measure for healthy eating is the percentage of women who breast-feed their babies for at least six months.

What Does the Measure Tell Us?

This measure is the percentage of women who indicated that for their last baby in the past 5 years, they breast-fed for at least six months.

Breast-feeding has been identified as the normal and optimal method of feeding worldwide because of the proven health benefits for infants and mothers. Breast-feeding supports the healthy development of newborns by: contributing to healthy brain and nervous system development, protecting babies against infectious diseases, and enhancing emotional development. Beyond infancy, the benefits continue to contribute to protection against childhood cancers, diabetes, and allergies.

Where Are We Now?

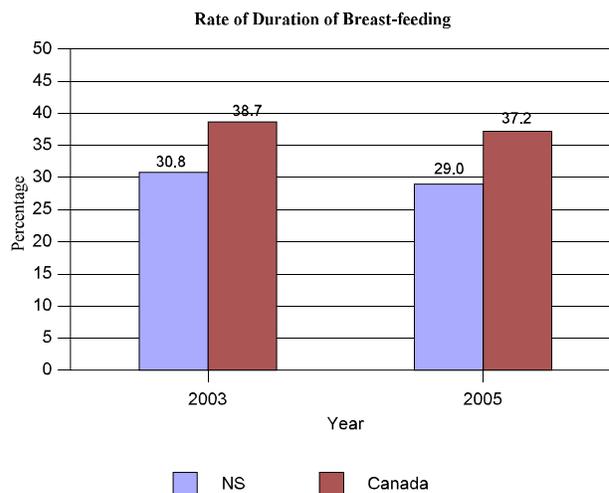
The CCHS 2003 and 2005 data shows a decrease in the percentage of Nova Scotian and Canadian women who breast-fed for at least six months.

Where Do We Want to Be in the Future?

By 2009-2010, Nova Scotia aims to be at or above the national duration rate for breast-feeding.

Strategies to achieve this target include:

- continuing to promote, support and protect breast-feeding through the District Health Authorities, the IWK Health Centre, family resource centres and other community organizations
- continuing to implement the provincial breast-feeding policy
- enhancing education and training related to breast-feeding for health care professionals and early childhood educators.



Condom Use Among Sexually Active Youth

One of Health Promotion and Protection's core business areas is Sexual Health. One measure of sexual health is the rate of condom use among sexually active youth.

What Does the Measure Tell Us?

In 1996 and 1998, the rate of condom use is reported as the percentage of sexually active youth in grades 10 and 12 who used condoms either always or most of the time. In 2002, the rate of condom use is reported as the percentage of youth in grades 10 and 12 who had sexual intercourse within the 12 months prior to the survey and used a condom at the time of their last sexual intercourse. These data are from the Nova Scotia Student Drug Use Survey. Consistent condom use can significantly reduce the incidence of unintended pregnancy and sexually transmitted infections.

Changes in the Measure

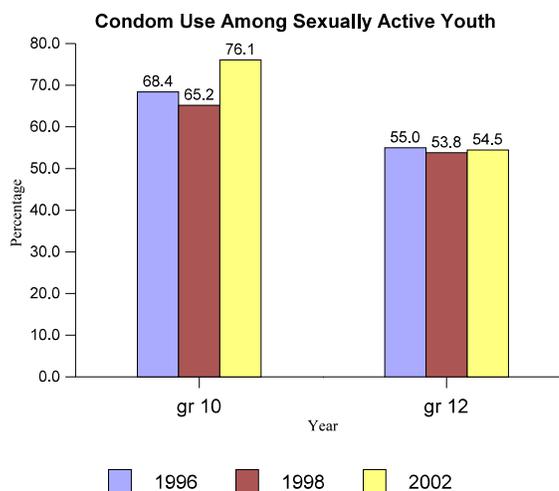
Because the definitions in the Student Drug Use Survey changed over the years, the data are uncomparable between 1996, 1998 and 2002. Further, in 1996 and 1998 information was not available for the category "grades 7 to 12 inclusive". This survey was not conducted in 2000. A trend will be examined using the new definition from the Student Drug Use Survey beginning from 2002.

Where Are We Now?

Taking into consideration that the definitions have changed since data collection on condom use, there has been an increase in condom use for grade 10 survey respondents from 68% to 76%. However, condom use for grade 12 survey respondents has remained around 55%.

Where Do We Want to Be in the Future?

By 2009-2010 Nova Scotia aims to be at or above the Atlantic average. The Drug Survey only allows for an Atlantic average. The Atlantic Provinces are currently working on an agreement to administer provincial student drug use surveys in Spring 2007.



Strategies to achieve this target will include collaborating with a wide range of stakeholders to promote a coordinated approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia, including diverse and marginalized youth. The Roundtable on Youth Sexual Health, of which HPP is a member, has released its *Framework for Action: Youth Sexual Health in Nova Scotia*. Implementation of this framework will take place over the next five to seven years and focus on five key elements: leadership and commitment; community awareness and support; school-based sexual health education, youth involvement and participation; and sexual health-related services for youth. The overall goal of the Framework is to improve the sexual health of Nova Scotia youth.

Incidence of Chlamydia in 15 to 24 Year Olds

One of Health Promotion and Protection's core business areas is Sexual Health. One measure of sexual health is the rate of incidence of genital chlamydia infection in the Nova Scotia population of 15 to 24 year olds.

What Does the Measure Tell Us?

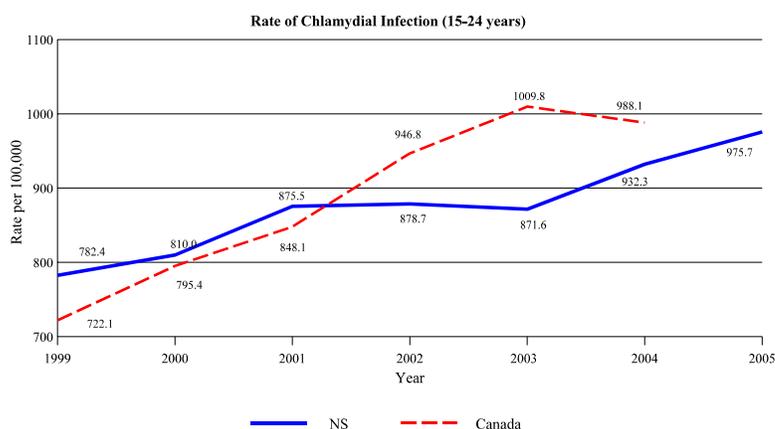
This measure is the annually reported rate of genital chlamydial infection in Nova Scotia per 100,000 population of 15 to 24 year olds as reported by the Nova Scotia and Canada Notifiable Disease Surveillance System. Chlamydia is a sexually transmitted infection that, if untreated, can lead to pelvic inflammatory disease which can result in complications such as tubal infertility and ectopic pregnancy.

Change in Measure

The data presented in the 2004-2005 Accountability Report inadvertently reported the rate of incidence of chlamydia for all age groups rather than the rate of incidence for the age group 15 to 24 years. Incidence of chlamydia is highest in the 15-24 year old age group and that is why this particular measure was chosen.

Where Are We Now?

The rate of chlamydia infection per 100,000 in 15 to 24 year olds has varied from 782.4 in 1999 (compared to the national rate of 722.1) to 932.3 in 2004 (compared to the national rate of 988.1). National data availability tends to lag one year behind provincial data given the time to collect and analyze all provincial and territorial data.



It is important to note that over this time period, there has been a change to chlamydia testing options. The availability of PCR (urine) testing may have contributed to increased testing among males, which may have affected incidence.

Where Do We Want to Be in the Future?

Nova Scotia's target is to be at or below the 2009-2010 national rate.

Strategies to achieve this target will include collaborating with a wide range of stakeholders to promote a coordinated approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia, including diverse and marginalized youth. The Roundtable on Youth Sexual Health, of which HPP is a member, has released its Framework for Action: Youth Sexual Health in Nova Scotia. Implementation of this framework will take place over the next five to seven years and focus on five key elements: leadership and commitment; community awareness and support; school-based sexual health education, youth involvement and participation; and sexual health-related services for youth. The overall goal of the Framework is to improve the sexual health of Nova Scotia youth.

Rate of Unintended Pregnancy Among Teens

One of Health Promotion and Protection's core business areas is Sexual Health. One measure for sexual health is the rate of unintended pregnancy among teens.

What Does the Measure Tell Us?

This measure is the percentage of Nova Scotian women aged 15 to 19 years per 1,000 who gave birth, or experienced miscarriage, still birth or therapeutic abortion per 1000 women aged 15 to 19 (CIHI Discharge Abstract Database and Populations from Nova Scotia Department of Finance, Statistics Canada).

Teenage mothers are at greater risk to drop out of school, experience unemployment, live in low-income situations, and experience social isolation. Children of teenage mothers often experience increased risks for low birth weight, psychological and behavioural disorders, poverty and abuse and neglect.

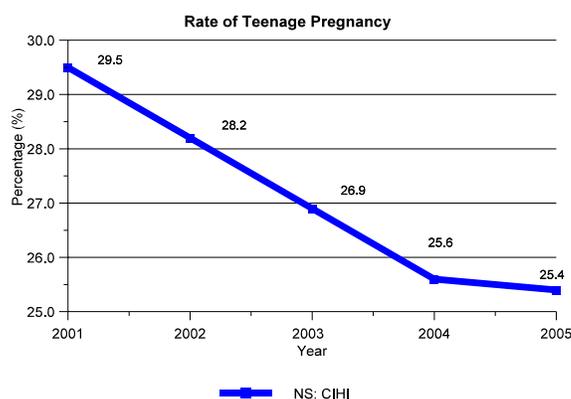
Where Are We Now?

CIHI data shows that Nova Scotia has experienced a steady decrease in the rate of teenage pregnancy from 29.5% in 2001-02 to 25.4% in 2005-06. National data for this definition for teenage pregnancy is not yet available.

Where Do We Want to Be in the Future?

The target is to be at or below the CIHI national rate in 2009-2010.

Strategies to achieve this target will include collaborating with a wide range of stakeholders to promote a coordinated approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia, including diverse and marginalized youth. The Roundtable on Youth Sexual Health, of which HPP is a member, has released its Framework for Action: Youth Sexual Health in Nova Scotia. Implementation of this framework will take place over the next five to seven years and focus on five key elements: leadership and commitment; community awareness and support; school-based sexual health education, youth involvement and participation; and sexual health-related services for youth. The overall goal of the Framework is to improve the sexual health of Nova Scotia youth.



Percentage Reporting Body Mass Index (BMI) in the Healthy Range⁸

Two of HPP's core business areas are Healthy Eating and Physical Activity, Sport and Recreation. One measure of healthy eating and physical activity, sport and recreation is the Body Mass Index.

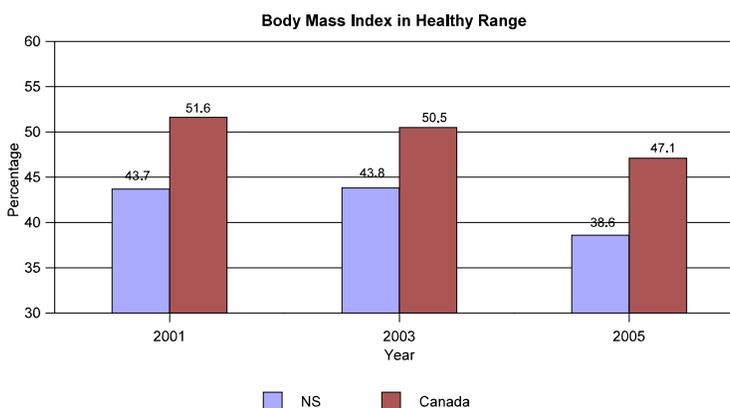
What Does the Measure Tell Us?

The Body Mass Index (BMI) is a valid measurement of weight in relation to health for healthy adults aged 20-64 years. This is a common method for calculating if an individual's weight is in a healthy range based on their body weight and height. BMI is not recommended for use as the sole measurement of either body composition or level of physical fitness. According to new Health Canada weight classification guidelines (2003), a BMI between 18.5 and 24.9 is considered within a healthy weight range. This measure is the percentage of Nova Scotians aged 20 to 64 who report a BMI between 18.5 and 24.9.

A healthy body weight (for height) is associated with a reduced risk of health problems. Overweight and obesity are associated with increased risk of health problems and conditions such as high blood pressure, diabetes, gall bladder disease, and pregnancy complications. Body weight is influenced by genetic, gender, age, and lifestyle factors such as poor eating habits and inadequate physical activity. Canada's Guidelines to Healthy Eating and Physical Activity (2004) recommend that Canadians "achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating".

Where Are We Now?

According to the CCHS, in 2001, 43.7% of Nova Scotians reported a healthy BMI, as compared to 51.6% of the Canadian population. In 2005, the proportion in Nova Scotia was 38.6% compared to the national rate of 47.1%.



Where Do We Want to be in the Future

By 2009-2010, with partners at multiple levels and in multiple sectors, Nova Scotia aims to increase by 10% the number of Nova Scotians with a healthy body weight. Toward this end, HPP has continued to develop and strengthen strategic linkages in the community and other sectors. Nova Scotians need to be supported to adopt and maintain healthy body weights, healthy eating and physical activity behaviours through education and skills, policy, and enhanced community capacity.

⁸This indicator was omitted from the 2005-2006 Health Promotion Business Plan

Percentage of Children and Youth Active Enough for Health Benefits

Physical Activity, Sport and Recreation is one of Health Promotion and Protection's core business areas. One measure of physical activity for children and youth is obtained by the wearing of a motion counter to assess activity levels.

What Does the Measure Tell Us?

In 2001, a representative sample of Nova Scotian children and youth in grades 3, 7 and 11 wore a motion counter on their hip for seven days to assess current activity levels. Being an objective measure of physical activity in children and youth, it eliminates some of the weaknesses of self report or parent proxy measures.

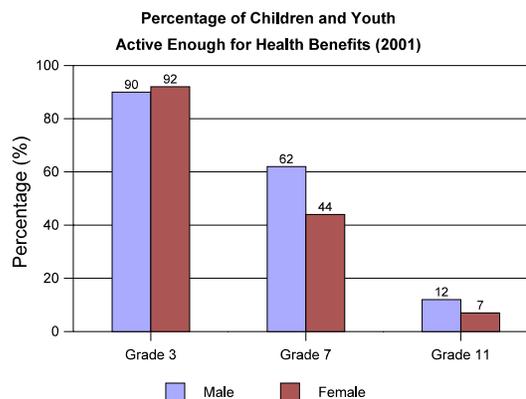
For healthy growth and development, children need to accumulate at least 60 minutes of moderate or greater intensity activity on five or more days of the week. According to Canada's Physical Activity Guide for Children this has a range of benefits including strong bones and muscles, achievement of a healthy weight, and physical self esteem. Documented increases in the Body Mass Index (BMI) levels of children and youth in most Western nations is likely a result of a decrease in physical activity combined with poor dietary habits. It is also known that inactive children grow up to be inactive adults.

Where Are We Now?

In 2001, the percentage of children and youth who accumulated at least 60 minutes of moderate or greater physical activity during five days of the week was as follows:

Gr 3	90% of boys and 92% of girls
Gr 7	62% of boys and 44% of girls
Gr 11	12% of boys and 7% girls

A repeat of this study was completed in June 2006. Data results were not available at the time report. There are no comparable Canadian statistics since Nova Scotia is the only jurisdiction to have objectively measured physical activity on a population basis.



Where Do We Want to Be in the Future?

Nova Scotia's goal for 2009-2010 is to maintain the Grade 3 activity levels and raise Grade 7 and Grade 11 levels by 10 percentage points:

Grade 3	maintain at 90% for boys and 92% for girls
Grade 7	to 72% for boys and 54% for girls
Grade 11	to 22% for boys and 17% for girls

The cooperation of family, school and community will be required to achieve these goals. Initiatives such as the Active Kids/Healthy Kids Strategy, Health Promoting Schools and Sport Animators will contribute to reaching this goal. PACY data will be analyzed in light of the gender gap between boys and girls to determine what girls have identified as barriers to physical activity. A review of evidence and best practices around interventions to increase physical activity among girls will also be examined.

Percentage of Adults Reporting Physical Activity that Provides Health Benefits

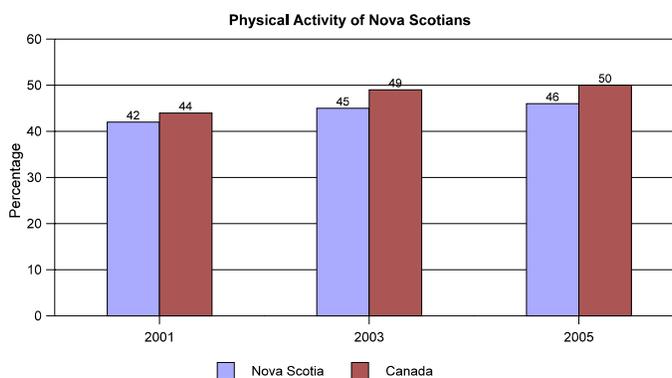
Physical Activity, Sport and Recreation is one of Health Promotion and Protection's core business areas. One measure of physical activity is self reported data on the amount of activity people are engaging in daily.

What does the Measure Tell Us?

Physical activity is an important contributor to both physical and mental health. Inactivity is one of the driving forces behind the high rates of chronic disease in Nova Scotia. Self report data from the Canadian Community Health Survey (CCHS) is collected every two years. It classifies adults into three categories - active, moderately active and inactive. People who are active (30 minutes per day) are obtaining optimal health benefits and those who are moderately active (15–29 minutes per day) get some health benefits. Inactive people are getting very little, if any, health benefit. To maximize quality of life, reduce the impact of chronic diseases, and help contain health care costs, Nova Scotia should target the inactive population to become moderately active.

Where Are We Now?

According to the 2005 CCHS survey, 46% of Nova Scotian adults 20 years and older reported being active or moderately active. From 2001, this is an increase of 4 percentage points. In this same time period, the national rate has increased by 6 percentage points from 44% to 50%.



Where Do We Want to Be in the Future?

In 2000-2001, the Federal/Provincial/Territorial Ministers Responsible for Sport, Recreation and Fitness set a goal of increasing the number of Canadians active enough for health benefits by ten percentage points by 2010. This means raising Nova Scotia's percentage from 42% in 2001 to 52% in 2009-2010.

To achieve this goal, government needs the cooperation of all Nova Scotians at home, school, work, and in the community in such initiatives as:

- Chronic Disease Prevention initiatives
- Active Kids/Healthy Kids Strategy
- leadership development in sport, recreation and physical activity
- increased capacity, effectiveness and sustainability of organizations in providing sport and recreation
- improved access, availability, condition, safety and sustainability of indoor and outdoor sport and recreation facilities; and
- reduced disparity and increased access to sporting, recreational and physical activities for women, members of ethnic minorities, people with disabilities and persons of low socio-economic status.

Proportion of Youth Aged 0-17 Years Regularly Exposed to Environmental Tobacco Smoke in the Home

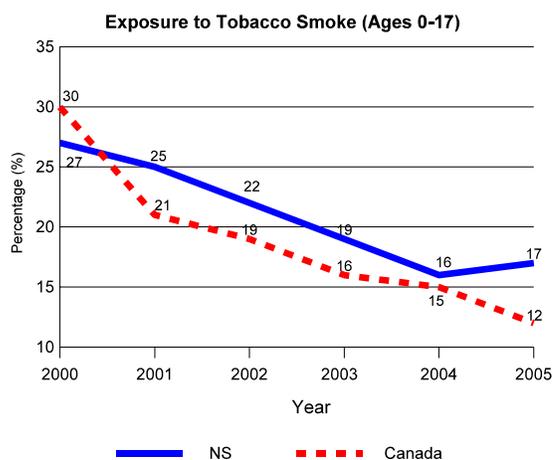
One of HPP's core business areas is Tobacco Control. One measure of tobacco control is the rate of exposure to environmental or second-hand tobacco smoke.

What Does the Measure Tell Us?

This measure describes the percentage of households with children aged 0-17 who reported regular exposure to environmental tobacco smoke (ETS) in the home as measured by the Canadian Tobacco Use Monitoring Survey (CTUMS). In children, ETS exposure is a cause of lower respiratory tract infections such as bronchitis and pneumonia, middle ear problems, upper airways irritation, and a reduction in lung function. In children with asthma, ETS exposure causes additional episodes and more severe symptoms. It is also a risk factor for new cases of asthma in children who have not previously shown symptoms. Reducing children's exposure to tobacco smoke is key to preventing these illnesses.

Where Are We Now?

In 2000, approximately 27% Nova Scotian households with children aged 0-17 reported regular exposure to ETS in the home. This contrasts with approximately 30% of Canadian households who reported home exposure to second-hand smoke. In 2005, the percentage of Nova Scotian households reporting exposure to ETS in the home declined to 17%. In Canada the percentage declined to 12%. Health Canada advises that the long term trend shows that Canada and Nova Scotia are moving in the right direction and the latest data shows a stabilization, pointing to the need to identify new priorities by renewing and refreshing the tobacco control strategy.



Where Do We Want to Be in the Future?

Nova Scotia aims to decrease the ETS exposure rate to the Canadian rate or less by 2009-2010.

The Nova Scotia Comprehensive Tobacco Strategy will help to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation.

Percentage of Youth (15-19 years) Who Smoke

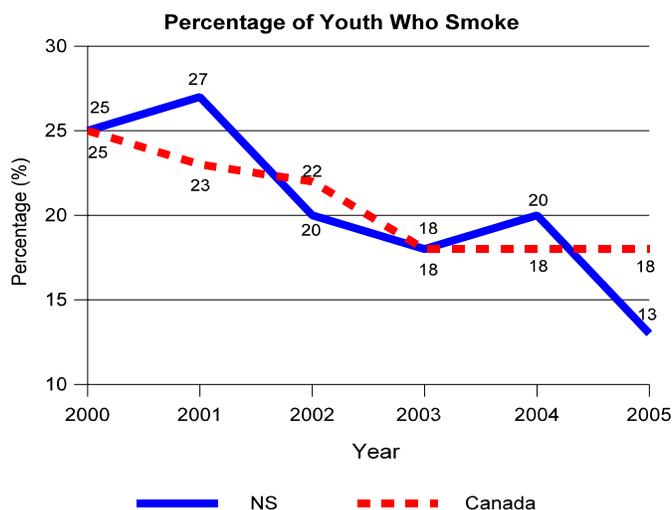
One of Nova Scotia Health Promotion's core business areas is Tobacco Control. Tobacco control contributes to health and well-being. One measure of tobacco reduction is the percentage of youth (15 to 19 years) who smoke.

What Does the Measure Tell Us?

This measure describes the percentage of youth (aged 15 to 19 years) in Nova Scotia and Canada who smoke. Habits adopted during the teen years tend to be maintained well into adult life. Therefore, this measure informs us about smoking among young people and predicts adult smoking rates in the future. Preventing or limiting smoking among young people has important long term benefits such as reduced smoking among adults and the prevention of serious illness.

Where Are We Now?

According to CTUMS, in 2005, 13% of Nova Scotia's youth (aged 15 to 19 years) smoked, compared to 25% in 2000. In Canada, the smoking rate in youth declined from 25% to level off at 18% from 2003 to 2005. In 2005, Nova Scotia was five percentage points less than the national rate. This trend is a reflection of our sustained efforts to keep tobacco prices high, create smoke-free places and the tremendous public attention to the health issues associated with tobacco use.



Where Do We Want to Be in the Future?

Nova Scotia aims to maintain or decrease the rate of smoking among Nova Scotia youth to be equal or below the national rate by 2009-2010.

The Nova Scotia Comprehensive Tobacco Strategy will help to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation.

Percentage of Population Aged 15 and Over Who Smoke

One of Nova Scotia Health Promotion's core business areas is Tobacco Reduction. One measure of tobacco control is the rate of smoking in the Nova Scotia population 15 years and older.

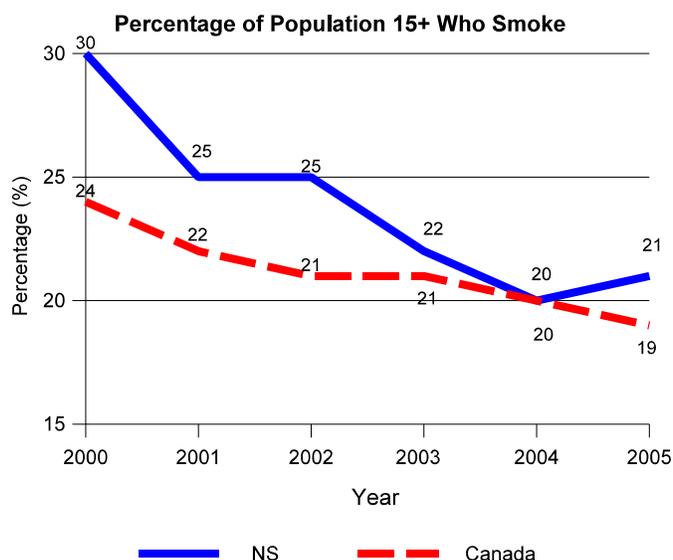
What Does the Measure Tell Us?

This measure describes the percentage of the population aged 15 and over who reported smoking at the time of the survey including daily and non-daily smoking in Nova Scotia and Canada. Smoking is the number one cause of preventable death and disability. High rates of smoking translate into high rates of chronic disease such as lung cancer, heart and respiratory disease.

Where Are We Now?

According to CTUMS, in 2005, 21% of Nova Scotians 15 and over smoked, compared to 30% in 2000. In Canada, the smoking rate for the population of 15 and over dropped from 24% in 2000 to 19% in 2005.

Health Canada advises that the long term trend shows that Canada and Nova Scotia are moving in the right direction and the latest data shows a stabilization, pointing to the need to identify new priorities by renewing and refreshing the tobacco control strategy.



Where Do We Want to Be in the Future?

Nova Scotia aims to decrease the rate of smoking in the Nova Scotia population 15 years and over to be equal to or below the national rate by 2009-2010.

The Nova Scotia Comprehensive Tobacco Strategy will help to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation.

Rate of Injury Related Deaths Due to Falls Among Seniors (Aged 65 and over)

One of Health Promotion and Protection's core business areas is Injury Prevention. One measure of injury prevention is the rate of injury related deaths due to falls among seniors.

What Does This Measure Tell Us?

This measure describes the age-standardized rate per 100,000 of Nova Scotians over age 65 who die as the result of a fall. It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of falls related injuries through the Nova Scotia Injury Prevention Strategy. The data used to calculate this measure are collected through Vital Statistics with analysis by the Department of Health.

Falls are a serious public health threat and the leading cause of injury among seniors. One in three seniors experiences a fall every year, a rate that increases to one in two for those over the age of 80. Falls cause more than 90% of all hip fractures in the elderly and 20% die within a year of the fracture. Families are often unable to provide care and 40% of all nursing home admissions occur as a result of falls by older people. Even without an injury, a fall can cause a loss in confidence and curtailment of activities, which can lead to a decline in health and function and contribute to future falls with more serious outcomes. Nova Scotia's changing demographics have led to an urgency in addressing seniors falls, as growing numbers of older people with chronic health problems and disabilities are living longer lives.

Changes in Measures

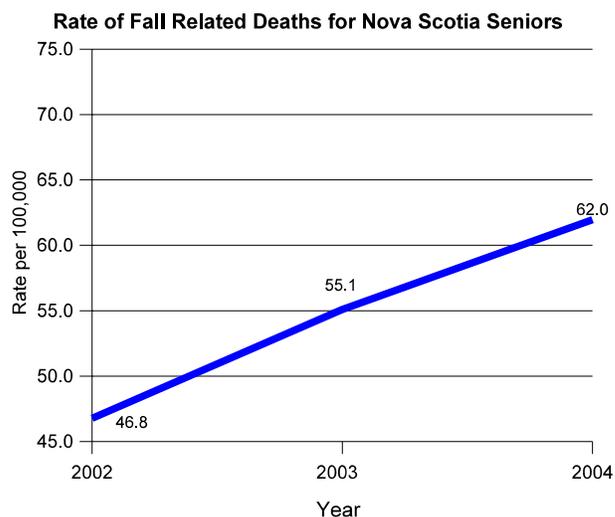
The numbers presented vary slightly from numbers reported in the 2004-05 Accountability Report as crude rates were replaced with age-standardized rates which allow for better regional or subgroup comparison.

Where Are We Now?

In 2002, the rate of fall related deaths for Nova Scotians over age 65 was 46.8 per 100,000. In 2004, it was 62.0 per 100,000. As 2002-03 is the baseline year for monitoring progress toward a long-term outcome and 2005 data was not available at the time of this report, it is too early to begin identifying any trends in the data.

Where Do We Want To Be?

In keeping with the national injury prevention strategy and injury target reductions set in the Economic Burden of Unintentional Injury in Atlantic Canada Report, the target is to achieve a 20% reduction in the rate of fall related deaths in Nova Scotia by 2009-2010. HPP is leading the development and implementation of a comprehensive intersectoral strategy to address falls in Nova Scotia. Additionally, in 2004-2005, HPP made a three-year funding commitment to the Community Links Preventing Falls Together initiative to develop a sustainable network of regional falls prevention coalitions that work with seniors, care givers, health professionals, government, and other community organizations to develop falls prevention strategies that address the specific needs of their communities, following a community development model.



Rate of Injury Related Hospitalizations Due to Falls Among Seniors (Aged 65 and Over)

One of Health Promotion and Protection's core business areas is Injury Prevention. One measure of injury prevention is the rate of injury related hospitalizations due to falls among seniors.

What Does This Measure Tell Us?

This measure describes the age-standardized rate per 100,000 of Nova Scotians over age 65 admitted to hospital as a result of a fall as collected through the Hospital Discharge Abstract Database (CIHI). It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of falls related injuries through the Nova Scotia Injury Prevention Strategy.

Falls are a serious public health threat and the leading cause of injury among seniors. One in three seniors experiences a fall every year, a rate that increases to one in two for those over the age of 80. Falls cause more than 90% of all hip fractures in the elderly and 20% die within a year of the fracture. Families are often unable to provide care and 40% of all nursing home admissions occur as a result of falls by older people. Even without an injury, a fall can cause a loss in confidence and curtailment of activities, which can lead to a decline in health and function and contribute to future falls with more serious outcomes. Nova Scotia's changing demographics have led to an urgency in addressing seniors falls, as growing numbers of older people with chronic health problems and disabilities are living longer lives.

Changes in Measures

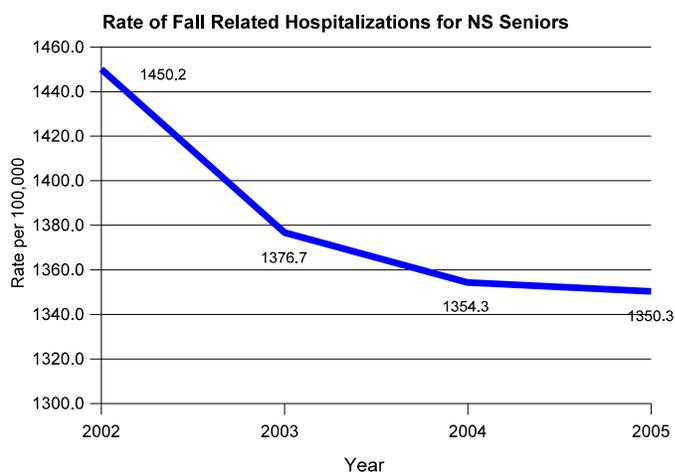
The numbers presented vary slightly from numbers reported in the 2004-05 Accountability Report and the 2005-06 Business Plan as crude rates were replaced with age-standardized rates which allow for better regional or subgroup comparison.

Where Are We Now?

In 2002, the rate of fall related hospital admissions for Nova Scotians over age 65 was 1450.2 per 100,000. In 2005, it was 1350.3 per 100,000. The decrease in falls injury hospitalizations is encouraging, but it is still too early to determine if this reduction will be sustained. Additionally, there is still much work that remains to address falls prevention.

Where Do We Want To Be?

In keeping with the national injury prevention strategy and injury target reductions set in the Economic Burden of Unintentional Injury in Atlantic Canada Report, the target is to achieve a 20% reduction in the rate of fall related hospitalizations in Nova Scotia by 2009-10. HPP is leading the development and implementation of a comprehensive intersectoral strategy to address falls in Nova Scotia. Additionally, in 2004-05, HPP made a three-year funding commitment to the Community Links Preventing Falls Together initiative to develop a sustainable network of regional falls prevention coalitions that work with seniors, care givers, health professionals, government, and other community organizations to develop falls prevention strategies that address the specific needs of their communities, following a community development model.



Rate of Suicides

One of Health Promotion and Protection's core business areas is Injury Prevention. One measure of injury prevention is the rate of suicides.

What Does This Measure Tell Us?

This measure describes the age-standardized rate per 100,000 of those Nova Scotians, who die as a result of suicide and is collected through the Vital Statistics with analysis by Department of Health. It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of suicide through the Nova Scotia Injury Prevention Strategy. Suicide is a serious public health issue. Self-injury is the third leading cause of injury-related hospitalization and is the leading cause of injury-related death in Nova Scotia. Each year, approximately 100 Nova Scotians kill themselves and it is estimated that suicide costs Nova Scotians \$80-100 million per year in direct and indirect costs.

Changes in Measures

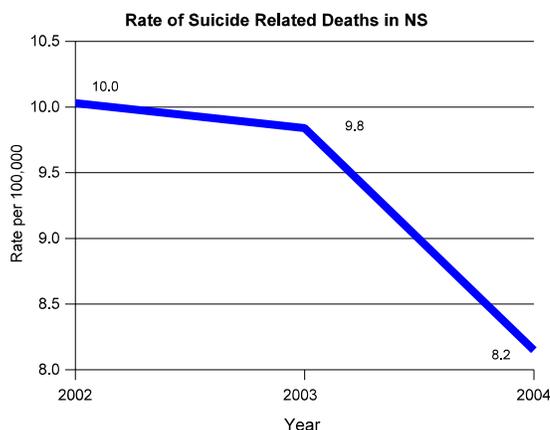
The numbers presented vary slightly from numbers reported in the 2004-05 Accountability Report as crude rates were replaced with age-standardized rates which allow for better regional or subgroup comparison.

Where Are We Now?

In 2002, the rate per 100,000 of suicide related deaths in Nova Scotia was 10.0. In 2004, it was 8.2. As 2002-2003 is the baseline year for monitoring progress toward a long-term outcome and 2005 data was not available at the time of this report, it is too early to begin identifying any trends in the data.

Where Do We Want To Be?

The 2005-2006 Health Promotion Business Plan indicates a target reduction of 20% in suicide-related deaths by 2009-2010. This is an estimated target based on research used in the current development of a provincial, intersectoral strategy to address suicide and self-inflicted injury. This strategy, to be launched in November 2006, clearly identifies a common vision and strategic plan for addressing suicide and self-inflicted injury across sectors. As well, it will set a definitive target for reduction of suicide-related deaths in Nova Scotia by 2009-2010. In addition, HPP will continue its support of communities to develop their local capacity to prevent suicide.



Rate of Self-inflicted Injury Related Hospitalizations

One of Health Promotion and Protection's core business areas is Injury Prevention. One measure of injury prevention is the rate of suicide-related hospitalizations.

What Does This Measure Tell Us?

This measure describes the age-standardized rate per 100,000 of those Nova Scotians admitted to hospital as a result of a self-inflicted injury as collected through the Hospital Discharge Abstract Database (CIHI). It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of suicide through the Nova Scotia Injury Prevention Strategy. Self-injury is the third leading cause of injury-related hospitalization and is the leading cause of injury-related death in Nova Scotia.

Changes in Measures

The numbers presented vary slightly from numbers reported in the 2004-05 Accountability Report and the 2005-06 Business Plan baseline as crude rates were replaced with age-standardized rates which allow for better regional or subgroup comparison.

Where Are We Now?

In 2002, the rate per 100,000 of self-inflicted injury-related hospital admissions was 89.3. In 2005, it is 75.1. The decrease in self-inflicted injury hospitalizations is encouraging, but it is still too early to determine if this reduction will be sustained.

Where Do We Want To Be?

In 2005-2006 Health Promotion Business Plan indicates a target reduction of 20% in self-inflicted injury-related hospitalizations by 2009-2010. This is an estimated target based on research used in the current development of a provincial, intersectoral strategy to address suicide and self-inflicted injury. This strategy, to be launched in November 2006, clearly identifies a common vision and strategic plan for addressing suicide and self-inflicted injury across sectors. As well, it will set a definitive target for reduction of self-inflicted injury-related hospitalizations in Nova Scotia by 2009-2010. In addition, HPP will continue its support of communities to develop their local capacity to prevent suicide.



Rate of Motor Vehicle Collision Injury Related Deaths

One of HPP's core business areas is Injury Prevention. One measure of injury prevention is the rate of motor vehicle collision injury related deaths.

What Does This Measure Tell Us?

This measure describe the age-standardized rate per 100,000 of those Nova Scotians who die as the result of motor vehicle collision as collected through Vital Statistics with analysis by the Department of Health. It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of motor vehicle collision injury related deaths. Motor vehicle collisions are a leading cause of death, hospitalization and disability in Nova Scotia and cost Nova Scotians more than \$74 million each year in direct and indirect costs.

Changes in Measures

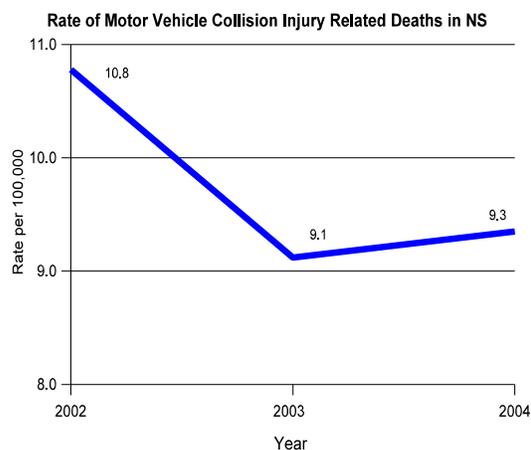
The numbers presented vary slightly from numbers reported in the 2004-2005 Accountability Report as crude rates were replaced with age-standardized rates which allow for better regional or subgroup comparison.

Where Are We Now?

In 2002, the rate of motor vehicle collision injury-related deaths was 10.8 per 100,000. In 2004, the rate was 9.3 per 100,000. As 2002-2003 is the baseline year for monitoring progress toward a long-term outcome and 2005 data was not available at the time of this report, it is too early to begin identifying any trends in the data.

Where Do We Want To Be?

The goal is to achieve a 30% reduction in the rate of motor vehicle collision deaths in Nova Scotia from the baseline 2002-2003 data by 2009-2010. The 30% target was selected to be consistent with targets set by the provincial Road Safety Advisory Committee and identified by Road Safety Vision 2010 (Transport Canada).



The Road Safety Advisory Committee (RSAC) assists government in the development, implementation and evaluation of intersectoral road safety strategies related to drivers, vehicles and roadways. RSAC is composed of members from the Departments of Transportation and Public Works (TPW), Health Promotion and Protection, Service Nova Scotia and Municipal Relations, Justice and Health, Nova Scotia Safety Council, RCMP, Police Chiefs Association of Nova Scotia, Insurance Bureau of Canada and academic researchers. HPP has been working in collaboration with TPW, the lead government agency for road safety in Nova Scotia, to achieve the goals outlined in Canada's Road Safety Vision 2010. HPP is also continuing its work with P.A.R.T.Y. designed to educate high school students about the consequences of risk and serious injury and continuing its funding to IWK Child Safety Link to implement a provincial Car Seat Safety Strategy.

Rate of Motor Vehicle Collision Injury Related Hospital Admissions in for Nova Scotians

One of HPP's core business areas is Injury Prevention. One measure of injury prevention is the rate of motor vehicle collision injury related hospital admissions.

What Does this Measure Tell Us?

This measure describe the age-standardized rate per 100,000 of those Nova Scotians who are admitted to hospital as a result of a motor vehicle collision as collected through as collected through the Hospital Discharge Abstract Database (CIHI). It is a high level indicator of the overall long-term impact of the injury prevention strategy and specific efforts to address the issue of motor vehicle collision injury related hospitalizations. Motor vehicle collisions are a leading cause of death, hospitalization and disability in Nova Scotia and cost Nova Scotians more than \$74 million each year in direct and indirect costs.

Changes in Measures

The numbers presented vary slightly from numbers reported in the 2004-05 Accountability Report as crude rates were replaced with age-standardized rates which allow for better regional or subgroup comparison.

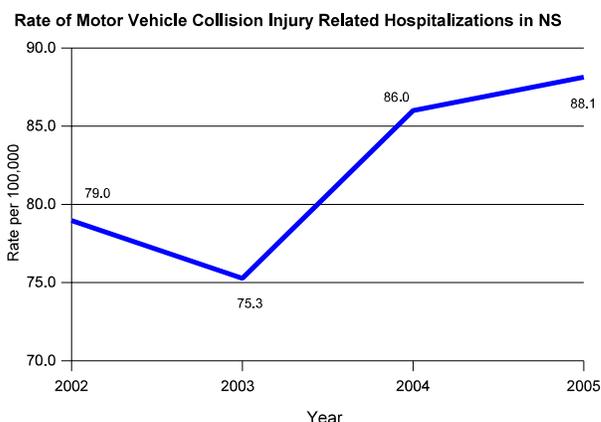
Where Are We Now?

In 2002, the rate of motor vehicle collision injury-related hospital admissions was 79.0 per 100,000. In 2005 it was 88.1 per 100,000. As 2002-2003 is the baseline year for monitoring progress toward a long-term outcome, it is too early to begin identifying any trends in the data.

Where Do We Want to Be?

The goal is to achieve a 30% reduction in the rate of motor vehicle collision injury hospital admissions in Nova Scotia (baseline 2002-2003) data) by 2009-2010. The 30% target was selected to be consistent with targets set by the provincial Road Safety Advisory Committee and identified by Road Safety Vision 2010 (Transport Canada).

The Road Safety Advisory Committee (RSAC) assists government in the development, implementation and evaluation of intersectoral road safety strategies related to drivers, vehicles and roadways. RSAC is composed of members from the Departments of Transportation and Public Works (TPW), Health Promotion and Protection, Service Nova Scotia and Municipal Relations, Justice and Health, Nova Scotia Safety Council, RCMP, Police Chiefs Association of Nova Scotia, Insurance Bureau of Canada and academic researchers. HPP has been working in collaboration with TPW, the lead government agency for road safety in Nova Scotia to achieve the goals outlined in Canada's Road Safety Vision 2010. HPP is also continuing its work with P.A.R.T.Y. designed to educate high school students about the consequences of risk and serious injury and continuing its funding to IWK Child Safety Link to implement a provincial Car Seat Safety Strategy.



Percentage of Adults with a Gambling Problem

One of Health Promotion and Protection's core business areas is Addictions. One measure of addiction prevention is rate of problem gambling.

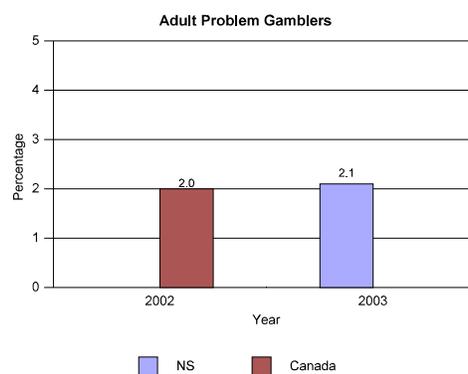
What Does the Measure Tell Us?

The Canadian Problem Gambling Index (CPGI) is the only instrument that is reliable and valid for measuring gambling prevalence in the general population. The CPGI classifies people as non gamblers, non problem gamblers, at risk gamblers or problem gamblers. Those scoring 3 or higher are considered to be problem gamblers, which means that they are experiencing adverse consequences from their gambling, and many have lost control of their behaviour. As of 2003, there were 15,000 problem and 35,000 at-risk gamblers in Nova Scotia. Problem gambling is associated with high rates of financial problems, marital discord, and mental health concerns.

Where are We Now?

In 2003, 2.1% of adults in Nova Scotia were classified as problem gamblers, compared to the 2002 national rate of 2.0%. CCHS has not collected any new national data to date.

The NS Gambling Prevalence Study was conducted in 2003 in order to provide a more accurate provincial rate of at-risk and problem gambling and greater detailed about gambling behaviour than that provided by the CCHS. Nova Scotia will conduct another prevalence study in 2007 or 2008.



Where Do We Want to Be in the Future

Nova Scotia aims to be at or below the national rate for problem gambling by 2009-2010.

The development and implementation of the problem gambling strategy will help to achieve this outcome. Nova Scotia is in the process of implementing A Better Balance: Nova Scotia's First Gaming Strategy. There are seven components of the strategy that are the responsibility of HPP:

- increasing problem gambling treatment resources
- early identification/intervention programs
- a treatment demonstration research project
- establishment of a comprehensive problem gambling strategy
- public awareness program
- targeted education programs (youth and seniors), and
- community-based prevention programs.

Prevalence of High-Risk Alcohol Use

One of HPP's core business areas is Addictions. Addiction prevention contributes to the health and well-being of Nova Scotians through preventing and reducing harmful alcohol use.⁹ One indicator of harmful alcohol use is *high-risk alcohol use*.

What Does this Measure Tell Us?

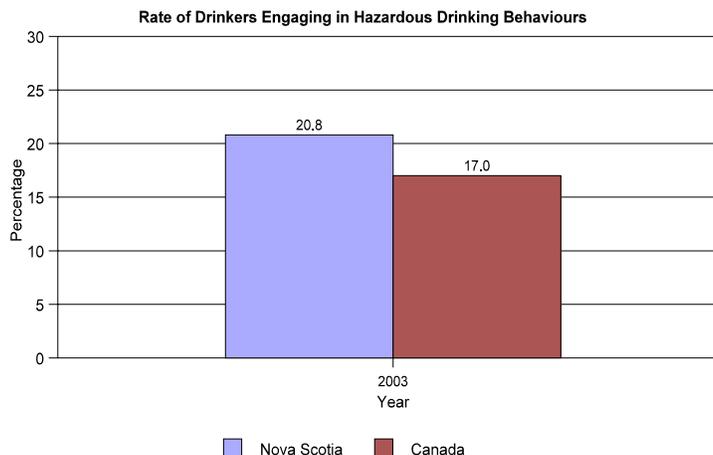
The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item questionnaire created by the World Health Organization (WHO) to assist practitioners in identifying hazardous consumption, harmful alcohol use patterns, and alcohol dependence. The AUDIT can be used as an epidemiological research tool in population studies.¹⁰ High-risk alcohol use is determined by a score of 8 or more on the AUDIT.

Changes in Measures

The AUDIT score from the Canadian Addiction Survey (CAS) is replacing the CCHS indicators. This measure provides more meaningful data as it takes into account consumption patterns, harms experienced, and dependence symptoms; the score also provides a framework for interventions.

Where Are We Now?

Using AUDIT scores from the the 2004 CAS, 20.8% of Nova Scotia drinkers engaged in high-risk drinking, compared to 17.0% of all Canadian drinkers¹¹. Based on Statistics Canada population estimates for 2003, these results suggest that 117,144 Nova Scotians 15 years of age and older are engaged in harmful alcohol use.



Where Do We Want to Be?

Nova Scotia aims to be at or below the national prevalence rate of high-risk alcohol use as measured by the AUDIT score by 2009-10. HPP is working with key stakeholders to develop a provincial alcohol strategy to address harmful alcohol use. HPP Addiction Services initiated an alcohol indicators surveillance and monitoring system in 2005¹² focusing on adverse harms of medium to high-risk drinking, based WHO recommendations for alcohol indicators best practice. The next edition of the report is expected to be prepared in 2008.

⁹The 2005-06 Business Plan used the term *problem drinking* to refer to alcohol consumption that results in harms, consequences or problems. This wording is being replaced with *harmful alcohol use* to be consistent with language used in the provincial alcohol strategy.

¹⁰ Babor T, Higgins-Biddle J, Saunders, JB, & Monteiro M. (2001). The alcohol use disorders identification test: Guidelines for use in primary care. (Second Edition). Geneva: WHO.

¹¹The slight change in the baseline information from CAS reflects a more extensive data analysis then was available at the time of the preparation of the 2005-06 business plan

¹²Graham, L. (2005) Alcohol Indicators Report: A framework for alcohol indicators describing the consumption of use, patterns of use, and alcohol-related harms in Nova Scotia. Halifax: Province of Nova Scotia, Office of Health Promotion.

Hospitalization of People Aged 65 Years or Older for Pneumonia and Influenza

One of HPP's core business areas is Health Protection and Public Health. One measure for health protection and public health is the percentage of senior Nova Scotians hospitalized for pneumonia and influenza.

This measure was originally provided in the 2005-2006 Department of Health Business Plan. It was moved to the 2005-2006 HPP Accountability Report with the creation of the new Department.

What Does the Measure Tell Us?

Calculating the age standardized rate of people aged 65 years or older who are hospitalized for pneumonia and influenza can help to assess the success of programs to prevent illness altogether or contain its severity and permit management outside of hospital, like vaccination programs.

Changes to Measures

On April 1, 2001, the Canadian Institute of Health Information (CIHI) began to phase in the ICD-10-CA classification system for capturing information on hospital patients as well as new Coding Standards. This system replaced the previous ICD-9-CM classification. Data collected prior to 2000-01 are no longer comparable to data collected following this date. This necessitated creating a new Nova Scotia baseline of 2001-02. Comparable provincial and national data are not available after April 1, 2006 because of the change of classification systems and the inconsistent use of new coding standards.

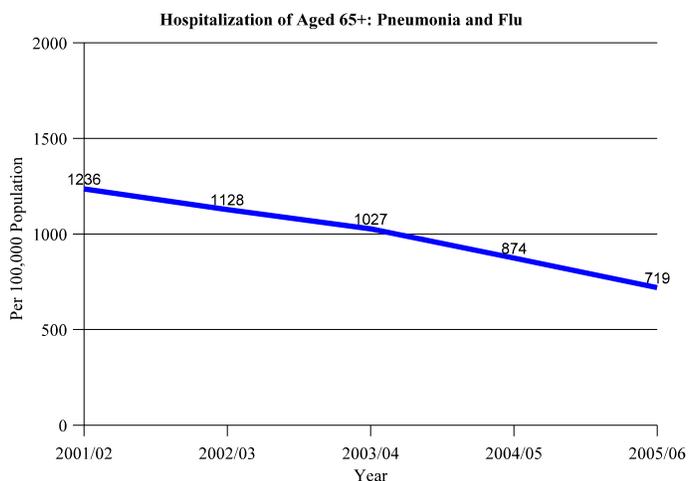
Where Are We Now?

During the year 2005-2006, 719 people per 100,000 population aged 65 years or older were hospitalized for pneumonia and influenza. This shows a significant decrease since 2001-2002 when 1,236 people were hospitalized.

Where Do We Want to Be in the Future?

The Department's target was to reduce the number of hospitalizations for pneumonia and influenza to levels consistent with or below the Canadian average of 1998-1999. However, changes in classification system and reporting standards make comparisons between provinces and to the national rate challenging. Further because there is a lag in the release of data by the Canadian Institute for Health Information, the availability of comparable data is still to be determined. HPP will re-evaluate the use of this indicator in future reports.

HPP will continue to work towards increased vaccination coverage of the population aged 65 years or older.



Percentage of Senior Nova Scotians (65 years and older) Who Received a Flu Shot in the Past Year

One of HPP's core business areas is Health Protection and Public Health. One measure for health protection and public health is the percentage of senior Nova Scotians who received a flu shot in the past year.

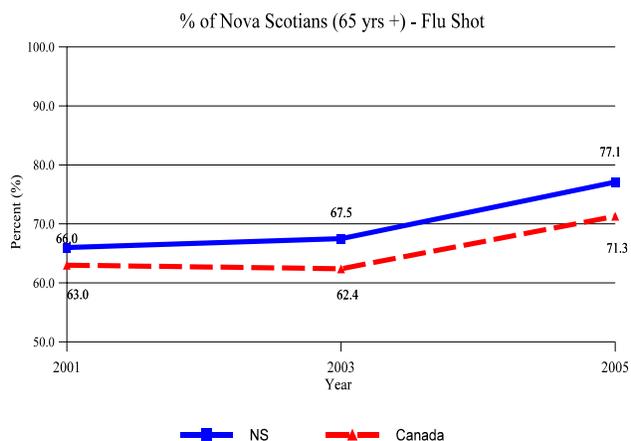
This measure was originally provided in the 2005-06 Department of Health Business Plan, however, moved to the 2005-06 Health Promotion and Protection Accountability Report with the creation of the new Department.

What Does the Measure Tell Us?

Vaccination coverage is measured by calculating the percentage of people (age 65 years and older) who reported having their last flu shot during the past year. By increasing the number of people who receive flu shots, we can decrease the burden of illness on vulnerable populations, such as the elderly, and reduce the strain on the health system at the same time.

Where Are We Now?

Using the CCHS, in 2005 77% of the Nova Scotian population over 65 years of age reported having had a flu shot in the last year, as compared with the national rate of 71%. This shows an improvement since 2001 when 66% of Nova Scotians reported receiving flu shots. Decreases in the hospitalization of people with influenza and pneumonia may also reflect the success of immunization programs and aggressive public awareness campaigns.



Where Do We Want to Be in the Future?

Vaccination coverage is important in promoting and maintaining public health and preventing the spread of infectious disease. By 2005-2006, the province aimed to increase the percentage of senior citizens receiving a flu shot to 80%. National targets are currently being developed through the National Immunization Strategy and it is expected that provincial deputy ministers will endorse these new targets.

Hits to the HPP Website

One of Health Promotion and Protection's core business areas is Communications and Social Marketing. One measure related to communications and social marketing of the department is the number of hits on the HPP website.

What Does the Measure Tell Us?

The average number of website hits per month allows HPP to gauge the amount of traffic that is being generated to the HPP website. This can be cross-referenced with other communications activities and used to determine what actions could be applied to increase website use.

Insufficient use of a valuable information tool like a website creates lost opportunities for stakeholders and the public to understand what the Department of Health Promotion and Protection is responsible for, what information is available, and what they, as stakeholders and the public, may do to improve their health and well being.

Where Are We Now?

From April 2005 to February 2006, the average number of hits in a month was 15,423. This does not include March and April 2006. This data was unavailable at the time of this report.

Where Do We Want to Be in the Future?

By 2009-2010 Nova Scotia aims to increase the average number of hits in a month to the website by 20%.

Strategies to improve communications and social marketing through the use of the department's website include establishing a web advisory committee to identify gaps in the website and ways to improve the website; hiring a webmaster to implement recommendations from the *Health Promotion and Protection Final Report: 2006 e-Newsletter and Web Site Communications Audit, July 2006*; maintaining ongoing web use statistics and responding to ongoing feedback to continuously enhance the website to meet the needs of its users.

Client Satisfaction Survey

One of Health Promotion and Protection's core business areas is Communications and Social Marketing. One measure related to communications and social marketing of the department is the response to a client satisfaction survey question: "Is the site valuable to you in any way?"

What Does the Measure Tell Us?

An audit of the HPP e-Newsletter and website was completed in 2006. As part of this audit a client satisfaction survey was administered to stakeholders. One of the questions related to the website was: "Is the site valuable to you in any way?"

Insufficient use of a valuable information tool like a website creates lost opportunities for stakeholders and the public to understand what the Department of Health Promotion and Protection is responsible for and what they, as stakeholders and the public, may do to improve their health and well being.

Where Are We Now?

There were 64 respondents to the question: "Is the site valuable to you in any way?" 93% responded "yes". The results of this survey were intended in 2005-2006, however, because its completion was delayed, 2006-2007 becomes the baseline.

Where Do We Want to Be in the Future?

The initial target was to increase the response to this question by 20% by 2009-2010. This target will need to be reconsidered given the highly positive response noted above.

Strategies to improve communications and social marketing through the use of the department's website include establishing a web advisory committee to identify gaps in the website and ways to improve the website; hiring a webmaster to implement recommendations from *Health Promotion and Protection Final Report: 2006 e-Newsletter and Web Site Communications Audit, July 2006*; maintaining ongoing web use statistics and responding to ongoing feedback to continuously enhance the website to meet the needs of its users.