



**Health Promotion
and Protection**

HEALTH PROMOTION AND PROTECTION

**Annual Accountability Report
for the Fiscal Year 2008-2009**

September 2009

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Annual Accountability Report for the Fiscal Year 2008-2009

Health Promotion and Protection

Accountability Statement

The accountability report of the Department of Health Promotion and Protection for the year ended March 31, 2009 is prepared pursuant to the *Provincial Financial Act* and government policy and guidelines. These authorities require the reporting of outcomes against Health Promotion and Protection's business plan information for the fiscal year 2008-2009. The reporting of outcomes includes estimates, judgments 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 Maureen MacDonal
Minister of Health Promotion and Protection



Duff Montgomerie
Deputy Minister, Health Promotion and Protection

1. Message from the Minister of Health Promotion and Protection

I'm pleased to present the 2008-09 Accountability Report for the Department of Health Promotion and Protection.

Our department has an important mission: to help Nova Scotians be healthier and safer. This is no minor goal. As a small province with a rapidly aging population, Nova Scotia will struggle unless we get our health-care costs under control. Ensuring Nova Scotians eat healthy, stay active, and remain safe from injury and addiction will not only help our citizens improve their quality of life; it will help reduce the burden that rapidly increasing healthcare costs are already placing on our taxpayers.

Nova Scotia is recognized as a national leader in health promotion. We were the first to recognize that health promotion should be a priority of government by creating the Office of Health Promotion in 2002, and we were the first to bring together public health, health promotion and the Office of the Chief Medical Officer of Health into the current department in 2006.

In 2008-09, we used our \$87.5 million budget to its maximum effect in four key areas:

- Improving health outcomes for children and youth;
- Encouraging Nova Scotians to take an active role in promoting and protecting individuals', families' and communities' health;
- Creating safer citizens, populations and communities; and
- Reducing health disparities.

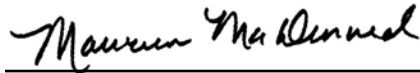
My department made several key gains in these areas last year.

- We became the first province in Canada to make it illegal to smoke in vehicles with children under 19 present;
- We invested \$45.8 million in sport and recreation facilities across the province through our 10-year, \$68-million Building Facilities and Infrastructure Together program;
- We helped develop nearly 200 kilometres of trails throughout the province, adding to a growing network Nova Scotians can use to hike, run, or cycle as part of their physically active lifestyles
- We continued to update our comprehensive pandemic plan, which later proved essential during the H1N1 (human swine influenza) outbreak of April 2009;
- We supported early childhood development through the ongoing "Healthy Beginnings: Enhanced Home Visiting," a community home visitor program which helps support families facing challenges during their child's first three years;
- To further support parents, we launched *Loving Care*, a series of health education booklets from Nova Scotia's public health services for parents of children up to three years old;

- We supported municipalities in their efforts to develop leaders for physical activity programs, which will help more Nova Scotians get and stay active in their communities;
- We expanded our successful HPV immunization program to include Grade 10 girls for the 2009-10 school year.

These are just some highlights of the work we've done in the last year, and there's much more to come.

Our staff of dedicated employees and our network of partners are passionate and committed to the worthy cause of making Nova Scotians healthier and safer. I would be remiss if I didn't thank them here for their hard work and dedication. They know that by working together, we can make Nova Scotia a national leader in healthy, active and safe living.



Honourable Maureen MacDonal
Minister of Health Promotion and Protection

2. Introduction

This Annual Accountability Report is based on the priorities and performance measures set out in the Department of Health Promotion and Protection's Business Plan for the 2008-2009 fiscal year.

Organization of Department of Health Promotion and Protection

In January, 2006, the Government of Nova Scotia received a report entitled "The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotia". Government responded quickly to the report (commonly referred to as the Public Health Review [PHR]) and on February 23, 2006, implemented one of the 21 Actions for System Renewal recommended. Building on the success and reputation of the former Office of Health Promotion, the Government added the resources and expertise of the Department of Health's (DoH) public health branch and the Office of the Chief Medical Officer of Health to create the new Department of Health Promotion and Protection (HPP), the first department of its kind in Canada.

HPP is responsible for responding to emerging public health threats, preventing chronic disease and injury, and promoting health among Nova Scotians. It is broader than the public health system identified in the PHR and includes Physical Activity, Sport and Recreation, Addiction Services and Volunteerism.

HPP has the following Responsibility Centres:

- Addictions
- Chronic Disease and Injury Prevention
- Communicable Disease Prevention and Control
- Environmental Health
- Healthy Development
- Health Services Emergency Management (shared with DoH)
- Physical Activity, Sport and Recreation
- Population Health Assessment and Surveillance
- Volunteerism.

HPP has developed strong linkages with the federal government, other provincial government departments, community groups, professional organizations, District Health Authorities (DHAs) and other stakeholders whose work impacts the health of Nova Scotians.

Strategic Planning

With the implementation of the PHR's 21 Actions for System Renewal¹ well underway, HPP began a strategic planning process in early 2007-2008. Phase I involved extensive internal consultation of a new set of strategic plan elements:

¹ Public Health Review's 21 Actions for System Renewal is located in Appendix A.

Vision Helping Nova Scotians to be healthier and safer

Mission We will lead the collaborative effort to promote and protect health, prevent illness and injury, and reduce disparities in health status.

Strategic Goals

- Improve the health of populations.
- Support capacity-building within government, communities, families and individuals.
- Create supportive social and physical environments.
- Develop and influence policy that supports improved health.
- Create and sustain a sufficient, competent, diverse, and healthy workforce in HPP and throughout the public health system.

Guiding Principles

Foundation. We are grounded in the principles of community development and committed to a population health approach to our work.

Partnership. We will work in a collaborative, transparent and responsive way.

Integration. We will work within and across disciplines, sectors and organizations.

Evidence Informed. We will make decisions based upon the best available information and will work to ensure that we have appropriate information for all populations.

Culturally Competent. We will develop the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all Nova Scotians.

Accountability. We will be responsible for our individual and collective actions.

Values

Leadership. We believe in creating a culture that inspires all of us to achieve our best. We believe in being responsive and decisive. (*Practice what we preach.*)

Integrity. We believe in openness, honesty, trust, respect and acknowledging the contributions made by all. (*Doing the right thing.*)

Collaboration. We believe in the importance of teamwork and open communication. (*The whole is greater than the sum of its parts.*)

Innovation and Excellence. We believe in achieving our goals through a spirit of creativity and exploration. (*Thinking outside the box.*)

Inclusion. We value the similarities and differences among people and believe in supporting everyone to reach their potential. (*Equitable opportunities for all.*)

People Development. We believe in continuous learning, self-improvement, personal wellness and professional development. (*Life-long learning.*)

Description of Core Business Areas

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 collaborates with DHAs and the Izaak Walton Killam Health Centre (IWK) as service providers. 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.

Chronic Disease and Injury Prevention

HPP is committed to a strategic and integrated approach to addressing chronic disease and injury prevention (CDIP) through the provision of leadership in evidence-based policy and program development, intersectoral collaboration, and capacity building in five priority areas of focus:

- Healthy eating
- Tobacco control
- Injury prevention and control
- Reduction of health disparities
- Workplace health.

Communicable Disease Prevention and Control

Communicable Disease Prevention and Control (CDPC) focuses on:

- Prevention and control of vaccine and non-vaccine preventable disease
- Vaccine/biological management
- Outbreak management.

Environmental Health

Environmental Health (EH) focuses on protecting health, reducing risk and enhancing and promoting safe and healthy environments through consultation and collaboration with other provincial departments, key stakeholders, and other jurisdictions. Strategic areas include:

- Safe food
- Safe drinking water
- Safe environments.

Healthy Development

Healthy Development (HD) focuses on:

- Strategic planning related to early childhood development and sexual health across the life span
- Supporting DHAs in the implementation of strategies developed across the department that span the entire life (early childhood, school aged children and youth, adults and seniors) and a multitude of settings (home, school, community).

Health Services Emergency Management

Health Services Emergency Management (HSEM) is a shared resource between HPP and DoH that focuses on the mitigation, prevention, response and recovery to natural, accidental and intentional events that could impact the health system. Strategic areas include:

- All hazards planning
- Readiness and response management
- Business continuity planning and risk assessment
- Strategic reserves
- Emergency management education
- Exercises and training.

Physical Activity, Sport and Recreation

Physical Activity, Sport and Recreation (PASR) focuses on achieving better health outcomes and improving quality of life for Nova Scotians through participation in physical activity, sport and recreation. Strategic areas include:

- Active healthy living
- sport
- Regional services
- Hosting of sporting events
- Sport and recreation infrastructure.

Population Health Assessment and Surveillance

Population Health Assessment and Surveillance (PHAS) focuses on the collection, analysis and interpretation of data to inform departmental and public health system decision-making. Strategic areas include:

- Epidemiological analysis
- Population based health surveillance and assessment
- Research and program evaluation
- Knowledge synthesis and transfer
- Information management

- Public health informatics
- Provincial standards development and monitoring
- Tools and method development.

Volunteerism

Volunteerism focuses on growth and support of volunteerism in Nova Scotia by:

- Creating the right environment and building capacity to support volunteerism in Nova Scotia
- Encouraging Nova Scotians to participate in voluntary organizations
- Building a collaborative partnership between government and the voluntary and nonprofit sector.

3. Progress and Accomplishments of 2008-2009 Priorities

3.1 Public Health Renewal

Public Health Infrastructure The Public Health Review identified five key areas of investment required for a coordinated, responsive public health system: improve structure and capacity of provincial level; improve structure and capacity of local level; improve how those two levels work better together; enhance linkages with the broader health system; and improve infrastructure, people, organization, and information. In 2008-2009, the transfer of public health DHA funding from the DoH will occur to have all public health funding located in one department. In addition, in 2008-2009, HPP will provide annualized funding for the provincial public health laboratory, and the public health positions located provincially at HPP and locally at the DHAs.

Accomplishments:

Work was completed on the transfer of public health DHA funding from DoH to HPP. This consolidates all public health funding in one department as non-portable funds. In addition, public health budgets for DHAs were consolidated and realigned at the DHA level consistent with the Canadian Institute of Health Information Management Information System Guidelines.

An evaluation of the funding approach for public health was initiated.

The Provincial Public Health Laboratory Network (PPHLN) was established and headed by a Clinical Director. A Coordinator was appointed and an Advisory Committee has been established. The PPHLN continues to address technical and capacity issues across the system. More information related to the PPHLN is found under System-Wide Accomplishments.

An organizational review of the local level of the system was undertaken and identified the need for strengthened management at the local level of the system as well as requirements at the 'second'/regional /shared service level of the system. Ongoing dialogue and resource requirements are currently being identified.

A working group was formed of local and provincial level staff/managers to establish a framework for core public health programs. The resulting framework will provide foundational information for the development of standards and eventually legislation. Target completion is November 2009.

<p>Public Health Training A comprehensive plan is required to ensure a competent and sufficient workforce. The Public Health Review identified the need to focus on training and development of the potentially new and current public health workforce. In 2008-2009, HPP will continue to work with Dalhousie University toward the development and potential initial implementation of a Master of Public Health program.</p>

Accomplishments:

A workforce development framework was developed and accepted by the Public Health System Leadership Team. Strategic directions are recruitment, development and retention.

Asset mapping of core competencies in public health staff that began in 2007-2008 was completed in 2008-2009. An analysis of these results was undertaken by HPP. The mapping gives a snapshot of current capacity and will provide valuable information for workforce development programs and strategies. Results have been presented to DHAs.

Living the Core Competencies Working Group was formed to consult, collaborate, and coordinate across the system so there is a comprehensive approach to create tools and supports for managers and employees. These tools and supports will be used to integrate core competencies for public health into daily practice and into HR practices and programs (e.g. recruitment standards, career framework and training and development needs for the workforce).

A program proposal for the Master of Public Health Program was completed by Dalhousie University and the approval process required for all new programs was started. HPP and the Departments of Education and Health continue to work collaboratively in supporting the development process.

Additionally related to the public health workforce, a process for creating role profiles for team lead and manager positions for the system was developed; practicum guidelines for public health inspectors were reviewed for better recruitment of students and mentors; and a coaching workshop for public health inspectors was provided to inspectors in Departments of Agriculture, Environment and HPP.

Other Accomplishments:

Strategic Planning for the Public Health System The Public Health System Leadership Team engaged a consultant for leadership development and strategic planning for the public health system. Wide range consultation through interviews and meetings with stakeholders was undertaken. The anticipated date for the completion of a strategic plan for the public health system is March 31, 2010.

Health Transformation The Provincial Health Services Operational Review (PHSOR) was accepted by DoH in January 2008. Public Health continues to be engaged in health transformation planning and work to ensure an integrated health system.

PANORAMA Nova Scotia is participating in the Pan-Canadian Communicable Disease Surveillance System Infoway Project (PANORAMA). PANORAMA will provide Nova Scotia with the enhanced ability to perform notifiable disease case management and surveillance, outbreak management, materials and vaccine management, work management, health alerts and an immunization management/registry.

Sierra was the successful RFP proponent responsible for planning the implementation phase of PANORAMA. The team completed a detailed implementation plan with implementation activities and proposed timelines. However, timing of the full implementation of PANORAMA is currently under discussion in light of the H1N1 outbreak and potential resource implications for the public health system. More information on PANORAMA is included under Communicable Disease Prevention and Control.

3.2 Addictions

Provincial Alcohol Strategy Implementation of the Provincial Alcohol Strategy and monitoring its related activities will continue in 2008-2009. Activities in 2008-2009, related to the Strategy's recommendations will focus on:

- **Capacity and Partnership Building:**
 - linking with other relevant provincial strategies and supporting the implementation of the Strategy at the DHA level.
- **Research and Evaluation:**
 - releasing the reports: *Benchmark Survey on Alcohol Related Knowledge, Perception, Attitudes and Behaviours*; and the *Underage Drinking Contextual Research Project Report*
 - developing interventions based on the *Underage Drinking Contextual Research Project Report* recommendations.
- **Communications and Social Marketing:**
 - in partnership with key stakeholders, developing and implementing universal and targeted alcohol resources to both heighten the profile of alcohol as a public health issue, and to support healthy and safer decisions about alcohol use.
- **Healthy Public Policy:**
 - reviewing and recommending public policy initiatives to reduce overdrinking and public intoxication, as well as policies to reduce harm when overdrinking occurs.
- **Strengthening Prevention, Early Intervention and Treatment:**
 - working with the Department of Education to build on the strengths of current collaborations and explore options to enhance delivery of active healthy living curricula
 - collaborating with industry partners to update the *It's Good Business: Responsible Beverage Server Program*.

Accomplishments:

Capacity and Partnership Building: In 2008-2009, HPP established the Nova Scotia Fetal Alcohol Spectrum Disorder (FASD) Intergovernmental Exchange Group. This ensures a more cohesive approach to issues of FASD in the province, making best use of resources and assuring best practices.

Research and Evaluation: HPP completed and released the Brief Intervention Project Phase I which included a literature review and key informant interviews with front line health staff as it related to substance use and gambling. The Brief Intervention Project Phase II was also completed. This included a literature review and key informant interviews as it related to how healthcare provider training institution curriculae address substance use and gambling. HPP released the Nova Scotia Culture of Alcohol Study in 2008-2009. This report better informs healthcare professionals and addictions staff as to the nature of drinking in the province thereby developing tools, resources and initiatives that maximize potential. The Underage Drinking Report for Nova Scotia was completed and will be released in 2009-2010. HPP also completed and released a literature review regarding the effects of alcohol advertising on underage drinking. This information will keep staff and stakeholders better informed as they work on initiatives and advocacy to reduce alcohol consumption among children and youth.

Communications and Social Marketing: HPP developed and launched “It Sticks with You”, an expansion on Yellow Flag, in Fall 2008. This campaign targeted alcohol use among the 19–34 year old population and included media, internet, and print materials.

Healthy Public Policy: HPP sponsored and hosted the first Annual Alcohol Policy and Research Forum. This event had world renowned and local experts sharing their stories, techniques and research as it related to reducing the burden of alcohol use in society. This better informed and resourced DHA and community staff to address harmful drinking in the province. HPP also sponsored the purchase of a standard drinking teaching device that was distributed throughout the province. The DHAs use this tool to raise awareness on what comprises a standard drink.

Strengthening Prevention, Early Intervention and Treatment: HPP sponsored and consulted on the re-development of the Tourism Industry Association of Nova Scotia – It’s Good for Business Beverage Server Training Program. This program benefits Nova Scotians by training beverage servers in the best practice approach to serving alcohol thereby reducing their risk of over drinking and impaired driving.

<p><i>Alcohol Ignition Interlock Program:</i> Working with the Departments of Justice, Health, Transportation and Infrastructure Renewal, and Service Nova Scotia and Municipal Relations, an alcohol ignition interlock program will be offered that includes: installation of the device, monitoring of participants, training of staff, communications amongst the service providers, and education and rehabilitation services offered through the DHAs and Registry of Motor Vehicles. HPP is providing one-time implementation funding for staff training, client data base enhancements and updated provincial service standards and best practices.</p>
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Accomplishments:

After planning with the DHAs through the Provincial Drinking While Impaired Committee, the Alcohol Ignition Interlock Program was launched in September 2008. The Registry of Motor Vehicles and all DHAs developed a service delivery model to enhance coordination and ensure consistency. The ASsist database received enhancements to account for this new service and track its delivery. As well the Alcohol Ignition Interlock Program User Guide was developed and distributed and DHA staff received training in a train the trainer format.

Provincial Gaming Strategy Implementation HPP will continue implementation and expansion of initiatives from the Gaming Strategy. In 2008-2009, HPP's focus will be on:

- reviewing the social marketing campaigns for problem and at-risk gambling and revising as required
- in conjunction with the Nova Scotia Health Research Foundation, reviewing proposals and awarding funding for a second comprehensive treatment demonstration research project.

Accomplishments:

HPP conducted an evaluation of Yellow Flag, the social marketing campaign for at-risk and problem gamblers aged 19-34 years in 2007-2008. The results were positive and as a result HPP developed and launched "It Sticks with You", an expansion of Yellow Flag, in Fall 2008. This campaign targeted high risk gambling and alcohol use among the 19-34 year old population and included media, internet, and print materials. As well HPP continued the "You Are Not Alone" Campaign for problem gamblers.

HPP worked with the Nova Scotia Health Research Foundation to set parameters around awarding funding for gambling treatment demonstration projects. Following a peer review process, a proposal from Dalhousie University, in partnership with the Capital DHA Addiction Prevention and Treatment Services, was reviewed through the Nova Scotia Health Research Foundation and a grant awarded. A second proposal was submitted by the Pictou County DHA and also received approval for funding.

Nova Scotia Drug Strategy Government committed to developing a Nova Scotia Drug Strategy that will focus on four key elements: prevention, treatment, harm reduction and enforcement, thereby providing a balanced approach to the issue of drugs in Nova Scotia. In 2008-2009, activities will include working with the Department of Education and key partners in the coordinated development of a policy framework and guidelines to assist school boards and schools in developing and implementing their own school-based alcohol, drug, and gambling policies using proactive and culturally relevant prevention and early intervention approaches.

Accomplishments:

HPP continued to work with the Department of Justice and other partners on the development of a Nova Scotia Drug Strategy. The launch of the strategy has been delayed until later in 2009. Due to provincial funding constraints work related to the development of a school policy framework and guidelines with the Department of Education were delayed. However, work funded in 2008-2009 through Health Canada's Drug Treatment Funding Program continued on several actions that support the drug strategy.

The HPP Addiction Services website was revamped so that Nova Scotians can easily access the information. On the website there are easy to use tools to assess whether a person might need help making life changes, how to get the help they need, and a range of helpful services and support available across the province. The website connects Nova Scotians to the addictions services system in their area, as well as offering targeted streams of the latest, evidence-based information and support, organized into the topic areas of alcohol, other drugs, gambling, and tobacco.

HPP began to build a knowledge exchange infrastructure for Nova Scotia with the hiring of a knowledge exchange coordinator in March 2009. Work also began in 2008-2009 on the upcoming hiring of four DHA knowledge exchange facilitators in 2009-2010. The coordinator and facilitators will ensure that best and promising practices and other evidence related to drug use prevention and treatment are shared with DHA Addiction Services staff and other professionals.

HPP developed best practice guidelines for preventing substance use problems in Nova Scotia and began the process of establishing standards of practice for prevention staff as well as continuing the ongoing updates to the treatment standards.

Beginning in 2008-2009 and continuing into 2009-2010, HPP supported and will continue to support the expansion of outreach services by the IWK CHOICES Adolescent Treatment Program for at-risk youth, specifically homeless, street-involved youth and youth in care, in the Capital DHA and aboriginal youth across Nova Scotia with drug use problems.

3.3 Chronic Disease and Injury Prevention

<p><i>Chronic Disease and Injury Prevention Alliance</i> In 2008-2009 consultations will be completed and a decision reached on the establishment of a provincial Chronic Disease and Injury Prevention Alliance. This Alliance will be similar to models that exist nationally and in other provinces and will foster and sustain a coordinated province-wide movement of organizations working toward an integrated population health approach for the prevention of chronic diseases and injury.</p>

Accomplishments:

Work began on phase two of this project. This work included developing communication materials to articulate the purpose, function and value of the Alliance, and development and implementation of an expanded consultation process to further shape the alliance to ensure it helps support those working and volunteering in the field of chronic disease and injury prevention.

Evaluation of Healthy Eating Nova Scotia The provincial Healthy Eating Nova Scotia (HENS) Strategy was released in March 2005. The Strategy is a planning framework, based on a population health approach, to guide coordinated, evidence-based action, decisions, and resource allocation on nutrition and healthy eating. Since its release, HPP has been providing provincial leadership, support, and funding for its implementation, in consultation with key stakeholders across Nova Scotia. In 2008-2009, the Strategy's evaluation will be conducted with a goal of assessing both process and impact measures, accomplishments of the Strategy to date, adherence to the guiding principles, and enablers and challenges to implementation of the Strategy.

Accomplishments:

An Evaluation and Research Working Group was formed in August 2008 consisting of members of HPP, the HENS Steering Committee and the Nova Scotia Health Research Foundation. The group reviewed the Evaluation Framework (2008) and refined evaluation priorities based on the needs of the HENS Steering Committee and the Vision of HENS for 2010. Three tools for the process evaluation of HENS were selected for development and implementation beginning Summer 2009: a document review, interviews with Steering Committee Members, and a survey with the HENS Network and other key stakeholders. This will provide information on the impact and influence of HENS related to policy, leadership, and capacity and provide recommendations for the future directions of the HENS strategy.

Promotion of Fruit and Vegetables Consumption The Healthy Eating Nova Scotia Strategy identified fruit and vegetable consumption as one of its four priorities. Objectives for this priority area include increasing the availability of fruit and vegetables in a variety of settings and improving access to and affordability of fruit and vegetables for Nova Scotians on low incomes. In 2008-2009, HPP will work with partners to develop a social marketing campaign that focuses on fruit and vegetable consumption. Key messages of the campaign will include accessing healthy, affordable, local fruits and vegetables for all Nova Scotians.

Accomplishments:

HPP provided a grant to the Canadian Cancer Society- Nova Scotia Division (CCS-NS) to oversee the development of phase one of a fruit and vegetable social marketing campaign. The social marketing campaign was identified by the literature and stakeholders as the area of focus for the HENS Fruit and Vegetable Working Group. In July 2008, The CCS-NS awarded Extreme Group the contract to complete phase one of the development of the campaign which included focus groups across the province. The contract with Extreme was extended by CCS-NS to complete phase two of the campaign which included development of the creative concept and subsequent execution. HPP provided an additional grant to CCS-NS, with remaining funding provided by PHAC through a bilateral agreement to cover this extension. Execution of the fruit and vegetable social marketing campaign will begin in Winter 2010.

Food Security Food security is defined as the ability of all people, at all times, to have access to nutritious, safe, personally acceptable and culturally appropriate foods, produced (and distributed) in ways that are environmentally sound and socially just. Food security is affected by income, transportation trends in the food industry, and agricultural practices. Research consistently demonstrates that poverty is associated with poorer nutrition and higher rates of obesity. In 2008-2009, HPP will continue to fund the participatory food costing model and will work with the Food Security Steering Committee to promote the use of the food security policy discussion paper and policy lens. The newly hired Coordinator, Health Disparities will provide additional support for food security in 2008-2009.

Accomplishments:

HPP funded the development and implementation of a sustainable food costing model for the province. Food costing has now taken place in Nova Scotia in 2002, 2005, 2007 and 2008. The results of the 2008 food costing were completed in 2008-2009 and released in April 2009.

As well, throughout 2008-2009, HPP continued to work with stakeholders, including other government departments, to increase access to healthy foods for all Nova Scotians and to use the food costing data to inform program and policy decisions.

Renewal of Tobacco Control Strategy Smoking prevalence rates have decreased from 30% to 22% over the past six years, but smoking rates are still high in young adult populations. Actions related to the renewal of the Tobacco Control Strategy began in 2007-2008. In 2008-2009, HPP will continue an extensive health stakeholder consultation that will include DHAs, First Nations, school boards, health charities, non-governmental organizations and other provincial and federal government departments. HPP will work with stakeholders using information gathered from these consultations to complete and release the renewed Strategy in 2008-2009.

Accomplishments:

Extensive consultation continued in 2008-2009 with key stakeholders. As well, written feedback continued to be received from the health community through Summer/Fall 2008.

In cooperation with the Office of Aboriginal Affairs, consultations with the First Nations Chiefs, the Union of Nova Scotia Indians, the Confederacy of Mainland Mi'kmaq and the Health Committee of the Tripartite were held on June 11, 2008 to look at how the provincial tobacco control strategy can support First Nations' efforts to reduce tobacco use and go smoke-free. As well, then Minister Barnet met with the Assembly of Nova Scotia Mi'kmaq Chiefs in December 2008 to share the overall draft objectives of the renewed Strategy and to seek commitment to work together. A follow up letter to Chiefs was sent from the Minister to reinforce HPP's willingness to work together.

The results of all consultations were analyzed and the development of the renewed strategy continued through 2008-2009. It is anticipated that the renewed Strategy will be released in Fall 2009.

Tobacco Industry Litigation Taking legal action against the tobacco industry is seen as an important part of the province's Comprehensive Tobacco Control Strategy and will continue to be part of the renewed strategy. HPP will support Nova Scotia's litigation team by researching the healthcare costs associated with tobacco use and advising on the strategic direction of the litigation efforts.

Accomplishments:

HPP continued its work with Justice (lead) around the *Tobacco Damages and Health Care Costs Recovery Act*. HPP and Justice continued to work with federal and provincial partners on next steps related to this issue.

Tobacco Social Marketing A new social marketing campaign will be developed during 2008-2009 to reduce smoking among target populations and to create a tobacco-free Nova Scotia. The renewed Tobacco Control Strategy will inform the identification of the campaign's target populations and components.

Accomplishments:

The formative research phase for a new social marketing campaign was completed. This phase included extensive interviews with HPP and health stakeholders, reviews of the strategy renewal working group's recommendations, and a literature review of best practices and best in class campaigns. As well, focus groups with youth aged 16 to 19 across Nova Scotia were held in an attempt to understand this age group. The campaign expects to be public by fall 2009.

Other Accomplishments:

Amendments to Tobacco Access Act The *Tobacco Access Act* was amended to include a customer reference catalogue. This catalogue permits vendors to show their customers their line of available tobacco products.

Flavouring in Tobacco Products HPP asked Health Canada in two letters from the Minister to consider prohibiting the addition of flavourings in tobacco products.

Nicotine Treatment Services Guidelines HPP worked with DHAs to develop common guidelines for nicotine treatment services in order to understand how to meet demand for nicotine treatment/cessation programs in a cost-efficient and effective manner. The guidelines are expected to be finalized and adopted in Fall 2009.

Toll-free Quitline HPP worked with Health Canada and the other provinces and territories to mandate the tobacco companies to publish on their packages a toll-free quitline, starting in March 2010. A bilateral agreement with Health Canada will be completed in 2010 to assist with the province's added costs to absorb the anticipated surge in service demand.

Injury Prevention Strategy Renewal In 2007-2008, HPP partnered with Injury Free Nova Scotia, to consult with stakeholders and update and renew the Nova Scotia Injury Prevention Strategy, first developed in 2003. In 2008-2009, HPP will lead the implementation of the renewed strategy and related priorities. Focus will be on ways to better integrate injury prevention efforts with other health promotion and chronic disease prevention efforts.

Accomplishments:

In 2008-2009, HPP continued to lead the renewal of the Injury Prevention Strategy in partnership with Injury Free Nova Scotia. Consultations with stakeholders were ongoing and a draft strategy was reviewed by the Steering Committee and public health system leaders. It is expected that the renewed strategy will be launched in Summer 2009.

Preventing Fall-Related Injuries Among Seniors HPP will continue to lead the implementation of the Provincial Seniors' Falls Prevention Strategic Framework. In 2008-2009, this will include: ongoing leadership of the Provincial Intersectoral Falls Prevention Committee, ongoing funding of the Community Links Preventing Falls Together initiative, and leading the delivery of the Canadian Falls Prevention Curriculum.

Accomplishments:

Throughout 2008-2009, HPP continued implementation of the Strategic Framework: Preventing Fall-Related Injuries Among Older Nova Scotians. Actions included: continued funding for the Community Links Preventing Falls Together Initiative; provision of funding for the Tri-District Falls Prevention Collaborative; ongoing delivery of the Canadian Falls Prevention Curriculum and instructor training programs to organizations and individuals with a role to play in preventing seniors falls; (seniors organizations, care facilities, DHA staff, acute care, etc); and, in partnership with South Shore DHA, provision of a provincial coordinator to work one day per week to assist the DHAs in developing district falls prevention strategies and initiatives. As well, a new DHA Falls Prevention Network was established to stimulate sharing and collaboration on falls prevention policies, procedures, and guidelines among the nine DHAs and IWK.

Road Safety Campaign Nova Scotia supports Vision 2010: Canada's Road Safety Plan which emphasizes the importance of partnerships and the use of a wide variety of initiatives that focus on road users, roadways and motor vehicles. Developed and launched in 2006-2007, HPP will continue to collaborate with the road safety departments (Transportation and Infrastructure Renewal, Service Nova Scotia and Municipal Relations, and Justice) in the development of a comprehensive, evidence based road safety strategy for Nova Scotia.

Accomplishments:

HPP collaborated with the Departments of Transportation and Infrastructure, Justice and Service Nova Scotia and Municipal Relations to lead the development of a provincial road safety strategy. The strategy will be launched in Fall 2009.

Child Safety Link Injuries kill and disable more children between the ages of 1 and 20 than all other causes (such as cancer, heart defects, etc). The IWK Child Safety Link provides valuable support to Nova Scotia's public health system and our collective efforts to address childhood injuries and deaths. In 2008-2009, HPP will continue to provide core funding to Child Safety Link as well as targeted funding for the Car Seat Safety Strategy.

Accomplishments:

Targeted funding for 2008-2009 was \$175,000; \$100,000 contribution for core funding, and \$75,000 for the Car Seat Safety Strategy work. Child Safety Link continues to serve as a key injury prevention resource for parents and children in Nova Scotia.

Nova Scotia Strategic Framework to Address Suicide Suicide is the leading cause of injury related death in Nova Scotia and is the third leading cause of injury hospitalizations. In 2008-2009, HPP will continue implementation of the Nova Scotia Strategic Framework to Address Suicide. Additionally, HPP will continue funding and support of the Canadian Mental Health Association: Nova Scotia Division) Communities Addressing Suicide Together initiative.

Accomplishments:

As part of the work to support implementation of the Nova Scotia Strategic Framework to Address Suicide, HPP has continued funding the Canadian Mental Health Association: Nova Scotia Division (CMHA-NS) for the Community Addressing Suicide Together Initiative (\$100,000). Under this four year initiative started in 2006-2007, ongoing leadership and support is provided to communities to establish regional suicide prevention coalitions, provide networking supports, disseminate suicide prevention expertise, and build capacity to address suicide.

HPP also funded \$50,000 toward the Youth Project which provides supports to gay, lesbian, bisexual, and transgendered youth, a population that is at significant risk of suicide. HPP provided a \$20,000 research grant to Dalhousie University to conduct a qualitative study on suicide deaths in conjunction with the Chief Medical Examiner. This project is expected to be completed in June 2009. HPP provided \$60,000 to the Sun Life Financial Chair in Adolescent Health (IWK and Dalhousie University) in partnership with CMHA-NS to develop a comprehensive and evidence based guide to addressing suicide for clinicians, institutions and community based organizations. This project is expected to be complete in Fall 2009.

HPP also co-chairs a provincial intersectoral steering committee with CMHA. In 2008-2009, this steering committee developed two environmental scans (mental health system and community) to determine the current needs to address suicide. These scans will support work done to date related to the implementation of the Framework and have helped to identify future issues to address.

Other Accomplishments:

Injury Surveillance HPP worked in partnership with Dalhousie University Population Health Research Unit to develop a series of reports, providing an epidemiological profile of various injury issues in Nova Scotia. The initial series focuses on falls among seniors, suicide and

attempted suicide, injuries to children and youth, and motor vehicle collisions. The *Child and Youth Injury Data Report* and *Suicide Data Report* will be ready for release in Summer 2009. Work will begin on the *Motor Vehicle Collision Report* in 2009-2010.

Economic Burden of Injury in Canada Report HPP also contributed funding to SMARTRISK Canada in collaboration with most provinces and the non-government organization community to develop the *Economic Burden of Injury in Canada Report* to be released in July 2009. HPP also provided funding to the Atlantic Collaborative on Injury Prevention and Child Safety Link to develop the *Atlantic Child and Youth Unintentional Injury Report* to be released in Fall 2009.

Atlantic Collaborative on Injury Prevention HPP played the lead role in working with the other Atlantic provinces to establish the Atlantic Collaborative on Injury Prevention (ACIP). This organization is funded by the four Atlantic provinces, with Nova Scotia providing \$40,000 annually. ACIP works to stimulate and lead collaborative projects among government, Non-government organizations and academics working to reduce the burden of injury in Atlantic Canada. ACIP creates a critical mass and builds a suitable economy of scale to conduct injury surveillance, develop and advocate for healthy public policy, establish evidence based programs, and build the skills and capacity of Atlantic Canada's injury prevention practitioners. The ultimate goal is to reduce the burden of injury in Atlantic Canada. In 2008-2009, the organization collaborated with Safe Kids Canada and the Alberta Centre for Injury Control and Research to develop an *Atlantic Report on Unintentional Injuries Among Children*. The organization was also awarded a \$340,000 grant (over 2.5 yrs) from Health Canada to grow and evaluate the *No Regrets* and *PARTY* Program (youth injury prevention initiatives) throughout Atlantic Canada. ACIP also held an injury prevention conference, established a web-based injury prevention resource, and a listserv to link those working across Atlantic Canada.

3.4 Communicable Disease Prevention and Control

<p><i>Biological/Vaccine Depot Outsourcing</i> HPP will work with the Capital DHA to relocate provincial vaccines for warehousing and distribution to the new Capital DHA facility planned for completion in March 2008. This will address current storage issues and accommodate future expansion of the provincial immunization program.</p>

Accomplishments:

The Provincial Biological Depot was transitioned to Public Health Services, Capital DHA in July 2008. This facility has the storage capacity to meet current and future needs of provincial biological vaccine warehousing.

Quality/Risk Management Review of the Biological Warehousing and Distribution of the Immunization Program With the expansion of the childhood immunization program and increased complexity of managing biologics/vaccines, HPP will continue to undertake an assessment of the storage and distribution components of the immunization program. This assessment will include an evaluation of the current system, a national and international best practices review, and the provision of recommendations for standards and policy development around warehousing and distributing vaccines.

Accomplishments:

With the transition of the biological warehousing and distribution aspect of the Immunization Program, guidelines, standard operating procedures and policies were developed in relation to cold chain maintenance; packing procedures/protocols; and ordering and receiving of products for the depot.²

Communicable Disease Surveillance Information System HPP will continue to collaborate with Canada Health Infoway on the development and implementation in Nova Scotia of the Communicable Disease Surveillance Information System: PANORAMA. In 2008-2009, Nova Scotia will begin Phase II of the PANORAMA Project: provincial implementation. This will begin with the inventory and immunization component in early 2008-2009 followed by the communicable disease and outbreak management component in late 2008-2009.

Accomplishments:

As planned, Phase II of PANORAMA was initiated in December 2008. As a result of the initial stage of Phase II an updated implementation plan and architecture document were completed and accepted by the PANORAMA Project Executive Steering Committee. Collaboration with Canada Health Infoway continues as the first release of PANORAMA is expected to be delivered in summer 2009. Timing of the full implementation of PANORAMA is currently under discussion in light of the H1N1 outbreak and potential resource implications for the public health system.

PANORAMA As part of Phase II of PANORAMA, the public health subject matter experts will be hired to inform business requirements review, data analysis, configuration, testing, training and roll out. These positions will also participate in the national project work and provincial detailed design, testing of the application, and development of jurisdictional training materials.

Accomplishments:

Two subject matter experts were seconded to participate in the implementation project activities. The subject matter experts specialize in the area of immunization and communicable disease prevention and control. Recruitment activities began to secure the services of an application specialist and a subject matter expert with skills related to surveillance and reporting activities. In addition to these roles, funding was allocated to Health Information Technology Nova Scotia (HIT NS) to secure technical expertise required to support PANORAMA as HITS NS will be hosting the application on behalf of HPP.

² The following two priorities: Communicable Disease Surveillance Information System and PANORAMA, are now the responsibility of CDPC and therefore have been relocated from the PHAS Section.

3.5 Environmental Health

Joint Environmental Health Services Strengthening environmental health protection represents a priority of three different departments. In order to fulfill their respective mandates to protect the public from hazards posed by natural or man-made environmental conditions, the Departments of Agriculture, Environment, and HPP work collaboratively. In 2008-2009, the three departments will continue implementation of their framework for joint decision making and strengthening environmental health protection.

- The Joint Environmental Health Protection Committee Secretariat (JEHPC) was established at HPP in 2007-2008. The JEHPC will facilitate interdepartmental collaboration aimed at building environmental health protection capacity and addressing gaps in health protection.
- Policies/procedures/guidelines/standards/ regulations will be developed to address cross-departmental issues related to human resource capacity building, and potential environmental health threats.

Accomplishments:

The JEHPC continued its work in 2008-2009 by identifying the need to hire two term Environmental Health Consultants to further the work needed to address gaps in environmental health programs. The JEHPC sought and received agreement at the Deputy Minister level of each department and two term consultants were hired in March 2009. Their workplan was created to include:

- Identification of core elements needed in a comprehensive environmental health program by conducting an inventory of environmental health programs throughout Canada;
- Identification of the strengths, weaknesses and gaps in the Nova Scotia model;
- Preparation of a plan that will address those gaps;
- Identification of resources needed to fulfill the plan; and
- Development of a strategy to implement the plan.

The term consultant workplan also identified key areas requiring reports to JEHPC before further work is commenced.

Human Resources In 2008-2009, the Human Resources working group of the JEHPs will work to address human resources pressures through the implementation of capacity building strategies to strengthen the environmental health workforce.

- In 2008-2009, HPP will take a lead role in the coordination and evaluation of student public health inspector practicums across the three collaborating departments. HPP will also fund eight such environmental health practicums.
- HPP, through the working group of the Joint Environmental Health Protection Secretariat will explore opportunities to provide ongoing education incentives to strengthen environmental health capacity.

Accomplishments:

In 2008-2009, HPP led a review of the student public health inspector practicum opportunities via the Environmental Health Human Resources Working Group which comprises representatives from the Departments of Agriculture, Environment and HPP. The outcome of this work included:

- Updated practicum participant guidelines that are consistent with learning objectives required by the Board of Certification of the Canadian Institute of Public Health Inspectors. The guidelines include specifics on departments responsible for providing experience that is consistent with the learning objectives in order to clarify where opportunities may exist for experience in a given study area.
- Hosting mentor workshops in fall 2008 and spring 2009 to ensure staff within the three departments were trained with respect to being a mentor and developing skills and abilities to coach and train practicum participants.
- Working collaboratively among the three departments to provide six practicum opportunities during summer 2008.

Work with respect to providing educational opportunities and building capacity for environmental health human resources is ongoing.

<i>Environmental Health Emergency Preparedness</i> During 2008-2009, progress will be made in strengthening health emergency preparedness procedures related to emergencies with environmental health implications (e.g. ensuring safe food during a power outage, ensuring clean drinking water in a power outage or after major rainstorms). HPP will serve as the primary liaison with the Departments of Environment and Agriculture in coordinating emergency preparedness resources related to emergencies.
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Accomplishments:

HPP, through the JEHP, continued to work to identify complex issues related to emergency preparedness and planning. Business continuity planning was identified as an area needing strong collaboration with both Departments of Agriculture and Environment in light of the authority in the *Health Protection Act* that allows Medical Officers of Health to command resources from those departments.

<i>Human Health Risk Assessment</i> HPP will continue to provide human health risk assessment support to the DHAs. This will include hiring consultant(s) when necessary for: <ul style="list-style-type: none">• environmental assessment and public health aspects of the Sydney Tar Ponds/Coke Ovens clean up,• historic gold mines, and• mining exploration, chemical spills etc.
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Accomplishments:

In early 2008 an Environmental Health Consultant was hired at HPP and was based in Sydney to provide support to the local DHA with respect to environmental health issues and human health risk assessment arising from work at the Sydney Tar Ponds site. The work of this Environmental Health Consultant also includes support of the Regional Medical Officer of Health in Colchester East Hants, Cumberland, Pictou County, and Guysborough Antigonish Strait Health Authorities.

Capacity Building HPP will continue in 2008-2009 to examine its environmental health protection capacity, identify gaps, and determine future requirements to move its mandate forward.

Accomplishments:

HPP identified key policy and program areas that need to be addressed in the short term. These include environmental health human resource capacity for routine and emergency situations as well as a lack of understanding about environmental public health that must be addressed across the system. Through the work of the term consultants HPP will identify these areas as priorities.

Other Accomplishments:

Environmental Public Health Program Advisory Committee In 2008-2009, HPP identified the need to be more strongly linked with Cape Breton University, the only educational institution in the Atlantic Canada offering a degree in environmental public health. HPP is now represented on the Environmental Public Health Program Advisory Committee and provides input that will shape the quality and capacity of environmental public health professionals entering the workforce.

3.6 Healthy Development

Early Childhood Development Recognizing that health promotion and prevention efforts in the early years have long lasting impact on future health and well-being of children, early childhood development is key to achieving the greatest positive impact on children. Related priorities in 2008-2009 will include identifying key early childhood issues and working with DHAs and partners to facilitate the development of provincial standards/guidelines related to the well child system.

Accomplishments:

A working group comprising five government departments (HPP, Education, Community Services including the Child and Youth Strategy, Justice and Health) and government provincial programs with accountability for children, was formed and led by HPP to begin discussions and exploration of a *well child system* for Nova Scotia. An inventory of current provincial programs supporting families and children (from conception to school entry) was completed to inform discussions and resulting in strengthened relationships.

Led by HPP and the Department of Community Services, work began in 2008-2009 to create a forum that will support dialogue, collaborative exploration of current evidence, and identification of key issues in the early years to inform decision makers across government departments and set direction. The forum was in place in March 2009 and will report to and inform the Child and Youth Social Policy Committee on matters related to the early years.

Parent Health Education Resources The development of the ‘Loving Care’ parent health education resource supports DHAs and partners in providing consistent key messages to families of children aged birth to three years. The aim is to build capacity and skills related to parents for young children and their families. In 2008-2009:

- the first three booklets developed in 2007-2008 will be translated and printed in French;
- support for implementation of the series will be provided to DHAs and partners; and
- an evaluation plan will be developed.

Accomplishments:

The first two booklets: *Loving Care – Birth to 6 months* and *Loving Care – Parents and Families* of the set of four part age paced parenting series were released in June 2008. Professional in-servicing on the booklets took place across DHAs in June 2008. HPP launched the French version of these two Loving Care booklets in December 2008. Work continued in 2008-2009 to finalize the third booklet in the series: *Loving Care – 6 to 12 months*. The three booklets will be printed as a set in 2009-2010. The third booklet will go to French translation, and the three booklets will be printed in French by December 2009. Throughout 2009-2010, work will continue to develop the text for the fourth and final booklet in the series: *Loving Care – 1 to 3 years*, with printing planned in 2010-2011 as a complete set of four booklets.

An evaluation steering committee began the initial phase of looking at evaluation priorities in 2008-2009. In 2009-2010 evaluation priorities will be established and an evaluation plan developed for implementation in 2010-2011 and/or 2011-2012.

Healthy Beginnings: Enhanced Home Visiting Implemented in all DHA Public Health Services Divisions, this program provides home visiting support for families facing challenges for the first three years of their child’s life. In 2008-2009, recommendations identified from the program’s second phase evaluation will be prioritized by the program’s provincial committee and phased-in implementation will begin.

The related database will be updated and expanded; a related training database manual will be developed with database training provided to all public health staff at DHAs; and a provincial trainer will begin delivery of community home visitor and supervisor core training.

Accomplishments:

The Healthy Beginnings: Enhanced Home Visiting Outcome Evaluation was initiated with an external consultant contracted to lead the process. Program families, public health staff and partners participated in focus groups, surveys and informant interviews, initially focused on South Shore, South West and Annapolis Valley DHAs. This phase of the evaluation focused on the outcomes achieved for families participating in the program. The anticipated date for completion of this evaluation is July 2009.

The Healthy Beginnings Database – Version 2 went live December 2008. Version 2 supports an expansion of the database to collect additional early postpartum information on all families in the province and data quality improvements. HPP facilitated database training of Public Health Services staff from January - March 2009.

HPP supported a provincial master trainer to complete the training process and receive full certification from Great Kids Inc.. The master trainer will deliver one to two core training programs for all newly hired home visitors in Nova Scotia. The first training session was held in Cape Breton in March 2009 and included a home visitor from a First Nations community.

Provincial Breastfeeding Initiative Exclusive breastfeeding is recommended for the first six months of life, with continued breastfeeding to two years and beyond with appropriate introduction of solid foods at six months. In 2008-2009, activities will include:

- establishing a Provincial Breastfeeding Steering Committee to oversee implementation of the Provincial Breastfeeding Policy;
- implementing a comprehensive breastfeeding social marketing campaign;
- identifying competency-based breastfeeding education standards;
- establishing a provincial process for the Baby Friendly Initiative designation pre-assessment and assessment; and
- continuing to develop local community capacity regarding breastfeeding.

Accomplishments:

Based on recommendations from strategic planning, a Provincial Breastfeeding Steering Committee was established in 2008 to oversee the implementation of the Provincial Breastfeeding Policy and ensure horizontal and vertical integration of breastfeeding initiatives across the province. Working Groups were also established in 2008 to address specific directives of the Provincial Breastfeeding Policy: Education Standards, Monitoring and Evaluation, Social Marketing, Capacity Building and the Baby Friendly Initiative.

Phase II of the breastfeeding social marketing campaign began in 2008-2009, which included developing the creative concepts, focus testing with the target audience, sharing results with stakeholders and developing the print advertisements, television advertisements and communications plan for the campaign. The campaign will be completed and launched in 2009-2010.

HPP continued its work in 2008-2009 to build capacity within the province related to the Baby Friendly Initiative (BFI) designation process. The expectation is that the province will take the lead in this process, working closely with the Breastfeeding Committee for Canada. Work has focused on mentorship of the provincial BFI Assessor Candidate and developing provincial processes for the designation process.

Early Childhood Nutrition Eating habits are formed early in life. Therefore, there is a tremendous opportunity to promote healthy eating in the early years. In 2008-2009, HPP and the Department of Community Services will work with a provincial advisory group to draft a comprehensive food and nutrition policy for licensed childcare facilities. Elements to be considered for the policy include: foods and beverages served, promotion of family style meals, preschool nutrition education, parental involvement, pre-service and professional development related to food and nutrition for childcare centre staff, and resource development.

Accomplishments:

As recommended in the Food and Nutrition Support to Licensed Child Care Facilities Report released in March 2008, an Advisory Group was established to inform the development of a comprehensive food and nutrition policy for licensed child care facilities. In collaboration with the Advisory Group, work began on this draft policy to be considered in consultations anticipated in fall 2009.

Provincial Breakfast Program Children come to school hungry for many reasons and breakfast programs offer support to ensure that children begin their day nourished and ready to learn. In the 2007-2008 school year, program standards were developed for the Provincial Breakfast Program and schools began implementation of these standards. Implementation will continue in 2008-2009. In addition, HPP will continue to provide funding to school boards to support the Program and continue to work with Department of Education and the Breakfast for Learning-Nova Scotia Advisory Council to support the implementation, monitoring, and evaluation of the Program.

Accomplishments:

HPP continued funding for the Provincial Breakfast Program in 2008-2009 in the amount of \$750,000. In 2008-09, HPP and the Department of Education worked with breakfast program stakeholders and partners to develop a process and tool to monitor implementation of the Provincial Breakfast Program Standards, the progress made to date, what is working well, and what supports are needed in order to enhance, expand, and sustain programs that meet the standards. As part of this process, HPP sought input from school boards, DHAs, and Breakfast for Learning on how to best move forward with supporting provincial breakfast programs in our schools. Consultations began in December 2008 and will continue to June 2009. Results from the consultations will be used to make some initial amendments to the program, pending approval from HPP and Department of Education senior staff in the next four to eight months.

Implementation will continue in 2009-2010. In addition, HPP will continue to provide funding to school boards to support the Program and continue to work with the Department of Education and the Breakfast for Learning-Nova Scotia Advisory Council to support the implementation, monitoring, and evaluation of the Program.

Health Promoting Schools The HPS Program will continue to support a comprehensive approach to school health in Nova Scotia. In 2008-2009:

- regional HPS teams will receive funding to better organize and coordinate efforts around decreasing health disparities in schools;
- as a result of the provincial evaluation framework completed in 2007-2008, initial evaluation priorities will be explored;
- HPP, in collaboration with the Department of Education, will develop and implement a structural framework for the Conseil Scolaire Acadien Provincial HPS team. In addition, HPP will implement the Mi'Kmaq Kina'matnewey HPS structural framework;

- HPP, in partnership with the Department of Education, school boards, and DHAs, will host a provincial HPS Showcase in May 2008. This event will highlight some of the numerous successes and achievement of regional HPS teams and the school communities in their regions.
- HPP will launch an HPS website and publish information materials to promote school health.

Accomplishments:

In 2008-2009, HPS received funding of \$760,000 distributed to nine school boards in Nova Scotia including the Mi'kmaq Kina'matnewey School Board. These funds were then allotted to the nine HPS teams in each of the school boards to assist them in their work in creating a healthier school environment for children to learn, be physically active, eat healthy, and build capacity to interact with peers and teachers in ways that are healthy and supportive to their positive growth and development.

An HPS Provincial Evaluation Implementation Committee formed in January 2009, drafted a Terms of Reference and met monthly to identify priorities for evaluation work focusing initially on measuring the implementation of the HPS. The committee began collaborating with the Children's Lifestyle and School performance Study (CLASS 2) researchers to coordinate data collection and share information and results.

The Conseil Scolaire Acadien Provincial and the Mi'kmaq Kina'matnewey implemented their new HPS structural frameworks in 2008-2009.

The HPS Showcase was held in May 2008 with 180 participants. The Showcase highlighted HPS work being undertaken in schools throughout the province and included displays of the latest provincial school health practices reflective of all regions of the province.

Work began in 2008-2009 to create an HPS Communication Strategy. This Strategy includes the creation of an HPS website, a provincial HPS logo, a pamphlet, and a DVD. The website will link the province's nine regional HPS teams, providing a common information technology portal for the sharing of information resources and links. The logo was created in 2008-2009. The website became functional in February 2009 and will be launched in 2009-2010.

Pan-Canadian Joint Consortium for School Health HPP will continue to contribute to the Pan-Canadian Joint Consortium for School Health activities and related initiatives that support the provincial government's priorities in this area. In 2008-2009, activities will include: identifying key priority areas for evaluation, the results of which will inform ongoing work of the Consortium; updating the Joint Consortium School Health website; developing knowledge summaries on substance abuse and physical activity and developing a plan for their dissemination; and printing a quarterly newsletter with two yearly special editions, all of which jurisdictions will have an opportunity to provide input.

Accomplishments:

HPP continued to contribute to the Pan-Canadian Joint Consortium for School Health (JCSH). This included providing information as required for the JCSH on its website, monthly

information bullets, JCSH evaluation, knowledge summaries and quick scans, and the JCSH annual school health report.

Food and Nutrition Policy for Nova Scotia Public Schools The *Food and Nutrition Policy for Nova Scotia Public Schools* is intended to increase access to and enjoyment of health promoting, safe, and affordable food and beverages, served and sold in Nova Scotia public schools. Phased-in implementation of the policy began in the 2006-2007 school year and will continue until all policy directives are implemented (by June 2009). In 2008-2009, a Provincial Advisory Committee made up of key stakeholders including school boards, DHAs, parents, HPP and DoE, will develop tools for use by schools and school boards to aid in monitoring policy implementation.

Accomplishments:

The Monitoring and Feedback Tool designed to help schools determine the level of progress made toward full implementation of the directives/guidelines of the policy was distributed to schools in May 2008. Schools responded and a provincial summary report was completed. Results were shared with schools, school boards, DHA partners and staff within HPP and the Department of Education in June 2009.

By June 2009, it is the intention that all schools will have implemented the food standards of the Food and Beverage Standards for Nova Scotia Public Schools, and have implemented the policy directives identified within the Food and Nutrition Policy for Nova Scotia Public Schools.

Children and Youth Government has stated its commitment to building a better Nova Scotia for individuals, families and communities, with a particular focus on children and youth. The Departments of Community Service, Education, HPP, Health, and Justice are working together to improve services for children and youth through the development of a comprehensive child and youth strategy which focuses on early intervention, supports for families and support to youth at risk. Specifically, these departments have committed to partnering and coordinating responsibilities for children and youth. This strategy is part of the province's new social prosperity framework, *Weaving the Threads: A Lasting Social Fabric*, based on the principles of collaboration, co-ordination and shared responsibility.

Accomplishments:

HPP continued to work with the other government departments primarily responsible for children and youth to roll out the Nova Scotia Child and Youth Strategy. HPP played a lead role in bringing together the key players within government to participate in discussions around mapping out what a *well child system* is and guiding principles and values around such as system. Work began on a project charter to form a potential go forward plan to the Child and Youth Social Policy Committee. Completion of the project charter for consideration is planned for early summer 2009.

Preventing Alcohol and Risk Related Trauma in Youth More than one Nova Scotian teen dies each week as a result of an injury. Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.) is an evidence-based resource designed to educate teenagers (ages 15 and 16) about the consequences of risk and serious injury. HPP's goal is to deliver P.A.R.T.Y. to all 12,000

grade 10 students in Nova Scotia. The P.A.R.T.Y. Program will continue to expand in 2008-2009, with 65 schools expected to participate. Additional activities include: continued training of program facilitators, development of curriculum supplements, research, and completion of the resource's evaluation. As well, elements of P.A.R.T.Y. will be further revised for higher risk youth. Variations of the resource will be piloted in 2008-2009 with the Community Justice Society for teenagers who have been charged with a range of offenses and have been referred to the youth restorative justice process as well as with the IWK CHOICES Program for teenagers being treated for addictions to alcohol and other drugs.

As a follow up for high schools participating in P.A.R.T.Y., *No Regrets*, an injury prevention resource for teenagers, was piloted in 10 high schools in 2007-2008. This pilot is a partnership between HPP and DoE with five more schools expected to participate in 2008-2009.

Accomplishments:

The P.A.R.T.Y. initiative did not meet its expansion goals in 2008-2009 for a combination of reasons. A record number of weather-related school closures forced some administrators to cancel P.A.R.T.Y.. Several schools were participating in the evaluation and therefore could not run P.A.R.T.Y.. In the Annapolis Valley there was a strong push for schools to participate in a number of Mothers Against Drunk Driving initiatives, essentially competing for the same spot as P.A.R.T.Y. Finally, for the first time, it became significantly more difficult to recruit volunteer facilitators to run P.A.R.T.Y. in the Halifax Regional School Board, where most of the target audience resides.

In total 43 high schools participated in 2008-2009 with plans to expand again in 2009-2010 in partnership with an external organization that can help provide training and logistical support to further grow the initiative. The evaluation component of P.A.R.T.Y. was completed in March 2009, with a full report expected during the summer of 2009. The preliminary results reported a significant increase in knowledge about injury and the consequences of risk as a result of P.A.R.T.Y.

The *No Regrets* resource, a partnership between HPP and the Department of Education, was expanded from 10 to 15 high schools in 2008-2009. There are no expansion plans for 2009-2010, rather emphasis will be on supporting and sustaining the present schools in the next year.

Framework for Action: Youth Sexual Health in Nova Scotia As a partner on the Nova Scotia roundtable on Youth Sexual Health, HPP will continue to support and provide leadership in the implementation of the *Framework for Action: Youth Sexual Health in Nova Scotia*. The framework provides a rationale and strategic direction for a comprehensive approach to sexual health education, services, and supports for Nova Scotia youth and is designed to improve the sexual health of youth in this province. In 2008-2009, HPP will build on provincial and regional partnerships to engage in a collaborative process of identifying priorities and goals for each of the five components of the Framework.

Accomplishments:

In 2008-2009, HPP led a process to revise the implementation structure for the provincial sexual health strategy in partnership with youth. Youth involvement and participation is identified in

the strategy as a key component, but the implementation model had been unsuccessful in meaningfully engaging youth. The Nova Scotia Roundtable for Youth Sexual Health, the former steering committee for the provincial youth sexual health strategy, dissolved in January 2009. Plans began to create a new steering committee made up of youth and adults working in partnership. This will ensure that the strategy is reflective of and responsive to the changing needs of youth and communities.

Youth Health Centres Using a community development model that identifies need within communities, 42 Youth Health Centres are currently operating across Nova Scotia providing a broad range of health, education and promotion services in a non-judgmental manner to help young people make sound decisions about their physical, social and mental health. In 2008-2009, HPP will provide funding that will support:

- the 2008-2009 development of evaluation tools and evaluation plan for the Youth Health Centres;
- the identification of provincial training needs focused on cultural competence and youth engagement and one provincial training session; and
- the evaluation of the web-based networking project and resulting plan for ongoing communication and networking.

Accomplishments:

Currently 43 Youth Health Centres (YHCs) are operating across Nova Scotia. In 2008-2009, funding was provided by HPP and used to develop the evaluation tools and evaluation plan to be used for the evaluation process. These tools included the development of a student survey and a story sharing dialogue. The evaluation will be undertaken in 2009-2010 and using the student survey and the story sharing dialogue with select YHC coordinators, the results will be used to identify health outcomes for youth, lessons learned by YHC Coordinators in reaching diverse and marginalized youth, and program improvement recommendations. The project is well underway with results expected during summer 2009.

Work continued on web-based networking and a communications plan for YHCs and the need for at least one provincial professional development day was identified and will be organized for 2009-2010.

Comprehensive Workplace Health (CWH) Strategy Comprehensive Workplace Health mobilizes the workplace as a setting to improve population health. The workplace was identified in the Provincial Chronic Disease Prevention Strategy as a key setting for improving health. In 2008-2009, HPP will continue to provide leadership to the Strategy through development of an implementation plan and the establishment of a public-private senior leadership team to support, promote and oversee Strategy implementation and evaluation.

Accomplishments:

HPP facilitated a process with the partners participating on the provincial steering committee that led the development of the Strategy, to identify the level of commitment and leadership to support, promote and oversee Strategy implementation and evaluation. The group determined that its mandate was fulfilled and indicated that they did not have the human and financial resources within their respective organizations to continue collaborating on the implementation

and evaluation of the Strategy. HPP identified several priorities to direct on-going efforts related to comprehensive workplace health including: creating a web portal for businesses to access information, tools and resources related to comprehensive workplace health; in partnership with other government departments and agencies, explore opportunities to encourage businesses to engage in a comprehensive workplace health approach; and continue to build and support HPP's healthy workplace initiative.

Other Accomplishments:

Nova Scotia Oral Review Working with the Office of the Chief Dental Officer of Canada, HPP consulted with key informants from dental and non-dental organizations and departments within Nova Scotia interested in the development of a position for oral health expertise in the provincial level of government. Individual consultations took place in June 2008 and group stakeholder consultations were conducted in September 2008. The results of these consultations were used in the completion of the Nova Scotia Oral Review released in Fall 2008. In 2009-2010 the recommendations will be explored within HPP and with other government departments and partners.

3.7 Health Services Emergency Management

Health Services Emergency Management (HSEM) One of the keys to successful emergency management is a consolidated system that allows coordinated planning and response across jurisdictions and across government departments and levels. In 2008-2009, HPP and DoH will work toward the integration of Emergency Management programs. This will enable: leadership in the field through collaboration, education, research and communication; a single point of contact for DHAs, other government departments and stakeholders; and ultimately, a coordinated health sector emergency response.

Accomplishments:

Related to education on health emergency management, HSEM provided support to DoH and HPP through regular presentations to both HPP Executive Committee and DoH Senior Leadership Team on related initiatives and programs, as well as chairing working groups and committees on business continuity, pandemic influenza, continuing care, physicians' issues, etc with both departments represented.

HSEM revised DoH's Emergency Planning Team into the HSEM Advisory Committee, with Deputy Minister representation from DoH and HPP, vice president representation from DHAs, as well as members speaking on behalf of public health and the continuing care sector.

HSEM took the lead in responding to Auditor General questions regarding Nova Scotia's pandemic preparedness by providing appropriate contact information in HPP to seek answers and compile its report.

Manager: Operational Readiness, Plans Exercises and Training, and Programs Working with HPP and the Medical Officers of Health, the Managers will be the local liaison among strategic partners such as federal and provincial departments, DHAs, Emergency Health Services and Long Term Care. Specifically, HSEM will work with the Nova Scotia Emergency Management Office and municipal emergency management capabilities along with non-government agencies such as the Red Cross and private organizations for emergency management and business continuity functions. Reporting directly to HSEM, the managers provide leadership in the field through collaboration, education, research and communication and, in time of crisis, provide a coordinated local health services emergency response.

Accomplishments:

The Manager, Operational Readiness designed and facilitated several workshops on pandemic influenza with attendance from all sectors of health care. The position also developed strategies to address emergency management in the long-term care sector and began management of the National Emergency Stockpile System (NESS) pre-positioned sites across the province, performing an initial audit of supplies.

The Manager, Planning, Exercises & Training designed and implemented a Casualty Simulation program, which trains volunteers to do mock-up injuries during exercises in order to add realism. This position also designed and promoted HSEM's Manikin Program, which provides dummy casualties in place of people so they can be free to take a more active role in an exercise. The dummies can be given simulated injuries and can have vital signs taken.

The Manager, Programs position remains unfunded.

Concept of Operations/All Hazard Plan/Pandemic Protocol and Business Continuity In 2008-2009, HPP in conjunction with DoH will continue the development of a Concept of Operations document for HSEM in Nova Scotia, as well as a separate Concept of Operations document to be used on a national level as a framework for established emergency management procedures in government - health services relations. An all-encompassing All Hazards Plan and Pandemic Protocol will also be released, and an HPP Business Continuity Plan will continue to be developed and refined. These documents will serve to lay the groundwork to better position Nova Scotia's health system to respond to natural and man-made disasters.

Accomplishments:

HSEM's Concept of Operations was drafted and awaits distribution to a health emergency management audience.

HSEM spearheaded the continuing work on the Pandemic Protocol, drafting a new work plan and setting deliverables for responsibility centre / branch representation.

HSEM assumed management of the department's business continuity process bringing together a working group comprising representation from both HPP and DoH. A presentation to HPP Executive Committee was made on the first draft of the plan and HSEM guided Executive through an audit of the plan. The first draft of the Business Continuity Plan is expected to be signed off by the Deputy in the near future.

Readiness and Capabilities Exercise Program A Readiness and Capabilities Exercise Program will be undertaken to test systems and practice people. This will be accomplished through the implementation of proactive alert and response procedures, procurement of technology that will increase HSEM's efficiency, education opportunities for staff, and active participation of organized exercises on both national and provincial levels throughout 2008-2009.

Accomplishments:

HSEM routinely engages the provincial healthcare system through alerts to be aware of particular threats that may pose a disruption in routine business. The best example of this is between the months of June-November when hurricanes are most prevalent. In 2008-2009, Operational Readiness sent out heightened alerts on the forest fires in Tantallon/Porter's Lake, the Listeriosis outbreak, tropical storms Hanna and Kyle, several winter storm warnings, the floods in New Glasgow and Stellarton, and power and telecom outages.

HSEM proceeded with the design of an HPP Emergency Operations Centre in at HPP's location (Summit Place) and procured technology and equipment to ensure it was an effective space for decision-makers and it could efficiently capture vital information crucial to emergency response / recovery.

HSEM continued with education opportunities for staff, including emergency exercises, casualty simulation, METER (radioactive material) workshops, the National Emergency Stockpile System etc.. HSEM also provided training for senior leadership staff for Duty Officer training.

Strategic Warehousing In 2008-2009, HPP and DoH will begin work on the Health Warehousing Program designed to enhance both departments' capacity to respond in the event of adversity caused by natural or human caused events through the creation of a health strategic reserve. This initiative will be undertaken by HSEM in consort with DHAs and in consultation with the Emergency Management Office and Red Cross through the Department of Community Services. Phase I will begin in 2008-2009 and entail the scoping component of the project.

Accomplishments:

HSEM embarked on the strategic reserves project by engaging the Internal Audit Centre of the Department of Finance to initially scope the project and gauge its viability. A Terms of Reference was drafted and HSEM hired the consulting firm Gardner Pinfold to build a business case for a strategic reserve system and incorporate a simulation model to help determine the most efficient and cost-effective solution. Several health sector partners were consulted, including material managers in every DHA, emergency room physicians and SAP project staff.

3.8 Physical Activity, Sport and Recreation

Physical Activity Sport and Recreation Framework HPP works with partners to coordinate implementation of a PASR Framework which provides overarching direction to stakeholders in physical activity, sport and recreation in Nova Scotia. In 2008-2009, HPP will engage stakeholders to build a strong base of support for implementation of the Framework by Government and other members of the PASR sector.

Accomplishments:

In 2008-2009, over one hundred individuals participated in an on-line survey to give their views on physical activity, sport and recreation. The consultation process results were used to create this Framework. The *Power and the Potential: Physical Activity, Sport and Recreation Framework for Action* was completed in 2008-2009 with its release in Fall 2008. The Framework for Action gives direction and sets up several processes to strengthen HPP's work in the fields of physical activity, sport, and recreation.

Recreation Policy Working with Recreation Nova Scotia and other partners and stakeholders, HPP will continue to lead the development of a recreation policy for the province. Based on preliminary work completed in 2007-2008, a draft recreation policy will be developed in 2008-2009 and will be the subject of consultations with recreation-interested stakeholders across the province. Following consultations, a final policy document will be developed and submitted to Government for approval.

Accomplishments:

A draft background paper to inform stakeholder consultations on the Recreation Policy was developed in 2008-2009 with input from Recreation Nova Scotia and other partners and stakeholders. When developed, this Policy will clarify the Government's role in recreation and identify key principles for engaging across departments and with communities, non-government organizations and other levels of government in the provision of recreation opportunities across the province. The Provincial Recreation Policy will be completed in December 2009.

Municipal Physical Activity Leadership Program Formerly called the "Active Living Communities Program", HPP will expand this program in 2008-2009 to include six to eight additional municipalities. This program builds and sustains the capacity of municipal governments to provide staff who will develop and implement community-based physical activity strategies.

Accomplishments:

As of the end of 2008-2009, this program expanded to include twelve positions in place with a total of seventeen municipalities participating. HPP also received 14 applications (Letters of Intent) which includes 25 municipalities. The purposes of this program is to cost share a staff position for up to five years to increase the capacity of municipalities to develop and implement comprehensive physical activity plans.

Active Transportation HPP will play a lead role in the continued implementation of the Pathways for People Framework for Action for Advancing Active Transportation in Nova Scotia. Working with municipalities, community groups and other government departments to advocate for active transportation, priorities in 2008-2009 will include:

- researching rural active transportation issues and solutions
- holding youth active transportation workshops in partnership with the HeartWood Centre for Community Youth Development, and
- building and strengthening cross-sectoral partnerships (health, transportation, environment) to lay a foundation for establishing supportive built environments.

Accomplishments:

In January 2008, the *Nova Scotia Bikeways – Scoping the Blue Route Report* was released. Funded by HPP, this report provides a rationale and framework for establishing a province-wide bikeways initiative and will impact the entire province, including rural active transportation issues. *The Children and Youth Friendly Land Use and Transport Planning Guidelines for Nova Scotia* was completed. Funded in part by HPP, the guidelines will assist communities becoming more child and youth friendly through an emphasis on active transportation.

Youth active transportation workshops are offered to communities when requested. Regional representatives informed communities of the availability of youth active transportation workshops, however, none were requested specific to youth. There were several community workshops held that were not youth specific. Three were held in the South Shore region, including Lunenburg, Shelburne and Yarmouth with a total of 40 people in attendance. In the Valley region, an active transportation public information session had 29 community representatives and stakeholders in attendance, a two day workshop on active transportation for community champions had 38 participants and a “how to develop an active transportation community plan” workshop had 20 participants.

In 2008-2009, HPP began serving on two provincial active transportation related committees - The Union of Nova Scotia Municipality Active Transportation Committee and the Provincial Sustainable Transportation Strategy Committee led by Transportation and Infrastructure Renewal. These two committees build and strengthen cross-sectoral partnerships required to lay the foundation for establishing supportive built environments.

Trails The trail movement in Nova Scotia is based on partnerships and community development with support from governments and the corporate sector. In the November 2007 Throne Speech, Government committed to an additional 500 kilometers of trails, adding to the 2006 commitment of 500 kilometers over four years. In 2008-2009, HPP, in partnership with community trail groups, other departments and governments, and regional and provincial not-for-profit organizations, will facilitate activities to make Nova Scotia the most trail connected province in Canada. In collaboration with the Departments of Transportation and Infrastructure Renewal and Natural Resources, work will begin to connect sections of the Trans Canada trail, snowmobile trails and off highway vehicle trails through the development of controlled access highway trail underpasses.

Accomplishments:

In 2008-2009, HPP provided grants totaling more than \$1,000,000 in support of trail development and maintenance. Through the Building Fitness Infrastructure Together (B-FIT) program, Recreation Facility Development and Community Recreation Development grant programs, HPP provided capital funding to numerous community trail projects including sections of the Cape to Cape Trail in Pictou and Colchester Counties and to sections of the Trans Canada Trail in the Valley and South Shore regions. With HPP support, community partners opened more than 196 kilometres of new recreational trail. In addition, there were 400 kilometres of trail under construction and 450 kilometres in various stages of planning during 2008-2009. The Government of Nova Scotia also signed a Memorandum of Understanding with the Nova Scotia Trails Federation and the Trans Canada Trail to establish a cooperative working relationship with the goal of completing the Trans Canada Trail in the province.

In 2008-2009, HPP, in partnership with the Department of Natural Resources, began development of a catalogue of engineered bridge designs to improve the safety of trail bridges in the province. The Engineering Assistance Fund provided grants to community trail groups to carry out structural assessments of bridges including three large bridges in the Annapolis Valley. In partnership with the Emergency Management Office, a pilot project was initiated in Inverness County to install 911 signs on the Trans Canada Trail. The project is nearing completion and the signs will be installed in summer 2009. The Community Trails Leadership Fund continued to help build capacity in the trail community by assisting trail volunteers and professionals to gain needed expertise and knowledge.

Active Kids Healthy Kids (AKHK) The renewed AKHK Strategy will be implemented at the community, regional and provincial levels. Additional funding will be provided to:

- train early childhood educators in leading physical activity for 3 to 5 years olds through Tumblebugs
- engage adolescents in the process of developing strategies to address that segment of the youth population that is most at risk, and
- create resources that will support municipalities to provide natural and built environments that make active transportation a safer and easier choice.

Accomplishments:

Numerous initiatives, involving training, program delivery and research were funded and delivered across the province by HPP and its partners at the local, regional and provincial level in 2008-2009. These included:

- Active Safe Routes to School encouraged children and youth to use active transportation such as walking and cycling
- Tumblebugs: Through Gymnastics Nova Scotia, regional workshops, equipment and activity plans were developed. Resources were translated to French and all regions had trainers.
- Make A Move: Through the Heart and Stroke Foundation, training for health practitioners to counsel adult patients and clients for participating in physical activities for health benefits was provided
- Walkabout: This initiative included an interactive website, pedometer access, policy recommendations, club leadership, recognition program, and community tools

- **Youth Fitness Leadership Training:** Through the Nova Scotia Fitness Association this program involves training for youth ages 15 – 18 to lead group fitness classes for their peers and children. This program was piloted in all but one school board as a grade 11 physical education credit.
- **Activekidsns.ca :** Through Recreation Nova Scotia, this online searchable reference was developed that supports those promoting physical activity to stimulate program ideas, share resources and provide networking opportunities.
- **Everybody Gets To Play:** Through Recreation Nova Scotia, this program involves mobilizing community involvement to create quality, sustainable recreation programs and services that meet the recreation needs of children and youth living in poverty.
- **High Five:** Through Recreation Nova Scotia, this program provides parents and professionals with tools, training and resources. It is a quality assurance system that supports the safety, well-being and healthy development of children in recreation and sport programs.
- **Youth Running for Fun:** Through Doctors Nova Scotia, this is a free, school-based program that teaches the basics of running in a fun, non-competitive environment
- **Active Transportation workshops:** HPP held community workshops to promote active transportation.
- **Sport Futures:** Through Sport Nova Scotia, sport organizations are building partnerships with community organizations to build capacity, community leadership and local support to offer kids sports with the “try, learn, play” concept.
- **Research, development and dissemination of Child Youth Friendly Land use and Transport Planning Guidelines for Nova Scotia** through the Cape Breton University.

Provincial Walking Initiative With the lead partner, the Heart & Stroke Foundation of Nova Scotia, HPP will collaboratively move into the second phase for Walkabout, a component of the renewed AKHK Strategy that includes:

- promoting the online resource www.walkabout.ca with the adult population;
- developing a social marketing campaign and implementing its first phase;
- developing information and tools for practitioners and leaders in the community, workplaces and schools;
- developing a pilot that recruits, prepares and supports volunteer leaders for community walking clubs;
- developing and implementing a pedometer loan program through community centres such as libraries; and
- developing the first phase of the assessment and recognition program

Accomplishments:

Work related to the provincial walking initiative continued in 2008-2009 including:

- A social marketing campaign (Walking Takes You Places) launched in October 2008 by the Heart and Stroke Foundation of Nova Scotia, the Premier and the Ministers of HPP and Department of Education. The television, internet and print advertisements and viral marketing ran first. The radio and transit ads were developed for delivery in June 2009.
- A video contest held for youth (support from CTV) to form a youth action team. A two day gathering for the eight winning youth was held for preliminary input into a future youth component.

- The development of a Walkabout at Work toolkit in consultation with workplace wellness leads within government, DHAs and private companies. Piloted orientation sessions of this toolkit in workplaces.
- Facilitation of more Walkabout Leader orientation sessions for over 77 leaders across Nova Scotia.
- Participation in the Pedometer Access Program where all 77 provincial libraries and over 200 C@P sites lend pedometer kits that include a pedometer and personal information booklet.
- Completion of a draft of “Influencing Municipal Planning Policy: A Toolkit for Making Your Community More Walkable” and posted online for continued stakeholder input.
- Completion of a report on a review of promising practices, stakeholder consultation and existing resources to inform the preliminary approach to a rating and recognition program
- website changes made to improve user-experience.

Physically Active Children and Youth Further analysis of the Physically Active Children and Youth 2 Accelerometer Study (PACY 2) data will be completed and used by government and non-government staff to develop policies and programs to increase physical activity levels of children and youth. The results of this secondary analysis will also be communicated to stakeholders.

Accomplishments:

The information in PACY 2 was further analyzed in 2008-2009 to determine the impact of factors such as socioeconomic status, sex, town/ rural status on physical activity and dietary intake. Some results were communicated to key government departments such as the Departments of Education and Community Services as well as non-government organizations such as municipal government, DHAs, health charities and sport and recreation groups. This is an ongoing project. Secondary analysis of PACY 2 data is expected to continue for a minimum of two years.

A number of fact sheets based on secondary analysis of the PACY 2005 data were prepared and released to stakeholders in 2008-2009.

Youth Social Marketing Campaign Development will begin on a provincial social marketing campaign targeting youth ages 12 to 19 years. The purpose is to increase physical activity and reduce screen time. As part of the AKHK Strategy, this social marketing campaign will influence healthy attitudes and behaviour of the target audience, building on and supporting national, provincial and local initiatives.

Accomplishments:

Plans to begin the social marketing component of Active Kids Healthy Kids were delayed to participate in the development of two new social marketing initiatives:

- In November 2008, federal and provincial/territorial (FP/T) Deputy Ministers directed officials to explore three pillars of work, social marketing being one, to help achieve physical activity targets. The focus involves creating opportunities to align ongoing and concurrent social marketing efforts across Canada to achieve a common voice (avoiding duplication and maximizing impact). Parents and families are the primary audience across these pillars to support and influence children and youth to be more active. Nova Scotia is

represented by HPP on the F/PT Physical Activity Social Marketing Working Group led by Public Health Agency of Canada (PHAC). National non-government groups are being consulted.

- In May 2008, the Council of Atlantic Premiers decided that the four Atlantic Provinces would collaborate to develop a bilingual social marketing campaign to improve physical activity and healthy eating practices among Atlantic Canadian children and youth. Nova Scotia is represented by HPP on a working group of representatives from all four Atlantic Provinces that meet regularly and work with a marketing agency.

PHAC Bilateral Agreement Through a two-year bilateral agreement, funding will be provided by PHAC and matched by HPP to support healthy eating and physical activity programs that fit with the *Healthy Eating Nova Scotia Strategy* and HPP's AKHK Strategy. Related to healthy eating, funding will be used for the development and implementation of a social marketing campaign that focuses specifically on promoting consumption of Nova Scotian fruit and vegetables. Related to physical activity, funding will be used to:

- assist the Mi'kmaq Friendship Centre physical activity after school program by providing adequate space, aboriginal leadership and culturally-relevant equipment;
- establish an after-school program in junior high schools targeting low socioeconomic or rural areas, including a French component, to encourage inactive youth to become active; and
- in conjunction with the library system and the Provincial Walking Initiative, help marginalized groups access pedometers on loan.

Accomplishments:

HPP provided a grant to the Canadian Cancer Society- Nova Scotia Division (CCS-NS) to oversee the development of phase one of a fruit and vegetable social marketing campaign. The social marketing campaign was identified by the literature and stakeholders as the area of focus for the HENS Fruit and Vegetable Working Group. In July 2008, CCS-NS awarded Extreme Group the contract to complete phase one of the development of the campaign which included focus groups across the province. The contract with Extreme was extended by CCS-NS to complete phase two of the campaign which included development of the creative concept and subsequent execution. HPP provided an additional grant to CCS-NS, with remaining funding provided by PHAC through a bilateral agreement to cover this extension. Execution of the fruit and vegetable social marketing campaign will begin in Winter 2010.

In 2008-2009, through this bilateral agreement, funding was provided to the Kitpu Youth Centre, a component of the Mi'kmaq Friendship Centre, to undertake a physical activity after school program. Project activities were underway in 2008-2009 including workshops to introduce and provide training on culturally relevant physical activities. This project is delivered by senior youth and young native adults in the community who embody an active lifestyle and a positive outlook. Through this model, youth clients are receiving instruction in specific sports and physical training.

A new agreement was reached that funding would be used toward an after school physical activity program for girls in at-risk Nova Scotian communities. This program provides fun, safe, developmentally appropriate sport and physical activity opportunities targeted at girls aged 11-13 within three target communities. The project also expands the leadership capacity and physical activity levels of older high school students recruited to lead elements of the program. The program is currently at eight schools.

Supported by the bilateral agreement and under the Provincial Walking Initiative Pedometer Access Program, all 77 provincial libraries and over 200 C@P sites lend pedometer kits, including a pedometer and personal information booklet.

Off Highway Vehicle Action Plan In 2008-2009, HPP will continue to partner with other departments and the Off Highway Vehicle Ministerial Advisory Committee in implementing the Off Highway Vehicle Action Plan. HPP will take the lead in the areas of trail development, closed courses and safety training and act as secretariat to the Committee.

Accomplishments:

This responsibility was transferred to the Department of Natural Resources during the reporting period.

Provincial Recreation Organizations In 2008-2009, HPP will review funding opportunities for provincial recreation organizations. A draft revised funding policy will be developed, consultations with affected stakeholders will be held, and the revised policy and assessment process will be announced in time for submissions for funding for the 2009-2010 fiscal year.

Accomplishments:

A proposed revised funding policy was developed. Consultation with affected stakeholders will take place in Summer 2009. The revised policy and assessment process will be announced in Fall 2009 in time for funding for the 2010-2011 fiscal year.

Sport

2011 Canada Winter Games Halifax Regional Municipality is hosting the 2011 Canada Winter Games. As the provincial lead department, HPP has been identified as the lead department and will coordinate support from the Province for the local host society. A provincial coordinating committee, composed of representatives of all provincial departments and agencies, supports the local host society through a formalized planning process. A multi-party agreement will be negotiated and signed by all funding partners and provincial plans will be developed to leverage the 2011 Games for tourism, economic development, volunteer, and sport development opportunities.

Accomplishments:

The 2011 Canada Winter Games will be hosted by Halifax Regional Municipality from February 11 to 27, 2011. A Multi-Party Agreement was signed in January 2009. This Agreement outlines all financial contributions made by the funding partners as well as roles and responsibilities of

the parties. Nova Scotia has also signed a contribution agreement with the local 2011 Canada Games Society and has provided \$11.12 million towards the Games' operations and capital expenses. A legacy plan was also created and will be implemented in early 2010 on how best to leverage the 2011 Games.

Sport Development 2011 Program As part of the Canada Winter Games in 2011, the Sport Development 2011 program will provide support for Team Nova Scotia in preparation for winter sports in the Games.

Accomplishments:

Twenty seven grants to a total of \$100,000 were provided to 15 of the 20 eligible winter sports in preparation of the 2011 Canada Games. The grants were for athlete preparation, coaching certification and support, officials training and development, and specific training equipment.

Nova Scotia Sport Plan HPP will release the Nova Scotia Sport Plan in 2008-2009 as part of its commitment and contribution to achieve the vision and goals of the Canadian Sport Policy by 2012. HPP will work with stakeholders to implement the plan to improve the quality of life for individuals and communities in Nova Scotia through active participation in sport.

Accomplishments:

The Nova Scotia Sport Plan: *Creating Sport Opportunities for Nova Scotians* was completed during 2008-2009. The release is awaiting Ministerial approval.

2010 Vancouver Olympics and Paralympics Nova Scotia will begin to develop a business plan to support the full implementation of a Memorandum of Understanding with the Vancouver Olympic and Paralympic Organizing Committee (VANOC) in the areas of culture, heritage, tourism, volunteerism, economic development, sport, education, and Aboriginal participation and inclusion. In addition, Nova Scotia, as co-lead, will work with Prince Edward Island, as lead, and the other Atlantic Provinces to begin to examine whether or not an Atlantic Pavilion will be developed that will showcase the Atlantic Provinces during the 2010 Vancouver Olympics & Paralympics.

Accomplishments:

The Olympics and Paralympics Winter Games in 2010 presents a unique opportunity for Canadian provinces and territories to showcase, promote and celebrate their unique cultures and identity. In December 2008, Cabinet approved Nova Scotia's participation in the Contributing Provinces and Territories Program which allows jurisdictions access to the marketing / sponsorship side of the celebration; gives priority event tickets; provides an opportunity for ten Torch Relay bearers; and provides a cash contribution to the staging of the Games, Own the Podium program and the Cultural Olympiad.

VANOC worked with Nova Scotia to identify the 54 communities for the Nova Scotia leg of the Olympic Torch Relay (November 21-26), to ensure the route is representative of its diverse culture and provides ample opportunity to showcase and promote its strengths. Nova Scotia also began work with the seven of the 54 communities selected as Celebration Communities to explore how to best support their community celebrations.

Invitations were extended to each province and territory to host a pavilion during the Games. In late 2008, the Atlantic provinces' premiers approved support for an Atlantic Pavilion (Atlantic Canada House). The federal government (ACOA) is also a partner. An official announcement is anticipated in Fall 2009.

Additionally, a comprehensive project plan has been completed and a new governance structure implemented.

B-FIT Program HPP provides advice, expertise, and support where possible to municipalities and community groups on planning for facility construction, upgrading, and conservation. In addition to its annual Recreational Facility Grant Program of \$3 million, the new B-FIT Program was introduced in 2007-2008 with a \$5 million investment. In 2008-2009, and for the next eight years, HPP will invest \$7 million through this program for a total of \$68 million over ten years.

Accomplishments:

In 2008-2009, the Building Facility Infrastructure Together (B-Fit) Program was expanded from \$5 million to \$7 million. As of May 2009, 35 projects were supported with a total commitment of almost \$62 million which represents over \$165 million of construction in Nova Scotia.

In the 2008-2009 fiscal year, over \$6.7 million funding was provided to 12 projects including track and field and trail development or reparation, and construction or renovation of fieldhouses, recreation centres, stadiums and community centres.

Just over \$56 million was committed to the other 23 projects. Of this \$56 million, \$30 million will be going toward three large regional sport and recreation facilities to be located in Pictou, Colchester and Lunenburg counties.

Demand for the program is not diminishing. HPP has received 22 applications for the 2009-2010 fiscal year.

Rink Revitalization Program In Nova Scotia, arenas are a focus for community life and provide many opportunities for citizens to be physically active. In 2008-2009, HPP will provide a one-time investment of over \$26,000 per arena to assist with needed maintenance and revitalization.

Accomplishments:

Costs identified to keep “the facility in a good state of repair” were considered eligible. These costs included maintenance, inspections, normal repairs, replacement of parts, purchase of maintenance supplies and other improvements needed to preserve the facility so that it continues to provide acceptable services and achieves its expected life. Eligible organizations completed and submitted an application by July 2008. All 74 eligible rinks received funding in July/August 2008.

Coaching In 2008-2009, HPP will develop a coaching policy to support the work done by volunteer and professional coaches in the province. Upon acceptance of this policy, HPP will facilitate the creation of the Coaching Council of Nova Scotia that will comprise a wide variety of coaches representing all levels of sport. The Council will advise on coaching standards and coaching policy.

Accomplishments:

The Nova Scotia coaching policy was completed in 2008-2009 to support the work of the coaching community of Nova Scotia. Terms of Reference for the council and the formation of the council will occur in 2009-2010.

Provincial Sport Organization Funding Through Sport Nova Scotia, HPP will provide funding to hire three administrative coordinators to support the work of the provincial sport organizations to advance grass roots development of sport in their communities through the Support 4 Sport Program.

Accomplishments:

2008-2009 was the second year of a three year commitment to support provincial sport organizations through the hiring of administrative coordinators. The goal of the program is to support sports that previously did not have professional staff to grow their sports and sport system across the province. Three administrative coordinators support the nine provincial organizations that are currently participating in the program.

As well, the new funding assessment for provincial sport organizations was completed from December 2008 to March 2009. Forty four sport organizations completed the assessment which will be in effect from April 1, 2009 to March 31, 2013.

Automatic External Defibrillator Program The Automatic External Defibrillator is a medical device that may assist in saving lives from cardiac arrest. This is the second year of a five year program for which HPP will provide grant funding to Recreation Facility Association of Nova Scotia to support major sport and recreation facilities in purchasing Automatic External Defibrillators.

Accomplishments:

In the second year of this commitment, HPP gave \$40,000 to the Recreation Facilities Association of Nova Scotia to conduct this project. In 2008-2009, 44 arenas accessed funding to purchase defibrillators.

Aboriginal Sport HPP will provide funding to the Aboriginal Sport community, as it prepares for the North American Indigenous Games. HPP will also assist the Aboriginal community in the creation of the Nova Scotia Mik'maw Sport Council which will govern Aboriginal sport in Nova Scotia.

Accomplishments:

HPP worked closely with the Aboriginal community in preparation for the 2008 North American Indigenous Games held in British Columbia. The department provided \$25,000 for travel expenses and assisted in the securing of federal funds. HPP staff also participated as mission staff at the event.

Sport Canada Bilateral Agreements

Aboriginal Bilateral Sport Agreement In cooperation with Sport Canada and the Nova Scotia First Nations community, HPP will establish a bilateral agreement, focusing on implementing priorities and a framework for increasing Aboriginal people's participation in sport.

Sport Futures Leadership Program The Sport Futures Leadership Program is in the third and final year of its bilateral agreement. In 2008-2009, HPP will renew the program in partnership with Sport Canada and Sport Nova Scotia. The program aims to increase levels of physical activity by assisting provincial sport organizations to provide fun, safe and inclusive sport activities for children and youth regardless of gender, socio-economic status, disability, ethnic background or culture. The program employs technical Sport Futures Leaders to work with volunteers of sport programs to improve sport programming and increase recruitment of participants.

Sport Participation Opportunities for Children and Youth Program/Sport Animators The Sport Participation Opportunities Program enters its third and final year in which this collaborative partnership, involving all levels of government and provincial school boards, continues to focus on community-based sport and active school communities and uses dedicated professional Sport Animators. HPP will renew the agreement with SC and Nova Scotia school boards to continue the program for an additional three years.

Accomplishments:

Aboriginal Bilateral Sport Agreement In 2008-2009, the Aboriginal Sport Bilateral Agreement supported after school and physical activity opportunities for Aboriginal youth in the 13 Aboriginal communities across the province. Provincial initiatives such as the Aboriginal Sport Summit was also funded through this program. The Province of Nova Scotia commits \$60,000 to this program with matching federal dollars.

Sport Futures Leadership Program The Sport Futures Leadership Program conducted after school programming for elementary school students and leadership training for high school leaders at 10 school sites across the province. The Sport Futures Leadership Program also provided funding to 12 provincial sport organizations for projects supporting grass roots leadership development in communities.

Sport Participation Opportunities for Children and Youth Program/Sport Animators The Sport Animator Program completed the first year of a new three year agreement with Sport Canada that will apply through 2012. The Sport Animator program continued to be conducted in

eight school boards across the province. The project also expanded to include the Nova Scotia School Athletic Federation to support the development of coaching standards and training for school based sport.

Regional Services Regional Services staff of the PASR Responsibility Centre work in six regions (Cape Breton, Highland, Fundy, Central, Valley and South Shore) to support the goals, values and mission of HPP and PASR. Regional representatives work collaboratively with Sport and Active, Healthy Living teams and with a broad range of community stakeholders to support their needs and organizations. In 2008-2009, HPP will strengthen its capacity in Cape Breton with an additional regional representative.

Accomplishments:

A regional representative for Cape Breton was hired in May 2008. Regional Services staff supported the capacity of communities across Nova Scotia to develop, plan and implement programs focusing on physical activity, sport and recreation. The staff administered Regional Development Grant program assistance providing funding of \$500,000 to 170 different applicants from across the province.

Other Accomplishments:

Physical Activity Consultants Physical activity consultants were hired under a three year term with community hosts in Fundy, South Shore, Central, Valley and Highland regions to work with regional staff to develop regional physical activity strategies in partnerships with municipalities, DHAs, school boards and others.

Promoting Physical Activity HPP regional services staff worked closely with municipalities to co-fund and support new recreational personnel to expand and promote the benefits of physical activity based on the priorities of the community.

Coaching Pilots Coaching pilots were administered in each region to identify best practices for supporting the needs of coaches at the community level.

Grant Program Support HPP supported communities and community organizations through the development and application process of the following grant programs: Recreation Facility Development, B-FIT, Trail Development, Rink Revitalization, and Regional Development. Delivery of these programs resulted in: funding for recreational facilities (new and existing), planning assistance for facilities and large scale programs, projects and programs focused on physical activity, sport and recreation for all ages, and support to hire additional professionals to work with municipalities and communities to expand physical activity opportunities and partnerships.

3.9 Population Health Assessment and Surveillance

Two priorities, Communicable Disease Surveillance Information System and Human Resources related to PANORAMA are now under the responsibility of Communicable Disease Prevention Control and have been moved to that location in this document.

Human Resources In 2008-2009, HPP will expand its staffing to enable the PHAS Responsibility Centre's role in understanding population health determinants, recognizing and assessing outbreaks and disease trends, and facilitating evidence-informed decisions for program planning, delivery and evaluation, policy development and business planning.

Epidemiology Capacity Building internal epidemiological capacity focused on the initiatives and priorities of HPP is critical. In 2008-2009, HPP will undertake a study to better understand the Canadian-Nova Scotian labour market as it pertains to epidemiology with the aim to better position HPP to recruit and retain epidemiologists.

Accomplishments:

Human resource planning remained a priority in 2008-2009. Two PHAC positions were hired for the surveillance team (a Public Health Officer and Field Epidemiologist). Both the Provincial Epidemiologist and the Manager of Surveillance positions remained unfilled at the end of this fiscal year. Both of these positions are difficult to fill due to a shortage of epidemiologists in the workforce. In order to better support the public health system, a second Public Health Application Specialist position in Informatics was created and filled during 2008-2009.

HPP contracted Deloitte and Touche to study Canadian compensation trends and barriers for recruitment and retention of public health epidemiologists. A report was completed in 2008-2009 and a number of recommendations were made. Preliminary discussions were held with the Public Service Commission to review the recommendations. Implementations of the recommendations will begin in 2009-2010.

Other Accomplishments:

Privacy and Access Policy for Public Health Applications The development of a province wide Privacy and Access Policy for Public Health Applications was developed and implemented within DHAs. The purpose of this policy is to ensure the protection of client identifiable health information that is captured within public health applications.

3.10 Volunteerism

Work began, in 2007-2008, on the development of an action plan for government to support and grow volunteerism in Nova Scotia. In 2008-2009, priorities related to continuing this plan will include:

- establishing a provincial advisory council which will work with the Volunteerism Interdepartmental Coordinating Committee to seek input from Nova Scotia's diverse communities on how to support the efforts of volunteers and not-for-profit organizations

- in partnership with Transportation and Infrastructure Renewal and Justice, implementing a Volunteerism Insurance Program to provide liability protection for volunteers and volunteer organizations in Nova Scotia
- working with Communications Nova Scotia to develop a social marketing/branding campaign to promote understanding of the role of volunteers in sustaining communities.

Accomplishments:

The Nova Scotia Volunteer Community Advisory Council comprising 22 members representing the voluntary sector met four times in 2008-2009. This Council developed the Collaboration Agreement between the Nova Scotia Government and the voluntary sector. This document was signed by the Premier of Nova Scotia and the Chair of the Advisory Council on International Volunteer Day, December 5, 2008. The Agreement and background documents were distributed to voluntary sector stakeholders and provincial groups.

Approval from Cabinet was received to move forward with the Volunteer Insurance Protection Program, a partnership between HPP and Transportation and Infrastructure Renewal. It was anticipated the program and insurance partners would be ready to launch the program in Spring/Summer 2009. A request for tender for broker services was published. Because of the election of a new government and a late budget, the program is on hold and will be discussed in the coming months.

HPP provided funding to nsvolunteerforum.ca website hosted by Recreation Nova Scotia and Community Links. The funding will be used to re-develop the website to ensure it meets the needs of volunteers, provincial and community newcomers, and the voluntary sector organizations. Work related to developing a social marketing/branding campaign did not occur in 2008-2009 due to funding restraints.

Other Accomplishments:

Pictou County Volunteer Network HPP provided funding to the Pictou County Volunteer network (new coalition) and matched community funds for Lunenburg Queens Volunteer Partnership 'Navigator'.

Network of Networks HPP continued to meet quarterly with Network of Networks, hosting valuable discussions and sharing of useful and promising practices. Within the national network of colleagues, HPP hosted the "Counterparts Gathering" in Halifax. This was a provincial/territorial meeting of government and volunteer sector staff working to build deliberate and collaborative relationships.

Progress Update HPP produced the Progress Update, a report on the progress and actions of the provincial government in response to the NS-CVI report, "*Talking with Volunteers: Recommendations for Government Action*".

Voluntary Sector Resource Collection HPP identified and commenced resource purchasing for the Voluntary Sector Resource Collection.

Provincial Volunteer Awards Ceremony HPP hosted the 34th Provincial Volunteer Awards Ceremony, awarding 77 representative award recipients and 4 specialty award winners.

3.11 Human Resources

HPP relies on the human resources (HR) services provided by the DoH Corporate Services Unit (CSU-HR). The DoH's CSU-HR's set of strategic directions, objectives and actions will be integrated with HPP's strategic framework and operational priorities, thereby informing its business plan and assignment of roles and responsibilities within HPP. Under the goals identified by DoH's CSU-HR, the priorities for HPP in 2008-2009 are as follows:

Cultivate the Development of a Performance Driven Culture (Alignment: HPP's Strategic Goal 5 and Corporate Human Resource Goal 1)

Employee Survey Results HPP will continue to respond to its 2007 Employee Survey results linking these results to the Healthy Workplace Committee Action Plan which will continue to be implemented in 2008-2009.

Performance Management Strategy A Performance Management Strategy will be implemented in 2008-2009 which will include a target of training all managers in Coaching for Performance and Career Planning.

Accomplishments:

Employee Survey Results: Healthy Workplace Committee Action Plan In 2008-2009, the Healthy Workplace Committee (HWC) continued the implementation of its three year Healthy Workplace Action Plan. Some of the activities implemented included a government basketball challenge, weekly yoga, a running and walking club, the very successful Stairway to Health challenge, and Weight Watchers sessions. HPP's HWC participated in Government's orientation tradeshow and as part of Healthy Workplace month, the Deputy and Minister visited each workstation delivering the government's 2008-2009 Healthy Workplace calendar. A smoothie salute was held to learn more about addressing employee engagement across the Department. As well, members of the HWC and its working groups participated in focus group feedback sessions to renew the Healthy Workplace Initiative by identifying ways to make its working groups, future working groups and the HWC more effective in creating a healthy workplace culture across the Department. Major recommendations for 2009-2010 included a new Committee structure, including a new Chair, better planning and evaluation and budget management.

Performance Management Strategy The CSU-HR continued its support to the Executive Committee on the Performance Review and Pay for Performance processes. It was necessary, however, to defer coaching for performance and career planning to 2009-2010.

Strengthen Our Clients' Capacity to Achieve and Sustain Performance Excellence
(Alignment: HPP's Strategic Goal 5 and Corporate Human Resource Goals 1 and 5)

Leadership Development Strategy A Leadership Development Strategy will be implemented in 2008-2009. This will include building both individual and organizational leadership, providing a variety of learning interventions to develop leadership and a culture of excellence, inspiring leaders to take action to develop their potential, identifying current and future development needs, and growing and sustaining a pool of leaders.

Accomplishments:

Leadership Development Strategy Labour Relations training was developed and delivered to all levels of management in April 2008. Lynx Strategies was engaged to deliver team coaching sessions to Executive Committee members and will continue their work with this group into 2009-2010. As well, the corporate Leadership Development program was coordinated and 10 successful candidates were placed in programs.

Earn the Reputation of Being an Excellent Place to Work (Alignment: HPP's Strategic Goal 5 and Corporate Human Resource Goals 2, 3, and 4)

Orientation Program As part of the Attraction and Retention Strategy, the development of a welcoming, well-organized and relevant departmental orientation program began in 2007-2008. The orientation plan will be implemented in 2008-2009.

Employee Recognition Program The implementation of an employee recognition program will begin in 2008-2009, including the development of a tool kit for managers, coordination of departmental employee recognition activities, and implementation of service awards.

Diversity and Social Inclusion Plan HPP is committed to building its collective skills in the area of diversity, social inclusion and cultural competence. In 2008-2009, implementation of HPP's Diversity Action Plan will continue with emphasis on employee completion of mandatory Public Service Commission diversity courses, communications and education strategies, identification of employment barriers, and workplace accommodation strategies.

Accomplishments:

Orientation Program The full Orientation Program was developed and launched in 2008. A First Day Manual, intranet site, workshops and material for supervisors are all part of the initiative.

Employee Recognition Program An employee recognition steering committee was struck in 2008. They will be developing the framework for the upcoming recognition activities and potential service awards.

Diversity and Social Inclusion Plan The two goals identified within the HPP Diversity and Social Inclusion Plan are: (1) to build staff understanding, capacity and support for diversity; and (2) to address diverse needs of staff. In partial fulfillment of these goals, a monthly Diversity Committee message to the Department was introduced to promote diversity courses and respectful workplace training. This message identified key dates related to diversity and cultural competence and respectful workplace training, reminding HPP of the related government offered courses. Posters were also developed to promote the related courses and the related policies were highlighted in the HPP orientation program. Several presentations were offered to HPP employees to provide information and education including presentations from the Office of Aboriginal Affairs, Office of Acadian Affairs and Pride Health. As well, a staff-led workshop was held for HPP staff to help better understand sexual orientation and gender identity.

A breakdown of the type of diversity course and the number of HPP employees enrolled in these courses in 2008-2009 showed 14 employees took Diversity and Employment Equity; eight took Aboriginal Perceptions; five took Cultural Competence; one took Diversity for Leaders; a staff session on Respectful Workplace was given to 25 and a manager session on Leading a Respectful Workplace was taken by 23.

Optimize the Quality, Effectiveness, and Efficiency of our HR Processes (Alignment: HPP's Strategic Goal 5 and Corporate Human Resource Goal 1)

HR Strategic Plan In August 2007, a review of the CSU-HR operational processes was undertaken to identify strengths and process efficiency challenges and make recommendations for improvement. CSU-HR will begin responding to the resulting 12 recommendations in 2008-2009. As well, a corporate HR renewal initiative will see the re-organization of the HR delivery model and a change in how government manages its people. Recommendations from this initiative will be implemented over the next two to four years.

Accomplishments:

A detailed review and a prioritized implementation of the 12 Deloitte Recommendations was completed. Recruitment and selection and pay and benefits processes were identified as top priorities. These along with the other recommendations will continue to be addressed over the next two to three years.

Several employees from the CSU-HR participated in HR renewal corporate feasibility studies to determine the most effective approaches to deliver the pay and benefits function, occupational health and safety and ability case management consistently across government.

French Language Services Plan The first French-language Services plan will be implemented in 2008-2009 with the following key objectives:

- reviewing internal policies and practices to identify areas where changes could be made to supporting French language health services
- consulting the Acadian and Francophone community;

- ensuring that more public information is available in both French and English;
- improving the awareness of employees and the public of French-language services available;
- ensuring that the development of plans and strategies for increasing access to French-language health services is part of the annual planning process.

Accomplishments:

The first HPP French-language plan was developed and implemented in 2008-2009. Accomplishments included: the translation of several Public Health, Addictions Services and Physical Activity Sport and Recreation/Volunteerism documents; the launch of a new web page to provide better access to all French-language documents; the provision of simultaneous translation services at the HPS Showcase and translation services to the Atlantic Summer Institute for Healthy Communities. In addition, French language training was provided to HPP staff by the Office of Acadian Affairs through Université Sainte Anne; formal guidelines were implemented for responding to written correspondence and verbal communication requests; a French-language capacity survey was launched to create a French language Resource list; assistance was provided to Province-wide consultations with the Acadian and francophone community through Réseau Santé Nouvelle-Écosse; HPP staff were informed about French-language Services through presentations, intranet site and orientation program for new staff.

3.12 System Wide: Other Accomplishments

Provincial Public Health Laboratory Program Network (PPHLN) In response to the Public Health Review, HPP will establish a PPHLN in Nova Scotia. The PPHLN Steering Committee recommended that the Network focus on communicable disease surveillance, prevention and control, outbreak and emergency response to communicable diseases, and laboratory improvement and regulation (Quality Assurance). In 2008-2009, related activities will include:

- funding and recruiting key clinical and administrative leaders
- identifying initial priorities that will guide the establishment of the Network
- providing microbiology expertise for the first time to DHA labs by a visiting microbiology service
- identifying standardized tests to be performed in the Network labs.

Accomplishments:

The PPHLN involves the CDPC and PHAS Responsibility Centres and will involve the Environmental Health Responsibility Centre in the future. Therefore, it has been repositioned under system-wide accomplishments.

In 2008-2009, HPP funded and recruited key clinical and administrative leaders. This included a Clinical Director / Microbiology Consultant Service (0.5 FTE) who started in January 2008 and a Program Coordinator (1.0 FTE) who started in April 2008.

In 2008-2009, three working groups were established: communicable disease, quality, accreditation and standards, and water and safety. These three working groups established comprehensive 18-month work plans identifying projects and initiatives for each working group.

Key to their work is relationship building which began in 2008-2009 with DHA microbiology laboratories and infection control practitioners, public health services communicable disease nurses, key staff with the Departments of HPP and Environment, the Canadian Food Drug Inspection Agency, and the Canadian Public Health Laboratory Network. As well, the PPHLN distributed a survey to lab managers to understand the level of microbiology service in Nova Scotia laboratories. This information informed the work plans of the three working groups.

The PPHLN Director and Coordinator visited DHA laboratories routinely to strengthen relationships with the public health lab network and provide DHAs with access to expert microbiology resources. These visits included relevant education and question and answer sessions with local infection control practitioners. The site visits also provide networking and feedback opportunities .

PPHLN distributed a number of technical documents and notices to Nova Scotia laboratories in 2008-2009 to provide a standardized approach to lab testing and/or information. PPHLN purchased a Pulsed Field Gel Electrophoresis unit to determine the DNA "fingerprint" of disease-causing bacteria isolated from humans. This service provides provincial surveillance and outbreak support using standardized equipment and methods and allows testing on site and participation in the national database network known as PulseNet for tracking enteric organisms both nationally and internationally. Funding support was also established to perform influenza virus sub-typing in Nova Scotia. The PPHLN Anchor Laboratory participated in an external quality assurance program for influenza detection and sub-typing through the National Microbiology Laboratory in Winnipeg.

Listeriosis National Outbreak An outbreak of Listeriosis occurred across Canada in summer 2008, including cases from seven provinces. Although Nova Scotia had no confirmed cases as a result of this outbreak, a great deal of effort and activity was carried out in Nova Scotia to look for cases, assess the risk, ensure that product was removed from circulation and to keep everyone informed.

Active surveillance was undertaken by the PPHLN for cases by regularly contacting clinical laboratories in the DHAs to get an early warning of cases. The Chief Public Health Officer wrote to physicians requesting that they be on the lookout for cases as well. The PPHLN kept all clinical laboratories up to date and issued a guide for specimens to be sent for the diagnosis of Listeria infection. The risk of cases in Nova Scotia was assessed and regularly updated based on exposure information.

The Chief Public Health Officer and the Deputy Medical Officer of Health were in contact with Canadian Food Inspection Agency (CFIA) and food safety specialists within the Department of Agriculture. HPP participated in regular F/P/T teleconferences with PHAC, CFIA and Health Canada and the Chief Public Health Officer participated in Canadian Chief Medical Officers of Health teleconferences.

Communications staff were in regular contact with the media. The Chief Public Health Officer was available to media daily, and gave many interviews over the course of the outbreak. A press release was issued on August 29, 2008 advising the public about the illness and the product recall. A Listeriosis fact sheet was produced and posted on the HPP website and sent to

Communicable Disease Managers for distribution to all public health staff, to all DHA communication staff, and to Doctors Nova Scotia.

The Communicable Disease Manual chapter on Listeriosis was revised, and the updated chapter was posted on the HPP website in early September 2008, and was also sent to Communicable Disease Managers for distribution to all public health staff.

The Chief Public Health Officer sent a letter to DHA Chief Executive Officers and Long Term Care/Residential Care/Small Options Homes Administrators on August 22, 2008 informing them of the national outbreaks and the products involved as well as asking them to ensure all recalled products were removed from use. This was also sent to all Communicable Disease Managers and Medical Officers of Health with a recommendation on further advice to give to concerned staff in Long Term Care Facilities. An update was sent on August 26, 2008 after the recall was expanded.

On August 21, 2008, a letter was sent to health care providers informing them of the national outbreak, describing signs and symptoms of Listeriosis and providing a fact sheet. This information was sent via DHAs, Vice Presidents of Medicine, Infectious Disease Specialists, Emergency Departments, and Communicable Disease Managers. An update was sent on August 25th. A more detailed document entitled "Listeriosis Q & A for Physicians" was prepared with the assistance of infectious disease specialists and medical microbiologists from QEII and distributed on August 29.

Regular situation reports were produced by Health Services Emergency Management staff and distributed to the Emergency Management Office and the Departments of Health, Community Services and Agriculture.

Once the national outbreak started winding down, staff from Health Services Emergency Management led a debriefing exercise in order to review the Nova Scotia response and determine lessons learned. Information will be used to inform future responses.

The outbreak was declared over on December 10th, 2008. HPP reported to the Standing Committee on Public Accounts in January 2009.

Auditor General's Report With the release of the February 2008 Auditor General's Report on the public health system's communicable disease prevention and control functions, HPP recognized that many of the audit's recommendations were consistent with those identified in the PHR and therefore supported the work already undertaken or planned related to the renewal of the public health system. While continuing its work related to the 21 Actions for public health system renewal, HPP formed a working group to track the progress related to each of the audit's recommendations. This group continued tracking and reporting in 2009-2010.

4. Department of Health Promotion and Protection - Budget Context

Business Plan Elements	2008-2009 Estimate (\$thousands)	2008-2009 Actual (\$thousands)	Variance Estimate/Actual (\$thousands)
Gross Program Expenses			
Executive Administration	3,394.7	2,526.8	867.9
Addictions	3,792.3	4,420.5	(628.2)
Corporate Services	3,087.7	2,957.4	130.3
Chronic Disease and Injury Prevention	3,162.6	3,084.2	78.4
Communicable Disease Prevention & Control	11,867.1	11,463.6	403.5
Environmental Health	623.5	361.6	261.9
Healthy Development	5,294.0	4,867.2	426.8
Health Services Emergency Management	221.7	248.7	(27.0)
Physical Activity, Sport and Recreation	22,878.1	24,548.7	(1,670.6)
Population Health Assessment and Surveillance	1,197.4	1,018.0	179.4
Volunteerism	173.9	259.2	(85.3)
District Health Authorities Funding	31,833.0	31,909.6	(76.6)
Total Gross Program Expenses	87,526.0	87,665.5	(139.5)
Funded Staff (FTEs)	152.7	135.7	17.0
Staff Funded by External Agencies	(12.5)	(10.3)	(2.2)
Total FTE Net	140.2	125.4	14.8

TCA Cost Shared Revenue \$ **(2,164.0)** \$ **(714.5)** \$ **(1,449.5)**

Explanations for Significant Variances between 2008-09 Estimates and 2008-09 Actuals:

Executive Administration: A number of vacant positions were budgeted but not filled throughout the year (primarily in the Medical Officers of Health)

Addictions: Additional expenditures for Gambling Strategy and the Drug Treatment Program were incurred but are fully recoverable under the Recoveries section.

Communicable Disease Prevention and Control: Reflects delays in the Panorama Project and a reduction in the anticipated usage of the Vaccine/immunization Biologicals program offset by inventory adjustments.

District Health Authorities Funding: Due to annualization costs not reflected in 2008-09 Budget for DHAs (South Shore Health, South West Health, Annapolis Valley)

Environmental Health / Healthy Development: Both affected by position vacancies and operational adjustments during the year.

Physical Activity, Sport and Recreation: Reflects \$1.2M in VANOC grants costs and various other B-FIT funding costs.

TCA Cost Shared Revenue: There is a cost-sharing agreement between Province of Nova Scotia and the Federal Government. This relates to Canada Health Infoway reimbursing the Province up to 80% of applicable asset purchases regarding the Panorama project. The Panorama Project was delayed several months in implementation; now projecting to be implemented later in 2009-10.

5. Performance Measures

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.

The Office of 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. In February 2006, the new Department of HPP was created. Its accountability reports maintained 2009-2010 as the target year for performance measures for consistency and trend analysis as recommended by TPB. After 2009-2010, a performance measure review will be undertaken for a new five year business planning cycle (2010-2015).

It should be recognized that impacting changes in behaviour or health status are long term outcomes that could take many years to achieve. As new strategies and programs have been established, targets and indicators have been adjusted accordingly.

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

CORE BUSINESS AREA: ADDICTIONS

One of the core business areas of HPP is Addictions. Within this core business area, two areas of focus are alcohol and problem gambling. The desired outcome for work related to addictions is to prevent and reduce high risk alcohol use and problem gambling. Alcohol use and gambling are two preventable causes of chronic disease, injury, disability and death in Nova Scotia. Heavy use of alcohol is related to liver disease, cancer, motor vehicle crashes, suicide, falls, and death. Problems with gambling are linked with depression, loneliness, relationship problems, anxiety/panic attacks, difficulties in finding employment, financial problems, higher smoking rates, and suicide. Reduced alcohol use and problem gambling will contribute to making Nova Scotians healthier and safer.

Two indicators have been selected to assess alcohol use and problem gambling: (1) prevalence of high-risk alcohol use³ and (2) percentage of adults with a gambling problem.

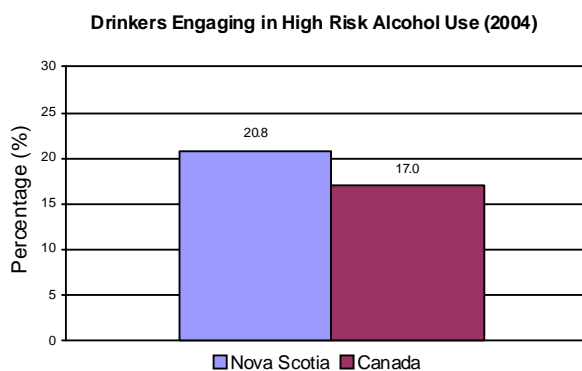
Prevalence of High-Risk Alcohol Use

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. High-risk alcohol use is determined by a score of 8 or more on the AUDIT.

Where Are We Now?

Based on the AUDIT scores from the Canadian Addiction Survey (CAS)⁴, in 2004, 20.8% of Nova Scotia drinkers aged 15 years and older engaged in high-risk alcohol use compared to 17.0% of all Canadian drinkers. These results suggest that approximately 117,144 Nova Scotians 15 years of age and older are engaged in high risk alcohol use.



Where Do We Want to Be in the Future?

Nova Scotia aims to be at or below the national prevalence of high-risk alcohol use as measured by the AUDIT score by 2009-2010⁵. The Nova Scotia Alcohol Strategy which was launched in August 2007 aims to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia. Some key activities of the strategy include:

- raising the profile of alcohol as a public health issue;

³ Two indicators from the 2008-2009 Business Plan related to alcohol use, mortality and morbidity, will no longer be used as indicators as related data are only reported irregularly as part of the Alcohol Indicators Report. As prevalence of high-risk alcohol use is the major indicator for alcohol and is tracked annually, it will now be the sole indicator for business planning.

⁴ CAS data are based on the calendar year. The most current CAS data are from 2004.

⁵ Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) will replace CAS as the CADUMS is done annually. The AUDIT score indicator remains the same. Data from CADUMS are not available until late Fall 2009.

- providing drinking guidelines that address drink limits and contexts of drinking;
- targeting prevention and early identification; and
- promoting available services for those experiencing negative impacts from alcohol.

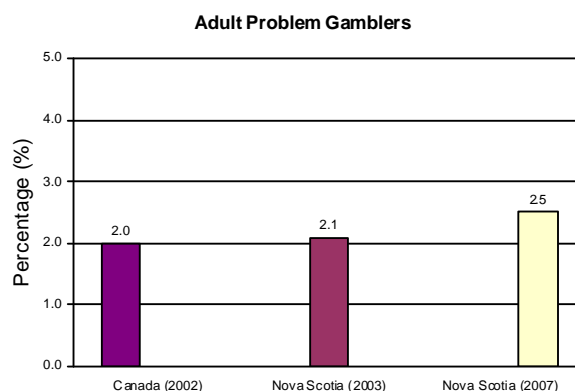
Percentage of Adults with a Gambling Problem

What Does the Measure Tell Us?

The Canadian Problem Gambling Index (CPGI), a self-report survey, was used for the 2003 and 2007 Nova Scotia Gambling Prevalence Studies. It is the only instrument that is reliable and valid for measuring gambling prevalence in the general population. Based on a series of questions, the CPGI classifies the survey respondents 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.

Where are We Now?

In 2007⁶, 2.5% of adults in Nova Scotia were classified as problem gamblers based on the CPGI compared to the Canadian Community Health Survey (CCHS⁷) 2002 national percentage of 2.0%. As of 2007, there were an estimated 27,800 at-risk gamblers and 19,400 problem gamblers in Nova Scotia based on the CPGI.



Where Do We Want to Be in the Future?

Nova Scotia aims to be at or below the national percentage for problem gambling by 2009-2010. Nova Scotia is in the process of implementing *A Better Balance: Nova Scotia's First Gaming Strategy*. Elements of the strategy include:

- increasing problem gambling treatment resources;
- developing early identification/intervention programs;
- funding treatment demonstration research projects;
- establishing a comprehensive problem gambling strategy;
- developing public awareness programs;
- developing targeted education programs (youth and seniors); and
- developing community-based prevention programs.

⁶ The CPGI self-report survey will be repeated in 2011.

⁷ CCHS data are based on the calendar year. Since 2002 CCHS gambling questions became part of the optional content of the CCHS and therefore only surveyed by provinces who choose to. If this continues, Nova Scotia will re-evaluate the performance measure to compare the Nova Scotia CPGI score to the CPGI scores of those provinces who conduct their own prevalence studies.

CORE BUSINESS AREA: CHRONIC DISEASE AND INJURY PREVENTION (Healthy Eating)

One of the core business areas of HPP is Chronic Disease and Injury Prevention. Within this core business area, one area of focus is healthy eating. A desired outcome in this area is promoting healthy eating and improving nutritional health. Consumption of vegetables and fruit remains a key public health message. Studies have shown that fruits and vegetables play a protective role in preventing chronic diseases including heart disease, stroke, type 2 diabetes, hypertension, and many cancers. Increasing the consumption of fruits and vegetables will contribute to making Nova Scotians healthier and safer.

One indicator has been selected to assess healthy eating: percentage of Nova Scotia population (12 yrs +) who report eating 5-10 servings of fruit/vegetables per day⁸.

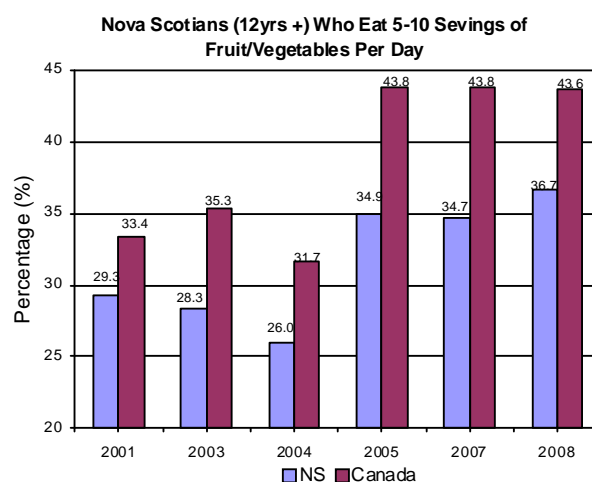
Percentage of Nova Scotia Population (12 yrs +) Who Report Eating 5-10 Servings of Fruit/Vegetables Per Day

What Does the Measure Tell Us?

This measure is the percentage of Nova Scotians (12 years and older) who report eating 5-10 servings of fruits and vegetables per day. These data are drawn from self-reported data from CCHS⁹.

Where Are We Now?

In 2008 the percentage of Nova Scotians that consumed the 5-10 servings of fruits and vegetables per day rose to 36.7% showing a slow increase since 2001 when it was 29.3%. This compares to the national percentage of 33.4% in 2001 to 43.6% in 2008.



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 5-10 servings of fruits and vegetables per day to the national percentage 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 at the national level for fruit and vegetable promotion with activities at the local level;
- developing policy to ensure access to affordable fruit and vegetables by all Nova Scotians;
- working with the provincial Fruit and Vegetable Working Group and the *HENS* Strategy Steering Committee on identified priorities for fruit and vegetable consumption.

⁸ The Canada Food Guide recommendation for 5-10 servings/per day of fruit and vegetables has changed since the development of the CCHS question. Changes to the CCHS will likely reflect the new "Eating Well with Canada's Food Guide" in the future, however, the timing for this change is still undetermined.

⁹ CCHS data are based on the calendar year. Starting from 2007, the core content of CCHS will be collected annually between January to December 2008.

CORE BUSINESS AREA: CHRONIC DISEASE AND INJURY PREVENTION (Injury Prevention)

One of the core business areas of HPP is Chronic Disease and Injury Prevention. Within this core business area, one area of focus is injury prevention. Seniors' falls prevention, road safety and addressing suicide were identified in the Nova Scotia Injury Prevention Strategy¹⁰ as three target injury areas.

Seniors' falls are a serious public health issue. 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. Falls are responsible for 40% of admissions to long term care, and result in a hospital length of stay that is three times longer than other causes of hospitalization for seniors.

Attempted suicide and suicide are leading causes of injury related hospitalization and deaths respectively. In 2004, suicide and attempted suicide cost Nova Scotians \$55 million.

Motor vehicle collisions are among the top three causes of injury related hospitalizations and deaths in Nova Scotia. In 2004, transportation related injuries cost Nova Scotians \$97 million.

These three areas, as the leading causes of injury related hospitalizations and deaths, account for the greatest proportion of the social and economic burden of injury. The desired outcome of work related to injury prevention is a reduction of the overall number of injuries, as well as the resulting death and disability, thereby contributing to a healthier and safer Nova Scotia.

Six indicators have been selected to assess a reduction in injury prevention:

- rate of injury related deaths due to falls among seniors (aged 65 and over)
- rate of injury related hospitalizations among seniors (aged 65 and over)
- rate of suicide related deaths
- rate of self-inflicted injury (attempted suicide) related hospitalizations
- rate of motor vehicle collision injury related death
- rate of motor vehicle injury related hospital admissions.

¹⁰ EHS: Nova Scotia Trauma Program (2004). *Nova Scotia Injury Prevention Strategy*.

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

What Does This Measure Tell Us?

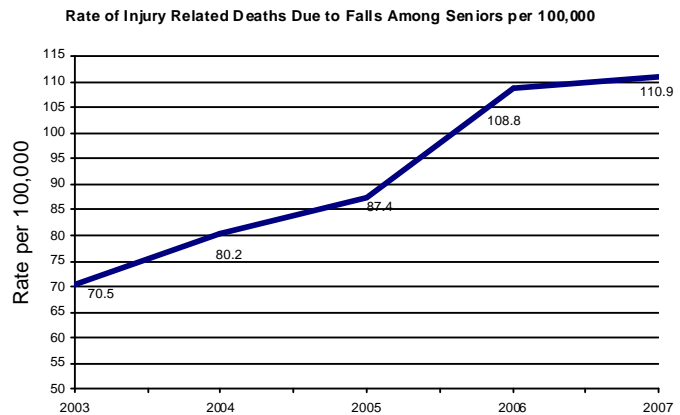
This measure describes the crude rate per 100,000 of Nova Scotians 65 years and older who die as the result of a fall¹¹.

Where Are We Now?

In 2003, the rate of fall related deaths for Nova Scotians aged 65 years and older was 70.5 per 100,000. In 2007, it was 110.9 per 100,000¹².

Where Do We Want To Be in the Future?

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 injury related deaths due to falls among seniors in Nova Scotia by 2009-2010 using 2003 as the base year.



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

What Does This Measure Tell Us?

This measure describes the crude rate per 100,000 of Nova Scotians aged 65 and over admitted to hospital as a result of a fall¹³.

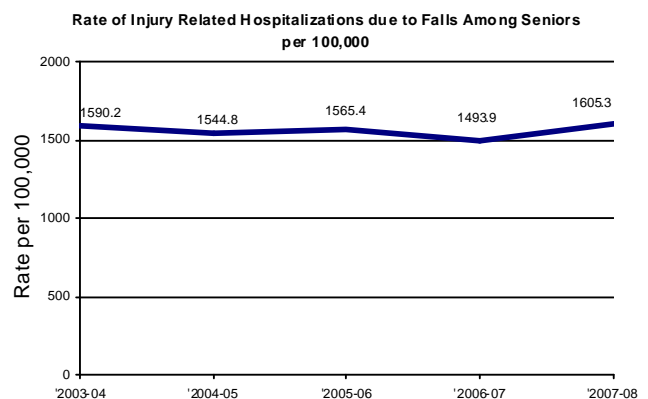
Where Are We Now?

In 2003-2004, the rate of fall related hospital admissions for Nova Scotians aged 65 and over was 1590.2 per 100,000. In 2007-2008¹⁴, it was 1605.3 per 100,000.

Where Do We Want To Be in the Future?

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 injury related hospitalizations due to falls among seniors in Nova Scotia by 2009-2010 using 2003-2004 as the base year.

These are high level indicators of the overall long-term impact of the Nova Scotia Injury Prevention Strategy, and specifically of efforts aimed at reducing falls related injuries. Strategies to achieve these targets related to falls prevention include:



¹¹ Data are collected through Vital Statistics with analysis by the Department of Health based on the calendar year.

¹² 2008 data lag a year behind.

¹³ Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year.

¹⁴ 2008-09 data were not available at the time this report was completed.

- continued implementation of the Preventing Fall-Related Injuries Among Older Nova Scotians Strategic Framework;
- continued three-year funding commitment to the Community Links Preventing Falls Together initiative to develop a sustainable network of regional falls prevention coalitions to develop falls prevention strategies that address the specific needs of their communities;
- ongoing delivery of the Canadian Falls Prevention Curriculum and instructor training programs to organizations and individuals with a role to play in prevention seniors' falls.

Rate of Suicide Related Deaths

What Does This Measure Tell Us?

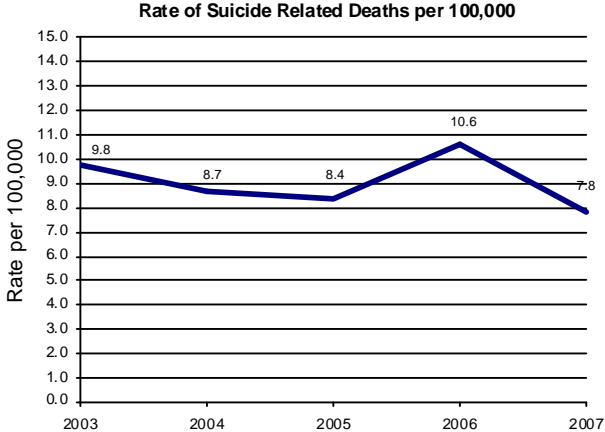
This measure describes the age-standardized rate per 100,000 of Nova Scotians who die as a result of suicide¹⁵.

Where Are We Now?

In 2003, the rate per 100,000 of suicide related deaths in Nova Scotia was 9.8. In 2007, it was 7.8¹⁶.

Where Do We Want To Be in the Future?

Nova Scotia is aiming toward a target reduction of 20%¹⁷ in suicide related deaths by 2009-2010 using 2003 as the base year.



Rate of Self-inflicted Injury Related Hospitalizations¹⁸

What Does This Measure Tell Us?

This measure describes the age-standardized rate per 100,000 of Nova Scotians admitted to hospital as a result of a self-inflicted injury¹⁹.

Where Are We Now?

In 2003-2004, the rate per 100,000 of self-inflicted injury related hospital admissions was 71.1. In 2007-2008, it was 65.5²⁰.



¹⁵ Data are collected through Vital Statistics and analyzed by the Department of Health based on the calendar year.
¹⁶ 2008 data lag a year behind.
¹⁷ The Nova Scotia Strategic Framework to Address Suicide was released November 2006. The Framework did not include a target for reduction of suicide related deaths in Nova Scotia. The Steering Committee responsible for the implementation of the Framework is developing an evaluation framework which will identify indicators and targets that may replace HPP's business plan indicator and target.
¹⁸ The term Self-inflicted Injury Related Hospitalizations replaces Suicide-Related Hospitalizations to align with the *Nova Scotia Strategic Framework to Address Suicide* terminology
¹⁹ Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year.
²⁰ 2008-2009 data were not available at the time this report was completed.

Where Do We Want To Be in the Future?

Nova Scotia is aiming toward a target reduction of 20%²¹ in self-inflicted injury-related hospitalizations by 2009-2010 using 2003-2004 as the base year.

The suicide related indicators are high level indicators of the overall long-term impact of the Nova Scotia Injury Prevention Strategy, and specifically of efforts aimed at reducing the rate of suicide and self-inflicted injuries. *The Nova Scotia Strategic Framework to Address Suicide* was released in November 2006. This provincial, intersectoral strategy to address suicide and self-inflicted injury identified a common vision and strategic plan for addressing suicide and self-inflicted injury across sectors. HPP is leading the implementation of this Strategy and continues its leadership and support of communities to develop their local capacity to prevent suicide and self-inflicted injuries through regional suicide prevention coalitions, networking supports, and disseminating suicide prevention expertise.

Rate of Motor Vehicle Collision (MVC) Injury Related Deaths

What Does This Measure Tell Us?

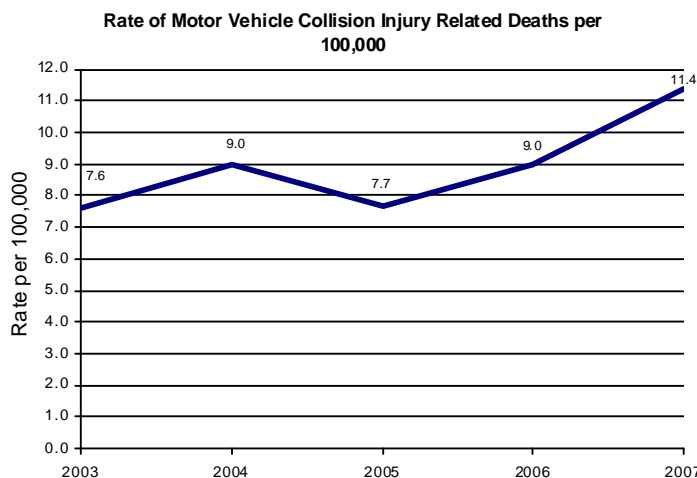
This measure describe the age-standardized rate per 100,000 of those Nova Scotians who die as the result of a MVC²².

Where Are We Now?

In 2003, the rate of MVC injury related deaths was 7.6 per 100,000. In 2007, the rate was 11.4 per 100,000²³.

Where Do We Want To Be in the Future?

The goal is to achieve a 30% reduction in the 2003 rate of MVC deaths in Nova Scotia by 2009-2010. The 30% target was selected to be consistent with targets set by the provincial Road Safety Advisory Committee and Road Safety Vision 2010 (Transport Canada). The Vision 2010 Mid-Term Review prepared by the Canadian Council of Motor Vehicle Transport Administrators identified that it is unlikely that any province will achieve these targets.



²¹ The Nova Scotia Strategic Framework to Address Suicide was released in November 2006. The Framework did not include a target for reduction of suicide related deaths in Nova Scotia. The steering committee responsible for the implementation of the Framework is developing an evaluation framework which will identify indicators and targets that may replace HPP's business plan indicator and target.

²² Data are collected through Vital Statistics and analyzed by the Department of Health based on the calendar year.

²³ 2008 data lag a year behind.

Rate of MVC Injury Related Hospital Admissions

What Does this Measure Tell Us?

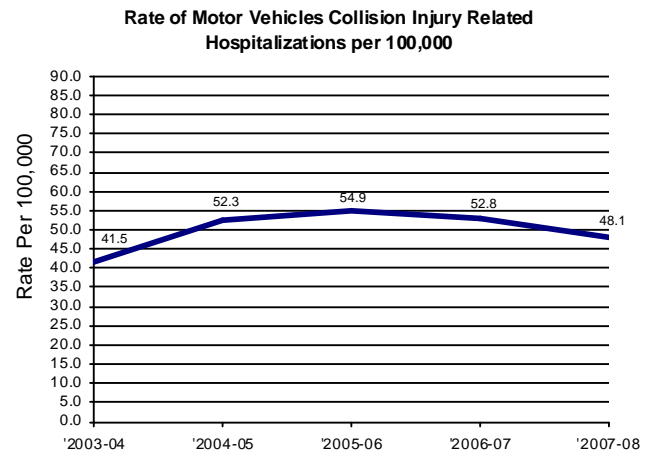
This measure describes the age-standardized rate per 100,000 of those Nova Scotians who are admitted to hospital as a result of a MVC²⁴.

Where Are We Now?

In 2003-2004 the rate of MVC injury-related hospital admissions was 41.5 per 100,000. In 2007-2008 it was 48.1 per 100,000²⁵.

Where Do We Want to Be in the Future?

The goal is to achieve a 30% reduction in the 2003-2004 rate of MVC related injury related hospital admissions in Nova Scotia by 2009-2010. The 30% target was selected to be consistent with targets set by the provincial Road Safety Advisory Committee and Road Safety Vision 2010 (Transport Canada). The Vision 2010 Mid-Term Review prepared by the Canadian Council of Motor Vehicle Transport Administrators identified that it is unlikely that any province will achieve these targets. Nova Scotia is no exception.



These are high level indicators of the overall long-term impact of the Nova Scotia Injury Prevention Strategy, and specifically of efforts aimed at decreasing the rate of MVC injury related deaths. HPP is advocating for a more strategic approach to road safety in Nova Scotia. Transportation and Infrastructure Renewal is responsible for leading Nova Scotia's road safety efforts. HPP is collaborating with the Departments of Transportation and Infrastructure Renewal, Justice, and Service Nova Scotia and Municipal Relations in the development of a provincial road safety strategy to be launched in Fall 2009. Other strategies to reduce death and injury-related hospitalizations as a result of MVCs include:

- work with Injury Free Nova Scotia and stakeholders to update and renew the Nova Scotia Injury Prevention Strategy
- continuation of the P.A.R.T.Y. program which is designed to educate high school students about the consequences of risk and serious injury due to alcohol
- continuation of funding to IWK Child Safety Link to implement a provincial Car Seat Safety Strategy.

²⁴ Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year.

²⁵ 2008-2009 data were not available at the time this report was completed.

CORE BUSINESS AREA: CHRONIC DISEASE AND INJURY PREVENTION (Tobacco Control)

One of the core business areas of HPP is Chronic Disease and Injury Prevention. Within this Core Business Area one area of focus is Tobacco Control. The desired outcome of work related to tobacco control is reduced tobacco use. 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. In addition, practices adopted during the teen years tend to be maintained well into adult life.

In children, Environmental Tobacco Smoke (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. Reduced tobacco use and reduced ETS will contribute to making Nova Scotians healthier and safer.

Four indicators have been selected to assess reduced tobacco use in Nova Scotia: (1) percentage of population aged 15 and over who smoke, (2) percentage of youth (15-19 years of age) who smoke, (3) percentage of young adults (20-24 years of age) who smoke, and (4) percentage of youth (0-17 years of age) regularly exposed to ETS in the home.

The data related to the four indicators are drawn from the self-reported data from Health Canada's annual Canadian Tobacco Use Monitoring Survey (CTUMS)²⁶.

Percentage of Population Aged 15 and Over Who Smoke

What Does the Measure Tell Us?

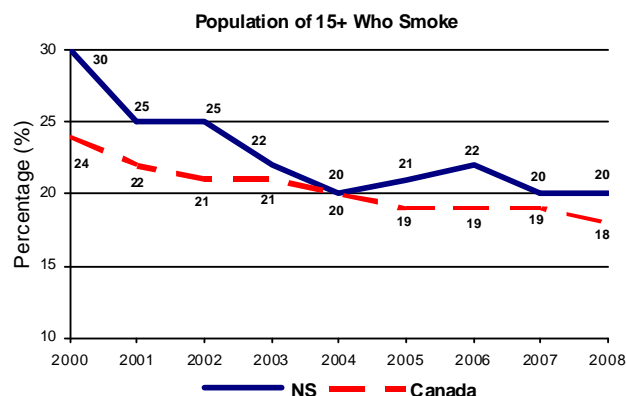
This measure describes the percentage of the Nova Scotian and Canadian population aged 15 years and over who reported daily and non-daily smoking at the time of the survey.

Where Are We Now?

According to CTUMS, in 2008, 20% of Nova Scotians 15 years of age and over smoked, compared to 30% in 2000. In Canada, the smoking rate for this population dropped from 24% in 2000 to 18% in 2008.

Where Do We Want to Be in the Future?

Nova Scotia aims to decrease its percentage of smoking in the Nova Scotia population 15 years of age and older to be equal to or below the national percentage by 2009-2010.



²⁶ CTUMS data are based on the calendar year.

Percentage of Youth (15-19 years) Who Smoke

What Does the Measure Tell Us?

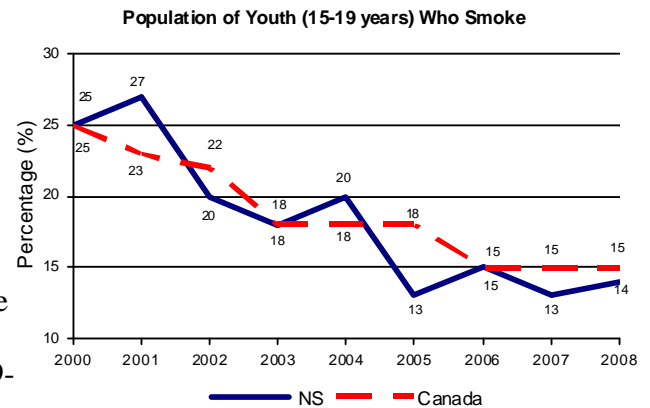
This measure describes the percentage of Nova Scotian and Canadian youth (aged 15 to 19 years) who smoke.

Where Are We Now?

According to CTUMS²⁷, in 2008, 14% 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% in 2000 to 15% in 2008.

Where Do We Want to Be in the Future?

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



Percentage of Population of Young Adults Between Ages 20 to 24 and Over Who Smoke

What Does the Measure Tell Us?

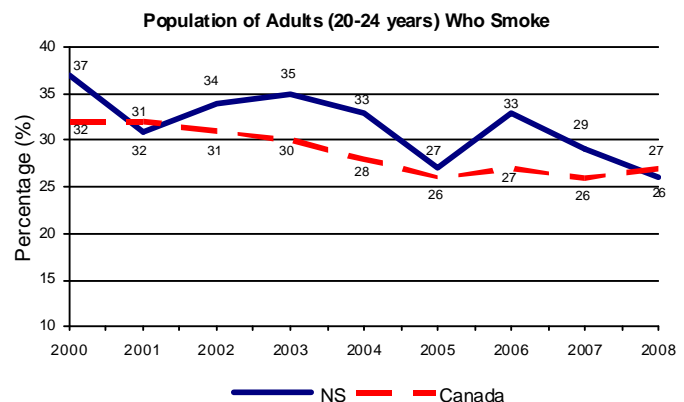
This measure describes the percentage of the Nova Scotian and Canadian population aged 20 to 24 years who reported daily and non-daily smoking at the time of the survey.

Where Are We Now?

According to CTUMS²⁸, in 2008, 26% of Nova Scotians between 20 to 24 years smoked, compared to 37% in 2000. In Canada, the smoking rate for the population of young adults dropped from 32% in 2000 to 27% in 2008.

Where Do We Want to Be in the Future?

Nova Scotia aims to decrease its percentage of young adult Nova Scotians (20 - 24 years) who smoke to be equal to or below the national percentage by 2009-2010.



²⁷ CTUMS data are based on the calendar year.

²⁸ CTUMS data are based on the calendar year.

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

What Does the Measure Tell Us?

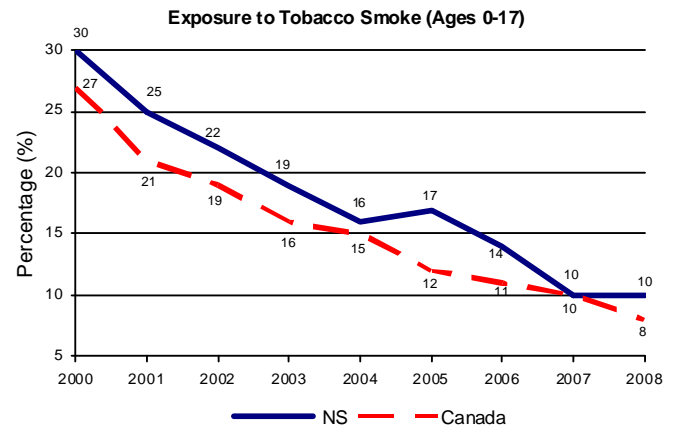
This measure describes the percentage of households with children aged 0-17 that reported regular ETS in the home as measured by CTUMS²⁹.

Where Are We Now?

In 2000, approximately 30% of Nova Scotian households with children aged 0-17 reported regular exposure to ETS in the home. This contrasts with the Canadian result of 27%. In 2008, the Nova Scotian percentage remained at 10% while the Canadian percentage declined to 8%.

Where Do We Want to Be in the Future?

Nova Scotia aims to decrease its percentage of ETS exposure to be equal or less than the Canadian percentage by 2009-2010.



The Nova Scotia Comprehensive Tobacco Strategy has helped Nova Scotia move toward these targets. This strategy addresses seven key components:

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

This Strategy is currently being renewed to take into full consideration developments in new approaches to tobacco control.

²⁹ CTUMS data are based on the calendar year.

CORE BUSINESS AREA: COMMUNICABLE DISEASE PREVENTION CONTROL

One of the core business areas of HPP is Communicable Disease Prevention Control (CDPC). The desired outcome of work related to CDPC is the prevention and control of vaccine and non-vaccine preventable disease. Vaccination coverage is important in promoting and maintaining public health and preventing the spread of infectious disease. By increasing the number of people who receive flu shots, the burden of illness on vulnerable populations, such as the elderly, can be decreased and simultaneously the strain on the health system can be reduced. Increased vaccination coverage will thereby contribute to making Nova Scotians healthier and safer.

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

The indicator selected to assess vaccination coverage in Nova Scotia is the percentage of senior Nova Scotians (65 years and older) who received a flu shot in the past year. Data are drawn from the self-reported CCHS³⁰ that identify those respondents 65 years and older who received a flu shot in the past year.

What Does the Measure Tell Us?

Vaccination coverage of seniors is measured by calculating the percentage of people (aged 65 years and older) who reported having a flu shot during the past year.

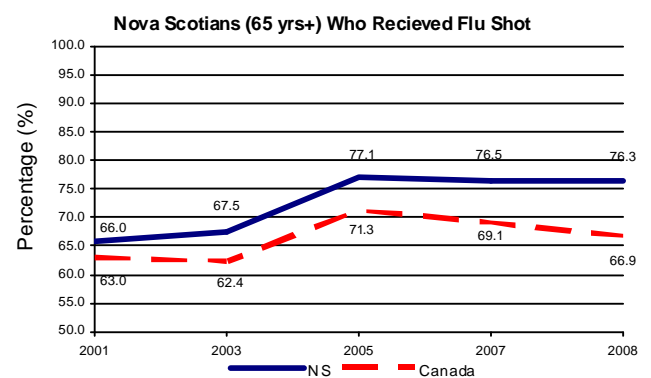
Where Are We Now?

In 2008 76.3% of the Nova Scotian population 65 years of age and older reported having had a flu shot in the last year, as compared with the national rate of 69.1%. This shows an improvement since 2001 when 66% of Nova Scotians 65 years and older reported receiving flu shots as compared to the national rate of 63%.

Where Do We Want to Be in the Future?

As of 2009-2010, be at or above 80%. Immunization for prevention of influenza is a key public health intervention. Work related to this includes:

- increasing coverage through collaboration with other agencies,
- increasing the number and variety of public health services clinics,
- continuing the annual public awareness campaign, and
- continued work with professional groups.



³⁰ CCHS data are based on the calendar year and as of 2007 collected annually.

CORE BUSINESS AREA: HEALTHY DEVELOPMENT

One of the core business areas of HPP is Healthy Development. This core business area focuses on strategic planning related to early childhood development, school-aged children and youth, and sexual health across the life span. Healthy Development uses a setting-based approach to influence the health of school-aged children and youth. By subscribing to a Health Promoting Schools approach, HPP strives to increase the school community's capacity to create an environment that supports the health and well-being of children and youth. This comprehensive approach uses various initiatives to address many health issues, such as healthy eating, tobacco use, disease and injury prevention, etc.

One desired outcome in this core business area is promoting healthy eating and improving nutritional health. Breastfeeding has been identified worldwide as the normal and optimal method of feeding because of its proven health benefits for infants and mothers. Breastfeeding supports the healthy development of newborns by contributing to healthy brain and nervous system development, protecting against infectious diseases, and enhancing emotional development. Beyond infancy, it contributes to protection against childhood cancers, diabetes, and allergies.

Another desired outcome in this core business area is developing a coordinated population health approach to youth sexual health. Sexual health is an important aspect to overall health and includes healthy relationships, positive body image, decision-making skills, access to comprehensive sexuality information and the absence of sexually transmitted infections and unintended pregnancy.

Four indicators have been selected to assess healthy development: (1) percentage of women who breastfeed as soon as babies are born, (2) percentage of women who breastfeed for at least six months, (3) unintended pregnancy in females aged 15-19, and (4) rate of chlamydia in 15 to 24 year olds.

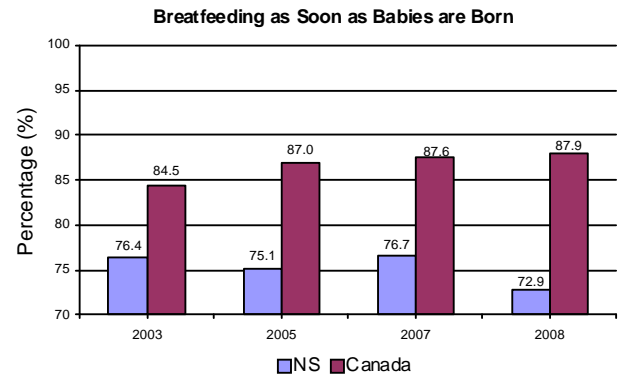
Percentage of Women Who Breastfeed As Soon As Babies Are Born (Initiation)

What Does the Measure Tell Us?

This measure is the percentage of women who indicated that for their most recent baby in the past five years, they breastfed or tried to breastfeed, if only for a short time.

Where Are We Now?

According to the CCHS³¹ self-report data, the percentage of initiation breastfeeding for Nova Scotia in 2003 was 76.4% and 84.5% for Canada. In 2008, Nova Scotia was 72.9% as compared to Canada at 87.9%.



Where Do We Want to Be in the Future?

By 2009-2010, Nova Scotia aims to be at or above the national percentage for women who breastfeed as soon as their babies are born.

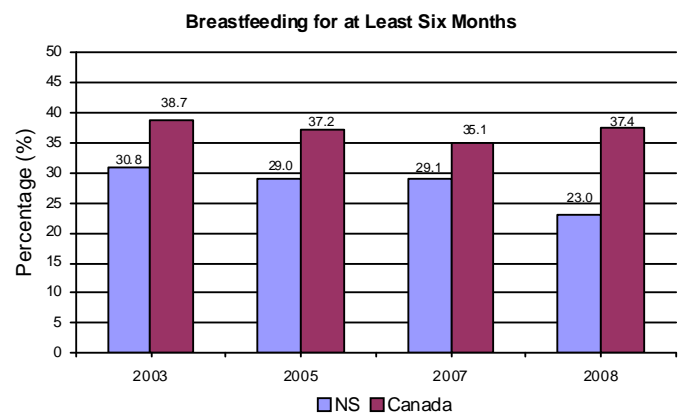
Percentage of Women Who Breastfeed For At Least Six Months (Duration)

What Does the Measure Tell Us?

This measure is the percentage of women who indicated that for their most recent baby in the past five years, they breastfed for at least six months.

Where Are We Now?

According to the CCHS self-report data³², the percentage of duration breastfeeding in Nova Scotia in 2003 was 30.8% compared to the national percentage of 38.7%. In 2008, this percentage for Nova Scotia and Canada was 23.0% and 37.4% respectively.



Where Do We Want to Be in the Future?

By 2009-2010, Nova Scotia aims to be at or above the national percentage for women who breastfed for at least six months.

Related to breastfeeding, strategies to achieve these targets include:

- capacity building for promotion, support and protection of breastfeeding through the DHAs, the IWK Health Centre, family resource centres and other community organizations
- implementing and monitoring the Provincial Breastfeeding Policy
- enhancing education and training related to breastfeeding for health care professionals
- developing a comprehensive breastfeeding social marketing campaign.

³¹ CCHS data are based on the calendar year and as of 2007 collected annually.

³² CCHS data are based on the calendar year and as of 2007 collected annually.

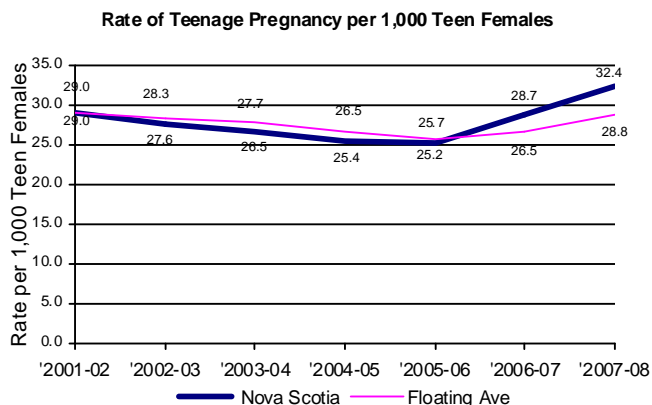
Rate of Pregnancy Among Teens

What Does the Measure Tell Us?

This measure reports the number of Nova Scotian women aged 15 to 19 years who gave birth, or experienced miscarriage, still birth or therapeutic abortion in a hospital setting expressed as a rate per 1,000 women of the same age group³³.

Where Are We Now?

CIHI data show that Nova Scotia has experienced a steady decrease in the rate of teenage pregnancy from 29.0 per 1,000 in 2001-2002 to 25.2 in 2005-2006 with an increase to 32.4 in 2007-2008. Because comparable national data are not available³⁴, a floating three year average is used as a comparison³⁵. Examining the floating average, there has been a slight decline between 2001-2002 (29.0) and 2007-2008 (28.8)³⁶.



Where Do We Want to Be in the Future?

The target is to be at or below the three-year floating average per 1000 of the population.

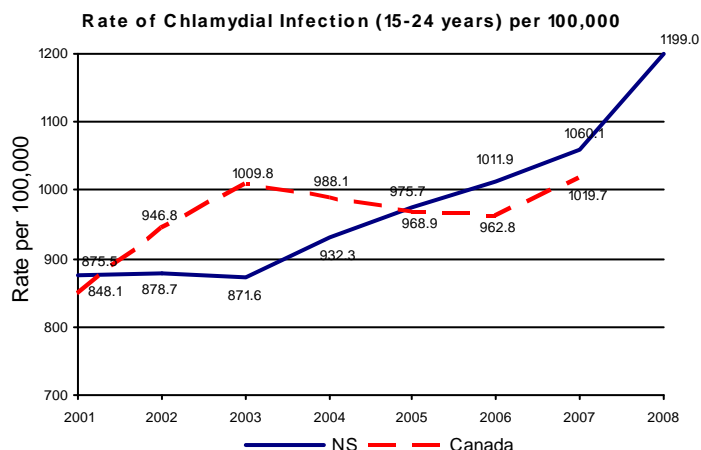
Incidence of Chlamydia in 15 to 24 Year Olds

What Does the Measure Tell Us?

This measure is the annually reported rate of genital chlamydial infection of Nova Scotians and Canadians per 100,000 for 15 to 24 year olds³⁷.

Where Are We Now?

The rate of chlamydia infection per 100,000 for this age group has varied from 875.5 in 2001 (compared to the national rate of 848.1) to 1060.1 in 2007 (compared to the national rate³⁸ of 1019.7³⁹ in 2007.)⁴⁰



Where Do We Want to Be in the Future?

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

³³ Canadian Institute for Health Information (CIHI) Discharge Abstract Database and Populations from Nova Scotia Department of Finance, Statistics Canada based on the fiscal year.

³⁴ Although StatsCan collects provincial and national data regularly, its definition for the rate of teenage pregnancy is slightly different than the CIHI definition which HPP prefers.

³⁵ The three-year floating average is calculated from the previous three years' data, with the exception of 2001-02 and 2002-03 which only have one and two data years respectively.

³⁶ 2008-2009 data were not available at the time this report was completed.

³⁷ As reported by the Nova Scotia and Canada Notifiable Disease Surveillance System based on the calendar year.

³⁸ National data lags a year behind

³⁹ The slight change in 2007 national data as presented here and in the 2007-2008 Accountability Report is a result of updated case and population data.

⁴⁰ Over this time period, there was 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.

HPP is committed to supporting a provincial youth sexual health strategy and is working with a wide range of stakeholders to improve youth sexual health in this province.

CORE BUSINESS AREA: PHYSICAL ACTIVITY SPORT AND RECREATION

One of the core business areas of HPP is Physical Activity Sport and Recreation. A desired outcome of work related to this core business area is to increase physical activity. Increased physical activity will contribute to making Nova Scotians healthier. Physical activity is an important contributor to both physical and mental health. Inactivity is one of the risk factors contributing to the high rates of chronic disease in Nova Scotia. 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 genetics, gender, age, and lifestyle factors such as poor eating habits and inadequate physical activity. It is also known that inactive children grew up to be inactive adults. 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".

Three indicators have been selected to assess increased physical activity in Nova Scotia: (1) percentage of adults reporting physical activity that provides health benefits, (2) percentage of adults reporting a Body Mass Index in the healthy range⁴¹, and (3) percentage of children and youth sufficiently active for health benefits.

The data related to the first two indicators are drawn from the CCHS. Data from the third indicator is based on the Physically Active Children and Youth Accelerometer studies.

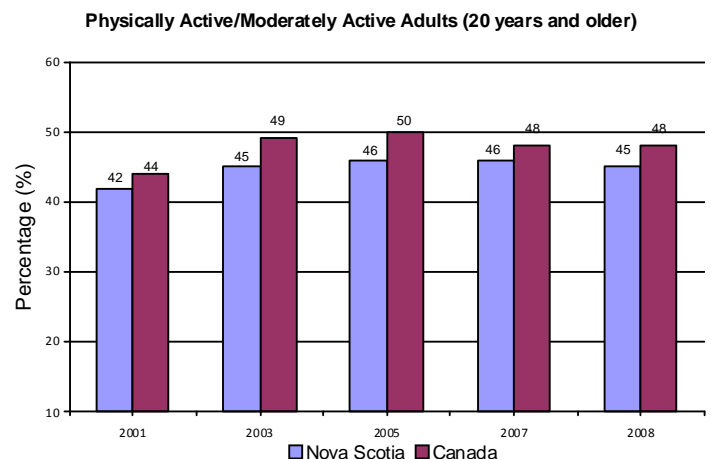
Percentage of Adults Reporting Physical Activity that Provides Health Benefits

What does the Measure Tell Us?

The CCHS self-reported data collected annually classifies adults as: active (30 minutes of physical activity per day) and obtaining optimal health benefits; those who are moderately active (15-29 minutes of physical activity per day) and getting some health benefits; and inactive people (less than 15 minutes of physical activity per day) and getting very little, if any, health benefit.

Where Are We Now?

According to the CCHS⁴² 45% of Nova Scotian adults, 20 years and older, reported being active or moderately active in 2008, an increase of 3 percentage points from 2001. In this same time period, the national rate was 44% in 2001 and 48% in 2008.



⁴¹ This measure relates to two core business areas: Chronic Disease and Injury Prevention and Physical Activity Sport and Recreation.

⁴² CCHS data are based on the calendar year and as of 2007 collected annually.

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.

Percentage of Adults Reporting A Body Mass Index (BMI) in the Healthy Range

What Does the Measure Tell Us?

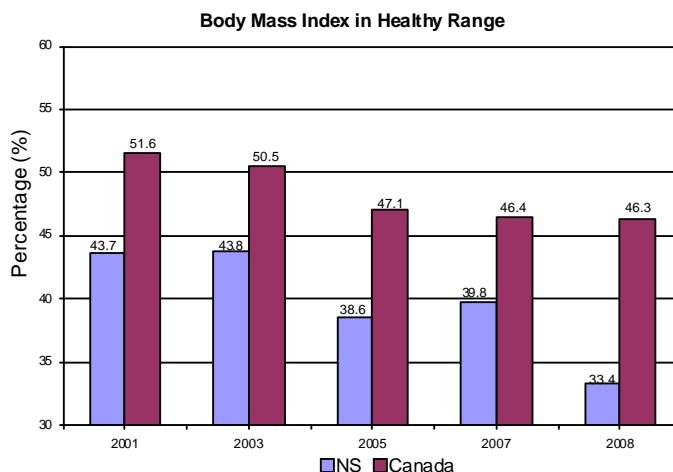
The BMI is a measurement of weight in relation to health for adults aged 20-64 years. This is a common method for calculating if an individual's weight is in a healthy range based on their body weight and height. BMI is not recommended for use as the sole measurement of either body composition or level 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. The self-reported data from the CCHS are used to determine the BMI.

Where Are We Now?

According to the CCHS self-report data collected annually⁴³, 43.7% of Nova Scotians reported a healthy BMI in 2001 compared to 51.6% of the Canadian population. In 2008, the percentage of Nova Scotians reporting a healthy BMI was 33.4% compared to the national percentage of 46.3%.

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 the number of Nova Scotians with a healthy body weight by 10%.



Percentage of Children and Youth Sufficiently Active for Health Benefits

What Does the Measure Tell Us?

In 2001 and 2005, 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, it eliminates some of the weaknesses of self report or parent proxy measures.

⁴³ CCHS data are based on the calendar year and as of 2007 collected annually.

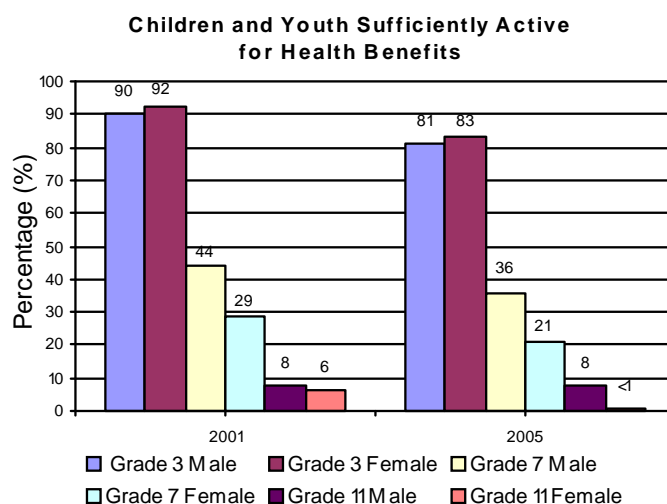
Where Are We Now?⁴⁴

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 44% of boys and 29% of girls
- Gr 11 8% of boys and 6% girls

A repeat of this study was completed in June 2005. Results showed:

- Gr 3 81% of boys and 83% of girls
- Gr 7 36% of boys and 21% of girls
- Gr 11 8% of boys and <1% girls⁴⁵



Where Do We Want to Be in the Future?

Nova Scotia's goal for 2009-2010 is to increase the 2005 physical activity levels by 10 percentage points:

- Grade 3 increase to 91% for boys and 93% for girls
- Grade 7 increase to 46% for boys and 31% for girls
- Grade 11 increase to 18% for boys and 10% for girls

To achieve these targets Nova Scotians need to be supported to adopt and maintain healthy eating and physical activity behaviours through education and skills, policy, and enhanced community capacity. Government needs the cooperation of all Nova Scotians at home, school, work, and in the community in such initiatives as:

- chronic disease prevention initiatives
- renewed Active Kids Healthy Kids Strategy, Health Promoting Schools and Sport Animators
- 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 girls, women, members of ethnic minorities, people with disabilities and persons of low socio-economic status.

⁴⁴ The data from the 2001 and 2005 Accelerometer Population Studies were re-analyzed resulting in slightly different data and slightly different targets than presented in the 2008-2008 Business Plan.

⁴⁵ There are no comparable Canadian Statistics since Nova Scotia is the only jurisdiction to have objectively measured physical activity on a population basis.

Appendix A: Summary of Actions for System Renewal

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

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

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

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