NOVA SCOTIA

Health Promotion and Protection

Annual Accountability Report for the Fiscal Year 2009-2010

July 2010

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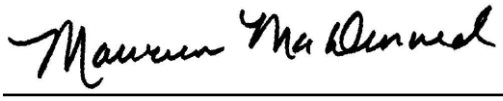
1.0 Accountability Statement

The accountability report of the Department of Health Promotion and Protection for the year ended March 31, 2010 is prepared pursuant to the *Provincial Finance Act* and government policies and guidelines. These authorities require the reporting of outcomes against Health Promotion and Protection's business plan information for the fiscal year 2009-2010. 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 MacDonald
Minister of Health Promotion and Protection

Duff Montgomerie
Deputy Minister, Health Promotion and Protection

2.0 Message from the Minister of Health Promotion and Protection

I'm pleased to present the 2009-2010 Accountability Report for the Department of Health Promotion and Protection.

In our work to help Nova Scotians be healthier and safer, we strive toward four main objectives: improved health for children and youth; more Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities; safer citizens, populations and communities; and reduced health disparities. While this is no small job, the Department of Health Promotion and Protection has met every challenge head on, embraced new opportunities and taken innovative approaches to make life healthier and better for individuals and families in every region of this province.

Our most notable accomplishment of 2009-2010 was our response to the H1N1 global pandemic. From the first confirmed case of the H1N1 virus in April 2009, through to the end of the second wave of the pandemic in early 2010 and ongoing review and evaluation, this immense and unforeseen task was the Department's chief priority through 2009-2010.

HPP worked with Department of Health, the Public Health Agency of Canada, public health officials in other provinces/territories and District Health Authorities to protect the health and safety of Nova Scotians. This involved everything from tracking the virus to helping Nova Scotians understand the steps to take to protect themselves and their families to launching the largest ever mass immunization campaign in the province. Under the leadership of this Department, hundreds of thousands of Nova Scotians, about 54% of the population, were immunized.

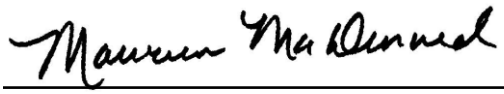
The H1N1 pandemic gave us the chance to demonstrate the strength of our public health and health care system and the professionals who protect our health on the front lines everyday.

While responding to the H1N1 pandemic, we were still able to work across government, across sectors and with communities, to create policies and environments that protect and promote the health of all Nova Scotians. While we didn't accomplish all we set out to before the pandemic hit, with a budget of just over $85 million, we:

- Evaluated and continued to support the provincial program Healthy Beginnings: Enhanced Home Visiting Program, critical to the health and safety of children and families in need of support;
- Launched the breastfeeding social marketing campaign, a key deliverable of the provincial Breastfeeding Policy contributing to the prevention of obesity in children and resulting in healthier children;
- Supported the 2010 Vancouver Olympics & Paralympics through the Contributing Provinces and Territories Program and sponsored the Atlantic Canada House Pavilion;

- Consulted hundreds of community and healthcare partners as part of public health strategic planning to talk about public health and its role in the health system and in communities;
- Began work, in collaboration with the Department of Community Services, on the licensed childcare food and nutrition policy to ensure children in licensed childcare facilities have the healthiest food and beverage options;
- Completed work on the renewed injury prevention strategy to continue to reduce injury among Nova Scotians and improve health status overall;
- Provided funding to sport and recreation facilities and trail development to further increase opportunities for physical activity; and
- Added 12 more municipalities to the Municipality Physical Activity Leadership Program to ensure the development of physical activity initiatives at the municipal level.

These are just some highlights of the work we've done in the last year, and there's much more to come. This Department and its partners are passionate and committed to improving life for individuals and families in this province. I look forward to seeing what we will accomplish together in 2010-2011.



Honourable Maureen MacDonald
Minister of Health Promotion and Protection

3.0 Introduction

The annual Accountability Report for the Department of Health Promotion and Protection (HPP) summarizes the activities, accomplishments and performance measures for the fiscal year ending in March 31, 2010 in response to the Department's priorities and performance measures set out in its 2009-2010 Business Plan[1]. This report should be read in conjunction with the 2009-2010 HPP Business Plan.

In establishing its priorities, the Department was guided by its vision, mission, strategic goals and strategic outcomes:

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.

Strategic Outcomes

- Improve health outcomes for children and youth.
- More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities.
- Safer citizens, populations and communities.
- Reduced health disparities.
- People, learning and growth.

[1] http://www.gov.ns.ca/hpp/about/business-plan.asp

3.1 Report Structure

This report is organized into four main sections. The first section outlines the Department's response to the H1N1 pandemic. The second section outlines the progress and accomplishments against the priorities identified in the 2009-2010 Business Plan together with additional substantive accomplishments that were not identified in the Business Plan. The next section provides a summary of the financial results for the fiscal year and the final section provides details regarding performance measures and the results achieved.

4.0 H1N1 Pandemic

In April 2009 Nova Scotia, working with the Public Health Agency of Canada (PHAC), identified the first lab confirmed cases of pandemic H1N1 swine influenza in Canada. Nova Scotia acted swiftly contacting the province's network of public health professionals in districts across the province effectively ensuring all were well informed and prepared to act. The first case in Windsor, Hants County quickly became one of hundreds across the country as federal, provincial and territorial governments rapidly worked to manage the outbreak of a novel virus and protect the health and safety of Canadians. The World Health Organization (WHO) declared a global pandemic of the Influenza A (H1N1) virus on June 11, 2009.

HPP worked with Department of Health (DoH) and PHAC, public health officials in other provinces/territories and District Health Authorities (DHAs) to plan for and respond to H1N1. Based on the experience of the first wave, detailed plans for surveillance, public health measures and immunization were made in preparation for the influenza seasons 2009-2010 and the possible return of H1N1 in the second wave which arrived in mid October 2009.

Surveillance for H1N1 and other respiratory viruses was enhanced across the province throughout the pandemic. A detailed report on respiratory illnesses including H1N1, called *Respiratory Watch*[2] was published every Wednesday. A toll-free information line was established May 2009 that provided answers to questions from the public concerning H1N1. HPP collaborated closely with DoH over the summer months to incorporate this public information function into the new 811 HealthLink telecare service[3]. Tool kits with key content targeted to groups such as schools, child care centres, and continuing care were developed and distributed to stakeholder groups to ensure consistent messaging and accurate information. At the same time, the public was asked to take precautions to avoid illness. A public webcast was held by the Chief Public Health Officer. Public messaging through the media and regular updates to the Department website continued throughout the pandemic.

On October 26th, 2009, the largest ever mass immunization campaign in Nova Scotia began. H1N1 vaccine was delivered through community based clinics, physicians' offices and a variety of private providers. Nova Scotia achieved a vaccine coverage of about 54% of the population.

[2] http://www.gov.ns.ca/hpp/resources/cdpc-respiratory-diseases.asp
[3] http://nshealthlink811.ca/

5.0 Priorities and Accomplishments

This section describes the progress and accomplishments of HPP against the priorities identified in the 2009-2010 Business Plan along with any additional major accomplishments not originally planned. It is organized based on the Department's five strategic outcomes with the exception of activities related to the H1N1 pandemic. Because of the importance, magnitude and impact of this event on HPP and other government departments, the actions related to the H1N1 pandemic are highlighted at the beginning of this Report. Further, it should be noted that the response to this pandemic impacted the entire Department in relation to what activities HPP could not complete nor address as resources were redirected to the pandemic. Throughout the report, those 2009-2010 priorities that HPP had planned but were unable to be addressed will be identified accordingly.

5.1 Improved Health Outcomes for Children and Youth

The health of our children and youth is the foundation that enables a healthier population in Nova Scotia. HPP targets children and youth for improved health status in partnership with other departments, non-government organizations, and private sector organizations. In order to get positive returns for the future of our province, it means investing in programs that support families from the birth of a child onward through the developmental years and early adulthood. Commitment to programs and supports that assist families to nurture their newborns and children in the early years, provide a safe and nurturing environment, and provide support to families and directly to youth in the adolescent years will lead to a healthier adult population.

5.1.1 Continued Program and Strategy Implementation Related to Children and Youth

Provincial Strategy for Children and Youth: *Our Kids are Worth It*[4]: HPP as a member of the Child and Youth Social Policy Committee assisted in the revamping of the governance structure and feedback loop for the *Child and Youth Strategy: Our Kids are Worth It* with the aim to enhance the roll out of the strategy across Nova Scotia. HPP continued to lead two specific processes within this Child and Youth Strategy, the Well Child System Working Group and the Provincial Interdepartmental Advisory Group on the Early Years.

In 2009-2010, the Well Child System Work Group was formally established and endorsed as a work group of the Child and Youth Strategy. This work continued under the leadership of HPP with presentations and discussion with the Child and Youth Social Policy Committee. Work continued exploring broad linkages with priorities of other government committees responsible for children. (ie. Social Prosperity Deputy Ministers Committee)

The Provincial Interdepartmental Advisory Group on the Early Years was formally endorsed as a structure of the Child and Youth Social Policy Committee. The Advisory Group members

[4] http://www.gov.ns.ca/coms//department/documents/Our_Kids_Are_Worth_It.pdf

represent the five government departments accountable for actioning the *Our Kids are Worth It Strategy.* These departments include: HPP, Health, Community Services, Education and Justice.

Healthy Beginnings/Enhanced Home Visiting Program, Breastfeeding Policy and Baby Friendly Initiative Designation:

Healthy Beginnings/Enhanced Home Visiting Program[5]: HPP supported the development of a Provincial Healthy Beginnings: Enhanced Home Visiting trainer for the delivery of core training to all new community home visitors. HPP partnered with First Nations communities to offer training to community home visitors hired and working for First Nations communities. The provincial trainer worked in partnership with the Prevention Coordinator from the Department of Community Services (DCS) to identify the training needs and supports for community home visitor supervisors.

Breastfeeding Policy: Implementation of the Provincial Breastfeeding Policy[6] continued under the guidance of the Provincial Breastfeeding Social Marketing Committee which comprised representatives from HPP, DoH, the Reproductive Care Program of Nova Scotia, and DHAs/IWK Health Centre.

A provincial train-the-trainer breastfeeding education session took place with Public Health and Acute Care staff from across the province in September 2009. The training session provided participants with tools to address some of the fundamental changes needed to improve caregivers' abilities to support initiation and continuation of breastfeeding. The trained participants will facilitate this course for staff across all DHAs/IWK Health Centre.

In September 2009, HPP supported the printing and provincial distribution of a breastfeeding resource developed by the Lunenburg and Queens Baby-Friendly Initiative (BFI) Committee called "*Make Breastfeeding your Business: An Action Support Kit*." This new tool will be used by local breastfeeding coalitions across Nova Scotia to work with businesses and workplaces to create supportive environments for breastfeeding.

To support implementation of one of the directives in the *Provincial Breastfeeding Policy,* HPP launched the Provincial Breastfeeding Social Marketing Campaign on October 1, 2009. More information related to this social marketing campaign is found under section 5.1.4.

Baby Friendly Initiative Designation: Related to the BFI designation, one hospital in Nova Scotia completed the application process with the Breastfeeding Committee for Canada. The Breastfeeding Committee for Canada will complete a document review in the coming months.

Health Promoting Schools (HPS) and Youth Health Centres (YHC):

Health Promoting Schools[7]*:* In 2009-2010, HPP launched the HPS logo and website at the second annual provincial HPS showcase in October 2009. In addition, an HPS brochure was

[5] http://www.gov.ns.ca/coms/noteworthy/OurKidsAreWorthIt-intro.html
[6] http://www.gov.ns.ca/hpp/resources/breastfeeding-policy.asp
[7] http://www.gov.ns.ca/hpp/healthy_development/health-promoting-schools.asp

designed and disseminated in Fall 2009. As well, Nova Scotia prepared to host the national school health conference in Nova Scotia planned for April 2010.

Youth Health Centres[8]*:* In 2009-2010 HPP worked with DHAs to sustain existing YHCs and increase services in the absence of any new funding. A new arrangement helped sustain services in the Bridgetown and Amherst YHCs, and add services in Annapolis Royal. Planning also got underway for the first provincial meeting of YHC Coordinators scheduled for May 2010 as a follow-up to one of the recommendations in the YHC Evaluation Report.

Active Kids Healthy Kids Strategy[9]**:** In 2009-2010, provincial programs continue to be offered in partnership with non government organizations through the Active Kids Healthy Kids (AKHK) Strategy. These included: Active Safe Routes to School; a website which provides success stories, research translation and resource materials about physical activity for children and youth; training in physical activity counseling for health care staff; and training for staff in early childhood settings.

In response to one of the recommendations of the AKHK Strategy, a screen time reduction initiative, HPP provided funding and technical assistance to IWK and Dalhousie University to complete a literature review on programs to reduce screen time in children and youth. The report was completed in October 2009 and disseminated to stakeholders. This review will assist the Halifax Physical Activity Strategy to begin planning an intervention.

Bilateral agreements with Sport Canada through the Sport Participation Opportunities for Children and Youth Program (Sport Animators) and Sport Futures Leadership Program: Sport Participation Opportunities for Children and Youth Program/Sport Animators is in the second year of this four year bilateral agreement with Sport Canada. As part of this agreement, sport animators worked with eight school boards and collaborated with all levels of government to focus on community-based sport and active school communities using dedicated professional sport animators. Also as part of this bilateral agreement, HPP has an agreement with Sport Nova Scotia to deliver after school programs in 10 schools across the province.

Bilateral agreement with PHAC through the Pedometer Access Program: Through this bilateral agreement, HPP provided funding to the Heart and Stroke Foundation of Nova Scotia to equip 77 libraries within the Nova Scotia library system and 173 C@P sites across the province with access to pedometers intended to motivate Nova Scotians to increase their level of activity.

Accompanying the pedometer, educational and self-monitoring materials were provided in both English and French. Training was provided to librarians and C@P staff to direct customers to appropriate resources about walking and physical activity. C@P sites organized a walking challenge in the summer that recruited 129 participants. Libraries loaned the pedometers over 1000 times. Of these users, those who returned a related questionnaire reported an increase in physical activity in association with wearing the pedometer. Planning began to expand the program to junior high schools.

[8] http://www.gov.ns.ca/hpp/healthy_development/youth-yhc.asp
[9] http://www.gov.ns.ca/hpp/publications/akhk-strategy.pdf

P.A.R.T.Y. and No Regrets Programs: HPP continued to deliver the Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.)[10] evidence-based resource designed to educate teenagers (ages 15 and 16) about the consequences of risk and serious injury. This program is offered to grade 10 students in conjunction with Safety Services Nova Scotia. In 2009-2010, 28 schools participated.

The *No Regrets* Injury Prevention Resource for teenagers is a follow up for high schools participating in P.A.R.T.Y.. A partnership between HPP and the Department of Education (DoE), the resource was implemented and running in 16 high schools in 2009-2010.

Additional Accomplishment: In May 2009, HPP completed and released The *Report of Child and Youth Injuries in Nova Scotia: 1995-2004*[11]. In partnership with the Atlantic Collaborative on Injury Prevention and Child Safety Link, HPP contributed to the development and release of the *Child and Youth Unintentional Injury in Atlantic Canada:10 Years in Review*[12], a report of unintentional injuries to children and youth (age 0-14) in Atlantic Canada.

Evidence-based interventions for high-risk youth including youth with mental illness and/or with substance use-related issues and/or youth in conflict with the law: A contribution agreement between Health Canada and Nova Scotia was signed in 2009-2010. Resources went to hiring adolescent workers for the IWK Health Centre and Cape Breton DHA to deliver addiction services to high risk youth.

5.1.2 Development of Healthy Public Policy related to improving outcomes for children and youth will be developed including:

Developing, in partnership with DCS, a draft food and nutrition policy for licensed child care facilities: The Food and Nutrition Support in Licensed Child Care Advisory Group was formed in December 2007 to inform the development of a comprehensive food and nutrition policy for regulated child care centres in Nova Scotia. The policy development process is being co-led by DCS and HPP. The provincial Advisory Group, with support from DCS and HPP, finalized the draft policy in October 2009 and recommended conducting a public consultation to receive feedback from stakeholders on the clarity of the policy directives and guidelines. Participants were also asked to identify supports that would be required to implement the policy. A consultant was contracted to facilitate 14 public consultation sessions across Nova Scotia in urban and rural communities. Sessions were held with representatives from the child care sector, DHAs, government agencies, parents, and training institutions. An online survey was also available for the public to submit comments on the draft policy. A consultation report will be provided to the provincial advisory group in June 2010 and will be used to finalize the draft policy and create an implementation strategy and support tools.

[10] http://www.gov.ns.ca/hpp/cdip/party.asp
[11] http://ww.gov.ns.ca/hpp/publications/Child_Youth_Injuries_NS.pdf
[12] http://www.childsafetylink.ca - under Research tab

Developing healthy public policy at the provincial level and supporting the development and implementation of policy at the municipal and non-government organizational level in the areas of physical activity in early childhood settings, and land use planning guidelines for children and youth: Throughout 2009-2010, HPP provided advice to Cape Breton University on the development of child friendly land use guidelines. HPP provided advice on dissemination of these guidelines and is using them for HPP's own Active Transportation Initiative.

Launching the HPS website linking the province's nine regional HPS teams and serving as a communication tool to support continued efforts to create school environments conducive to active, healthy living: The HPS website was officially launched at the second annual HPS Showcase held in October 2009. The website serves as a central location for information to be shared at the provincial, federal and regional levels that may impact Nova Scotia's HPS Program. The website will continue to develop its capacity for regional team interaction.

Supporting the ongoing development of the Health Promotion Clearinghouse (HPC)[13] to share promising and innovative practices and contribute to the development of better policies, programs and supports for families across Nova Scotia: HPP as both a funder and user of HPC supports health promoters to share best and promising practices within the Department across government and across non-government agencies and communities across the province. The total number of active users of HPC for this reporting period was 1992. This represents a 19% increase in users in 2009-2010. There were 1514 E- bulletin subscribers, 553 HPC Network members, 900 HPC Network members; and 639 individuals who requested services by e-mail, phone, fax, or in person.

Other Accomplishments: Addiction Services released a number of research reports. The findings of the respective reports assisted in providing policy advice and contributed to program planning and development. Reports included: Yellow Flag Post Campaign Evaluation[14]; Child and Youth Drinking Report[15]; Women and Alcohol Report[16]; and, Adolescent Gambling Report[17].

5.1.3 Development of Health Education and Communication Support: HPP will work with other government departments, partners and stakeholders to develop health education and provide communication support around health education by:

Working with DoE to build capacity at the curriculum level for health education and health promotion: HPP collaborated with DoE in the revision of the provincial Health Learning Outcomes Framework (P-9), including commissioning a review on best practices in theoretical approaches to support health curriculum and making recommendations on health content.

[13] http://www.hpclearinghouse.ca/
[14] http://www.gov.ns.ca/hpp/publications/Yellow_Flag_Report.pdf
[15] http://www.gov.ns.ca/hpp/publications/child_and_youth_drinking.pdf
[16] http://www.gov.ns.ca/hpp/publications/Women_and_Alcohol-A_Preliminary_Analysis.pdf
[17] http://www.gov.ns.ca/hpp/publications/2008_Adolescent_Gambling_Report.pdf

Developing program support materials that address addiction issues for YHCs, other school support staff, and DHAs: Preliminary work on a website was completed along with an accompanying awareness campaign targeted towards youth, parents, and allied professionals, most notably YHCs and educators. The process included engagement of the target audiences. The website supports the messages of the current curriculum supplement *A Question of Influence: A Drug Prevention Resource for Grades 7 – 9*[18] as well as provides information on youth gambling.

Other Accomplishment: Addiction Services completed the French translation of *A Question of Influence: A Drug Prevention Resource for Grades 7 - 9*. Working with the DoE, HPP assisted with the in-servicing of educators within the French school system as well as educators who teach French Immersion.

Finalizing and printing the next booklet in the Loving Care age-paced parent health education booklet series*, Loving Care, Six to 12 Months*[19]: The Loving Care: Six to Twelve Month booklets were printed and delivered to the DHAs' Public Health Services (PHS) for distribution with the existing set, to new parents and to parents of children 6 to 12 months old.

A presentation was given to orient PHS staff and information sessions were provided to partners in maternal newborn and child health. Orientation sessions, which began in September 2009, were put on hold due to H1N1 pandemic business continuity planning. Development of the last book Loving Care 1 to 3 years continued in 2009-10 and is on-going.

5.1.4 Social Marketing Campaigns Focused on Children and Youth Social marketing campaigns will be developed and implemented in 2009-2010 targeted at:

Families through print advertisements, promotional material and television commercials that direct families to a provincial website for families for breastfeeding support: To support implementation of one of the directives in the *Provincial Breastfeeding Policy*, HPP launched the Provincial Breastfeeding Social Marketing Campaign on October 1, 2009 to coincide with World Breastfeeding Week. The campaign was targeted primarily to moms and potential moms, along with health professionals. The main message was that breastfeeding is a learned skill that may take time. The campaign included television, radio, print, transit and online ads, posters and bookmarks and a website[20]. The campaign ads ran for a total of 12 weeks – 6 weeks in October-November 2009 and six weeks in February-March 2010. The website provides breastfeeding and community support information for families and health care providers and will remain online indefinitely. The campaign concluded March 2010.

Children and their parents to address youth participation in alcohol and gambling and increase awareness of the risks of use and the knowledge of services available: Various stakeholders within government, community organizations and the broader public participated in

[18] http://www.druged.ednet.ns.ca/
[19] http://www.gov.ns.ca/hpp/publications/09046_6to12MonthsBook_Jul09_En.pdf
[20] http://www.first6weeks.ca

qualitative and quantitative research to assist in the development of a resource website for parents, youth, and youth serving professionals.

Youth (15-19 years of age) and young adults (20 to 24 years of age) to prevent non-tobacco users from becoming tobacco users: During 2009-2010, a social marketing campaign to prevent youth and young adult non-tobacco users from becoming users was developed including advertisements. The implementation of the campaign in 2009-2010 was delayed as some of the advertisements referenced the renewed Comprehensive Tobacco Control Strategy which was yet to be released. The campaign will get underway upon the release of the renewed Strategy.

HPP will develop, in collaboration with the other Atlantic Provinces, an Atlantic-wide wellness and social marketing campaign designed to improve the overall well-being of our children and youth by encouraging and supporting them to be more active and eat healthier: A campaign was developed and launched in September 2009 for parents/guardians and leaders in community, organizations and groups. The campaign is called "Let's Right the Future"[21] and focuses on improving the healthy eating and physical activity behaviours of children and youth across Atlantic Canada. Campaign materials include an interactive website and television ads available in both English and French.

Expand the Yellow Flag social marketing campaign to reduce the harms experienced by at-risk 19-34 year old gamblers and high risk drinkers: "It Sticks with You"[22], an expansion on Yellow Flag continued to air in 2009- 2010 targeting alcohol use among the 19–34 year old population and included media, internet, and print materials. In 2009-10, HPP re-developed the website to incorporate the alcohol and gambling streams. In support of the work of the DHAs, HPP developed awareness brochures, posters, and promotional materials targeted towards university and community college students. These materials directed students to the website for further information and support.

5.1.5 Focused Research to Improve Health Outcomes of Children and Youth: Partnering with research firms, the Nova Scotia Health Research Foundation, and the academic community, HPP will continue its research efforts focusing on the following areas:

Surveillance of child and youth physical activity and healthy eating levels: Previously known as Physically Active Children and Youth (PACY)[23], the now "Keeping Pace" surveillance project got underway in 2009-2010. Data collection under a partnership agreement between HPP and St. Francis Xavier University continued through 2009-2010 with its completion in June 2010 with a final report planned for December 2010. Funding was provided by HPP and the DoE.

Results from the 2001 and 2005 PACY studies continued to be translated into fact sheets and disseminated to government and non-government staff throughout 2009-2010.

[21] http:// www.rightthefuture.ca (English) http:// www.changeonslavenir.ca (French)
[22] http://www.gov.ns.ca/hpp/yellowflag
[23] http://www.gov.ns.ca/hpp/resources/pasr.asp

Partnering with the Atlantic Health Promotion Research Centre on the "Optimizing Investments in the Built Environment to Reduce Youth Obesity" research project: HPP is on the Management Team of a research project with Dalhousie and the Atlantic Health Promotion Centre to examine the impact of the built environment on physical activity and healthy eating in junior high students. Data collection and analysis took place in 2009-2010 and analysis continues into 2010-2011 with knowledge dissemination and policy recommendations planned for 2010-2011.

Examining tobacco tax policies to discourage youth from becoming tobacco users and potential actions to discourage the use of flavoured tobacco products: In 2009-2010 the Province of Nova Scotia increased tobacco taxes by $10.00 per carton; and supported federal efforts to prevent the manufacture and sale of flavoured tobacco products including Bill C-32 that bans flavoured little cigars.

Examining actions that can be taken to assist school communities with smoke-free policies: No actions were taken on this priority as its work was dependent on the adoption of the renewed Comprehensive Tobacco Control Strategy which has been delayed until 2010-2011.

5.1.6 Evaluations of Programs for Children and Youth Evaluations in several program areas will be undertaken in 2009-2010. These evaluations are fundamental to ensure outcomes and make recommendations for improvement.

Healthy Beginnings Home Visiting Program: Following Phase I: Implementation Evaluation completed in June 2006 and Phase II: Quality Assurance completed in March 2007, Phase III: Outcome Evaluation will be conducted in 2009-2010 and version two of the Healthy Beginnings Home Visiting database will be implemented: The Healthy Beginnings: Enhanced Home Visiting Program Outcome Evaluation[24] was completed in June 2009. This in-depth and rigorous evaluation clearly demonstrated that this program is making a difference in the lives of children and families. The evaluation findings revealed that short-term and mid-term outcomes identified for this program are being achieved. In addition, the program is also addressing many of the determinants of health including education, social support, income, housing and personal coping skills. The evaluation initially focused on South Shore, South West and Annapolis Valley Health Authorities. Dissemination of the evaluation findings will be a focus for early 2010.

The Healthy Beginnings Database Version 2 went live in December 2008. Work has focused on improving data quality with the development of a data dictionary and ongoing support to DHA database trainers.

Youth Health Centres: A provincial evaluation of 42 YHCs across the province will be conducted to identify health outcomes for youth, lessons learned by YHCs in reaching diverse and marginalized youth, and program improvement recommendations: The YHC Evaluation Subcommittee of the YHC Provincial Advisory Committee continued to guide and

[24] http://www.gov.ns.ca/hpp/publications/HD_%20HBEHV_report_2009.pdf

monitor the implementation of the provincial evaluation throughout 2009-2010. The evaluation incorporated the use of student surveys and story dialogue sessions with YHC Coordinators. These data were analyzed and compiled into a report, finalized in September 2009[25]. The report includes an executive summary with key findings, conclusions and recommendations.

Additional Related Accomplishment: In 2009-2010, the Monitoring and Assessment sub-committee of the provincial YHC Advisory Committee developed a tool to assess DHAs' progress in meeting provincial standards for YHCs. The resulting report identified supports required for DHAs to meet the standards.

Health Promoting Schools (HPS): An evaluation plan which includes priorities, tools and timelines will be developed: In 2009-2010, the HPS Provincial Evaluation Implementation Committee prioritized key questions for the provincial evaluation of HPS. The Committee worked with the researchers of the Children's Lifestyle and School-performance Study 2 (CLASS 2) to finalize an Information Sharing Agreement and Letter of Agreement to formalize a partnership. As part of the agreement, CLASS 2 researchers carried out some provincial HPS evaluation activities as they undertook their research. A final report entitled *Nova Scotia Health Promoting Schools: Preliminary Findings from Policy Inventory and Key Informant Interviews* was submitted March 2010. The report included findings from the policy scan and key informant interviews and four recommendations for improved implementation of the HPS initiative.

Loving Care Age-Paced Parent Health Education Booklet Series: An evaluation plan will be completed in 2009-2010. The evaluation is planned for the following fiscal year: An evaluation committee was formed and met during 2009-2010 to develop project objectives. Work related to the development of an evaluation plan was delayed based on H1N1 business continuity planning.

5.2 More Nova Scotians taking an Active Role in Promoting and Protecting the Health of Individuals, Families and Communities

HPP uses the principles of community development to involve partners, stakeholders and citizens in our mission. Using a population health approach, we are enabling and encouraging more Nova Scotians to take an active role in promoting and protecting their health as individuals, families and communities.

5.2.1 Advancing Our Policies and Strategies For Health Promotion And Disease And Injury Prevention In 2009-2010, HPP will:

Continue implementation of the Pathways for People Framework for Action for Advancing Active Transportation in Nova Scotia[26]: In 2009-2010 HPP worked in partnership with Bicycle Nova Scotia to have Eastwinds Cycle prepare the *Nova Scotia Bikeways – Scoping the*

[25] http://www.gov.ns.ca/hpp/healthy_development/youth-yhc.asp
[26] http:/www.gov.ns.ca/hpp/resources/pasr.asp/P4PFramework.pdf

Blue Route Report[27] on behalf of Bike Nova Scotia. This report was disseminated at 30 community consultations attended by over 500 stakeholders across Nova Scotia for the purpose of creating awareness and interest for bikeways infrastructure and a province-wide bikeways initiative, and obtain feedback on the report's findings. The results of these consultations will be presented at the 5th Annual Bike Summit in May 2010 and HPP along with other departments will review and consider the resultant report's recommendations.

In 2009-2010, HPP continued to serve on the Union of Nova Scotia Municipality Services (UNSM) Active Transportation (AT) Committee and the Provincial Sustainable Transportation Committee, both which work to build and strengthen cross-sectoral partnerships required to lay the foundation for establishing supportive built environments. The sustainable transportation committee held its last meeting in September 2009 after which the committee was not provided Cabinet approval to continue.

HPP supported the UNSM AT Committee in October 2009 to create an educational and inspirational DVD on active transportation in Nova Scotia targeted at municipalities, and to conduct a survey to determine the level of awareness and municipal support for active transportation. The survey findings and DVD were presented at the UNSM convention in November 2009, and dissemination continues.

In October 2009, 115 schools and an estimated 25,000 students participated in International Walk to School Month (IWALK) and 194 schools and groups registered for Winter Walk Day. IWALK and Winter Walk Day were coordinated by the Ecology Action Centre (EAC) through funding from HPP and is designed to raise awareness about the environmental, physical activity and safety benefits of walking and wheeling to school.

In July 2009, HPP began work with EAC to create a plan to promote the Child and Youth Friendly Land Use and Transport Planning Guidelines. HPP supported the development of active transportation marketing and promotional campaigns in Bridgewater and Halifax Regional Municipality (HRM). The development of the HRM social marketing campaign was completed in 2009-2010 with public service advertisements aired during Bike Week held the first week of June. Spanning three years, the Bridgewater social marketing campaign's Phase I literature review and evidence gathering was completed in 2009-2010. Work will continue in 2010-2011.

Continue implementation and evaluation of the Healthy Eating Nova Scotia Strategy[28]**:** Partners across Nova Scotia continued to use the Healthy Eating Nova Scotia (HENS) Strategy to prioritize their efforts related to healthy eating in the province throughout 2009-2010.

An Evaluation and Research Working Group, consisting of members from HPP and the HENS Steering Committee, continued to meet to better define priority next steps related to the HENS evaluation by reviewing the evaluation framework. As a result, three tools for the process evaluation were selected for development and implementation. In the Fall and Winter of 2009-2010, plans were made to engage a researcher to conduct the document review, carry out interviews with key informants, and survey other key stakeholders in 2010-2011.

[27] http://www.halifax.ca/boardscom/documents/Bikewayssummary.pdf
[28] http://www.gov.ns.ca/hpp/resources/cdip.asp/HealthyEatingNovaScotia2005.pdf

Continue development of a comprehensive workplace health approach, including enhancements to the "Thriving Workplaces" website[29]: HPP participated in on-going discussions and partnership development across government and non-government organizations to build commitment to and engagement in a comprehensive workplace health approach. Preliminary discussions took place to inform re-development of the thriving workplaces web site to better support businesses in accessing information, tools and resources. As well, HPP continued to build and support HPP's healthy workplace initiative.

Continue implementation of the Nova Scotia Strategic Framework to Address Suicide[30], renewed Nova Scotia Injury Prevention Strategy[31] and the Seniors Falls Prevention Strategy[32]: As part of the work related to Nova Scotia Strategic Framework to Address Suicide, HPP continued to fund and partner with the Canadian Mental Health Association(CMHA): Nova Scotia Division for the Community Addressing Suicide Together Initiative (CAST). CAST provides support and leadership to communities to establish regional suicide prevention coalitions, provides networking supports, disseminates suicide prevention expertise, and builds capacity to address suicide.

HPP continued funding to the Youth Project which provides support to lesbian, gay, bisexual and transgender youth. This population is at significant risk of suicide.

HPP released the data report: *Suicide and Attempted Suicide in Nova Scotia: 1995-2004: A Report* Summer 2009[33]. In partnership with DoH, CMHA, and the Sun Life Financial Chair in Adolescent Health, work began on the development of a series of evidence papers to inform best practices in suicide prevention, intervention, and postvention. HPP continued to chair the Suicide Strategy steering committee with CMHA.

HPP completed its work on the renewal of the Nova Scotia Injury Prevention Strategy and released the Strategy in 2010.

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; delivery of the Canadian Falls Prevention Curriculum to organizations and individuals with a role to play in preventing seniors falls; (i.e. Seniors' organizations, care facilities, DHA staff, acute care, etc); and, in partnership with South Shore Health, provided a provincial coordinator to work one day per week to assist the DHAs in developing district falls prevention strategies and initiatives and continued the DHA Falls Prevention Network to stimulate sharing and collaboration on falls prevention policies, procedures, and guidelines among the DHAs/IWK.[34]

[29] At the time of this report, the website was still under development.
[30] http://www.gov.ns.ca/hpp/resources/cdip.asp/SuicideFramework.pdf
[31] http://www.gov.ns.ca/hpp/resources/cdip.asp/NS_Renewed_Injury_Prevention_Strategy.pdf
[32] http://www.gov.ns.ca/hpp/cdip/falls-framework.asp
[33] http://www.gov.ns.ca/hpp/resources/cdip.asp/Suicide_Report.pdf
[34] This information will also apply to Priority 5.3.3: Facilitate the coordination of falls prevention policy development, programs and training across DHAs/IWK and in the continuing care sector.

Address tobacco issues through a renewed Tobacco Control Strategy: The release of the renewed Comprehensive Tobacco Control Strategy was originally planned for 2009-2010, however, its release was delayed to integrate feedback from health stakeholders and to ensure the Strategy was properly reflecting evidence on health disparities and the social determinants of health. The Strategy will be released in 2010-2011.

Prepare a new alcohol indicators report[35] to provide updated data for alcohol indicators to support continued implementation of the Provincial Alcohol Strategy[36]: The 2009 Alcohol Indicators Report, including a Cost Benefit Analysis, was drafted. The report provides a comprehensive overview of alcohol use and related harms in Nova Scotia along with a framework for a provincial monitoring system comprising alcohol indicators that are direct and/or proxy measures of alcohol use and related harms.

Undertake a review of concurrent disorder services in Nova Scotia to determine the most effective model for addiction and mental health services: A summary report of the research literature on concurrent disorders focusing on standards, best practice guidelines and recommendations was completed and a working group of mental health and addiction services stakeholders came together in January, 2010 to review the document and make recommendations. One outcome of the review was to form a committee to draft joint standards for mental health and addiction services. The standards will be drafted in 2010-2011.

Complete and implement the Nova Scotia Recreation Policy and the Nova Scotia Framework for Sport: A Memorandum to Cabinet seeking approval to move to the stakeholder engagement phase in the development of a Provincial Recreation Policy was put forward to the Office of Policy and Priorities (OPP) for consideration by Cabinet. Government is undertaking a review of public consultations and therefore a decision on this Memorandum cannot be made until the review is complete.

The *Nova Scotia Sport Plan: Creating Sport Opportunities for Nova Scotians* was completed and will be released in Fall 2010.

5.2.2 Capacity Building Within Government, Communities, Families and Individuals

Working with our partners, stakeholders, and groups both within and outside Government, HPP will:

Lead an intersectoral and multi-stakeholder process to develop a Physical Activity Framework for Nova Scotia aimed at decreasing the number of inactive Nova Scotians: Research was completed on an Active Communities Framework which will guide the actions of government and non-government organizations at the local, regional and provincial level. Evidence based, this framework will focus on public policy on creating access to built and natural environments, integrating active transportation into daily life, and increasing participation opportunities at the community level.

[35] http://www.gov.ns.ca/hpp/resources/addictions.asp/AlcoholFullFinal.pdf
[36] http://www.gov.ns.ca/hpp/repPub/Alcohol_Strategy.pdf

A Terms of Reference was completed in 2009-2010 and a review and editing of the framework was underway by the HPP Executive Team. Planning is underway to weave the Active Communities Framework, other work in PASR and in Healthy Eating to begin work on addressing the obesity strategy.

Work with partners to develop coaching and officiating excellence in school athletic programs and to create a provincial coaching advisory council: In 2009-2010 HPP supported the Nova Scotia Schools Athletic Federation (NSSAF) in the implementation of the *Keep the School in School Sport Program* that allows coaching education in the school setting.

HPP was also involved in a pilot project with five provincial sport organizations working with NSSAF to create coaching and officiating opportunities in the school setting and connecting to the greater sport system.

Build capacity in a sport system as a resulting legacy of the 2011 Canada Winter Games: HRM is hosting the 2011 Canada Winter Games. HPP has been involved in the development and implementation of the Legacy Plan for the 2011 Canada Winter Games through the Legacy Committee. This Committee comprises representatives from municipal, provincial and federal governments working with the Canada Games Council and sport stakeholders from Nova Scotia including the Canadian Sport Centre Atlantic and Sport Nova Scotia. With the Legacy Plan's development completed, the Committee met and continues to meet with provincial sport organizations to coordinate the activation of the Legacy Plan.

In 2009-2010, the Committee also created the parameters for distribution of sport assets at the completion of the Games and began work on the financial legacy plan to support long term sport development in the province. Sport Nova Scotia was secured as the administrator of the legacy fund during 2009-2010.

Work with internal and external partners to encourage research and knowledge transfer on active transportation, support the development of active transportation infrastructure and promote connected communities across the province: HPP continued to develop strong relationships across government and with other stakeholders throughout 2009-2010. Recreation Nova Scotia (RNS), through funding from HPP, shared important AT related information, provided AT updates from communities across Nova Scotia and disseminated resources and research through the pathways for people website.[37] In partnership with Bike Nova Scotia, HPP supported the 4th annual Provincial Bike Summit in May 2009 that brought together over 40 cycling stakeholders to share success stories and research. In March 2010, HPP partnered with the Halifax Cycling Coalition and EAC to host a provincial workshop for young people on cycling. The workshop brought together 70 youth and AT stakeholders to: provide an opportunity for key stakeholders to share their perspectives on cycling; to develop an action plan that stimulates increased cycling for young people; and to improve the health of young people and reduce the detrimental environmental impact of personal transportation.

[37] http://www.pathwaysforpeople.ca/

Continue development of the Heart and Stroke Walkabout[38] initiative with the Heart and Stroke Foundation of Nova Scotia and other partners: All components of the Walkabout are significantly funded by HPP, as well HPP provides human resources to support the initiative and sits in partnership with the Heart and Stroke Foundation at the Walkabout table. In April 2009, the Walkabout Youth Action Team, formed from selected participants from a public video contest, met to discuss ways to increase walking participation among youth in Nova Scotia. Their input will help develop a Walkabout plan for youth.

In June 2009, Walkabout at Work was launched; its aim to recruit employers and employees in workplaces to support staff to walk more. By the end of 2009-2010, 50 people from 30 organizations participated in a leader's orientation workshop that included a handbook and other resources.

Further to the television advertisement entitled *Walking Places* airing since October 2008, social marketing activities expanded in 2009-2010 to include contesting, community breakfast events, advertisements on radio, public transit, and media and social network websites. Market polling was conducted in November, April, July and September (2008-2009) asking if respondents aged 18 or older were familiar with Walkabout. Results for each of the four surveys was 45%, 37%, 48% and 38% respectively. Of those familiar with Walkabout, results related to the awareness of Walkabout's purpose and general message ranged from 44% to 53%. In September 2009 there was a four percentage point increase in the belief that walking offers health benefits and a 5.7 percentage point increase in those intending to increase their daily walking behavior within a month to six months.

Workshops continued in 2009-2010 to train community members to lead walking groups. By the end of 2009-2010, there were 112 Walkabout Leaders. As well, a contest called on registered users of the "walkaboutns.ca"[39] website to mark routes on the website's map and submit written details to increase the publicly generated database of walking routes in the province. The now 324 routes in this database increase the awareness of walking opportunities in communities across the province.

The Heart and Stroke Foundation of Nova Scotia offered a fun challenge for February Heart Month to get volunteers to walk more. The 3500 participating volunteers accumulatively walked 447,290 kilometres in February 2010. A Nova Scotia Heart and Stroke Foundation policy resource: *Influencing Municipal Planning Policy: Toolkit for Making Your Community More Walkable*[40] was developed in 2009-2010 to support people trying to inform leaders and decision-makers about walking-friendly community environments. Ongoing consultation and planning continued in 2009-2010 and will continue in 2010-2011 to develop a Walkable Communities component that will encourage concerned citizens, leaders and decision-makers to enhance the "walkability" of their community.

[38] http://www.walkaboutns.ca/
[39] http://www.walkaboutns.ca/default.aspx
[40] http://www.walkaboutns.ca/moversandshakers.aspx

Expand the Municipal Physical Activity Leadership Program[41] **to increase the capacity of municipal units to develop and implement physical activity strategies:** In 2009-2010, 12 more municipal governments were added to the program: Parrsboro, New Glasgow, Trenton, Pictou Municipality, Town of Pictou and Westville, Pictou, Argyle, Cape Breton Regional Municipality, Town and Municipality of Digby and Town of Springhill. This brought the total number of municipalities in the program to 27 of the 55 municipalities in Nova Scotia. Due to a number of municipalities cooperating on joint strategy, a total of 18 full time staff were employed through the program in 2009-2010. Twelve strategic plans were completed in 2009-2010. HPP continued to work with other interested municipal units with the goal of adding five more to the program in 2010-11.

Work with internal and external partners to increase the capacity for trail development and utilization through policy development, inter-departmental agreements and an enhanced trails website[42]**:** HPP continued to provide grants in support of trail development and maintenance. Through Recreation Facility Development and Community Recreation Development grant programs, HPP provided capital funding to numerous community trail projects including the Cape to Cape Trail, Woodland Multi-use Trail, Margaree Highlanders Trail and to sections of the Trans Canada Trail in the Fundy, Highland, and Cape Breton regions. With HPP support, community partners opened more than 30 kilometres of new recreational trail since April 2009. In addition, 500 kilometres of trail was under construction and 350 kilometres in various stages of planning in 2009-2010. Also HPP continued its work in partnership with the Nova Scotia Trails Federation (NSTF) and the Trans Canada Trail (TCT) to create a trail data inventory collection.

Phase I of the TCT trail data inventory included Cape Breton, Fundy, Highland and Central Region (Valley and South Shore are Phase II). From December to March 2009-2010, HPP worked in partnership with TCT and NSTF to gather information and data on trail type, stage of development, surfacing etc.. The data will be used to make decisions and create a master plan that will guide the work of TCT in Nova Scotia over the next six years.

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 the French River Bridge in Tatamagouche. 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. This included four community trails leadership grants benefiting five of the six regions totaling $80,000. The funds were used for training and education opportunities for volunteers and trails professionals and to acquire needed expertise for specific aspects of trails projects.

HPP also funded an innovative pilot project in the Municipality of the District of Lunenburg to study alternative trail resurfacing material (discarded asphalt shingles) as a potential trail resurfacing material and received its final report.

[41] http://www.gov.ns.ca/hpp/pasr/grants.asp/Municipal-PA-Leadership-Program.pdf
[42] http://www.gov.ns.ca/hpp/pasr/trails.asp

In partnership with NSTF, HPP began planning a provincial trails conference for Fall 2010 that will be co-hosted by NSTF and HPP. The theme is "Trails for Today Tomorrow" with the first day of the conference planned for a Provincial Government Summit on Trails.

In 2009-2010, the groundwork for an enhanced trails website was laid through meetings and information sessions with other government departments and NSTF. This will provide a go forward plan for short and long term enhancements.

Develop province-wide nicotine treatment guidelines to support HPP/DHA programming: As work began on the development of guidelines, the need to examine more closely how the nicotine treatment system worked across the province including offering a wider range of nicotine treatment services was required. HPP explored the development of a "centralized stop smoking program" that will complement DHAs' group counseling programs. This exploration will continue into 2010-2011. HPP also examined the possibility of transitioning and integrating the Smokers' Helpline[43] into the 811 HealthLink system. This exploration will also continue into 2010-2011.

Support the development of regional volunteer networks and develop programs to promote volunteerism and volunteer opportunities for seniors and youth: The regional Network of Networks met three times in 2009-2010 to plan for Local Gatherings to take place across Nova Scotia. Local Gatherings provided an opportunity for volunteers and volunteer groups to network, celebrate and learn about the resources and promising practices that have worked within neighbouring community and sector organizations. Local Gathering day-long events were held in Barrington, Halifax, Bridgewater, Amherst, Stellarton and Windsor in 2009-2010. HPP worked closely with local host organizations to promote and organize the sessions. Over 219 people have participated in the discussions to date.

The Departments of Justice, Community Services and HPP held a Youth Volunteer Luncheon with the Departments' Ministers in 2009-2010. The luncheon provided Ministers the opportunity to learn more about the value and importance of volunteering within communities; provided a venue for youth volunteers to be recognized for their important contribution in their communities; and provided an opportunity for youth volunteers to share their experiences with the other Ministers and youth present. Forty-three youth were in attendance, along with youth leaders from Leaders of Today who provided excellent facilitation at the event.

The 35th Annual Provincial Volunteer Awards Ceremony took place April 2009. The Lieutenant Governor, Premier and HPP Minister awarded certificates to 66 community representatives and four specialty award recipients.

In 2009-2010, HPP worked with the Department of Seniors on the Silver Economy Summit to ensure part of the Summit focused on aging population volunteer opportunities, the health benefits of volunteering and engaging the Nova Scotia baby boomer population to become active volunteers in their communities. The Silver Economy Summit will take place in May 2010.

[43] http://www.gov.ns.ca/hpp/cdip/tc-quitting.asp

In 2009-2010 HPP began working with RNS and Community Links to support the re-development of the nsvolunteerforum.ca website so as to encourage more use of the tool as a recruitment site for volunteer positions across the province. It is anticipated that the new website will be available by Summer 2010.

Promote effective collaboration between Government and the voluntary sector: In 2009-2010, articles, presentations and background documents on the Collaboration Agreement were prepared and disseminated to show the need for government and the voluntary sector to work together to ensure the viability and health of volunteers and the voluntary sector. As well, HPP continued to work with the Nova Scotia Volunteer Community Advisory Council to identify key issues, challenges, and opportunities and to prioritize these for action.

Develop a social marketing campaign to highlight the important role of volunteers and to promote their recruitment and retention: Funding was not available to pursue this objective instead the HPP Volunteerism website[44] was revamped.

Additional Accomplishment: In partnership with the Provincial Library Services of the DoE, HPP launched the Voluntary Sector Resource Collection in October 2009. Hardcopy resources have been purchased and located at the nine regional libraries across Nova Scotia. This has allowed community libraries to access these resources and online resources for their clients from this Collection.

5.2.3 Coordinated Support from the Provincial Government for the 2011 Canada Winter Games and 2010 Vancouver Olympics and Paralympics

As the provincial lead department for the Canada Winter Games, HPP will coordinate support from the Province for the local host society and work collaboratively with key partners including the host, HRM: HPP continued its work with the 2011 Host Society by participating on committees and boards to support the staging of the Games. HPP represents the provincial interests on the Canada Games Council, the Board of Directors of the 2011 Canada Games and on the executive and operations committees. HPP continued to coordinate the provincial support for the Games by serving as the point of contact for the host society to request and negotiate any "value in kind" contributions by all departments.

Working with partners at all levels, HPP will continue providing leadership and financial support to the 2011 Canada Winter Games for athlete development, development and training of coaches and officials, infrastructure and cultural legacy, and volunteer development and support: HPP provided $50,000 for provincial sport organizations involved in the 2011 Canada Winter Games. The fund provided opportunities for the development of minor officials or team/athlete preparation. Other HPP programs supported coaching certification of Canada Winter Games coaches and the Hosting Program supported test events for the Games.

[44] http://www.gov.ns.ca/hpp/volunteerism/

As the provincial lead department for the 2010 Vancouver Olympics and Paralympics, HPP will ensure the Province maximizes its investment leading up to and during the 2010 Vancouver Olympics and Paralympics: Nova Scotia implemented its Olympic activation plan during the recently held Olympics in Vancouver February 12-28, 2010. This involved a $2.6 million investment from the Province of Nova Scotia in December 2009.

All elements of the plan were implemented as planned. This included the Business and Economic Opportunities strategy to leverage the 2010 Olympics and Paralympic Games as the single largest gathering of top level governments and corporations in Canada in recent history. It also included support for one of the top three pavilions at the Games at Atlantic Canada House, an Aboriginal strategy, support for Place d'Francophone (French Canadian pavilion) and the Cultural Olympiad (approximately 100 artists supported to perform during the Games), support for Nova Scotia Day events and concert, and the Premier's visit.

The Paralympic Games were held March 12-21, 2010. Nova Scotia, along with the other Atlantic Canadian provinces and the Atlantic Canada Opportunities Agency supported the Atlantic Canada House pavilion at Whistler mid-week during the Games.

5.3 Safer Citizens, Populations and Communities

HPP's vision is for healthier and safer Nova Scotians. Our work in the area of safety encompasses injury and communicable disease prevention, emergency preparedness, addiction-related harm reduction, environmental health protection, and the promotion and maintenance of safe environments.

5.3.1 Communicable Disease Case Management and Surveillance Information System (PANORAMA)[45] **HPP will continue to inform and advise the national project development through collaboration with Canada Health Infoway, PHAC, and other jurisdictions to ensure the Panorama application meets the needs of public health practitioners:** In 2009-2010, HPP continued to inform and advise the national project through membership on the Panorama Management Committee and the Panorama Steering Committee. The Nova Scotia implementation project remained on hold due to human resource capacity within the Department and across the public health system. The framework of criteria developed to assess readiness for Panorama implementation is evaluated monthly by the Panorama Leadership Team within HPP.

5.3.2 Developing Population Health Assessment and Surveillance

Expand our ability to understand population health determinants; recognize and assess outbreaks and disease trends; facilitate evidence-informed decisions for program planning, delivery and evaluation, policy development and business planning; strengthen research,

[45] Panorama is a comprehensive and complex public health information system which has been custom-built for Canadian public health practitioners. Working closely with the DHAs, it facilitates the management of: communicable disease cases, contacts, and outbreaks; immunizations and vaccine inventory; urgent notifications and alerts; and surveillance and reporting.

evaluation, informatics, and surveillance: In 2009-2010, HPP's Population Health Assessment and Surveillance (PHAS) Responsibility Centre established processes, tools and procedures for tracking of outbreak and immunization data during the H1N1 outbreak response. PHAS also monitored vaccine coverage for H1N1 and informed decisions on disease response, targeting of population groups and vaccine program delivery using epidemiological principles.
PHAS also implemented evaluation and monitoring activities to inform programming and decision making (examples including evaluations of YHCs, HPS, and Healthy Beginnings Enhanced Home Visiting). PHAS also monitored the YHC standards and the provincial Food School Nutrition Policy[46].

Based on recommendations of the Deloitte and Touche report "*Business Case for Recruitment and Retention of Public Health Epidemiologists",* PHAS rewrote all job descriptions for surveillance positions and submitted the job descriptions to the Public Service Commission (PSC) for re-classification. HPP also contracted a Manager of Surveillance and hired staff to backfill two surveillance positions.

5.3.3 Strategies and Programs Contributing to the Safety of Populations In 2009-2010, HPP will:

Continue to work with the Child and Youth Social Policy Committee to implement the Child and Youth Strategy to reduce the risks of children, youth and families: The Child and Youth Strategy: *Our Kids are Worth It* identified a Well Child System as part of a strong foundation for the children of Nova Scotia. The work of the Well Child System Work Group is based on principles that support improving outcomes for children and families. Early supports and approaches that identify issues and create opportunities for children to reach their full potential in environments that are safe, nurturing and stimulating in the early years are part of the collaborative discussions that will identify priority areas of focus. The work group completed a provincial government environmental scan of programs and services in Nova Scotia to inform its work. It also reached agreement to identify structural supports across government and identify and build support system architecture components to support delivery of responsive programs.

Additional accomplishment: HPP participated on the Domestic Violence Prevention Committee comprising government and community representation which brought forth recommendations to government toward the development of a provincial domestic violence strategy. A review of these recommendations began in 2009-2010 and continue into 2010-2011.

Facilitate the coordination of falls prevention policy development, programs and training across DHAs and in the continuing care sector: HPP continued implementation of the Strategic Framework: Preventing Fall-Related Injuries Among Older Nova Scotians. Actions are summarized under priority 5.2.1.

[46] http://www.gov.ns.ca/hpp/cdip/healthy-eating-schools.asp

Support the Department of Transportation and Infrastructure Renewal and other injury prevention stakeholders in the implementation of the provincial Road Safety Strategy: HPP collaborated with the Departments of Transportation and Infrastructure Renewal, Justice and Service Nova Scotia and Municipal Relations to continue the development of a provincial road safety strategy.

HPP partnered with road safety departments to address a variety of issues including, speed, impaired driving, graduated driver's licenses, and road safety structure and accountability.

Provide, with funding received from the Government of Canada, a one year Human Papilloma Virus (HPV) vaccine "catch up" program for females in Grade 10: In 2009-2010, the HPV vaccine was offered to Grade 10 females as part of a "catch up" program for those that did not receive the vaccine in the past[47]. The regular HPV school based Grade 7 vaccine program was deferred for one year due to the H1N1 response and the related human resource requirement needed to deliver public health mass immunization clinics. Therefore, in 2010-2011, HPV vaccine will be offered to Grade 8 females as a catch up from the Grade 7 deferment in 2009-2010 and the regular Grade 7 program will resume.

Continue the 10-year B-FIT Program which assists not-for-profit community groups and municipalities to develop facilities in order to increase public participation in PASR: Demands on the Province for assistance to develop major sport and recreation facilities led to the Province announcing a ten year $50 million program in March 2007 with disbursements of $5 million each year over ten years. In April 2008, this Building Facility Infrastructure Together (B-FIT) Program received an additional $2 million for a total of $7 million for each of the remaining nine years bringing the total to the B-FIT Program to $68 million over ten years. In February 2010, the Program closed with the entire $68 million earmarked for the Program committed to 38 projects. This $68 million Program commitment represents over $200 million worth of construction across the province.

Working with other departments and partners, continue trail development and maintenance and work with the Emergency Management Office (EMO) to coordinate the development of a 911 signage system on sections of the TransCanada Trail[48]: In 2009-2010 HPP hired a consultant, and in partnership with EMO, began work on the project to help the public explain their location accurately in the event of needing to call 911 for emergency assistance. HPP was involved in discussions with various trails associations involved in the project. At the end of 2009-2010, Inverness Trails had signs ready for installation and were in active discussions to have data entered into a mapping database.

Partner with the Department of Justice, and other sectors, to implement the Nova Scotia Drug Strategy: The Nova Scotia Drug Strategy was not released. It was put on hold due to other competing priorities and strategies.

[47] The "catch up" program was a planned priority based on the provision of federal funding in 2009-2010 and the opportunity to offer the HPV vaccine to another cohort of females. This "catch up" was unrelated to the H1N1 response, as that had yet to occur when funding was received.
[48] Because this priority falls under "safer citizens, populations and communities,", the update is specific to the 911 signage system. Information on trail development and maintenance and a trail wide system are included in the update under 5.2.2.

Work with Health Canada's Research and Surveillance Unit to develop a comprehensive drug use "early warning" surveillance and monitoring system for Nova Scotia: This work was deferred due to staff vacancies and lack of fiscal resources.

Collaborate with the Tourism Industry Association of Nova Scotia to update the *It's Good Business: Responsible Beverage Server Program:* HPP and the Nova Scotia Tourism Human Resource Council (NSTHRC) completed the re-development of *It's Good Business: Responsible Beverage Service Program* in 2009-2010. The new program, *Serve Right – It's Just Good Business* was implemented. A Memorandum of Understanding was signed between HPP and NSTHRC to solidify the relationship and responsibilities regarding the provision of the program and system support for responsible service.

5.3.4 Emergency Management

Nova Scotia and the rest of the world experienced the first wave of the H1N1 Pandemic in April 2009 followed by a second wave in Fall 2009. These events reprioritized the normal activities of Health Services Emergency Management (HSEM)[49].

In collaboration with DoH, HPP will: Continue to monitor and respond to the H1N1 Flu Virus (Human Swine Flu) in Nova Scotia including ongoing surveillance, provision of information to health partners and other provincial jurisdictions, communication with the public, and provision of recommended strategies, including the administration of H1N1 vaccine: The onset of the H1N1 pandemic required both response and planning activities for HPP/DoH HSEM. For the first and second waves of the pandemic as well as during the planning period in between, HSEM normal operations and services were suspended to provide operational and strategic support to the Joint HPP and DoH Health Emergency Operations Centre (JHEOC), DoH Emergency Operations Centre (EOC) and HPP Situation Room. Listed below are the major activities undertaken by HSEM.

The First Wave

During the first wave, support activities began in April 2009 and included:

- establishing the HPP Situation Room including the installation of infrastructure (computers, network connections and media connective) and the auxiliary support centres including the JHEOC and DoH EOC;
- setting meeting times and a business cycle to support the health system including DHAs, the continuing care sector, Emergency Health Services (EHS), Provincial EMO, federal and provincial governments, the Canadian Forces, non government organizations and the private sector; and
- establishing and maintaining a record of all HPP/DoH expenses related to H1N1.

[49] Health Services Emergency Management (HSEM) is a shared resource between HPP and DoH. All HSEM work conducted in 2009-2010 applies to both HPP and DoH. Therefore where priorities or activities note HPP, it should be understood that this applies to both departments.

Following The First Wave
Following this first wave, work continued including:
- closing EOCs on May 5, 2009;
- establishing a Lessons Learned process that netted over 1100 inputs. The Lessons Learned were organized, classified and distributed to the pandemic preparedness committee to be used in the development of pandemic plans;
- reconstituting the pandemic planning process with a focus on tasks needing completion before the second wave of activity;
- creating and implementing a document development process and an administrative and electronic data storage process;
- hiring a project consultant to develop a project plan for the pandemic plan;
- identifying enhancements to the HPP Situation Room;
- collecting DHA/IWK All Hazards Plans, Pandemic Plans and Business Continuity Plans; and
- developing an audit tool to measure DHA/IWK pandemic preparedness.

The Second Wave
During the second wave, support activities began in November 2009 and included:
- activating and staffing the JHEOC and DoH EOC;
- coordinating the purchase and delivery of: infection control supplies for the continuing care sector including N95 masks, protective gowns, disposable gloves, disinfection products, 90 additional ventilators for the Nova Scotia health system, 10 additional ventilators from the National Emergency Stockpile System (NESS), and supplies for the provincial immunization centres including needles, syringes, coolers, ticket machines etc.;
- supporting fit testing supplies for the continuing care sector;
- establishing an emergency preparedness and response business cycle for the health system and system stakeholders;
- developing and distributing a situation report to measure the impact of H1N1 in the DHAs/IWK including monitoring the impacts of H1N1 on emergency departments, primary and secondary assessment centres, and intensive care units;
- developing and implementing a document retention and distribution process;
- coordinating and facilitating regular meetings with stakeholders;
- coordinating the distribution of federal NESS supplies to DHAs/IWK; and
- implementing the second Lessons Learned process for the second wave.

Continue work with the EMO to enhance emergency management capabilities and business continuity functions and complete an HPP Business Continuity Plan: During 2009-2010, other activities unrelated to the pandemic continued and included:
- continuing HPP representation on the Provincial Departmental Emergency Planning Officer (DEPO) Executive, DEPO Committee and business continuity working group chaired by EMO;
- completing and submitting to EMO, an initial business continuity plan for HPP; and
- presenting on "business continuity using a pandemic lens" to EMO's Business Continuity Working Group and PHAC.

Continue development of a provincial Concept of Operations to promote the development of a national counterpart: In 2009-2010, HSEM focused on the response to H1N1. During this time a new concept of operations was developed and implemented.

In addition to the concept of operation the pandemic model of care, developed by HSEM in consultation with multiple stakeholders, proved that the concept for pandemic response is valid. Both the new concept of operations and the pandemic model of care concepts will be evaluated through the lessons learned process which will help inform the development of an "all hazards" approach to emergency management. The development of these new concepts of operations will allow for greater efficiency in working with our provincial and federal counterparts.

Continue work on a Strategic Reserves Program to enhance capacity to respond in the event of adversity caused by natural or man-made events that impact the health system and undertake a Readiness and Exercise Capabilities Program to test systems and practice people: An initial report on the supply chain management and strategic reserves project was received from Gardner Pinfold Consulting. Based on the implementation of SAP[50] materials management capability, analysis will be recalculated with more data in 2010-2011. The final outcome of this work will be a recommendation to enhance supply chain management in the province.

A table top exercise was conducted by HSEM, with HPP Executive in spring 2009 to test components of its Business Continuity Plan. The results of this exercise increased awareness of the need for business continuity and familiarized participants with the content of HPP's business continuity plan.

Continue working with PHAC to ensure Nova Scotia has a National Emergency Stockpile System (NESS): In May 2009, HPP informed PHAC that the province is implementing a process by which NESS supplies in Nova Scotia sites are accounted for by a local custodian and inventoried on an annual basis. HPP also gave a presentation to DHAs/IWK material managers in July 2009 indicating that districts should take more of an accountability role in auditing pre-positioned NESS sites in their jurisdictions.

Other accomplishments related to NESS included:

- significant refurbishment of the NESS site in Yarmouth in spring 2009;
- components of NESS released to Cape Breton DHA and IWK in May 2009 and to Colchester East Hants DHA in support of patient assessment centres in November 2009;
- a request and receipt from Colchester East Hants DHA for supplies from NESS in response to H1N1 to supplement their primary assessment centre; and
- HSEM participation in discussions for the federal purchase of ventilators for NESS.

[50] Nova Scotia Government Systems Applications and Products

Enhance DHA engagement for Pandemic Preparedness by setting standards, monitoring and evaluating[51] their preparedness: HSEM continued to chair the Health System Emergency Planners Advisory Group composed of DHAs/IWK emergency planners and other government bodies and used this as an open forum to identify issues and encourage positive ideas regarding health emergency management. As well, HSEM:

- developed a Deputy Ministers'[52] endorsed audit tool for DHAs/IWK to quickly assess where districts are in the progress of their emergency management programs and pandemic preparedness;
- initiated reporting from the DHAs/IWK in May 2009 on the status of N95 fit testing programs;
- conducted a one day training session with DHAs/IWK on business continuity planning; and
- organized and sponsored a three day training session for DHAs/IWK, other government bodies (including EMO) and community organizations (e.g. Red Cross and Salvation Army) given by the Disaster and Extreme Events Preparedness (DEEP) group in October 2009 focusing on surge sort support, psychosocial training and safety function actions for medical first responders.

Additional Accomplishment: Response to the Auditor General Report on Pandemic Preparedness: The Auditor General tabled a Special Report on Pandemic Preparedness on July 28, 2009 with 33 recommendations for improvements for the province. In addition to the response to H1N1, HSEM responded to inquiries from the Auditor General concerning their report on pandemic planning; developed and distributed an Emergency Preparedness Audit Tool to DHAs/IWK to establish preparedness standards and monitor levels of preparedness; and continued to progress the Auditor General observations related to HSEM.

5.3.5 Strengthening Health Protection Focusing on protecting health, reducing risk and enhancing and promoting safe and healthy environments, HPP will:

Work collaboratively through the Joint Environmental Health Protection Secretariat[53] to protect the public from hazards posed by natural or man-made environmental conditions and continue implementation of the framework for joint decision making, strengthening environmental health protection and addressing gaps in health protection: The HPP Environmental Health Responsibility Centre continued its work in 2009-2010 by providing leadership and support to the Joint Environmental Health Protection Committee (JEHPC). In 2009-2010 JEHPC focused its work on strengthening environmental health and addressing gaps in health protection programs by implementing the Environmental Health Renewal Project. A significant achievement of this project was the formation of a core team representing multiple levels of the environmental health system, including DHAs, HPP, Nova Scotia Environment (NSE) and Department of Agriculture. The core team began work to co-create a vision and direction for environmental health programs and engage staff across the system. Findings will be presented to JEHPC in spring 2010.

[51] There is an error in this priority in the Business Plan as the wording should have read: "evaluating their preparedness" rather than "monitoring their preparedness".
[52] Deputy Ministers of HPP and Health.
[53] The Joint Environmental Health Protection Secretariat is composed of the Departments of Agriculture, Environment and HPP

Continue to provide human health risk assessment support to the public health system for environmental assessment and public health aspects of the Sydney Tar Ponds/Coke Ovens clean up, historic gold mines, mining exploration, and chemical spills: The Environmental Health Responsibility Centre continued its participation at the Environmental Management Committee of the Sydney Tar Ponds Agency. HPP provided advice and consultation to this committee throughout 2009-2010 with respect to the design, implementation and management of public health protection plans throughout the life of the Sydney Tar Ponds and Coke Ovens remediation project. This advice will continue into 2010-2011.

Additional Accomplishments: Significant capacity issues were identified that highlight the need to evaluate current capacity and identify future needs of the system. This work continued on multiple levels in 2009-2010.

Evaluating Current Capacity: Related to evaluating current capacity, JEHPC established a short-term working group to address business continuity planning as it pertains to the Medical Officers of Health' (MOH) reliance on environmental health staff resources in NSE, Agriculture and HPP. This work was brought about by H1N1 work and the potential need to utilize staff in other departments to ensure business continuity. Using competencies for communicable disease investigation as the foundation for this work, each department undertook the task of identifying staff that possessed those competencies. HPP completed this work in 2009-2010 and will continue to assist NSE and Agriculture as requested.

Building Capacity: Related to building capacity, the Environmental Health Human Resources Working Group established by JEHPC in 2007 continued work in 2009-2010 by providing a training workshop to mentors of environmental health practicum participants. The working group also undertook an evaluative survey of the workshop, the results of which are expected to form components of the work plan for this group in identifying future workforce needs. The working group also identified the need to review competencies and professional development requirements established nationally to assess what the local implementation needs are. This work is expected to be completed by spring 2010.

Support to DHAs and MOHs: Related to providing support to the DHAs and MOHs, HPP identified the need in to enhance the role of its environmental health consultants to include direct leadership and support of emerging environmental health issues at the district level. Work was undertaken to resolve complex issues respecting the current Memoranda of Understandings between HPP, NSE and Agriculture and to communicate the availability of this resource to district partners.

Release the All Hazards Plan that outlines the processes and procedures for responding to a health emergency in a strategic, effective and consistent manner: In 2009-2010 an All Hazards Plan existed in draft form. Lessons Learned from H1N1 significantly influenced the content of this draft and work in the short term will be to incorporate this information in the document.

5.4 Reduced Health Disparities

Health disparities are differences in health status across the population. Improving the health of the population requires a focus on the health of the entire population as well as sub-groups within the population. A population health approach focuses on reducing health disparities by engaging in collaboration across sectors and levels, addressing health determinants and their interactions, basing priorities on evidence that determines areas of focus and likely interventions, applying multiple strategies across a variety of settings, and increasing upstream investments to address the root causes of illness and injury. Using a population approach in developing policy contributes to the outcome of reduced health disparities.

5.4.1 Health Disparities as a Central Element to HPP Strategies HPP will:

Continue to incorporate the reduction of health disparities as a central element in the renewal of health promotion strategies (e.g. Tobacco Control and Injury Prevention Strategies) and use a health disparities lens in the implementation of existing strategies: In 2009-2010, HPP developed sections on the social determinants of health and health disparities for the renewed Tobacco Control and Injury Prevention Strategies. HPP also maintained ongoing dialogues across the department to explore the use of a health disparities "lens" in all HPP strategies and to explore a "Healthy Communities" framework for shifting attention from "risk behaviors" to "risk conditions". HPP staff also worked with DHAs and Community Health Boards across the province to promote and use tools and resources (e.g. workshops, film series) to integrate the reduction of health disparities as a goal at all levels.

5.4.2 Supporting Under-represented Populations and Building and Strengthening Capacity and Sustainable Relationships HPP will continue to focus on strengthening capacity for knowledge sharing and action. In 2009-2010, HPP will:

Understand and apply disparities indicators being developed by expert groups under the auspices of the Pan-Canadian Public Health Network (PHN): HPP continued its work with British Columbia, PHAC and Statistics Canada on an analysis of population health impacts associated with income disparities. A report on national indicators of health disparities was released by the Pan-Canadian Public Health Network in early 2010. Information from this initiative was used to inform the development of performance measures for HPP.

In 2009-2010, HPP established a Disparities Indicators Group within HPP which initiated work on the development of core indicators for Nova Scotia. The Group is co-chaired by staff from Chronic Disease and Injury Prevention and Population Health Assessment and Surveillance Responsibility Centres.

Lead initiatives at the provincial and local levels that will result in equitable use of sport and recreation facilities by girls and women, persons with disabilities, low income people and other under-represented populations: In 2009-2010 preparations were underway for a facility development conference held in April 2010. Facility developers and those interested in

planning for major sport and recreation facilities attended and topics included governance, operations, design and fair ice allocation.

Continue participation in the Tripartite Forum, a partnership between the Nova Scotia Mi'kmaq, the Province of Nova Scotia and the Government of Canada, to strengthen relationships and to resolve Mi'kmaq issues of mutual concern and support the Provincial Aboriginal Sport Circle to create a sport development process: A number of events occurred related to participation in the Tripartite Forum in 2009-2010 including:

- The Sport and Recreation Committee held well attended, regular meetings in Mi'kmaq communities across the province;
- The Canadian Fitness and Lifestyle Research Institute (CFLRI) and the Sport and Recreation Committee collected data for the pilot pedometer study in grades 3, 7, and 11 in three communities: Eskasoni, Waycobah and Indian Brook. CFLRI will analyze the results and a report will be received in 2010-2011;
- Summer and Winter Active programs were run in all 13 communities;
- A summer student was hired to work with communities to bring fun physical activity opportunities to children and youth including baseball, kayaking and golf;
- A climbing wall was installed in the Chapel Island School and managerial and operational training was provided so there could be evening community use;
- Team Atlantic, with both male and female teams, participated in the National Aboriginal Hockey Championships in April 2009;
- The third Annual Nova Scotia Schools Aboriginal Track and Field Championships were held;
- PKji Keptin Alex Denny Memorial Sports/Education Scholarship awards were presented to students in June 2009;
- The Steve Nash Basketball Program was offered in all 13 communities in partnership with Basketball Nova Scotia;
- The third Annual Sport Summit was held in October 2009 with a record number of sessions and participants. All communities took the opportunity to recognize athletes, coaches, volunteers and builders from their community. As well, Aboriginal coach training was offered to increase the number of Aboriginal coaches and leaders;
- The Mi'kmaq Support Council of Nova Scotia (MSCNS) was officially formed in 2009-2010 and a resolution to declare its intent to bid to host the 2014 North American Indigenous Games (NAIG) was put forward and accepted unanimously by the Assembly of Nova Scotia Chiefs. MSCNS prepared a letter of intent to bid to host the 2014 NAIG which was accompanied by a letter of support from the Premier; and
- Work began in 2009-2010 and is ongoing to develop a healthy eating "No Junk" program in all Mi'kmaq schools.

Support a bilateral agreement with PHAC for After School Programs in schools in low socioeconomic areas, in schools with a significant number of children and youth from different cultures, and at the Mi'kmaq Friendship Centre: In 2009-2010, through a bilateral agreement between PHAC and HPP, funding was provided to Sport Nova Scotia to offer a girls only after-school physical activity program for female children and youth in three targeted populations (African Nova Scotian, Aboriginal and those living in rural communities) in the communities of Truro, New Glasgow and Preston. A Coordinator was hired to oversee

administration and supervision of the programs while the programs were led by high school leaders who received specific training in the following programs: High Five Healthy Childhood Development, Leadership in Community Sport, Fair Play, Leadership Games and Activities, and Program Activities in a Gymnasium Setting. Activities offered included, but were not limited to: sport, physical activity, games, weight room activities, yoga, hip-hop, fitness training and umba. An evaluation of the project will be undertaken in 2010-2011.

As noted under 5.1.1, a bilateral agreement between PHAC and HPP equipped 77 libraries within the Nova Scotia library system and 173 C@P sites across the province with access to pedometers intended to motivate Nova Scotians to increase their level of activity[54].

In 2009-2010, through a bilateral agreement between PHAC and HPP, funding was provided to the Micmac Native Friendship Center, a non-profit organization, to offer after-school programs to children and youth at the Kitpu Youth Center. A variety of fun and educational activities and healthy food were offered. The intent of the program is to nurture leaders of tomorrow in an environment where their future is valued. Examples of the programs offered include: sports, fitness, dance, survival camp support, and recreational outings such as paintball, indoor rock climbing, swimming, canoeing and camping. A record of youth served through the program is kept and an evaluation will be undertaken in 2010-2011.

Facilitate sharing and learning across HPP, DHAs, and other departments and agencies to support the integration of knowledge on social determinants of health and health disparities in all CDIP policies and programs: In 2009-2010 HPP worked with other departments and organizations to address this priority. Activities included:

- Hosting with DOH a film series called "*Unnatural Causes: Is inequality making us sick*?" to generate a cross-department and intersectoral dialogue on health disparities and social determinants;
- Working with DCS to implement the provincial Poverty Reduction Strategy;
- Hosting sessions with DHAs and partners using the board game *The Last Straw: Board Game on Social Determinants of Health* to raise awareness on the impacts of economic and social forces on health across the life course;
- Hosting a session for staff on the National Collaborating Centre on Social Determinants of Health and collaborating with PHAC on a regional workshop on social determinants of health;
- Contributing to the development and implementation of the first ever provincial forum on Aboriginal Health, developing a fact sheet on Aboriginal health that incorporated a section on social determinants of health, and developing health disparities materials for presentations by the Aboriginal Health Policy Framework Advisory Committee;
- Co-hosting with the Atlantic Summer Institute on Healthy and Safe Communities, a workshop for Community Health Board Chairs and Planners called "Getting to the Roots… Practical Approaches for Acting on Social Determinants of Health"; and
- Providing consultation for non-profit organizations to support the use of a health disparities "lens" in planning and programs.

[54] More detail is found under Priority 5.1.1.

Revisit the implementation structure for the *Framework for Action: Youth Sexual Health in Nova Scotia* in order to ensure meaningful involvement of youth and communities and build capacity in Roundtable members and stakeholders around participative leadership and youth-adult partnerships: In May 2009, a youth sexual health core team was established comprising youth and adults working in partnership. The focus of work was on building relationships and youth-adult partnerships and moving forward to refresh the provincial Youth Sexual Health Framework[55].

Maintain ongoing collaboration with the Nova Scotia Food Security Network to support ongoing participatory food costing research; build capacity to address food security at multiple levels; and support the development of policy that addresses food insecurity in Nova Scotia: HPP continued to work in partnership with the Nova Scotia Food Security Network and others working to increase food security in the province. HPP continued to fund the participatory food costing model[56]. Based on recommendations from the Food Costing Working Group and in consultation with stakeholders, the participatory food costing model will now focus on data collection every two years with increased data dissemination, data use, and capacity building in the alternate year. In 2009-2010 the focus was on capacity building, use of the data, and dissemination of the data to influence policy change to support greater food security. The next round of food costing data collection will occur in the Spring of 2010.

Build dialogue with Mi'kmaq bands' leadership and health professionals to create a sustainable long term relationship to address tobacco use in populations where tobacco use rates exceed provincial averages. In December 2009, the then Minister of HPP met with the Mi'kmaq leadership on tobacco control. During 2009-2010 fiscal year, no additional work was undertaken as the renewed Comprehensive Tobacco Control Strategy will include collective and bilateral cooperation between the province and First Nations' communities.

5.5 People, Learning And Growth

HPP is committed to building and sustaining a sufficient, competent, and properly equipped workforce and volunteer base which, together with our partners, will enable us to achieve our four strategic outcomes.

5.5.1 Public Health Workforce Development 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 2009-2010 HPP, in collaboration with the local level of the public health system, will:

Continue to work with Dalhousie University toward the development and implementation of a Master of Public Health (MPH) program: Representatives from Dalhousie and Acadia Universities and HPP began work to develop learning objectives for the MPH program. Work

[55] http://www.gov.ns.ca/hpp/publications/FINAL_framework_Booklet.pdf
[56] http://www.gov.ns.ca/hpp/cdip/healthy-eating-security.asp

related to governance of the MPH began in March 2010. The academic program will be available for September 2011.

Continue to focus on integrating the public health core competencies into practice: HPP **s**upported and partnered with the Public Health Association of Nova Scotia (PHANS) to develop and provide a Core Competencies for Public Health workshop to public health practitioners across the province on September 23, 2009. The workshop attendance was 166 with representation from Public Health Services of DHAs, HPP, universities, and First Nations organizations. The participant evaluations indicated that the workshop stimulated learning, enhanced understanding and considered valuable. Results from this workshop informed the logic plan model and workplan developed by the Living the Core Competencies Working Group. Within the DHAs, work will continue into 2010-11 on integrating core competencies for public health.

Begin development of a web-based tool called the Public Health Career Framework: In 2009-2010, HPP developed draft representative role profiles for district and provincial public health positions to provide a foundation for the Career Framework. Research into existing models was conducted and the DoH Information Technology IS4 group were consulted about scoping this project.

Establish a core program framework for public health which provides the foundation for roles and responsibilities, standards, accountability frameworks and future legislation: In 2009-2010, a Terms of Reference for the Core Program Framework working group was finalized and approved, guiding principles were developed and the purpose of the framework was defined. Program approaches and emerging clusters for core programs were identified. Work was also undertaken to align activities to ensure cross pollination between other initiatives and activities underway such as the public health strategic planning process, living the core competencies working group, health transformation and the public health funding approach work.

Elements of the Core Program Framework were completed. Due to H1N1, public health resources across the system were consumed resulting in a delay of this work. As well, the need to converge with the public health strategic planning initiative was identified as a critical step to continue. As a result the work of the Core Program Framework working group is under review within the context of the strategic planning initiative in order to determine next steps in the process.

5.5.2 Health Services Emergency Management A comprehensive program is required to develop an understanding and culture around emergency management in the health system. In 2009-2010, HPP, in collaboration with DoH, will:

Partner with the E- Learn Project to provide district level online emergency management training programs: HSEM, in partnership with Health Information Technology Service Nova Scotia developed a strategy to utilize the provincial E-Learn system to use as a tool to enhance emergency management education utilizing an on-line format.

Continue to partner with the federal government around nationally established programs including the National Emergency Stockpile System and Casualty Simulation Training Program: In 2009-2010, there was regular communication with PHAC on the upgrade of NESS in Nova Scotia. Scheduled NESS 200-bed hospital courses for Pictou DHA in May 2009 and South Shore, South West, and Annapolis DHAs in September 2009 were cancelled by the DHAs due to elevated pandemic planning. However, there was significant refurbishment of the NESS site in Yarmouth in spring 2009; the release of components of NESS to Cape Breton DHA and IWK in May 2009; and released components of the NESS to Colchester East Hants DHA in support of patient assessment centres in November 2009. As well, HSEM participated in discussions for the federal purchase of ventilators for NESS.

In March 2009, HSEM, in partnership with PHAC, provided training and supplies to 30 individuals on the art of casualty simulation. This program is designed to provide casualty simulation capabilities to responders for disaster exercises. A spin off benefit of this program has been the provision of casualty simulation services to support the work of the P.A.R.T.Y. program at the district level.

Enhance processes/procedures for the Exercise Development and Lessons Learned Programs: After the first wave of H1N1 in May 2009, HSEM distributed its Lessons Learned Process to the DHAs and HPP with over 1,100 individual recommendations and comments received and distributed to pandemic leads for review and identification of items to be addressed for the autumn wave of H1N1. HSEM collated individual observations from DHAs and HPP into a condensed document for incorporation into separate district/department planning. Also HSEM conducted business continuity exercises with HPP Executive.

In March 2010, HSEM developed a Lessons Learned methodology to capture areas of strength and areas that require improvement from across the health system. This methodology included internal stakeholder engagement through the use of questionnaires, eight external stakeholder engagement meetings and the development of a Lessons Learned Findings Conference held April 28, 2010. All findings will be collected and compiled in a final report to be submitted in summer 2010 for action by the pandemic leads committee.

Continue to provide DHAs with emergency management programs, education and training: Related to this priority, HSEM continued its work by:

- Working with DHAs on improving the Duty Officer Program;
- Establishing a Manikin Program to work in consort with casualty simulation to further exercise development in the province. It was utilized by Cumberland DHA in a district exercise;
- Providing full-day education session to DHAs on business continuity planning in September 2009;
- Organizing and scheduling NESS 200-Bed Hospital courses for Pictou DHA in May 2009 and South Shore, South West and Annapolis Valley DHAs in September 2009. Programs were delayed due to the response to H1N1;
- Organized and sponsored a three day training session for DHAs/IWK, other government bodies (including EMO), and community organizations (e.g. Red Cross and Salvation Army)

given by the DEEP group in October 2009 focusing on surge sort support, psychosocial training and safety function actions for medical first responders;
- Partnered with the Provincial Fire Marshal's Office, EMO, Department of Justice, PHAC, and Public Safety Canada, HSEM held a one day strategic review of the province's needs analysis for a Chemical, Biological Radiological, Nuclear and Explosion (CBNRE) Program. Work is ongoing as the provincial health system works on the development of a response capability for such emergency events; and
- Attended a PHAC sponsored meeting on the International Health Regulations (IHR) as the Port of Halifax has been listed under Canada's commitment to the IHR therefore requiring emergency planning efforts and activities. The IHR planning activities will benefit from the work being done concurrently with the CBNRE program.

Other Accomplishments: **Partner with the E- Team Project to provide system wide emergency reporting and event awareness:** HSEM, in partnership with the EMO, conducted an awareness training program with the health system emergency planners from across the province on the applications of E- Team. E-Team is an information sharing platform for emergency situations that is administered by EMO Nova Scotia. This program was adopted by the province and will be rolled out to HPP, DoH and DHAs over the coming months and year.

Partner with SharePoint Project to provide a health system program where emergency management information can be shared and stored: HSEM, in partnership with Health Information Technology Service Nova Scotia, developed a Share Point website for emergency management information to be used by DHAs. The platform will evolve over time as a main source of all health system emergency management information.

5.5.3 Public Service Commission Health Human Resources Strategy: The Health Human Resources (HR), Corporate Service Unit (Health HR CSU) provides leadership and advice on strategic directions and operational administration for human resource management to HPP. In 2009-2010, the Health HR CSU will focus on three key priorities:

Clients will have access to quality, effective, efficient and consistent HR services: HR staff participated in the Pay and Benefits Feasibility Study as part of government's review of its human resource functions. New models for administering payroll and benefits were the result of this study. As of February 8, 2010, all employee payroll previously done by the HR CSUs became centralized and managed by the Department of Finance. All benefits were also centralized and managed by the PSC.

There were 25 competitions completed for HPP in 2009-2010. HR staff provided considerable support to recruitment in the area of surveillance and MOHs. This process is continuing into 2010-2011.

Executive and senior leadership will have confidence in HR's ability to support significant organizational transformation: HR presented the *2009 How's Work Survey* results to the Senior Leadership Team in October 2009. The development of an action plan was recommended in conjunction with HPP's Healthy Workplace Committee (HWC) mandate and other HPP

initiatives with the goal to undertake employee engagement initiatives to address the issues raised in the survey. Related work has been delayed due to staffing shortages.

HR secured an occupational health and safety corporate consultant from the PSC to work with H1N1 priorities. HR also continued to support the HWC by actively sitting on the committee ensuring connection to HR initiatives.

Managers will have confidence and competence in their ability to effectively manage their HR: Throughout 2009-2010, HR continued to support managers with their training, development and new employee orientation needs. Related to leadership development, four HPP employees completed leadership development training in the Frontline, Stepping Up to Middle Manager and Middle Manager Programs in 2009-2010. Five employees took part in the Success Through Managers: Management Skills Training Program. In 2009-2010, HR also delivered one new HPP Employee Orientation session to 13 employees and distributed 33 orientation manuals and 10 student orientation manuals to new HPP employees.

5.5.4 French Language Services Plan HPP will implement its 2009-2010 French-language Services plan with three key objectives:

Strengthen the policy, regulatory, and administrative framework in support of the *French-language Services Act:* The HPP French-language services plan was developed and implemented in 2009-2010 providing staff with written correspondence, verbal communication and consultation guidelines with a related tool-kit. As well, a French language resource list was created from the French-language Capacity Survey.

Consult, plan, develop and deliver French-language services in priority areas: Ongoing translation service was provided to the Department for various documents and materials. Some of the related activities included: simultaneous translation services at the HPS Showcase; funding and assistance to Réseau Santé Nouvelle-Écosse to coordinate a series of province-wide consultations with the Acadian and francophone community to determine health and wellness needs and priorities; French language training to HPP staff via the Office of Acadian Affairs through Université Sainte Anne; French-language Services information to HPP staff through presentations, the intranet and the orientation program; a new Departmental French conversation club; and the launch of an Intranet web page to provide HPP staff better access to all French-language resources and tools.

Ensure that the Acadian and francophone community has resources available for its long-term development and sustainability: In 2009-2010, HPP continued to support Les Jeux de l'Acadie regional games through the Comité provincial des Jeux de l'Acadie (Provincial Acadian Games Committee). This included a coach conference offered in French for the first time in Nova Scotia; new sport banners produced in French; and physical activity programs translated into French for delivery to Acadian and francophone community organizations.

5.5.5 Healthy Workplace, Diversity and Social Inclusion In 2009-2010, HPP will:

Continue to develop a work culture that envisions, implements and celebrates a healthy workplace, based on the National Quality Institute model[57]: In 2009-2010, the HPP Healthy Workplace Committee (HWC) prepared a refreshed proposed Terms of Reference and new organizational structure which was discussed at a larger meeting of the HWC and its sub-committees. Updates of the sub-committees were also provided at this session. As well, the HWC began work on a funding policy through which small, innovative healthy workplace projects can receive financial support.

The Healthy Workplace Activities Sub-committee was very active in 2009-2010 hosting the second annual Staircase Challenge to remind people to take the stairs; opening a wellness space as a place for stretching, meditation, gentle exercise, breast feeding or quiet retreating to deal with a difficult situation. The sub-committee also created stretch videos, held a walking competition and had a weekly yoga session for staff.

Planning is currently underway to begin a staff engagement process focused on creating a healthy workplace culture and supportive environment.

Continue the implementation of its Diversity Action Plan emphasizing employee completion of mandatory Public Service Commission diversity courses, communications and education strategies, identification of employment barriers, and workplace accommodation strategies: The HPP Diversity Committee held 10 regularly scheduled meetings throughout 2009-2010. Being a transition year with a new chair and new members, orientation to past work of the committee and revisions of the purpose statement and the committee's three year plan (2008-2011) were completed. As well, the Committee embraced a shared leadership approach with meetings led by one or two alternating committee members thereby allowing an opportunity to build leadership skills that can be transferred to other areas of their work.

In April 2009, the Diversity Committee endorsed the "Out of the Closet Module" designed to create better understandings about working with staff and community who identify as gay, lesbian, bisexual and transgendered. The course was offered to HPP staff with 40 staff participating. The module was presented to the Diversity Roundtable and well received with the recommendation as a PSC learning module. Its potential is currently being discussed by PSC.

In 2009-2010, HPP and DoH's Diversity Committees partnered on the presentation of eight sessions featuring the film series *Unnatural Causes: Is Inequality Making Us Sick?* The series challenges many widely-held beliefs about why people are sick or healthy, including the impacts of racism on health. It takes health out of the realm of individual choice and lifestyle, and into the broader scope of economic, social and political determinants of health. With 20-25 people attending each session, feedback was extremely positive.

[57] The National Quality Institute model encompasses three elements: workplace culture and supportive environment; health and lifestyle practices; and physical environment and occupational health and safety.

The Diversity Committee participated in staff orientation sessions taking this opportunity to raise awareness around diversity and inclusion and inviting new staff to become involved in the Committee. It also involved HPP staff in recognizing religious/faith celebrations in December and January thus acknowledging and celebrating our diversity as a workplace.

6.0 Department of Health Promotion and Protection - Budget Context

Business Plan Elements	2009-2010 Estimate ($thousands)	2009-2010 Actual ($thousands)	Variance Estimate/Actual ($thousands)
Gross Program Expenses:			
Executive Administration	6,354	6,126	228
Addictions Services	3,657	3,064	593
Chronic Disease and Injury Prevention	3,048	2,936	112
Communicable Disease Prevention and Control	13,311	10,606	2,705
Environmental Health	605	593	12
Healthy Development	5,113	4,670	443
Emergency Preparedness	334	225	109
Physical Activity, Sport and Recreation	20,006	20,261	(255)
Population Health Assessment and Surveillance	1,268	1,003	265
Volunteerism	230	226	4
DHAs Funding	35,105	35,332	(227)
Total Gross Program Expenses	89,031	85,042	3,989
TCA Cost Shared Revenue	(69)	(286)	217
Funded Staff (FTEs)	152	141	11
Staff Funded by External Agencies	(15)	(14)	(2)
Total FTE Net	137	127	9

Explanation for Significant Variances between 2009-2010 Estimates and 2009-2010 Actuals:

HPP's actual expenses were $4.0 million or 4.5 per cent less than budget. The H1N1 outbreak took the attention of departmental resources resulting in the delay in the HPV vaccination program and the Panorama IT project which accounted for $2.0 million of the under spending. Other savings in the Department included $0.6 million from a reduction of vaccines and a vaccine inventory adjustment, $0.4 million in gambling program funding due to a reduction in gambling revenues, and $0.13 million in the Addiction Services Drug Treatment project due to late start up by the Federal government. In addition, there were savings from vacancies and other departmental operational costs.

7.0 Performance Measures

This section provides detailed information on the performance measures of each of the Department's strategic outcomes.

In 2001-2002, the then 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 performance measures and medium term targets was in development. The 2004-2005 Business Plan included improved measure choices and set targets for 2009-2010 maintaining the five year business planning cycle. In February 2006, the new Department of HPP was created. Its accountability reports also maintained 2009-2010 as the target year for performance measures for consistency and trend analysis as recommended by TPB.

Related to the targets established, it should be recognized that impacting changes in behaviour or health status are long term outcomes that could take many years to achieve thereby making the establishment of annual targets unrealistic.

Related to the ultimate targets established, HPP maintained these targets as a means to determine how the Department fared over the long term. In some cases ultimate targets were not reached during this business planning cycle. As a result a performance measures review was undertaken in 2009-2010 for a new five year business planning cycle (2010-2015). The result of this review is a new suite of performance measures and targets for 2014-2015 included in the Department's 2010-2011 Statement of Mandate. A review of these measures and targets will be undertaken each year as part of departmental business planning to maintain the most relevant measures and realistic targets as possible and an explanation of related changes as required.

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.

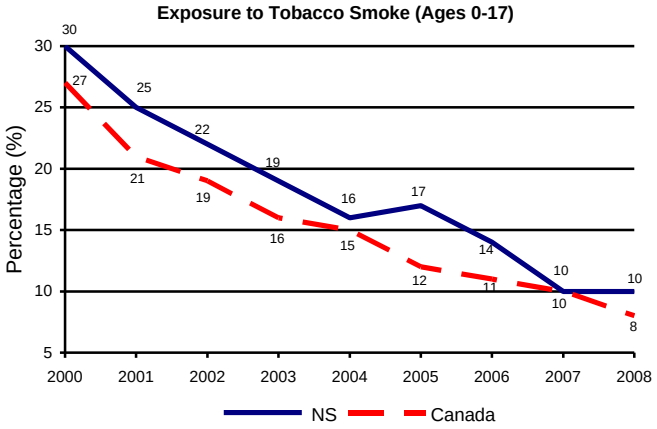
7.1 Improved Health Outcomes of Children and Youth

Percentage of Youth Aged 0-17 Years Regularly Exposed to Environmental Tobacco Smoke (ETS)

In children, ETS exposure is a cause of infections to the lower respiratory tract. In children with asthma, ETS exposure causes additional episodes and is also a risk factor for new cases of asthma.

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 at the time of the Canadian Tobacco Control Survey (CTUMS)[58].

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 was 10% while the Canadian percentage declined to 8%.



Where Do We Want to Be in the Future?
Nova Scotia aimed to decrease its percentage of ETS exposure to be equal or less than the Canadian percentage by 2009-2010.

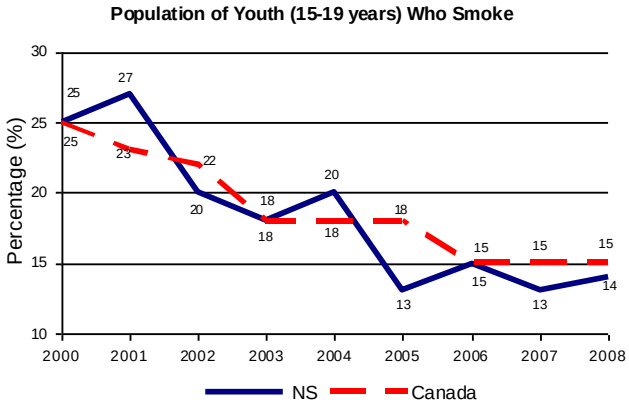
Percentage of Youth Aged 15 to 19 Who Smoke

High smoking rates translate into high rates of chronic disease. Reducing youth smoking is a key to the prevention of smoking related illnesses and to the promotion of a healthy population. This is especially important when considering that habits during the teen and young adult years tend to be maintained well into adult life.

What Does the Measure Tell Us?
This measure describes the percentage of Nova Scotian and Canadian youth (aged 15 to 19 years) who reported daily and non-daily smoking at the time of CTUMS[59] as a percentage of the total provincial population aged 15 to 19 years.

[58] Canadian Tobacco Use Monitoring Survey is a telephone self-report survey based on the calendar year. 2009 data were not available at the time this report was completed.
[59] Canadian Tobacco Use Monitoring Survey is a telephone self-report survey based on the calendar year. 2009 data were not available at the time this report was completed.

Where Are We Now?
According to CTUMS, 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.

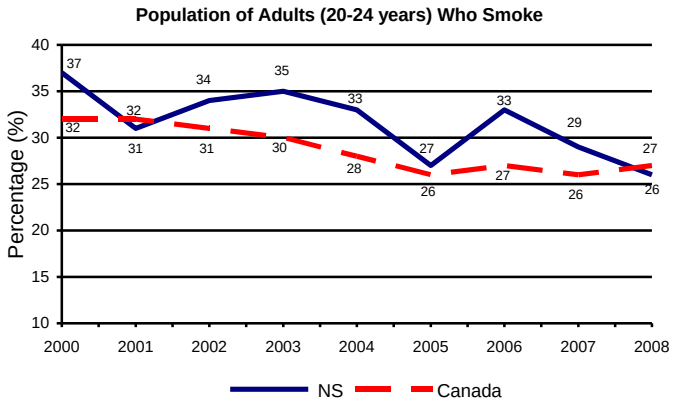


Where Do We Want to Be in the Future?
Nova Scotia aimed to continue to maintain or decrease its percentage of smoking among Nova Scotian youth (aged 15 to 19 years) to be equal or below the national percentage by 2009-2010[60].

Percentage of Young Adults Aged 20 to 24 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 CTUMS.[61]

Where Are We Now?
According to CTUMS, 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 aimed 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[62].

The Nova Scotia Comprehensive Tobacco Strategy has helped Nova Scotia move toward or achieve 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

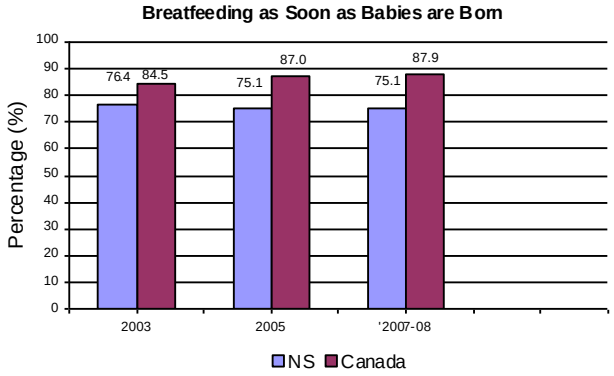
[60] HPP has met its target in 2009-2010. A new target has been established in the 2010-2011 Statement of Mandate.
[61] Canadian Tobacco Use Monitoring Survey is a telephone self-report survey based on the calendar year. 2009 data were not available at the time this report was completed.
[62] HPP has met its target in 2009-2010. A new target has been established in the 2010-2011 Statement of Mandate.

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

Breastfeeding Initiation Rate: 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 CCHS[63] self-report data, the percentage of initiation breastfeeding for Nova Scotia in 2003 was 76.4% and 84.5% for Canada. In 2007-2008, Nova Scotia was 75.1% as compared to Canada at 87.9%.

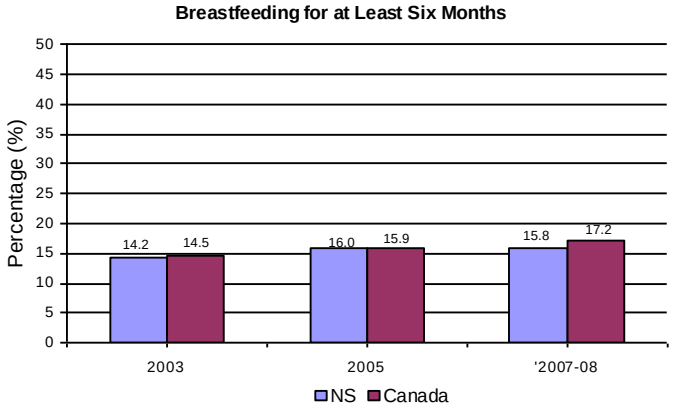


Where Do We Want to Be in the Future?
By 2009-2010, Nova Scotia aimed to be at or above the national percentage for women who breastfeed as soon as their babies are born.

Percentage of Women Who Breastfeed For At Least Six Months (Duration)[64]

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 data[65], the percentage of duration breastfeeding in Nova Scotia in 2003 was 14.2% compared to the national percentage of 14.5%. In 2007-2008, this percentage for Nova Scotia and Canada was 15.8% and 17.2% respectively.



[63] Canadian Community Health Survey self-reported data were initially collected every two years then yearly in 2007. In order to be comparable to previous CCHS cycles, the yearly data are combined every two years. The latest data available are for the combined year cycle of 2007-2008.
[64] The measure's definition changed from 2008-2009 Accountability Report to include only those mothers who breastfed or fed their child only breast milk resulting in different data as compared to the 2009-2010 Business Plan for all years.
[65] The latest CCHS data for breastfeeding duration are for 2007-2008 and according to Statistics Canada Guidelines, these data have a high degree of sampling variability, and although they can be used, they should be used with caution.

Where Do We Want to Be in the Future?
By 2009-2010, Nova Scotia aimed to be at or above the national percentage for women who breastfed for at least six months.

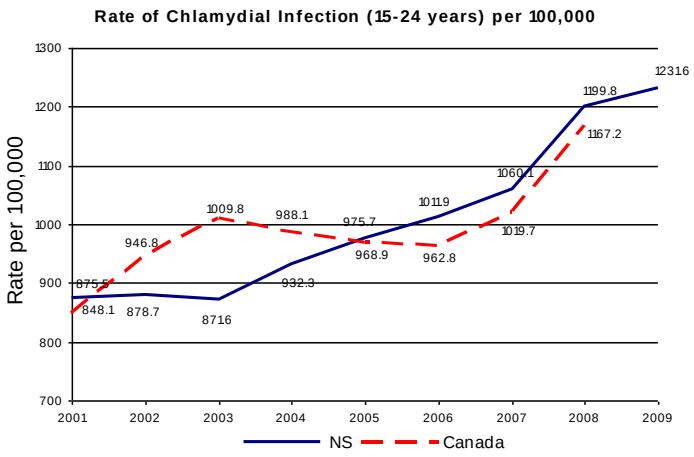
Related to breastfeeding, strategies to achieve these targets include:

- 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.

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 olds[66].

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 1199.8 in 2008 (compared to the national rate[67] of 1167.2 in 2008.)[68]



Where Do We Want to Be in the Future?
By 2009-2010, Nova Scotia's target was to be at or below the 2009-2010 national rate.

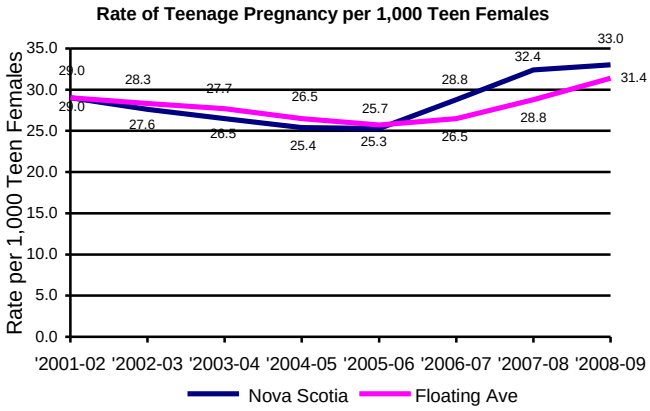
Rate of Pregnancy Among Teens

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 group[69].

[66] As reported by the Nova Scotia and Canada Notifiable Disease Surveillance System based on the calendar year.
[67] National data lags a year behind. There was an error in the 2009-2010 business plan in which the last national actual should have read 2007 not 2006. The difference in the national 2007 data of 1028.4 and the above 1019.7 reflected updated case and population data.
[68] 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. As well, increased testing and increased test sensitivity may also have contributed to increased incidence.
[69] Canadian Institute for Health Information (CIHI) Discharge Abstract Database and Populations from Nova Scotia Department of Finance, Statistics Canada based on the fiscal year.

Where Are We Now?

CIHI data show Nova Scotia experienced a decrease in the rate of teenage pregnancy from 29.0 per 1,000 in 2001-2002 to 25.3 in 2005-2006. The rate then rose to 33.0 in 2008-2009. Because comparable national data are not available[70], a floating three year average is used as a comparison[71]. Examining the floating average, there was a decrease from 29.0 in 2001-2002 to 25.7 in 2005-2006 followed by a slight increase to 31.4 in 2008-2009.[72].



Where Do We Want to Be in the Future?

The target was to be at or below the three-year floating average per 1000 of the population by 2009-2010.

HPP is committed to supporting a provincial youth sexual health framework and improving youth sexual health in this province.

Percentage of Children and Youth Sufficiently Active for Health Benefits

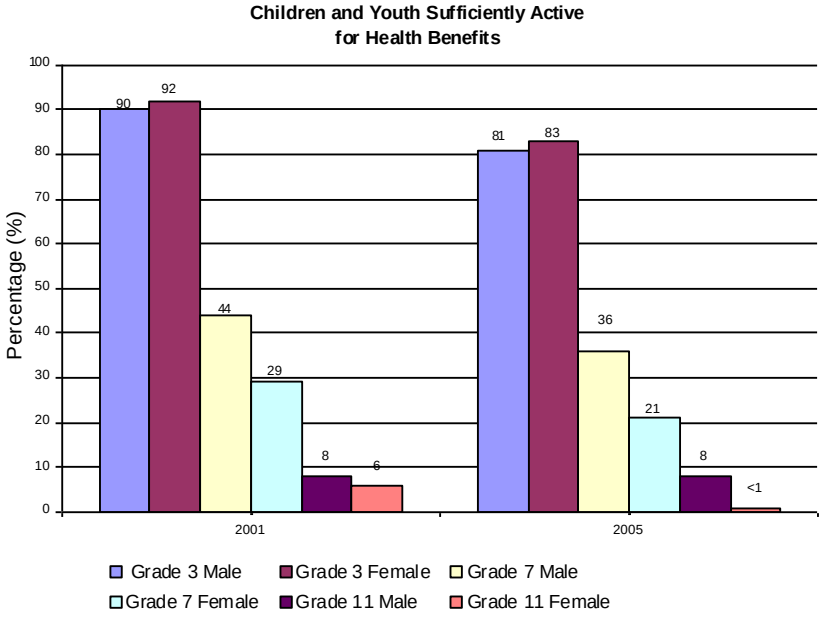
What Does the Measure Tell Us?

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.

Where Are We Now?

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

Gr 3 90% of boys and 92% of girls
Gr 7 44% of boys and 29% of girls
Gr 11 8% of boys and 6% girls



[70] 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.

[71] 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.

[72] 2009-2010 data were not available at the time this report was completed. Some data are slightly different than 2008-2009 due to rounding.

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% girls[73]

Where Do We Want to Be in the Future?
Nova Scotia's goal for 2009-2010 was 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;
- 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;
- Continued implementation and evaluation of the Healthy Eating Nova Scotia strategy;
- Implementation of healthy eating policies in multiple settings;
- Increased access to healthy, affordable, local food and beverages; and
- Increased support for the promotion, protection, and support of breastfeeding.

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

7.2 More Nova Scotians Taking an Active Role in Promoting and Protecting the Health of Individuals, Families and Communities

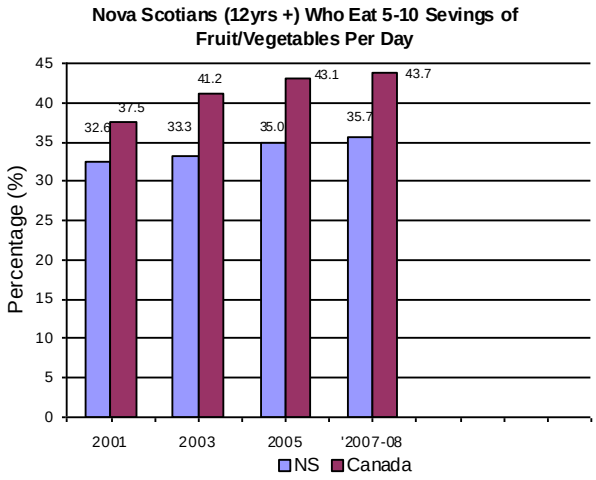
Percentage of Nova Scotia Population (12 yrs +) Who Report Eating at Least 5-10 Servings of Fruit/Vegetables Per Day[74]

What Does the Measure Tell Us?

This measure is the percentage of Nova Scotians (12 years and older) who report eating at least 5-10 servings of fruits and vegetables per day[75]. These data are drawn from self-reported data from CCHS[76].

Where Are We Now?

Between 2001 and 2007-2008, the percentage of Nova Scotians (12 years and older) that consumed at least 5-10 servings of fruits and vegetables per day rose from 32.6% to 35.7% . This compares to the national percentage rising from 37.5% in 2001 to 43.7% in 2007-2008.



Where Do We Want to Be in the Future?

By 2009-2010, Nova Scotia aimed to increase the percentage of the population (12 years and older) who report eating at least 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.

[74] 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.

[75] This measure has been changed from measuring the percentage who report eating the recommended servings to the percentage who report eating at least the recommended servings. Therefore these data are different than the data in the 2009-2010 business plan.

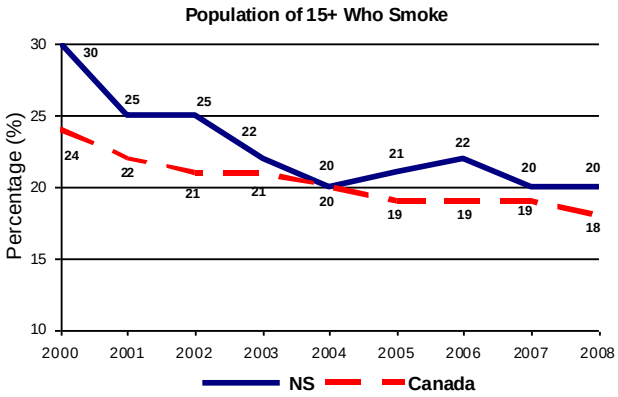
[76] Canadian Community Health Survey self-reported data were initially collected every two years then yearly in 2007. In order to be comparable to previous CCHS cycles, the yearly data are combined every two years. The latest combined year cycle is 2007-2008.

Percentage of Population Aged 15 and Over Who Smoke

High smoking rates translate into high rates of chronic disease. Reducing youth smoking is a key to the prevention of smoking related illnesses and to the promotion of a healthy population. This is especially important when considering that habits during the teen and young adult years tend to be maintained well into adult life.

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 CTUMS[77].

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 aimed 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.

The Nova Scotia Comprehensive Tobacco Strategy has helped Nova Scotia move toward or surpass 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.

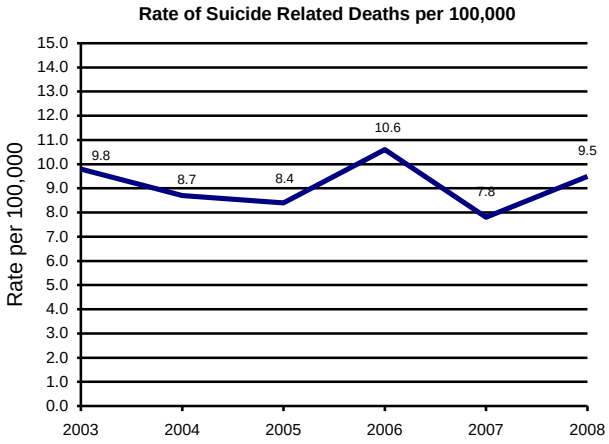
[77] Canadian Tobacco Use Monitoring Survey is a telephone self-report survey based on the calendar year. 2009 data were not available at the time this report was completed.

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 suicide[78].

Where Are We Now?
In 2003, the rate per 100,000 of suicide related deaths in Nova Scotia was 9.8. In 2008, it was 9.5[79].

Where Do We Want To Be in the Future?
Nova Scotia aimed toward a target reduction of 20%[80] in suicide related deaths by 2009-2010 using 2003 as the base year.

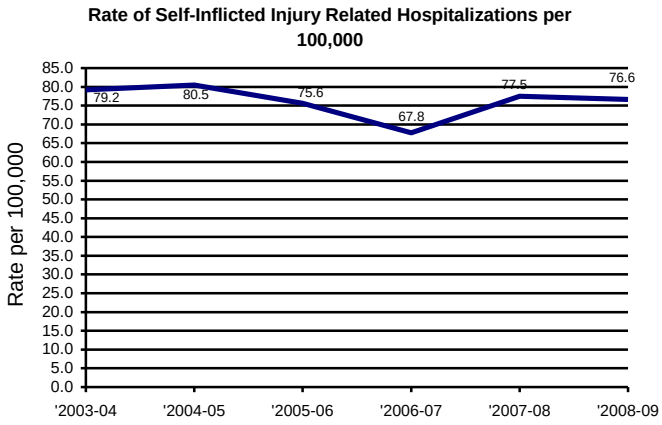


Rate of Self-inflicted Injury Related Hospitalizations

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 injury[81].

Where Are We Now?
In 2003-2004, the rate per 100,000 of self-inflicted injury related hospital admissions was 79.2. In 2008-2009, it was 76.6[82].

Where Do We Want To Be in the Future?
Nova Scotia aimed toward a target reduction of 20%[83] 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.

[78] Data are collected through Vital Statistics and analyzed by the Department of Health based on the calendar year. Some data have changed because new population estimates based on the 2006 Census were lower than projected from the 2001 Census resulting in rates increasing.
[79] 2009 data lag a year behind.
[80] 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.
[81] Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year. Some data have changed slightly because new population estimates were used based on the 2006 Census were lower than projected from the 2001 Census resulting in rates increasing.
[82] 2009-2010 data were not available at the time this report was completed.
[83] 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.

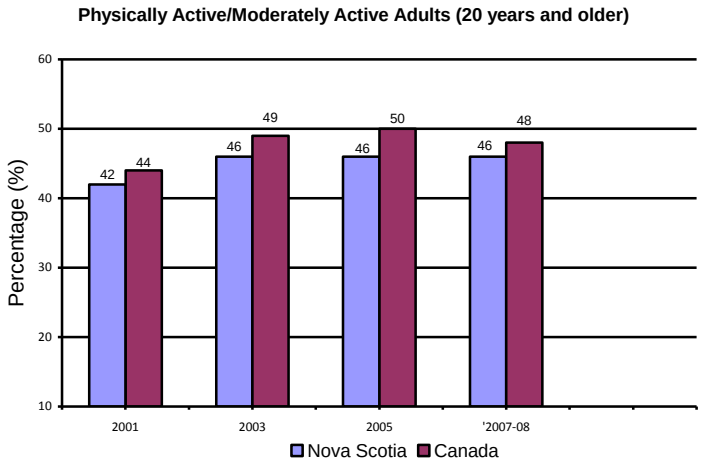
The Nova Scotia Strategic Framework to Address Suicide was released in November 2006. This provincial, intersectoral strategy identified a common vision and strategic plan for addressing suicide and self-inflicted injury across sectors. HPP is leading the implementation of this Strategy and continues 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.

In 2009-2010 HPP began working with DoH, CAST (NS Division), and the Sun Life Centre for Child and Adolescent Mental Health to develop a series of evidence reviews for suicide. These reviews are intended to guide policy and practices in Nova Scotia.

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 CCHS[84] 46% of Nova Scotian adults, 20 years and older, reported being active or moderately active in 2007-2008, an increase of 4 percentage points from 2001. In this same time period, the national rate was 44% in 2001 and 48% in 2008.



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 meant raising Nova Scotia's percentage from 42% in 2001 to 52% in 2009-2010.

[84] Canadian Community Health Survey self-reported data were initially collected every two years then yearly in 2007. In order to be comparable to previous CCHS cycles, the yearly data are combined every two years. The latest combined year cycle is 2007-2008.

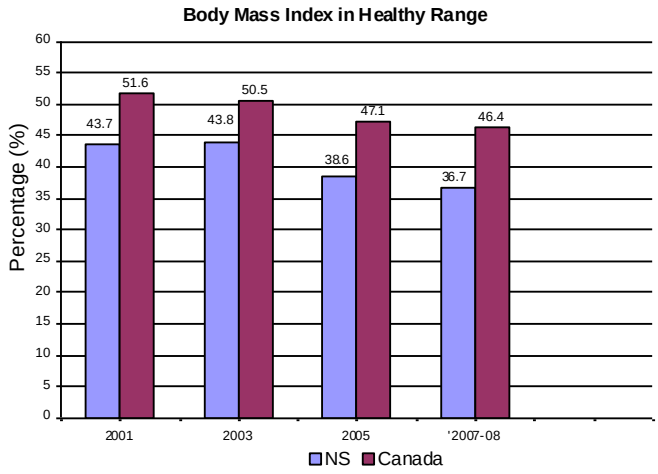
Percentage of Adults Reporting A Body Mass Index (BMI) in the Healthy Range

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 annually[85], 43.7% of Nova Scotians reported a healthy BMI in 2001 compared to 51.6% of the Canadian population. In 2007-2008 the percentage of Nova Scotians reporting a healthy BMI was 36.7% compared to the national percentage of 46.4%.



Where Do We Want to Be in the Future?

By 2009-2010, with partners at multiple levels and in multiple sectors, Nova Scotia aimed to increase the number of Nova Scotians with a healthy body weight by 10% to 54%.

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;
- 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;
- Continued implementation and evaluation of the Healthy Eating Nova Scotia strategy;
- Implementation of healthy eating policies in multiple settings;
- Increased access to healthy, affordable, local food and beverages; and
- Increased support for the promotion, protection, and support of breastfeeding.

[85] Canadian Community Health Survey self-reported data were initially collected every two years then yearly in 2007. In order to be comparable to previous CCHS cycles, the yearly data are combined every two years. 2007-2008 is the latest combined year available.

7.3 Safer Citizens, Populations and Communities

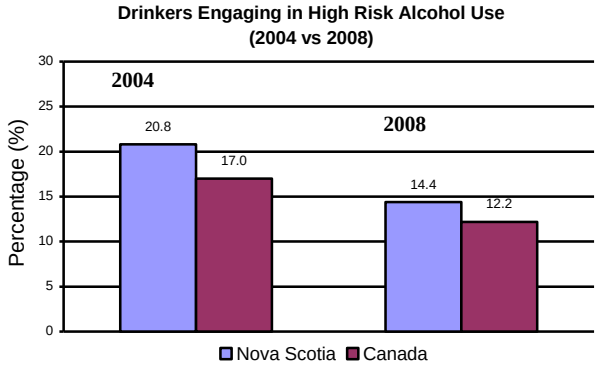
Prevalence of High-Risk Alcohol Use

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[86] (CAS) and the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS)[87], in 2004 17.0% of Canadian drinkers aged 15 years and older engaged in high-risk use compared to 12.2% in 2008. Among Nova Scotians, in 2004 20.8% of drinkers aged 15 years and older engaged in high-risk alcohol use compared to 14.4% in 2008. These results suggest that currently in Nova Scotia approximately 81,100 residents 15 years of age and older are engaged in high risk alcohol use.



Where Do We Want to Be in the Future?

Nova Scotia aimed to be at or below the national prevalence of high-risk alcohol use as measured by the AUDIT score by 2009-2010[88]. 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;
- 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.

[86] The latest CAS data was 2004.
[87] CADUMS data are based on the calendar year. The most current CADUMS data are from 2008.
[88] CADUMS replaced CAS as the CADUMS is done annually. The AUDIT score indicator remains the same. Data from the 2009 CADUMS are not available until Summer 2010.

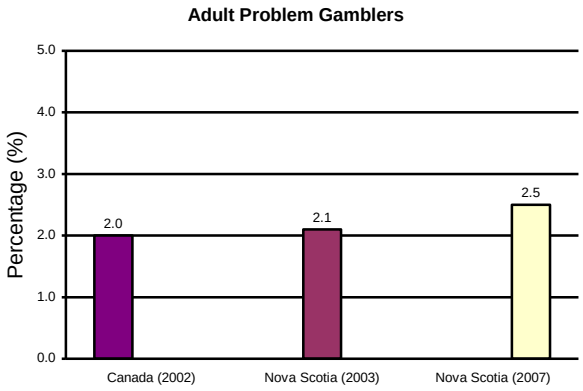
Percentage of Adults with a Gambling Problem

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 2003, 2.1% of adults in Nova Scotia were classified as problem gamblers as compared to 2007[89], where 2.5% of adults in Nova Scotia were classified as problem gamblers. These two figures are both based on the CPGI. These figures are compared to the latest 2002 national percentage of problem gamblers as measured by the Canadian Community Health Survey [90] (CCHS) of 2.0%. This shows Nova Scotia at a slightly higher percentage of problem gamblers. As of 2007, there were an estimated 19,400 problem gamblers in Nova Scotia based on the CPGI.



Where Do We Want to Be in the Future?

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

Due to the expiration of *A Better Balance: Nova Scotia's First Gaming Strategy* in March 2010, the Honourable Graham Steele, Minister Responsible for Part 1 of the *Gaming Control Act*, announced the process to develop a new Gaming Strategy for Nova Scotia. An advisory committee of deputy ministers from the Departments of Finance, Health, HPP, Labour and Workforce Development, as well as CEOs of the Office of Aboriginal Affairs and the Nova Scotia Gaming Corporation has been developed to guide the renewal process.

The process includes reviewing some of the elements outlined in the 2005 strategy such as the business of gaming, problem gambling prevention and treatment, research, and accountability. Other areas to be addressed include internet gambling, the video lottery My-Play system, and gaming regulations. Best practices in other jurisdictions, stakeholder meetings and written submissions will be used to develop the strategy. The new gaming strategy is scheduled for release October 2010.

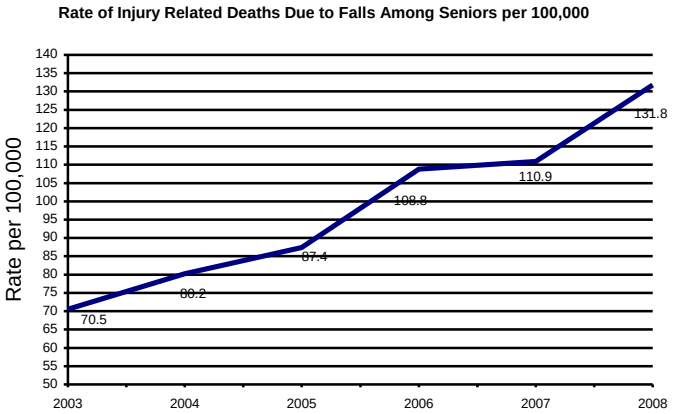
[89] The Nova Scotia CPGI self-report survey will be repeated in 2011 in the 2011 Nova Scotia Gambling Prevalence Study.

[90] Since 2002, CCHS gambling questions became part of the optional content of the CCHS. This meant only those provinces who chose to, would ask the related questions thereby resulting in no comparable national data. As this has continued, in 2010-11 Nova Scotia will replace the CCHS with a comparison of the Nova Scotia CPGI score to the CPGI scores of those Atlantic Provinces who conduct their own prevalence studies.

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 fall[91].

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 2008, it was 131.8 per 100,000[92].

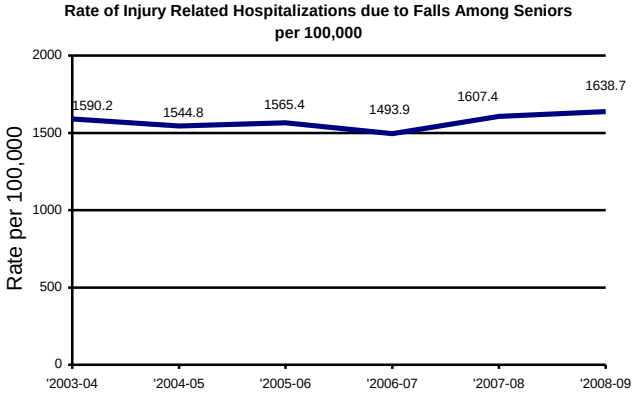


Where Do We Want To Be in the Future?
In keeping with the national injury prevention strategy and injury target reductions set in the *Economic Burden of Unintentional Injury in Atlantic Canada Report*, the target was to achieve a 20% reduction in the rate of injury related deaths due to falls among 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 fall[93].

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 2008-2009[94], it was 1638.7 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 was 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.

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[91] Data are collected through Vital Statistics with analysis by the Department of Health based on the calendar year. Some data have changed because new population estimates based on the 2006 Census were lower than projected from the 2001 Census resulting in rates increasing.
[92] 2009 data lag a year behind.
[93] Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year. Some data have changed because new population estimates based on the 2006 Census were lower than projected from the 2001 Census resulting in rates increasing.
[94] 2009-2010 data were not available at the time this report was completed.

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:

- 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; and
- Development of the DHA falls prevention network.

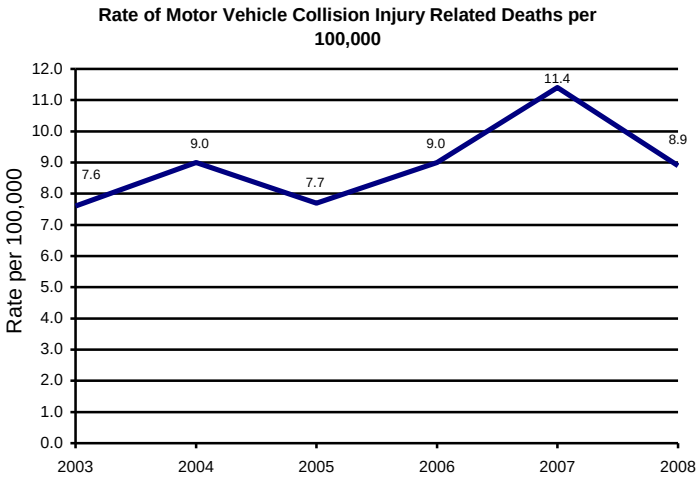
Rate of Motor Vehicle Collision (MVC) Injury Related Deaths

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 MVC[95].

Where Are We Now?

In 2003, the rate of MVC injury related deaths was 7.6 per 100,000. In 2008, the rate was 8.9 per 100,000[96].



Where Do We Want To Be in the Future?

The goal was to achieve a 30% reduction in the 2003 rate of MVC deaths in Nova Scotia by 2009-2010.

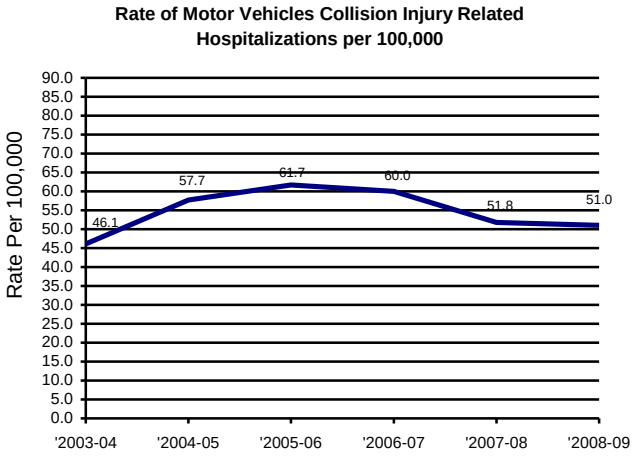
The 30% target was selected to be consistent with targets set by the provincial Road Safety Advisory Committee and Road Safety Vision 2010 (Transport Canada). The Vision 2010 Mid-Term Review prepared by the Canadian Council of Motor Vehicle Transport Administrators identified that it is unlikely that any province will achieve these targets. Work is underway to create a new road safety vision for 2020. This new vision will be launched in Fall 2010.

[95] Data are collected through Vital Statistics and analyzed by the Department of Health based on the calendar year. Some data have changed because new population estimates based on the 2006 Census were lower than projected from the 2001 Census resulting in rates increasing.
[96] 2009 data lag a year behind.

Rate of MVC Injury Related Hospitalizations

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 MVC[97].

Where Are We Now?
In 2003-2004 the rate of MVC injury-related hospital admissions was 46.1 per 100,000. In 2008-2009 it was 51.0 per 100,000[98].



Where Do We Want to Be in the Future?
The goal was 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. Work is underway to create a new road safety vision for 2020. This new vision will be launched in Fall 2010.

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. Other strategies to reduce death and injury-related hospitalizations as a result of MVCs include:

- Continued collaboration with Injury Free Nova Scotia and stakeholders to update and renew the Nova Scotia Injury Prevention Strategy; and
- 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.

[97] Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year. Some data have changed slightly because new population estimates based on the 2006 Census were lower than projected from the 2001 Census resulting in rates increasing.
[98] 2009-2010 data were not available at the time this report was completed.

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

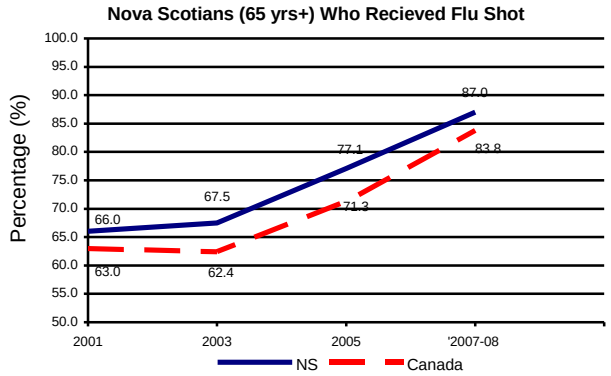
The indicator selected to assess vaccination coverage in Nova Scotia is the percentage of senior Nova Scotians (65 years and older) who received a flu shot in the past year[99]. Data are drawn from the self-reported CCHS[100] that identify those respondents 65 years and older who received a flu shot 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 the base year of 2001, 66% of the Nova Scotian population 65 years of age and older reported having had a flu shot in the last year. By 2007-2008, 87% had reported receiving the vaccination.



Where Do We Want to Be in the Future?

As of 2009-2010, Nova Scotia aimed to have an 80% or higher rate of Nova Scotians aged 65 years and older receiving the flu shot.

Having achieved this target, HPP will address other vaccine programs notably school based immunization programs in 2010-2011.

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.

[99] As Nova Scotia and the world experience the H1N1 pandemic in 2009-2010, it should be emphasized that this measure is related to seasonal influenza only.

[100] CCHS self-report data were initially collected every two years then yearly in 2007. In order to be comparable to previous CCHS cycles, the yearly data are combined every two years. The latest combined cycle is 2007-2008.