

Department of Health Promotion and Protection

2007-2008 Business Plan

March 22, 2007

A handwritten signature in black ink, appearing to read 'Duff Montgomerie', enclosed within a rectangular box.

Duff Montgomerie, Deputy Minister
Department of Health Promotion and Protection

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1. Message from the Minister and Deputy Minister

Change and growth, those two words sum up the year ahead for the Department of Health Promotion and Protection as we work to make our province a safe and healthy place to live, work and play.

We will continue our efforts to develop an integrated public health system that emphasizes the promotion and protection of Nova Scotians' health and well-being. A strong public health system contributes to the improved health of individuals and communities as well as to the sustainability of our broader health system.

Part of our efforts will include recruitment of a Public Health Leader and two new Medical Officers of Health.

The coming year will also see the department recruit staff for several core business areas as part of our responsibility for emerging public health threats, preventing chronic disease and injury and promoting health among Nova Scotians.

Our core business areas continue to run the gamut from environmental health, healthy development and addiction services to volunteerism and physical activity, sport and recreation.

Over the next year we will also provide ongoing support for hosting the 2011 Canada Games.

During the 2007-2008 business year the department's Halifax-based staff will unite under one roof as we move from three locations to a single office space. This move will help further the integration of our young department, created in February 2006 when Health Promotion was brought together with the Office of the Chief Medical Officer of Health and Public Health.

The Nova Scotia Government has recognized the importance of our endeavours and committed to doubling Health Promotion and Protection's budget over the next four years.

The challenge of departmental growth and the journey of public health renewal is sure to be rewarding. We look forward to working with our staff, our stakeholders and Nova Scotians to make our province a safer and healthier place to live.



Honourable Barry Barnet
Minister of Health Promotion and Protection



Duff Montgomerie
Deputy Minister

2. Planning Context

2.1 Organization of the new Department of Health Promotion and Protection

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

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

Planning for Nova Scotia's role in hosting the 2011 Canada Games has been an important component of the Physical Activity, Sport and Recreation Branch's mandate for a few years now.

Responding to the recommendations of the Public Health Review, HPP has identified the following Responsibility Centres (RCs):

- Addictions
- Chronic Disease and Injury Prevention
- Communicable Disease Prevention and Control
- Emergency Preparedness
- Environmental Health
- Healthy Development
- Physical Activity, Sport and Recreation
- Games Secretariat
- Population Health Assessment and Surveillance
- Volunteerism.

The Department is supported by corporate services in the areas of Communications and Policy & Planning. Other corporate supports are supplied by the Department of Health. These include:

- Legal Services
- Legislative Policy
- Health Information Management
- Financial Services (with dedicated HPP leadership)
- Human Resources (with dedicated HPP leadership).

HPP has developed strong linkages with the federal government¹, other provincial government departments, community groups, professional organizations, District Health Authorities (DHAs) and other stakeholders whose work impacts the health of Nova Scotians. A strong and integrated public health system contributes to the improved health of individuals, families and communities, and supports the sustainability of our broader health system.

This challenge of departmental growth and the journey of public health renewal is sure to be rewarding. The Government has committed to doubling our Department's budget over the coming four years. Building capacity and infrastructure in the early years is critical but largely invisible to the public. Progress can appear slow at the early stages when much of the developmental work is at the strategic level and often Halifax-based. But HPP remains committed to continuously improving the vertical and horizontal integration between and within the provincial and local structures.

The tangible results from the renewal of our public health system will occur at the local DHA and regional levels but these will take at least a decade to accomplish. We are indeed moving forward with renewing our public health system and improving the health of Nova Scotians. We are impatient for change and yet mindful that “forward is a direction, not a speed”.

2.2 Health Goals for Canada

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

¹Health Canada, the Public Health Agency of Canada, and Sport Canada

Health Goals for Canada

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

Canada is a country where:

Basic needs (social and physical environment)

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

Belonging and Engagement

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

Healthy Living

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

A System for Health

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

2.3 Vision, Mission, Guiding Principles and Strategic Goals²

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

²From the former Office of Health Promotion.

Mission Through leadership, collaboration and capacity-building:

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

Guiding Principles ³

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

Strategic Goals

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

- to create an environment in which individuals, communities, organizations and government sectors work together to improve health
- to reduce health disparities
- to improve overall health outcomes.

³Office of Health Promotion (2004). *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion*.

2.4 The State of Our Health in Nova Scotia

Canadians are among the healthiest people in the world, but some groups of Canadians are not as healthy as others. Major health disparities exist throughout the country.⁴ Nova Scotia has some of Canada's poorest health statistics, including the highest rate of deaths from cancer and respiratory disease, the second highest death rate from cardiovascular disease, the second highest diabetes rate, the second highest psychiatric hospitalization rate, and the lowest life expectancy and free-of-disability measures for both men and women⁵.

Chronic Disease and Injury

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

Over the next decade, chronic diseases and their impact are expected to increase sharply as obesity, physical inactivity and other risk factors remain widespread, while social determinants like child poverty continue to pose serious challenges. Today, there is good reason to fear that Canada's children will grow up to have a lower life expectancy than their parents.⁷

Injuries are a significant threat to the health and well being of all Nova Scotians. Trauma is still the leading cause of death for Nova Scotians under age 45, the leading cause of potential years of life lost, and the fourth leading cause of death overall.⁸ Suicide is one of the top three causes of death and hospitalization in Nova Scotia amongst those 16 years and older. The public health impact of attempted suicide is substantial: the burden on emergency health services, medical and psychiatric services is considerable.⁹

Harmful alcohol use figures significantly in injury, risky sexual behaviour, chronic disease (e.g. heart, liver disease, and some cancers), crime, violence, and other social problems. One in five current drinkers or approximately 117,114 Nova Scotians are high-risk drinkers – meaning their consumption impacts negatively on their own health and well being.¹⁰

⁴Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security (December 2004). *Reducing Health Disparities: Role of the Health Sector Discussion Paper*.

⁵Colman, R., GPI Atlantic. (October 2002). *The Cost of Chronic Disease in Nova Scotia*.

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

⁷Chronic Disease Prevention Alliance of Canada (2006). *A Call to Action: Building it Together Conference*.

⁸Nova Scotia Health Promotion and EHS Nova Scotia Trauma Program. (2003). *Nova Scotia Injury Prevention Strategy: Report and Recommendations*.

⁹Guo, B., Scott, A. and Bowker, S. (2003). *Suicide prevention strategies: Evidence from systematic review*. Alberta Heritage Foundation for Medical Research.

¹⁰Nova Scotia Health Promotion: Addiction Services (2005). *Alcohol Indicators Report: A Framework for Alcohol Indicators Describing the Consumption of Use, Patterns of Use, and Alcohol-Related Harms in Nova Scotia*.

Costs to the Nova Scotia Economy

Chronic diseases such as cancer, heart disease, diabetes and respiratory illness already place a significant burden on Nova Scotia's health system, and quality of life. But they also place a strain on our economy with costs of chronic diseases in Nova Scotia estimated at \$3 billion each year – \$1.2 billion in direct medical costs and \$1.8 billion in lost productivity.¹¹

Injuries, alcohol abuse, physical inactivity, and smoking-related illness all contribute to the economic burden that Nova Scotia must bear in both direct and indirect costs. Specifically:

- Treatment of smoking-related illness costs \$170 million a year and smoking costs the Nova Scotian economy \$358 million annually in productivity losses due to premature death and absenteeism;
- Physical inactivity costs \$107 million a year in direct medical costs;
- Annual direct and indirect costs of injury in Nova Scotia accounts for \$570 million each year;
 - fall-related injuries among Nova Scotia's seniors cost Nova Scotians \$72 million dollars in 1999¹²
 - motor vehicle crashes in Nova Scotia created an economic burden of approximately \$75 million in 1999¹³
 - the economic impact of suicide in Nova Scotia is estimated to be \$100 million annually¹⁴
- the total annual costs of alcohol use to Nova Scotians is \$418.9 million. Of this, 23% (\$97.3 million) are direct health care costs, 19% (\$78.1 million) are law enforcement costs and 58% (\$243.6 million) are indirect social costs (e.g. lost productivity, premature mortality, fire and traffic damage, worker's compensation)¹⁵.

Health Determinants

The prerequisites and prospects of health cannot be ensured by the health sector alone. The evidence is clear that our health is determined by many factors: gender, education and literacy, income and social status, employment and working conditions, economic, social and physical environments, personal health practices and coping skills, social support networks, human biology, healthy child development, health services, culture and gender. Taken together, these are the “determinants of health.” The complex web of causation that influences health-related behaviours and health status requires comprehensive approaches to address them adequately.¹⁶

¹¹Office of Health Promotion (2004). *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion*.

¹²Atlantic Network for Injury Prevention (2003). *The Economic Burden of Intentional Injury in Atlantic Canada*.

¹³Atlantic Network for Injury Prevention (2003). *The Economic Burden of Intentional Injury in Atlantic Canada*.

¹⁴Clayton, D. and Barcelo, A. (2000). The Cost of Suicide Mortality in New Brunswick, 1996. *Chronic Diseases in Canada*, 20(3).

¹⁵Rehm et al. (2006). *Cost of Substance Abuse: 2002*.

¹⁶Department of Health/NSHP. (September 2006). *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*.

Population Health

Population health focuses on factors that enhance the health and well-being of the overall population.¹⁷ A population health approach aims to maintain and improve the health status of the entire population by:

- Focusing away from changing individuals to promoting healthier communities, this helps to reduce health disparities,
- Addressing the health determinants and their interaction,
- Basing decisions on evidence, drawing on this evidence allowing the identification of specific priorities to address specific populations,
- Increasing upstream investments which consider the root causes of illness and injury and the conditions that create health,
- Applying multiple strategies across different settings to improve the population,
- Collaborating across sectors and levels, recognizing that taking action on health determinants requires working closely with other sectors, and
- Seeking public involvement.¹⁸

Social determinants in vulnerable populations must be priorities for prevention and we need concrete, results-oriented action to address them.

2.5 Intersectoral Collaboration

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

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

- **Community Development Policy and Lens**

The Department has participated in the development of the Community Development Policy (CDP) and continues to be applied in several of our RCs in 2007-2008.

¹⁷Federal/ Provincial/ Territorial Advisory Committee on Population Health, (1994), *Strategies for Population Health*.

¹⁸Nova Scotia Department of Health, Public Health Services (2001). *Healthy People, Healthy Communities: Using the Population Health Approach in Nova Scotia*.

- Nova Scotia Green Plan
The Department works closely with partners such as the Department of Environment and Labour and NGOs in connection with trail development.
- Strategy for Positive Aging
The Department was a key partner with the Seniors Secretariat in the development of the Strategy for Positive Aging. In areas such as the oral health of seniors, falls prevention, chronic disease prevention and physical activity, the Department will continue collaborative efforts aimed at reducing the risk factors for chronic disease and injury in our seniors population.
- Health Promoting Schools Program
In partnership with the Department of Education, school boards and DHAs, the Health Promoting Schools Program provides an overall framework for key school health initiatives in the province including but not limited to healthy eating, physical activity, youth sexual health, tobacco reduction, addiction and injury prevention in the school setting.
- Pan-Canadian Joint Consortium for School Health
In partnership with the Department of Education, a school health coordinator has been hired. HPP, together with Education, will continue to contribute to the Pan-Canadian Joint Consortium for School Health activities and related initiatives that support the provincial government's priorities in this area.
- Nova Scotia School Food and Nutrition Policy
Under the leadership of Education and in collaboration with HPP, the former Agriculture and Fisheries and other key stakeholders, the provincial policy addresses a variety of issues including foods offered at school cafeterias, vending machines, portion sizes, and nutrition education.
- Nova Scotia Strategic Framework to Address Suicide
Developed through a collaborative process, this framework helps create effective, intersectoral approaches to addressing suicide in our province.
- Framework for Action: Youth Sexual Health
Under the leadership of the Nova Scotia Roundtable on Youth Sexual Health, this Framework is a comprehensive approach to sexual health education, services and supports for youth.
- Comprehensive Youth Strategy (Response to Nunn Commission)
The Departments of HPP, Community Services, Education, Health and Justice are working together to improve services for children and youth through the development of a comprehensive youth strategy focusing on the needs of children and youth.

- Joint Environmental Health Services
In order to fulfill the respective mandates to strengthen environmental protection, the Departments of Agriculture, Environment and Labour, HPP, and Fisheries and Aquaculture are working collaboratively to develop a framework for joint decision-making and strengthening environmental health protection.
- Teaching, Student Placements, Research and Mentoring
HPP remains committed to doing its part to train, develop and encourage the next generation of public health and health promotion professionals. HPP works closely with the academic community in a number of disciplines by providing guest lectures, participating on panels, contributing to research papers, and hiring undergraduate and graduate students.

3. The New Nova Scotia: Corporate Path of the Government of Nova Scotia

(1) Creating Winning Conditions	(2) Seizing New Economic Opportunities	(3) Building for Individuals, Families and Communities
1.1 Globally Competitive Business Climate	2.1 Leader in Information Technology [as an enabler of innovation]	3.1 Healthy, Active Nova Scotians
1.2 Globally Competitive Workforce	2.2 Leader in R&D and Innovation	3.2 Accessible Services
1.3 Globally Competitive Connections [infrastructure]	2.3 Leader in Clean & Green Economy	3.3 Safe Communities
		3.4 Vibrant Communities

HPP is uniquely positioned to contribute to Nova Scotia’s vision for a new and healthier Nova Scotia. Investments in health promotion and protection are key for securing the long-term economic success and prosperity of this province. These investments will occur in all three columns of the Corporate Path and with every priority of this business plan. HPP’s most strategic connections to the Corporate Path are: A) Public Health System Renewal, B) Canada Games 2011, and C) Volunteerism.

A. Public Health System Renewal

The renewed public health system supports and sustains a healthier and more resilient population. A healthy population enables more entrepreneurial activity and a more competitive economic environment (1.1).

Public health system renewal will contribute to a globally competitive workforce in Nova Scotia because of our intent to develop a “sufficient and competent workforce” in all areas of the public health system. For example and a means of enabling this, we are working with our Atlantic

counterparts and with the academic sector to explore the feasibility of a Masters level program in public health in this region (1.2).

HPP will partner with other provinces and territories and significantly with Canada Health Infoway to enable innovation through information technology-related investments in our communicable disease surveillance system (PANORAMA). This strategic investment will transform our current paper and index-card system of tracking childhood immunization into a 21st century technological system designed to track communicable disease transmission, build and maintain immunization records, respond readily to inquiries, and be interoperable with other information technologies in the health system (2.1).

HPP is planning in 2007-2008 to begin a multi-year, phased approach to developing a strong science-based decision and program support unit with expertise in population health assessment, communicable and chronic disease and injury surveillance, program and policy evaluation, epidemiology and research. Substantial and strategic investments in building this capacity will provide the basis for policies which are demonstrably cost-effective and programs which are appropriately targeted and efficiently delivered (2.2).

Success in Sections 1 and 2 of the Corporate Path will enable success in Section 3. Renewal of our public health system supports targeted and strengthened approaches to chronic disease and injury prevention, healthy development, communicable disease prevention and control, addiction prevention, environmental health promotion and protection, emergency preparedness, and physical activity promotion; all supported by healthy public policy development and social marketing to support the adoption and retention of healthy behaviours (3.1).

HPP's adoption of a population health and social determinants approach to planning and service delivery is consistent with its goal of health disparity identification and reduction. We want to enable the least healthy Nova Scotians to become healthier by identifying and addressing some of their public policy and infrastructure challenges. We will promote accessible services (3.2).

HPP promotes a wide range of approaches to injury prevention ranging from child care seat use, to helmet use for wheeled recreational activities, to suicide prevention. Through initiatives like the "walking school bus", and our active transportation work, we are promoting both physical activity and road safety (3.3).

HPP has embraced the Government's Community Development Policy and Lens and uses it when working with communities working on initiatives that span the entire scope of HPP's work. (3.4).

B. Canada Games 2011

Halifax Regional Municipality's hosting of the Canada Winter Games in 2011 offers Nova Scotia a unique opportunity to show the world what Nova Scotia has to offer. In addition to the obvious benefits of encouraging and inspiring our local athletes to excel and our children and

youth to become more physically active (3.1), games hosting also leaves a lasting legacy of world class facilities and infrastructure (1.3) and supports business and tourism (1.1).

C. Volunteerism

Evidence from across Canada and elsewhere supports the observation that volunteerism is in decline. Volunteers are the backbone of sport, recreation, social, cultural and spiritual sectors. Demographic, economic and attitudinal shifts are eroding our base of volunteer capacity.

HPP has a mandate from the Government to develop and implement a volunteerism strategy aimed at rebuilding our volunteer capacity and thereby contributing to our overall competitiveness for business (1.1) and attractiveness to newcomers (1.2).

A revitalized volunteer sector will support and extend the efforts of our paid workforce in many areas, thereby contributing to the fiscal sustainability of our publicly funded social program investments.

Volunteer-driven community-based initiatives support all aspects of “Building for Individuals, Families and Communities” (3.1-3.4).

4. Core Business Areas

HPP’s core business areas (CBAs) align with the planned new RCs that comprise the new structure of HPP. The CBAs will include:

4.1 Addictions

Addiction Services focuses on the strategic approaches to the prevention and community education of addiction services including the full continuum of problem gambling services.

4.2 Chronic Disease and Injury Prevention

Chronic Disease and Injury Prevention (CDIP) focuses on the strategic approaches to the prevention of chronic disease and injury and to disparities in the health of populations.

4.3 Communicable Disease and Prevention Control

Communicable Disease and Prevention Control (CDPC) focuses on the prevention and control of vaccine and non-vaccine preventable disease, as well as outbreak management.

4.4 Emergency Preparedness

Emergency Preparedness focuses on public health interventions related to public health aspects of emergency response.

4.5 Environmental Health

Environmental Health focuses on strategies and programs to protect health, reduce risk and enhance and promote safe and healthy environments.

4.6 Healthy Development

Healthy Development focuses on supporting the implementation of the strategic approaches across the lifespan (early childhood, school aged children and youth, adults and seniors) and settings (home, school, community).

4.7 Physical Activity, Sport and Recreation

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

4.8 Games Secretariat

Through HPP's Games Secretariat, collaborating with officials across all provincial departments, agencies and crown corporations, and other key partners, HPP is committed to:

- assist the Host Society with all aspects of hosting the 2011 Canada Winter Games
- manage the Major Events Hosting/Support Policy Secretariat
- develop and manage the sport hosting program.

4.9 Population Health Assessment and Surveillance

Population Health Assessment and Surveillance (PHAS) focuses on collection, analysis and interpreting data to inform public health decision making.

4.10 Volunteerism

Volunteerism focuses on encouraging Nova Scotians to participate in voluntary organizations, improving the capacity of organizations to benefit from the contribution of volunteers and enhancing the volunteer experience.

5. Priorities for 2007-2008

5.1 ADDICTIONS

Provincial Alcohol Strategy The provincial alcohol strategy was released in 2006-2007. Implementation of the strategy and monitoring its related activities will continue in 2007-2008. HPP will conduct a comprehensive benchmark survey on alcohol related knowledge, perception, attitudes and behaviours and an underage drinking contextual research project. Phase II of consultations with DHAs and key stakeholders concerning implementation and evaluation considerations will occur.

Working groups will be established to address key strategy components including Alcohol Policy, Underage Drinking, Fetal Alcohol Syndrome Disorder and Brief Intervention Programs.

- ***Benchmark Survey on Alcohol Related Knowledge, Perception, Attitudes and Behaviours*** HPP will conduct a public survey of the cultural dynamics of alcohol consumption. These include knowledge, awareness, attitudes, perceptions and behaviours with respect to alcohol. The survey will encompass a representative sample of

all Nova Scotians 13 year of age and older. The results will provide focused prevention, community education and early intervention strategies to address harmful alcohol use among Nova Scotians and help to establish low risk drinking guidelines which are acceptable to all Nova Scotians. It will also provide invaluable information about key areas to address in policy, communications, prevention and early intervention strategies. Follow-up surveys will document the impact of the strategies and track subsequent changes in knowledge, perception, attitudes and behaviours.

- ***Underage Drinking Contextual Research Project*** This project will provide insight into how youth access alcohol, why they consume alcohol, and the context of that consumption. Rural and urban youth will be engaged in formal and informal discussions. This qualitative research will also include parents in order to assess their knowledge of, attitudes towards, and approaches to preventing and/or addressing alcohol use by their child(ren). Meaningful youth engagement is required to develop a successful strategy to prevent and/or delay onset of drinking and to reduce harms when drinking is initialized. Youth perspectives on solutions for addressing underage drinking against a backdrop of best practices will ensure the development of appropriate and relevant policy, intervention and program strategies.
- ***Alcohol and Other Drug Education Resources*** HPP, in partnership with key stakeholders, will continue to develop and implement targeted education resources with a continued emphasis on high-risk groups such as under-aged drinkers, women who are or plan to become pregnant, and high-risk contexts. These resources will reflect the most current scientific evidence and best practices in addiction prevention.
- ***Addictions Awareness Week*** The National Addictions Awareness Week in November of each year is an effective addictions prevention and communication opportunity. The 2007 Addictions Awareness Week will focus on alcohol and youth.

Provincial Gaming Strategy Implementation HPP will continue implementation of seven initiatives from the Gaming Strategy released by Government in April 2005. In 2007-2008, HPP's focus will be on:

- implementing an early identification/intervention program
- implementing a comprehensive treatment demonstration research project
- establishing a comprehensive problem gambling strategy
- launching Phase II of a social marketing campaign for problem gambling
- implementing targeted education programs (youth and seniors), and
- implementing a community-based prevention program.

Evaluation of Problem Gambling Social Marketing Campaign HPP launched Phase I of a social marketing campaign for at-risk and problem gambling in Fall 2006 as part of the Nova Scotia Gaming Strategy. This phase of the campaign is targeted at problem and at-risk gamblers aged 19-34 years. In 2007-2008, HPP will evaluate this campaign's effectiveness in meeting its goal of contributing to minimizing the harms associated with problem gambling in Nova Scotia by:

- increasing awareness of problem gambling and the help that is available
- preventing at-risk gamblers from developing a gambling problem
- encouraging problem gamblers to seek treatment.

Phase II of Problem Gambling Social Marketing Campaign Phase II of the campaign will be launched in 2007-2008 with a focus on problem gambling.

Performance Measures for Addictions

Outcome: The work of HPP (and partners) focused on addictions will contribute to the health and well-being of Nova Scotians as measured by:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Hazardous drinking: % of current drinkers with AUDIT Score \geq 8	Baseline NS 2004: 20.8% Last NS National 2004: 17.0% Source: CAS ¹⁹	2004 actual is baseline for NS and National	As of 2009-2010 be at or below national rate Source: CAS
Mortality: Number of deaths attributed to alcohol	Baseline: NS 2001: 222 Source: Statistics Canada: Vital Statistics Database ²⁰	Last NS actual 2003: 228	TBD ²¹
Morbidity: Number of hospitalizations attributed to alcohol	Baseline: NS 2001: 3120 Source: CIHI ²² Discharge Abstract Database	Last NS actual 2003: 2898	TBD ²³

Strategies to Achieve Target:

- Launch province-wide alcohol strategy aimed at preventing and reducing harmful alcohol use and related harms.
- Implement curriculum supplement for use with grades 7-9 that focuses on addiction education and prevention
- Develop, test and release education materials to support less harmful drinking.

¹⁹Canadian Addiction Survey

²⁰Mortality and morbidity data are calculated as part of the Alcohol Indicators Report which is conducted on a three to four year cycle.

²¹A statistically significant target has not yet been established.

²²Canadian Institute of Health Information

²³A statistically significant target has not yet been established.

Outcome: The work of the HPP (and partners) focused on addictions will contribute to the health and well-being of Nova Scotians as measured by:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Rates of problem gambling: Percentage of the Nova Scotia population considered problem gamblers	Baseline NS 2003: 2.1% Source: 2003 NS Gambling Prevalence Study National Rate 2002: 2.0% Source: CCHS ²⁴	NS last actual is 2003 baseline National last actual is 2002 baseline	As of 2009-2010 be at or below national rate Source: CCHS

Strategies to Achieve Target:

- Lead the development of the problem gambling strategy
- Implement the problem gambling strategy including:
 - service standards
 - program planning and coordination
 - increase awareness of the risks and consequences of problem gambling and where to get help.

5.2 CHRONIC DISEASE AND INJURY PREVENTION

Chronic Disease and Injury Prevention Evaluation Framework HPP, in consultation with DHAs, will develop an overarching evaluation framework for CDIP in order to integrate activities, establish targets, monitor process and outcome measures, and provide annual accountability reports on activities in this core business area.

Chronic Disease and Injury Prevention Alliance The former Nova Scotia Health Promotion Minister’s Advisory Committee was struck to provide advice to the Minister on issues related to health promotion. Following the establishment of HPP, this committee recommended exploring a reconfiguration of its existing committee structure and function to a Chronic Disease and Injury Prevention Alliance or Coalition similar to models that exist nationally and in other provinces. The purpose of such an alliance would be to foster and sustain a coordinated province-wide movement of organizations working toward an integrated population health approach for the prevention of chronic diseases and injury. An environmental scan of processes in other jurisdictions, interviews with Nova Scotia stakeholders and drafting of a potential alliance model for Nova Scotia were completed in 2006-2007. In 2007-2008 the draft model will be reviewed by key stakeholders and a decision reached on the establishment of a provincial Chronic Disease and Injury Prevention Alliance.

Healthy Eating Nova Scotia The provincial *Healthy Eating Nova Scotia* strategy²⁵ was released in March 2005. The strategy is a planning framework, based on a population health approach, to guide coordinated, evidence-based action, decisions, and resource allocation on nutrition and healthy eating. The strategy was developed and is being implemented collaboratively by a group of government and non-government organizations, DHAs, private corporations, academia, community partners, and professional associations. Since its release, HPP has been providing provincial leadership, support, and funding for the implementation of *Healthy Eating Nova Scotia*, in consultation with key stakeholders across Nova Scotia.

Four action areas were identified as priorities for achieving the strategy's vision and goals: breastfeeding, children and youth, fruit and vegetable consumption, and food security. Actions in these four priority action areas will have the biggest impact on the health of Nova Scotians. The four were selected after a thorough review of the research literature, an assessment of the health of Nova Scotians and the foods we eat, and research on best practices.

Fruit and Vegetables A rapidly growing number of studies are showing the protective role that fruit and vegetables play in preventing chronic diseases. The *Healthy Eating Nova Scotia* strategy identified fruit and vegetable consumption as one of its four priorities. Objectives for this priority area include increasing the availability of fruit and vegetables in a variety of settings and improving access to and affordability of fruit and vegetables for Nova Scotians on low incomes. HPP will continue to work with the provincial Fruit and Vegetables Working Group of the *Healthy Eating Nova Scotia* strategy to develop and implement key action steps to support this priority area.

Food Security Food security is defined as the ability of all people, at all times, to have access to nutritious, safe, personally acceptable and culturally appropriate foods, produced (and distributed) in ways that are environmentally sound and socially just.²⁶ Food security is affected by income, transportation trends in the food industry, and agricultural practices.²⁷ Research consistently demonstrates that poverty is associated with poorer nutrition and higher rates of obesity. Reducing health disparities is one of the goals of HPP and one of the two overall goals of the *Healthy Eating Nova Scotia* strategy.

The Nova Scotia Food Security Network is a group of key stakeholders interested in improving food security in Nova Scotia. The Food Security Steering Committee of the Nova Scotia Food Security Network is supporting the implementation of the food security priority area of the *Healthy Eating Nova Scotia* strategy. In 2007-2008, HPP will provide a grant to the Food Security Steering Committee for identified strategic food security initiatives. In addition, HPP will continue to fund the participatory food costing model and will work with the Food Security Steering Committee to promote the use of the food security policy discussion paper and policy lens.

²⁵<http://www.gov.ns.ca/hpp/repPub/HealthyEatingNovaScotia2005.pdf>

²⁶Fairholm, Jacinda, 1998. *Urban Agriculture and Food Security Initiatives in Canada: A Survey of Canadian Non-Governmental Organizations*. IDRC Cities Feeding People Series, Report 25.

²⁷Healthy Eating Action Group of the Nova Scotia Alliance for Healthy Eating and Physical Activity, Office of Health Promotion. (March 2005). *Healthy Eating Nova Scotia*.

Renewal of Tobacco Control Strategy Smoking prevalence rates have decreased from 30% to 21% over the past five years²⁸, but smoking rates are still high in young adult populations. HPP is undertaking an extensive health stakeholder consultation to provide recommendations on the renewal of the 5-year old Comprehensive Tobacco Control Strategy. DHAs, First Nations, school boards, health charities, anti-poverty organizations, non-governmental organizations and other provincial and federal government departments will be invited to assist HPP renew the tobacco control strategy to reflect emerging trends and priorities. A renewed strategy is anticipated by Fall 2007 and will inform the 2008-2009 business planning.

Nicotine Treatment and Prevention Programs HPP will provide financial support to DHAs for nicotine treatment services to encourage smoking cessation and improve cessation success rates and for the development of community-based tobacco reduction programs. HPP will work with DHAs to enhance delivery of programs for all Nova Scotians.

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

Seniors' falls, transportation-related injuries and suicide were identified in the Nova Scotia Injury Prevention Strategy as three target injury areas. They are the leading causes of injury-related hospitalizations and deaths and together, account for the greatest proportion of the economic burden of injury.²⁹

Injury Prevention Strategy Renewal In Fall 2003, Nova Scotia became the first provincial to establish a government led and funded provincial injury prevention strategy. In 2007-2008, HPP will, in partnership with Injury Free Nova Scotia, consult with stakeholders and update and renew the Nova Scotia Injury Prevention Strategy. The strategy renewal will establish injury prevention priorities for the next three to five years in Nova Scotia.

Preventing Fall-Related Injuries Among Seniors HPP will continue to lead Nova Scotia's efforts to address fall-related injuries among Nova Scotia's seniors. These injuries on average consumed three times more hospital days (22 days per injury) than any other cause³⁰. Through the work of the Provincial Intersectoral Falls Prevention Committee, HPP will facilitate the implementation of the provincial falls prevention strategic framework. HPP will also increase funding and support for our partnership with Community Links for the Preventing Falls Together initiative (PFT). This will allow for further expansion of community based falls prevention activities.

²⁸Canadian Tobacco Use Monitoring Survey (CTUMS)

²⁹EHS: Nova Scotia Trauma Program (2004). *Nova Scotia Injury Prevention Strategy*.

³⁰HPP-Population Health Research Unit, Dalhousie University (2007). *Falls-injury Profile Report*. (pending release)

Road Safety Campaign Motor vehicle crashes in Nova Scotia resulted in the deaths of 86 people in 2006³¹, and in 2005 resulted in 741 hospital admissions³². Nova Scotia supports Vision 2010: Canada's Road Safety Plan which emphasizes the importance of partnerships and the use of a wide variety of initiatives that focus on road users, roadways and motor vehicles.³³

Developed and launched in 2006-2007, HPP continues to work with Department of Transportation and Public Works (TPW) on an inter-departmental/inter-agency road safety campaign to complement other initiatives designed to reduce the number of transportation-related injuries and deaths in Nova Scotia. HPP will also work with and support the efforts of TPW to develop a provincial road safety strategy in 2007-2008.

Child Safety Link Injuries kill and disable more children between the ages of 1 and 20 than all other causes (such as cancer, heart defects, etc)³⁴. In 2007-2008, HPP will begin providing funding for the IWK Child Safety Link in support of the valuable role this organization plays in support of Nova Scotia's public health system and our collective efforts to address childhood injuries and deaths. Additionally, HPP will continue its support of the Child Safety Link Car Seat Safety initiative.

Nova Scotia Strategic Framework to Address Suicide Suicide is the leading cause of injury related death in Nova Scotia and is the third leading cause of injury hospitalizations³⁵. In 2006-2007 a provincial comprehensive suicide prevention strategic framework rooted in the principles of population health and health promotion and the current research regarding suicide risk, protective factors and best practices was developed.³⁶ In 2007-2008, HPP will begin implementation of the framework for addressing suicide with activities focused on those populations at greatest risk for suicide. Additionally, HPP will continue funding and support of the Canadian Mental Health Association's (CMHA: Nova Scotia Division) Communities Addressing Suicide Together (CAST) initiative.

Preventing Alcohol and Risk Related Trauma in Youth More than one Nova Scotian teen dies each week as a result of an injury³⁷. In 2005-2006, HPP launched a new version of Prevent

³¹Transportation and Public Works (2006). *Fatality Statistics*.

³²NS Trauma Registry (2006). *Report on Injury in Nova Scotia*.

³³The targets of Road Safety Vision 2010 are expressed as average decreases in fatalities and serious injuries during the 2008-2010 period, rather than simply as fatality and serious injury totals during 2010, to provide a more reliable indication of the safety improvements that occur during the decade.

³⁴ Safe Kids Canada (2006). *Child and Youth Unintentional Injury: 10 Years in Review (1994-2003)*.

³⁵Ackroyd-Stolarz, S. and Tallon, J.M. (2002) Comprehensive Report of Injuries in Nova Scotia: Technical Report. Department of Emergency Medicine: Dalhousie University and EHS: NS Trauma Program.

³⁶<http://www.gov.ns.ca/hpp/injuryprevention/suicideframework.pdf>

³⁷Bellamare, S., Talbot, P., Parker, L., Smith, M., MacDonald, N. and the NSYOUTHS Research Group (2007), A 10-Year Audit of Youth Mortality and Associated Factors in Nova Scotia (unpublished study).

Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.), an evidence-based resource designed to educate teenagers (ages 15 and 16) about the consequences of risk and serious injury. Partnering with Emergency Health Services, the Departments of Education, Transportation and Public Works and Justice, as well as Dalhousie University and the IWK Health Centre, P.A.R.T.Y. will expand in 2007-2008. Planned activities include continued training of program facilitators, development of curriculum supplements, research and evaluation, and developing a revised version for higher risk youth. HPP's goal is to deliver P.A.R.T.Y. to all 12,000 grade 10 students in Nova Scotia.

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

Performance Measures for CDIP

Outcome: The work of HPP (and partners) focused on healthy eating will contribute to the health and well-being of Nova Scotians as measured by:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Fruit/vegetable consumption: percentage of NS population (12 yrs +) who report eating recommended 5-10 servings of fruit/vegetables per day	Baseline NS 2001: 29% Baseline National 2001: 33% Source: CCHS	Last NS Actual 2004: 26% Last National Actual 2004: 32%	As of 2009-2010 be at or above national rate Source: CCHS

Strategies to Achieve Target:

- Working collaboratively with partners including the Heart and Stroke Foundation of Nova Scotia and the Canadian Cancer Society- Nova Scotia Division, HPP will support the initiatives to increase fruit and vegetable consumption as outlined in *Healthy Eating Nova Scotia*. The objectives include to:
 - increase the consumption of fruit and vegetables
 - increase the availability of fruit and vegetables in a variety of settings
 - improve access to and affordability of fruit and vegetables for all Nova Scotians, including those on low incomes.

Outcome: The work of HPP (and partners) focused on tobacco control will contribute to the health and well-being of Nova Scotians as measured by:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Exposure to environmental tobacco smoke: Percentage of children aged 0-17 regularly exposed to environmental tobacco smoke	Baseline NS 2000: 27% National rate 2000: 30% Source: CTUMS	Last NS Actual 2005: 17% Last National Actual 2005: 12%	As of 2009-2010 be at or below national rate Source: CTUMS
Smoking rates: Population 15 yrs + who smoke	Baseline NS 2000: 30% National rate 2000: 24% Source: CTUMS	Last NS Actual 2005: 21% Last National Actual 2005: 19%	As of 2009-2010 be at or below national rate Source: CTUMS
Youth Smoking rate: Percentage of youth (15-19) who smoke	Baseline NS 2000: 25% National rate 2000: 25% Source: CTUMS	Last NS Actual 2005: 13% Last National Actual 2005: 18%	As of 2009-2010 be at or below national rate Source: CTUMS
Young adult smoking rate: Percentage of young adults (20-24) who smoke	Baseline NS 2000: 37% National rate 2000: 32% Source: CTUMS	Last NS Actual 2005: 27% Last National Actual 2005: 26%	As of 2009-2010 be at or below national rate Source: CTUMS

Strategies to Achieve Target:

- Renew the province’s comprehensive tobacco control strategy in order to:
 - sustain and enhance current efforts
 - address emerging challenges
 - identify new priorities
 - engage existing and new stakeholders
- Continue enforcement of the *Smoke-free Places Act*
- Implement amendments to the *Smoke-free Place Act*
- Continue enforcement of the *Tobacco Access Act*
- Prepare for implementation of amendments to the *Tobacco Access Act* that end point-of-sale advertising
- Continue support of school-based tobacco reduction programs
- Support community organizations in their implementation of tobacco-free youth sport and recreation initiatives
- Continue social marketing campaign focusing on helping young adults quit

Outcome: The work of the HPP (and partners) focused on injury prevention will contribute to the health and well-being of Nova Scotians as measured by:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Rate of injury-related deaths due to falls among seniors (age 65 and over)	Baseline NS 2003: 55.1 fall-related deaths per 100,000 persons Source: Vital Stats	Last NS Actual 2004: 62.0	By 2009-2010: 20% reduction in fall-related deaths from base year Source: Vital Stats
Rate of injury-related hospitalizations due to falls among seniors (age 65 and over)	Baseline NS 2003: 1376.7 fall-related hospitalizations per 100,000 persons Source: CIHI	Last NS Actual 2005: 1350.3	By 2009-2010: 20% reduction in fall-related hospitalization from base year Source: CIHI
Rate of completed suicides	Baseline NS 2003: 9.8 completed suicides per 100,000 persons Source: Vital Stats	Last NS Actual 2004: 8.2	By 2009-2010: 20% reduction in suicide-related deaths from base year Source: Vital Stats
Rate of suicide-related hospitalizations	Baseline NS 2003: 79.0 suicide-related hospitalizations per 100,000 persons Source: CIHI	Last NS Actual 2005: 75.1	By 2009-2010: 20% reduction in suicide-related hospitalizations from base year or TBD based on Suicide Prevention Strategy Source: CIHI
Rate of transportation/motor vehicle injury-related deaths	Baseline NS 2003: 9.1 transportation/motor vehicle-related deaths per 100,000 persons Source: CIHI	Last NS Actual 2004: 9.3	By 2009-2010: 30% reduction in transportation/motor vehicle hospitalizations from base year Source: CIHI
Rate of transportation/motor vehicle injury-related hospitalizations	Baseline NS 2003: 75.3 transportation/motor vehicle-related deaths per 100,000 persons Source: CIHI	Last NS Actual 2005: 88.1	By 2009-2010 30% reduction in transportation/motor vehicle hospitalizations from base year Source: CIHI

Strategies to Achieve Target:

- Identify and support existing injury prevention programs and initiatives
- Address priority issues of falls among seniors through the Preventing Falls Together Initiative, Provincial Intersectoral Falls Prevention Committee, and implementation of the Nova Scotia Falls Prevention Strategic Framework

- Implement the Nova Scotia Injury Surveillance Strategy
- Generate greater awareness of injuries and how to prevent them, and create societal changes in attitudes towards risk-taking through:
 - public reporting of statistics to community groups
 - dissemination of data to stakeholders
 - stakeholder forums
 - in conjunction with DHA partners, ensure an integrated approach to addressing root causes that contribute to chronic disease and injury
- Address suicide through the Communities Addressing Suicide Together initiative and implementation of the Nova Scotia Strategic Framework to Address Suicide.
- Address transportation-related injuries through collaboration with TPW and RSAC, partnership on the road safety social marketing campaign, Parent Campaign (car seats element), and Child Safety Link Car Seat Initiative.

5.3 COMMUNICABLE DISEASE PREVENTION AND CONTROL

Development of CDPC RC The field of CDPC is complex and ever changing as new infectious/communicable diseases emerge and long forgotten ones resurface. Innovative leadership will be necessary as the development of this RC moves forward. In the newly configured HPP executive management team, the new Director of CDPC will be responsible for coordinating and integrating HPP's multi-faceted work in this RC and streamlining policy, program, and management issues in this complex field of public health using an intersectoral and collaborative approach with stakeholders and colleagues.

Immunization Programming Immunization has been heralded as one of the greatest public health initiatives in the prevention of morbidity and mortality. Strengthening immunization programs will continue to keep the citizens of Nova Scotia healthy. Harmonization of immunization programs across Canada is one of the initiatives of the National Immunization Strategy³⁸ (NIS) and Nova Scotia has a responsibility to its own citizens as well as those of Canada to ensure equal access to these programs. A well coordinated immunization program will allow for cost/benefit analysis, safety monitoring and stakeholder opinion. Decisions regarding the use of new vaccines in the publicly funded vaccine programs must continue to be made based on evidence and be directly linked to program funding. Current processes would be streamlined as defined by best practice thus contributing to a stronger program.

- **Childhood Immunization** HPP will continue to implement the childhood immunization schedule consistent with the NIS. Since 2004 four new vaccines (varicella for chicken pox, conjugated meningococcal for Meningitis C, conjugated pneumococcal for infection by pneumococcal bacteria, and juvenile pertussis for adolescent whooping cough) have been added to Nova Scotia's vaccine schedule. New federal funding in 2007-2008 will support the introduction of a new vaccine that protects against the human papilloma virus (HPV).

³⁸http://www.phac-aspc.gc.ca/publicat/nat_immunization_03/index.html

- ***Immunization Coordinator*** A new immunization coordinator will be responsible for the coordination of the components of the Nova Scotia immunization system and the various practices and procedures of the system stakeholders (researchers, policy makers/planners, health care providers, general public, media, NGOs, educators, private sector). Such coordination will lead to improved efficiencies in program and policy development.

HIV/AIDS Strategy³⁹ HPP will continue to support the Nova Scotia Advisory Commission on AIDS (the Commission) and other key stakeholders in the implementation of Nova Scotia's Strategy on HIV/AIDS (the Strategy) including providing recommendations on communications issues to the Commission's stakeholders. The Strategy is a provincial plan strengthening Nova Scotia's response to HIV/AIDS. The Commission is coordinating the implementation process and is working with policy makers, service providers from a variety of sectors and those most impacted by HIV/AIDS to address the Strategy's 19 recommended actions.

Coordinator of AIDS Commission In support of this work, HPP will create a Coordinator's position for the Commission. With assistance and support of the Commission and its Chairman, this position will provide overall leadership and direction to the Commission's operations and the office staff to enhance capacity for effective implementation of the Strategy, engage external and internal stakeholders and foster partnerships from a variety of sectors reflective of the vision and context of the strategy, and facilitate accountability to the government and community stakeholders.

Provincial Public Health Laboratory Program (PPHLP) In response to the Public Health Review, HPP will establish a PPHLP in Nova Scotia. In 2007-2008, the PPHLP Advisory Committee will focus on communicable disease surveillance, prevention and control; outbreak and emergency response to communicable diseases; and laboratory improvement and regulation (Quality Assurance).

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

Performance Measure for CDCP

Outcome: The work of the HPP (and partners) focused on communicable disease prevention and control will contribute to the health and well-being of Nova Scotians as measured by:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Population over 65 who report having a flu shot in the past year	Baseline NS 2001: 66% Source: CCHS	Last NS Actual 2005: 77.1%	TBD ⁴⁰
Children 6 to 23 months immunized adequately against influenza	TBD	TBD	TBD ⁴¹

Strategies to Achieve Target:

Immunization for prevention of influenza is a key public health intervention. 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
- continued work with professional groups.

5.4 EMERGENCY PREPAREDNESS

The health sector must anticipate and plan for a variety of possible emergencies, including CBRNE (Chemical, Biological, Radiological, Nuclear, Explosive) attacks, severe weather events, natural disasters and infectious disease outbreaks. Recognizing emergency preparedness and response as a vital component of a strong public health system and in response to the Public Health Review, HPP is establishing an Emergency Preparedness RC which will plan for and lead the public health response to such emergencies.

Joint Health Emergency Management Centre (EMC) One of the keys to successful emergency management is an integrated system that allows coordinated planning and response across jurisdictions and across government departments and levels. Integration of HPP and the Department of Health’s emergency management programs will provide leadership in the field through collaboration, education, research and communication; will provide a single point of contact for DHAs, other government departments and stakeholders, and, ultimately, will provide a coordinated health sector emergency response.

Pandemic Influenza Preparedness Planning HPP is developing a pandemic influenza preparedness plan which includes surveillance and public health measures as well as vaccine and

⁴⁰National targets are being developed through the NIS and it is expected that provincial deputy ministers will endorse these targets.

⁴¹This program was introduced last year. The baseline and targets are still to be determined.

antiviral strategies. This will complement the Department of Health's "all hazards" plan which includes, among other elements, emergency joint health EMC readiness, workforce deployment, communications, and business continuity planning.

5.5 ENVIRONMENTAL HEALTH

The goals of environmental health protection are to reduce or eliminate exposure to health hazards and reduce or eliminate health conditions caused by hazards posed by the natural or built environments. This includes food, water, waste and other conditions in settings such as communities, institutions, public places, recreational spaces and personal service facilities. Environmental health focuses on strategies and programs to protect health, reduce risk and enhance and promote safe and healthy environments. Key to developing a strong public health system in Nova Scotia will be the development of an RC that focuses on strengthening environmental health protection and promotion.

Joint Environmental Health Services Strengthening environmental protection represents a priority of four different departments. In order to fulfill their respective mandates to protect the public from hazards posed by natural or man-made environmental conditions, the Departments of Agriculture, Environment and Labour, HPP, and Fisheries and Aquaculture work collaboratively. In 2006, the four departments developed a framework for joint decision-making and strengthening environmental health protection.

Environmental Health Protection Secretariat In 2007-2008 a joint Secretariat will be established at HPP to support action to regularize joint interdepartmental activity, build environmental protection capacity and address gaps in health protection.

Human Resources This Secretariat will work to address human resources pressures through the implementation of a joint bursary program and an initiative to coordinate student practicums. This will allow eligible students to receive funding for completing studies as public health inspectors and commit to two years of return service in an area of need as determined jointly by the three key departments. Public health inspector students will be able to complete a practicum coordinated across the three collaborating departments during 2007-2008.

Environmental Health Emergency Preparedness During 2007-2008, progress will be made in strengthening health emergency preparedness procedures related to emergencies with environmental health implications (e.g. ensuring safe food during a power outage, ensuring clean drinking water in a power outage or after major rainstorms).

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

Capacity Building HPP, recognizing its mandate in environmental health protection, will in 2007-2008, examine its current environmental health protection capacity, identify gaps in environmental health protection and determine future requirements to move its mandate forward.

Information Requirements Information requirements to support environmental health protection will be identified and systems to integrate data for use across the integrated public health system will be explored.

5.6 HEALTHY DEVELOPMENT

Early Childhood Development Recognizing that health promotion and prevention efforts in the early years have long lasting impact on future health and well-being of children and the timing of delivery of services is critical in achieving the greatest positive impact on children, a new Early Childhood Development position will provide leadership and expert advice in the area of early childhood development.

Parent Health Education Resources In collaboration with partners, HPP will develop a parent health education resource for families of children aged birth to 3 years. The workplan for this year includes finalizing and printing book 1 and professional in-servicing to support the implementation of the new resource.

Healthy Beginnings/Enhanced Home Visiting Initiative HPP will continue to support the implementation and evaluation of the Healthy Beginnings/ Enhanced Home Visiting Initiative including the development of a provincial database. Evaluation results will be used to inform the continuation and expansion of this program for families.

Breastfeeding and the Baby Friendly Initiative (BFI) Exclusive breastfeeding is recommended for the first six months of life with continued breastfeeding to two years and beyond with appropriate introduction of solid foods at six months. Both initiation and duration rates of breastfeeding in Nova Scotia are among the lowest in the country. In 2005, the breastfeeding initiation rate in Nova Scotia was 70%; however, there is considerable variation in breastfeeding initiation rates across the province from 48.8% to 77.8%.⁴² The goal of the Provincial Breastfeeding and BFI Committee is to build commitment throughout the province for breastfeeding and to work towards the BFI so breastfeeding will be the cultural norm for infant feeding in Nova Scotia.

Key breastfeeding initiatives in 2007-2008 will include:

- continue to monitor the implementation of the Provincial Breastfeeding Policy
- undertake strategic planning with the Provincial Breastfeeding and BFI Committee and other key stakeholders
- develop a comprehensive breastfeeding social marketing campaign to complement current social marketing initiatives
- identify breastfeeding education standards
- develop a provincial process for BFI designation pre-assessment and assessment.

⁴² CCHS

Early Childhood Nutrition Eating habits are formed early in life. Therefore, there is a tremendous opportunity to promote healthy eating in the early years. In 2007-2008, HPP will continue to work in partnership with the Department of Community Services, DHAs (Public Health Services), Regional Community Services staff, licensed childcare centres, and parents as it relates to food and nutrition support in licensed childcare centres. Based on the literature, HPP will work in partnership with a provincial working group to inform the development of a comprehensive food and nutrition policy for licensed childcare centres. Elements to be considered for the comprehensive food and nutrition policy for licensed childcare centres include foods and beverages served, promotion of family style meals, preschool nutrition education, parental involvement, pre-service and professional development related to food and nutrition for childcare centre staff, and resource development.

MomsandDads.ca - Parenting Social Marketing Campaign In 2007-2008, the third and final year for the social marketing campaign targeting parents of young children aged 0-12 years will be implemented. The goal of the campaign is to motivate parents to begin to make changes to improve the health of their children. The issues of focus are healthy eating, physical activity, car seat/booster seat usage and second-hand smoke in the home. Year three tactics will include television and radio advertisements, a weekly column in community papers, significant website enhancements including launch of the French website, internet banner ads and community-based partnerships. A survey of parents will be conducted to evaluate campaign awareness and impact.

Provincial Breakfast Program Children come to school hungry for many reasons and breakfast programs offer support to ensure that children begin their day nourished and ready to learn. HPP provides funding to school boards to expand and enhance breakfast programs for elementary-aged children. Again in the 2007-2008 school year, HPP will provide funding to school boards to support the Provincial Breakfast Program. In addition, HPP will continue to work with Breakfast for Learning- Nova Scotia Advisory Council to support the implementation and monitoring of the program.

Health Promoting Schools (HPS) The provincial HPS Program provides an overall framework for key school health initiatives in the province including but not limited to healthy eating, physical activity, youth sexual health, tobacco reduction, addiction and injury prevention in the school setting. Initiatives and policies such as the *Food and Nutrition Policy for Nova Scotia Public Schools*, the Provincial Breakfast Program, and physical activity promotion in schools support the provincial HPS Program. HPP provided funding to partnerships of school boards and DHAs to implement the provincial HPS Program with an initial focus on healthy eating and physical activity.

The HPS Program will continue its expansion in 2007-2008 to support a comprehensive approach to school health in Nova Scotia. In partnership with the Department of Education, school boards and DHAs, this expansion will include the development of an evaluation framework to enable school boards to make informed decisions regarding expansion beyond healthy eating and physical activity.

Pan-Canadian Joint Consortium for School Health In partnership with the Department of Education, a school health coordinator has been hired. HPP, together with Education, will continue to contribute to the Pan-Canadian Joint Consortium for School Health activities and related initiatives that support the provincial government's priorities in this area.

Food and Nutrition Policy for Nova Scotia Public Schools The *Food and Nutrition Policy for Nova Scotia Public Schools* is intended to increase access to and enjoyment of health promoting, safe, and affordable food and beverages, served and sold in Nova Scotia public schools. The policy was created by educators, parents, health professionals, and students committed to health and improving the food and beverage choices in schools. The policy outlines standards for foods and beverages that can be served and sold in schools. In addition, it promotes nutrition education in the curriculum, encourages community partnerships, and provides a supportive environment for healthy choices. Phased-in implementation of the policy began in the 2006-2007 school year and will continue until all policy directives are implemented (by June 2009).

Youth Strategy/Response to Nunn Commission The Departments of Community Services, Education, Health, HPP, and Justice are working together to improve services for children and youth. A comprehensive youth strategy will be developed that will focus on the needs of children and youth. Early intervention, family counselling and support to youth at risk will be priorities. In 2007-2008 Departments will collaborate on the development of government-wide policies (including government-wide legislation, policy, outcomes); create working groups to support collaboration on department-specific policy development, program development or program/service delivery between more than one department.

Framework for Action: Youth Sexual Health in Nova Scotia As a partner on the Nova Scotia Roundtable on Youth Sexual Health, HPP will continue to support and provide leadership in the implementation of the *Framework for Action: Youth Sexual Health in Nova Scotia*⁴³, released in October 2006. The framework provides a rationale and strategic direction for a comprehensive approach to sexual health education, services, and supports for Nova Scotia youth and is designed to improve the sexual health of youth in this province.

In 2007-2008, activities will include:

- setting overall priorities for the goals and objectives of the Framework based on consultation with key stakeholders and community partners
- continuing integration and coordination among relevant strategies and initiatives related to youth sexual health.

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

⁴³Framework for Action: Youth Sexual Health in Nova Scotia retrieved February 2007 from http://www.gov.ns.ca/hpp/publications/FINAL_Framework_Booklet.pdf.

The evidence for the effectiveness of these centres is consistent and clear. In 2007-2008, HPP will provide funding that will:

- supplement the resources already dedicated to YHCs by a DHA allowing work of the current centres to go on and prevent closure of centres that had been previously been at risk of closure due to lack of sustainable funding.
- support YHCs under the DHAs to work toward reaching the system wide standards developed provincially⁴⁴. This support will result in an increase in the services and supports YHCs are able to provide to youth.
- support the addition of a few new YHCs where a need has been identified within a district and the district has prioritized the need in relation to all requests for centres in the DHA locale.

Comprehensive Workplace Health (CWH) Strategy Comprehensive Workplace Health mobilizes the workplace as a setting to improve population health and was identified as one of the key settings to be considered by the Provincial Chronic Disease Prevention Strategy. HPP will continue to lead the development of the Comprehensive Workplace Health Strategy⁴⁵ for Nova Scotia. It addresses the primary factors impacting health, personal health practices, occupational health and safety, organizational culture and leadership within the workplace. In 2007-2008, actions will include targeted consultation, development and release of the final strategy and establishment of an evaluation framework.

Forum on Health Promotion for Francophone Minority Communities HPP will participate on an organizing committee for a Forum on Health Promotion for Francophone Minority Communities planned for Spring 2007 by the Société Santé en Français and Réseau Santé. This forum will be an opportunity for Acadian and Francophone communities, stakeholders and partners to participate in the development of a cohesive health promotion strategy for francophone minorities across Canada. The strategy intends to be inclusive of the determinants of health and reflect the realities of health status in Acadian and Francophone communities in Nova Scotia.

⁴⁴Standards for YHCs retrieved January 2007 from http://www.gov.ns.ca/hpp/publichealth/content/pubs/07138_%20StandardfForYHCbook_Dec06_En.pdf

⁴⁵<http://www.healthworkscanada.ca>

Performance Measures for Healthy Development

Outcome: The work of HPP (and partners) focused on breastfeeding will contribute to the health and well-being of Nova Scotians as measured by:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Breast-feeding initiation rate: percentage of women initiating breast-feeding at hospital discharge	Baseline NS 2003: 76.4% Baseline National 2003: 84.5% Source: CCHS	Last NS Actual 2005: 75.1% Last National Actual 2005: 87.0%	As of 2009-2010 be at national rate Source: CCHS
Breast-feeding duration rate: percentage of infants breast-feeding for at least 6 months	Baseline NS 2003: 30.8% Baseline National 2003: 38.7% Source: CCHS	Last NS Actual 2005: 29.0% Last National Actual 2005: 37.2%	As of 2009-2010 be at national rate Source: CCHS

Strategies to Achieve Target:

- Support the implementation of the *Provincial Breastfeeding Policy* within government, DHAs, the IWK Health Centre, and other health system funded providers.

Outcome: The work of the HPP (and partners) focused on youth sexual health will contribute to the health and well-being of Nova Scotians as measured by:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Unintended pregnancy in females aged 15-19	Baseline NS 2001-2002: 29.5 per 1000 of population aged 15-19 National rate N/A currently Source: CIHI	Last NS Actual 2005: 25.4 National rate N/A currently Source: CIHI	As of 2009-2010 be at or below national rate Source: CIHI
Condom use among youth	Baseline NS 2002: 64% Source: Drug Use Survey of Atlantic Provinces	Last NS Actual is Baseline	As of 2009-2010 be at or above condom use rates in other Atlantic provinces Source: Drug Use Survey of Atlantic Provinces
Rate of Chlamydia in 15 to 24 year olds	Baseline NS 2001: 875.5 per 100,000 Baseline National 2001: 848.1 per 100,000 Source: CCDR ⁵¹ Notifiable Diseases Annual Summary	Last NS Actual 2005: 975.7 per 100,000 Last National Actual 2004: 988.1	As of 2009-2010 be at or below national rate Source: CCDR Notifiable Diseases Annual Summary

⁵¹Canadian Communicable Disease Report

Strategies to Achieve Target:

- Implementation of *Framework for Action: Youth Sexual Health in Nova Scotia* with its overall goal to improve the sexual health of Nova Scotia youth. Implementation of this framework will take place over the next five to seven years and focus on five key elements:
 - leadership and commitment
 - community awareness and support
 - school-based sexual health education
 - youth involvement and participation
 - and sexual health-related services for youth
- Continue work with Education to distribute the *Sex? A Healthy Sexuality Resource* to Grade 7 students

5.7 PHYSICAL ACTIVITY, SPORT AND RECREATION

Nova Scotia committed to the goal set by the Federal/Provincial/Territorial Ministers Responsible for Sport, Physical Activity and Recreation to increase the number of Canadians active enough for health benefits by 10% by 2010.

HPP is committed to increasing physical activity through the provision of leadership in policy development, support to the local and provincial sport and recreation delivery system, and collaboration with service-providing partners, other government departments and our federal/provincial/territorial counterparts. The achievements of this goal is enabled through the work of three areas within Physical Activity, Sport and Recreation (PASR): Active, Healthy Living, Sport, and Regional Services.

Active Healthy Living

Physical Activity Sport and Recreation Framework HPP will work with partners to develop a PASR Framework to provide direction to key stakeholders in physical activity, sport and recreation in Nova Scotia. Taking a participatory approach, the Framework will consider the needs of specific population groups, key settings, influences and possible interventions.

Regional Physical Activity The implementation of new programs designed to address low levels of physical activity and high levels of obesity and overweight in the Nova Scotia population will require additional leadership at the community level. Regional physical activity consultants will be hired to increase opportunities for physical activity through the Active Kids Healthy Kids Strategy, PASR Framework and Nova Scotia Sport Plan.

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

Active Living Communities Program HPP will continue to develop the Active Living Communities Program in 2007-2008. This program builds and sustains the capacity of municipal governments to provide community-based leadership in physical activity.

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

500 Kilometers of Trail The trail movement in Nova Scotia is based on partnerships and community development with support from governments and the corporate sector. In 2006-2007, Government committed new resources to develop a comprehensive province-wide trail system connecting many of our communities and resulting in 500 kilometers of new trail over the next four years. In 2007-2008, HPP, in partnership with community trail groups, other departments and governments, and regional and provincial not-for-profit organizations, will facilitate activities that will move this commitment forward.

Provincial Walking Initiative Walking is the favorite leisure time physical activity reported by Canadians and Nova Scotians.⁵² Building on work that began in 2006-2007, HPP will continue the development of a provincial walking initiative in collaboration with the Heart and Stroke Foundation of Nova Scotia. The initiative will provide information, resource materials, social marketing, education, pedometer access, and recognition programs for individuals, schools, workplaces and communities.

Physically Active Children and Youth HPP completed the Physically Active Children and Youth 2 Accelerometer Study (PACY II) in late 2006. The data will be used to determine changes to the Active Kids Healthy Kids Strategy which is being reviewed and renewed in 2007-2008. In addition to using accelerometers to track physical activity levels of students in grades 3, 7, and 11, the PACY II study looked at dietary intakes of students in grades 7 and 11. The results from the research will be used to inform future physical activity and healthy eating messages for children and youth.

Active Kids, Healthy Kids Using the results of a comprehensive evaluation of the Active Kids, Healthy Kids Strategy, the renewed Strategy will be completed and implemented at the community, regional and provincial levels.

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

Sport

Sport is widely accepted as a powerful contributor to social and personal development. Studies have shown that an increased level of sport participation offers many benefits over and above personal satisfaction and a sense of physical and emotional well-being - an increase in sport

⁵²Canadian Fitness and Lifestyle Research Institute, Physical Activity Monitor, 2003

activity can result in better marks at school, a decrease in cigarette smoking, reduced crime rates, and reduced use of illicit drugs. As a way to be physically active, participation in sport contributes to the adoption of a healthy lifestyle and prevention of disease and illness.⁵³

Nova Scotia Sport Plan HPP is leading the development of a Nova Scotia Sport Plan as part of our commitment and contribution to achieve the vision and goals of the Canadian Sport Policy by 2012.⁵⁴ In 2007-2008, the Sport Plan will be completed and an implementation plan will be developed to improve the quality of life for individuals and communities in Nova Scotia through active participation in sport.

Sport Development 2011 Program Nova Scotia is hosting the Canada Winter Games in 2011. The Sport Development 2011 program will provide support for Team Nova Scotia in preparation for winter sports participating in the games.

Infrastructure HPP provides advice, expertise, and support where possible to municipalities and community groups on planning for facility construction, upgrading, and conservation.

In 2007-2008, the currently existing infrastructure program for small projects will continue and a new infrastructure program for larger projects will be introduced.

High Performance Sport HPP will develop and implement the High Performance Sport Strategy which aims to strengthen the high performance sport system by supporting provincial athletes, teams and coaches to reach their full potential at national competitions with the goal of promoting more Nova Scotian athletes and coaches to National Team status.

Coaching HPP will assist in the development of the Provincial Sport Leadership Council, an advisory council made of a wide variety of coaches representing all levels of sport. The council will advise on coaching standards and coaching policy.

Canadian Sport for Life HPP will lead in the implementation and integration of the Canadian Sport for Life document into the sport system in Nova Scotia.

Provincial Sport Organization Funding HPP will review funding opportunities for Provincial Sport Organizations including block funding for provincial sport and recreation organizations.

Aboriginal Sport As a partner of the Tripartite Forum, HPP is co-Chair of the Sport and Recreation Committee. This Committee develops a common vision, mission and work plan aimed at increasing physical activity, sport and recreation participation in the Aboriginal population.

Automatic External Defibrillator (AED) Program The AED is a medical device that may assist in saving lives from cardiac arrest. HPP will provide grant funding to Recreation Facility Association of Nova Scotia (RFANS) to support the implementation of the AED program. This

⁵³As endorsed by Ministers Responsible for Sport, Fitness and Recreation (April 2002). *The Canadian Sport Policy*.

⁵⁴Canadian Heritage: Sport Canada. *The Canadian Sport Policy*. Retrieved March 6, 2006 from http://www.pch.gc.ca/progs/sc/pol/pcs-csp/index_e.cfm

five year program will provide funding to major sport and recreation facilities that purchase AEDs.

Sport Canada Bilateral Agreements with HPP

Aboriginal Bilateral Sport Agreement In 2006-2007 the Aboriginal Bilateral Sport Agreement was signed focusing on advancing Aboriginal sport development and capacity in Aboriginal sport organizations. Pilot projects are planned for each First Nation community intended to enhance existing support for policy and sport participation programs for provincial/territorial Aboriginal sport organizations. In 2007-2008, HPP will continue negotiations in order to extend this Agreement. In cooperation with Sport Canada and the Nova Scotia First Nations community, HPP will establish a bilateral agreement, focusing on implementing priorities and a framework for increasing Aboriginal people's participation in sport.

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

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

Regional Services

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

Performance Measures for Physical Activity, Sport and Recreation

Outcome: The work of the HPP (and partners) focused on physical activity, sport and recreation will contribute to the health and well-being of Nova Scotians as measured by:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Leisure-time physical activity of the adult population: Population 20 yrs + who report being “regularly” or “moderately” physically active (i.e. physical activity equivalent to 30 minutes of walking daily)	Baseline NS 2001: 42% Baseline National 2001: 44% Source: CCHS	Last NS Actual 2005: 46% Last National Actual 2005: 50%	As of 2009-2010 be at or above 52% Source: CCHS
Physical activity of children & youth: Percentage of grade 3, 7, and 11 students who accumulate at least 60 minutes of moderate to vigorous activity on at least 5 days of the week	Baseline NS 2001: Gr 3 males: 90% females: 92% Gr 7 males: 62% females: 44% Gr 11 males: 12% females: 7% Source: NS Accelerometer Population Study	Last NS actual 2005: Gr3 males: 97% females: 96% Gr7 males: 45% females: 24% Gr 11 males: 10% females:1%	As of 2009-2010 maintain baseline for Gr 3s & increase PA activity levels for Grs 7 and 11 by 10% Target: Gr 3 Males: 90% Females: 92% Gr 7 males: 72% females: 54% Gr 11 males: 22% females 17% Source: NS Accelerometer Pop Study
Body Mass Index for adults aged 20-64	Baseline NS 2001: 44% Baseline National 2001: 52% Source: CCHS	Last NS Actual 2005: 38.6% Last National Actual 2005: 47.1%	As of 2009-2010 be at or above 54% Source: CCHS

Strategies to Achieve Target:

- PASR Framework
- Regional Services
- Provincial Walking Initiative
- PACY Accelerometer Study
- Active Kids Healthy Kids
- Active Transportation
- Trails Maintenance
- Active Living Communities
- Recreation Policy
- Nova Scotia Sport Plan
- Sport Development 2011 Program

- High Performance Sport Strategy
- Provincial Sport Leadership Council
- Canadian Sport for Life
- Sport Canada Bilateral Agreements

5.8 GAMES SECRETARIAT

2011 Canada Winter Games The formal bid process for the 2011 Canada Winter Games is complete and Halifax has been announced as the winning host. HPP will, in 2007-2008, support the Halifax host society through the establishment and management of a 2011 provincial coordinating committee; coordinate the analysis required to support the provincial contribution to the 2011 Canada Winter Games, assist the host society in its planning, and negotiate the revised federal/provincial/territorial financial framework for the Canada Games 2011 to 2017.

Sport Hosting Program A Sport Hosting program will be developed in 2007-2008 to provide support to not-for-profit societies and organizations bidding for and hosting sport events that support the mandate of HPP, the principles of the Major Events Hosting/Support Policy, and the Nova Scotia Sport Plan. This will include the development and implementation of a sport hosting strategy.

5.9 POPULATION HEALTH ASSESSMENT AND SURVEILLANCE

The purpose of PHAS is to provide the methods, tools and expert human resources to support the data, information and knowledge needs of the Nova Scotia public health system and HPP. Its importance was identified in the Public Health Review, in order that evidence-informed decision making can occur. Over the next few years of development, its functions will include epidemiological analyses, population based surveillance, population health assessment, research, program evaluation, knowledge synthesis and transfer, capacity building/mentoring, information management, public health informatics, provincial standards development and monitoring, and tools and method development.

Development of RC The development of this RC will be staged based on discussion and consultation to identify priorities and the availability of resources. 2007-2008 is the first year of its development and will focus on recruiting a leader to begin to identify human resource requirements, interface with the other RCs and establish an action plan to move its development forward over the long term.

Communicable Disease Surveillance Information System HPP will continue to collaborate with Canada Health Infoway on the development and implementation in Nova Scotia of the Communicable Disease Surveillance Information System: PANORAMA.

5.10 VOLUNTEERISM

The Provincial Government values, respects and actively supports the volunteer sector. Volunteers and volunteer organizations are essential to the planning and delivery of most community-based programs and services. A plan for government to support and grow volunteerism in Nova Scotia will be implemented in 2007-2008. This plan will include developing partnerships within government and with volunteers in Nova Scotia in order that government and communities can work together to address the issues facing volunteers and provide necessary support. It will be supported interdepartmentally through member departments of the Volunteerism Interdepartmental Coordinating Committee (VICC) in consultation with provincial volunteer stakeholders. VICC will utilize the Community Development Lens as the framework to guide establishing government's support to volunteerism and its engagement with communities.

Priorities will include:

- Addressing the Nova Scotia - Canada Volunteerism Initiative (NSCVI) Report; Talking with Volunteers: Recommendations for Government Action
- Identification of opportunities across government representing Nova Scotia's diverse populations
- Coordination, communication and collaboration with volunteer stakeholders
- Development of regional and virtual Volunteer Resource Centres
- Identification of provincial volunteer stakeholder group/network
- Improved volunteer database information collection
- Support and protection of volunteers by addressing liability/ insurance issues
- Identification of opportunities for increased recruitment of volunteers at the community level
- Increased awareness of the benefits of volunteerism.

5.11 HUMAN RESOURCES

Human Resources is about strategy and alignment - strategy that positions an organization for excellence and alignment of human capital to ensure strategy to action and action to results. The focus is on the professional and personal development of the individuals within the organization to enable its overall performance as an entity. Activities include: assisting the leadership to establish the culture, climate and tone for the organization; professional goal setting and attainment strategies; performance and career development, assessment and feedback; career coaching, counseling and mentoring; management and executive development; training & development; compensation, pay and benefits; and reward and recognition.

HPP relies on the Human Resources services provided by the Department of Health (CSU-HR). The Department of Health is refocusing its energy to align with the Nova Scotia Corporate Human Resource Plan. The Department of Health CS-HR plan's mission is to "provide human resource leadership, advice and guidance that positions its client to achieve performance excellence." Its aim is the sustained performance excellence of its clients. By focusing energy on

these results, Health's CSU-HR believes it will make the most important changes and necessary improvements to advance Health and HPP toward preferred futures.

The Department of Health's CSU-HR's set of strategic directions, objectives and actions will be integrated with HPP's strategic framework and operational priorities, and inform its business plan and assignment of roles and responsibilities within HPP. Under the goals identified by Health's CSU-HR, the priorities for HPP in 2007-2008 are as follows:

Cultivate the Development of a Performance Driven Culture (Alignment: Corporate Human Resource Goal 1) HPP will, for the first time, have its own set of scores related to the employee satisfaction survey. HPP will use these scores to identify direction in improving the leadership measure on the employee satisfaction survey. HPP will also work toward fully operationalizing its performance management system.

Strengthen Our Clients' Capacity to Achieve and Sustain Performance Excellence (Alignment: Corporate Human Resource Goals 1 and 5) HPP will begin work on the implementation of a succession planning process and talent management process and begin to create a focused management development strategy.

French Language Services Plan HPP is committed to improving access and availability of French-language health services through partnerships with DHAs, school boards and schools, the IWK Health Centre and members/organizations in the Acadian and Francophone community. In response to this and HPP's commitment to provide services in French under the *French-language Services Act*, work will begin on the development of a French Language Services Plan. HPP will begin working with the Coordinator of French Language Services to scope out the services and resources in place and will develop an action plan for future services and resources

Optimize the Quality, Effectiveness, and Efficiency of our HR Processes (Alignment: Corporate Human Resource Goal 1) This will involve obtaining training in quality management for the CSU-HR; identifying which HR processes will be reviewed for quality, effectiveness and efficiency; improving the effectiveness of expenditures on training in HPP; enhancing the customer service approach; and creating a structure for improving how HPP deals with Public Service Commission (PSC) programs and corporate initiatives

Earn the Reputation of Being an Excellent Place to Work (Alignment: Corporate Human Resource Goals 2, 3, and 4) The CSU-HR will begin development of a recruitment strategy to attract excellent applicants. It will also work toward ensuring each employee owns their own health, safety and wellness. HPP's Occupational Health and Safety (OH&S) Committee will continue to provide advice and direction to the Deputy Minister in the area of OH&S and develop corporate policies and programs to address health and safety issues.

Healthy Workplace Committee HPP's Healthy Workplace Committee is developing a departmental workplace strategic plan and action plan which will be responsive to the expressed needs of HPP's employees and include activities/information that will appeal to all employees.

Diversity and Social Inclusion Plan HPP is committed to building our collective skills in the area of diversity and social inclusion and will, in 2007-2008, implement its own Diversity and Social Inclusion Plan. Year one of this plan will involve the establishment of a Diversity Committee and emphasize setting a foundation for future work through knowledge building.

6. Health Promotion and Protection - Budget Context

Business Plan Elements	2006-2007 Estimate (\$thousands)	2006-2007 Forecast to Mar 31/07 (\$thousands)	2007-2008 Estimate (\$thousands)
Executive Administration	\$ 3,846.5	\$ 2,866.1	\$ 3,437.2
Addictions	\$ 3,279.8	\$ 3,256.0	\$ 805.0
Corporate Services	\$ 1,081.3	\$ 913.9	\$ 1,973.8
Chronic Disease and Injury Prevention	\$ 7,217.6	\$ 6,510.1	\$ 3,057.8
Communicable Disease Prevention & Control	\$ 3,970.4	\$ 2,735.7	\$ 7,748.3
Emergency Preparedness	\$ 0.0	\$ 0.0	\$ 196.6
Environmental Health	\$ 0.0	\$ 0.0	\$ 486.3
Healthy Development	\$ 4,960.2	\$ 3,972.1	\$ 4,414.2
Physical Activity, Sport and Recreation	\$ 11,943.2	\$ 17,957.1	\$ 18,612.4
Population Health Assessment and Surveillance	\$ 0.0	\$ 0.0	\$ 909.7
Volunteerism	\$ 0.0	\$ 0.0	\$ 130.0
District Health Authorities Funding	\$ 0.0	\$ 800.0	\$ 7,971.7
Net Program Expenses Health Promotion and Protection	\$ 36,299.0	\$ 39,011.0	\$ 49,743.0
Funded Staff (FTEs)	100.6	94.9	137.4
Staff Funded by External Agencies	(9.0)	(7.1)	(7.2)
Total FTE Net	91.6	87.8	130.2