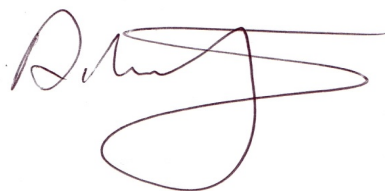


Department of Health Promotion and Protection

2008-2009 Business Plan

April 21, 2008

A handwritten signature in dark ink, enclosed within a rectangular border. The signature is stylized and appears to read 'Duff Montgomerie'.

Duff Montgomerie, Deputy Minister
Department of Health Promotion and Protection

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1. Message from the Minister and Deputy Minister

Helping Nova Scotians to become healthier and safer; that is our vision. It is a difficult challenge but it's one that Nova Scotians are depending on us to achieve and by working together with our partners we will.

The Department of Health Promotion and Protection starts off this year with the majority of responsibility centers operating at full capacity, with only a few positions yet to be filled. We are settled into our new location at Summit Place and our regional staff continues to do excellent work around the province.

Dr. Robert Strang has been named Nova Scotia's first Chief Public Health Officer and is working with the medical officers of health and the rest of his colleagues in public health to ensure the health and safety of Nova Scotians are properly protected.

The coming year will also see the formalization of the department's first strategic plan. Over the next twelve months we will share our plan with key partners and stakeholders to get their input and support. This has been a major undertaking to date but we are confident that the final product will set a strong course for the future.

As we plan for the year ahead it is also important to recognize the good work and accomplishments of the previous year. Our department successfully navigated its way through a mumps outbreak, smoking rates among youth are the lowest in the country, and Nova Scotia leads the country in sport participation.

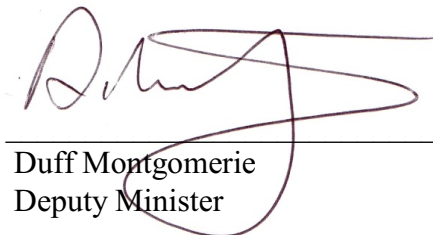
These of course are just some of the accomplishments we have enjoyed in the last year. Each one represents significant time, work, dedication, cooperation and passion to accomplish. We have set the bar high and together we will continue to reach and exceed those expectations.

The Nova Scotia Government has again recognized the importance of our endeavours and has increased Health Promotion and Protection's budget for the 2008-09 fiscal year.

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 Barnett
Minister of Health Promotion and Protection



Duff Montgomerie
Deputy Minister

2. Planning Context

2.1 Organization of the 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) and on February 23, 2006, implemented one of the 21 Actions for System Renewal recommended. Building on the success and reputation of the former Office of Health Promotion, the Government added the resources and expertise of the Department of Health's (DoH) public health branch and the Office of the Chief Medical Officer of Health to create the 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. Its role spans all aspects of public health, physical activity, sport and recreation, addiction services and volunteerism.

The Government made a commitment in its 2006 Platform Document to double the budget of HPP over the next four years.

2.2 Department Structure

Responding to the recommendations of the Public Health Review, HPP is structured into the following Responsibility Centres:

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

These Responsibility Centres are supported by a full suite of corporate services that include:

- Policy and Planning
- Communications (Communications Nova Scotia)
- Legal Services (Department of Justice via DoH)
- Legislative Policy (DoH)
- Health Information Management (DoH)
- Financial Services (DoH Corporate Service Unit)
- Human Resources (DoH Corporate Service Unit).

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.

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

In January 2008, HPP united all of its Responsibility Centres under one roof for the first time since the inception of the new department making daily work more efficient and effective.

2.3 Strategic Planning

With the implementation of the Public Health Review's 21 Action for System Renewal well underway, HPP began a strategic planning process in early 2007. Phase I involved extensive internal consultation of a new set of strategic plan elements²:

Vision Helping Nova Scotians to be healthier and safer

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

Strategic Goals

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

Guiding Principles

- **Foundation.** We are grounded in the principles of community development and committed to a population health approach to our work.
- **Partnership.** We will work in a collaborative, transparent and responsive way.
- **Integration.** We will work within and across disciplines, sectors and organizations.
- **Evidence Informed.** We will decisions based upon the best available information and will work to ensure that we have appropriate information for all populations.
- **Culturally Competent.** We will develop the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all Nova Scotians.

²These strategic planning elements are subject to modification as the strategic planning process unfolds during 2008-2009.

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

Values

- **Leadership.** We believe in creating a culture that inspires all of us to achieve our best. We believe in being responsive and decisive. (*Practice what we preach.*)
- **Integrity.** We believe in openness, honesty, trust, respect and acknowledging the contributions made by all. (*Doing the right thing.*)
- **Collaboration.** We believe in the importance of teamwork and open communication. (*The whole is greater than the sum of its parts.*)
- **Innovation and Excellence.** We believe in achieving our goals through a spirit of creativity and exploration. (*Thinking outside the box.*)
- **Inclusion.** We value the similarities and differences of our staff among people and believe in supporting everyone to reach their potential. (*Equitable opportunities for all.*)
- **People Development.** We believe in continuous learning, self-improvement, personal wellness and professional development. (*Life-long learning.*)

Phase II of the strategic planning process will continue in 2008-2009. HPP's new multi-year strategic objectives will provide direction to the department and identify priorities, goals and objectives which build on the vision, mission, guiding principles, strategic goals, and values established through Phase I.

2.4 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 Health Goals for Canada³. Nova Scotia has endorsed these goals and HPP reflects them in our mission, strategic goals, policies and programs.

2.5 Provincial Health Services Operational Review

In January, 2008, The Government of Nova Scotia announced its acceptance and intention to address all 103 recommendations of the Provincial Health Services Operational Review

³<http://www.phac-aspc.gc.ca/hgc-osc/new-1-eng.html>

(PHSOR)⁴. HPP has committed to working closely with DoH and DHAs to address the many recommendations that deal with “helping people stay healthy”. HPP’s particular contribution to the PHSOR report response will be in the areas of chronic disease prevention and strengthening mental health and addiction services.

2.6 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.⁵ Nova Scotia has some of the poorest health statistics in the country, including the highest rate of deaths from cancer and respiratory disease, the second highest death rate from cardiovascular disease, the second highest diabetes rate, the second highest psychiatric hospitalization rate, and the lowest life expectancy and free-of-disability measures for both men and women⁶.

Four types of chronic disease⁷ 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.⁸

Some Highlights

- *Smoking*: While smoking rates are dropping, 22% of Nova Scotians over the age of 15 smoke. Smoking and exposure to smoking kills approximately 1,748 Nova Scotians every year, accounting for 21% of all deaths in the province⁹. High rates of smoking translate into high rates of chronic disease such as lung cancer, cardiovascular and respiratory disease.¹⁰
- *Eating Habits*: In Nova Scotia, three diet-related diseases: heart disease, stroke and diabetes, are alone responsible for nearly half of all deaths in the province. Our rates for

⁴Corpus Sanchez International Consultancy. *Changing Nova Scotia’s Healthcare System: Creating Sustainability through Transformation*. System-Level Findings and Overall Directions for Change from the Provincial Health Services Operational Review (PHSOR). http://www.gov.ns.ca/health/phsor/PHSOR_Integrated_Report_Dec07.pdf

⁵Health 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*.

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

⁷Cardiovascular diseases (mainly heart disease and stroke), cancers, chronic obstructive pulmonary disease (bronchitis, emphysema, asthma, chronic airway obstruction), diabetes

⁸Colman, R., GPI Atlantic. (October 2002). *The Cost of Chronic Disease in Nova Scotia*.

⁹Colman, R. and Rhymes, J., GPI Atlantic. (2007). *The Cost of Tobacco Use in Nova Scotia*.

¹⁰Health Canada (2005). *Health Effects of Smoking*. (online) Available at: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/body-corps/index_e.html

diabetes and circulatory system diseases are the second highest in the country¹¹. Good nutrition helps protect against chronic disease. There is a vast and growing collection of scientific evidence on the importance of nutrition in the prevention of heart disease, stroke, diabetes, osteoporosis, obesity, hypertension, dental decay and certain types of cancer, particularly those of the gastrointestinal system¹². In 2004, data showed that only 26% of Nova Scotians consumed the recommended number of fruits and vegetables per day.¹³

- *Physical Inactivity*: Overweight and obesity are associated with increased risk of health problems and conditions such as high blood pressure, diabetes, gall bladder disease, and pregnancy complications. Inactivity is one of the driving forces behind the high rates of chronic disease in Nova Scotia. In 2005, approximately 39% of Nova Scotians had a body mass index in a healthy range and less than half of Nova Scotians 20 years and older reported being active or moderately active to get some health benefits.¹⁴ As well, the Nova Scotia Physically Active Children and Youth Study shows the percentage of grade 3 boys and girls accumulating at least 60 minutes of moderate to vigorous activity on at least five days of the week has increased since 2001 while the percentages for grades 7 and 11 students has dropped over the last five years¹⁵.
- *Injuries*: 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.¹⁶ 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.¹⁷
- *Alcohol Abuse*: Harmful alcohol use figures significantly in injury, risky sexual behaviour, chronic disease (e.g. heart, liver disease, and some cancers), crime, violence,

¹¹Colman R. (2002). *The Cost of Chronic Disease in Nova Scotia*. Halifax: GPI Atlantic.

¹²World Health Organization (2003). *Diet, Nutrition and the Prevention of Chronic Diseases*. Report of a Joint WHO/FAO Expert Consultation. WHO technical Report Series. 916.

¹³Canadian Community Health Survey (2004): Nutrition Survey. Cycle 2.2. Data analysis by DoH and presented in Nova Scotia Health Promotion and Protection (2006). *Annual Accountability Report for the Fiscal Year 2006-2007*.

¹⁴Canadian Community Health Survey (2005): Cycle 3.1. Data analysis by DoH and presented in Nova Scotia Health Promotion and Protection (2006). *Annual Accountability Report for the Fiscal Year 2006-2007*.

¹⁵P. Campagna et al., *Physical Activity Levels and Dietary Intake of Children and Youth in the Province of Nova Scotia* (2005). (Halifax, NS: Nova Scotia Department of Health Promotion and Protection and Nova Scotia Department of Education, 2007).

¹⁶Nova Scotia Health Promotion and EHS Nova Scotia Trauma Program. (2003). *Nova Scotia Injury Prevention Strategy: Report and Recommendations*.

¹⁷Guo, B., Scott, A. and Bowker, S. (2003). Alberta Heritage Foundation for Medical Research. *Suicide prevention strategies: Evidence from systematic review*.

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. About 237,270 Nova Scotians experience harm from someone else's use of alcohol. Each year in Nova Scotia, an average of 600 hospital admissions can be attributed to alcohol and about 230 deaths can be attributed to alcohol. Liver disease (30 %), injuries (33 %) and alcohol-related cancers (20 %) account for the majority of these deaths.¹⁸

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.¹⁹

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. Some highlights include:

- direct health care costs associated with tobacco use costs Nova Scotia \$171.3 million and an additional \$526 million in indirect costs including productivity losses due to long and short-term disability and premature mortality. In addition it costs Nova Scotian employers about \$263.6 million more each year to employ smokers due to on-the-job productivity losses incurred in unauthorized smoke breaks²⁰;
- estimated physical inactivity costs the Nova Scotia health care system \$66.5 million per year in hospital, physician and drug costs alone. When all direct health care costs are added, a sedentary lifestyle costs \$107 million per year in direct medical care expenditures²¹;
- 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 1999²²;
 - motor vehicle crashes in Nova Scotia created an economic burden of approximately \$75 million in 1999²³;
 - the economic impact of suicide in Nova Scotia is estimated to be \$100 million annually²⁴;

¹⁸Nova 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*.

¹⁹Office of Health Promotion (2004). *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion*.

²⁰Colman, R. and Rhymes, J., GPI Atlantic. (2007). *The Cost of Tobacco Use in Nova Scotia*.

²¹Colman, R., GPI Atlantic. (October 2002). *The Cost of Chronic Disease in Nova Scotia*.

²²Atlantic Network for Injury Prevention (2003). *The Economic Burden of Unintentional Injury in Atlantic Canada*.

²³Atlantic Network for Injury Prevention (2003). *The Economic Burden of Unintentional Injury in Atlantic Canada*.

²⁴Clayton, D. and Barcelo, A. (2000). The Cost of Suicide Mortality in New Brunswick, 1996. *Chronic Diseases in Canada*, 20(3).

- total annual cost 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).²⁵

Health Determinants

The prerequisites 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.²⁶

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 health 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.²⁷ Health determinants in vulnerable populations must be priorities for prevention and concrete, results-oriented action is needed to address them.

Population Health

Population health focuses on factors that enhance the health and well-being of the overall population.²⁸ 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, helping 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.²⁹

²⁵Rehm et al. (2006). *Cost of Substance Abuse: 2002*.

²⁶Department 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*.

²⁷Chronic Disease Prevention Alliance of Canada (2006). *A Call to Action: Building it Together Conference*.

²⁸Federal/ Provincial/ Territorial Advisory Committee on Population Health, (1994). *Strategies for Population Health*.

²⁹Nova Scotia Department of Health, Public Health Services (2001). *Healthy People, Healthy Communities: Using the Population Health Approach in Nova Scotia*.

2.7 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 well developed and constructive relationships 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. This collaborative and intersectoral approach to policy development and program planning follows directly from our mission, strategic goals and guiding principles. Some examples of HPP's current collaborative intersectoral policy development and program planning efforts are listed below.

Atlantic Wellness	At the 14 th Meeting of the Council of Atlantic Premiers in December 2007, Atlantic premiers recognized the growing impact chronic disease has on its citizens and the health care system and committed the Atlantic Ministers to discuss a framework for collaborative action on health promotion and wellness, including healthy food choices, physical activity, and a reduction in smoking.
Health Promoting Schools (HPS) Program	In partnership with the Department of Education (DoE), school boards and DHAs, the 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.
Pan-Canadian Joint Consortium for School Health	In partnership with DoE, HPP continues 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.
Renewed Active Kids Healthy Kids (AKHK) Strategy ³⁰	This is a strategic, comprehensive, multi-year plan shared by government, non-government organizations, and Nova Scotian residents, for improving physical activity opportunities and increasing participation rates for infants to 18-year olds.
Nova Scotia School Food and Nutrition Policy ³¹	HPP continues to partner with DoE in the implementation of this provincial policy that addresses a variety of issues including foods offered at school cafeterias, vending machines, portion sizes, and nutrition education.

³⁰<http://www.gov.ns.ca/hpp/physicalActivity/publications/AKHK-Strategy.pdf>

³¹http://www.ednet.ns.ca/healthy_eating/pdf/22454_ver1_lo_res.pdf

Provincial Children and Youth Strategy ³²	In response to the Nunn Commission Inquiry, the Government released its comprehensive strategy, <i>Our Kids are Worth It: A Strategy for Children and Youth</i> . This strategy focuses on the needs of children and youth with a comprehensive mix of immediate and longer term priorities.
Framework for Action: Youth Sexual Health ³³	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.
Nova Scotia Strategic Framework to Address Suicide ³⁴	Developed through a collaborative process, this framework helps create effective, intersectoral approaches to addressing suicide in our province.
Provincial Alcohol Strategy ³⁵	Led by HPP and based on the work of the Alcohol Task Group and on the advice and recommendations of the Alcohol Roundtable, the goal of this strategy is to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among Nova Scotia's individuals, families and communities.
Joint Environmental Health Services	In order to fulfill the respective mandates to strengthen environmental protection, the Departments of Agriculture, Environment, 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

3.1 HPP's Link to the New Nova Scotia

Government's Corporate Path, *The New Nova Scotia: A Path to 2020* is guided by its coordinating economic and social frameworks³⁶. Together, they provide a context for HPP's strategic goals and priorities.

³²http://www.gov.ns.ca/coms/department/documents/Our_Kids_Are_Worth_It.pdf

³³http://www.gov.ns.ca/hpp/publications/FINAL_Framework_Booklet.pdf.

³⁴<http://www.gov.ns.ca/hpp/injuryprevention/suicideframework.pdf>

³⁵http://www.gov.ns.ca/hpp/repPub/Alcohol_Strategy.pdf

³⁶ Opportunities for Sustainable Prosperity 2006: An Updated Economic Growth Strategy for Nova Scotia. (http://www.gov.ns.ca/econ/ofsp/docs/Opportunities_For_Sustainable_Prosperty_2006.pdf and Weaving the Threads: A Lasting Social Framework (Our Framework for Social Prosperity), 2007. (http://www.gov.ns.ca/coms/department/documents/Weaving_the_Threads.pdf)



HPP is uniquely positioned to contribute to a new and healthier Nova Scotia. Investments in health promotion and protection are key to securing the long-term economic success and social prosperity of this province. HPP’s role spans all three categories of the New Nova Scotia and flow directly from the Social Framework. HPP’s vision and mission³⁷ support the Social Framework definitions of social sustainability – wanting a better quality of life for future generations, and social prosperity – our quality of life. What follows is a demonstration of just a few of HPP’s strategic priorities and how they contribute to the goals of Nova Scotia’s Social Framework and thereby contribute to one, two, or all three paths of the New Nova Scotia.

Health, Well-Being

HPP’s First Strategic Goal: The Social Framework’s goal – to have all Nova Scotians have access to the information, services, care, and support they need to be as physically and mentally healthy as they can be, aligns with HPP’s first strategic goal – to improve the health of the population. HPP contributes fundamentally to programs, services, and information related to health promotion and protection that will help to make Nova Scotians as physically and mentally healthy as they can be.

Strategies that Contribute to Health, Well-Being: HPP is leading or partnering on several strategies that contribute to health and well-being and thereby social prosperity and social sustainability. Some of these strategies were identified above in Section 2.6. Others include: the Provincial Gaming Strategy³⁸, the development of a Nova Scotia Drug Strategy, Healthy Eating Nova Scotia³⁹, the renewal of the Tobacco Control⁴⁰ and Injury Prevention Strategies⁴¹, the HIV/AIDS Strategy⁴², and the Comprehensive Workplace Health Strategy⁴³.

³⁷See Section 2.3

³⁸<http://www.gov.ns.ca/hpp/repPub/GamingStrategyReport.pdf>

³⁹<http://www.gov.ns.ca/hpp/repPub/HealthyEatingNovaScotia2005.pdf>

⁴⁰<http://www.gov.ns.ca/hpp/repPub/TC/Strategy-%20Renewal-Framework%20Draft-March-30-2006.pdf>

⁴¹http://www.gov.ns.ca/hpp/injuryPrevention/ns_strategy.html

⁴²http://www.gov.ns.ca/health/downloads/HIV_Aids_summaryreport.pdf

⁴³http://www.thrivingworkplaces.ns.ca/CWH_STRATEGY.pdf

Public Health Renewal: Government received the report: “*The Renewal of Public Health in Nova Scotia: Building a Public Health System that Meets the Needs of Nova Scotia*” in January 2006. The new department of HPP was formed in February 2006 to lead the comprehensive and long-range planning process of public health renewal aimed at preventing illness and injury, and promoting and protecting health. A strong and integrated public health system will contribute to the improved health of individuals, families and communities, reduce disparities in health status, and support the sustainability of our broader health system.

Lifelong Learning

Strategies Spanning the Entire Life: HPP is involved in strategies that span the entire life (early childhood, school aged children and youth, adults and seniors) and a multitude of settings (home, school, workplace, and community). These strategies described more fully in Section 5, offer opportunities to educate Nova Scotians on ways to live healthier.

Citizenship Development, Engagement

Volunteerism: Volunteers are the backbone of sport, recreation, social, cultural and spiritual sectors. HPP is leading the development of a comprehensive Volunteer Action Plan. Volunteers support and extend the efforts of paid workers, develop work skills that can be applied in the labour market, and support the continuation of publicly funded social programs. Volunteers contribute to their communities as responsible citizens and understand their shared responsibility for individual and collective well-being.

Safety, Security

Health Services Emergency Management: Working with the Emergency Management Office, HPP and DoH are developing a coordinated health sector emergency response system that will keep Nova Scotians safer and more secure in the face of an emergency.

Communicable Disease Prevention and Control: Through expanded vaccinations and improved immunization distribution and warehousing, Nova Scotians are better protected from communicable illness like the flu and feel safer knowing Nova Scotia is prepared for a public health emergency like a pandemic flu outbreak.

Environmental Health Emergency Preparedness: HPP is working with the Departments of Environment and Agriculture to strengthen Nova Scotia’s preparedness for emergencies with environmental health implications. Nova Scotians will be secure in knowing that the Government has a plan to ensure safe food and/or clean drinking water during a power outage.

Injury Prevention: HPP is leading the renewal of the provincial injury prevention strategy. Strategies to reduce falls among seniors, transportation-related injuries and suicide are included.

Access, Inclusion

Diversity Action Plan: HPP recognizes the importance of diversity, social inclusion, and cultural competence. These concepts are embedded in our strategic goals, guiding principles, values, and Diversity Action Plan.

Across the Spectrum

Canada Winter Games 2011: Halifax Regional Municipality's hosting of the Canada Winter Games in 2011 is an example of how one event can influence Nova Scotia socially and economically via all three paths of the New Nova Scotia. This event will:

- create winning conditions by showcasing the benefits of physical activity while promoting the attractiveness of the province
- seize new economic opportunities by preparing the business and tourism industries to experience the most in economic spin-offs of such an event
- build for individuals, families and communities by providing a legacy of world class facilities and infrastructure that will encourage all Nova Scotians to become more physically active.

3.2 HPP's Link to Government's Five Immediate Priorities

In the November 2007 Throne Speech, the Government identified five immediate priorities over the next fiscal year:

- educating to compete
- protecting our environment
- better roads and infrastructure
- safer, healthier communities
- shorter wait times.

As a department with significant "horizontal" policy development involvements, HPP impacts all of these priorities. Our corporate emphasis, however, is "Safer, Healthier Communities". Partnering and/or working with other departments and stakeholders, highlights of HPP's initiatives that contribute to these Government priorities are identified below and more detail can be found in Section 5.

Educating to compete

- Public health training⁴⁴
- Environmental health human resources⁴⁵

Protecting our environment

- Joint environmental health services⁴⁶
- Human health risk assessment

⁴⁴Partnering with Dalhousie University

⁴⁵Partnering with Departments of Agriculture and Environment

⁴⁶Partnering with Departments of Agriculture, Environment and Fisheries and Aquaculture

Better roads and infrastructure

- Building Infrastructure Together Program (B-Fit) Program⁴⁷
- Off Highway Vehicle Action Plan⁴⁸
- Trails (Controlled access highway trail underpasses)⁴⁹
- 2011 Canada Winter Games⁵⁰

Safer, healthier communities

- Food and Nutrition Policy for Nova Scotia Public Schools⁵¹
- Renewal of Tobacco Control Strategy⁵²
- Injury Prevention Strategy Renewal⁵³
- Nova Scotia Strategic Framework to Address Suicide⁵⁴
- Children and Youth Strategy⁵⁵
- Active Kids Healthy Kids Strategy⁵⁶
- Provincial Alcohol Strategy⁵⁷
- Health Promoting Schools⁵⁸
- Measles, Mumps, Rubella Vaccine⁵⁹
- Volunteerism⁶⁰

⁴⁷Working with municipalities and community groups

⁴⁸Partnering with the Departments of Natural Resources, Transportation and Infrastructure Renewal, Education, Service Nova Scotia and Municipal Relations and working with the Off Highway Vehicle Ministerial Advisory Committee

⁴⁹Partnering with community trail groups and Government

⁵⁰Working with Halifax Regional Municipality and a provincial coordinating committee composed of representatives from all provincial departments and agencies

⁵¹Partnering with DoE

⁵²Collaborating with smoking prevention non-government organizations, DHAs, the public health community, and provincial and federal government departments (NS Departments of Health, Education, Finance, Health Canada)

⁵³Partnering with Injury Free Nova Scotia as co-chairs of the Strategy's Renewal Advisory Committee comprising representatives from the public health community, injury prevention non-government organizations and Government

⁵⁴Collaborative development guided by a provincial intersectoral committee comprising representatives from suicide prevention and mental health non-government organizations, DHAs, and Government

⁵⁵Partnering with Departments of Education, Health, HPP, Community Services, Justice

⁵⁶Shared by Government, non-government organizations and Nova Scotian residents

⁵⁷Developed by the Alcohol Task Group: a partnership of HPP and DHAs' Addiction Services and endorsed by stakeholders from addictions' organizations, DHAs, Government and educational institutions through the Alcohol Roundtable

⁵⁸Partnering with DoE, DHAs, and school boards

⁵⁹Family physicians across the province.

⁶⁰Partnering with volunteer organization stakeholders and Government

Shorter wait times

- Contributing to priorities and initiatives that improve the health and safety of Nova Scotians will, in the long run, positively impact the health care system by reducing the need for services and thereby shortening wait times.

4. Core Business Areas

4.1 Addictions

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

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

4.2 Chronic Disease and Injury Prevention

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

- healthy eating
- tobacco control
- injury prevention and control
- reduction of health disparities
- workplace health.

4.3 Communicable Disease Prevention and Control

Communicable Disease Prevention and Control (CDPC) focuses on:

- prevention and control of vaccine and non-vaccine preventable disease
- vaccine/biological management
- outbreak management.

4.4 Environmental Health

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

- safe food
- safe drinking water
- safe environments.

4.5 Healthy Development

Healthy Development focuses on:

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

4.6 Health Services Emergency Management

Health Services Emergency Management focuses on public health mitigation, prevention, response and recovery to natural and man made events. Strategic areas include:

- Emergency Management
 - All Hazard Planning
 - Readiness & Response Management
 - Business Continuity
 - Strategic Supplies & Warehousing
 - Research
 - Post Event Debriefing (Lessons Learned)
- Public Health
 - Exercises
 - Training
 - Education
- Risk Assessment

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. Strategic areas include:

- Active Healthy Living
- Sport
- Regional Services
- Hosting of Sporting Events.

4.8 Population Health Assessment and Surveillance

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

- epidemiological analysis
- population based health surveillance and assessment
- research and program evaluation
- knowledge synthesis and transfer
- information management
- public health informatics
- provincial standards development and monitoring
- tools and method development.

4.9 Volunteerism

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

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

5. Priorities for 2008-2009

HPP's mission is to "lead the collaborative effort to promote and protect health, prevent illness and injury, and reduce disparities in health status". Taken together, these priorities will advance our mission and help us to achieve our vision of "healthier and safer Nova Scotians".

5.1 Public Health Renewal

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

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

5.2 Addictions

Provincial Alcohol Strategy Implementation of the Provincial Alcohol Strategy⁶¹ and monitoring its related activities will continue in 2008-2009. Activities in 2008-2009, related to the Strategy's recommendations will focus on:

- *Capacity and Partnership Building:*
 - linking with other relevant provincial strategies and supporting the implementation of the Strategy at the DHA level.
- *Research and Evaluation:*
 - releasing the reports: *Benchmark Survey on Alcohol Related Knowledge, Perception, Attitudes and Behaviours*; and the *Underage Drinking Contextual Research Project Report*

⁶¹http://www.gov.ns.ca/hpp/repPub/Alcohol_Strategy.pdf

- developing interventions based on the *Underage Drinking Contextual Research Project Report* recommendations.
- *Communications and Social Marketing:*
 - in partnership with key stakeholders, developing and implementing universal and targeted alcohol resources to both heighten the profile of alcohol as a public health issue, and to support healthy and safer decisions about alcohol use.
- *Healthy Public Policy:*
 - reviewing and recommending public policy initiatives to reduce overdrinking and public intoxication, as well as policies to reduce harm when overdrinking occurs.
- *Strengthening Prevention, Early Intervention and Treatment:*
 - working with DoE to build on the strengths of current collaborations and explore options to enhance delivery of active healthy living curricula
 - collaborating with industry partners to update the *It's Good Business: Responsible Beverage Server Program*.

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

Provincial Gaming Strategy⁶² Implementation HPP will continue implementation and expansion of initiatives from the Gaming Strategy. In 2008-2009, HPP's focus will be on:

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

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

⁶²<http://www.gov.ns.ca/hpp/repPub/GamingStrategyReport.pdf>

Performance Measures for Addictions

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

Measure	Data		Ultimate Target
	Base Year	Last Actual	
High Risk Alcohol Use: % of current drinkers with AUDIT Score ≥ 8 ⁶³	Baseline NS 2004: 20.8% Last NS National 2004: 17.0% Source: CAS ⁶⁴	2004 actual is baseline for NS and National	As of 2009-2010 be at or below national rate Source: CADUMS ⁶⁵
Percentage of alcohol related mortality ⁶⁶	Baseline: NS 2001: 2.8% Source: Statistics Canada: Vital Statistics Database ⁶⁷	Last NS actual 2003: 2.9%	TBD ⁶⁸
Percentage of alcohol related morbidity ⁶⁹	Baseline: NS 2001: 3.3% Source: CIHI ⁷⁰ Discharge Abstract Database	Last NS actual 2003: 3.2%	TBD ⁷¹
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 ⁷²	NS last actual is 2003 baseline National last actual is 2002 baseline	As of 2009-2010 be at or below national rate Source: CCHS

⁶³AUDIT is the World Health Organization 10-item questionnaire to identify hazardous consumption, harmful alcohol use patterns, and alcohol dependence with a score of 8 or more indicating high-risk alcohol use

⁶⁴Canadian Addiction Survey

⁶⁵Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) will replace CAS; the AUDIT score indicator remains the same

⁶⁶Percentage of all alcohol related deaths to all deaths in Nova Scotia.

⁶⁷Mortality and morbidity data are calculated as part of the Alcohol Indicators Report conducted on a three to four year cycle.

⁶⁸HPP will develop an evaluation plan for the implementation and outcomes of the Alcohol Strategy by March 31, 2008. This plan will identify and address targets of the 21 indicators and outcomes associated with the strategy, including mortality and morbidity targets.

⁶⁹Percentage of hospitalizations in Nova Scotia for which alcohol use has either contributed to the length of hospital stay or required resources for treatment compared to all hospitalizations in Nova Scotia.

⁷⁰Canadian Institute of Health Information

⁷¹See footnote for Mortality Rate.

⁷²Canadian Community Health Survey

5.3 Chronic Disease and Injury Prevention

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

Evaluation of Healthy Eating Nova Scotia The provincial *Healthy Eating Nova Scotia* Strategy⁷³ was released in March 2005. The Strategy is a planning framework, based on a population health approach, to guide coordinated, evidence-based action, decisions, and resource allocation on nutrition and healthy eating. Since its release, HPP has been providing provincial leadership, support, and funding for its implementation, in consultation with key stakeholders across Nova Scotia. In 2008-2009, the Strategy's evaluation will be conducted with a goal of assessing both process and impact measures, accomplishments of the Strategy to date, adherence to the guiding principles, and enablers and challenges to implementation of the Strategy.

Promotion of Fruit and Vegetables Consumption The *Healthy Eating Nova Scotia* Strategy identified fruit and vegetable consumption as one of its four priorities. Objectives for this priority area include increasing the availability of fruit and vegetables in a variety of settings and improving access to and affordability of fruit and vegetables for Nova Scotians on low incomes. In 2008-2009, HPP will work with partners to develop a social marketing campaign that focuses on fruit and vegetable consumption⁷⁴. Key messages of the campaign will include accessing healthy, affordable, local fruits and vegetables for all Nova Scotians.

Food Security Food security is defined as the ability of all people, at all times, to have access to nutritious, safe, personally acceptable and culturally appropriate foods, produced (and distributed) in ways that are environmentally sound and socially just. Food security is affected by income, transportation trends in the food industry, and agricultural practices. Research consistently demonstrates that poverty is associated with poorer nutrition and higher rates of obesity. In 2008-2009, HPP will continue to fund the participatory food costing model and will work with the Food Security Steering Committee to promote the use of the food security policy discussion paper and policy lens⁷⁵. The newly hired Coordinator, Health Disparities will provide additional support for food security in 2008-2009.

⁷³<http://www.gov.ns.ca/hpp/repPub/HealthyEatingNovaScotia2005.pdf>

⁷⁴This social marketing campaign is a result of funding provided by Public Health Agency of Canada (PHAC) through a bilateral agreement focusing on physical activity and healthy eating. More detail is provided under PASR Priorities: PHAC Bilateral Agreement.

⁷⁵<http://www.gov.ns.ca/hpp/repPub/LensDocument.pdf>

Renewal of Tobacco Control Strategy Smoking prevalence rates have decreased from 30% to 22% over the past six years⁷⁶, but smoking rates are still high in young adult populations. Actions related to the renewal of the Tobacco Control Strategy⁷⁷ began in 2007-2008. In 2008-2009, HPP will continue an extensive health stakeholder consultation that will include DHAs, First Nations, school boards, health charities, non-governmental organizations and other provincial and federal government departments. HPP will work with stakeholders using information gathered from these consultations to complete and release the renewed Strategy in 2008-2009.

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

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

Injury Prevention Strategy Renewal In 2007-2008, HPP partnered with Injury Free Nova Scotia, to consult with stakeholders and update and renew the Nova Scotia Injury Prevention Strategy⁷⁸, first developed in 2003. In 2008-2009, HPP will lead the implementation of the renewed strategy and related priorities. Focus will be on ways to better integrate injury prevention efforts with other health promotion and chronic disease prevention efforts.

Preventing Fall-Related Injuries Among Seniors HPP will continue to lead the implementation of the Provincial Seniors' Falls Prevention Strategic Framework⁷⁹. In 2008-2009, this will include: ongoing leadership of the Provincial Intersectoral Falls Prevention Committee, ongoing funding of the Community Links Preventing Falls Together initiative, and leading the delivery of the Canadian Falls Prevention Curriculum.

Road Safety Campaign Nova Scotia supports Vision 2010: Canada's Road Safety Plan which emphasizes the importance of partnerships and the use of a wide variety of initiatives that focus

⁷⁶Canadian Tobacco Use Monitoring Survey (CTUMS)

⁷⁷http://www.gov.ns.ca/hpp/repPub/TC/Strategy-%20Renewal-Framework%20_Draft-March-30-2006.pdf

⁷⁸http://www.gov.ns.ca/hpp/injuryPrevention/ns_strategy.html

⁷⁹http://www.gov.ns.ca/hpp/injuryPrevention/falls_strategic_framework.pdf

on road users, roadways and motor vehicles.⁸⁰ Developed and launched in 2006-2007, HPP will continue to collaborate with the road safety departments (Transportation and Infrastructure Renewal, Service Nova Scotia and Municipal Relations, and Justice) in the development of a comprehensive, evidence based road safety strategy for Nova Scotia.

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)⁸¹. The IWK Child Safety Link provides valuable support to Nova Scotia’s public health system and our collective efforts to address childhood injuries and deaths. In 2008-2009, HPP will continue to provide core funding to Child Safety Link as well as targeted funding for the Car Seat Safety Strategy.

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 hospitalizations⁸². In 2008-2009, HPP will continue implementation of the *Nova Scotia Strategic Framework to Address Suicide*. Additionally, HPP will continue funding and support of the Canadian Mental Health Association: Nova Scotia Division) Communities Addressing Suicide Together initiative.

Performance Measures for CDIP

Outcome: The work of HPP (and partners) focused on CDIP will contribute to the health and safety 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: 29.3% Baseline National 2001: 33.4% Source: CCHS	Last NS Actual 2004: 26.0% Last National Actual 2004: 31.7%	As of 2009-2010 be at or above national rate Source: CCHS
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 2006: 14% Last National Actual 2006: 11%	As of 2009-2010 be at or below national rate Source: CTUMS

⁸⁰The 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.

⁸¹Safe Kids Canada (2006). *Child and Youth Unintentional Injury: 10 Years in Review (1994-2003)*.

⁸²<http://www.gov.ns.ca/hpp/injuryprevention/suicideframework.pdf>

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Smoking rates: Population 15 yrs + who smoke	Baseline NS 2000: 30% National rate 2000: 24% Source: CTUMS	Last NS Actual 2006: 22% Last National Actual 2006: 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 2006: 15% Last National Actual 2006: 15%	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 2006: 33% Last National Actual 2006: 27%	As of 2009-2010 be at or below national rate Source: CTUMS
Rate of injury-related deaths due to falls among seniors (age 65 and over)	Baseline NS 2003: 70.5 fall-related deaths per 100,000 persons Source: Vital Stats	Last NS Actual 2005: 87.6	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: 1591.8 fall-related hospitalizations per 100,000 persons Source: CIHI	Last NS Actual 2006: 1497.1	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 Statistics	Last NS Actual 2005: 8.4	By 2009-2010: 20% reduction in suicide-related deaths from base year Source: Vital Stats
Rate of suicide-related hospitalizations	Baseline NS 2003: 71.1 suicide-related hospitalizations per 100,000 persons Source: CIHI	Last NS Actual 2006: 58.7	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: 7.6 transportation/motor vehicle-related deaths per 100,000 persons Source: CIHI	Last NS Actual 2005: 7.7	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: 41.5 transportation/motor vehicle-related deaths per 100,000 persons Source: CIHI	Last NS Actual 2006: 52.6	By 2009-2010 30% reduction in transportation/motor vehicle hospitalizations from base year Source: CIHI

5.4 Communicable Disease Prevention and Control

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

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

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

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

Performance Measure for CDPC

Outcome: The work of HPP (and partners) focused on CDPC will contribute to the health and safety 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: 66.0% National rate: 63.0 Source: CCHS	Last NS Actual 2005: 77.1% Last National Actual 2005: 71.3%	As of 2009-2010 be at or above 80% Source: CCHS

5.5 Environmental Health

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

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

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

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

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

Human Health Risk Assessment HPP will continue to provide human health risk assessment support to the DHAs. This will include hiring consultant(s) when necessary for:

- environmental assessment and public health aspects of the Sydney Tar Ponds/Coke Ovens clean up,
- historic gold mines, and
- mining exploration, chemical spills etc.

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

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, early childhood development is key to achieving the greatest positive impact on children. Related priorities in 2008-2009 will include identifying key early childhood issues and working with DHAs and partners to facilitate the development of provincial standards/guidelines related to the well child system.

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

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

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

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

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

- establishing a Provincial Breastfeeding Steering Committee to oversee implementation of the *Provincial Breastfeeding Policy*⁸³;
- implementing a comprehensive breastfeeding social marketing campaign;
- identifying competency-based breastfeeding education standards;
- establishing a provincial process for the Baby Friendly Initiative designation pre-assessment and assessment; and
- continuing to develop local community capacity regarding breastfeeding.

⁸³http://www.gov.ns.ca/hpp/repPub/Provincial_Breastfeeding_Policy.pdf

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

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

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

- regional HPS teams will receive funding to better organize and coordinate efforts around decreasing health disparities in schools;
- as a result of the provincial evaluation framework completed in 2007-2008, initial evaluation priorities will be explored;
- HPP, in collaboration with DoE, will develop and implement a structural framework for the Conseil Scolaire Acadien Provincial HPS team. In addition, HPP will implement the Mi'Kmaq Kina'matnewey HPS structural framework;
- HPP, in partnership with DoE, school boards, and DHAs, will host a provincial HPS Showcase in May 2008. This event will highlight some of the numerous successes and achievements of regional HPS teams and the school communities in their regions. HPP will launch an HPS website and publish informational materials to promote school health.

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

Food and Nutrition Policy for Nova Scotia Public Schools The *Food and Nutrition Policy for Nova Scotia Public Schools*⁸⁴ is intended to increase access to and enjoyment of health promoting, safe, and affordable food and beverages, served and sold in Nova Scotia public schools. Phased-in implementation of the policy began in the 2006-2007 school year and will

⁸⁴http://www.ednet.ns.ca/healthy_eating/pdf/22454_ver1_lo_res.pdf

continue until all policy directives are implemented (by June 2009). In 2008-2009, a Provincial Advisory Committee made up of key stakeholders including school boards, DHAs, parents, HPP and DoE, will develop tools for use by schools and school boards to aid in monitoring policy implementation.

Children and Youth Government has stated its commitment to building a better Nova Scotia for individuals, families and communities, with a particular focus on children and youth. The Departments of Community Service, Education, HPP, Health, and Justice are working together to improve services for children and youth through the development of a comprehensive child and youth strategy⁸⁵ which focuses on early intervention, supports for families and support to youth at risk. Specifically, these departments have committed to partnering and coordinating responsibilities for children and youth. This strategy is part of the province's new social prosperity framework, *Weaving the Threads: A Lasting Social Fabric*⁸⁶, based on the principles of collaboration, co-ordination and shared responsibility.

Preventing Alcohol and Risk Related Trauma in Youth More than one Nova Scotian teen dies each week as a result of an injury⁸⁷. Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.) is an evidence-based resource designed to educate teenagers (ages 15 and 16) about the consequences of risk and serious injury. HPP's goal is to deliver P.A.R.T.Y. to all 12,000 grade 10 students in Nova Scotia. The P.A.R.T.Y. Program will continue to expand in 2008-2009, with 65 high schools expected to participate. Additional activities include: continued training of program facilitators, development of curriculum supplements, research, and completion of the resource's evaluation. As well, elements of P.A.R.T.Y. will be further revised for higher risk youth. Variations of the resource will be piloted in 2008-2009 with the Community Justice Society for teenagers who have been charged with a range of offenses and have been referred to the youth restorative justice process as well as with the IWK CHOICES Program for teenagers being treated for addictions to alcohol and other drugs.

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

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*⁸⁸. 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

⁸⁵http://www.gov.ns.ca/coms/department/documents/Our_Kids_Are_Worth_It.pdf

⁸⁶http://www.gov.ns.ca/coms/department/documents/Weaving_the_Threads.pdf

⁸⁷Transportation and Public Works (2006). Fatality Statistics.

⁸⁸http://www.gov.ns.ca/hpp/publications/FINAL_Framework_Booklet.pdf

sexual health of youth in this province. In 2008-2009, HPP will build on provincial and regional partnerships to engage in a collaborative process of identifying priorities and goals for each of the five components of the Framework.

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

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

Comprehensive Workplace Health Strategy⁸⁹ Comprehensive workplace health mobilizes the workplace as a setting to improve population health. The workplace was identified in the Provincial Chronic Disease Prevention Strategy as a key setting for improving health. In 2008-2009, HPP will continue to provide leadership to the Strategy through development of an implementation plan and the establishment of a public-private senior leadership team to support, promote and oversee Strategy implementation and evaluation.

Performance Measures for Healthy Development

Outcome: The work of HPP (and partners) focused on healthy development will contribute to the health and safety of Nova Scotians as measured by⁹⁰:

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Breastfeeding 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
Breastfeeding 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

⁸⁹http://www.thrivingworkplaces.ns.ca/CWH_STRATEGY.pdf

⁹⁰Due to changes in the definition of "sex" used to determine condom use in the Drug Use Survey of Atlantic Provinces, there is currently no comparable data to determine a long term trend. Therefore this indicator has been removed from the 2008-2009 Business Plan. It is expected that the definition will be refined for the 2010 Survey allowing 2010 to become the new baseline, at which point it will be included in the 2010-2011 Business Plan.

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Unintended pregnancy in females aged 15-19	Baseline NS 2001: 29.0 per 1000 of population aged 15-19 Baseline 3-yr floating average per 1000 of population 15-19: 29.0 Source: CIHI	Last NS Actual 2006: 28.7 Last 3-yr floating average per 1000 of population 15-19: 26.5	As of 2009-2010 be at or below three year floating average rate of NS data Source: CIHI
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 ⁹²	Last NS Actual 2006: 1011.9 per 100,000 Last National Actual 2006: 962.8	As of 2009-2010 be at or below national rate Source: CCDR

5.7 Health Services Emergency Management

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

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

Concept of Operations/All Hazard Plan/Pandemic Protocol and Business Continuity In 2008-2009, HPP in conjunction with DoH will continue the development of a Concept of Operations document for HSEM in Nova Scotia, as well as a separate Concept of Operations document to be used on a national level as a framework for established emergency management procedures in government - health services relations. An all-encompassing All Hazards Plan and Pandemic Protocol will also be released, and an HPP Business Continuity Plan will continue to be

⁹²Canadian Communicable Disease Report: Notifiable Disease Annual Summary

developed and refined. These documents will serve to lay the groundwork to better position Nova Scotia's health system to respond to natural and man-made disasters.

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

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

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

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

Municipal Physical Activity Leadership Program Formerly called the "Active Living Communities Program", HPP will expand this program in 2008-2009 to include six to eight additional municipalities. This program builds and sustains the capacity of municipal

governments to provide staff who will develop and implement community-based physical activity strategies.

Active Transportation HPP will play a lead role in the continued implementation of the *Pathways for People Framework for Action for Advancing Active Transportation in Nova Scotia*⁹³. Working with municipalities, community groups and other government departments to advocate for active transportation, priorities in 2008-2009 will include:

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

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

Active Kids Healthy Kids (AKHK) The renewed AKHK Strategy⁹⁴ will be implemented at the community, regional and provincial levels. Additional funding will be provided to:

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

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

- promoting the online resource www.walkabout.ca with the adult population;
- developing a social marketing campaign and implementing its first phase;
- developing information and tools for practitioners and leaders in the community, workplaces and schools;

⁹³<http://www.gov.ns.ca/hpp/physicalactivity/publications/P4PFramework.pdf>

⁹⁴<http://www.gov.ns.ca/hpp/physicalActivity/publications/AKHK-Strategy.pdf>

- developing a pilot that recruits, prepares and supports volunteer leaders for community walking clubs;
- developing and implementing a pedometer loan program through community centres such as libraries; and
- developing the first phase of the assessment and recognition program.

Physically Active Children and Youth Further analysis of the Physically Active Children and Youth 2 Accelerometer Study⁹⁵ (PACY II) data will be completed and used by government and non-government staff to develop policies and programs to increase physical activity levels of children and youth. The results of this secondary analysis will also be communicated to stakeholders.

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

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

marketing campaign that focuses specifically on promoting consumption of Nova Scotian fruit and vegetables⁹⁶. Related to physical activity, funding will be used to:

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

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

⁹⁵http://www.gov.ns.ca/hpp/repPub/PACY_2005_Report.pdf

⁹⁶Refer to the Fruits and Vegetables Priority under CDIP

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

Sport

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

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

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

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

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

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

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

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

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

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

Sport Canada Bilateral Agreements

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

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

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

Regional Services

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

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 safety 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: Gr 3 males: 97%, females: 96% Gr 7 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

Measure	Data		Ultimate Target
	Base Year	Last Actual	
Body Mass Index ⁹⁷ for adults aged 20-64	Baseline NS 2001: 43.7% Baseline National 2001: 51.6% 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

5.9 Population Health Assessment and Surveillance

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

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

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

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

⁹⁷A Body Mass Index between 18.5 and 24.9 is considered within a healthy weight range. In 2001, 43.7% of Nova Scotians reported a Body Mass Index within the healthy range.

5.10 Volunteerism

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

- establishing a provincial advisory council which will work with the Volunteerism Interdepartmental Coordinating Committee to seek input from Nova Scotia's diverse communities on how to support the efforts of volunteers and not-for-profit organizations
- in partnership with Transportation and Infrastructure Renewal and Justice, implementing a Volunteerism Insurance Program to provide liability protection for volunteers and volunteer organizations in Nova Scotia
- working with Communications Nova Scotia to develop a social marketing/branding campaign to promote understanding of the role of volunteers in sustaining communities.

5.11 Human Resources

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

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

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

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

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

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

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

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

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

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

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

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

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

- reviewing internal policies and practices to identify areas where changes could be made to supporting French language health services
- consulting the Acadian and Francophone community;
- ensuring that more public information is available in both French and English;
- improving the awareness of employees and the public of French-language services available;
- ensuring that the development of plans and strategies for increasing access to French-language health services is part of the annual planning process.

6. Department of Health Promotion and Protection - Budget Context

Business Plan Elements	2007-2008 Estimate (\$thousands)	2007-2008 Forecast to Mar 31/08 (\$thousands)	2008-2009 Estimate (\$thousands)
Gross Program Expenses:			
Executive Administration	3,464.2	2,263.2	3,138.3
Addictions	3,500.8	3,628.3	3,792.3
Corporate Services	2,497.1	2,360.8	3,087.7
Chronic Disease and Injury Prevention	3,116.0	3,016.1	3,162.6
Communicable Disease Prevention & Control	7,748.3	10,395.0	11,597.5
Health Services Emergency Management	196.6	197.3	221.7
Environmental Health	486.3	282.7	623.5
Healthy Development	5,169.2	4,964.8	5,294.0
Physical Activity, Sport and Recreation	18,272.9	30,817.5	22,878.1
Population Health Assessment and Surveillance	1,257.0	795.0	1,723.4
Volunteerism	130.0	129.6	173.9
DHAs Funding	12,779.4	9,401.7	31,833.0
Total Gross Program Expenses	58,617.8	68,252.0	87,526.0
TCA Cost Shared Revenue	(1,951.0)	(200.0)	(2,172.0)
Funded Staff (FTEs)	137.4	124.0	147.7
Staff Funded by External Agencies	(7.2)	(7.8)	(7.5)
Total FTE Net	130.2	116.2	140.2

Appendix I: Frequently Used Acronyms in 2008-2009 Business Plan

AKHK	Active Kids Healthy Kids
B-FIT	Building Infrastructure Together Program
CCHS	Canadian Community Health Survey
CDIP	Chronic Disease and Injury Prevention
CDPC	Communicable Disease Prevention and Control
CIHI	Canadian Institute of Health Information
CSU	Corporate Services Unit
CTUMS	Canadian Tobacco Use Monitoring Survey
DHA	District Health Authority
DoE	Department of Education
DoH	Department of Health
FTE	Full Time Equivalent
HPP	Health Promotion and Protection
HPS	Health Promoting Schools
HR	Human Resources
HSEM	Health Services Emergency Management
JEHPS	Joint Environmental Health Protection Secretariat
IWK	Isaac Walton Killam Hospital
P.A.R.T.Y.	Preventing Alcohol and Risk Related Trauma in Youth
PACY II	Physically Active Children and Youth 2 Accelerometer Study
PANORAMA	Communicable Disease Surveillance Information System
PASR	Physical Activity, Sport and Recreation
PHAC	Public Health Agency of Canada
PHAS	Population Health Assessment and Surveillance
PHSOR	Provincial Health Services Operational Review
PPHLN	Provincial Public Health Laboratory Program Network