



Health Promotion and Protection

Department of Health Promotion and Protection

2010-2011 Statement of Mandate

April 2010

A handwritten signature in blue ink, appearing to read "Duff Montgomerie", positioned above a horizontal line.

**Duff Montgomerie, Deputy Minister
Department of Health Promotion and Protection**

Table of Contents

1.0 Message from the Minister and Deputy Minister	3
2.0 Vision, Mission, Strategic Outcomes, Guiding Principles and Values	4
3.0 Mandate	5
4.0 Performance Measures.....	7
5.0 Budget	26

1.0 Message from the Minister and Deputy Minister

It has been an interesting and challenging year for the Department of Health Promotion and Protection (HPP) in light of the H1N1 pandemic and we are very proud of all the work that staff have done and continue to do, to protect the health and safety of Nova Scotians during this major public health event.

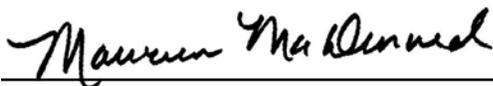
Health Promotion and Protection has a critical role to help more Nova Scotians be healthier and safer. We lead efforts to promote and protect health, prevent illness and injury, reduce disparities in health status, and respond to emerging public health threats.

We strive toward our four strategic outcomes: improved health outcomes for children and youth; more Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities; safer citizens, populations and communities; and reduced health disparities.

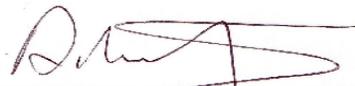
HPP provides leadership in the community and within government in addressing issues from a determinants of health perspective, and works to help influence policy decisions in other departments and across sectors. This is more than collaboration and working together. It means asking the tough questions, bringing solid evidence to the table, providing an understanding of the short and long-term impacts and the complex inter-relationships of policy decisions, facilitating the discussion, and providing input into solutions.

We cannot, and do not do any work alone. We recognize the importance of community groups, our provincial, territorial and federal counterparts, other government departments, various professional organizations, our colleagues in the district health authorities and other stakeholder groups who also have a vested interest in the health and safety of Nova Scotians.

Realizing that there is more work ahead of us, we are excited and proud about the steps we have already taken to make Nova Scotians healthier and safer. At the same time, we also look forward to the additional steps we need, want and must take, always with the health and safety of Nova Scotians top of mind.



Honourable Maureen MacDonal
Minister of Health Promotion and Protection



Duff Montgomerie
Deputy Minister

2.0 Vision, Mission, Strategic Outcomes, Guiding Principles and Values

Department of Health Promotion and Protection's Strategic Plan

Through a multi-phased and inclusive process, the Department of Health Promotion and Protection (HPP) has adopted the following directional statements:

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 Outcomes

The four strategic outcomes HPP seeks are:

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

HPP is also committed to building and sustaining a sufficient, competent, and properly equipped workforce and volunteer base which, together with our partners, enables us to achieve the four strategic outcomes. We call this our commitment to "People, Learning and Growth".

Guiding Principles

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

Values

- **Leadership.** We believe in creating a culture that inspires all of us to achieve our best. We believe in being responsive and decisive. (Practice what we preach.)
- **Integrity.** We believe in openness, honesty, trust, respect and acknowledging the contributions made by all. (Doing the right thing.)
- **Collaboration.** We believe in the importance of teamwork and open communication. (The whole is greater than the sum of its parts.)
- **Innovation and Excellence.** We believe in achieving our goals through a spirit of creativity and exploration. (Thinking outside the box.)
- **Inclusion.** We value the similarities and differences 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.)

3.0 Mandate

The administration of HPP is detailed in sections 46A to 46C of the *Public Services Act*¹. HPP is responsible for promoting health among Nova Scotians, preventing disease and injury, and responding to emerging public health threats. Its role spans all aspects of public health, physical activity, sport and recreation, addiction services and volunteerism.

HPP is also responsible for the following pieces of legislation²:

- *Health Protection Act*
- *Smoke-free Places Act*
- *Tobacco Access Act*
- *Gaming Control Act (clauses 127 (1)(f), (h), (j) & (bc) and Provincial Finance Act (clause 2(n) as they pertain to the Nova Scotia Gaming Foundation Regulations*
- *Boxing Authority Act*
- *Mandatory Testing and Disclosure Act*

Health Protection Act

The Minister of HPP is responsible for the *Health Protection Act* (HPA), with the exception of food safety sections 75 to 105 which fall under the Minister of Agriculture. The HPA enables public health officials to protect the public from various health threats. The HPA:

- deals with individual cases and outbreaks of communicable diseases (e.g. food borne illness, mumps, tuberculosis, HIV etc), health hazards (e.g. community sanitation) and public health emergencies

¹<http://www.gov.ns.ca/legislature/legc/index.htm> follow link to consolidated public statutes

²<http://www.gov.ns.ca/legislature/legc/index.htm> follow link to consolidated public statutes

- makes reporting of some communicable diseases by physicians, laboratories etc. mandatory.
- lays out the duties and responsibilities of public health officials and of the Minister.
- balances individual rights with the public good

Smoke-free Places Act

The intention of this Act is to protect Nova Scotians from the known health risks associated with exposure to second hand tobacco smoke.

Tobacco Access Act

In light of the risks associated with the use of tobacco, the purpose of this Act is to protect the health of Nova Scotians, and in particular young persons, by

- restricting their access to tobacco and tobacco products; and
- protecting them from inducements to use tobacco

Gaming Control Act and Provincial Finance Act as they pertain to the Nova Scotia Gaming Foundation:

HPP is responsible for the Nova Scotia Gaming Foundation Regulations created pursuant to the *Gaming Control Act*, clauses 127 (1) (f), (h), (j), (bc) and the *Provincial Finance Act*, clause 2 (n). The purpose of the Gaming Foundation is to support projects aimed at preventing problem gambling including treatment, remediation, and education. The Minister is responsible for the Gaming Foundation and appointing members to the Gaming Foundation's Board.

Boxing Authority Act

The *Boxing Authority Act* creates the Boxing Authority for which the Minister of HPP is responsible. The Minister is responsible for making recommendations to Executive Council as to the composition of the Board's membership. The Authority supervises and regulates combat sports in Nova Scotia.

Mandatory Testing and Disclosure Act

The purpose of the *Mandatory Testing and Disclosure Act* is to provide emergency service workers, victims of crime and others with a mechanism to be informed of test results for blood borne pathogens on an individual if they have been exposed to the blood or bodily fluids of that individual. This allows the exposed person and their physician to assess risk of infection and make decisions accordingly.

Organization of Department

HPP has nine 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:

- 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 government³, other provincial government departments, community groups, professional organizations, District Health Authorities (DHAs) and other stakeholders whose work impacts the health of Nova Scotians.

4.0 Performance Measures

HPP has positioned its performance measures around its four strategic outcomes. These strategic outcomes are not mutually exclusive. In some cases, it is difficult to delineate only one strategic outcome for each performance measure and in many cases, all four strategic outcomes apply to one performance measure. Therefore, in many instances one, more or all strategic outcomes pertain to each performance measures. This approach demonstrates the integrated nature of our Department's work.

A number of performance measures have directional rather than numerical targets. The reasoning for these targets considers the following factors:

- many of the performance measures are populations level outcomes which are influenced by many factors that are beyond the control of this department
- rates may only change minimally each year and within the five year planning cycle.

Because many of HPP's performance measures are population level outcomes and may see only minimal change each year, no intended result for each fiscal year is provided, only the intended result for the target year. The target year for all of the performance measures is 2014-2015.

³ Health Canada, the Public Health Agency of Canada, and Sport Canada

PERFORMANCE MEASURE: PERCENTAGE OF WOMEN WHO BREASTFEED AS SOON AS BABIES ARE BORN (Initiation)					
HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.					
OUTCOME (intended)	MEASURE	DATA Base Year - 2006	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
<p>Improve the health status of mothers and babies by increasing breastfeeding initiation in Nova Scotia.</p> <p>Support the implementation of the Baby Friendly Initiative.</p>	<p>Breastfeeding initiation rate: percentage of infants receiving breast milk and / or who had early breast contact.</p> <p>Source: Nova Scotia Atlee Perinatal Database⁴</p>	<p>Base year: 2006⁵</p> <p>2006: 72.7%</p>	<p>NS aims to continue an upward trend</p>	<p>2007: 73.3%</p> <p>2008: 75.0%⁶</p>	<p>Implementation and monitoring of the Provincial Breastfeeding Policy directives.</p>

⁴ Nova Scotia Atlee Perinatal Database is a provincial database administered by the Reproductive Care Program, Department of Health. It is selected as it captures information on almost 100% of births in Nova Scotia whereas CCHS looks only at a sample of Nova Scotian women.

⁵ January 2006 was the first time that the Atlee database began using breastfeeding and early breast contact measurements to determine breastfeeding initiation rates and for this reason 2006 is selected as the base year.

⁶ There is a time lag in data availability. 2009 data is not available until mid 2010.

PERFORMANCE MEASURE: PERCENTAGE OF WOMEN WHO BREASTFEED FOR AT LEAST SIX MONTHS (Duration)					
<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME (intended)	MEASURE	DATA Base Year - 2003	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
<p>Improve the health status of mothers and babies by increasing breastfeeding duration in Nova Scotia.</p> <p>Support the implementation of the Baby Friendly Initiative.</p>	<p>Breastfeeding duration rate: Percentage of women who indicated that the age of their baby was at least six months when they first added any other liquids or solid foods to the baby's feeds.</p> <p>Source: CCHS⁷</p>	<p>Base Year 2003⁸ 2003⁹: 14.2%</p>	<p>NS aims to continue an upward trend</p>	<p>2005: 16.0% 2007-08: 15.8%</p>	<p>Implementation and monitoring of the Provincial Breastfeeding Policy directives.</p>

⁷ Canadian Community Health Survey.

⁸ 2003 is selected as the base year as it was the first year that the CCHS asked breastfeeding duration questions related to this specific measure.

⁹ Data related to this measure were collected every two years until 2007 when the data were collected annually. However in order to be comparable with previous CCHS cycles, the yearly data are combined over two years. According to Statistics Canada Guidelines, these data have a high degree of sampling variability, and although they can be used, they should be used with caution.

PERFORMANCE MEASURE: PERCENTAGE OF NOVA SCOTIA POPULATION (12 YEARS AND OLDER) WHO REPORT EATING 5-10 SERVINGS OF FRUIT AND VEGETABLES PER DAY					
HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.					
OUTCOME (intended)	MEASURE	DATA Base Year - 2001	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Increased affordability, accessibility, availability and consumption of fruits and vegetables for all Nova Scotians.	Percentage of NS population (12 yrs +) who report eating the recommended 5-10 servings of fruit/vegetables per day Source: CCHS ¹⁰	Baseline 2001 ¹¹ 2001: 29.3%	NS aims to continue an upward trend	2003: 28.3% 2004: 26.0% 2005: 34.9% 2007: 34.7% 2008: 36.7%	Implementation of the Healthy Eating Strategy

¹⁰ CCHS data are based on the calendar year. Prior to 2007, CCHS core content data was collected every two years. Beginning in 2007, these data are now collected annually. 2004 data are based on the CCHS Nutrition Survey in which the questions on fruits and vegetables was asked and the data are comparable to the other years of data.

¹¹ The base year is set at 2001 because this is a population outcome that will take time to see significant shifts and it predates the release of the Healthy Eating Nova Scotia Strategy.

PERFORMANCE MEASURE: HOUSEHOLD FOOD SECURITY					
<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME (intended)	MEASURE	DATA Base Year - 2005)	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Improve access to healthy foods for all Nova Scotians by reducing the number of food insecure households.	Percentage of food insecure households Source: CCHS ¹²	Base Year: 2005 2005: 7.7%	NS aims to continue a downward trend	2007-08: 6.7%	<p>Continue to support implementation of the provincial <i>Healthy Eating Nova Scotia</i> strategy</p> <p>Continue to work in partnership with the Nova Scotia Food Security Network and others interested in promoting and supporting food security</p> <p>Continue to monitor income-related food insecurity</p>

¹² CCHS data related to this measure were first collected in 2005, therefore, 2005 was chosen as the base year. The CCHS schedule for these questions is every two years: 2007, 2009, 2011, 2013, 2015.

PERFORMANCE MEASURE: SMOKING RATE: PERCENTAGE OF POPULATION 15-19 YEARS WHO SMOKE					
<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME (intended)	MEASURE	DATA Base Year - 2009	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduce tobacco use among youth	Percentage of 15-19 year olds who smoke Source: CTUMS ¹³	Base year: 2009 ¹⁴ Baseline data is being collected in 2009 and will be available July 2010.	NS aims to achieve a 10% smoking prevalence rate for 15 to 19 year olds	As 2009 is identified as the new base year, trend data are not yet available.	Implementation of the renewed comprehensive tobacco control strategy

¹³ CTUMS data are based on the calendar year. Data were collected in 2009 and will be available in July 2010.

¹⁴ 2009 is selected as the base year as the impact of the renewed comprehensive tobacco control strategy will begin when implemented in 2010.

PERFORMANCE MEASURE: SMOKING RATE: PERCENTAGE OF POPULATIONS 20 – 24 YEARS AND OVER WHO SMOKE					
HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.					
OUTCOME (intended)	MEASURE	DATA Base Year - 2009	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduce tobacco use among young adults	Percentage of 20-24 year olds who smoke Source: CTUMS ¹⁵	Base year: 2009 ¹⁶ Baseline data is being collected in 2009 and will be available July 2010.	NS aims to achieve a 20% smoking rate for 20 to 24 year olds.	As 2009 is identified as the new base year, trend data are not yet available.	Implementation of the renewed comprehensive tobacco control strategy

¹⁵ CTUMS data are based on the calendar year. Data were collected in 2009 and will be available in July 2010.

¹⁶ 2009 is selected as the base year as the impact of the renewed comprehensive tobacco control strategy will begin when implemented in 2010.

PERFORMANCE MEASURE: SMOKING RATE: PERCENTAGE OF POPULATIONS 25 YEARS AND OVER WHO SMOKE					
<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME (intended)	MEASURE	DATA Base Year - 2009	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduce tobacco use rates for 25 years and older	Percentage of 25 years and older who smoke Source: CTUMS ¹⁷	Base year: 2009 ¹⁸ Baseline data is being collected in 2009 and will be available July 2010.	NS aims to achieve a 15% smoking prevalence rate for 25 years and older	As 2009 is identified as the new base year, trend data are not yet available.	Implementation of the renewed comprehensive tobacco control strategy

¹⁷ CTUMS data are based on the calendar year. Data were collected in 2009 and will be available in July 2010.

¹⁸ 2009 is selected as the base year as the impact of the renewed comprehensive tobacco control strategy will begin when implemented in 2010.

PERFORMANCE MEASURE: RATE OF INJURY MORTALITY					
<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME (intended)	MEASURE	DATA Base Year - 2004	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduction in injury-related mortality	Rate of injury-related mortality for Nova Scotia ¹⁹ Source: Vital Statistics ²⁰	Base year: 2004 ²¹ 2004: 45.6 per 100,000	NS aims to continue a downward trend	2005: 46.0 per 100,000 2006: 48.9 per 100,000	Implementation of the Nova Scotia Injury Prevention Strategy

¹⁹ Data collected can be more than one year behind the reporting period as data are dependent on cleaning and release by Vital Statistics. The most current data is shown above.

²⁰ Data are collected through Vital Statistics and analyzed by the Department of Health based on the calendar year.

²¹ The base year is selected as it was the start of the original Nova Scotia Injury Prevention Strategy.

PERFORMANCE MEASURE: RATE OF INJURY MORBIDITY					
<p>HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.</p>					
OUTCOME (intended)	MEASURE	DATA Base Year – 2004	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduction in injury-related morbidity	Rate of injury-related morbidity for Nova Scotia ²² Source: Hospital Discharge Database (CIHI ²³) ²⁴	Base year: 2004-05 ²⁵ 2004-05: 621.9 per 100,000	NS aims to continue a downward trend	2005-06: 636.2 per 100,000 2006-07: 607.9 per 100,000 2007-08: 627.2 per 100,000	Implementation of the Nova Scotia Injury Prevention Strategy

²² Data collected can be more than one year behind the reporting period as data are dependent on cleaning and release by CIHI. The most current data is shown above.

²³ Canadian Institute for Health Information

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

²⁵ The base year is selected as it was the start of the original Nova Scotia Injury Prevention Strategy.

PERFORMANCE MEASURE: PERCENTAGE OF MUNICIPALITIES WITH PHYSICAL ACTIVITY PLAN					
HPP Strategic Outcome (s): More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities.					
OUTCOME (intended)	MEASURE	DATA Base Year 2005-06	TARGET Year 2014-15 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Community capacity to create supportive environments for physical activity	Percentage of municipalities planning and implementing a comprehensive physical activity plan Source: PASR, HPP Statistics	Base Year: 2005-06 ²⁶ 2005-06: 7.2%	NS aims for 100% ²⁷	2006-07 9.1% 2007-08 21.8% 2008-09 30.9% 2009-10 50.9%	Maintain support for existing Municipal Physical Activity Leadership Program Raise awareness of municipal officials Seek additional funding for 2011-12

²⁶ Base year was selected as this program began with a pilot in 2005-06. Data are based on the fiscal year.

²⁷ There are 55 municipalities in Nova Scotia.

PERFORMANCE MEASURE: PERCENTAGE OF STUDENTS IN GRADES 3 AND 7 WHO PARTICIPATE IN AFTER SCHOOL PROGRAM (3-6 pm time period) AT LEAST TWO DAYS PER WEEK					
HPP Strategic Outcome (s): Improved health outcomes for children and youth					
OUTCOME (intended)	MEASURE	DATA Base Year 2009-10	TARGET Year 2014-15 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
A contribution to improved physical activity rates for students in Grades P – 9	Percentage of students in grades 3 and 7 participating in After School Programs in the 3 – 6 PM time period at least two days per week Source: HPP: Keeping Pace surveillance ²⁸	Base year: 2009-10 ²⁹ Baseline data is being collected in 2009-10 school year ³⁰ and will be available December 2010.	To be determined based on baseline data	As 2009-10 is identified as the new base year, trend data are not yet available.	Prepare an inventory of after school program opportunities to identify gaps Develop a after school plan in cooperation with other government departments, municipal, provincial and federal and the voluntary sector

²⁸ Data are only collected by HPP every four years.

²⁹ This base year is selected as concerted efforts for HPP related to the establishment of After School Programs began in 2009-10.

³⁰ Data are collected from October 2009 to June 2010.

PERFORMANCE MEASURE: PERCENTAGE OF ADULTS (20 years and older) ACTIVE ENOUGH FOR HEALTH BENEFITS					
HPP Strategic Outcome (s): More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities.					
OUTCOME (intended)	MEASURE	DATA Base Year - 2008	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Improved physical activity rates for the adult population	Percentage of adults (20 years and older) active enough for health benefits. Source: CCHS ³¹	Base year: 2008 ³² : 45%	NS aims for 51%	2009 data are not yet available to show developing trend.	Develop a provincial physical activity framework Maintain and expand the Municipal Physical Activity Leadership Program Develop a strategy to improve walking, biking, and the built environment Develop a provincial recreational policy

³¹ CCHS data related to this performance measure are based on the calendar year and as of 2007 are collected annually.

³² 2008 was selected as base year as it is the year with most current data from which to develop a realistic target.

PERFORMANCE MEASURE: PERCENTAGE OF GIRLS ACTIVE ENOUGH FOR HEALTH BENEFITS					
HPP Strategic Outcome (s): Improved health outcomes for children and youth Reduced health disparities					
OUTCOME (intended)	MEASURE	DATA Base Year – 2009-10	TARGET Year 2014-15 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Reduced disparity in physical activity levels between girls and boys	Percentage of junior high school girls active enough for health benefits Source: HPP: Keeping Pace surveillance ³³	Base year: 2009-10 ³⁴ Baseline data is being collected in 2009-10 school year ³⁵ and will be available December 2010.	To be determined based on baseline data	As 2009-10 is identified as the new base year, trend data are not yet available.	Continue to support Active Kids Healthy Kids Strategy Continue to work with the Department of Education on curriculum and non-curriculum actions

³³ Data are only collected by HPP every four years.

³⁴ 2009-10 was selected as base year as it will be year with most current data from which to develop a realistic target.

³⁵ Data are collected from October 2009 to June 2010.

PERFORMANCE MEASURE: PERCENTAGE OF NOVA SCOTIA POPULATION AGED 19 YEARS AND OLDER IDENTIFIED AS AT-RISK AND PROBLEM GAMBLERS					
HPP Strategic Outcome (s): Improved health outcomes for children and youth. More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.					
OUTCOME (intended)	MEASURE	DATA Base Year - 2003	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
A reduction in the percentage of the Nova Scotia population aged 19 years and older identified as at-risk and problem gamblers	Percentage of Nova Scotia population aged 19 years and older identified as at-risk and problem gamblers using the CPGI ³⁶ Source: Provincial Prevalence Studies	Base year: 2003 ³⁷ NS: 6.9% Atlantic Ave (NB): 8.1%	NS aims to be at or below the four year floating average of the percentages of Atlantic provinces ³⁸ (excluding Nova Scotia)	2007: NS: 6.1% Atlantic Ave (PEI, NL): 6.2%	Conduct or participate in research related to clarifying the socioeconomic costs and benefits of gambling Conduct and monitor research on the links between the supply of gambling opportunities and associated gambling problems and the impact of existing provincial supply reduction measures Study factors contributing to gambling problems in populations found to be at greater risk.

³⁶ Canadian Problem Gambling Index (CPGI) is a self-report survey used in provincial prevalence studies to determine non-gamblers, non-problem gamblers, at-risk gamblers or problem gamblers. It is a reliable and valid measure for measuring gambling prevalence in the general population. Based on a series of questions, the CPGI classifies the survey respondent as non-gambler, non-problem gambler, at-risk gambler or problem gambler. Those scoring "1" or higher on the scale are considered to be at risk gamblers. Those scoring "3" or higher are considered to be problem gamblers. Those at risk and problem gamblers are considered to be experiencing adverse consequences from their gambling.

³⁷ This base year was chosen as it was the first year the Nova Scotia Prevalence Study was produced.

³⁸ Other provinces conduct prevalence studies, but at different points of time than Nova Scotia. A floating average within four years of Nova Scotia's prevalence study will make comparison more meaningful by minimizing possible time effects. An Atlantic average rather than a national average will be used as there is greater similarity in gambling related options and activities among Atlantic provinces. Including other jurisdictions where the culture of gambling is different from that of Nova Scotia would preclude any meaningful comparison.

**PERFORMANCE MEASURE: PERCENTAGE OF NOVA SCOTIA POPULATION AGED 15 YEARS AND OLDER
CURRENTLY ENGAGED IN HIGH RISK ALCOHOL USE**

HPP Strategic Outcome (s): Improved health outcomes for children and youth.
More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities.
Safer citizens, populations and communities.
Reduced health disparities.

OUTCOME (intended)	MEASURE	DATA Base Year - 2008	TARGET Year 2015 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
A reduction in the percentage of the Nova Scotia population aged 15 years and older currently experiencing harms from their drinking.	Percentage of the Nova Scotia population aged 15 years and older currently experiencing harms from their drinking. Source: CADUMS ³⁹	Base year: 2008 ⁴⁰ 2008 NS: 7.0% Canada: 6.8%	NS aims to decrease the percentage of the Nova Scotia population aged 15 years and older and currently experiencing harms from their drinking to be at or below the national percentage	2009 data are not yet available to show developing trend.	Conduct/participate in research related to social and economic costs of alcohol use especially for high risk or hazardous drinkers. Heighten profile of alcohol as critical public health/safety issue Develop/implement programs that address high-risk drinking behaviours and contexts. Continue to conduct/monitor research on links between supply of alcohol and alcohol-related problems.

³⁹ Canadian Alcohol and Drug Use Monitoring Survey is produced annually with data collection in June/July and data availability in June/July the following year.

⁴⁰ This base year was chosen as it was the first year CADUMS was produced.

PERFORMANCE MEASURE: RATE OF HPV VACCINE⁴¹ UPTAKE IN THE SCHOOL BASED IMMUNIZATION PROGRAM⁴²					
HPP Strategic Outcome (s): More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.					
OUTCOME (intended)	MEASURE	DATA Base Year – 2010-11⁴³	TARGET Year 2014-15 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Contribution to the protection of this population and universal access to disease prevention.	Vaccine coverage rate: percentage of school-based female population vaccinated with HPV vaccine Source: HPP Population Health Assessment and Surveillance	Base year: 2010-11 ⁴⁴ 2010-11 data available December 2011	NS aims to maintain a vaccine coverage rate at or above 80%	As 2010-11 is identified as the new base year, trend data are not yet available.	Provide vaccine to district public health to deliver school-based vaccine program Prepare vaccine coverage reports to inform school-based vaccine programs

⁴¹ This vaccine prevents infection with the types of Human Papillomaviruses (HPV) that cause most cases of cervical cancer and genital warts.

⁴² The school-based immunization program is funded by HPP and delivered at the district health level.

⁴³ 2010-2011 is selected as the base year as it is the beginning of this new business planning cycle of 2010-11 to 2014-15.

⁴⁴ All data are based on a September – June school year and available the following December annually.

PERFORMANCE MEASURE: RATE OF HEPATITIS B VACCINE⁴⁵ UPDATE IN THE SCHOOL BASED IMMUNIZATION PROGRAM⁴⁶					
HPP Strategic Outcome (s): More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.					
OUTCOME (intended)	MEASURE	DATA Base Year – 2010-11⁴⁷	TARGET Year 2014-15 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Contribution to the protection of the population from this preventable disease and universal access to disease prevention.	Vaccine coverage rate: percentage of school-based population vaccinated with Hep B vaccine Source: HPP Population Health Assessment and Surveillance	Base year: 2010-11 ⁴⁸ 2010-11 data available December 2011	NS aims to maintain a vaccine coverage rate at or above 90%	As 2010-11 is identified as the new base year, trend data are not yet available.	Provide vaccine to district public health to deliver school-based vaccine program Prepare vaccine coverage reports to inform school-based vaccine programs

⁴⁵ This vaccine prevents infection with Hepatitis B. Maintaining high vaccination rates not only reduces the risk of infection for vaccinated individuals but also reduces the risk of disease transmission to others within a population whether vaccinated or not.

⁴⁶ The school-based immunization program is funded by HPP and delivered at the district health level.

⁴⁷ 2010-2011 is selected as it is the beginning of this new business planning cycle of 2010-11 to 2014-15.

⁴⁸ All data are based on a September – June school year and available the following December annually.

PERFORMANCE MEASURE: RATE OF MENINGOCOCCAL AND dTap VACCINE⁴⁹ UPTAKE IN THE SCHOOL-BASED IMMUNIZATION PROGRAM⁵⁰					
HPP Strategic Outcome (s): More Nova Scotians taking an active role in promoting and protecting the health of individuals, families and communities. Safer citizens, populations and communities. Reduced health disparities.					
OUTCOME (intended)	MEASURE	DATA Base Year – 2010-11⁵¹	TARGET Year 2014-15 (Ultimate Target)	TRENDS	STRATEGIC ACTIONS TO ACHIEVE TARGET
Contribution to the protection of the population from this preventable disease and universal access to disease prevention.	Vaccine coverage rate: percentage of school-based population vaccinated with meningococcal and dTap vaccine Source: HPP Population Health Assessment and Surveillance	Base year: 2010-11 ⁵² 2010-11 data available December 2011	NS aims to maintain a vaccine coverage rate at or above 90%	As 2010-11 is identified as the new base year, trend data are not yet available.	Provide vaccine to district public health to deliver school-based vaccine program Prepare vaccine coverage reports to inform school-based vaccine programs

⁴⁹ These vaccines prevent meningococcal disease, diphtheria, tetanus and pertussis. Maintaining high vaccination rates not only reduces the risk of infection for vaccinated individuals but also reduces the risk of disease transmission to others within a population whether vaccinated or not.

⁵⁰ The school-based immunization program is funded by HPP and delivered at the district health level.

⁵¹ 2010-2011 is selected as the base year as it is the beginning of this new business planning cycle of 2010-11 to 2014-15.

⁵² All data are based on a September – June school year and available the following December annually.

5.0 Department of Health Promotion and Protection - Budget Context

Business Plan Elements	2009-2010 Estimate (\$thousands)	2009-2010 Forecast (\$thousands)	2010-2011 Estimate (\$thousands)
Gross Program Expenses:			
Executive Administration	3,208	3,423	3,318
Addictions Services	3,657	3,254	3,732
Corporate Services	3,146	2,905	3,157
Chronic Disease and Injury Prevention	3,048	3,008	3,037
Communicable Disease Prevention & Control	13,311	11,065	11,930
Environmental Health	605	629	633
Healthy Development	5,113	4,926	5,147
Health Services Emergency Management	334	225	223
Physical Activity, Sport and Recreation	20,006	20,079	19,917
Population Health Assessment and Surveillance	1,268	1,135	1,382
Volunteerism	230	230	408
DHAs Funding	35,105	35,273	35,499
Total Gross Program Expenses	89,031	86,152	88,383
TCA Cost Shared Revenue	(69)	(69)	(69)
Funded Staff (FTEs)	152	141	148
Staff Funded by External Agencies	(16)	(14)	(11)
Total FTE Net	136	127	137