



Office of Health Promotion
2004-2005 Business Plan

April 2004

A handwritten signature in black ink, appearing to read "Thomas Ward".

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CEO, Office of Health Promotion

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1. Message from the Minister and Chief Executive Officer

The Office of Health Promotion has been charged with improving the health of Nova Scotians. This is an enormous endeavour that we cannot do alone and that will not happen quickly.

But the state of our health is becoming a crisis that we can no longer afford not to invest in. Too many Nova Scotians today are suffering from poor health. Too many people are ill for much of their lives or die too young from illnesses and injuries that are preventable.

We know that Nova Scotia has some of the poorest health statistics in the country, and that inactivity and obesity is putting our children at risk for a host of health problems now and in the future. It's hard to believe that despite everything we know about staying healthy, we may be raising a generation of children that is less healthy than our own.

Increased resources and capacity for the Office of Health Promotion mean that our children will have a chance at a healthy future and all Nova Scotians can have a better quality of life.

Much of our resources will be invested directly into communities and given directly to groups who make a real difference. We will give money to parents to cover their child's sport registration; we will support schools who offer healthy food choices and learn from their best practices; we will provide help for those who want to quit smoking.

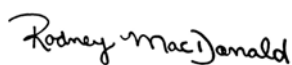
We will also keep a high-level focus to develop strategies to guide our work and will build strong foundations for our new areas of focus like healthy eating and injury prevention.

Our stakeholders have told me that they share our goals – better health for ourselves, our children, our communities and our province. There is a real desire to work together to make this happen.

Many people are already taking steps to improve their health by being active, not smoking, eating well, and reducing their risk of injury. We're also experiencing a groundswell of positive action in communities that we must support and encourage.

We know that changing our overall health status will take years – a full generation, perhaps. That's why we need to start with children and their families, to give parents the tools and supportive environments they need to help their children be healthier.

Our current health challenge affects us all. Let's work together to make Nova Scotia a safer and healthier place to live, work and play.



Honourable Rodney MacDonald
Minister of Health Promotion

2. Introduction and Mandate

Nova Scotia has some of the poorest health statistics in the country, including the highest rate of death from cancer and the second highest incidence of diabetes. Seventy per cent of Nova Scotians have one or more risk factors (poor nutrition, smoking, inactivity) for chronic disease. It is estimated that up to 40 per cent of chronic disease can be prevented by addressing the individual, social and economic factors that affect health. Similarly, 95 per cent of all injuries are preventable. The health status of Nova Scotians is also compromised by high rates of preventable addictions.

“Health Promotion is the process of enabling people to increase control over, and to improve, their health. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.”¹

The prerequisites and prospects of health cannot be ensured by the health sector alone. The evidence is clear that our health is determined by many factors . . . social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, health services, culture and gender. Taken together, these are the “determinants of health.” They are influenced by many factors, circumstances and organizations. As a result, any strategy to influence these determinants for the better has to involve many people and organizations. In fact, health is everybody’s business.

Health promotion supports the achievement of full health potential. This includes a secure foundation in a supportive environment, access to information and life skills and opportunities for making healthy choices. People cannot achieve their health potential unless they have control of those things which determine their health.

The Premier announced the creation of the Office of Health Promotion (OHP) on December 19, 2002 with the Honourable Rodney MacDonald as Minister. The Deputy Minister of Health serves as the Chief Executive Officer of the Office of Health Promotion. The office has its own executive director and staff.

Health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Virtually every decision in government must be made with the health of Nova Scotians in mind. Aimed at the goal of a healthier population, the OHP facilitates communication, cooperation and collaboration and action among individuals, organizations, sectors and government departments. The OHP is currently establishing an intersectoral advisory committee comprising representatives of a broad range of stakeholder interests to provide advice to the minister and Office of Health Promotion on issues and strategies relating to health promotion and the prevention of injuries, addictions and chronic diseases.

¹ Ottawa Charter for Health Promotion, 1986.

3. Planning Context

3.1 Introduction

Through its business plans and budget, the Government of Nova Scotia is setting a policy direction that provides leadership and support to the mandate, vision, mission, strategic priorities and core business areas of the Office of Health Promotion. In its Corporate Plan for 2004-2005, the government renewed its vision for “a healthy, prosperous, and self-sufficient Nova Scotia.” The health and well-being of Nova Scotians is key to the government’s overall social and fiscal policy objectives. In Your Health Matters, the Government of Nova Scotia committed to “helping people stay healthy” and to priority areas including:

- Healthy babies, children and families
- Changes in behaviour and thinking, beginning with children
- Illness and injury prevention
- Support for community sport and recreation
- Addiction prevention and treatment

The government’s emphasis on health promotion themes was further strengthened in many platform commitments in its re-election platform, the “2003 Blueprint.” These include:

- Doubling the budget for the Office of Health Promotion
- Developing a provincial injury prevention strategy
- Working with health partners to develop a chronic disease prevention plan
- Continuing implementation of Nova Scotia’s physical activity strategy for children and youth (*Active Kids/Healthy Kids*)
- Continuing to fund Nova Scotia’s comprehensive tobacco strategy
- Providing community health boards with annual funding to support community-based health promotion and disease prevention strategies

“We will ensure healthy public policy influences government decision-making. We will assist schools and workplaces to be more supportive of good health practices. We will encourage Nova Scotians to take personal action for their own health, and we will reward schools, workplaces and communities that demonstrate a commitment to healthy living and healthy outcomes.”

Premier John Hamm, 2003

- Increasing Levels of Physical Activity

The ministers, including the federal Minister of Health who participated by conference call, set a national target to increase levels of physical activity by 10 percentage points in each province and territory by the year 2010. Ministers agreed to focus efforts on increasing physical activity among children and youth, and to undertake research to establish valid and reliable national baseline data for this target group. They also agreed to address barriers to accessibility that hinder Canadians’ ability to be physically active in life settings, including sport and recreation. Efforts will focus on less active groups, such as children and youth, women and girls, low-income individuals, Aboriginal peoples, persons with disabilities and older Canadians. They further committed to use promotional

and educational strategies to increase physical activity and participation in sport and recreation. Ministers agreed to connect and integrate the implementation of these recommendations into the Federal/Provincial/Territorial Pan-Canadian Healthy Living Strategy.

3.2 Chronic Disease Prevention

Preventable and non-communicable chronic diseases account for almost three quarters of all deaths in Nova Scotia, and the largest causes of hospitalization and premature death. A stakeholder-driven Chronic Disease Prevention Strategy (CDPS) process was initiated in 2001 and concluded in October 2003 with the submission of a final report to the Department of Health and the OHP.

With support from the Department of Health and other government departments, the OHP will lead the province's integrated and multi-year response to the CDPS submission.

3.3 Vision and Mission of the Office of Health Promotion

Our Vision . . .

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

Our Mission . . .

Through leadership, collaboration and capacity-building:

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

3.4 Guiding Principles²

The OHP has adopted five principles that guide its thinking, planning and actions:

- Integration - requires multi-sectoral, multi-disease and multi-risk factor approaches using a variety of health promotion strategies, including policy development, leadership development, building supportive environments, community action and capacity-building, skill-building, awareness and education, and knowledge development and translation.

²Adapted from the Chronic Disease Prevention Strategy, 2003

- Partnership and Shared Responsibility - requires the collective efforts of all government departments, economic sectors, voluntary agencies and community groups working together toward shared goals.
- Best/Promising Practices - requires consideration of evidence-based approaches, which are grounded in sound scientific knowledge and successful experience.
- Capacity - focuses on valuing, developing and sustaining individual and community resources, skills, and strengths.
- Accountability - requires consistent and thoughtful monitoring, evaluating and reporting on strategies, programs, activities and outcomes.

4. Strategic Goals

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

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

5. Core Business Areas

5.1 Healthy Eating

Finalizing a provincial healthy eating strategy with partners and supporting initial activities in the identified priority areas, which include breast-feeding education and promotion, food security and promoting healthy food choices in schools.

5.2 Healthy Sexuality

Promoting a coordinated population health approach to youth sexual health that meets the needs of Nova Scotian youth.

5.3 Physical Activity

Encouraging, establishing, developing, coordinating and implementing sport, recreation and physical activity programs and services across Nova Scotia.

5.4 Tobacco Reduction

Implementing a comprehensive tobacco control strategy for Nova Scotia.

5.5 Injury Prevention

Providing leadership and ensuring intersectoral collaboration in the ongoing development, implementation, monitoring and evaluation of the Nova Scotia Injury Prevention Strategy.

5.6 Addictions

Providing a continuum of care and service spanning health promotion, addiction prevention, intervention and treatment. The focus is on alcohol, other drugs and problem gambling.

In addition to these six core business areas, the OHP also has two overarching areas of emphasis:

5.7 Chronic Disease Prevention

With the participation of a broad range of stakeholder organizations, the OHP is leading a coordinated and integrated approach to preventing chronic disease.

5.8 Communication and Social Marketing

Supported and led by increasing interest on the part of opinion leaders, the media, stakeholder groups and the public, the OHP strives to increase public awareness and encourage consumer demand for information, policy and programs that promote healthy lifestyles and chronic disease prevention.

The OHP is developing internal capacity in the areas of policy, research and evaluation.

Administrative support and liaison is provided to the core business areas of the Office of Health Promotion by the following branches/offices in the Department of Health:

- Legal Services
- Health Information Management
- F/P/T Affairs
- Financial Services
- Human Resources
- Policy, Planning and Legislation

6. Priorities for 2004-2005

6.1 Healthy Eating

Nova Scotia's rates of diet-related chronic conditions such as cancer, diabetes, cardiovascular disease and obesity are among the highest in Canada. Whether from poor access or availability, high cost or lack of knowledge and skill, many Nova Scotians do not maintain a pattern of healthy eating. Healthy Eating is a new priority area for the OHP. As

such, the emphasis in 2004-2005 will be on collaborating with key stakeholders to address the areas outlined below.

- 6.1.1 Healthy Eating Strategy: In collaboration with the Nova Scotia Alliance for Healthy Eating and Physical Activity, validate the provincial healthy eating strategy and lead the development of an implementation plan. (CDPS, Blueprint #102)
- 6.1.2 Breast-feeding: Support the district health authorities in their implementation of the “infant feeding/nutrition and growth monitoring” provincial postnatal guideline (Healthy Babies, Healthy Families), through the development of standardized infant feeding assessment tools and family-centred care plans.
- 6.1.3 Increasing Access to Affordable Healthy Food (Food Security)³: Work collaboratively with key stakeholders to address the recommendations of the food security research initiatives (AHPRC⁴, NS Nutrition Council, CAPC/CPNP⁵ family resource centres) to increase the accessibility and affordability of healthy food choices for Nova Scotians. (Blueprint # 126)
- 6.1.4 Healthy Food Choices in School Communities: Work collaboratively with government and non-government partners to increase the availability and affordability of healthy food choices in school communities across Nova Scotia. (Blueprint #112)

6.2 Healthy Sexuality

The OHP is working to develop and implement supports and resources that promote good sexual health and informed decisions around sexual behaviour across the life span, as well as across cultural, geographic, linguistic and other categories of diversity. These supports and resources are especially important in adolescence.

- 6.2.1 Youth Health Centres: In collaboration with the Children and Youth Action Committee, ensure the availability, sustainability and quality of youth health centre services to youth across Nova Scotia. (Blueprint # 113)

³Food security exists when all people at all times can acquire safe, nutritionally adequate and personally acceptable foods that are accessible in a manner maintaining human dignity. (Canadian Dietetic Association, 1991)

⁴Atlantic Health Promotion Research Centre

⁵Canadian Action Program for Children / Canadian Prenatal Nutrition Program

- 6.2.2 Sexual Health for Youth: In collaboration with a wide range of stakeholders, promote a coordinated population health approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia.

6.3 Physical Activity

The OHP is working with a wide range of partners and organizations across the province to increase the physical activity rates of Nova Scotians by developing, encouraging, establishing, coordinating, implementing and promoting sport and recreation programs and services.

- 6.3.1 Active Kids/Healthy Kids: Expand the reach of the *Active Kids/Healthy Kids* strategy and promote increased participation in sport, recreation and physical activity by children and youth. (Blueprint # 105, 108, 109, 111, 123, 167)
- 6.3.2 Sport and Development: Encourage Nova Scotians to be physically active and offer a quality sport and recreation experience in compliance with national and Atlantic standards. (Blueprint # 104, 105, 106, 107)
- 6.3.3 Sport, Recreational and Physical Activity Programs and Facilities:
- Increase the capacity, effectiveness and sustainability of organizations in providing sport, recreational and physical activity opportunities for all Nova Scotians.
 - Support and encourage initiatives aimed at maintaining and improving the quality of sport, recreation and physical activity programs and the safety of their participants in recreation areas and facilities.
 - Improve access, availability, condition, safety and sustainability of indoor and outdoor facilities that provide venues for sport, recreation and physical activity. (Blueprint # 110, 120, 127)
- 6.3.4 Leadership Development: Increase the number of leaders and improve leadership skills in all areas of sport, recreation and physical activity in Nova Scotia.
- 6.3.5 Equity and Access: Reduce disparities and improve access to sporting, recreation and physical activities for women, members of ethnic minorities, people with disabilities and persons of low socio-economic status. (Blueprint # 104, 107)

6.4 Tobacco Reduction

The OHP works in partnership with many groups in continued implementation of the province's comprehensive tobacco control strategy. Elements include taxation, legislation, treatment/cessation programs, community-based programming, youth smoking prevention

initiatives, media awareness and evaluation. Programming will be expanded to align with the results of new research and best practice. (Blueprint # 118, 119).

- 6.4.1 Smoke-Free Places Legislation: Increase protection from second-hand smoke through ongoing enforcement and appropriate amendments to the *Smoke-Free Places Act*.
- 6.4.2 Community-Based Programs: Support the district health authorities in their implementation of tobacco reduction strategies.
- 6.4.3 Smoking Cessation/Nicotine Treatment: Enhance nicotine treatment services to encourage smoking cessation and improve cessation success rates.
- 6.4.4 Youth Smoking Prevention:
 - Support community organizations in their implementation of tobacco-free sport initiatives
 - Increase tobacco prevention education in high schools through the “You Choose” program
 - Reduce tobacco sales to minors through enforcement of the *Tobacco Access Act*
- 6.4.5 Public Awareness: Implement a provincial media campaign to increase awareness of the negative consequences of tobacco use.

6.5 Injury Prevention

In order to reduce the devastating human, social, and economic impact of injury, the Office of Health Promotion will lead the ongoing development, implementation, monitoring and evaluation of the Nova Scotia Injury Prevention Strategy. Through this strategy and in collaboration with injury prevention stakeholders, we will work with Nova Scotians to realize our goal of an injury-free province.

- 6.5.1 Injury Priorities: While the injury prevention strategy addresses all injuries among all ages, three priority areas of focus have been identified:
 - Falls among seniors
 - Transportation related injuries
 - Suicide

These three priorities were selected because they cause the greatest number of injury-related deaths and hospitalizations and account for the largest portion of the economic burden of injury.

- 6.5.2 Facilitate Collaboration: Recognize existing injury prevention programs and initiatives, and identify and stimulate opportunities for collaboration.
- 6.5.3 Surveillance, Research and Evaluation: Begin developing a framework that will support the efficient and effective collection, analysis, interpretation and evaluation of injury-related data that will inform future injury prevention priorities and initiatives.
- 6.5.4 Capacity-Building: Support and provide opportunities that will develop injury prevention knowledge and capacity at the community level.
- 6.5.5 Tertiary Injury Prevention: Working with Emergency Health Services and other partners, continue to improve outcomes for injured persons through optimizing emergency response, acute care and rehabilitation services, and community supports.

6.6 Addictions

In collaboration with service delivery counterparts in the DHAs, the Addictions section of the OHP is responsible for core service identification and program planning, policy and standards development, program delivery monitoring and evaluation. With a focus on alcohol, other drugs and problem gambling, programs at the DHA level range from health promotion and addiction prevention to intervention and treatment.

- 6.6.1 Problem Drinking Strategy: Coordinate the development of a province-wide problem drinking strategy, which embodies a population health approach and addresses issues across the life span.
- 6.6.2 Addiction Prevention and Education: In partnership with the Department of Education, provide leadership for the creation of a supplement to the Personal Development and Relationship curriculum for addiction education.
- 6.6.3 Problem Gambling Strategy: Lead the development and implementation of the problem gambling strategy. The strategy will include service standards, program planning and coordination, and enhancement of awareness of the risks and consequences of problem gambling.

6.7 Chronic Disease Prevention

In collaboration with a wide range of stakeholders, the OHP will develop the infrastructure, policy, supports and strategies that contribute to the prevention of chronic disease in Nova Scotia. (Blueprint # 102)

- 6.7.1 Community Health Board Funding: In conjunction with DHAs, fund

community health boards (CHBs) for local initiatives aimed at preventing chronic disease. Targeted areas will include healthy eating, tobacco reduction, physical activity and community capacity-building.

- 6.7.2 Research and Surveillance: Establish intersectoral working groups with province-wide representation and relevant expertise to:
- Promote and develop capacity for policy-relevant research in the areas of chronic disease prevention and health promotion
 - Develop a framework for an integrated and comprehensive system of surveillance, monitoring and assessing chronic disease mortality and morbidity

6.8 Communications and Social Marketing

- 6.8.1 General Communications Support: Provide support to the Minister of Health Promotion as well as all areas of the OHP strategic plan, and ensure that there is awareness and acknowledgment of the work of OHP.
- 6.8.2 Internal Communications: Maintain ongoing communication with staff about the evolving development of OHP and their role in communicating to stakeholders.
- 6.8.3 Stakeholder Communications: Develop a communication network of external stakeholders and inform, engage and solicit their support for the activities of OHP.
- 6.8.4 Media Relations: Develop a media relations strategy to ensure that media has a clear understanding of OHP and is a key partner in health promotion.
- 6.8.5 Social Marketing: Develop and implement social marketing plan for the OHP that raises public awareness and demonstrates stakeholder support for the province's plan for a healthier Nova Scotia. (Make health promotion a priority among Nova Scotians.)

Develop communications and social marketing plans to support strategy areas (healthy eating, physical activity, healthy sexuality, tobacco reduction, injury prevention, addiction prevention and chronic disease prevention).

7. Office of Health Promotion - Budget Context

Business Plan Elements	2003-04 Estimate	2003-04 Forecast	2004-05 Estimate
Office of Health Promotion	16,891,400	20,580,700	20,406,400
Recoveries	1,981,400	1,994,700	1,906,400
Total	14,910,000	18,586,000	18,500,000
Funded Staff (FTEs)	49.0	49.5	60.2
Less: Staff Funded by External Agencies	(3.5)	(3.5)	(2.0)
Total	45.5	46.0	58.2

8. Performance Measures 2004-2005 Business Plan

Core Business Area: Healthy Eating				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the OHP (and partners) focused on healthy eating will contribute to the health and well-being of Nova Scotians as measured by:	Fruit/vegetable consumption: percentage of NS population (12 yrs +) who report eating the recommended 5 - 10 servings of fruit/vegetables per day	Baseline 2000/01: 29% (Source: CCHS)	As of 2009/2010 to meet or be above the national average 2000/01: 34% (Source: CCHS)	<p><u>Healthy Eating Strategy</u> In collaboration with stakeholders and through the NS Alliance for Healthy Eating and Physical Activity, validate the provincial healthy eating strategy and lead the development of an implementation plan (Blueprint #102)</p> <p><u>Increasing Access to Healthy Food</u> Work collaboratively with partners to finalize and implement the recommendations of the food security research initiatives (AHPRC⁶, NS Nutrition Council, CAPC/CPNP⁷ family resource centres) to increase the accessibility and affordability of healthy food choices for Nova Scotians (Blueprint # 126)</p> <p><u>Healthy Food Choices in School Communities</u> Work collaboratively with partners (Health, Education, Agriculture and Fisheries) to increase the availability and affordability of healthy food choices in school communities across Nova Scotia (Blueprint #112)</p>
	Breast-feeding rates: percentage of women breast-feeding at hospital discharge	Baseline 2000: 65% 2001: 66.8% (Source: RCP/Atlee database)	As of 2009/2010 be at or below the national average	<u>Breast-feeding</u> Increase the capacity of the provincial Breast-feeding and Baby-Friendly Initiative (BFI) Committee to promote, support and protect breast-feeding by supporting the implementation of the “Infant Feeding/Nutrition and Growth Monitoring” provincial postnatal guideline

⁶Atlantic Health Promotion Research Centre

⁷Community Action Program for Children/Canada Prenatal Nutrition Program

Core Business Area: Healthy Sexuality				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the OHP (and partners) focused on healthy sexuality will contribute to the health and well-being of Nova Scotians as measured by:	Teen pregnancy rates: pregnancy rates in females aged 15 - 19	Baseline 2001/02: 28.49 per 1000 population aged 15 - 19 2002/03: 27.19 per 1000 population aged 15 - 19 (Source: CIHI)	As of 2009/2010 be at or below the national average	<p><u>Youth Health Centres</u> In collaboration with the Children and Youth Action Committee, ensure the availability, sustainability and quality of youth health centre services to youth across Nova Scotia (Blueprint # 113)</p> <p><u>Sexual Health for Youth</u> In collaboration with a wide range of stakeholders, promote a coordinated population health approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia</p>
	Condom use among youth ¹	Baseline 2002: Grades 7 - 12 (64%) Grade 12 (54%) (Source: NS Drug Use survey)	By 2009/10 to be at or above the national average	
	Rate of Chlamydia ² :	Baseline: 1999: 145 2000: 150 per 100,000 population (Source: Notifiable Disease Reports, DoH)	By 2009/10 to be at or below the national average Baseline: 1997: 113 (Source: Cdn Laboratory Ctr for Disease Control)	

Core Business Area: Physical Activity				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the OHP (and partners) focused on physical activity, sport and recreation will contribute to the health and well-being of Nova Scotians as measured by:	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) ³	Baseline: 42% (2000/01) (Source: CCHS)	As of 2009/2010 52% (Source: CCHS)	<p><u>Physical Activity Promotion</u> Encourage Nova Scotians to be physically active and offer a quality sport and recreational experience in compliance with national and Atlantic standards (Blueprint # 104, 105, 106, 107)</p> <p><u>Sport and Recreational Programs and Facilities</u></p> <ul style="list-style-type: none"> - Increase the capacity, effectiveness and sustainability of organizations in providing sport and recreational opportunities for all Nova Scotians - Support and encourage initiatives aimed at maintaining and improving the quality of sport, recreation and physical activity programs and the safety of their participants in recreation areas and facilities - Improve access, availability, condition, safety and sustainability of indoor and outdoor facilities that provide venues for sport, recreation and physical activity (Blueprint # 110, 120, 127) <p><u>Leadership Development</u> Increase the number of leaders and improve leadership skills in all areas of sport, recreation and physical activity in Nova Scotia</p> <p><u>Equity and Access</u> Reduce disparities and improve access to sporting, recreational and physical activities for women, members of ethnic minorities, people with disabilities and persons of low socio-economic status (Blueprint # 104, 107)</p>

Core Business Area: Physical Activity				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the OHP (and partners) focused on physical activity, sport and recreation will contribute to the health and well-being of Nova Scotians as measured by:	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: 2001: Grade 3 Males: 90 Grade 3 Females: 92% Grade 7 males: 62% Grade 7 females: 44% Grade 11 males: 12% Grade 11 females 7% Source: (NS Accelerometer Population study)	As of 2009/2010, to maintain baseline (Grade 3's) or increase physical activity levels by 10% (Grades 7 & 11) Target: Grade 3 Males: 90% Grade 3 Females: 92% Grade 7 males: 72% Grade 7 females: 54% Grade 11 males: 22% Grade 11 females 17% Source: (NS Accelerometer Population study)	<u>Active Kids/Healthy Kids</u> Expand the reach of the <i>Active Kids/Healthy Kids</i> strategy and promote increased participation in sport, recreation and physical activity by children and youth (Blueprint # 105, 108, 109, 111, 123, 167)

Core Business Area: Tobacco Reduction				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the OHP (and partners) focused on tobacco will contribute to the health and well-being of Nova Scotians as measured by:	Smoking rates: Population 15 yrs + who smoke	Baseline:2000: 30% 2001: 25% 2002: 25% (Source: CTUMS)	As of 2009/2010 meet or be below the national average Canadian average: 2000: 24% (Source: CTUMS)	<u>Community-Based Programs</u> Support the district health authorities in their implementation of tobacco reduction strategies <u>Smoking Cessation/Nicotine Treatment</u> Enhance nicotine treatment services to encourage smoking cessation and improve cessation success rates <u>Public Awareness</u> Implement a provincial media campaign to increase awareness of the negative consequences of tobacco use
	Exposure to environmental tobacco smoke: Percentage of children aged 0 - 17 regularly exposed to environmental tobacco smoke	Baseline: 2000: 30% 2001: 25% 2002: 22% (Source: CTUMS)	As of 2009/2010 meet or be below the national average Baseline: 2000: 30% (Source: CTUMS)	<u>Smoke-Free Places Legislation</u> Increase protection from second-hand smoke through ongoing enforcement and appropriate amendments to the <i>Smoke-Free Places Act</i>
	Youth Smoking rate: Percentage of youth (15-19) who smoke	Baseline: 2000: 15-19 yrs (25%) (Source: CTUMS)	As of 2009/2010 be at, or below the national average 2000: 15 - 19 yrs 25% (Source: CTUMS)	<u>Youth Smoking Prevention</u> - Support community organizations in their implementation of tobacco-free sport initiatives - Increase tobacco prevention education in high schools through the "You Choose" program - Reduce tobacco sales to minors through enforcement of the <i>Tobacco Access Act</i> - Implement a provincial media campaign to increase awareness of the negative consequences of tobacco use

Core Business Area: Injury Prevention				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the OHP (and partners) focused on injury prevention will contribute to the health and well-being of Nova Scotians as measured by:	Rate of injury-related deaths due to falls among seniors (age 65 and over)	58.44 fall-related deaths per 100,000 persons (Vital Stats, 2002-03)	By 2009/10 a 20% reduction in fall-related deaths	<p><u>Coordination of Injury Prevention Approaches</u> Identify and support existing injury prevention programs and initiatives and address priority issues of falls among seniors, suicide, and transport-related injuries</p> <p><u>Surveillance System for Injury Prevention</u> Begin establishment of a comprehensive surveillance approach to linking injury-related data sources to facilitate analysis, evaluation and corrective action where possible</p> <p><u>Tertiary Injury Prevention</u> Working with Emergency Health Services and other partners, initiate processes aimed at improving outcomes for injured persons through optimizing emergency response, acute care and rehabilitation services, and community supports</p> <p><u>Education & Social Marketing</u> Generate greater awareness of injuries and how to prevent them, and create societal changes in attitudes towards risk-taking.</p>
	Rate of injury-related hospitalizations due to falls among seniors (age 65 and over)	1689.33 fall-related hospitalizations per 100,000 persons (CIHI, 2002-03)	By 2009/10 a 20% reduction in fall-related hospitalizations	
	Rate of completed suicides	9.92 completed suicides per 100,000 persons (age standardized) (Vital Stats, 2002-03)	TBD in consultation with suicide prevention stakeholders	
	Rate of suicide-related hospitalizations	88.91 suicide-related hospitalizations per 100,000 persons (CIHI 2002-03)	TBD in consultation with suicide prevention stakeholders	

Core Business Area: Injury Prevention				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
	Rate of transportation/motor vehicle injury-related deaths	10.69 transportation/motor vehicle-related deaths per 100,000 persons (Vital Stats, 2002-03)	By 2009/10 a 30% reduction in transportation/motor vehicle-related deaths	
	Rate of transportation/motor vehicle injury-related hospitalizations	90.71 transportation/motor vehicle-related hospitalizations per 100,000 persons (CIHI, 2002-03)	By 2009/10 a 30% reduction in transportation/motor vehicle-related hospitalizations	

Core Business Area: Addictions				
OUTCOME	MEASURE	DATA	TARGET	STRATEGIES to Achieve Target
The work of the OHP (and partners) focused on addictions will contribute to the health and well-being of Nova Scotians as measured by:	Rates of problem drinking: Percentage of the Nova Scotia population considered problem drinkers	Baseline: 2002: 3.3% (Source: CCHS)	As of 2009/2010 be at or below the national average 2002: 2.6%	<u>Problem Drinking Strategy</u> Coordinate the development of a province-wide problem drinking strategy that embodies a population health approach and addresses issues across the life span <u>Addiction Prevention and Education</u> In partnership with the Department of Education, develop a curriculum supplement for use with grades 7 - 9 that focuses on addictions education and prevention
	Rates of problem gambling: percentage of the Nova Scotia population considered problem gamblers	Baseline: 2002: 1.2% (Source: CCHS)	As of 2009/2010 be at, or below the national average 2002: 2.6%	<u>Problem Gambling Strategy</u> Lead the development and implementation of the problem gambling strategy. The strategy will include service standards, program planning and coordination, and enhancement of awareness of the risks and consequences of problem gambling

1. Of those youth grades 7 - 12 who had sexual intercourse, the percentage that used a condom at the time of their last sexual intercourse; Of those grade 12 students who had sexual intercourse, the percentage that used a condom at the time of their last sexual intercourse.
2. Rate per 100,000 of new cases of Chlamydial infection reported annually in Nova Scotia.
3. Regular physical activity is defined in the CCHS as having a daily average energy expenditure of 3.0+ kilocalories per kilogram of bodyweight (KKG). Moderate physical activity is defined as expending an average of between 1.5 and 2.9 kilocalories per kilogram of weight per day.