



**Health Promotion
and Protection**

HEALTH PROMOTION AND PROTECTION

**Annual Accountability Report
for the Fiscal Year 2006-2007**

December 2007

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Annual Accountability Report for the Fiscal Year 2006-2007

Health Promotion and Protection

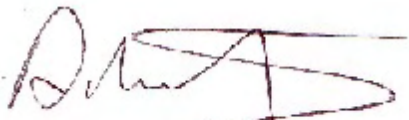
Accountability Statement

The accountability report of the Department of Health Promotion and Protection for the year ended March 31, 2007, is prepared pursuant to the Provincial Financial Act and government policy and guidelines. These authorities require the reporting of outcomes against Health Promotion and Protection's business plan information for the fiscal year 2006-2007. The reporting of outcomes includes estimates, judgements and opinions by the management and staff of Health Promotion and Protection.

We acknowledge that this accountability report is the responsibility of the management of Health Promotion and Protection. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in Health Promotion and Protection's business plan for the year.



Honourable Barry Barnet
Minister of Health Promotion and Protection



Duff Montgomerie
Deputy Minister, Health Promotion and Protection

1. Message from the Minister of Health Promotion and Protection

The Department of Health Promotion and Protection made great strides towards the implementing the recommendations of the Public Health Renewal report over the past year.

But while public health renewal was top of mind, our ongoing efforts to make Nova Scotians healthier, more physically active and safer did not waver. We continued to develop and implement new programs with that commitment in mind.

Our estimated budget was \$35.5 million in 2006-2007. This accountability report highlights our achievements.

One of the highlights of the year was the April 26, 2006 release of Public Health Renewal report, otherwise known as *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*.

The report assessed the coordination, integration and comprehensiveness of the public health system. Nova Scotia is the first province to commission such an external review post-SARS.

Our **Tobacco Control** work had a number of highlights in 2006-2007, beginning with the release of the annual Canadian Tobacco Use Monitoring Survey in July. It indicated smoking rates among Nova Scotians 15 to 19-year-olds dropped from 20 per cent in 2004 down to 13 per cent in 2005 while rates among 20 to 24-year-olds dropped from 33 per cent to 27 per cent.

In October, I introduced point-of-sale legislation prohibiting cigarettes from being advertised and displayed prominently behind store counters. In addition, exterior signage will be eliminated through the legislation which effectively pulls the plug on so-called “power walls” behind store counters.

On December 1, 2006 Nova Scotia officially went 100 per cent tobacco free and banning smoking in all indoor public areas, workplaces and outdoor eating and drinking establishments. Nova Scotia has gone from having the highest smoking rates in the country, at 30 per cent, down to 20 per cent.

Our **Healthy Eating** work, in partnership with the Department of Education, saw the release of the *Food and Nutrition Policy for Nova Scotia Public Schools*. The policy requires schools to begin phasing out food and beverages of low nutrition over the next three years. The new policy means healthier food and drink choices for students.

October saw the launch of *Framework for Action: Youth Sexual Health in Nova Scotia*, an important piece of work on **Sexual Health** aimed at improving the sexual health of our youth. It is a comprehensive approach to sexual health education, services and supports for youth that will be implemented over the next five to seven years.

One of the highlights of our **Addictions** work this year was a public education campaign to better inform Nova Scotians about the effects of excessive drinking that was launched as part of Addictions Awareness Week in November. The campaign, aimed at 19- to 29-year-olds, explains the physical impact of alcohol, provides advice on safer drinking approaches, and offers tips on how to recognize alcohol poisoning.

Our **Injury Prevention** efforts this year included the *Communities Addressing Suicide Together* initiative. Under the four-year initiative, the Canadian Mental Health Association will use funding to support suicide prevention efforts in communities. The work involves setting up regional suicide prevention coalitions, disseminating suicide prevention expertise and aims to increase the number of people with skills in suicide prevention in each community.

Physical Activity, Sport and Recreation had a number of highlights in 2006-2007 with one of the major ones being the announcement that Halifax will host the 2011 Canada Winter Games, bringing 3,600 athletes, managers and coaches to Nova Scotia to compete in 20 sports.

Halifax Regional Municipality was chosen from three Nova Scotia bid communities which also included the Highland Region (Antigonish) and Hub Central Nova (Truro).

The highlight of our **Social Marketing** efforts this year was the September 2006 launch of the *yellowflag.ca* campaign which targeted Nova Scotians aged 19 to 34 who were at-risk of developing a gambling problem. It also encouraged current gamblers to seek help. It included a series of TV and radio ads aired around the province which also promoted our toll-free problem gambling help line.

I am proud of our accomplishments in 2006-2007 and know that our staff will work towards our vision of helping Nova Scotians to be healthier and safer.

A handwritten signature in black ink, appearing to read "Barry Barnet", written over a horizontal line.

Honourable Barry Barnet
Minister of Health Promotion and Protection

Introduction

This Annual Accountability Report is based on the goals, priorities and performance measures set out in the Department of Health Promotion and Protection's (HPP) Business Plan for the 2006-2007 fiscal year.

Organization of the Department of Health Promotion and Protection

With SARS behind us and the prospect of a pandemic ahead of us, the Department of Health and Nova Scotia Health Promotion (NSHP) commissioned a review of the public health system consulting with stakeholders and partners throughout the process. In January 2006, Government received the final Public Health Review Report, "*The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*". It acted quickly by implementing a key recommendation: creating a new department that brought together the priorities of NSHP with Health's Public Health branch and the Office of the Chief Medical Officer of Health (OCMOH). Announced on February 23, 2006, the new Department set the stage for the development and implementation of an integrated public health system that emphasizes both the promotion and protection of Nova Scotians' health and well-being.

In the 2006-2007 business plan, HPP built on the early successes of NSHP, continuing the strong work of the Public Health branch and the OCMOH, while working to consolidate and strengthen the province's public health system. The new Department continued to develop strong linkages with other government departments and stakeholders whose work impacts the health of Nova Scotians. The ongoing development of a strong public health system will contribute to the improved health of individuals, families and communities in Nova Scotia, as well as to the sustainability of our broader health system.

Continued work on the actions for public health system renewal will develop the infrastructure, systems and processes that will make the new department a good leader, enhance and strengthen the partnerships with district health authorities (DHAs) and ensure an efficient, effective and responsible system that serves Nova Scotians well.

Vision, Mission, Guiding Principles and Strategic Goals¹

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

Mission Through leadership, collaboration and capacity-building:

- To strengthen community action and enhance personal skills that promote health and prevent illness and injury

¹The vision, mission, guiding principles and strategic goals of the new Department of Health Promotion and Protection were brought forward from those of the former Office of Health Promotion. These will be revised and updated through a strategic planning process that will take place in 2007-2008.

- To create and sustain supportive environments for health improvement and healthy public policy development
- To support reorientation of health and other services to enable population health

Guiding Principles²

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

Strategic Goals

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

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

²Adapted from the Chronic Disease Prevention Strategy, 2003

Description of Core Business Areas

In 2006-2007, HPP's core business areas aligned with the strategic priority areas of the former NSHP and the OCMOH as follows:

- Healthy Eating
- Sexual Health
- Physical Activity, Sport and Recreation
- Tobacco Control
- Injury Prevention
- Addictions
- Chronic Disease Prevention
- Health Protection and Public Health
- Communications and Social Marketing.

Healthy Eating

The *Healthy Eating Nova Scotia Strategy*³ was written by stakeholders and released in March 2005. It is part of a coordinated, worldwide movement to reduce chronic disease through better nutrition. The strategy focuses on four priority areas:

- breastfeeding
- children and youth
- fruit and vegetable consumption
- food security.

We seek to promote healthy eating and improve nutritional health by maintaining collaborations among partners, providing leadership in nutrition-related policy that supports Nova Scotians, supporting best-practice evidence-based initiatives, and undertaking research and evaluation in priority areas identified in HPP's Strategic Directions⁴ and the *Healthy Eating Nova Scotia Strategy*.

Sexual Health

Research in Nova Scotia has demonstrated that our youth are at risk when it comes to their sexual health. In 2002, 8% of grade 7 students reported having had sexual intercourse. The proportion of students engaging in sexual intercourse increased to 21% in grade 9, 34% in grade 10 and 58% in grade 12. Many of the youth are engaging in unprotected sexual activity. Of those students reporting that they had sexual intercourse, 66% had unplanned sexual intercourse, 35% had unplanned sexual intercourse while under the influence of alcohol and drugs and 35% had not used a condom during their last sexual intercourse.⁵

³Healthy Eating Action Group of the Nova Scotia Alliance for Healthy Eating and Physical Activity, Office of Health Promotion. (March 2005). *Healthy Eating Nova Scotia*, <http://gov.ns.ca/ohp/ohp/HealthyEating.html>.

⁴Office of Health Promotion (2004). *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion*.

⁵Nova Scotia Student Drug Use Survey, 2002.

HPP, with partners, leads a coordinated population health approach to youth sexual health by developing resources that promote sexually healthy behaviours and informed decision-making 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.

Physical Activity, Sport and Recreation (PASR)

Physical activity is an important contributor to both physical and mental health. Inactivity is strongly associated with high rates of chronic disease. It has been estimated that 9.2% of premature deaths in Nova Scotia result from physical inactivity.⁶

The benefits of physical activity include:

- prevention of a number of chronic diseases
- reduced anxiety and stress
- improved confidence and self-esteem
- improved fitness
- maintenance of a healthy weight
- stronger muscles and bones
- continued independent living in later life.⁷

Despite this evidence, less than half of Nova Scotians report being active or moderately active. In 2001, only 42% of Nova Scotian adults 20 years and older reported being active or moderately active. In 2003, there was a slight increase to 45%.⁸

Low levels of activity are also common in children and youth. In 2005, 97% of boys and 96% of girls in grade 3 accumulated at least 60 minutes of moderate or greater physical activity during five days of the week. By grade 11, the figures had dropped to 10% of boys and 1% of girls getting at least 60 minutes of physical activity.⁹ Inactive children and youth grow up to be inactive adults.

HPP is committed to increasing physical activity through the provision of leadership in policy development, support to the local and provincial sport and recreation delivery system, and collaboration with service-providing partners, other government departments and our Federal/Provincial/Territorial counterparts.

⁶Katzmarzyk et al., *Canadian Medical Association Journal* 163 (11), p. 1438; Health Canada, *Statistical Report on the Health of Canadians*, p. 291; National Cancer Institute of Canada, *Canadian Cancer Statistics*, 2001, p. 27; U.S. Centers for Disease Control and Prevention “*Chronic diseases and their risk factors: The nation’s leading causes of death*”, Atlanta, 1999, p. 34.

⁷Public Health Agency: Physical Activity Unit . *Physical activity for health: the evidence*. Retrieved March 6, 2006 from <http://www.phac-aspc.gc.ca/pau-uap/fitn4ess/evidence.htm>.

⁸*Canadian Community Health Survey*, 2002 and 2004.

⁹Campagna, P. et al., *Physical Activity Levels and Dietary Intake of Children and Youth in the Province of Nova Scotia* (2005).

Services are delivered in the following strategic areas:

- Active, Healthy Living
- Sport
- Regional Services.

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

Tobacco Control

Smoking translates into high rates of chronic disease. Tobacco use remains Nova Scotia's number one cause of preventable illness and death¹⁰. In 2000, Nova Scotia had the highest provincial rate of smoking in Canada at 30%. By 2004, Nova Scotia had aligned its rate of smoking with Canada's rate of 20%¹¹. This accomplishment demonstrates that the Nova Scotia Comprehensive Tobacco Strategy is working.

HPP promotes tobacco reduction by working in partnership with many groups in the continued implementation of the province's Comprehensive Tobacco Control Strategy and ongoing initiatives in the following key strategic areas:

- taxation
- legislation
- treatment/cessation programs
- community-based programming
- youth smoking prevention
- media awareness
- monitoring and evaluation.

Injury Prevention

Nova Scotia's Injury Prevention Strategy has four strategic pillars:

- strategies to address leading causes of injury (falls among seniors, transportation related injuries and suicide)

¹⁰Colman, R. GPI Atlantic, (October 2000). *The cost of tobacco in Nova Scotia*.

¹¹*Canadian Tobacco Use Monitoring Survey, 2004*

- injury surveillance, research and evaluation
- intersectoral collaboration and capacity-building
- behaviour change through social marketing.

HPP provides leadership and ensures intersectoral collaboration in the ongoing development, implementation, monitoring and evaluation of the Nova Scotia Injury Prevention Strategy. Through this strategy and in collaboration with injury prevention stakeholders, HPP will continue to work with Nova Scotians toward the goal of an injury-free province.

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 at HPP collaborates with DHAs 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.

Chronic Disease Prevention

HPP promotes chronic disease prevention by leading the province's coordinated and integrated multi-year initiatives focused on key settings with the participation of a broad range of stakeholder organizations.

Strategic areas of emphasis include comprehensive workplace health and support to chronic disease prevention work in the DHAs, Community Health Boards (CHBs), and elsewhere.

Health Protection and Public Health

Health Protection is a legislated responsibility of the OCMOH and includes the protection and promotion of the public's health in the areas of communicable disease control, environmental health, and emergency preparedness and response.

The OCMOH functions as an expert resource in community health science and an epidemiological resource for the Department of Health, the DHAs, other government departments, and community groups.

Public Health Services are delivered to Nova Scotians through the DHAs. HPP works in partnership with communities, families and individuals to prevent illness, protect and promote health and achieve well-being. Activities are directed at an entire population, priority sub-populations or individuals in some circumstances. Major functions include population health assessment, health surveillance, population health advocacy, health promotion, disease/injury prevention, and health protection.

Communications and Social Marketing

The purpose of Communications and Social Marketing in HPP is to persuade stakeholders, decision-makers and Nova Scotians to adopt health promoting practices by overseeing the development of communications and social marketing plans that support HPP's work. Major functions include:

- communications, public affairs and social marketing campaigns,
- internal and stakeholder communications,
- media relations, and
- ministerial support.

Progress and Accomplishments

Priorities for 2006-2007

Healthy Eating

Breastfeeding *The Nova Scotia Breastfeeding policy was approved and released by both the Department of Health and NSHP in 2005¹². HPP will hire an Early Childhood Nutritionist to lead the implementation of the Breastfeeding priority area and the 'preschool' component of the Children and Youth priority area of the Healthy Eating Nova Scotia strategy. This position will support and address breastfeeding, infant nutrition, and early childhood nutrition in formal and informal childcare settings. This will include:*

- *developing, monitoring and evaluating provincial policy and program initiatives related to these priority areas;*
- *consulting with key stakeholders in the development of strategic partnerships;*
- *establishing a process to ensure the implementation of the breastfeeding policy in all organizations funded through the provincial health system; and*
- *enhancing the capacity of staff in early childhood programs to support parents in the development of healthy eating habits for their children.*

Accomplishments:

Communication of the Provincial Breastfeeding Policy continued with presentations to government departments, stakeholders and interdepartmental committees. Two projects were completed by the Provincial Breastfeeding & Baby Friendly Initiative Committee:

- the development of a breastfeeding logo; and
- the development of *Creating a Breastfeeding Support Line in Your Community*, a 'how to' manual based on a successful peer support program in Yarmouth County.

A new childhood nutritionist staff position to support this work was filled in June 2007.

¹²Nova Scotia Health Promotion: Healthy Eating. *Nova Scotia's Breastfeeding Policy*. Retrieved March 6, 2006 from <http://www.gov.ns.ca/ohp/breastfeeding.html>

Health Promoting Schools (HPS) *This program supports schools throughout the province in providing healthy eating and physical activity opportunities for their students. HPS is expanding in 2006-2007 to support a comprehensive approach to school health in Nova Scotia.*

Accomplishments:

Research has shown that poor nutrition affects both health and education outcomes. It can affect our children's behaviour, school performance and overall cognitive development. A hungry child has difficulty learning and over time, poor nutrition also reduces a child's resistance to infection and increases the likelihood of developing chronic diseases. The HPS program expanded in 2006-2007 from supporting schools throughout the province in providing healthy eating and physical activity opportunities for their students to supporting a comprehensive approach to school health in Nova Scotia. The provincial HPS program provides an overall framework for key school health initiatives in the province including, but not limited to, healthy eating, physical activity, youth sexual health, tobacco reduction, addiction and injury prevention in the school setting. The Food and Nutrition Policy for Nova Scotia Public Schools, the Provincial Breakfast Program, and physical activity promotion in schools are examples of initiatives that support the provincial HPS program.

In July 2006, HPP, in partnership with the Department of Education, invited HPS teams to present program funding proposals. As a result, funding was distributed to school boards and schools began implementing their action plans during the 2006-2007 school year.

Other HPS accomplishments in 2006-2007 included:

- development of an HPS program model;
- establishment of the provincial HPS steering committee; and
- development of an evaluation framework to inform any future program expansion to be completed in December 2007.

Nova Scotia School Food and Nutrition Policy *HPP supported the development of the Department of Education's School Food and Nutrition Policy for Nova Scotia public schools. The purpose of the policy is to make healthy food choices the easiest choices for students. Implementation of the policy will be phased in over time and will begin in the 2006-2007 school year.*

Accomplishments:

After comprehensive consultations with key stakeholders, the final School Food and Nutrition Policy was launched in September 2006. The Policy and related publications had been provided to principals and school boards prior to the September launch. Additional kits were printed and mailed to various partners throughout Fall 2006.

The Policy consists of twelve directives and five guidelines, in addition to Food and Beverage Standards which provide nutrition criteria for school food decision-makers. The Policy impacts

all students in the public school system, as well as individuals, organizations, and businesses that serve or sell food to students in schools. However, the policy does not apply to what is brought/sent from home. Phase-in of the Policy began in the 2006-2007 school year, with full implementation required by June 2009. Highlights for the 2006-2007 school year included:

- schools working to increase access to foods and beverages on the Maximum and Moderate Nutrition lists, with an emphasis on fruits and vegetables and whole grains and working to decrease access to foods on the Minimum Nutrition List; and
- effective January 2007, all schools were:
 - no longer using deep fat fryers to prepare food;
 - participating in the Department of Agriculture's School Milk Program;
 - implementing the beverage guidelines (100% juice, milk, and water); and
 - removed food items listed in the baked goods, snacks or processed foods, and frozen novelties sections of the Minimum Nutrition List of the Food and Beverage Standards.

HPP provided \$250,000 to school boards to assist in the implementation of the Policy in 2006-2007.

A review of the fundraising directive by school stakeholders began in Spring 2007, with implementation scheduled for September 2007. HPP led the development of a resource featuring healthy food and beverage fundraising ideas for schools and this guide was shared with all schools at the end of the 2006-2007 school year. The Policy also encourages parent and community groups who fundraise off school site or outside of the defined school day to choose non-food or healthy food and beverages for the purposes of consistent messages.

Fruit and Vegetables *A rapidly growing number of studies are showing the protective role that fruit and vegetables play in preventing chronic diseases. HPP will work with the provincial Fruit and Vegetables Working Group of the Healthy Eating Nova Scotia Strategy to support an increase in fruit and vegetable consumption, increase the availability of fruits and vegetables in a variety of settings, and improve access to and affordability of fruits and vegetables.*

Accomplishments:

HPP provided a grant to the Heart and Stroke Foundation of Nova Scotia (HSFNS) and the Canadian Cancer Society-Nova Scotia Division to complete an environmental scan and literature review to support the Fruit and Vegetable priority area of the *Healthy Eating Nova Scotia* Strategy. A consultant was hired in Fall 2006 to complete a survey with key stakeholders and review best practices and evidence for increasing access to and affordability of fruits and vegetables. Once completed, the report will be shared with key healthy eating stakeholders across Nova Scotia. The Fruit and Vegetable Working Group will continue its agenda-setting work.

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.¹³ HPP will continue to work in partnership with the provincial Food Security Steering Committee to address the next steps identified for food security in the Healthy Eating Nova Scotia Strategy. HPP will hire a Food Security Nutritionist and fund the sustainable food costing model that was developed for HPP to monitor the cost of a healthy diet in Nova Scotia.*

Accomplishments:

HPP provided funding to the Atlantic Health Promotion Research Centre (AHPRC), in collaboration with the Nova Scotia Nutrition Council (NSNC), for a project called “Working Together for Ongoing Food Costing & Policy Solutions to Build Food Security”. Three products resulted from this project:

- policy paper and lens submitted to HPP in Fall 2005;
- proposed sustainable food costing model submitted to HPP and included in the 2006-2007 business plan as a priority; and
- food costing data collection from 2004-2005 for comparison with 2002 data.

The 2004-2005 food costing data results were released to stakeholders and the public in June 2006. They showed that on average, it costs \$617.42 per month to feed a reference family of four a nutritious diet. This is a 7.7% increase since 2002. Development of a detailed report of the 2004-2005 food costing data results began in 2006-2007 and was released to the public in March 2007¹⁴.

HPP committed to funding the proposed participatory food costing model for the province. In the 2006-2007 fiscal year, funding was provided to Mount Saint Vincent University (MSVU) to hire a provincial food costing coordinator. Training for food costers was completed around the province and the food costing took place in June 2007.

The earlier planned Food Security Nutritionist position in HPP was broadened to focus on health disparity reduction and the factors that cause differences in health status. A major focus of this new position will be on food security and income-related access to food. The hiring process is nearing completion.

HPP continued support of the Nova Scotia Food Security Steering Committee in relation to this pillar of the *Healthy Eating Nova Scotia Strategy*.

¹³Fairholm, Jacinda, 1998. *Urban agriculture and food security initiatives in Canada: a survey of Canadian non-governmental organizations*. IDRC Cities Feeding People Series, Report 25.

¹⁴<http://www.gov.ns.ca/hpp/repPub/2004-05FoodCosting.pdf>

Sexual Health

Roundtable on Youth Sexual Health *As a partner with the Roundtable on Youth Sexual Health, the Department will lead the implementation of the Framework for Action on Youth Sexual Health. The framework provides a rationale and strategic direction for a comprehensive approach to sexual health education, services, and supports for Nova Scotia youth. In 2006-2007, activities will include:*

- *distributing, publicizing and promoting the Framework for Action,*
- *setting overall priorities for the goals and objectives of the Framework based on consultation with key stakeholders and community partners,*
- *continuing integration and coordination among relevant strategies and initiatives related to youth sexual health,*
- *establishing provincial and regional working groups to develop implementation plans for the components of the Framework, and*
- *establishing an evaluation committee to develop and implement an evaluation plan.*

Accomplishments:

The *Framework for Action: Youth Sexual Health in Nova Scotia*¹⁵ was launched in October 2007. The framework provides a rationale and strategic direction for a comprehensive approach to sexual health education, services, and supports for Nova Scotia youth.

A draft evaluation plan for the Framework's implementation and outcomes was completed by the end of 2006-2007.

In November 2006, the Nova Scotia Roundtable for Youth Sexual Health hosted an orientation day for key partners, stakeholders and other interested parties. Five Provincial Working Groups (PWGs) were established to provide support and advice for the implementation process.

By the end of March 2007, the PWGs had established implementation priorities based on the goals and objectives of the Framework, and consultation with stakeholders. Implementation planning is underway.

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

Accomplishments:

YHCs are often the entry point into the formal health system for young people. Youth are able to receive service in a timely manner. If services are not available in the Centre, they are referred to youth friendly services outside of the Centre.

¹⁵http://www.gov.ns.ca/hpp/publications/FINAL_Framework_Booklet.pdf

\$800,000 was distributed to YHCs in 2006-2007 through the public health funding approach. This new funding provided stability and assisted YHCs in meeting the system-wide standards. YHCs continued operations throughout Summer 2006, allowing better retention of staff, programs, and services, and improving the ability of staff to work with communities to improve health services for youth.

YHCs have been working toward system-wide standards for safe and confidential services for youth. In partnership with stakeholders, guidelines were developed for informed consent, partnership agreements, policies and procedures, orientation, and continuing education. The guidelines were field tested in Spring 2006 and released for use by the YHCs in Fall 2006.

Additionally, in 2006-2007, work began on the development of an evaluation framework which includes the collection of standardized, province-wide data about the YHCs.

A biannual impact assessment of the YHCs was completed in Spring 2007.

Physical Activity, Sport and Recreation

Physical Activity Sport and Recreation Framework HPP will develop a PASR Framework to provide direction to key stakeholders in PASR in Nova Scotia. Taking a participatory approach, the Framework will consider the needs of specific population groups, key settings, influences and possible interventions. A major benefit of creating the Framework will be to mobilize organizations and individuals toward a multifaceted approach to achieving the goal above.

Accomplishments:

The Framework's purpose is the articulation of an over-arching vision, goals and approach for achieving a more active population in Nova Scotia. Early in the reporting period, a series of preliminary consultations was held to engage stakeholders in the process of establishing parameters for the project. A core group of stakeholders are now guiding the project. Provincial and regional consultations with a diverse range of physical activity, sport and recreation partners and stakeholders will take place through the Fall and Winter of 2007-2008.

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

Accomplishments:

In conjunction with the PASR Framework, the Recreation Policy will provide clarity to government's role and direction with respect to supporting the recreation movement in the province. This initiative will involve significant engagement with other departments and key provincial organizations in the recreation sector. Preliminary planning with RNS began in 2006-2007. The project will be advanced significantly in 2007-2008.

Active Kids, Healthy Kids HPP will continue its comprehensive evaluation of the *Active Kids, Healthy Kids Strategy*. Using the results, the Strategy will be revised to ensure its continued effectiveness at the community, regional and provincial levels.

Accomplishments:

A qualitative evaluation of the *Active Kids Healthy Kids Strategy* entitled *Key Findings and Recommendations Taken From the Qualitative Evaluation of the Active Kids Healthy Kids Strategy*, was conducted and completed by a consultant in 2006. The *Physical Activity Levels and Dietary Intake of Children and Youth in Province of Nova Scotia 2005* study (PACY2) were released in May 2007. The evaluation, the results and recommendations from the PACY2 study, stakeholders meetings, and a partner consultation forum in September 2006, combined to inform the development of the refreshed *Active Kids Healthy Kids Strategy*. This comprehensive examination revealed the need for areas of emphasis and additional initiatives to fill gaps from the first phase in order to make population-level change in physical activity.

Active Living Communities Program HPP will pilot an *Active Living Communities Program* in 2006-2007. This program will build and sustain the capacity of municipal governments to provide community-based leadership in physical activity.

Accomplishments:

This program has been renamed the Municipal Physical Activity Leadership Program. As a result of this cost sharing program there are three areas that now have full time staff to develop and implement comprehensive physical activity strategies. These strategies are exploring municipal roles in improving policies, social and physical environments and public awareness to make it easier for inactive populations to make an active choice. There are now inter-municipal projects with Annapolis County; Towns of Annapolis, Bridgetown, and Middleton; Town and County of Shelburne; and Halifax Regional Municipality (HRM). Other municipalities have expressed interest in the program.

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

Accomplishments:

The report, *Pathways for People, Framework for Action*, was released in November 2006 and was well received by many sectors within the province. The Government has committed to co-hosting, with RNS, an active transportation conference in October 2007 that will draw 300 delegates and engage three levels of government. Work for this conference began in 2006-2007.

Trail Maintenance Program *The trail movement in Nova Scotia is based on partnerships and community development with support from governments and the corporate sector. HPP supports trail development and management through funding, consultation, coordination, expertise and planning. HPP will introduce a Trail Maintenance Program in 2006-2007 which will fund community trail groups and municipalities to maintain their trails and trail systems. HPP will continue the development of a Nova Scotia Trails database.*

Accomplishments:

Facilitating the development of 500 kilometers of new trail in Nova Scotia was a 2006 government platform commitment. In 2006-2007, HPP began consultation with government and non-government stakeholders to determine the best way to support the work of over 100 active trail groups throughout the province. HPP introduced a Trail Maintenance Program which provided funding of \$75,000 to 50 volunteer trail groups to address ongoing trail maintenance issues.

Provincial Walking Initiative *Walking is the favorite leisure time physical activity reported by Canadians and Nova Scotians.¹⁶ A provincial walking initiative will be developed in collaboration with the HSFNS. The initiative will provide information, resource materials, social marketing, education, pedometer access, and recognition programs for individuals, schools, workplaces and communities.*

Accomplishments:

The Provincial Walking Initiative Management Committee was formed with HSFNS as the lead organization and HPP and the Ecology Action Centre (EAC) as partnering members. In Summer 2006, the newly created HSFNS Walking Initiative Coordinator position was staffed and the following actions were undertaken:

- an environmental scan to identify walking groups and established walking programs in Nova Scotia,
- a stakeholder survey to engage stakeholders in the program development,
- a review of initiatives from elsewhere in Canada and around the world,
- a review of research articles for promising practice,
- an exploration of services and resources pertaining to the website and motivational products, and
- the negotiation of sponsorship opportunities.

Physical Activity Children and Youth *Begun in 2005, HPP will complete the Physical Activity Children and Youth 2 Accelerometer Study (PACY2). This phase 2 research will include nutrition data analysis and will be completed in late 2006.*

¹⁶Canadian Fitness and Lifestyle Research Institute, Physical Activity Monitor, 2003

Accomplishments:

Data collection for the *Physical Activity Levels and Dietary Intake of Children and Youth in the Province of Nova Scotia 2005* study (PACY2) was completed in May 2006. The province surveyed students in grades 3, 7, and 11 to gauge their physical activity levels and compare them to a similar survey carried out in 2001 (PACY1). For the first time this survey incorporated an assessment of dietary intake for grades 7 and 11. The results were released in May 2007 and were used to inform the refreshed *Active Kids Healthy Kids (AKHK) Strategy*.

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

Accomplishments:

In 2006-2007, HPP took a lead role with the Department of Natural Resources to implement certain aspects of the OHV Action Plan¹⁷. This included building a trail network, providing support to the newly appointed OHV Ministerial Advisory Committee, creating a staff position dedicated to the OHV action plan, establishing education and training programs, and working with stakeholders to develop guidelines for the development and operation of closed courses. Closed courses provide safe, controlled areas where youth can gain experience operating an OHV under the direction of a trained official and with the supervision of their parent/guardian. Bill 275 amended the *Off-Highway Vehicle Act* such that youth under 14 are restricted to operating all terrain vehicles only on closed courses. Throughout 2006-2007, HPP worked with stakeholders interested in developing closed courses. HPP provided \$20,000 to assist the development of each closed course. Two closed courses will be open in 2007. As well, in 2006-2007 a snowmobile safety training program was developed and delivered and trail construction draft guidelines were completed.

Health Promoting Schools (HPS) HPP will provide increased program funding support for partnerships with school boards and DHAs to expand HPS programs.

Accomplishments:

The HPS Program expanded in 2006-2007 from supporting schools throughout the province in providing healthy eating and physical activity opportunities for their students to supporting a comprehensive approach to school health in Nova Scotia. The provincial HPS program provides an overall framework for key school health initiatives in the province including but not limited to healthy eating, physical activity, youth sexual health, tobacco reduction, addiction and injury prevention in the school setting. The Food and Nutrition Policy for Nova Scotia Public Schools, the Provincial Breakfast Program, and physical activity promotion in schools are examples of initiatives that support the provincial HPS program.

¹⁷Nova Scotia Departments of Natural Resources, Health Promotion and Protection, Environment and Labour, Justice, Agriculture, Fisheries and Aquaculture, Tourism, Culture and Heritage, Transportation and Public Works, Service Nova Scotia and Municipal Affairs, and Treasury and Policy Board. *Off-Highway Vehicles in Nova Scotia Provincial Direction and Action Plan* (October 2005).

In July 2006, HPP, in partnership with the Department of Education, invited HPS teams to present program funding proposals. As a result, funding was distributed to school boards and schools began implementing their action plans during the 2006-2007 school year.

Other HPS accomplishments in 2006-2007 included:

- development of an HPS program model;
- establishment of the provincial HPS steering committee; and
- development of an evaluation framework to inform any future program expansion which will be completed in December 2007.

Expanded Recreational Facility Grant Funding This funding will allow strategic investments in the infrastructure of sport and recreational facilities throughout the province.

Accomplishments:

In 2006-2007, HPP committed an additional \$1 million to the Recreational Facility Development (RFD) Grant to respond to the facility deficit in Nova Scotia. The additional funds, combined with the existing RFD budget, created a fund of \$3 million. These grants provided opportunities for construction of new facilities or renovating of existing ones. There were 106 projects funded throughout the province through the expanded RFD program.

Nova Scotia Sport Plan HPP is leading the development of a Nova Scotia Sport Plan as part of our commitment and contribution to achieve the vision and goals of the Canadian Sport Policy by 2012.¹⁸ An implementation plan will be developed to improve the quality of life for individuals and communities in Nova Scotia through active participation in sport.

Accomplishments:

In 2002, the Provincial/Territorial Ministers Responsible for Sport agreed, for each province and territory, to develop a sport plan that will compliment the Canadian Sport Policy. In 2006-2007 work continued on a series of consultations that were held across the province in 2006-2007, the information was gathered and a vision paper prepared to reflect the findings of the consultations. This Sport Vision Paper reflects the four pillars identified by Sport Canada: participation, capacity, excellence and collaboration. In 2007-2008, a second round of consultations across the province will identify priorities and next steps. Work groups for each of the four pillars will develop strategic plans for the sport system of Nova Scotia.

Leadership Collaborate on the development of a Volunteer Capacity-Building Framework that will be designed to increase the number of volunteers working in sport at all levels. Work to provide increased support for volunteers, sport administrators, coaches and officials to make training opportunities more accessible.

¹⁸Canadian Heritage: Sport Canada. *The Canadian Sport Policy*. Retrieved March 6, 2006 from http://www.pch.gc.ca/progs/sc/pol/pcs-csp/index_e.cfm

Accomplishments:

In 2006-2007, HPP continued to provide staff and budget resources to support the government-wide corporate priority area for volunteerism. Staff began work on a strategic action plan to support the work of volunteers within each of the sectors. Resulting from this shift in priority, a specific framework focusing on the sport and recreation sector has not been initiated. (See Volunteer Capacity Building and Volunteerism).

***Infrastructure** Provide advice, expertise, and support where possible to municipalities and community groups on planning for facility construction, upgrading, and conservation. Work to identify innovative funding sources and promising practices related to the sustainable development of sport and recreation facilities.*

Accomplishments:

In 2006-2007, HPP continued to provide support to groups and municipalities for new sport and recreation infrastructure and upgrading existing facilities. Facility development advice and consultative support was provided to municipalities and community groups by regional staff and the facility development coordinator. HPP also worked with the Federal/Provincial/Territorial work group to hire a consultant who reviewed innovative funding sources and promising practices related to sustainable development of facilities.

Hosting - Lead the multi-year planning process for hosting the 2011 Canada Winter Games and provide support to the bid to host the 2014 Commonwealth Games in HRM.

Accomplishments: 2014 Commonwealth Games

Since the December 2005 announcement that Halifax would be Canada's bid city for the 2014 Commonwealth Games (CWG), all efforts focused on the preparation of the international bid that was to be lodged in May 2007, with a final decision to be made November 2007.

To determine the CWG funding requirements, a budget was prepared by the staff of the Halifax 2014 CWG Bid Committee and was tabled with the Board of the Directors in January 2007. The budget was developed in consultation with a number of experts and the public partners. The original budget estimates from the domestic bid were pegged at \$667 million (\$785 million with inflation). The new budget was estimated at \$1.35 billion (\$1.7 billion with inflation). The difference between the original estimate and the new one was primarily attributable to significant changes in the CWG Federation requirements paralleling Olympics Game requirements. Little or no suitable existing infrastructure resulted in high capital estimates.

After including \$400 million from the federal government and \$200 million from provincial revenue, \$1.1 billion (with inflation) remained unfunded. Even with a possible combined contribution of \$500 million from the Province and HRM, \$600 million remained unfunded.

Preliminary feedback from consultants engaged by the public partners to review and assess the budget suggested additional risk to the Province resulting from questionable revenue projections,

higher than anticipated requirement for public funding, and insufficient contingency funding. On February 14, 2007, the Executive of the Bid Committee met and provided direction to staff to review the budget seeking any possible reductions in cost and followed up their discussion in writing. On March 2, 2007, a supplementary letter was sent asking for a more detailed response to be provided to the Executive at its next meeting. On March 7, 2007, the Executive met and the staff of the Halifax 2014 CWG Bid Committee provided a response to the requests outlined in the letters and indicated some areas where there were possible reductions. However, because reductions were limited and the new cost estimates far exceeded the original estimates, on March 7, 2007, Cabinet indicated it could not support a financial contribution to the CWG. On March 8, 2007, the HRM Council voted in favour of not supporting a financial contribution to the CWG. On March 8, 2007 a joint press conference was held announcing that both HRM and the Province of Nova Scotia would not be providing a financial contribution to the CWG.

To date, the province has contributed \$367,000 to the domestic bid process, and \$3.5 million (as per the decision of Cabinet in May 2006) to the international bid process. In addition, it has contributed approximately \$155,000 in consultant's fees for reviews and provided other support through staff and in-kind contributions.

Accomplishments: 2011 Canada Winter Games

The 2011 Canada Winter Games provincial bid process was launched in December 2005. Objectives included emphasizing health promotion objectives for hosting, identifying a maximum of three bids to advance to the Canada Games Council (CGC) formal bid process, and providing feedback to the bid committees.

Four communities submitted bids: Highland Region, HRM, Annapolis Valley, and Hub Central Nova. Working with these four communities, a fair and transparent process to select which three bids would advance for review by the CGC, was undertaken. A committee of sport experts conducted site visits and reviewed each bid on a set of five criteria: leadership and community support; care and comfort; finance, budget and marketing; logistics, technical operations and administration; and legacy. In July 2006, the Province announced that the bid committees from the Highland Region, HRM and Hub Central Nova were the three successful bids to be submitted to the CGC.

In January 2007, the CGC bid evaluation committee spent a day at each site to tour venues and evaluate presentations. In February 2007, the CGC announced the successful host society as HRM.

The Host Society was required to send a team to Whitehorse during the 2007 Canada Winter Games in order to participate in a Transfer of Knowledge Program hosted by the CGC. At this time further financial framework discussions were held. The Halifax Host Society is now developing its governance structure and identifying a President for the Society.

Accomplishments: Other Hosting

Development of the provincial hosting strategy began in 2006-2007. Currently no strategy or program exists to coordinate and provide funding support to these events. A provincial government hosting strategy is required to identify opportunities and implement a program to support these types of events. A consulting firm was hired and consultations with partners and staff took place in Winter 2007. The consultant's report was received by HPP in March 2007. The sport hosting report has been posted on the HPP website and includes a feedback form. Feedback from the community will be compiled and considered in the development of a strategy in 2007-2008.

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

Accomplishments:

The High Performance Sport Strategy was developed in draft form and is awaiting the completion of the Nova Scotia Sport Plan to be released as part of the plan. The High Performance Strategy was developed with the major sport stakeholders of Sport Nova Scotia and Canadian Sport Centre Atlantic. The strategy coordinates the programs and support opportunities of the various agencies.

Coaching Develop the Provincial Sport Leadership Council (PSLC) to oversee the general responsibilities for the delivery and promotion of the national coach and sport leader development program within the province. HPP and members of the sport community will form a working group to manage this Council. The Competency-based National Coaching Certification (NCCP) Program will be developed and rolled out in 2006-2007.

Accomplishments:

In 2006-2007, HPP held consultations with the coaching community across the province to inform the development of a coaching policy and strategy. The policy and strategy will be developed during the 2007-2008 year. The PSLC will be a cornerstone of the strategy and will be given terms of reference from the new coaching policy and strategy.

The new NCCP programs were established in many sports during the 2006-2007 year and HPP supported provincial sport organizations in their implementation process. The new NCCP theory component was coordinated by HPP across the province. New learning facilitators were trained and certified, including training for physical education teachers to incorporate the program into the high school curriculum.

Canadian Sport for Life Assist in the implementation of a seven-stage Long Term Athlete Development model designed in Canada to address training, competition, and recovery based on the developmental age of the athlete.

Accomplishments:

HPP continued to support provincial sport organizations in the implementation of the Long Term Athlete Development (LTAD) model. HPP hosted information sessions for coaches and sport administrators, and integrated the LTAD into the programs offered. HPP continued to contribute and take part in the workshops and sessions offered by Sport Canada on LTAD.

Provincial Sport Organization Funding *Review block funding for provincial sport and recreation organizations.*

Accomplishments:

The block funding program for provincial sport organizations was established to determine the most effective way to support provincial sport organizations in coordination with the Support 4 Sport program. In 2006-2007, HPP continued to support provincial sport organizations with annual funding and staff support for strategic plan development, board development, and professional development opportunities. Recommendations and implementation plan will be developed in 2007-2008 after consultation with provincial sport organizations.

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

Accomplishments:

HPP worked with the Aboriginal community to develop a bilateral agreement with Sport Canada that will address participation of Aboriginal youth in sport and physical activity. Consultations with the sport groups were held, a review of the sport system was commissioned and a number of grassroots programs were developed across the province in Aboriginal communities.

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

Accomplishments:

HPP continues to support the Sport Futures Leadership program provided by Sport Nova Scotia. The March 2007 application saw a record number of applicants to the program.

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

Accomplishments:

The Sport Animators program completed the second year of the three year bilateral commitment with the federal government. All nine school boards from the program are now engaged in the program. The program has been a great success with the Sport Animators being an integral component of the HPS program. HPP continued to host professional development opportunities for the Sport Animators and supported their work schools and community groups.

Volunteer Capacity-Building GPI Atlantic¹⁹ suggested government needed to recognize the economic and capacity value of volunteers. This report outlined the barriers of volunteerism in this region and the areas of support needed to begin to rebuild this sector. The Volunteer 2000 Report²⁰ included an action plan for Nova Scotia's volunteer movement. PASR's Regional Services staff is working in partnership with provincial and regional stakeholders to develop a framework to ensure sustainability, growth and development of volunteers within PASR sectors across the province.

Accomplishments:

On May 11, 2006, the Premier announced the Honourable Barry Bannett as the new Minister of Volunteerism and committed the government to developing a provincial strategy to support the volunteer sector in the coming years. HPP became the lead department for the volunteerism portfolio and began working laterally across Government. Volunteerism is a corporate initiative of the Government. Due to this shift, a framework focusing on volunteers within the sport and recreation sector was not been initiated. Volunteerism will become a new Core Business Area in HPP in 2007-2008. Accomplishments specific to the government commitment to volunteerism follow.

Volunteerism

Volunteerism Government committed to developing a provincial strategy to support the volunteer sector in the coming years.

Accomplishments:

¹⁹Colman, R. GPI Atlantic, (July 1998). *The economic value of civic and voluntary work in Nova Scotia.*

²⁰*Volunteer 2000*: Report submitted to the Honourable Neil LeBlanc, Minister of Sport and Recreation Commission.

As stated earlier, Government committed to developing a provincial strategy to support the volunteer sector in the coming years. HPP is the lead for this portfolio. In June 2006, the Government's Platform Commitments re-emphasized the importance of volunteerism and committed to creating volunteer resource centres to help volunteers with education and training and to identify other options to make insurance more affordable and accessible for volunteers.

In response to these commitments, what follows is a summary of related activities in 2006-2007:

- HPP began working in partnership with the Department of Education to establish volunteer resource centres in libraries across the province.
- HPP established a relationship with Nova Scotia's Canada Volunteerism Initiative (NSCVI) and used the 2006 NSCVI Report: *Talking with Volunteers: Recommendations for Government Action* as the foundation for government to coordinate the initial steps for the development of a government action plan leading to a strategy
- HPP dedicated responsibilities for volunteer capacity building to an established full time position
- A draft action plan for government to support and grow volunteerism in Nova Scotia was established
- An interdepartmental committee was established, the Volunteerism Interdepartmental Coordinating Committee (VICC). Department membership includes HPP as the lead with representatives from Seniors and Youth Secretariats, Transportation and Public Works (TPW), Community Services, Education and the Offices of Economic Development, African Nova Scotian Affairs and Acadian Affairs. This committee will expand to include all departments and agencies with the first meeting of the expanded group in October 2007.
- Collaborative partnerships with key volunteer stakeholders were established
- Working in partnership with TPW, casual staff were hired to develop options for government supported insurance program for volunteers
- A province-wide stakeholder consultation was held to determine the need and model for a provincial advisory group. A recommendation was brought forward to the Minister of Volunteerism to establish a provincial volunteer community advisory committee.
- International Volunteer Day was celebrated and the Minister of Volunteerism recognized Nova Scotia's 377,000 volunteers and the \$2 billion they contribute to the economic well-being of Nova Scotia each year.

The implementation of the action plan will continue in 2007-2008.

Tobacco Control

Renewal of Tobacco Control Strategy Smoking prevalence rates have decreased from 30% to 20% over the past five years, but smoking rates are still high in young adult populations. HPP is undertaking an extensive health stakeholder consultation to provide recommendations on the renewal of the 5-year old Tobacco Control Strategy. DHAs, First Nations, school boards, health charities, anti-poverty organizations, and non-governmental organizations and other provincial and federal government departments will be invited to participate in a tobacco control summit in Fall 2006.

Accomplishments:

Nova Scotia's Comprehensive Tobacco Control Strategy was adopted in October 2001. There are seven components of the Strategy:

- Pricing/Taxation
- Policy and Legislation
- Cessation
- Community-Based Programs
- Youth Smoking Prevention
- Mass Media and Public Awareness
- Evaluation and Surveillance.

The overall smoking rate has steadily declined from 30% in 2000 to 22% in 2006.

HPP hosted a Tobacco Control Summit in October 2006 asking health stakeholders from across Nova Scotia to help HPP consider the future of tobacco control efforts. DHAs, school boards, health charities, non-governmental organizations and other provincial and federal government departments participated in the renewal of the tobacco control strategy. After the Summit, working groups were established to consider changes to the Strategy and will report their recommendations in Winter 2007-2008. A "renewed" strategy incorporating the recommendations of health stakeholders will be released in 2008.

Evaluation of Tobacco Control Strategy An evaluation of the strategy will be prepared and released in 2006-2007. The results will generate recommendations for future strategy elements and assist with the identification of new priorities. With the help of members of Smoke Free Nova Scotia, a revised costs of tobacco report and a public opinion survey on attitudes towards tobacco control will be prepared.

Accomplishments:

An evaluation of the Tobacco Control Strategy was released in October 2006. The objectives were to describe the implementation to date of each component of the strategy; assess the outcomes of the strategy; identify stakeholder perception of the successes, challenges and effectiveness of the strategy; and make recommendations to support renewal of the strategy. This process included key informant interviews, focus groups and a review of data from the Canadian Tobacco Use Monitoring Survey (CTUMS) and related data. The results of this evaluation are being used to generate recommendations for elements of the renewed Tobacco Control Strategy.

Nova Scotia Smokers Helpline As of April 1, 2006, the Province will assume responsibility for the costs associated with call volume charges for the Nova Scotia Smokers Helpline (SHL). This service offers tobacco users, friends and family toll-free information on how to quit or reduce tobacco use. The SHL also offers a referral system as well as an over-the-phone counseling service. A recent evaluation of the SHL demonstrates its effectiveness. In June 2005, 89% of callers said they had taken action toward cessation, 54% set a quit date, 71% cut down and 11% quit for a prolonged period of time.²¹

²¹Centre for Behavioural Research and Evaluation, University of Waterloo (June 2005). *Smokers' Helpline Quarterly Report*

Accomplishments:

As of April 1, 2006, the province assumed the responsibility for the costs associated with call volume charges for the SHL. This service is provided by the Canadian Cancer Society. Originally costs were covered by Health Canada. From April to December 2006, 1,070 Nova Scotians used the SHL and the evaluation data indicates that the vast majority of tobacco users reported taking some action toward reducing or quitting with the intervention of the SHL.

Nicotine Treatment and Prevention Programs HPP will provide financial support to DHAs for nicotine treatment services to encourage smoking cessation and improve cessation success rates and provide financial support to DHAs to develop community-based tobacco reduction programs.

Accomplishments:

\$1.2 million was provided to DHAs to provide nicotine treatment services. Funding was used for nicotine treatment specialists in each DHA and to offer nicotine replacement therapies free of charge through each DHA.

Smoke-free Places Act (SFPA) On December 1, 2006, Nova Scotia will implement the strongest legislation in Canada to protect workplaces from second hand tobacco smoke. Amendments to the SFPA will ensure all workplaces are smoke free and no longer permit smoking on licensed outdoor patios.

Accomplishments:

During the Fall 2005 session of the House of Assembly, Bill 225 (Amendments to the SFPA) was adopted requiring all indoor workplaces and public places to be smoke-free effective December 1, 2006. This resulted in a ban of smoking in all workplaces and in licensed outdoor areas and patios and the removal of designated smoking rooms (DSRs) in workplaces and public places (with the exception of acute and long-term care facilities). Information packages were distributed in October 2006 and a province-wide communications campaign took place in November 2006 informing the public about the changes.

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

Accomplishments:

In Fall 2005, the *Health Care Costs Recovery Act* was passed. This Act facilitates a medical cost recovery lawsuit against tobacco manufacturers. Throughout 2006-2007, HPP assisted the Department of Justice with research aimed at validating the health care costs associated with tobacco related disease and ensuring any future litigation settlement addresses tobacco control and public health goals. HPP and the Department of Justice also worked with federal and provincial partners on next steps related to this issue.

Point-of-sale Advertising Research will be undertaken on point-of-sale advertising to find and explore options to discontinue point-of-sale advertising and promotion of tobacco products.

Accomplishments:

The federal *Tobacco Act* prohibits most forms of tobacco advertising. Point-of-sale promotion of tobacco products is often found where children and youth are present. The displays contribute to adolescent perceptions that tobacco use is high in demand and a belief that “everyone smokes”. Research was undertaken and a discussion paper drafted to explore various options to bring forward legislation to disallow advertising of tobacco products at point-of-sale.

With the passing of Bill 62, Amendments to the *Tobacco Access Act*, on March 31, 2007 Point-of-sale advertising of tobacco ended in Nova Scotia. Point-of-sale advertising is one of the last remaining channels left to the tobacco industry to advertise to children, former smokers and smokers wanting to quit. To be in compliance with changes to the *Tobacco Access Act*, tobacco vendors must: store tobacco in such a way that it ends the display of tobacco; remove all signs and advertising respecting tobacco; and extend the list of places and establishments prohibited from selling tobacco.

An information bulletin was sent to 2,100 tobacco vendors in January 2007 and is planned again for May 2007 advising vendors to begin the planning process needed to come into compliance with the changes to the *Tobacco Access Act*. Tobacco inspectors and HPP staff responded to vendor questions throughout this process.

Tobacco vendors were given a transition period of six months to make the necessary structural changes in their shops to ensure the public is not permitted to view tobacco. Visits by inspectors to as many vendors as possible will occur from May to August 2007 and issuance of warnings will occur during September, October and November 2007. Charges for non-compliance will only be considered after this time.

Injury Prevention

Preventing Falls Together HPP will continue funding and support of the partnership with Community Links for the Preventing Falls Together initiative (PFT) and work with the Provincial Intersectoral Falls Prevention Committee to implement the provincial falls prevention strategic framework.

Accomplishments:

In March 2005, HPP began the process of developing a comprehensive seniors Falls Prevention Strategic Framework as a component of the Nova Scotia Injury Prevention Strategy. A number of provincial and federal government departments (Health, Community Services, Veterans’ Affairs, Public Health Agency of Canada (PHAC), etc.), DHAs, the Fire Marshall, and numerous community and provincial organizations were involved in the development of this framework.

The framework was released in March 2007 at the Nova Scotia Seniors Falls Prevention Conference. HPP will work closely with other key partners to support the implementation of the strategic framework and the Provincial Intersectoral Falls Prevention Committee will help steer its implementation.

HPP continued funding and support of the partnership with Community Links for the Preventing Falls Together (PFT) initiative. HPP provided \$300,000 over three years beginning in 2004-2005 to Community Links to deliver the PFT Initiative across Nova Scotia to develop a sustainable network of regional falls prevention coalitions to work with seniors, care givers, health professionals, government and other community organizations, and to develop falls prevention strategies that address specific needs of their communities. This program is a critical element of the Falls Prevention Strategic Framework, providing a mechanism to mobilize community; creating a greater awareness about falls, the risk factors, and intervention strategies; and building capacity among partners to integrate falls prevention within their organizations.

HPP also partnered with the Department of Health to develop and implement a provincial falls risk assessment and management program that was launched in February 2007.

Summit on Seniors Falls *Up to 75% of falls among older people are associated with environmental hazards.²² To advance the Falls Prevention Framework, increase knowledge capacity of non-traditional falls prevention stakeholders, and create capacity and interest for action around falls prevention and supportive environments for seniors, HPP will host a Summit on Seniors Falls in 2006-2007. The Summit will engage traditional and non-traditional partners and use a population health perspective to identify risks and prevent seniors' falls.*

Accomplishments:

Nova Scotia Seniors Falls Prevention Conference: *Steady as You Go* was held in March 2007. This Conference provided the opportunity to establish addressing seniors falls as a health system priority and served as a skill development opportunity for those working across sectors to address seniors' falls. It also included a falls prevention leaders forum.

Road Safety Campaign *Motor vehicle crashes created an economic burden of approximately \$75 million in 1999.²³ Nova Scotia supports Vision 2010: Canada's Road Safety Plan. It emphasizes the importance of partnerships and the use of a wide variety of initiatives that focus on road users, roadways and motor vehicles.²⁴ HPP will, in 2006-2007, continue working with*

²²Public Health Agency of Canada, Division of Aging and Seniors (2005). *Report on seniors' falls in Canada*.

²³Atlantic Network for Injury Prevention (2003). *The economic burden of unintentional injury in Atlantic Canada*.

²⁴The 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.

TPW to develop and implement an inter-departmental/inter-agency road safety campaign to complement other initiatives designed to reduce the number of transportation related injuries and deaths in Nova Scotia.

Accomplishments:

In 2006-2007, HPP continued working with TPW to develop and implement an inter-departmental/inter-agency road safety campaign to complement other initiatives designed to reduce the number of transportation related injuries and deaths in Nova Scotia. This road safety social marketing campaign had its initial focus on impaired driving for high risk male drivers between the ages of 20-35, with an emphasis on 20-24 year old male drivers. The impaired driving component of the campaign was launched in Winter 2007 and included posters and film advertisements.

Child Safety Link *Additionally, HPP will continue its partnership with the IWK Child Safety Link's Car Seat Safety initiative.*

Accomplishments:

Funding of \$75,000 from HPP was provided for a Car Seat Safety Strategy led by the IWK Child Safety Link. The strategy involves a comprehensive approach to education, support and development of community based car seat coalitions, networking, and preparation and support for Nova Scotia's new car seat/booster seat legislation that became effective January 1, 2007. An awareness campaign was launched in November 2006 and ran until March 2007.

Suicide Prevention Strategic Framework *HPP will continue the development and implementation of a comprehensive strategic framework for suicide in Nova Scotia rooted in the principles of population health and health promotion, and the current research regarding suicide risk, protective factors and best practices. The collaborative development of this strategic framework will identify evidence-based approaches to create and enhance the necessary societal, policy, and individual supports that will reduce suicide in Nova Scotia and will be reviewed by external experts to ensure it is in line with evidence-based approaches.*

Accomplishments:

The Nova Scotia Strategic Framework to Address Suicide was released in November 2006. The framework is a seven to ten year plan for reducing suicide and attempted suicide in Nova Scotia. It encompasses the promotion, coordination, and support of culturally competent activities that will be developed, implemented and enhanced across the province. It will guide the collective efforts through a comprehensive, integrated approach to reducing the human loss, suffering and economic toll exacted by suicide and attempted suicide. Recognizing the complexity of multiple risk factors that result in suicide, the framework required a collaborative approach from the Department of Health and suicide prevention stakeholders from other government departments, communities, DHAs, and others.

In Summer and Fall 2006, approximately 250 people participated in 21 consultation sessions across the province and nearly 100 people provided feedback on the draft strategic framework through a web survey. Consultation sessions included service providers, people speaking directly about their own personal experiences, First Nations communities, lesbian, gay, bisexual and transgendered (GLBT) youth and the service providers who support them, and representatives from communities of African descent. The draft was also reviewed by several expert reviewers including researchers in Nova Scotia and people working on provincial suicide prevention strategies in other provinces.

The resulting framework is intended for professionals and policy makers working across sectors to address suicide and includes a vision, mission, guiding principles and six strategic goals and their corresponding objectives. It is intended as a guide for policymakers, professionals and communities who will be involved in its implementation.

The development of an implementation plan began after the Framework's release and is also taking a collaborative approach. In 2006-2007, HPP began the process of establishing a provincial steering committee to advise on the implementation of the Framework.

Community-based Suicide Prevention Initiatives HPP will partner with the Canadian Mental Health Association to develop community-based suicide prevention initiatives and establish regional suicide prevention coalitions.

Accomplishments:

HPP provided \$400,000 in 2006-2007 to the Canadian Mental Health Association (Nova Scotia Division) for the Communities Addressing Suicide Together (CAST) Initiative. Under this four-year initiative, CAST will provide leadership and support to communities to establish regional suicide prevention coalitions, provide networking supports, disseminate suicide prevention expertises, and build capacity to address suicide. CAST hosted a coalition conference in March 2007.

Through CAST and as a representative on the Tripartite Suicide Prevention Task Force, HPP worked with First Nations communities to address suicide.

HPP continued its work with the GLBT community to establish a plan to address the disproportionately high rates of suicide among this community and held meetings with representatives of Nova Scotia's communities of African descent. Based on the advice from these meetings, in 2007-2008, the Office of African Nova Scotian Affairs will be approached to discuss next steps in this process.

HPP also partnered with Dalhousie University's Population Health Research Unit to develop a series of injury profile reports which will enable better use of available data and support evidence-based decision making within the government, DHAs, and communities. A data report on suicide in Nova Scotia will be completed by Fall 2007.

Injury Prevention in DHAs HPP will establish a grant to enable the development and implementation of a DHA-based injury prevention strategy. Local leadership will ensure vertical and horizontal integration of injury prevention programs and resources.

Accomplishments:

Grants were provided to DHAs to support the integrated planning around injury prevention and chronic disease. \$50,000 in total was distributed among all nine DHAs based on the public health funding approach.

Preventing Alcohol and Risk Related Trauma in Youth (PARTY) Injury is the leading cause of death and disability for Nova Scotia's teens²⁵. In 2005-2006, HPP launched the Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.), an evidence-based resource designed to educate teenagers (ages 15 and 16) about the consequences of risk and serious injury. Partnering with Emergency Health Services, the Departments of Education and TPW, and with Dalhousie University, the P.A.R.T.Y. program will expand in 2006-2007. Planned activities include continued training of program facilitators, development of curriculum supplements, and research and evaluation. HPP's goal is to deliver P.A.R.T.Y. to all 12,000 grade 10 students in Nova Scotia.

Accomplishments:

Officially launched in November 2005, the hybrid version of the P.A.R.T.Y. program is designed to educate high school students about the consequences of risk and serious injury. Through the P.A.R.T.Y. program, students follow the path of a trauma patient through the health-care system, seeing firsthand the impact of an injury. The new, updated version of P.A.R.T.Y. uses a DVD, interactive exercises and two trained facilitators to deliver the injury prevention message.

During 2006-2007, the P.A.R.T.Y. program was staged in 45 schools across Nova Scotia in English and French. Almost 6000 students participated in the initiative, with the help of more than 150 facilitators from local communities. Facilitators included nurses, paramedics, police, doctors, health professions students and medical first responders. More than 50 new facilitators were trained during 2006-2007.

The P.A.R.T.Y. program's four-phase evaluation project, initiated in Nova Scotia in 2004 and led by Dalhousie University, released its report on Phase II in Fall 2006 with a modified report completed May 2007. Overall, the majority of Nova Scotia students who attended the program and participated in the survey indicated that the program would have a positive impact on decision making, was helpful in identifying situations to avoid injury, helped to identify consequences of risky behaviour, helped to see their personal responsibility in risky situations, learned how injury affects family and friends, and learned they possess the personal power to reduce risk.

²⁵EHS: Nova Scotia Trauma Program (2004). *Nova Scotia Injury Prevention Strategy*.

The P.A.R.T.Y. Program reached 10 new schools in 2006-2007 and is poised for significant growth in 2007-2008 with the Annapolis Valley and Cape Breton-Victoria Regional School Boards asking for the resource. The resource was also made available in 2006-2007 to the Department of Justice's Youth Restorative Justice Program.

Injury Prevention Strategy Evaluation Plans in 2006-2007 include evaluation in each of the three strategic priority areas: falls, suicide and transportation-related injuries.

Accomplishments:

Preventing Falls Together underwent a comprehensive program evaluation in 2006-2007. Learnings have been incorporated into a new funding agreement with Community Links. HPP provided support to the CAST - Suicide Prevention Community Capacity Initiative in the development of its evaluation component. An evaluation framework will be developed in 2007-2008 for the Nova Scotia Strategic Framework to Address Suicide.

An extensive formative evaluation and research in support of the Road Safety Social Marketing Campaign was undertaken during 2006-2007. Results are being used to inform development of campaigns and supportive strategies.

As noted above, the P.A.R.T.Y. program four-phase evaluation project, initiated in Nova Scotia in 2004 and led by Dalhousie University, released its report on Phase II in Fall 2006 with a modified report completed May 2007.

Other Accomplishments:

Seniors' Falls Data Report

In 2006-2007, HPP led the development of a Seniors' Falls Data Report. This report was also released at the Nova Scotia Seniors Falls Prevention Conference. The data in this report demonstrates the disproportionate impact that seniors' falls have on the health care system in Nova Scotia.

Implementation Plan to Address Use of Helmets

HPP supported amendments to the *Motor Vehicle Act* related to the use of helmets. Work began in 2006-2007 on an implementation plan to address these amendments. This included providing \$55,000 to the QEII Neurology Department to support comprehensive efforts to increase the use of helmets and compliance with the new legislation.

HPP began the development of a policy paper on helmet use for recreational activities. This paper will identify current evidence in support of helmets for a variety of recreational activities. Health promotion strategies will be mixed in order to maximize the use of helmets for activities where their use is supported by evidence.

Addictions

Provincial Alcohol Strategy The province will coordinate the development of a provincial Alcohol Strategy based on best practices, current scientific evidence, and harm reduction approaches. Stakeholder consultations will precede the strategy launch during Addiction Awareness Week. HPP will also develop, test and release education materials to support less harmful drinking.

Accomplishments:

A pivotal step in moving forward with the development of the provincial Alcohol Strategy was the Roundtable on Changing the Culture of Alcohol Use in Nova Scotia, held September 21, 2006. During the previous twelve months, the Alcohol Task Group, comprised of members of HPP and DHAs' Addiction Services, had developed the foundation of the Alcohol Strategy. Recognizing the success of the Strategy was dependent on the support and ownership of stakeholders, the Roundtable drew together these stakeholders to become familiar with the purpose of the strategy to date, receive feedback on the strategy, and identify approaches to mobilizing the strategy, including the roles of the various stakeholders and partners. The Roundtable was attended by 60 delegates. The resulting report; *The February 2006 Nova Scotia Alcohol Strategy Roundtable Report*, was very positive and captured the spirit of discussion of stakeholders who provided critical input on how to work together to achieve the goal of preventing and reducing harmful alcohol use in Nova Scotia.

Completed by the Alcohol Task Group and approved by DHAs' Addiction Services Directors, HPP released the Alcohol Strategy in August 2007. Entrenched in the strategy is the vision of broad cultural change, where Nova Scotia is a society in which individuals, families, and neighborhoods support responsibility and risk reduction in alcohol use. This strategy details five key directions that need to be operationalized for this cultural shift to take place:

- community capacity and partnership building;
- communication and social marketing;
- strengthening prevention, early intervention, and treatment;
- healthy public policy; and
- research and evaluation.

Through 2006-2007, HPP also contributed to the development of the national alcohol strategy, being spearheaded by Health Canada, the Canadian Centre on Substance Abuse, and partners.

In 2006-2007, HPP increased DHA Addiction Services' capacity to address harmful alcohol use by hiring five district addiction services staff whose role is to focus on the alcohol strategy and develop and implement district-level alcohol strategies.

Alcohol and Other Drug Education Resources HPP, in partnership with the Department of Education, will provide leadership in the development of web-based Alcohol and Other Drug

Education Resources for Grades 10 to 12 teachers and students. The new resources will reflect the most current scientific evidence and best practices in addiction prevention. This initiative supports the key recommendations from the 2002 Nova Scotia Student Drug Survey.²⁶

Accomplishments:

HPP did not move forward with this priority in 2006-2007 as a result of information that was not available when this priority was identified. Firstly, information from the Alcohol Strategy Roundtable in September 2006 indicated that more information around the context of drinking was required before developing an appropriate educational resource. Data from the Canadian Addiction Survey and results from focus group research further indicated that the focus on educational resources should be around binge drinking among 19-29 year olds. Finally, in 2006-2007, the Grades 7-9 Curriculum Supplement Project was expanded from the original project to include a field test and teacher's website. As a result of these factors, the priority to undertake the Underage Drinking Contextual Research Project is included in the 2007-2008 Business Plan, the results of which will be applied to the development of educational resources.

Provincial Gaming Strategy Implementation In 2006-2007, HPP will continue implementation of seven initiatives from the Gaming Strategy released by government in April 2005:

- *Addressing gaps in treatment by providing resources to the DHAs to enhance problem gambling treatment services,*
- *Developing and implementing an early identification/intervention program,*
- *Developing and implementing a comprehensive treatment demonstration research project,*
- *Establishing a comprehensive problem gambling strategy,*
- *Launching a social marketing campaign on problem gambling,*
- *Developing and implementing targeted education programs (youth and seniors), and*
- *Developing and implementing a community-based prevention program.*

Accomplishments:

In April 2005, *A Better Balance: Nova Scotia's First Gaming Strategy* was released. This strategy includes the seven HPP-led initiatives identified in the priority.

Addressing gaps in treatment by providing resources to the DHAs to enhance problem gambling treatment service:

- \$1.4 million in additional resources was allocated to DHAs in 2005-2006 to enhance prevention, early intervention and treatment of problem and at-risk gambling in each of the DHAs to address prevention and treatment gambling resources and gaps in their service delivery network. This funding continued in 2006-2007.

²⁶Retrieved March 6, 2006 from http://www.gov.ns.ca/heal/downloads/2002_NSDrugHighlights.pdf

Developing and implementing an early identification/intervention program:

- A review of programs in other jurisdictions was undertaken to determine the applicability to Nova Scotia and the links to the existing Nova Scotia treatment resources.
- A self help manual was drafted and focus tested for use with problem gamblers who were actively trying to reduce or eliminate their gambling. The manual will be released in Fall 2007.

Developing and implementing a comprehensive treatment demonstration research project:

- Nova Scotia Health Research Foundation (NSHRF) began a peer review of a proposal from Dalhousie University and Capital Health, in partnership with HPP, related to this treatment demonstration research project. An award will be made in Summer 2007.

Establishing a comprehensive problem gambling strategy:

- Work began on the development of a provincial Problem Gambling Strategy to address the negative impact of gambling on individuals, families, and communities. Coordinated by a consultant, the process to develop this strategy began in Winter 2006 and involved four consultation sessions with key stakeholders including DHAs. Based on the best evidence available and information from key stakeholders, a draft strategy was developed and circulated for comment to those who participated in the consultations. The Strategy will be released in Fall 2007.

Launching a social marketing campaign on problem gambling:

- This is described under the Core Business Area, Communications and Social Marketing, which shows all of HPP's social marketing campaigns together.

Developing and implementing targeted education programs (youth and seniors):

- Planning began in 2006-2007 for the development of targeted education programs for youth and seniors with the target group of 19 to 29 year olds identified as crucial. Identification of innovative methods to reach this target group were undertaken, such as a web based strategy. This will link to existing HPP population health strategies. Implementation is planned for 2007-2008.
- Planning also began for a 2007-2008 launch of education programs for youth and seniors, as well as for the development and implementation of a community-based prevention program. This program will increase public knowledge of gambling and problem gambling, assist community leaders to address problem gambling issues from their unique perspectives, and help to direct people to appropriate resources.
- In February 2007, combined advertising editorial articles began running in the Seniors' Advocate to provide addiction education to seniors.

The Nova Scotia Gaming Corporation (NSGC) was originally assigned responsibility for financial counselling for problem gamblers. This responsibility shifted to HPP in Summer 2006. HPP has been working with Service Nova Scotia and Municipal Relations (SNSMR) to have more formal ties and access to the Debtor Assistance Program rather than develop a separate

program. Cross-training between Addiction Service Counsellors and Debtor Assistance Counsellors began in March 2007 with plans for completion in May 2007. HPP will be recommending and referring clients in need of financial counselling to SNSMR.

Curriculum Supplement on Drug Education for Grades 7 to 9 In partnership with the Department of Education, HPP will implement and monitor the impact of the new drug education curriculum supplement: *A Question of Influence*, for use in the Health/Personal Development and Relationships course in Grades 7 to 9.

Accomplishments:

School drug education is an important element in the overall response to substance abuse issues. The draft supplement underwent consultant-managed field-testing from January to June 2006. The final supplement, *A Question of Influence*, for use in the Health/Personal Development and Relationships course in Grades 7 to 9, was finalized and sent for printing in March 2007 with distribution in April 2007. Introduction of the resource included informing Nova Scotia school boards, junior high school principals, and Health/Personal Development and Relations teachers through letters, an information brochure and a newsletter article. Also part of this curriculum resource is an interactive website, hosted by the Department of Education, that provides teachers with an orientation to the resource as well as access to the resource itself.

As part of the process to develop this new supplement, HPP worked with a leading Canadian substance abuse expert to prepare a literature review and best practice statements to guide the curriculum development process initiated in 2005. The review was updated in 2006 to ensure that significant developments in peer-reviewed research were considered before finalizing the best practice statements. The best practice statements and literature review were released and posted on HPP's website in March 2007.

Addictions Awareness Week The National Addictions Awareness Week is an effective addictions prevention and communication tool. Addictions Awareness Week in 2006 will aim to raise awareness about the impact and harms associated with substance use and gambling, and to promote awareness of the range of community-based addiction services. Held during the third week of November, the focus of Addictions Awareness Week 2006 will be on the release of provincial Alcohol Strategy.

Accomplishments:

Addictions Awareness Week was November 19 to 25, 2006. The week focused on celebrating and raising awareness about the work of Addiction Services in Nova Scotian communities as well as drawing attention to the impact of alcohol on the health and well-being of Nova Scotians.

Coinciding with the development of the alcohol strategy was the development and implementation of a provincial campaign aimed at young adults 19-29 years of age who over-drink. (*Extreme Drinking, A Dangerous Way to Party*). The campaign explained the physical impact of alcohol, provided advice on safer drinking approaches, and offered tips on how to

recognize alcohol poisoning. The campaign was developed based on evidence-based research conducted in 2005. The results of this research led to an update of HPP and DHA fact sheets and educational materials. An evaluation of this material was undertaken in Fall 2006 and the campaign was completed based on these evaluation results.

DHA Addiction Services staff and volunteers, together with community partners, held a variety of events throughout the province. Some highlights included:

- a health fair, movie night, family skate, and a blue grass concert with mocktail bar (Cumberland DHA);
- a flag-raising ceremony, acupuncture demonstration, campus movie night, and campus talent show with mocktail bar (Colchester East Hants DHA);
- *Alcohol 101: Myths and Facts* presentations during classes at Cape Breton University, and school and community presentations (Cape Breton and Guysborough-Antigonish-Strait DHAs);
- Halifax Mooseheads Hockey Team radio public service announcements broadcasted in the HRM listening area (Capital DHA);
- artwork by young “weather watchers depicting positive lifestyle choices to be highlighted by ATV meteorologist Peter Coade throughout the week (Capital DHA);
- and many more school and community events.

Other Accomplishments:

Human Resources Complement for Problem Gambling Services

In 2006-2007, the HPP human resources complement for Problem Gambling Services was filled.

Provincial Gaming Strategy Commitment Commissioning a Study Related to the Social and Economic Impacts Associated with Gambling

In 2006-2007, an interdepartmental steering committee was established including HPP, Alcohol and Gaming Authority, NSGC, Aboriginal Affairs, Finance, and Environment and Labour (E&L) as lead (as that department has alcohol and gaming as its mandate). The steering committee set out to respond to one of the commitments of Government’s Gaming Strategy: to commission a study to assess and understand the social and economic impacts associated with gambling in Nova Scotia. The Request for Proposal (RFP) for this study closed in January 2007 and the steering committee began a review of the submissions. The contract had not been awarded as of March 31, 2007.

A Drug Strategy To Meet the Needs of Nova Scotians

In May 2006, the Justice Minister announced the government’s commitment to work with law enforcement and other key partners to create a drug strategy tailored to meet the needs of Nova Scotians. The strategy will focus on prevention, policing and enforcement, harm reduction and treatment in keeping with the four pillars identified in Canada’s Drug Strategy. Such a strategy will ultimately be linked with the Minister’s Task Force on Safer Streets and Communities, the Provincial Alcohol Strategy, the Child and Youth Strategy, and any other appropriate strategies.

To facilitate development of a provincial strategy, the Department of Justice and HPP established an inter-departmental team. The team was tasked with undertaking research and consulting in an effort to work collaboratively with key stakeholders to help inform the development of a comprehensive Nova Scotia Drug Strategy. Provincial government agencies critical to this effort include the Departments of Justice, Health, HPP, Community Services, and Education, and the Offices of Aboriginal Affairs and Nova Scotia African Affairs.

Developmental work will continue in 2007-2008 beginning with the formation of a steering committee with representatives from those critical departments identified above, a Drug Strategy Roundtable in April 2007 and a second consultation in June 2007.

Chronic Disease Prevention

Comprehensive Workplace Health (CWH) Building on the success of the pilot project *HealthWorks: A National Strategy for Comprehensive Workplace Health and responding to the identification of the workplace as one of the key settings to be considered by the Provincial Chronic Disease Prevention Strategy, HPP will lead the development of the CWH Strategy for Nova Scotia.*²⁷

Accomplishments:

HPP is leading the development of a CWH Strategy for Nova Scotia. Action teams were formed to address each of the six strategic directions endorsed at the Provincial Forum for Building Capacity for CWH held in November 2005. These strategic directions include: leadership and partnerships; policy and incentives; communication and social marketing; training and education; tools and supports; and research and evaluation.

Draft goals and objectives for the strategic directions were developed in 2006-2007 based on the background paper written for the Provincial Forum, the resulting Forum Report, and other literature and environmental scans.

The development of a single access portal website began in 2006-2007 to link employees, employers and practitioners to CWH tools and supports.

Targeted consultation and feedback on the draft strategy and the development of an evaluation framework for the Strategy will occur in Spring 2007 with the Strategy's release planned for Fall 2007.

HPP Healthy Workplace (HWP) Committee Responding to the Public Service Commission Corporate Human Resources Plan - to be a safe and supportive workplace - HPP has created a HWP Committee. The Committee will be responsible for the development, implementation and evaluation of a comprehensive HWP Plan for HPP staff.

²⁷<http://www.healthworkscanada.ca>

Accomplishments:

The HPP HWP Committee was formed in late Winter 2006 and met regularly through 2006-2007. A terms of reference was completed and the Committee participated in two strategic planning sessions that would form the foundation of its healthy workplace plan. The Committee received presentations from Atlantic Canada Opportunities Agency (ACOA) and the Public Service Commission (PSC) for consideration in the development of its own plan. HPP staff also voluntarily participated in health risk assessments (HRA) through the Atlantic Health and Wellness Institute (AHWI). These aggregate results and the information gathered through the abovementioned actions are being considered in the development and implementation of the healthy workplace plan. The HWP Committee will seek feedback from all HPP staff through volunteer focus group participation planned for Spring 2007 with the completion of the HWP plan scheduled for Summer 2007.

As well, members visited the Red Cross building designated as healthy workplace to identify considerations for HPP's new location at the Summit Place. With an HWP Committee member sitting on the HPP Space committee, recommendations from the HWP Committee were brought forward to the Space Committee as it prepared its layout and design of HPP's new location.

As well, the Committee participated in the Healthy Workplace Week by providing kick off breakfasts at its various sites.

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

Accomplishments:

HPP continues to provide Wellness Grants via DHAs to CHBs to distribute to local community organizations for local health promotion and illness prevention initiatives in the core business areas of HPP that assist with its mandate. For 2006-2007, a new public health funding approach was applied to the Wellness Grants aimed at equitably allocating public health resources while recognizing regional differences. \$450,000 was allocated to DHAs.

DHA-based Chronic Disease Prevention Positions In 2006-2007, each DHA will have a Chronic Disease Prevention position to support the development, implementation and evaluation of a district chronic disease prevention strategy. HPP staff will support these positions and strategy development work at the DHA level.

Accomplishments:

In 2006-2007, Chronic Disease Prevention positions were staffed in all DHAs to support the development, implementation and evaluation of a district chronic disease prevention strategy. HPP staff will support these positions and strategy development work at the DHA level.

Health Protection and Public Health

Communicable Disease Control and Prevention²⁸ HPP will continue to implement the Strategy on HIV/AIDS in cooperation with the Nova Scotia AIDS Commission and other key stakeholders. HPP will provide recommendations on communications to key stakeholders.

Accomplishments:

HPP is a key partner in and supporter of Nova Scotia's HIV/AIDS Strategy and its intended outcomes.

HPP significantly increased core operational funding via Capital Health to the Direction 180 Methadone program and the Mainline Needle Exchange for the enhancement and expansion of services and to increase capacity for meeting some of the Nova Scotia Blood Borne Pathogens (BBP) Standards for Methadone Maintenance Treatment (MMT).

HPP provided support to and is a partner in the project for increasing awareness of HIV screening during pregnancy and continued funding support to community-based organizations doing HIV/AIDS related work as well as for smaller projects that support the initial stages of implementing specific recommended actions of the Strategy. As well, HPP provided support for the *Framework for Action: Youth Sexual Health in Nova Scotia* as specific recommendations of the HIV/AIDS Strategy pertaining to youth have been channeled through this framework.

Drinking Water Strategy HPP will cooperate with the DEL to complete the renewal of the Drinking Water Strategy.

Accomplishments:

Preliminary work related to the development, implementation and evaluation of a provincial water resource management strategy began in 2006-2007. This included working with DEL, other departments and stakeholders. The drinking water strategy falls under this broader strategy.

Childhood and Youth HPP will continue to support the implementation and evaluation of the Healthy Beginnings Enhanced Home Visiting Initiative including the development of a provincial database.

In collaboration with partners, HPP will develop preconception resources for women of childbearing ages.

Accomplishments:

Phase 1 of the evaluation of Healthy Beginnings Enhanced Home Visiting continued in 2006-2007 with implementation completed in June 2006. This phase of evaluation focused specifically

²⁸Provincial HIV/AIDS Strategy Steering Committee, (2003), *Nova Scotia's Strategy on HIV/AIDS: Summary Report 2003*, http://www.gov.ns.ca/health/downloads/HIVAids_summaryreport.pdf

on implementation of the program standards. Site visits were held in all Public Health Services shared service areas to review findings and determine further supports needed at the provincial and district level. Phase 2 of the program's evaluation focuses on family, staff and partner satisfaction with the program, as well as ways to improve the program before moving on to outcomes for families. This phase began in 2006-2007 and completion is planned for September 2007.

The Healthy Beginnings Enhanced Home Visiting provincial database was completed and launched in April 2006. Focus has been on local training and improving data quality.

Work is underway to update key prenatal messages for pregnant women and their families. This work supports the implementation of the Public Health Prenatal Education & Support Standards completed in April 2005. Preconception health messages and resources will be explored as part of this work.

Childhood Immunization HPP will continue to implement the expanded childhood immunization schedule consistent with the National Immunization Strategy.²⁹

Accomplishments:

Nova Scotia continued its expanded immunization programs in schools consistent with the National Immunization Strategy. These programs provide immunization against chicken pox, group C meningococcal disease, whooping cough, hepatitis B, tetanus and diphtheria.

Pandemic Influenza Preparedness Planning HPP is developing a pandemic influenza preparedness plan which includes surveillance and public health measures as well as vaccine and antiviral strategies. This will complement the Department of Health's "all hazards" plan which includes, among other elements, emergency operations centre (EOC) readiness, workforce deployment, communications, and business continuity planning.

Accomplishments:

Extensive pandemic influenza preparedness work has been done that provides the foundation on which to continue development of a coordinated operational plan. To coordinate the continued preparedness work, the Department of Health and HPP jointly sponsored the Pandemic Health Services Influenza Planning Project. It emphasizes health system-wide planning, integration and development of consistent and informed communication between and among stakeholders.

A system to monitor influenza is already in place in Nova Scotia. Activities were undertaken through 2006-2007 to expand the system. Nova Scotia currently has a stockpile of approximately 500,000 antiviral capsules. Work related to the Provincial Public Health Laboratory Network (PPHLN) is detailed under the related priority: *Public Health Laboratory*. This lab will serve to assist in the surveillance and tracking of events like pandemic influenza outbreak.

²⁹http://www.phac-aspc.gc.ca/publicat/nat_immunization_03/index.html

The pandemic influenza plan was released in June 2007. The plan will continue to evolve as new information emerges on the local, national and international fronts. The plan describes action organized by pandemic phase in the areas of: communications, surveillance, public health measures, vaccines, antivirals, and health services.

Related to Avian Influenza (AI) which has been cross-referenced in Nova Scotia's Pandemic Influenza Plan, activities in 2006-2007 included:

- the update of the Communicable Disease Control and Surveillance Manual with a new chapter on AI setting out a plan to manage human exposures to infected poultry;
- the announcement of the start up of Wild Bird Surveillance for AI in June 2006;
- representation on and contribution to the Foreign Animal Emergency Response Plan;
- Nova Scotia sign off on the Foreign Animal Disease Eradication (FADES) Agreement in June 2006;
- representation on the Nova Scotia Poultry Emergency Response committee;
- the creation of a multi-jurisdictional, multi-departmental AI Working Group in May 2006 to create an AI Strategy for Nova Scotia;
- contribution to a national AI plan with PHAC;
- completion of the Public Health Measures chapter for the NS AI strategy;
- attendance at the National AI Working Group sponsored by the CFIA and PHAC in September 2006; and
- participation with Agriculture and EMO in the refinement of national emergency response and preparedness plans.

Communicable Disease Surveillance HPP will continue to collaborate with the federal government and Canada Health Infoway on the development and implementation in Nova Scotia of the Pan-Canadian Public Health Communicable Disease Surveillance and Management Project.

Accomplishments:

The Pan-Canadian Public Health Communicable Disease Surveillance and Management Project (PANORAMA) is a public health information system that will include modules on communicable disease and outbreak management, immunization registry and inventory control and public health alerts. The system is being developed by Canada Health Infoway and British Columbia as lead with input from public health practitioners across the country. Atlantic provinces are working with a consultant on planning for implementation of the public health information system in Atlantic Canada. Phase 1 (Planning for Implementation) of the PANORAMA project was completed in March 2007. Nova Scotia completed Phase 1 of the project in collaboration with Health Infostructure Atlantic (Nova Scotia, New Brunswick, and Newfoundland and Labrador). HPP continues to participate in Pan-Canadian committee work for the project as Nova Scotia prepares to enter into Phase 2 (Implementation) in late Fall 2007. Funding from both Canada Health Infoway and the provincial government has been approved for the Phase 2 project.

Public Health Laboratory HPP will continue to work on establishing a Provincial Public Health Laboratory Network (PPHLN). Supported by the recommendations of the 2006 Public Health Review, this will involve designating an existing laboratory as the Public Health Laboratory under the Health Protection Act and establishing a public health laboratory network in the province.

Accomplishments:

A consultant was hired in 2006-2007 to assist in the development of the framework for the PPHLN. A PPHLN Steering Committee was established comprising stakeholders providing technical, medical and scientific expertise in guiding the development of its activities and policies. The PPHLN Steering Committee identified three main areas of focus: communicable disease surveillance, prevention and control; outbreak and emergency response to communicable diseases; and laboratory improvement and regulation, with the key emphasis of all work done by the PPHLN on improving coordination, communication, and resources. The Anchor Lab and regional lab functions were identified. The structure will include a Memorandum of Understanding between HPP and PPHLN with the Departments of Agriculture, E&L, and Natural Resources possibly being signatories.

A Business Case entitled, *Business Case for the Establishment of a Provincial Public Health Laboratory*, was completed in March 2007 seeking approval for network budget and human resource needs for 2007-2008 and the out years. The PPHLN will undertake a yearly review as part of its business planning process to continue to assess human resource needs.

National Collaborative Centre on the Social Determinants of Health HPP will continue to work collaboratively with the other Atlantic Provinces, PHAC and stakeholders on the establishment and implementation of the National Collaborating Center on the Social Determinants of Health. The Centre will provide a national focal point for social determinants as a key component of the overall pan-Canadian public health strategy. It will synthesize research and best practices and identify research gaps to better inform public policy and program development.

Accomplishments:

In Spring 2004, PHAC announced that six National Collaborating Centres (NCCs) would be established and that the NCC for Social Determinants of Health would be located in Atlantic Canada. HPP worked collaboratively with the other Atlantic Provinces, PHAC and stakeholders in identifying this host agency. An Atlantic Working Group made up of representatives from the four Atlantic Provinces, with Nova Scotia as the Interim Host Agency, guided a fair, transparent and open RFP process through the NSHRF from which four proposals for this Centre were received. A panel of experts, external to the Atlantic Provinces, used a common, weighted review form derived from specific criteria from the RFP to review the proposals. It recommended a consortium of universities and health districts across the Atlantic Provinces with a strong understanding of the subject matter, established track records of community engagement, interdisciplinary and cross-disciplinary strength and an established focus on health promotion and public health to be housed at Saint Francis Xavier University. This recommendation was

endorsed by the Atlantic Deputy Ministers of Health and put forward to PHAC in April 2006. In May 2006, this recommendation was accepted by PHAC.

The NCC for Social Determinants of Health is funded by PHAC through a contribution agreement and is in turn accountable to PHAC.

This NCC will be involved in knowledge synthesis, translation and dissemination of information related to the social determinants of health and over time should significantly inform and enhance the practice of front line public health practitioners and policy makers across Canada when using the population health approach.

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

Accomplishments:

A proposal for remediation of the Sydney Tar Ponds and Coke Ovens Sites was received and underwent environmental assessment and review. The Sydney Tar Ponds Agency presented an Environmental Impact Statement for the remediation project in December 2005. A Joint Review Panel appointed by the federal Minister of Environment and the Nova Scotia Minister of E&L was created to identify, evaluate and report the potential environmental effects to the Ministers. Public hearings with the Joint Review Panel were held in Sydney in April 2006 and May 2006 with the OCMOH providing a written submission and a presentation. The Panel's resulting report was composed of four key findings in addition to 55 recommendations. The key findings included:

- the tar ponds site will require environmental management in perpetuity;
- if solidification/stabilization technologies are used for the tar ponds, additional demonstration and proving must be undertaken through pilot studies;
- while incineration is a proven technology, community acceptance of the option is weak. The option of "full containment, no incineration" may be considered if a full assessment of human health and environmental risks demonstrates that no incineration is a better approach;
- future uses of the lands, while not part of the project, must be considered and integrated into the project design.

The OCMOH received the report and met with both federal and provincial departments involved in the Project. A Government of Nova Scotia response to the Joint Panel Review report was prepared, with input from HPP (OCMOH) and other departmental partners. (E&L, TPW, Natural Resources). The response was made public on January 28, 2007.

The Department continues a role on the Environmental Management Committee with the review and comment, from a human health and health protection perspective of Remediation Project plans and reports. This role will continue through the duration of the Project.

Community Development Policy *HPP will continue to assist the Office of Economic Development (OED) with the implementation of the Community Development policy (CDP).*

Accomplishments:

In 2006-2007, HPP continued to support OED in the implementation of the CDP through such activities as participation in presentations to key players across government.³⁰

Environmental Health Services *Recognizing their joint responsibilities around environmental public health issues, the Departments of Agriculture, E&L, and Fisheries and Aquaculture will collaboratively develop policy, programs and staffing approaches aimed at expanding the boundaries of environmental health practice to protect the health of Nova Scotians. The three Departments will work together to develop common response strategies for natural and man-made disasters.*

Accomplishments:

Deficiencies in environmental health services were identified through the Public Health Review and as a result the Environmental Health Review Initiative was undertaken in 2006-2007. The Departments of HPP (as lead), E&L and Agriculture formed a project team to undertake the Environmental Health Review. The Initiative resulted in a Framework that will enhance how the Departments of HPP, E&L, Agriculture, and Fisheries and Aquaculture will work together in the delivery of environmental health programs. The Framework identified common goals, objectives and principles, and provided tools for identifying gaps and making decisions about action within a broad array of regulatory and non-regulatory options. The Initiative also identified the need for increased communication and collaboration between the various departments.

In 2007-2008, the Framework will be applied and tested in a demonstration project related to summer camps, resource requirements to support environmental health protection will be included in the 2007-2008 business planning process, and a Joint Secretariat will be created as a first step toward facilitating the provision of supports for public health inspectors. After the completion of the demonstration project the Joint Secretariat will apply the Framework to the development of common response strategies for natural and man-made disasters.

In 2006-2007, a joint Environmental Health Human Resources interdepartmental working group was established in conjunction with the Departments of E&L and Agriculture to develop a plan for the recruitment and retention of environmental health professionals in Nova Scotia. A key priority for this working group will be the implementation of a Certified Public Health Inspector recruitment program in 2007-2008.

Other Accomplishments:

Human Papilloma Virus Vaccine

In July 2006, Health Canada approved the first vaccine that protects against cervical cancer. This

³⁰More detail on the Community Development Policy can be found in OED's Accountability Report

vaccine protects against Human Papilloma Virus (HPV) types that are responsible for about 70% of cervical cancer and 90% of genital warts. In Nova Scotia, a working group with representatives from HPP, DHAs, Cancer Care Nova Scotia and an infectious disease expert was established to develop a proposal for an HPV vaccine program in Nova Scotia. This proposal allowed young Nova Scotia women to be among the first in Canada to receive a publicly funded vaccination for HPV, under a provincial program launched in Fall 2007.

Mumps, Measles and Rubella (MMR) Immunization Program

Beginning in February 2007, Nova Scotia experienced its third mumps outbreak since 2005. The current outbreak started among university students in Halifax and spread to other parts of the province and country. In response to this outbreak, HPP began working on a three phase immunization program. The first phase of this campaign involved a vaccination of healthcare workers in Nova Scotia in order to protect health-care workers and the health system during the current mumps outbreak and future outbreaks. Implementation of this phase took place in May 2007 and involved roughly 40,000 doses of MMR vaccine made available throughout the province. The vaccine costs for this initial step were estimated to be around \$300,000 and the administration costs were covered by the districts/health care organizations. Work continues on the other phases of the immunization program focusing on Nova Scotia's post-secondary and grade 12 students.

Communications and Social Marketing

MomsandDads.ca - Parenting Social Marketing Campaign In 2006-2007, the second year plan for the social marketing campaign targeting parents of young children aged 0-12 years will be implemented. The goal of the campaign is to motivate parents to begin to make changes to improve the health of their children. The issues of focus are healthy eating, physical activity, car seat/booster seat usage and second-hand smoke in the home. Year two tactics will include television, radio advertisements, magazine inserts, ongoing website updates, internet banner ads and community-based partnerships. As a follow-up to the benchmark survey conducted in 2005, a survey of parents will be conducted to evaluate campaign awareness and impact.

Accomplishments:

In March 2006, HPP launched a new social marketing campaign targeting parents of young children aged 0-12 years, with the goal of motivating them to take small steps to improve the health and safety of their children. The campaign, which includes the website momsanddads.ca, focuses on healthy eating, physical activity, car seats and booster seats and second-hand smoke in the home. Activities in 2006-2007 related to this campaign included: a follow-up survey with parents and a revision of the media plan based on results of this survey; television, community paper and internet advertisements as a primary means of website promotion; expansion of the child safety seat section of website; and French translation of website underway.

Problem Gambling Social Marketing Campaign HPP will develop, launch and evaluate a problem gambling social marketing campaign. This campaign is one component of the Nova Scotia Gaming Strategy. The key target audience for the campaign is problem and at-risk

gamblers aged 19-34 years. The goal is to contribute to a reduction in problem gambling in Nova Scotia by: (1) increasing awareness of problem gambling and the help that is available; (2) preventing at-risk gamblers from developing a gambling problem; and (3) encouraging problem gamblers to seek treatment. The campaign will build on the current tactics already in place and develop new and effective approaches for reaching the target groups.

Accomplishments:

A communications and marketing consultant was contracted to develop a social marketing campaign targeting at-risk gamblers aged 19-34 years. The objective of this campaign was to contribute to a reduction in problem gambling in Nova Scotia by enhancing an understanding of what at-risk gambling looks like; motivating at-risk gamblers to reduce or modify their play; and supporting at-risk gamblers and their family and friends in talking about at-risk gambling behaviour. The Yellow Flag campaign was launched in September 2006 and continued until March 31, 2007 with print advertisements placed in strategic locations to directly appeal to the target audience and television and radio advertisements that aired around the province. The website yellowflag.ca was tagged on all campaign elements and included information on at-risk gambling warning signs, tips on how to avoid gambling too much and how to help a friend or family member. Phase II of this campaign will begin in 2007-2008 and an evaluation will be conducted.

A benchmark survey was developed to collect additional and more current information on the gambling behaviour of young adults and establish a baseline against which to evaluate the campaign. The resulting Pre-Campaign Gambling Benchmark Study for young adults (19-34 years) in Nova Scotia was completed. A release of the study is planned for June 2007.

Tobacco Reduction Social Marketing Campaign *As part of the renewal of the Tobacco Control Strategy, HPP will review the tobacco social marketing campaign that has been in place for the past four years. Objectives, target audiences, and key messages will be established for future social marketing efforts.*

Accomplishments:

Social marketing messages focused on the changes to the *SFPA* that came into effect on December 1, 2006. The campaign combined the use of radio and print media. All Nova Scotia households received information about the changes to the *SFPA*. The aim of the campaign was to inform Nova Scotians of the changes as well to advise them where to go for more information and assistance. As the renewal of the Tobacco Control Strategy is still underway, the review of the social marketing components will be undertaken in 2007-2008 at which time new social marketing priorities will be identified.

HPP Stakeholder Communications *The engagement and support of stakeholders is required to meet HPP's corporate goals. Having an up-to-date and multifaceted stakeholder database will be one important tool in increasing stakeholder capacity and communicating effectively with these stakeholders. In 2006-2007, HPP will develop and implement this stakeholder database.*

Accomplishments:

Work continued in 2006-2007 on the development of an inclusive stakeholder contact management tool which will be used for such things as the distribution of an e-newsletter.

Evaluation of Stakeholder Communication In 2006-2007, HPP will evaluate and implement enhancements to its stakeholder communications including acting on an evaluation of the stakeholder newsletter and corporate website. HPP will hire a webmaster in 2006-2007 to ensure the website meets the needs of its audiences and is updated in a timely way. This webmaster will continue the evaluation of the HPP website and implement changes accordingly.

Accomplishments:

In February 2006, HPP began the process of re-developing the Department's website and e-newsletter and developing a communications process to serve the new Department. A consultant administered a survey via e-mail to approximately 600 people who receive the e-newsletter asking questions about the newsletter and website. In July 2006, the results of this audit were presented to HPP. A Web Advisory Committee was convened in September 2006 to respond to the report's recommendations. Results from a consultant-led discovery session and meetings with Communications staff during November 2006 were also used by the Committee to identify changes required.

A webmaster for HPP was hired in November 2007 and began working on the rebuilding of the website and Communications staff began work on the redesign of the e-newsletter.

Public Affairs and Social Marketing HPP's social marketing campaigns require public affairs support to help influence decision-makers to make the policy changes that will reduce barriers to healthy living. In 2006-2007, HPP will target key community leaders and others with influence through media relations and other communications tools to help create the environment Nova Scotians need to make healthier and safer choices.

Accomplishments:

Successful social marketing campaigns were launched in the areas of problem gambling and smoke-free places. In conjunction with TPW, a campaign focused on drinking and driving was also successfully launched in 2006-2007. Work also began on a breastfeeding social marketing campaign which will roll out in 2007-2008.

Health Promotion and Protection: System-Wide Priorities

New Department and a Renewed Public Health System On January 25, 2006, Cabinet received the report from the public health review, "The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians"³¹. The result will be a strengthened public health system that builds on the success of NSHP and the public health functions. It will create a system that is co-ordinated, responsive and integrated. The report's

³¹Department 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*.

“21 actions steps” will guide the development of efficient and effective services for this new Department and the renewal of the public health system.

Accomplishments:

In April 2006, *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians* was publicly released and renewing the public health system has become a long-term priority for the provincial government. Some of the 21 actions steps that began in 2006-2007 are included in more detail under the specific Core Business Areas, however, what follows are the highlights of related actions in 2006-2007.

Chief Public Health Officer

With the assistance of a human resources consulting firm and extensive advertising, the recruitment process for the Provincial Public Health Leader was initiated in January 2007. The Chief Public Health Officer was appointed in August 2007.

Re-organization of Department Structure

Through consultative meetings with the local level of the system, the new Department was re-organized into RCs that fulfill the five public health core functions (population health assessment, surveillance, health promotion, disease prevention, and health protection) in an integrated fashion. Interim leaders were appointed to the new RCs and sections under these RCs. In addition the business plan and budget was reorganized according to RC for 2007-2008.

Discussion papers were developed for the roles and responsibilities of the Medical Officers of Health (MOH) and the Population Health Assessment and Surveillance (PHAS) RC.

Recruitment of Medical Officers of Health

Active recruitment continued in 2006-2007 to fill vacant MOH positions.

Environmental Health Review

As noted under Environmental Health Services, collaboration with the Departments of Agriculture, E&L with HPP as lead to conduct an environmental health review began in 2006-2007. A joint secretariat received funding in 2007-2008 and will be housed in HPP. A joint Environmental Health Human Resources interdepartmental working group was established in conjunction with the Departments of Agriculture and E&L to develop a plan for recruitment and retention of environmental health professionals in Nova Scotia.

Recruitment for Project Executive Positions

Work supporting recruitment for project executive positions to support public health renewal began in 2006-2007. These positions will support a public health human resources plan to address critical gaps in the existing workforce and provide leadership on all actions related to system renewal human resources and system integration. Addressing the need for specialized skill sets has now become part of the Department’s strategic and business planning processes and related 2007-2008 budget discussions are underway with the DHAs including consideration

around fiscal accountability. Major responsibilities include partnering with the academic sector to expand/establish training programs and practicum settings including supporting the development of a teaching health unit. A think tank coordinated by PHAC and including the four Atlantic Provinces was held in December 2006, to consider the creation of a Masters of Public Health Degree.

PANORAMA

As noted in more detail under Communicable Disease Surveillance, work continued on PANORAMA.

Pandemic Preparedness Plan

As noted in more detail under Pandemic Influenza Preparedness Planning, work also continued in 2006-2007 around the completion of the Pandemic Preparedness Plan in consultation with the Department of Health and recruitment for a Health/HPP Joint Emergency Management Director began.

Funding Increase to HPP The Government committed in its 2003 platform to "doubling the funding for the Office of Health Promotion". Spreading this commitment over 4 years means increases of 25% per year in each of the 4 years. 2006-2007 is the 3rd year of its 4-year commitment and translates into \$3.76M in new funding for health promotion. Highlights include expanded funding for the health promoting schools initiative, new positions and programs to expand the reach of chronic disease and injury prevention, enhanced funding for website development to support social marketing initiatives, strengthened physical activity programs, and enhanced capacity for healthy public policy, evaluation and research.

Accomplishments:

In June 2006, the election commitment was made to double the budget of the new Department over the next four years with a total budget estimated at \$36.3 million for 2006-2007. Budget highlights included an investment of \$600,000 to ensure the HPS Program continued; \$2.4 million to support a broad range of improvements to the PASR programs that help build stronger, healthier communities including \$1 million for recreational facility grants and \$400,000 for the OHV plan implementation; \$800,000 to provide stability to the YHCs around the province; \$469,000 for education and support services related to addiction prevention and treatment; the expansion of the injury prevention strategy with an investment of \$255,000; \$681,000 to better understand and strengthen our actions to prevent chronic disease in this province; and \$82,000 to help to fund community-based, targeted education programs and research to better understand the health-related costs associated with tobacco use.

Youth Health Centres Approximately 37 Youth Health Centres (YHCs) operate in Nova Scotia, most of them in schools. They provide a range of health education and promotion services such as nutrition and sexual health counselling and peer-led tobacco cessation, physical activity, and alcohol and drug programs. YHCs provide their services and supports in a non-judgmental manner to help young people make sound decisions about their physical, social and mental health.

The evidence for the effectiveness of these centres is consistent and clear. Responding to a longstanding need for sustained and predictable funding, HPP will provide base funding for those YHCs which had been at risk of closure.

Accomplishments:

\$800,000 was distributed to YHCs in 2006-2007 through the public health funding approach. This new funding provided stability and assisted YHCs in meeting the system-wide standards. YHCs continued operations throughout Summer 2006, allowing better retention of staff, programs, and services, and improving the ability of staff to work with communities to improve health services for youth. More detail is included under Sexual Health.

Chronic Disease and Injury Prevention Coalition *The NSHP Minister's Advisory Committee was struck to provide advice to the Minister on issues related to health promotion and chronic disease.³² This committee is considering options for reconfiguration of its existing committee structure and function to a Chronic Disease and Injury Prevention Alliance or Coalition similar to models that exist nationally and in other provinces. The purpose of such an alliance would be to foster and sustain a coordinated province-wide movement of organizations working toward an integrated population health approach for the prevention of chronic diseases and injury. Major foci are likely to include collaborative leadership, advocacy and capacity-building. Purpose, governance, funding, mandate and other issues will be addressed in this reconfiguration.*

Accomplishments:

Interviews with stakeholder organizations were conducted to explore the potential for a Nova Scotia Chronic Disease and Injury Prevention Alliance. Specifically the following issues were examined:

- level of interest in establishing and maintaining an alliance;
- feedback regarding a draft alliance model and a list of expected/possible benefits from an alliance;
- potential issues and challenges in establishing and sustaining an alliance; and
- capacity of organizations to contribute to an alliance.

Health Promotion and Protection Research *HPP recognizes the importance of working together to address knowledge gaps and contribute to better information sharing.³³ In 2006-2007, HPP will continue its contract with the NSHRF to develop a strategy for health promotion research. The strategy will identify:*

- *relevant research questions or priorities;*
- *a process for ongoing engagement in research and knowledge transfer;*
- *a process or mechanism to support the application of research findings; and*
- *a knowledge cycle (knowledge creation, utilization, application, and identification of future needs).*

³²Office of Health Promotion (2004). *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion.*

³³Office of Health Promotion (2004). *Healthy Nova Scotia: Strategic Directions for the Office of Health Promotion.*

Accomplishments:

To fulfill the contract to develop a strategy for health promotion research for HPP, NSHRF undertook an environmental scan of current research activities in health promotion and existing research strategies related to health promotion. Key informant interviews and focus groups were conducted to gather information regarding the current use of and engagement in research for HPP. Gaps in the results of the environmental scan, interviews, and focus groups were addressed by a literature search. Conclusions and recommendations for research priorities and questions were drawn from the comprehensive evidence gathered by all of the aforementioned methods. The final Research Strategy document was presented to the HPP Executive by NSHRF in February 2007. This document will be a starting point and information source for development.

Public Health Surveillance As governments commit to meeting goals and targets, surveillance becomes an essential tool to measure disease and injury incidence and prevalence, and to monitor and measure progress. The need for a public health surveillance system was identified in the Office of Health Promotion Strategic Directions document (2004) and reinforced at the federal level and by the 2005 Public Health Review report³⁴. In 2006-2007, HPP will begin to develop a surveillance system common to all priority areas of HPP that will strengthen HPP's capacity to coordinate and use existing risk factor and social determinant data to support and inform its evidence-based decision making.

Accomplishments:

As a result of the Public Health Review, HPP created a new PHAS RC. PHAS will play a fundamental role in supporting evidence-based, informed decision-making and public health practice by providing the methods, tools, and expert human resources required to support the data, information and knowledge needs of the public health system. This RC includes Informatics, Surveillance and Epidemiology, and Research and Evaluation. The job description for a director for this RC was prepared and interim leaders were identified for the three individual areas.

HPP continued to participate in PANORAMA, a public health information system that will include modules on communicable disease and outbreak management, immunization registry and inventory control and public health alerts. This is discussed in more detail under Communicable Disease Surveillance.

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. In 2006-2007, HPP will continue to work 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.

³⁴Advisory Committee on Population Health and Health Security (June 2005). *Enhancing capacity for surveillance of chronic disease risk factors and determinants*.

Accomplishments:

In support of the GoverNEXT goal to create opportunities for mentorship and collaboration across government, HPP worked with GoverNEXT and the PSC to develop a proposal for a mentorship workshop in 2006-2007 for implementation in 2007-2008. As one component of the GoverNEXT Mentorship Pilot Project, the Mentorship 101 workshop will be provided for employees in HPP and will involve a review of roles and responsibilities for productive mentorship relationships.

In 2006-2007, a joint Environmental Health Human Resources interdepartmental working group was established in conjunction with the Departments of E&L and Agriculture to develop a plan for the recruitment and retention of environmental health professionals in Nova Scotia. A key priority for this working group will be the implementation of a Certified Public Health Inspector recruitment program in 2007-2008.

During 2006-2007, HPP hosted student interns and residents from several degree programs at Dalhousie University and elsewhere. HPP strengthened and developed partnerships with university and community-based researchers through both participation in a number of forums and committees and through engagements for contracted research.

Human Resources Priorities

HPP uses the Department of Health's Human Resources (HR) Division as its corporate services unit (CSU). The HR Division has established several goals:

To Make a Difference Through a Skilled, Committed, and Accountable Public Service: A succession management plan for identified key management positions will be developed and an education program identifying the principles of this succession management plan will accompany it.

Accomplishments:

The HR Division held focus groups and completed key document reviews, including the Employee Survey, in order to make a situational analysis of HR services. A high level Action Plan was drafted in December, 2006 to deal with the current and projected challenges and opportunities over the next 18 months (December 2006 - June 2008). This plan outlined implementation of a succession planning process.

Performance Management Process: HR will improve the level of awareness and importance of the performance management process and support managers and employees to understand and utilize the performance management tools and resources through education sessions and ongoing support as requested.

Accomplishments:

In 2006-2007, a performance management workshop for managers and employees was developed. The schedule was organized and workshops started in May 2007. As well, a

coordinated approach was taken to collect all 2006-2007 performance appraisals in one location with a specific goal of collecting data regarding training and development requirements.

To be Preferred Employer: HR will integrate current best practice services and processes into the strategic and operational streams of the Department of Health, HPP, Seniors Secretariat and Human Rights Commission making such services/practices consistently delivered throughout the CSU's client groups.

Accomplishments:

As noted above, the HR Division held focus groups and completed key document reviews, including the Employee Survey, in order to make a "situational analysis" of HR services. A high level action plan was drafted in December 2006 to deal with the current and projected challenges and opportunities over the next 18 months (December 2006 - June 2008).

Specific Employment Issues: HPP will begin working toward specific employment issues as it participates in the government's employee survey as a new department separate from the Department of Health.

Accomplishments:

The Government's 2007 Employee Survey was distributed to HPP as a separate department in March 2007. The results were received from the PSC during Summer 2007 and HPP will begin to address issues specific to its employees in the 2007-2008 fiscal year.

To Be a Safe and Supportive Workplace: A policy and set of guidelines for a respectful workplace will be developed in conjunction with the Public Service Commission and Occupational Health and Safety. Educational programs will be provided as required.

Accomplishments:

In 2006-2007, HPP established its Occupational Health and Safety Committee (OHSC) and developed its draft Terms of Reference to be approved in Fall 2007. The OHSC prepared an OHS Manual for staff for approval and distribution in 2007-2008. This Manual will include:

- the Government of Nova Scotia Policy Statement, Objectives, Application, Directives, Accountabilities, and Monitoring;
- HPP OHSC Terms of Reference, Committee members, Policies and Procedures and related Forms and Checklists in the areas of OHS training, refusal to work, request/complaint procedures, abusive calls policy, incident report/investigation procedure, security policy, first aid kits, and evacuation procedures;
- Incidence Occurrence Report Form;
- Orientation of New Personnel Checklist;
- Hazard Evaluation Form;
- Inspection Checklist;
- Workers Compensation Board Accident Form; and
- Material Safety Data Sheet.

Although not to be completed until the next fiscal year, the process of writing and approving the Respectful Workplace Policy began in early 2006. It is anticipated that it will be approved in September 2007. Roll-out of education sessions will follow.

HWP Committee: *HPP has established a HWP Committee and is developing its Terms of Reference. Wellness programs will be explored as options for improving health in the workplace.*

Accomplishments:

As noted earlier in this report under the HPP HWP Committee was formed in late Winter 2006 and met regularly through 2006-2007. A Terms of Reference was completed and the Committee participated in two strategic planning sessions that would form the foundation of its healthy workplace plan. The Committee received presentations from the Atlantic Canada Opportunities Agency and PSC for consideration in the development of its own plan. Staff of HPP also voluntarily participated in Health Risk Assessments through the Atlantic Health and Wellness Institute. These aggregate results and the information gathered through the abovementioned actions are being considered in the development and implementation of the HWP plan. The HWP Committee will seek feedback from all HPP staff through volunteer focus group participation planned for Spring 2007 with the completion of the HWP plan scheduled for Summer 2007.

As well, members visited the Red Cross building designated as a HWP to identify considerations for HPP's new location at the Summit Place. With an HWP Committee member sitting on the HPP Space committee, recommendations from the HWP Committee were brought forward to the Space Committee as it prepared its layout and design of its new location.

As well, the Committee participated in the Healthy Workplace Week by providing kick off breakfasts at its various sites.

To be a Diverse Workforce: *To promote equality and diversity in the workplace, all employees will complete the Public Service Commission Diversity Program in the first year of employment. Affirmative Action data will be maintained and analyzed to determine representation of designated groups within HPP. Actions to increase awareness and utilization of the PSC Diversity Inventory and Career Starts Program will be undertaken and advertisement practices in conjunction with the PSC will be expanded.*

Accomplishments:

In 2006-2007, participation of HPP employees in the Diversity Program was as follows:

Aboriginal Perceptions: 1

Cultural Competence: 5

Diversity for Employees: 2

In 2006-2007, HPP appointed its first Diversity and Affirmative Action Coordinator, established a 2006-2009 Affirmative Action, Diversity and Social Inclusion Plan, and produced its first

Diversity and Affirmative Action Report: Baseline Data (2005-2006) in July 2006. This report compared Nova Scotia's percentage workforce, Nova Scotia Government's percentage workforce and HPP's percentage workforce for Aboriginal persons, African Nova Scotians and other racially visible persons and persons with disabilities as follows:

	Aboriginal Persons	African Nova Scotians/ Other Racially Visible Persons	Persons with Disabilities	Women
Province	1.6%	3.3%	6.9%	47.5%
NS Government	0.6%	3.0%	4.1%	52.0%
HPP	0%	7.0%	5.0%	68.0%

This data will be collected each year to determine representation of designated groups within HPP. Additional activities included the establishment of a Diversity Committee with representatives from each of the different RCs, the inclusion of the Workforce Survey in new employees' orientation packages, and reformatting the HPP job advertisement to include a statement of commitment to diversity.

To be a Learning Organization: HR Development Consultants will be available for support and advice with employees to assist in the development of their career plans. Educational sessions will also be provided on a variety of topics including performance management, team building, career planning and succession planning.

Accomplishments:

In 2006-2007, a Performance Management and Career Development Planning Workshop was developed for managers and employees. The schedule was organized and workshops will start in May 2007. HR consultants and HR development consultants were available throughout 2006-2007 to provide developmental support and advice to individual employees.

Providing Service Excellence: An Objective of the Human Resources Plan: Providing service excellence is one objective of the provincial HR strategy. HPP's response to this objective has been noted throughout the priorities. Further, action steps of the Public Health Review included establishing a single leadership position for Nova Scotia's public health system and establishing and implementing a public health workforce development strategy with particular emphasis on critical gaps in the existing workforce.

Accomplishments:

With the assistance of an HR consulting firm and extensive advertising, the recruitment process for the Provincial Public Health Leader was initiated in January 2007. The Chief Public Health Officer was appointed in August 2007.

Work supporting recruitment for project executive positions to support public health renewal began in 2006-2007. These positions will support a public health HR plan to address critical gaps in the existing workforce and provide leadership on all actions related to system renewal HR and system integration. Addressing the need for specialized skill sets has now become part of HPP's strategic and business planning processes.

6. Health Promotion and Protection - Budget Context

Business Plan Elements	2006-2007 Estimate (\$000's)	2006-2007 Actual (\$000's)	Variance Estimate/Actual (\$000's)
Executive Administration - HPP	4,927.8	3,468.9	1,458.9
Addictions/Problem Gambling	3,279.8	3,236.9	42.9
Chronic Disease & Injury Prevention	7,217.6	6,307.6	910.0
Communicable Disease Prevention	3,970.4	3,169.4	801.0
District Health Authorities	0	800.0	(800.0)
Healthy Development	4,960.2	3,842.1	1,118.1
Physical Activity	11,943.2	18,034.8	(6,091.6)
Volunteerism	0	85.6	(85.6)
Programs - HPP	31,371.2	35,476.4	(4,105.2)
Net Program Expenses - HPP	36,299.0	38,945.3	(2,646.3)
Funded Staff (FTEs)	100.6	94.9	5.7
Less Staff Funded by External Agencies	(9.0)	(8.1)	(0.9)
Total FTE Net HPP	91.6	86.8	4.8

Explanations for Significant Variances

The 2006-2007 actual for this appropriation was \$2.6 million over budget as a result of funding for the Commonwealth Games bid of \$1.5 million and a grant to Canada Games 2011 of \$3.0 million. This additional spending was offset by various operational and salary savings.

The FTE underutilization highlights the growth and development stage that HPP was experiencing. As a result, approved funded positions remained unfilled throughout a part of the year.

7. Performance Measures

2006-2007 Targets

In 2001-2002, Treasury and Policy Board (TPB) asked departments to establish base year performance data and medium term targets for each performance measure with the target year set at 2004-2005.

As mentioned earlier in the report, NSHP was created in December 2002 and released its first Business Plan in 2003-2004. At that time, the identification of indicators and medium term performance targets was in development. The 2004-2005 Business Plan included improved indicator choices and set performance targets for 2009-2010. In February 2006, the new Department of HPP was created. Its accountability reports have maintained 2009-2010 as the target year for performance measures, however, it should be recognized that impacting changes in behaviour or health status are long term outcomes that could take many years to achieve. As new strategies and programs have been established, targets and indicators have been adjusted accordingly. Where changes in measure have occurred, an explanation is included in the narrative under “Changes in the Measure”.

In all cases, the most current data available have been included. For some measures, however, these data may be a year or two old due to the cycle of data collection or surveying.

Chronic disease prevention is an overarching core business area and its related outcomes are measured by the outcomes of other more specific risk factor reduction initiatives in the following areas: tobacco control, healthy eating, injury prevention and physical activity and sport and recreation.

CORE BUSINESS AREA: HEALTHY EATING

Percentage of Nova Scotia Population (12 yrs +) Who Report Eating the Recommended 5-10 Servings of Fruit/Vegetables Per Day

A desired outcome in this area is promoting healthy eating and improving nutritional health. One way to assess this outcome is by self-reported data from the Canadian Community Health Survey (CCHS)³⁵ that identify the amount of fruits and vegetables consumed by survey respondents.

What Does the Measure Tell Us?

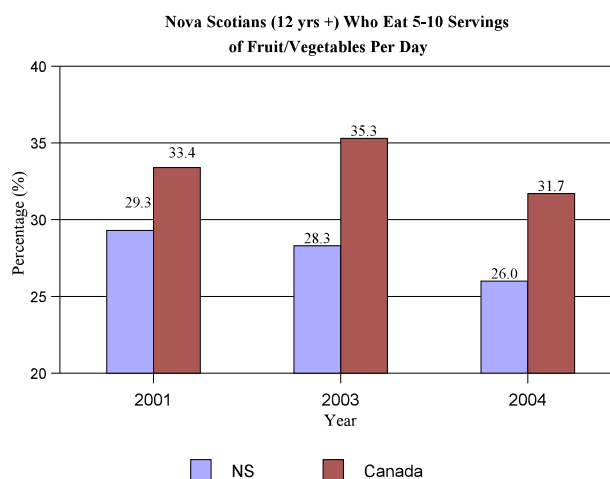
This measure is the percentage of Nova Scotians (12 years and older) who report eating the recommended 5-10 servings of fruits and vegetables per day from *Canada's Food Guide to Healthy Eating* (1992) as reported by the CCHS. CCHS data are collected every two years. With the release of the new *Eating Well with Canada's Food Guide* (2007), consumption of vegetables and fruit remains a key public health message with specific dietary guidance by age and gender. Studies have shown that fruits and vegetables play a protective role in preventing chronic diseases.

Where Are We Now?

Data from the 2004 CCHS nutrition survey³⁶, which are comparable to the 2001 and 2003 CCHS data, show that fewer Nova Scotians than Canadians consume the recommended number of fruits and vegetables per day; 26.0% and 31.7% respectively.³⁷

Where Do We Want to Be in the Future?

By 2009-2010, Nova Scotia aims to increase the percentage of the population (12 years and older) who report eating 5-10 servings of fruits and vegetables per day to the national rate or above it.



Strategies to achieve this target include:

- ensuring that any nutrition guidelines produced for government funded or regulated food service operations include efforts to increase access to fruit and vegetables;
- supporting the development of community based initiatives that increase knowledge and skills related to preparing fruit and vegetables;
- complementing work underway at the national level for fruit and vegetable promotion with activities at the local level;
- developing policy to ensure access to affordable fruit and vegetables by all Nova Scotians;
- working with the provincial Fruit and Vegetable Working Group and the *Healthy Eating Nova Scotia* Strategy Steering Committee on identified priorities for fruit and vegetable consumption.

³⁵CCHS data are based on the calendar year.

³⁶CCHS Nutrition Survey was a specific survey administered to gather more detailed information on nutrition and, in addition to other nutritional questions, contains the questions on fruit and vegetable consumption that are comparable to the 2001 and 2003 data.

³⁷2005 data were not available as the 2005 CCHS did not administer the fruit and vegetable questions to Nova Scotia. 2007 data are not available until Summer 2008.

Percentage of Women Who Breastfeed As Soon As Babies Are Born (Initiation)

A desired outcome in this area is promoting healthy eating and improving nutritional health. One way to assess this is by self-reported data from the CCHS³⁸ that identify those respondents that indicated for their most recent baby in the past five years, they breastfed or tried to breastfeed, if only for a short time.

What Does the Measure Tell Us?

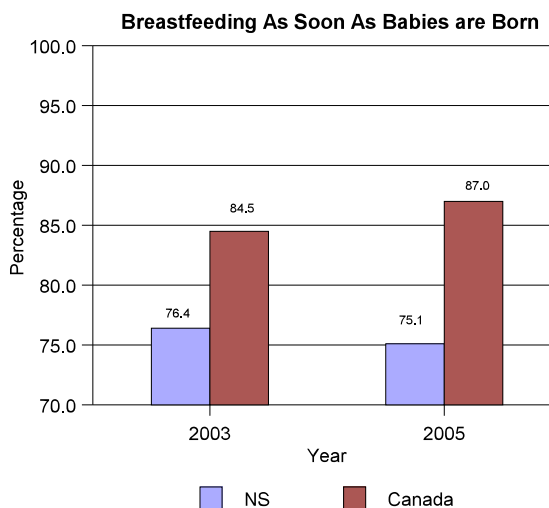
This measure is the percentage of women who indicated that for their most recent baby in the past five years, they breastfed or tried to breastfeed, if only for a short time. Breastfeeding has been identified worldwide as the normal and optimal method of feeding because of its proven health benefits for infants and mothers. Breastfeeding supports the healthy development of newborns by contributing to healthy brain and nervous system development, protecting against infectious diseases, and enhancing emotional development. Beyond infancy, it contributes to protection against childhood cancers, diabetes, and allergies.

Where Are We Now?

According to the CCHS self-report data collected every two years, the percentage of initiation breastfeeding for Nova Scotia in 2003 was 76.4% and 84.5% for Canada. In 2005, Nova Scotia was 75.1% as compared to Canada at 87.0%.³⁹

Where Do We Want to Be in the Future?

By 2009-2010, Nova Scotia aims to be at or above the national percentage for women who breastfeed as soon as their babies are born.



Strategies to achieve this target include:

- continuing to promote, support and protect breastfeeding through the DHAs, the IWK Health Centre, family resource centres and other community organizations;
- continuing to implement the *Provincial Breastfeeding Policy*;
- enhancing education and training related to breastfeeding for health care professionals and early childhood educators; and
- developing a comprehensive breastfeeding social marketing campaign.

³⁸CCHS data are based on the calendar year.

³⁹2007 data are not available until Summer 2008.

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

A desired outcome in this area is promoting healthy eating and improving nutritional health. One way to assess this is by self-reported data from the CCHS⁴⁰ that identify those respondents that indicated for their most recent baby in the past five years, they breastfed for at least six months.

What Does the Measure Tell Us?

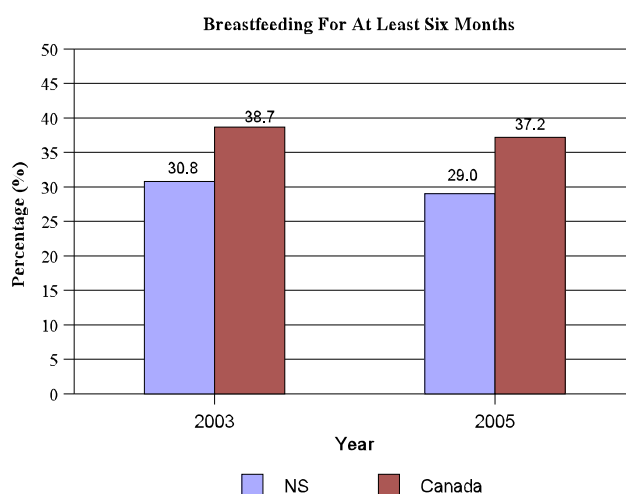
This measure is the percentage of women who indicated that for their most recent baby in the past five years, they breastfed for at least six months. Breastfeeding has been identified worldwide as the normal and optimal method of feeding worldwide because of its proven health benefits for infants and mothers. Breastfeeding supports the healthy development of newborns by contributing to healthy brain and nervous system development, protecting against infectious diseases, and enhancing emotional development. Beyond infancy, it contributes to protection against childhood cancers, diabetes, and allergies.

Where Are We Now?

According to the CCHS self-report data collected every two years, the percentage of duration breastfeeding in Nova Scotia in 2003 was 30.8% compared to the national rate of 38.7%. In 2005, this percentage for Nova Scotia and Canada was 29.0% and 37.2% respectively.⁴¹

Where Do We Want to Be in the Future?

By 2009-2010, Nova Scotia aims to be at or above the national percentage for women who breastfed for at least six months.



Strategies to achieve this target include:

- continuing to promote, support and protect breastfeeding through the DHAs, the IWK Health Centre, family resource centres and other community organizations
- continuing to implement the *Provincial Breastfeeding Policy*
- enhancing education and training related to breastfeeding for health care professionals and early childhood educators.
- developing a comprehensive breastfeeding social marketing campaign.

⁴⁰CCHS data are based on the calendar year.

⁴¹2007 data are not available until Summer 2008.

CORE BUSINESS AREA: SEXUAL HEALTH

Rate of Pregnancy Among Teens

A desired outcome in this area is to develop a coordinated population health approach to youth sexual health. One way to assess this is by calculating the number of teenagers who were identified in the categories defined by the Canadian Institute of Health Information (CIHI) as unintended teen pregnancies.

What Does the Measure Tell Us?

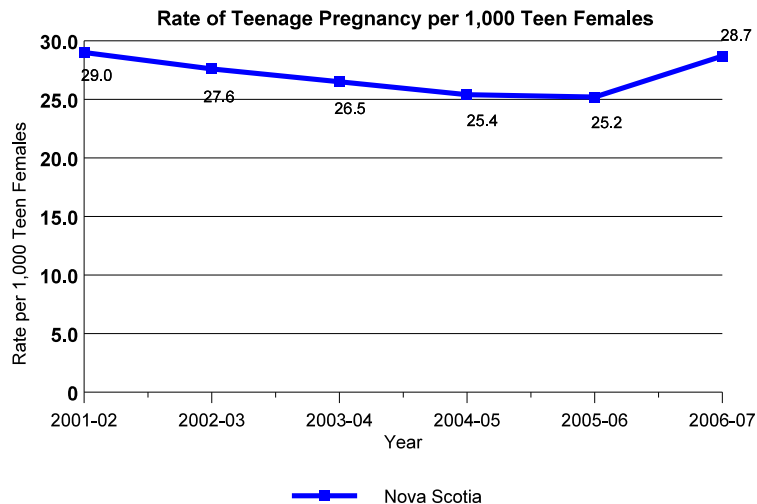
This measure reports the number of Nova Scotian women aged 15 to 19 years who gave birth, or experienced miscarriage, still birth or therapeutic abortion in a hospital setting expressed as a rate per 1,000 women of the same age group⁴². Teenage mothers are at greater risk to drop out of school, experience unemployment, live in low-income situations, and experience social isolation. Children of teenage mothers often experience increased risks for low birth weight, psychological and behavioural disorders, poverty, abuse and neglect.

Where Are We Now?

CIHI data show that Nova Scotia has experienced a steady decrease in the rate of teenage pregnancy from 29.0⁴³ per 1,000 in 2001-2002 to 25.2 in 2005-2006 with an increase in 2006-2007 to 28.7. Comparable national data are not yet available.

Where Do We Want to Be in the Future?

The target is to be at or below the CIHI national rate of pregnancy among teens in 2009-2010.



Strategies to achieve this target include collaboration with a wide range of stakeholders to promote a coordinated approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia, including diverse and marginalized youth. HPP is a key partner on the Roundtable on Youth Sexual Health which has released its *Framework for Action: Youth Sexual Health in Nova Scotia*. The overall goal of the Framework is to improve the sexual health of Nova Scotia youth. Implementation of this framework will take place over the next five to seven years and focus on five key elements:

- leadership and commitment;
- community awareness and support;
- school-based sexual health education;
- youth involvement and participation; and
- sexual health-related services for youth.

⁴²Canadian Institute for Health Information (CIHI) Discharge Abstract Database and Populations from Nova Scotia Department of Finance, Statistics Canada based on the fiscal year.

⁴³The numbers vary slightly from the 2006-2007 Business Plan and the 2005-2006 Accountability report because more current population estimates and slightly different age standardization methods were applied across all the years provided.

Condom Use by Students On The Occasion of Most Recent Sexual Intercourse

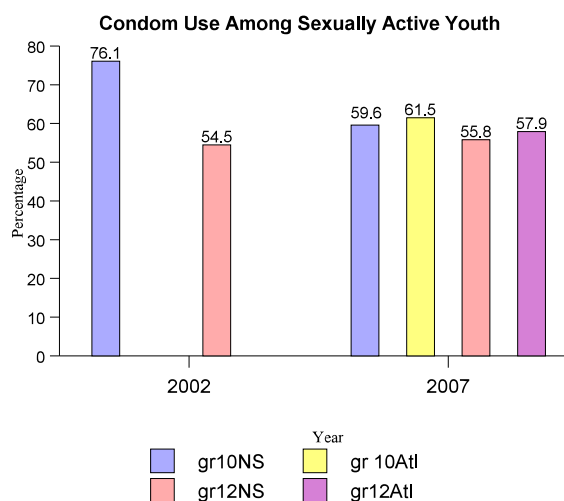
A desired outcome in this area is to develop a coordinated population health approach to youth sexual health. One way to assess this is by drawing data from the Nova Scotia Student Drug Use Survey⁴⁴ related to condom use.

What Does the Measure Tell Us?

This measure is the percentage of students who used a condom on the occasion of their most recent sexual intercourse. Consistent condom use can significantly reduce the incidence of unintended pregnancy and sexually transmitted infections.

Where Are We Now?

Comparing 2002 and 2007 data for Nova Scotia, the percentage of grade 10 survey respondents who indicated wearing a condom on the occasion of their most recent sexual intercourse dropped from 76.1% to 59.6%. For grade 12 respondents, the percentage increased from 54.5% to 55.8%. Comparing 2007 Nova Scotia and Atlantic results, 59.6% of Nova Scotia grade 10 survey respondents wore condoms compared to 61.5% of Atlantic Canada grade 10 survey respondents. The grade 12 results for Nova Scotia and the Atlantic region were 55.8% and 57.9% respectively.



Where Do We Want to Be in the Future?

By 2009-2010 Nova Scotia aims to be at or above the Atlantic percentage in grade 10 and 12 respectively.

Strategies to achieve this target include collaboration with a wide range of stakeholders to promote a coordinated approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia, including diverse and marginalized youth. HPP is a key partner on the Roundtable on Youth Sexual Health which has released its *Framework for Action: Youth Sexual Health in Nova Scotia*. The overall goal of the Framework is to improve the sexual health of Nova Scotia youth. Implementation of this framework will take place over the next five to seven years and focus on five key elements:

- leadership and commitment;
- community awareness and support;
- school-based sexual health education;
- youth involvement and participation; and
- sexual health-related services for youth.

⁴⁴Nova Scotia Student Use Drug Survey data are based on the calendar year.

Incidence of Chlamydia in 15 to 24 Year Olds

A desired outcome in this area is to develop a coordinated population health approach to youth sexual health. One way to assess this is by drawing data from the Nova Scotia and Canada Notifiable Disease Surveillance System pertaining to the rate of genital chlamydial infection in 15 to 24 year olds.

What Does the Measure Tell Us?

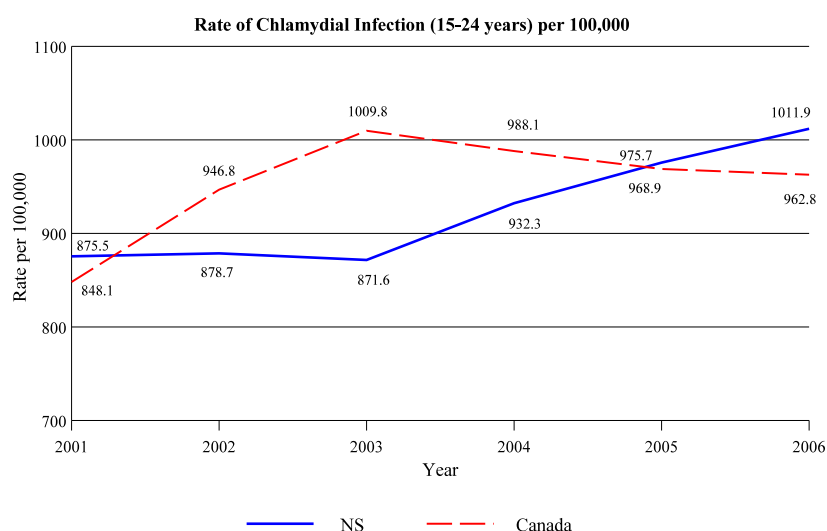
This measure is the annually reported rate of genital chlamydial infection of Nova Scotians per 100,000 for 15 to 24 year olds⁴⁵. Chlamydia is a sexually transmitted infection that, if untreated, can lead to pelvic inflammatory disease which can result in complications such as tubal infertility and ectopic pregnancy.

Where Are We Now?⁴⁶

The rate of chlamydia infection per 100,000 for this age group has varied from 875.5 in 2001 (compared to the national rate of 848.1) to 1011.9 in 2006 (compared to the national rate of 962.8).⁴⁷

Where Do We Want to Be in the Future?

Nova Scotia's target is to be at or below the 2009-2010 national rate.



Strategies to achieve this target include collaboration with a wide range of stakeholders to promote a coordinated approach to youth sexual health that meets the needs of all youth in all areas of Nova Scotia, including diverse and marginalized youth. HPP is a key partner on the Roundtable on Youth Sexual Health which has released its *Framework for Action: Youth Sexual Health in Nova Scotia*. The overall goal of the Framework is to improve the sexual health of Nova Scotia youth. Implementation of this framework will take place over the next five to seven years and focus on five key elements:

- leadership and commitment;
- community awareness and support;
- school-based sexual health education;
- youth involvement and participation; and
- sexual health-related services for youth.

⁴⁵As reported by the Nova Scotia and Canada Notifiable Disease Surveillance System based on the calendar year.

⁴⁶Nova Scotia and national baseline data presented in the 2006-2007 Business Plan reported the incidence of chlamydia for all age groups rather than the rate of incidence for the age group 15 to 24 years.

⁴⁷Note that over this time period, there was a change to chlamydia testing options. The availability of PCR (urine) testing may have contributed to increased testing among males, which may have affected incidence.

CORE BUSINESS AREA: PHYSICAL ACTIVITY AND SPORT AND RECREATION

Percentage of Adults Reporting Physical Activity that Provides Health Benefits

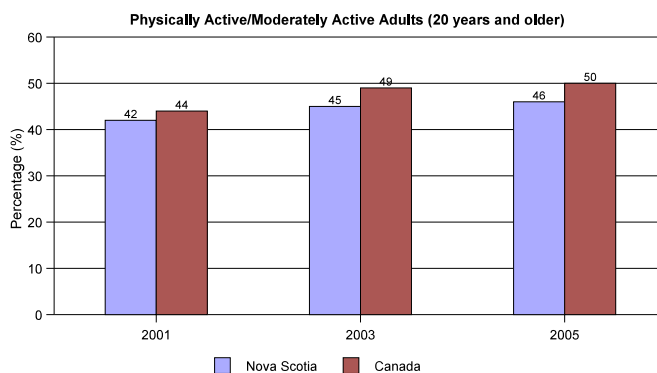
A desired outcome in this area is achieving improved health and quality of life. One way to assess this is by self-reported data from the CCHS⁴⁸ that classify adults into three categories - active, moderately active and inactive - to determine participation in daily physical activity sufficient for health benefits.

What does the Measure Tell Us?

Physical activity is an important contributor to both physical and mental health. Inactivity is one of the risk factors contributing to the high rates of chronic disease in Nova Scotia. The CCHS classifies adults as: active (30 minutes of physical activity per day) and obtaining optimal health benefits; those who are moderately active (15-29 minutes of physical activity per day) and getting some health benefits; and inactive people (less than 15 minutes of physical activity per day) and getting very little, if any, health benefit.

Where Are We Now?

According to the CCHS conducted every two years, 46% of Nova Scotian adults, 20 years and older, reported being active or moderately active, an increase of 4 percentage points from 2001. In this same time period, the national rate increased by 6 percentage points from 44% in 2001 to 50% in 2005.⁴⁹



Where Do We Want to Be in the Future?

In 2000-2001, the Federal/Provincial/Territorial Ministers Responsible for Sport, Recreation and Fitness set a goal of increasing the number of Canadians active enough for health benefits by ten percentage points by 2010. This means raising Nova Scotia's percentage from 42% in 2001 to 52% in 2009-2010.

To achieve this goal, government needs the cooperation of all Nova Scotians at home, school, work, and in the community in such initiatives as:

- chronic disease prevention initiatives
- renewed *Active Kids/Healthy Kids Strategy*
- leadership development in sport, recreation and physical activity
- increased capacity, effectiveness and sustainability of organizations in providing sport and recreation
- improved access, availability, condition, safety and sustainability of indoor and outdoor sport and recreation facilities; and
- reduced disparity and increased access to sporting, recreational and physical activities for women, members of ethnic minorities, people with disabilities and persons of low socio-economic status.

⁴⁸CCHS data are based on the calendar year.

⁴⁹2007 data are not available until Summer 2008.

Percentage of Children and Youth Sufficiently Active for Health Benefits

A desired outcome in this area is achieving improved health and quality of life. One way to assess activity levels is to have children and youth wear a motion counter to determine participation in daily physical activity sufficient for health benefits.

What Does the Measure Tell Us?

In 2001 and 2005, a representative sample of Nova Scotian children and youth in grades 3, 7 and 11 wore a motion counter on their hip for seven days to assess current activity levels. Being an objective measure of physical activity, it eliminates some of the weaknesses of self report or parent proxy measures.

For healthy growth and development, children need to accumulate at least 60 minutes of moderate or greater intensity activity on five or more days of the week. According to Canada's Physical Activity Guide for Children, this has a range of benefits including strong bones and muscles and achievement of a healthy weight. Documented increases in the Body Mass Index (BMI) levels of children and youth in most Western nations is likely a result of a decrease in physical activity combined with poor dietary habits. It is also known that inactive children grow up to be inactive adults.

Where Are We Now?

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

Gr 3	90% of boys and 92% of girls
Gr 7	62% of boys and 44% of girls
Gr 11	12% of boys and 7% girls

A repeat of this study was completed in June 2005.

Results showed:

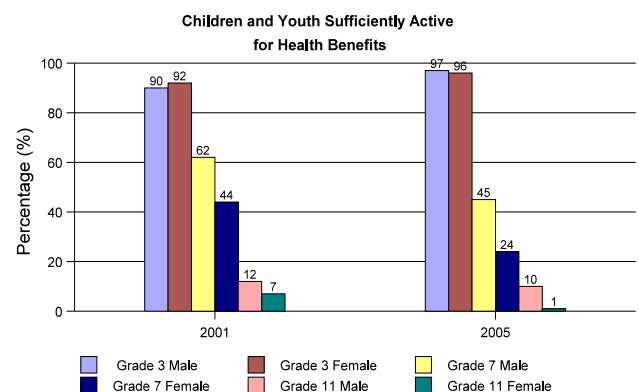
Gr 3	97% of boys and 96% of girls
Gr 7	45% of boys and 24% of girls
Gr 11	10% of boys and 1% girls ⁵⁰

Where Do We Want to Be in the Future?

Nova Scotia's goal for 2009-2010 is to maintain the 2001 Grade 3 activity levels and raise Grade 7 and Grade 11 levels by 10 percentage points:

Grade 3	maintain at 90% for boys and 92% for girls
Grade 7	increase to 72% for boys and 54% for girls
Grade 11	increase to 22% for boys and 17% for girls

The cooperation of family, school and community is required to achieve these goals. Initiatives such as the renewed *Active Kids/Healthy Kids Strategy*, Health Promoting Schools and Sport Animators will contribute to reaching this goal. Physical activity data of children and youth were analyzed in light of the gender gap between boys and girls to determine what girls have identified as barriers to physical activity. A review of evidence and best practices to increase physical activity among girls will also be examined.



⁵⁰There are no comparable Canadian statistics since Nova Scotia is the only jurisdiction to have objectively measured physical activity on a population basis.

Percentage Reporting Body Mass Index (BMI) in the Healthy Range⁵¹

A desired outcome in this area is achieving improved health and quality of life. One way to assess this is by self-reported data from the CCHS⁵² that are used to determine the BMI as it pertains to healthy body weight.

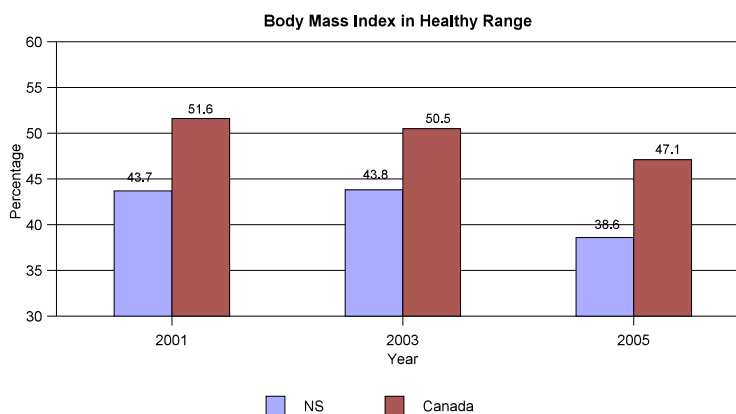
What Does the Measure Tell Us?

The BMI is a measurement of weight in relation to health for adults aged 20-64 years. This is a common method for calculating if an individual's weight is in a healthy range based on their body weight and height. BMI is not recommended for use as the sole measurement of either body composition or level of physical fitness. According to new Health Canada weight classification guidelines (2003), a BMI between 18.5 and 24.9 is considered within a healthy weight range. This measure is the percentage of Nova Scotians aged 20 to 64 who report a BMI between 18.5 and 24.9.

A healthy body weight is associated with a reduced risk of health problems. 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. Body weight is influenced by genetic, gender, age, and lifestyle factors such as poor eating habits and inadequate physical activity. Canada's Guidelines to Healthy Eating and Physical Activity (2004) recommend that Canadians "achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating".

Where Are We Now?

According to the CCHS self-report data collected every two years, 43.7% of Nova Scotians reported a healthy BMI in 2001 compared to 51.6% of the Canadian population. In 2005, the proportion of Nova Scotians reporting a healthy BMI was 38.6% compared to the national rate of 47.1%.⁵³



Where Do We Want to be in the Future?

By 2009-2010, with partners at multiple levels and in multiple sectors, Nova Scotia aims to increase the number of Nova Scotians with a healthy body weight by 10%. Toward this end, HPP has continued to develop and strengthen strategic linkages in the community and other sectors. Nova Scotians need to be supported to adopt and maintain healthy body weights, healthy eating and physical activity behaviours through education and skills, policy, and enhanced community capacity.

⁵¹This measure relates to two core business areas: Healthy Eating and Physical Activity and Sport and Recreation.

⁵²CCHS data are based on the calendar year.

⁵³2007 data are not available until Summer 2008.

CORE BUSINESS AREA: TOBACCO CONTROL

Percentage of Population Aged 15 and Over Who Smoke

A desired outcome in this area is decreasing tobacco use. One way to assess this is by self-reported data from Health Canada's annual Canadian Tobacco Use Monitoring Survey (CTUMS)⁵⁴ showing the percentage of smoking in the Nova Scotia population 15 years of age and older.

What Does the Measure Tell Us?

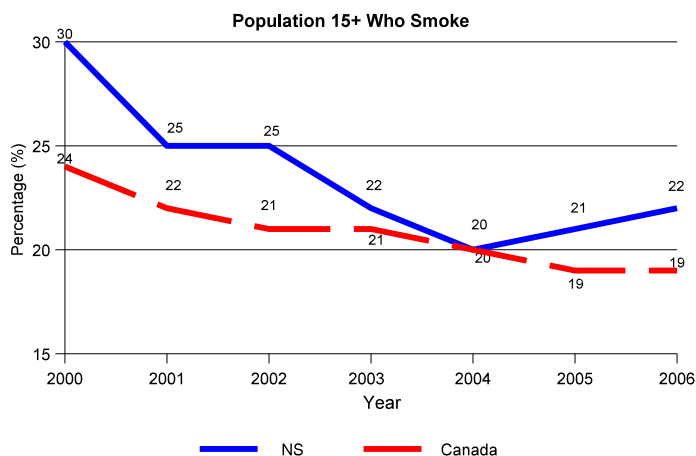
This measure describes the percentage of the Nova Scotian and Canadian population aged 15 years and over who reported daily and non-daily smoking at the time of the survey. Smoking is the number one cause of preventable death and disability. High rates of smoking translate into high rates of chronic disease such as lung cancer, heart and respiratory disease.

Where Are We Now?

According to CTUMS, in 2006, 22% of Nova Scotians 15 years of age and over smoked, compared to 30% in 2000. In Canada, the smoking rate for this population dropped from 24% in 2000 to 19% in 2006.

Where Do We Want to Be in the Future?

Nova Scotia aims to decrease its percentage of smoking in the Nova Scotia population 15 years of age and older to be equal to or below the national percentage by 2009-2010.



The *Nova Scotia Comprehensive Tobacco Strategy* helps to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation

This Strategy is currently being renewed to take into full consideration, developments in new approaches to tobacco control. Health stakeholders are assisting in leading the renewal process.

⁵⁴CTUMS data are based on the calendar year.

Percentage of Youth (15-19 years) Who Smoke

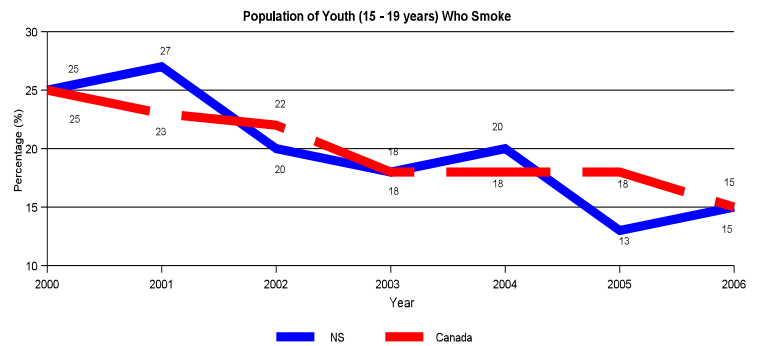
A desired outcome in this area is decreasing tobacco use. One way to assess this is by self-reported data from the annual CTUMS⁵⁵ showing the percentage of smoking in the Nova Scotia population between 15 and 19 years of age.

What Does the Measure Tell Us?

This measure describes the percentage of Nova Scotian and Canadian youth (aged 15 to 19 years) who smoke. Habits adopted during the teen years tend to be maintained well into adult life. Therefore, this measure informs us about smoking among young people and predicts adult smoking rates in the future. Preventing or limiting smoking among young people has important long term benefits such as reduced smoking among adults and the prevention of serious illness.

Where Are We Now?

According to CTUMS, in 2006, 15% of Nova Scotia's youth (aged 15 to 19 years) smoked, compared to 25% in 2000. In Canada, the smoking rate in youth declined from 25% in 2000 to 15% in 2006.



Where Do We Want to Be in the Future?

Nova Scotia aims to maintain or decrease its percentage of smoking among Nova Scotia youth to be equal or below the national percentage by 2009-2010.

The *Nova Scotia Comprehensive Tobacco Strategy* helps to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation.

This Strategy is currently being renewed to take into full consideration, developments in new approaches to tobacco control. Health stakeholders are assisting in leading the renewal process.

⁵⁵CTUMS data are based on the calendar year.

Percentage of Population of Young Adults Between Ages 20 to 24 and Over Who Smoke

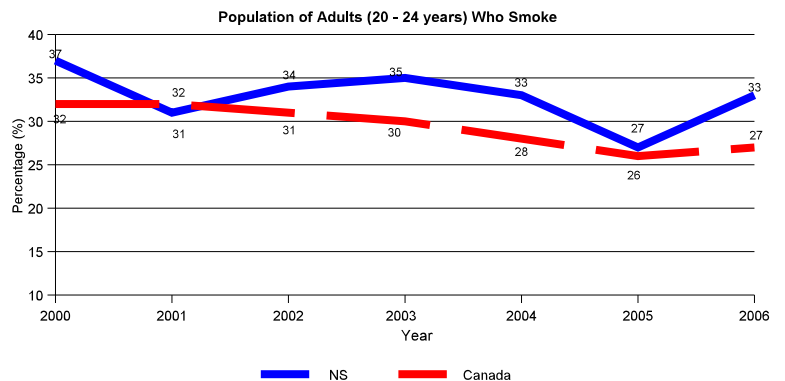
A desired outcome in this area is decreasing tobacco use. One way to assess this outcome is by self-reported data from the annual CTUMS⁵⁶ showing the percentage of smoking in the Nova Scotia population between 20 to 24 years of age.

What Does the Measure Tell Us?

This measure describes the percentage of the Nova Scotian and Canadian population aged 20 to 24 years who reported daily and non-daily smoking at the time of the survey. Smoking is the number one cause of preventable death and disability. High rates of smoking translate into high rates of chronic disease such as lung cancer, heart and respiratory disease.

Where Are We Now?

According to CTUMS, in 2006, 33% of Nova Scotians between 20 to 24 years smoked, compared to 37% in 2000. In Canada, the smoking rate for the population of young adults dropped from 32% in 2000 to 27% in 2006.



Where Do We Want to Be in the Future?

Nova Scotia aims to decrease its percentage of young adult Nova Scotians (20 - 24 years) who smoke to be equal to or below the national percentage by 2009-2010.

The *Nova Scotia Comprehensive Tobacco Strategy* helps to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation.

This Strategy is currently being renewed to take into full consideration, developments in new approaches to tobacco control. Health stakeholders are assisting in leading the renewal process.

⁵⁶CTUMS data are based on the calendar year.

Proportion of Youth Aged 0-17 Years Regularly Exposed to Environmental Tobacco Smoke in the Home

A desired outcome in this area is decreasing exposure to environmental tobacco use. One way to assess this is by self-reported data from the annual CTUMS⁵⁷ which report regular exposure to environmental tobacco smoke (ETS).

What Does the Measure Tell Us?

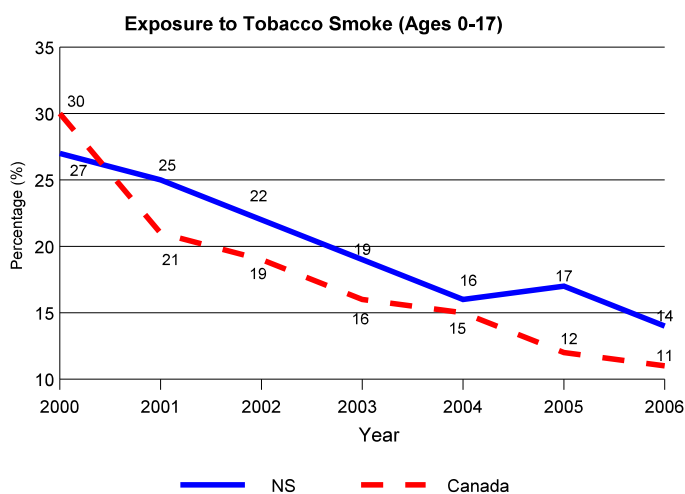
This measure describes the percentage of households with children aged 0-17 that reported regular exposure to environmental tobacco smoke (ETS) in the home as measured by CTUMS. In children, ETS exposure is a cause of lower respiratory tract infections such as bronchitis and pneumonia, middle ear problems, upper airways irritation, and a reduction in lung function. In children with asthma, ETS exposure causes additional episodes and more severe symptoms. It is also a risk factor for new cases of asthma in children who have not previously shown symptoms. Reducing children's exposure to tobacco smoke is key to preventing these illnesses.

Where Are We Now?

In 2000, approximately 27% of Nova Scotian households with children aged 0-17 reported regular exposure to ETS in the home. This contrasts with the Canadian result of 30%. In 2006, the Nova Scotian percentage declined to 14%. In Canada the percentage declined to 11%.

Where Do We Want to Be in the Future?

Nova Scotia aims to decrease its percentage of ETS exposure to be equal or less than the Canadian percentage by 2009-2010.



The *Nova Scotia Comprehensive Tobacco Strategy* helps to achieve this target. This strategy addresses seven key components:

- taxation
- smoke-free places legislation
- treatment/cessation
- community-based programs
- youth prevention
- media awareness, and
- monitoring and evaluation.

This Strategy is currently being renewed to take into full consideration, developments in new approaches to tobacco control. Health stakeholders are assisting in leading the renewal process.

⁵⁷CTUMS data are based on the calendar year.

CORE BUSINESS AREA: INJURY PREVENTION

Rate of Injury Related Deaths Due to Falls Among Seniors (Aged 65 and over)

A desired outcome in this area is to reduce the number of deaths due to falls among seniors. One way to assess this is by calculating the rate of senior Nova Scotians who died as a result of a fall.

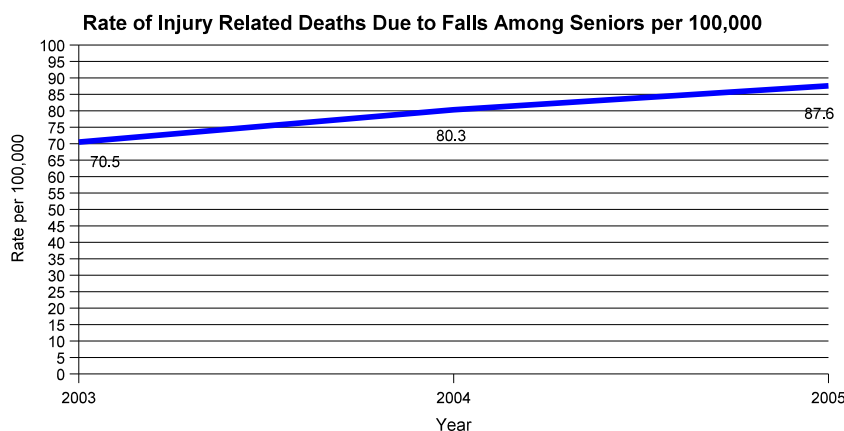
What Does This Measure Tell Us?

This measure describes the crude rate per 100,000 of Nova Scotians 65 years and older who die as the result of a fall⁵⁸. It is a high level indicator of the overall long-term impact of the Nova Scotia Injury Prevention Strategy, and specifically of efforts aimed at reducing falls related injuries.

Falls are a serious public health issue. One in three seniors experiences a fall every year, a rate that increases to one in two for those over the age of 80. Falls cause more than 90% of all hip fractures in the elderly and 20% die within a year of the fracture. Families are often unable to provide care and 40% of all nursing home admissions occur as a result of falls by older people. Even without an injury, a fall can cause a loss in confidence and curtailment of activities, which can lead to a decline in health and function and contribute to future falls with more serious outcomes. Nova Scotia's changing demographics have led to an urgency in addressing seniors falls, as growing numbers of older people with chronic health problems and disabilities are living longer lives.

Where Are We Now?⁵⁹

In 2003⁶⁰, the rate of fall related deaths for Nova Scotians aged 65 years and older was 70.5 per 100,000. In 2005, it was 87.6 per 100,000⁶¹.



Where Do We Want To Be in the Future?

In keeping with the national injury prevention strategy and injury target reductions set in the *Economic Burden of Unintentional Injury in Atlantic Canada Report*, the target is to achieve a 20% reduction in the rate of injury related deaths due to falls among seniors in Nova Scotia by 2009-2010 using 2002 as the base year. Strategies to achieve this target include:

- leading the implementation of the *Preventing Fall-Related Injuries Among Older Nova Scotians Strategic Framework*
- making a three-year funding commitment to the Community Links Preventing Falls Together initiative to develop a sustainable network of regional falls prevention coalitions to develop falls prevention strategies that address the specific needs of their communities.

⁵⁸Data are collected through Vital Statistics with analysis by the Department of Health based on the calendar year.

⁵⁹The numbers presented vary from numbers reported in the 2005-2006 Accountability Report and 2006-2007 Business Plans crude rates replaced age-standardized rates. Crude rates were used because "age" is likely the primary contributing factor to these events.

⁶⁰The base year was changed from 2002 to 2003.

⁶¹2006 data lag a year behind.

Rate of Injury Related Hospitalizations Due to Falls Among Seniors (Aged 65 and Over)

A desired outcome in this area is to reduce injury related hospitalizations among seniors that are due to falls. One way to assess this is by calculating the rate of senior Nova Scotians who were admitted to a hospital as a result of a fall.

What Does This Measure Tell Us?

This measure describes the crude rate per 100,000 of Nova Scotians over age 65 admitted to hospital as a result of a fall⁶². It is a high level indicator of the overall long-term impact of the Nova Scotia Injury Prevention Strategy and, specifically of efforts aimed at reducing falls related injuries.

Falls are a serious public health issue and the leading cause of injury among seniors. One in three seniors experiences a fall every year, a rate that increases to one in two for those over the age of 80. Falls cause more than 90% of all hip fractures in the elderly and 20% die within a year of the fracture. Families are often unable to provide care and 40% of all nursing home admissions occur as a result of falls by older people. Even without an injury, a fall can cause a loss in confidence and curtailment of activities, which can lead to a decline in health and function and contribute to future falls with more serious outcomes. Nova Scotia's changing demographics have led to an urgency in addressing seniors falls, as growing numbers of older people with chronic health problems and disabilities are living longer lives.

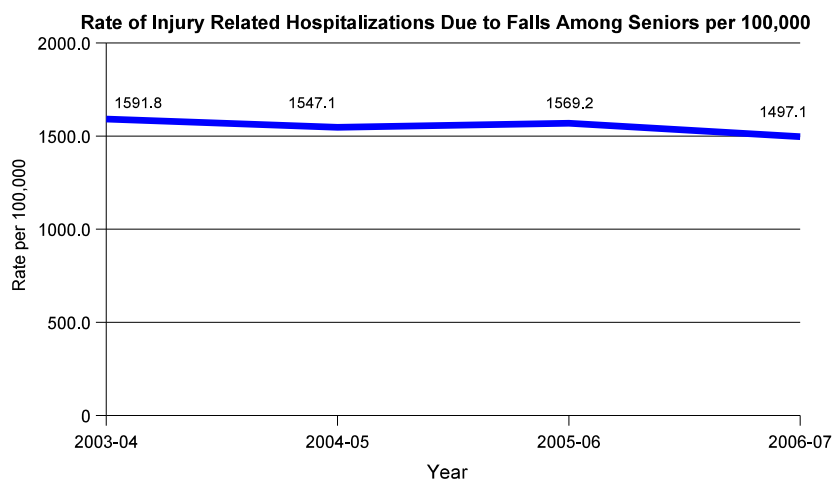
Where Are We Now?⁶³

In 2003-2004⁶⁴, the rate of fall related hospital admissions for Nova Scotians over age 65 was 1591.8 per 100,000. In 2006-2007, it was 1497.1 per 100,000.

Where Do We Want To Be in the Future?

In keeping with the national injury prevention strategy and injury target reductions set in the *Economic Burden of Unintentional Injury in Atlantic Canada Report*, the target is to achieve a 20% reduction in the rate of injury related hospitalizations due to falls among seniors in Nova Scotia by 2009-2010 using 2002 as the base year. Strategies to achieve this target include:

- leading the implementation of the *Preventing Fall-Related Injuries Among Older Nova Scotians Strategic Framework*
- making a three-year funding commitment to the Community Links Preventing Falls Together initiative to develop a sustainable network of regional falls prevention coalitions to develop falls prevention strategies that address the specific needs of their communities.



⁶²Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year.

⁶³The numbers presented vary from numbers reported in the 2005-2006 Accountability Report and 2006-2007 Business Plan as age-standardized rates have been replaced with crude rates. Crude rates are used because "age" is likely the primary contributing factor to these events.

⁶⁴The base year was changed from 2002 to 2003.

Rate of Suicide Related Deaths

A desired outcome in this area is to reduce the number of suicide related deaths. One way to assess this is by calculating the rate of Nova Scotians who die as a result of suicide.

What Does This Measure Tell Us?

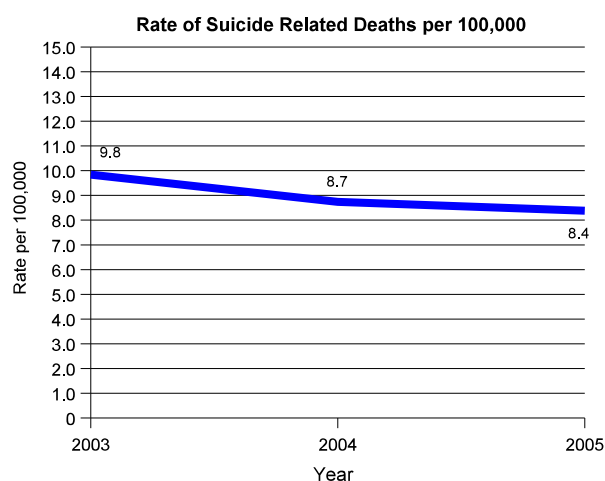
This measure describes the age-standardized rate per 100,000 of Nova Scotians who die as a result of suicide⁶⁵. The suicide related death rate is a high level indicator of the overall long-term impact of the Nova Scotia Injury Prevention Strategy, and specifically of efforts aimed at reducing the rate of suicide. Suicide is a serious public health issue. Self-injury is the third leading cause of injury related hospitalization and is the leading cause of injury related death in Nova Scotia. It is estimated that suicide costs Nova Scotians \$80-100 million per year in direct and indirect costs.

Where Are We Now?⁶⁶

In 2003⁶⁷, the rate per 100,000 of suicide related deaths in Nova Scotia was 10.0. In 2005, it was 8.4⁶⁸.

Where Do We Want To Be in the Future?

The 2006-2007 HPP Business Plan indicates a target reduction of 20% in suicide related deaths by 2009-2010. *The Nova Scotia Strategic Framework to Address Suicide* was released in November 2006. This provincial, intersectoral strategy to address suicide and self-inflicted injury identified a common vision and strategic plan for addressing suicide and self-inflicted injury across sectors. The Framework did not include a target for reduction of suicide related deaths in Nova Scotia. The Steering Committee responsible for the implementation of the Framework is developing an evaluation framework which will identify relevant indicators and potential targets that may replace HPP's business plan indicator and target. HPP is leading the implementation of this Strategy and continues its support of communities to develop their local capacity to prevent suicide.



⁶⁵Data are collected by Vital Statistics (SNSMR) and analysed by the Department of Health based on the calendar year.

⁶⁶The numbers presented vary slightly from numbers reported in the 2005-2006 Accountability Report and 2006-2007 Business Plan because current year population estimates and slightly different age standardization methods were applied across all of the years provided.

⁶⁷The base year was changed from 2002 to 2003.

⁶⁸2006 data lag a year behind.

Rate of Self-inflicted Injury Related Hospitalizations

A desired outcome in this area is to reduce the number of hospitalizations that are a result of self-inflicted injuries. One way to assess this is by calculating the rate of Nova Scotians admitted to hospital as a result of self-inflicted injury.

What Does This Measure Tell Us?

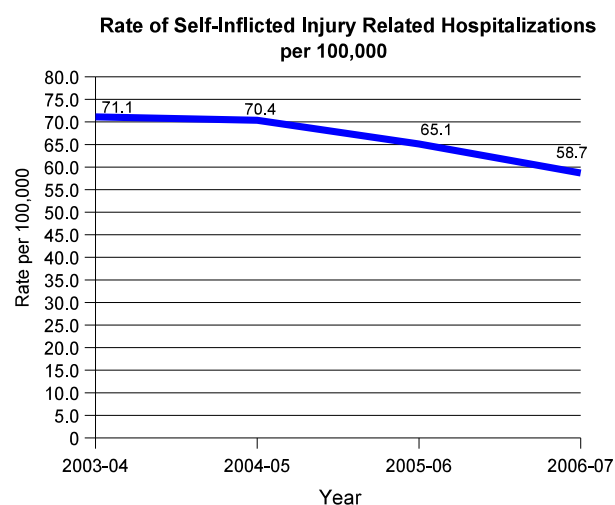
This measure describes the age-standardized rate per 100,000 of Nova Scotians admitted to hospital as a result of a self-inflicted injury⁶⁹. It is a high level indicator of the overall long-term impact of the Nova Scotia S Injury Prevention Strategy, and specifically of efforts aimed at reducing the rate of self-inflicted injuries. Self-injury is the third leading cause of injury related hospitalization and is the leading cause of injury related death in Nova Scotia.

Where Are We Now?⁷⁰

In 2003-2004⁷¹, the rate per 100,000 of self-inflicted injury related hospital admissions was 71.1. In 2006-2007, it was 58.7.

Where Do We Want To Be in the Future?

In 2006-2007 HPP Business Plan indicated a target reduction of 20% in self-inflicted injury-related hospitalizations by 2009-2010. *The Nova Scotia Strategic Framework to Address Suicide* was released in November 2006. This provincial, intersectoral strategy to address suicide and self-inflicted injury identified a common vision and strategic plan for addressing suicide and self-inflicted injury across sectors. The Framework did not include a target for reduction of suicide-related deaths in Nova Scotia. The Steering Committee responsible for the implementation of the Framework is developing an evaluation framework which will identify relevant indicators and potential targets that may replace HPP's business plan indicator and target. HPP is leading the implementation of this Strategy and continues its support of communities to develop their local capacity to prevent suicide.



⁶⁹Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year.

⁷⁰The numbers presented vary slightly from numbers reported in the 2005-2006 Accountability Report and 2006-2007 Business Plan because current population estimates and slightly different age standardization methods were applied across all of the years provided.

⁷¹The base year was changed from 2002 to 2003.

Rate of Motor Vehicle Collision (MVC) Injury Related Deaths

A desired outcome in this area is to reduce the number of MVC injury related deaths. One way to assess this is by calculating the rate of Nova Scotians who die as a result of suicide.

What Does This Measure Tell Us?

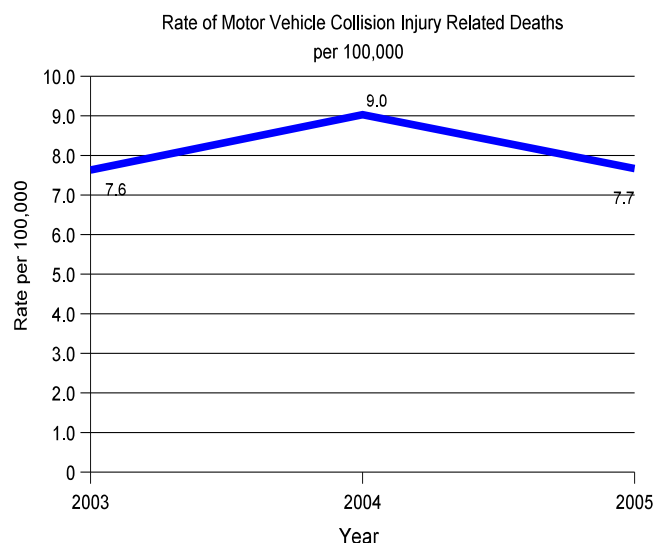
This measure describes the age-standardized rate per 100,000 of those Nova Scotians who die as the result of a MVC⁷². It is a high level indicator of the overall long-term impact of the Nova Scotia Injury Prevention Strategy, and specifically of efforts aimed at decreasing the rate of MVC injury related deaths. MVCs are a leading cause of death, hospitalization and disability in Nova Scotia and cost Nova Scotians more than \$74 million each year in direct and indirect costs.

Where Are We Now?⁷³

In 2003⁷⁴, the rate of MVC injury related deaths was 7.6 per 100,000. In 2005, the rate was 7.7 per 100,000⁷⁵.

Where Do We Want To Be in the Future?

The goal is to achieve a 30% reduction in the 2003 rate of MVC deaths in Nova Scotia by 2009-2010. The 30% target was selected to be consistent with targets set by the provincial Road Safety Advisory Committee and *Road Safety Vision 2010* (Transport Canada). The *Vision 2010 Mid-Term Review* prepared by the Canadian Council of Motor Vehicle Transport Administrators identified that it is unlikely that any province will achieve these targets. HPP is advocating for a more strategic approach to road safety in Nova Scotia. Transportation and Public Works is responsible for leading Nova Scotia's road safety efforts.



Other strategies include:

- work with Injury Free Nova Scotia and stakeholders to update and renew the Nova Scotia Injury Prevention Strategy
- continuation of the P.A.R.T.Y. program which is designed to educate high school students about the consequences of risk and serious injury due to alcohol
- continuation of funding to IWK Child Safety Link to implement a provincial Car Seat Safety Strategy.

⁷²Data are collected by Vital Statistics (SNSMR) and analysed by the Department of Health based on the calendar year.

⁷³The numbers presented vary slightly from numbers reported in the 2005-2006 Accountability Report and 2006-2007 Business Plan because current year population estimates and slightly different age standardization methods were applied across all of the years provided.

⁷⁴The base year was changed from 2002 to 2003.

⁷⁵2006 data lag a year behind.

Rate of MVC Injury Related Hospital Admissions

A desired outcome in this area is to reduce the number of MVC injury related hospitalizations. One way to assess this is by calculating the rate of Nova Scotians who are hospitalized as a result of a MVC.

What Does this Measure Tell Us?

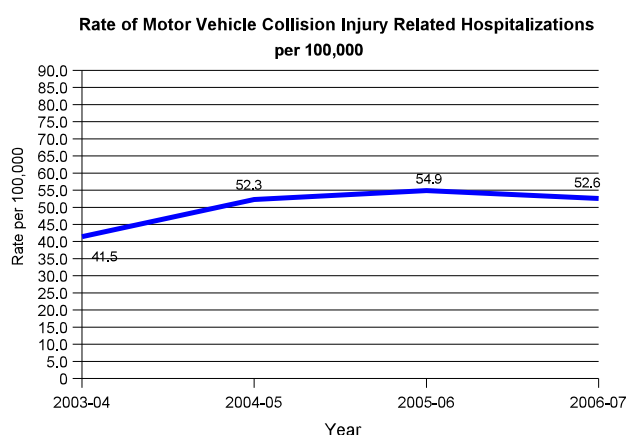
This measure describes the age-standardized rate per 100,000 of those Nova Scotians who are admitted to hospital as a result of a MVC⁷⁶. It is a high level indicator of the overall long-term impact of the Nova Scotia Injury Prevention Strategy, and specifically of efforts to reduce the rate of motor vehicle collision injury related hospitalizations. MVCs are a leading cause of death, hospitalization and disability in Nova Scotia and cost Nova Scotians more than \$74 million each year in direct and indirect costs.

Where Are We Now?⁷⁷

In 2003-2004⁷⁸ the rate of MVC injury-related hospital admissions was 41.5 per 100,000. In 2006-2007 it was 52.6 per 100,000.

Where Do We Want to Be in the Future?

The goal is to achieve a 30% reduction in the 2003-2004 rate of MVC injury hospital admissions in Nova Scotia by 2009-2010. The 30% target was selected to be consistent with targets set by the provincial Road Safety Advisory Committee and *Road Safety Vision 2010* (Transport Canada). The *Vision 2010 Mid-Term Review* prepared by the Canadian Council of Motor Vehicle Transport Administrators identified that it is unlikely that any province will achieve these targets. Nova Scotia is no exception. HPP is advocating for a more strategic approach to road safety in Nova Scotia. Transportation and Public Works is responsible for leading Nova Scotia's road safety efforts.



Other strategies include:

- work with Injury Free Nova Scotia and stakeholders to update and renew the Nova Scotia Injury Prevention Strategy
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- continuation of funding to IWK Child Safety Link to implement a provincial Car Seat Safety Strategy.

⁷⁶Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year.

⁷⁷The numbers presented vary from numbers reported in the 2005-2006 Accountability Report and 2006-2007 Business Plan as the definition of MVC injury related hospitalizations was refined for all years to align with the more narrowly defined MVC injury related deaths indicator in order to make data for these two indicators more comparable.

⁷⁸The base year was changed from 2002 to 2003.

CORE BUSINESS AREA: ADDICTIONS

Prevalence of High-Risk Alcohol Use

Addiction prevention contributes to the health and well-being of Nova Scotians through preventing and reducing harmful alcohol use. One way to assess this is to measure alcohol consumption.

What Does this Measure Tell Us?

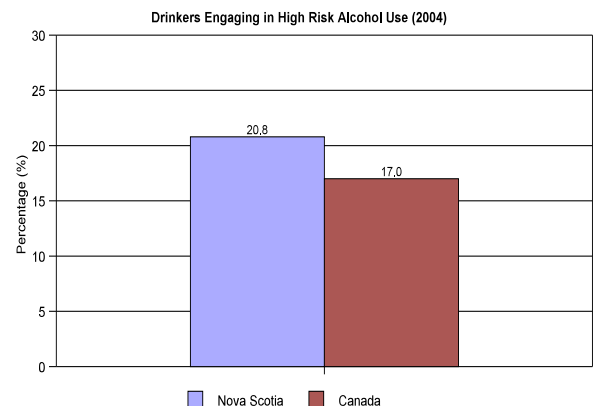
The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item questionnaire created by the World Health Organization (WHO) to assist practitioners in identifying hazardous consumption, harmful alcohol use patterns, and alcohol dependence. The AUDIT can be used as an epidemiological research tool in population studies.⁷⁹ High-risk alcohol use is determined by a score of 8 or more on the AUDIT.

Changes in Measures

The AUDIT score from the Canadian Addiction Survey (CAS)⁸⁰ replaces the CCHS alcohol consumption indicators (occasional heavy drinking and regular heavy drinking) reported in the 2005-2006 HPP Business Plan. This measure provides more meaningful data as it takes into account consumption patterns, harms experienced, and dependence symptoms.

Where Are We Now?

In 2004, 20.8% of Nova Scotia drinkers engaged in high-risk alcohol use compared to 17.0% of all Canadian drinkers. Based on Statistics Canada population estimates for 2003, these results suggest that 117,144 Nova Scotians 15 years of age and older are engaged in high risk alcohol use⁸¹.



Where Do We Want to Be in the Future?

Nova Scotia aims to be at or below the national prevalence percentage of high-risk alcohol use as measured by the AUDIT score by 2009-10. HPP worked with key stakeholders to release the provincial alcohol strategy on August 29, 2007, which aims to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia. Highlighted below are the priorities for the initial implementation stage of Strategy:

- raise the profile of alcohol as a public health issue

⁷⁹ Babor T, Higgins-Biddle J, Saunders, JB, & Monteiro M. (2001). The alcohol use disorders identification test: Guidelines for use in primary care. (Second Edition). Geneva: WHO.

⁸⁰CAS data are based on the calendar year.

⁸¹The Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) will replace the CAS as it will be implemented on more regular intervals and is scheduled to begin in January 2008.

- address the lack of basic, balanced consumer information regarding alcohol's effects for current drinkers
- respond to the need for guidelines that address drink limits and contexts of drinking
- through a combination of interventions, engage specific target groups such as underage drinkers and their parents and address behaviours of concern
- adopt a population health and health promotion lens for a balanced approach to alcohol policy
- provide individuals who are experiencing harm but who otherwise might not access specialized addiction services with self-assessment tools, information, and strategies to reduce their drinking
- promote the use of routine screening and brief interventions for individuals whose drinking results in harm, and involve a wider range of helping professions
- promote the variety of accessible prevention services and treatment options available through Addiction Services for any Nova Scotian negatively affected by alcohol use
- explore the scope of alcohol-related harm among diverse cultural groups and vulnerable populations

HPP initiated an alcohol indicators surveillance and monitoring system in 2005⁸² focusing on the harms of medium to high-risk drinking, based on the WHO recommendations for alcohol indicators best practice. The next edition of the report is expected to be prepared in 2008.

⁸²Graham, L. (2005) Alcohol Indicators Report: A framework for alcohol indicators describing the consumption of use, patterns of use, and alcohol-related harms in Nova Scotia. Halifax: Province of Nova Scotia, Office of Health Promotion.

Alcohol Related Harms: Mortality

Addiction prevention contributes to the health and well-being of Nova Scotians through preventing and reducing harmful alcohol use. One way to assess harmful alcohol use is by examining alcohol related mortality.

What Does this Measure Tell Us?

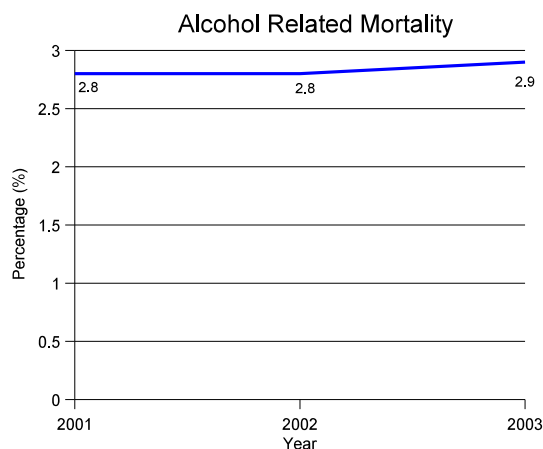
In the World Health Organization's (WHO) *International Guide for Monitoring Alcohol Consumption and Related Harm*, alcohol related mortality surveillance is recommended. The alcohol related mortality percentage is defined as the proportion of all alcohol related deaths to all deaths in Nova Scotia⁸³. Results were reported in the *Nova Scotia Alcohol Indicators Report*, November 2005.

Where Are We Now?⁸⁴

In 2001, the alcohol related mortality was 2.8%. In 2003, the alcohol related mortality was 2.9%. The next iteration of the *Nova Scotia Alcohol Indicators Report* is scheduled for 2008.

Where Do We Want to Be in the Future?

A target for alcohol related mortality has yet to be established. This target will be determined in consultation with research and evaluation experts during the development of the evaluation plan for the Nova Scotia Alcohol Strategy, expected to be completed by April 1, 2008.



HPP worked with key stakeholders to release the Nova Scotia Alcohol Strategy, *The Culture of Alcohol Use in Nova Scotia*, on August 29, 2007, which aims to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia. Highlighted priorities for action in the initial stages of the implementation of the Alcohol Strategy include to:

- raise the profile of alcohol as a public health issue
- address the lack of basic, balanced consumer information regarding alcohol's effects for current drinkers
- respond to the need for guidelines that address drink limits and contexts of drinking
- through a combination of interventions, engage specific target groups such as underage drinkers and their parents and address behaviours of concern
- adopt a population health and health promotion lens for a balanced approach to alcohol policy

⁸³The 2006-2007 Business Plan indicated number of deaths attributed to alcohol. This should have read "proportion" of alcohol-related deaths to all deaths in Nova Scotia.

⁸⁴Alcohol related mortality data are based on the calendar year.

- provide individuals who are experiencing harm but who otherwise might not access specialized addiction services with self-assessment tools, information, and strategies to reduce their drinking
- promote the use of routine screening and brief interventions for individuals whose drinking results in harm, and involve a wider range of helping professions
- promote the variety of accessible prevention services and treatment options available through Addiction Services for any Nova Scotian negatively affected by alcohol use
- explore the scope of alcohol-related harm among diverse cultural groups and vulnerable populations

Alcohol Related Harms: Morbidity

Addiction prevention contributes to the health and well-being of Nova Scotians through preventing and reducing harmful alcohol use. One way to assess harmful alcohol use is by examining alcohol-related morbidity.

What Does this Measure Tell Us?

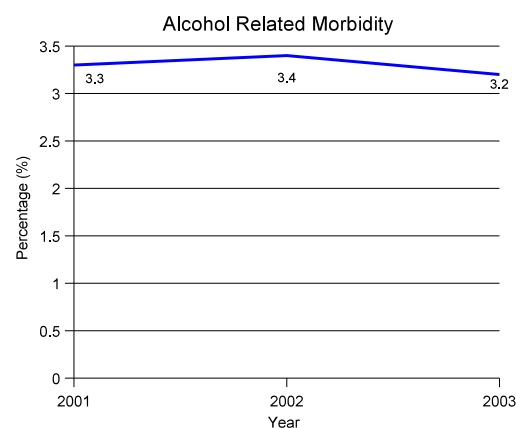
In the World Health Organization's (WHO) *International Guide for Monitoring Alcohol Consumption and Related Harm*, alcohol related morbidity is recommended as an indicator of alcohol related harm. For this report's purpose, the percentage of alcohol related morbidity is defined as the proportion of hospitalizations in Nova Scotia for which alcohol use has either contributed to the length of the hospital stay or has required resources for treatment compared to all hospitalizations in Nova Scotia.⁸⁵ Results were reported in the *Nova Scotia Alcohol Indicators Report*, November 2005⁸⁶.

Where Are We Now?⁸⁷

The percentage of alcohol related morbidity in 2001 was 3.3% and 3.2% in 2003. The next iteration of the *Nova Scotia Alcohol Indicators Report* is scheduled for 2008.

Where Do We Want to Be in the Future?

A target for alcohol related morbidity has yet to be established. This target will be determined in consultation with research and evaluation experts during the development of the evaluation plan for the Nova Scotia Alcohol Strategy, expected to be completed by April 1, 2008.



HPP worked with key stakeholders to release the Nova Scotia Alcohol Strategy, *The Culture of Alcohol Use in Nova Scotia*, on August 29, 2007, which aims to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among individuals, families, and communities in Nova Scotia. Highlighted priorities for action in the initial implementation stages of the Strategy include to:

- raise the profile of alcohol as a public health issue
- address the lack of basic, balanced consumer information regarding alcohol's effects for current drinkers
- respond to the need for guidelines that address drink limits and contexts of drinking
- through a combination of interventions, engage specific target groups such as underage drinkers and their parents and address behaviours of concern

⁸⁵The 2006-2007 Business Plan indicated number of hospitalizations attributed to alcohol. This should have read proportion of hospitalizations attributed to alcohol.

⁸⁶ These results only reflect a fraction of the true alcohol-related morbidity as alcohol-related disease and injury not requiring hospitalization is not captured (such as physician visits, emergency room visits, and not seeking help).

⁸⁷Alcohol related morbidity data are based on the calendar year.

- adopt a population health and health promotion lens for a balanced approach to alcohol policy
- provide individuals who are experiencing harm but who otherwise might not access specialized addiction services with self-assessment tools, information, and strategies to reduce their drinking
- promote the use of routine screening and brief interventions for individuals whose drinking results in harm, and involve a wider range of helping professions
- promote the variety of accessible prevention services and treatment options available through Addiction Services for any Nova Scotian negatively affected by alcohol use
- explore scope of alcohol-related harm among diverse cultural groups and vulnerable populations

Percentage of Adults with a Gambling Problem

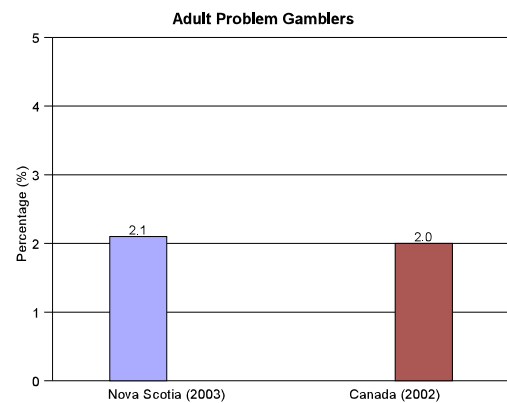
Addiction prevention contributes to the health and well-being of Nova Scotians through preventing and reducing problem gambling. One way to assess this is through the Canadian Problem Gambling Index.

What Does the Measure Tell Us?

The Canadian Problem Gambling Index (CPGI), a self-report survey, was used for the 2003 *Nova Scotia Gambling Prevalence Study*. It is the only instrument that is reliable and valid for measuring gambling prevalence in the general population. Based on a series of questions, the CPGI classifies the survey respondents as non-gamblers, non-problem gamblers, at-risk gamblers or problem gamblers. Those scoring 3 or higher are considered to be problem gamblers, which means that they are experiencing adverse consequences from their gambling, and many have lost control of their behaviour. As of 2003, there were an estimated 35,000 at-risk gamblers and 15,000 problem gamblers in Nova Scotia based on the CPGI. The national data come from the CCHS.⁸⁸ Problem gambling is associated with high rates of financial problems, marital discord, and mental health concerns.

Where are We Now?

The 2003 *Nova Scotia Gambling Prevalence Study* was conducted in order to provide a more accurate provincial rate of at-risk and problem gambling and greater detail about gambling behaviour than that provided by the CCHS. In 2003, 2.1% of adults in Nova Scotia were classified as problem gamblers based on the CPGI compared to the CCHS 2002 national rate of 2.0%. CCHS has not collected any new national data to date. Nova Scotia will conduct another prevalence study in 2007.



Where Do We Want to Be in the Future?

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

Nova Scotia is in the process of implementing *A Better Balance: Nova Scotia's First Gaming Strategy*. There are seven components of the strategy that are the responsibility of HPP:

- increasing problem gambling treatment resources
- early identification/intervention programs
- a treatment demonstration research project
- establishment of a comprehensive problem gambling strategy
- public awareness program
- targeted education programs (youth and seniors), and
- community-based prevention programs.

⁸⁸CCHS data are based on the calendar year.

CORE BUSINESS AREA: HEALTH PROTECTION AND PUBLIC HEALTH

Percentage of Senior Nova Scotians (65 years and older) Who Received a Flu Shot in the Past Year.⁸⁹

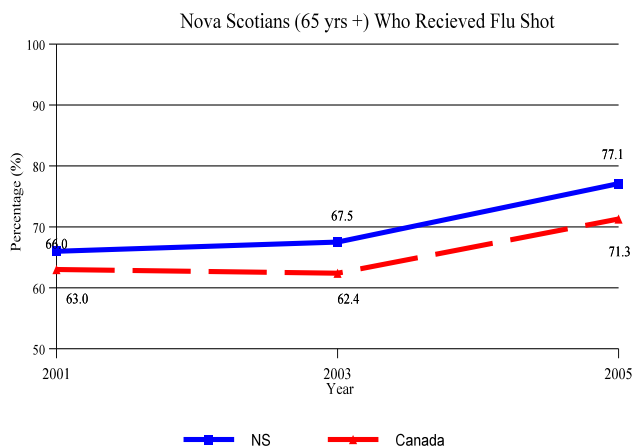
A desired outcome in this area is the protection and promotion of the public's health. One way to assess this is by the self-reported CCHS⁹⁰ that identifies those respondents 65 years and older who received a flu shot in the past year.

What Does the Measure Tell Us?

Vaccination coverage of seniors is measured by calculating the percentage of people (aged 65 years and older) who reported having a flu shot during the past year. By increasing the number of people who receive flu shots, the burden of illness on vulnerable populations, such as the elderly, can be decreased. Vaccination coverage is important in promoting and maintaining public health.

Where Are We Now?

Using the CCHS, in 2005, 77% of the Nova Scotian population 65 years of age and older reported having had a flu shot in the last year, as compared with the national rate of 71%. This shows an improvement since 2001 when 66% of Nova Scotians 65 years and older reported receiving flu shots as compared to the national rate of 71.3%.⁹¹



Where Do We Want to Be in the Future?

Vaccination coverage of seniors is important in promoting and maintaining public health and preventing the spread of infectious disease. By 2005-2006, the province aimed to increase the percentage of senior citizens receiving a flu shot to 80%. National targets are currently being developed through the National Immunization Strategy and it is expected that provincial deputy ministers will endorse these new targets from which Nova Scotia will determine its new target for the HPP Business Plan.

⁸⁹The indicator, "Children 6 to 23 months immunized adequately against influenza" is under review as national targets are yet to be developed through the National Immunization Strategy".

⁹⁰CCHS data are based on the calendar year.

⁹¹2007 data are not available until Summer 2008.

CORE BUSINESS AREA: COMMUNICATIONS AND SOCIAL MARKETING

Hits to the HPP Website

A desired outcome in this area is to provide access to information that contributes to the health and well-being of Nova Scotians. One way to assess this is through an examination of the number of visits to the HPP website.

What Does the Measure Tell Us?

The average number of website visits per month allows HPP to gauge the amount of traffic that is being generated to the HPP website. This can be cross-referenced with other communications activities and used to determine what actions could be applied to increase website use.

Insufficient use of a valuable information tool like a website represents a lost opportunity for stakeholders and the public to understand what HPP is responsible for, what information is available, and what they, as stakeholders and the public, may do to improve their health and well being. One measure related to communications and social marketing is the number of visits to the HPP website.

Where Are We Now?

The average number of hits per month for 2006-2007 was 21,287⁹² as compared to the 2005-2006 average number of hits per month of 15,423⁹³. Because statistics were only available for part of the fiscal 2006-2007 year and the Department re-organized in February 2006, comparison to the 2005-2006 average number of visits monthly is not meaningful. A new baseline will be considered based on data availability .

Where Do We Want to Be in the Future?

HPP aims to increase the average number of visits in a month to the website by 20% in 2009-2010.

In order to improve communications and social marketing through the use of the Department's website, HPP established a Web Advisory Committee that identified gaps in the website and ways to improve the website. A webmaster was hired to implement recommendations from HPP's *Final Report: 2006 e-Newsletter and Web Site Communications Audit, July 2006*, maintain ongoing web use statistics, and respond to ongoing feedback to continuously enhance the website to meet the needs of its users. The HPP website is currently being redesigned in response to the recommendations of this report and to correspond with the RCs that have been established by the new Department.

⁹²Statistics were only available from November 1, 2006 to March 31, 2007 from which the average number of visits per month to the website could be calculated.

⁹³Baseline average number of hits in a month in 2005-2006 did not include March, April 2006 as data was not available.

Client Satisfaction Survey

A desired outcome in this area is to provide access to information that contributes to the health and well-being of Nova Scotians. One way to assess this is through a client satisfaction survey which includes a key question: “Is the site valuable to you in any way?”

What Does the Measure Tell Us?

An audit of the HPP e-Newsletter and website was administered in 2006⁹⁴. As part of this audit a client satisfaction survey was administered to stakeholders. One of the questions related to the website was: “Is the site valuable to you in any way?”

Insufficient use of a valuable information tool like a website represents a lost opportunity for stakeholders and the public to understand what HPP is responsible for and what they, as stakeholders and the public, may do to improve their health and well being.

Where Are We Now?

Of the 359 respondents to the survey, there were 64 respondents to the question: “Is the site valuable to you in any way?” 93% responded “yes” .

Where Do We Want to Be in the Future?

The initial target was to increase the 2006 response to this question by 20% by 2009-2010. This indicator and its target will need to be reconsidered given: the highly positive response noted above; the launch of the new Department website planned for November 2007; the timing of another client survey; and the comparability of data based on two different websites.

In order to improve communications and social marketing through the use of the Department’s website, HPP established a Web Advisory Committee that identified gaps and ways to improve the website. A webmaster was hired to implement recommendations from *Health Promotion and Protection Final Report: 2006 e-Newsletter and Web Site Communications Audit, July 2006*; maintain ongoing web use statistics and respond to ongoing feedback to continuously enhance the website to meet the needs of its users. The HPP website is currently being redesigned in response to the recommendations of this report and this new website will be launched in November 2007.

⁹⁴Data based on calendar year.