



**Health Promotion
and Protection**

HEALTH PROMOTION AND PROTECTION

**Annual Accountability Report
for the Fiscal Year 2007-2008**

November 2008

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Annual Accountability Report for the Fiscal Year 2007-2008

Health Promotion and Protection

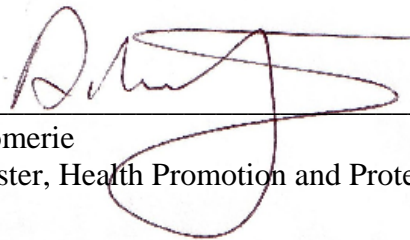
Accountability Statement

The accountability report of the Department of Health Promotion and Protection for the year ended March 31, 2008, 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 2007-2008. The reporting of outcomes includes estimates, judgments 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

I am pleased to share the 2007-2008 accountability report for the Department of Health Promotion and Protection. We are a young, vibrant department and we are committed to helping Nova Scotians be healthier and safer. With a budget of approximately \$49 million, we work with many partners across the province to develop and implement programs to promote good health, support early childhood development, prevent chronic disease and injury and protect Nova Scotians from emerging public health threats.

The work we do touches every Nova Scotian and this report celebrates our many accomplishments in 2007-2008 – from lowering smoking rates and building 500 kilometers of trail to implementing a new vaccination program and ensuring public school students have access to nutritious food and opportunities for physical activity.

2007-2008 Highlights:

- In response to one of the fundamental recommendations in the Public Health Renewal report, we hired Nova Scotia's first Chief Public Health Officer to provide leadership for Nova Scotia's public health system.
- Nova Scotia was one of the first jurisdictions in Canada to implement an HPV vaccination program to Grade 7 female students. The program was a success with 80 per cent participation.
- We worked with vendors to help them comply with the *Tobacco Access Act* and Regulations to protect young Nova Scotians from the marketing practices of the tobacco industry.
- We amended the *Smoke-free Places Act* and Nova Scotia became the first province in Canada to prohibit smoking in vehicles when minors are present.
- We continued to implement the province's first alcohol strategy to reduce the harm alcohol use brings to individuals, families and communities.
- We released the Nova Scotia 2007 Student Drug Use Survey and learned that fewer junior high and high school students are using tobacco and cannabis and more students are drug-free.
- We expanded our commitment to improve physical activity levels of Nova Scotians through sport and recreation facilities. The Building Facilities and Infrastructure Together (B-FIT) program increased from \$5-million to \$7-million annually – this will translate to more than \$250-million of infrastructure over the 10-year commitment.
- We renewed the Active Kids Healthy Kids strategy. The renewed strategy targets youth and pre-teens, particularly females, as well as parents and guardians, to increase the number of children and youth who accumulate at least 60 minutes of physical activity on a daily basis.
- We continued to develop a province-wide trail system that will connect our communities. This will see an additional 500 km of new trail developed in the next four years.
- We continued to support the Youth Sexual Health Strategy developed by the Nova Scotia Roundtable on Youth Sexual Health.
- We supported 43 youth health centres across the province by developing guidelines to assist them with in reaching province-wide standards.

- We funded food costing research to monitor the cost of a basic nutritious diet in the province to better understand the impacts of food insecurity in the lives of Nova Scotians.
- We supported implementation and evaluation of the School Food and Nutrition Policy and expanded school breakfast programs to ensure all students get a nutritious start to their day.
- We supported the implementation of the provincial Breastfeeding Policy throughout the health system and began work on an exciting new social marketing campaign to help raise breastfeeding rates in the province.
- We continued to support parents in Nova Scotia through the Enhanced Home Visiting Program that builds the skills of parents who have been assessed as needing intensive support through their children's first three years of life.
- Our Injury Prevention efforts this year saw us partnering with Injury Free Nova Scotia to renew the Nova Scotia Injury Prevention Strategy. We met with 250 stakeholders across the province and I look forward to launching the renewed strategy in 2008.
- We led Nova Scotia's efforts to address fall-related injuries among Nova Scotia's seniors, implementing a comprehensive long-term plan for reducing falls and fall-related injuries among older Nova Scotians.
- In response to the Nova Scotia-Canada Volunteerism Initiative report, we worked with the voluntary sector to establish the Nova Scotia Volunteer Community Advisory Council. This council works with government to support volunteers and the voluntary sector.
- On the social marketing side, we launched the "You are not alone" campaign targeting problem gamblers and their families. TV and print advertisements did result in increased calls to our toll-free problem gambling helpline. We also continued with the "Taking the Roof off Winter" campaign to provide Nova Scotians with ideas and opportunities for activity during the winter months.

These accomplishments, and the many others listed in this report, reflect the work of many dedicated employees and partners who work tirelessly for the benefit of all Nova Scotians. I would like to take this opportunity to thank them for their commitment to Nova Scotians.

In 2008-2009 we will continue to work with our many partners in government, communities and in the private sector to fulfill our mandate of making Nova Scotians healthier and safer. We will also remain dedicated to strengthening the public health system in Nova Scotia.



Honourable Barry Barnett
Minister of Health Promotion and Protection

2. Introduction

This Annual Accountability Report is based on the priorities and performance measures set out in the Department of Health Promotion and Protection's Business Plan for the 2007-2008 fiscal year.

Organization of Department of Health Promotion and Protection

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

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

HPP has the following Responsibility Centres:

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

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

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

Strategic Planning

With the implementation of the PHR's 21 Actions for System Renewal well underway, HPP began work on its departmental strategic plan in early 2007-2008. Phase I involved extensive internal consultation on a new vision, mission, strategic goals, guiding principles and values. These were finalized in 2007-2008 as follows²:

Vision Helping Nova Scotians to be healthier and safer

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

Strategic Goals

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

Guiding Principles

Foundation. We are grounded in the principles of community development and committed to a population health approach to our work.

Partnership. We will work in a collaborative, transparent and responsive way.

Integration. We will work within and across disciplines, sectors and organizations.

Evidence Informed. We will make decisions based upon the best available information and will work to ensure that we have appropriate information for all populations.

Culturally Competent. We will develop the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all Nova Scotians.

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

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

Values

Leadership. We believe in creating a culture that inspires all of us to achieve our best. We believe in being responsive and decisive. (*Practice what we preach.*)

Integrity. We believe in openness, honesty, trust, respect and acknowledging the contributions made by all. (*Doing the right thing.*)

Collaboration. We believe in the importance of teamwork and open communication. (*The whole is greater than the sum of its parts.*)

Innovation and Excellence. We believe in achieving our goals through a spirit of creativity and exploration. (*Thinking outside the box.*)

Inclusion. We value the similarities and differences among people and believe in supporting everyone to reach their potential. (*Equitable opportunities for all.*)

People Development. We believe in continuous learning, self-improvement, personal wellness and professional development. (*Life-long learning.*)

Description of Core Business Areas

Addictions

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

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

Chronic Disease and Injury Prevention

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

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

Communicable Disease Prevention and Control

Communicable Disease Prevention and Control (CDPC) focuses on:

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

Environmental Health

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

- safe food
- safe drinking water
- safe environments.

Healthy Development

Healthy Development focuses on:

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

Health Services Emergency Management

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

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

Physical Activity, Sport and Recreation

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

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

Population Health Assessment and Surveillance

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

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

Volunteerism

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

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

3. Progress and Accomplishments of 2007-2008 Priorities

3.1 Public Health Renewal

HPP continued to move forward with the 21 Actions for System Renewal identified in the PHR (see Appendix A). Related actions undertaken in 2007-2008 follow.

Accomplishments:

Strategic Plan HPP began work on its departmental strategic plan in early 2007-2008. Phase I involved extensive internal consultation on a new vision, mission, strategic goals, guiding principles and values. Phase II continued into 2008-2009 and is employing strategic mapping to develop objectives, indicators, and targets in key areas. The completed strategic plan will serve as a foundation for the annual business planning process.

Chief Public Health Officer In response to one of the fundamental recommendations in the PHR, Nova Scotia announced the hiring of its first Chief Public Health Officer. This position will provide leadership in the planning, design, development, coordination and ongoing management of Nova Scotia's public health system and reports to the Deputy Minister. It also has the responsibilities of the Chief Medical Officer of Health under the *Health Protection Act*.

Medical Officers of Health Recruitment began in 2007-2008 for the Deputy Chief Medical Officer of Health. This position was filled in June 2008. Development of a Medical Officer of Health recruitment and retention strategy began in 2007-2008.

Human Resources In 2007-2008, Directors for all Responsibility Centres were in place. Several positions established and filled in the Department in 2007-2008 were public health positions at the provincial level of the system. As well, new positions were established at the local level of the public health system.

A Project Executive was hired and a workforce development framework was established and approved in 2007-2008. Asset mapping of core competencies of the public health system which will inform the implementation of the workforce development framework was undertaken in 2007-2008.

In 2007-2008 HPP collaborated with the Department of Health to secure a community medicine residency position from the University of Toronto and related funding from the Public Health Agency of Canada to support this residency position.

As well, HPP provided funding and was actively engaged with Dalhousie University in the development of design elements for a Master of Public Health program; participated in the Dalhousie University Community Health and Epidemiology Search/Survey for a Department head; actively participated on working groups to develop a business case for a Health Policy Research Centre; and began initial work with the Regional Director Generals for Health Canada and the Public Health Agency of Canada to identify areas of collaboration.

Accountability Mechanism for Public Health System HPP conducted site visits to DHAs in May and November 2007 to collectively discuss budget and allocation of public health funding.

Provincial Health Services Operational Review (PHSOR) The PHSOR report was released in January 2008. Public Health is engaged in overall planning but primarily in work related to mental health, addictions, and primary health care.

Budget In 2007-2008, excluding vaccines, there was \$3.6 million in new funding for public health renewal from 2006-2007.

3.2 Addictions

Provincial Alcohol Strategy The provincial alcohol strategy was released in 2006-2007. Implementation of the strategy and monitoring its related activities will continue in 2007-2008. HPP will conduct a comprehensive benchmark survey on alcohol related knowledge, perception, attitudes and behaviours and an underage drinking contextual research project. Phase II of consultations with DHAs and key stakeholders concerning implementation and evaluation considerations will occur. Working groups will be established to address key strategy components including Alcohol Policy, Underage Drinking, Fetal Alcohol Syndrome Disorder and Brief Intervention Programs.

Accomplishments:

An Intergovernmental Committee on Alcohol Policy in Licensed Establishments was created to consult with relevant stakeholders and provide advice on alcohol policy in licensed establishments in order to prevent and/or reduce alcohol-related acute and chronic health, social, and economic impacts. Chaired by HPP, with senior staff from the Departments of HPP, Labour and Workforce Development, Justice, and Tourism, Culture and Heritage and the Nova Scotia Liquor Corporation, the Committee examined priority issues including: advertising discounted drinks, discounted alcohol prices, hours of operation, and training of bar and security staff. Key stakeholders participated in consultations and/or were asked to provide written submissions. The Committee's recommendations were presented to Cabinet in the summer of 2008.

A working group was struck to plan and implement the Fetal Alcohol Spectrum Disorder (FASD) Stakeholder Forum: Towards a Coordinated Approach to FASD in Nova Scotia which took place on March 26, 2008 in Halifax. The purpose of the Forum was to bring together key stakeholders from across the province to share experiences and resources and to explore a process for a more coordinated approach along the continuum of programs and services from prevention to supporting individuals and families affected by FASD.

An *Alcohol Strategy Policy Advisory Committee* was struck to advance the Alcohol Strategy by providing evidenced-based advice on provincial policy options and recommendations that prevent and/or reduce the negative health, social, and economic impacts of alcohol use in Nova Scotia.

An *Addiction Services Alcohol Strategy Implementation Committee* was struck to provide advice, direction, and recommendations pertaining to implementation and support of the provincial Alcohol Strategy within each of the nine DHAs and IWK; oversee the monitoring and evaluation of provincial and district activities and programs in response to the implementation of the provincial strategy; and integrate prevention/early intervention and treatment responses to harmful alcohol use across a continuum of services throughout all DHAs and IWK.

Benchmark Survey on Alcohol Related Knowledge, Perception, Attitudes and Behaviours

HPP will conduct a public survey of the cultural dynamics of alcohol consumption. These include knowledge, awareness, attitudes, perceptions and behaviours with respect to alcohol. The survey will encompass a representative sample of all Nova Scotians 13 year of age and older. The results will provide focused prevention, community education and early intervention strategies to address harmful alcohol use among Nova Scotians and help to establish low risk drinking guidelines which are acceptable to all Nova Scotians. It will also provide invaluable information about key areas to address in policy, communications, prevention and early intervention strategies. Follow-up surveys will document the impact of the strategies and track subsequent changes in knowledge, perception, attitudes and behaviours.

Accomplishments:

The *Benchmark Survey on Alcohol Related Knowledge, Perception, Attitudes and Behaviours* was awarded to Focal Research Consultants via a Request for Proposal process in February 2008. Surveying began in 2007-2008 and will continue in 2008-2009 with a report expected in Summer 2008.

Underage Drinking Contextual Research Project This project will provide insight into how youth access alcohol, why they consume alcohol, and the context of that consumption. Rural and urban youth will be engaged in formal and informal discussions. This qualitative research will also include parents in order to assess their knowledge of, attitudes towards, and approaches to preventing and/or addressing alcohol use by their child(ren). Meaningful youth engagement is required to develop a successful strategy to prevent and/or delay onset of drinking and to reduce harms when drinking is initialized. Youth perspectives on solutions for addressing underage drinking against a backdrop of best practices will ensure the development of appropriate and relevant policy, intervention and program strategies.

Accomplishments:

Focus groups with the *Underage Drinking Contextual Research Project* were conducted in January 2008 with a follow-up done in March 2008. A report is expected for summer 2008.

Alcohol and Other Drug Education Resources HPP, in partnership with key stakeholders, will continue to develop and implement targeted education resources with a continued emphasis on high-risk groups such as under-aged drinkers, women who are or plan to become pregnant, and high-risk contexts. These resources will reflect the most current scientific evidence and best practices in addiction prevention.

Accomplishments:

Resources for a *Healthier Campus: Helping Students Help* (aka Work Hard, Play Hard) is a pilot campus awareness and education program for post secondary students in Nova Scotia. The program better informs students on the harms of high risk drinking and gambling and is facilitated by Addiction Services professionals. The Program was developed and delivered at university and community college campuses in 2007, with further roll out and expansion in 2008.

Addictions Awareness Week The National Addictions Awareness Week in November of each year is an effective addictions prevention and communication opportunity. The 2007 Addictions Awareness Week will focus on alcohol and youth.

Accomplishments:

Addiction Awareness Week was held from November 18 - 25, 2007. Nova Scotia's focus was on celebrating and raising awareness about the work of Addiction Services in Nova Scotia communities as well as bringing attention to the impact of alcohol on the health and well-being of Nova Scotians. District Addiction Services staff and volunteers, together with community partners, hosted over 100 events province-wide.

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

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

Accomplishments:

HPP created and released *Winning Within: A Self Help Guide to Changing Gambling Behaviours* in Spring 2007. This program helps those who gamble see how gambling becomes a problem and provides them strategies for reducing harm.

One treatment demonstration project was reviewed and awarded by the Nova Scotia Health Research Foundation to Dalhousie University and the Capital District Health Authority. A second project application was submitted and went forward for review.

A draft of the *Problem Gambling Strategy* was submitted to the Gaming Strategy Steering Committee in 2007-2008. A final report is expected in 2008-2009.

School-based prevention initiatives were developed with the Department of Education and DHAs. Education materials for seniors groups were provided via advertising editorial articles in the Seniors Advocate.

The financial counseling community was provided with educational materials and presentations in 2007. Preliminary work to develop programming for the medical community also began in 2007-2008.

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

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

Accomplishments:

The evaluation of Yellow Flag, the social marketing campaign for at-risk and problem gamblers aged 19-34 years, took place in January 2008 with a phone survey of the target audience. A draft report was received on March 31, 2008. Preliminary indications suggest the program resonated with the target audience and was effective in meeting the objectives of the campaign.

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

Accomplishments:

On January 15, 2008, HPP publicly launched “Notes”, the second part of its advertising campaign which targets problem gamblers. The launch event showcased three television spots that are intended to raise awareness of the Problem Gambling Helpline and the website www.youarenotalone.ca.

3.3 Chronic Disease and Injury Prevention

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

Accomplishments:

A renewal of the provincial Tobacco Control and Injury Prevention Strategies was undertaken in 2007-2008. This work included an evaluation of progress to date and will contribute to the development of priority areas of focus and enhanced integrated approaches. The Healthy Eating Nova Scotia Steering Committee began the development of an evaluation framework for the *Healthy Eating Nova Scotia (HENS) Strategy*.

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

Accomplishments:

A Steering Committee of volunteers engaged health promotion stakeholders in dialogue about the purpose, structure and funding models for a Chronic Disease and Injury Prevention Alliance for Nova Scotia. From the consultations, a draft Terms of Reference, budget and governance model were prepared. In 2007-2008, A Project Coordinator was hired to assist with implementation of the Alliance. Planned for 2008-2009, this work will include: development of communication materials to articulate the purpose, function and value of the Alliance, development and implementation of an expanded consultation process to provide potential participating organizations with information about the Alliance and its value to members,

development of a blended funding model, and development of a transition plan that enables the Project Steering Committee to turn over governance of the Alliance to the Coordinating Committee as per the Terms of Reference for the Alliance.

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

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

Accomplishments:

HPP, on behalf of the provincial *HENS* Steering Committee, hired a consultant to develop an evaluation framework (including a logic model and evaluation matrix) for the *HENS* Strategy. The evaluation framework was developed using a participatory approach which involved the *HENS* Steering Committee and consultations with other provincial and local stakeholders. The logic model focuses on key areas of activity related to: leadership, public policy, knowledge development and translation, evaluation, health communications, and community development and infrastructure. The evaluation matrix identifies indicators that will be used to measure the outputs and outcomes of the strategy. The development of the evaluation framework supports HPP's commitment to provide leadership to the evaluation of the *HENS* Strategy.

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

Accomplishments:

HPP provided a grant to the Heart and Stroke Foundation of Nova Scotia 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 *HENS* Strategy. A survey with key stakeholders and a review of best practices and evidence related to increasing access to and affordability of fruits and vegetables for all Nova Scotians were conducted. A report with recommendations was completed in consultation with the provincial Fruit and Vegetable

Working Group. Based on this report, the Fruit and Vegetable Working Group, recommended the development of a provincial Fruit and Vegetable Social Marketing Campaign. The Canadian Cancer Society- Nova Scotia Division and the Heart and Stroke Foundation of Nova Scotia agreed to continue to provide leadership to this area of the *HENS* Strategy. HPP provided a grant to the Canadian Cancer Society- Nova Scotia Division to engage the services of a social marketing firm to begin the development of the fruit and vegetable social marketing campaign.

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

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

Accomplishments:

HPP continued to work in partnership with the provincial Food Security Steering Committee to address the next steps identified for food security in the *HENS* Strategy. Over the 2007-2008 fiscal year, HPP contributed to the Food Security Steering Committee action planning to identify future strategic food security initiatives. In addition, HPP provided a grant to Mount Saint Vincent University to oversee the implementation of the participatory food costing model on behalf of the Nova Scotia Food Security Steering Committee. Participatory food costing data collection occurred in June 2007 in order to estimate the cost of a basic nutritious diet in Nova Scotia.

HPP, with input from the provincial Food Security Policy Working Group, facilitated the dissemination of the food security policy discussion paper and policy lens. The purpose of the policy lens is to support policy makers across all levels and sectors of government in making policy decisions that contribute to the food security of Nova Scotians.

Renewal of Tobacco Control Strategy Smoking prevalence rates have decreased from 30% to 21% 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 Comprehensive Tobacco Control Strategy. DHAs, First Nations, school boards, health charities, anti-poverty organizations, non-governmental organizations and other provincial and federal government departments will be invited to assist HPP renew the tobacco control strategy to reflect emerging trends and priorities. A renewed strategy is anticipated by Fall 2007 and will inform the 2008-2009 business planning.

Accomplishments:

Work toward the renewal of the Comprehensive Tobacco Control Strategy continued in 2007-2008. Working groups comprising HPP staff and health stakeholders from across the province were established around each of the pillars of the Tobacco Control Strategy: pricing/taxation, policy and legislation, cessation, community-based programs, youth smoking prevention, mass media and public awareness, and evaluation and surveillance. Recommendations from these task groups were developed to inform the renewed strategy. Additional consultation with DHAs, First Nations, school boards, health charities, anti-poverty organizations, non-governmental organizations and other provincial and federal government departments was undertaken and this input was also used to inform the renewed Strategy. A renewed Strategy is anticipated for Fall 2008.

As part of renewing the Tobacco Control Strategy, HPP commissioned GPI Atlantic to update its Costs of Tobacco Report which was released in September 2007. HPP also provided funding toward the Canadian Cancer Society Revised Report on Costs of Tobacco released in September 2007.

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

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 no-cost nicotine replacement therapies through each DHA. Recommendations from the Treatment Working Group will be used to inform efforts to enhance delivery.

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 2007-2008, 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 Justice also worked with federal and provincial partners on next steps related to this issue. These actions will continue in 2008-2009.

Other Accomplishments:

Amendments to Tobacco Access Act Regulations The *Tobacco Access Act* (TAA) Regulations were amended in 2007-2008 to define the locations and conditions where tobacco can be stored and displayed and to extend the list of places where tobacco is not permitted to be sold. A six month transition period between June and November 2007 was instituted to allow

vendors to make the necessary changes to the display and storage of tobacco. Only one vendor failed to comply and HPP will undertake legal action accordingly in 2008-2009.

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

Accomplishments:

The Nova Scotia Injury Prevention Strategy serves as an integrated and comprehensive guide to collective efforts to reduce injuries in Nova Scotia. In partnership with Injury Free Nova Scotia, HPP developed a variety of consultative mechanisms to engage stakeholders in the renewal of the Nova Scotia Injury Prevention Strategy (steering committee, stakeholder survey, consultation symposium, and focus groups). These processes provided approximately 250 stakeholder organizations and individuals with an opportunity to provide input and inform the renewal of the strategy. All of the input and information gathered during this process will be used to create the renewed strategy in late 2008-2009.

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

Accomplishments:

Preventing seniors' falls requires a wide-ranging, multifaceted approach. The framework, launched in March 2007, provides a comprehensive long-term plan for reducing falls and fall related injuries among older Nova Scotians. Throughout 2007-2008 HPP continued working closely with other key partners to support the implementation of the strategic framework. One of the key foundational elements to moving the framework forward involves the delivery of the Canadian Falls Prevention Curriculum to individuals and organization who can impact this issue. During February and March 2008, HPP delivered this program to approximately 60 stakeholders. The Canadian Falls Prevention Curriculum will continue to advance the framework in the coming year.

In 2007-2008, in recognition of the need to expand the reach and enhance the effectiveness of the Preventing Falls Together (PFT) Initiative, HPP renewed its partnership with Community Links related to this initiative for an additional four years and increased its funding (from \$100,000 per year to \$150,000). The PFT Initiative supports the development of 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.

Road Safety Campaign Motor vehicle crashes in Nova Scotia resulted in the deaths of 86 people in 2006, and in 2005 resulted in 741 hospital admissions. Nova Scotia supports Vision 2010: Canada's Road Safety Plan which emphasizes the importance of partnerships and the use of a wide variety of initiatives that focus on road users, roadways and motor vehicles.

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

Accomplishments:

HPP worked collaboratively with the Departments of Justice, Service Nova Scotia and Municipal Relations, and Transportation and Infrastructure Renewal to develop a more comprehensive approach to road safety, building on the campaign to enhance overall effectiveness. The result was the creation of the Impaired Driving Sub-Strategy under the Department of Justice. Endorsed by Executive Council, this sub-strategy includes: implementation of an integrated impaired driving enforcement unit pilot project, development of an impaired driving countermeasures course, funding for training additional data master operators, and funding for law enforcement equipment. Short-term actions for the sub-strategy have been articulated. This sub-strategy will be integrated into the Comprehensive Road Safety Strategy when complete. HPP contributed an additional \$91,000 to support this sub-strategy.

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

Accomplishments:

HPP provided \$100,000 to Child Safety Link in core operational funding and an additional \$75,000 in support of the car seat safety strategy. Child Safety Link continues to serve as a key injury prevention resource for parents and children in Nova Scotia.

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

Accomplishments:

In 2007-2008, HPP established a provincial steering committee to guide the roll out of the Nova Scotia Strategic Framework to Address Suicide. In December 2007, HPP and the Co-Chair of the Steering Committee conducted an information gathering process consisting of key informant interviews to assess the capacity and infrastructure of the districts/communities to address suicide prevention, intervention and postvention. Additionally, gaps and required resources to effectively support implementation of the Framework were identified. HPP provided funding to Dalhousie University for a multi-year study intended to develop a detailed profile of those who die by suicide in Nova Scotia. This research will be used to inform future prevention efforts.

HPP continued funding the Canadian Mental Health Association (Nova Scotia Division) for the Communities Addressing Suicide Together (CAST) Initiative (\$100,000 per year). Under this four-year initiative (started in 2006-2007), CAST provides ongoing leadership and support to communities to establish regional suicide prevention coalitions, provide networking supports, disseminate suicide prevention expertise, and build capacity to address suicide.

In 2007-08, HPP provided \$50,000 to the Youth Project to develop suicide prevention initiatives to support the Gay, Lesbian, Bisexual, Transgender Youth community; a population at significant risk of suicide.

Preventing Alcohol and Risk Related Trauma in Youth More than one Nova Scotian teen dies each week as a result of an injury. In 2005-2006, HPP launched a new version of 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, Transportation and Infrastructure Renewal and Justice, as well as Dalhousie University and the IWK Health Centre, P.A.R.T.Y. will expand in 2007-2008. Planned activities include continued training of program facilitators, development of curriculum supplements, research and evaluation, and developing a revised version for higher risk youth. HPP's goal is to deliver P.A.R.T.Y. to all 12,000 grade 10 students in Nova Scotia.

Accomplishments:

P.A.R.T.Y. continued to expand, with 35 new facilitators trained and an additional seven high schools participating during the 2007-2008 school year. Researchers at Dalhousie University reported on the three-month evaluation results post-PARTY with encouraging findings including positive changes in attitude regarding risk and an increase in knowledge regarding injury and the consequences of risk. P.A.R.T.Y. continued to be offered to teenagers in the Youth Restorative Justice program and to the IWK CHOICES program for youth being treated for addictions. In 2007-2008, a new partnership was established with the IWK Adolescent Centre for Treatment in a program providing rehabilitative mental health treatment. The goal of the partnership is to develop and evaluate new education resources for youth around risk and injury.

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

Accomplishments:

HPP continued to provide Wellness Grants via DHAs to CHBs for local initiatives through local community organizations in the areas of health promotion and illness prevention. \$451,522 was allocated to DHAs using the public health funding approach which aims to equitably allocate public health resources while recognizing regional differences.

3.4 Communicable Disease Prevention and Control

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

Accomplishments:

The CDPC Responsibility Centre was established in 2007-2008 and strategic planning for the unit was initiated. Several positions were filled including the Director, two CDPC Coordinators, a CDPC Nurse Consultant and an Immunization Coordinator.

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

- ***Childhood Immunization*** HPP will continue to implement the childhood immunization schedule consistent with the NIS. Since 2004 four new vaccines (varicella for chicken pox, conjugated meningococcal for Meningitis C, conjugated pneumococcal for infection by pneumococcal bacteria, and juvenile pertussis for adolescent whooping cough) have been added to Nova Scotia's vaccine schedule. New federal funding in 2007-2008 will support the introduction of a new vaccine that protects against the human papilloma virus (HPV).
- ***Immunization Coordinator*** A new immunization coordinator will be responsible for the coordination of the components of the Nova Scotia immunization system and the various practices and procedures of the system stakeholders (researchers, policy makers/planners, health care providers, general public, media, NGOs, educators, private sector). Such coordination will lead to improved efficiencies in program and policy development.

Accomplishments:

HPP continued to implement the childhood immunization schedule consistent with the National Immunization Strategy. Nova Scotia was one of the first provinces to implement an HPV program to Grade 7 girls in September 2007. The program has been successful with a 75-80% uptake.

The Immunization Coordinator was hired in October 2007. This contributed to strengthening and enhancing the immunization program on all fronts. This position will be critical in moving the recommendations from the 2008 Auditor General's Report forward in 2008-2009. Actions to respond to recommendations in the Auditor General's Report as they relate to the immunization program began immediately after the release of the Report in February 2007 and will continue in 2008-2009.

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

Accomplishments:

A CDPC Coordinator was hired in 2007-2008. This position plays a key role in supporting the HIV/AIDS strategy and related work. In 2007-2008 options for the development of an evaluation framework for the Strategy were identified.

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

Accomplishments:

HPP worked with the AIDS Commission to develop a job description for the Director of the AIDS Commission. The job description was put forward for approval by the Public Service Commission. Approval was received in May 2008 with the intent to fill the position by Fall 2008.

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

Accomplishments:

See System Wide: Other Accomplishments, page 48.

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

Accomplishments:

In 2007-2008, the responsibilities related to PANORAMA were transferred from PHAS to CDPC. PANORAMA promises to provide authorized Canadian health care professionals with the real-time ability to perform communicable disease case management and surveillance to manage, collect, share and analyze health information related to communicable diseases, outbreaks, immunization, inventory, notifications and workflow management processes, at provincial/territorial and federal levels. HPP filled the position of PANORAMA Project Business Manager, developed a request for Proposal for an external team to provide services for PANORAMA, completed a preliminary revision of the Nova Scotia PANORAMA project, participated on three national committees specific to this project, worked toward finalizing the agreement to commence Phase 2 with Canada Health Infoway and identified the Nova Scotia PANORAMA project governance structure. Implementation will begin in Fall 2008.

3.5 Emergency Preparedness

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

Accomplishments:

The Departments of HPP and Health jointly hired a Director of Health Services Emergency Management (HSEM) in Summer 2007. The office also consists of two acting managers, a planner and an administrative assistant. The joint HSEM unit was formed by the two departments to increase the ability of the provincial health system to prepare for, mitigate against, respond to and recover from adverse events. Lending full corporate support to emergency management/preparedness is an important step in building capacity for the health care system in Nova Scotia. An all hazards approach will best address a full range of potential emergencies, accidental, intentional, and natural-caused.

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 joint health EMC readiness, workforce deployment, communications, and business continuity planning.

Accomplishments:

The first version of a high level pandemic plan for the Departments of HPP and Health was released in June 2007, with Version II released in December 2007. The final, overarching Version III will be subject to regular revision and refinement after its public release. A gap analysis was conducted on the plan to ensure its completeness and work plans developed and assigned to address identified work. Consultative relationships with other government departments and key stakeholders (eg. physicians, continuing care professionals, front-line health care workers) were sought to provide input for the plan. Communications and public education materials on pandemic flu were posted on the government website and sent to key audiences.

Other Accomplishments:

Exercise Staunch Maple In 2007-2008, the Departments of HPP and Health, in partnership with the Canadian Armed Forces, Halifax Regional Municipality, the Canadian Red Cross, Salvation Army and others, prepared for an emergency training exercise scheduled for May 2008. Exercise STAUNCH MAPLE was initiated to provide an opportunity to practice some procedures used in a coordinated response to a mass casualty event. It is a part of a broader national and international exercise that included Canada and the United States. Testing response capabilities that would be relevant to everything from a major hurricane to a terrorist attack to a pandemic flu outbreak and beyond was seen as an important benchmark to testing the system and practicing people. Running concurrent to and complimentary of STAUNCH MAPLE, the Province also prepared to practice assembling a national emergency stockpile system mini-clinic and establishing a community reception centre, administered by the Department of Community Services and the Canadian Red Cross.

The continued design of Exercise Staunch Maple was seen as important work to both build the capacity of mass casualty response of Nova Scotia's health care system, as well as to forge new and strengthen existing relationships with other government bodies and non-government organizations that also play a role in the system. HSEM, in special partnership with Emergency Health Services, took the lead in the main design plan, logistical support requirements and identification of stakeholders needed to make the exercise successful.

Concept of Operations The provincial Concept of Operations provides the background to the HSEM's existence, a portrait of "why" it does what it does as opposed to the "how". A Concept of Operations serves to establish HSEM's position in government as being a necessarily shared service and ideally illustrates the vehicles from which HSEM is governed, what it is accountable to, and the structure it is incumbent to follow.

HSEM's draft Concept of Operations was distributed to health system emergency managers throughout the DHAs for feedback and approval. District acknowledgement of the concept document will ensure district participation in HSEM initiatives. Final Government approval is pending.

HPP Emergency Operations Centre Events such as the Mumps outbreak in Spring 2007 spurred health system authorities to conclude that an Emergency Operations Centre (EOC) should be available from which to manage emergencies consisting of heavy communicable disease or public health concerns.

With HPP's move to Summit Place in December-January 2007-2008, steps were taken to establish an effective and technical EOC centre in the building from which key HPP decision-makers could manage departmental responses to crises. The first phase of the EOC design involved engaging a consultant to determine the most efficient use of space and technology. The second phase involves the purchase of equipment and reconstruction of an existing room to one that will be more suitable to house HPP's EOC. The expected timeline for completion is Winter 2008.

3.6 Environmental Health

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

Accomplishments:

The four departments have expanded upon the developed framework and identified priorities for strengthening environmental health programs within Nova Scotia through a Joint Environmental Health Protection Committee (JEHPC) secretariat. The first meeting of JEHPC took place in September 2007.

A working group pilot project of this committee, reviewed the *Summer Camps Regulations (1967)*, and engaged members from the Departments to evaluate and propose modernized options that are protective of public health, evidence-based and resource efficient.

In October 2007, the three Deputy Ministers (Agriculture, Environment, Fisheries and Aquaculture) and the Chief Public Health Officer (HPP) reaffirmed their commitment to the joint decision-making process.

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

Accomplishments:

In September 2007, HPP hired an Environmental Health Implementation Coordinator to provide resource support and capacity to the Environmental Health Protection Secretariat. The position provides project management, coordination and implementation strategies for the participant departments and aids in the business of the Environmental Health Protection Secretariat.

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

Accomplishments:

In November 2007 an evidence-based evaluation of current and near future human resource demands with the participating Departments failed to support the proposal of a joint bursary program for public health inspection students. The validity of a program will be assessed on a regular basis in the future.

An Environmental Health Human Resources Working Group developed a collaborative practicum program and guidelines which included an evaluation component for both the mentor and practicum participants. This document will be implemented in the 2009 Practicum session.

An evaluation of the Nova Scotia practicum experience of former public health inspector graduates and employees of the Departments of Agriculture and Environment began in March 2008 with an anticipated completion date of Fall 2008.

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

Accomplishments:

With the creation of the HSEM Responsibility Centre and the continued leadership of the Emergency Management Office, the Environmental Health Responsibility Centre assumed a contributory role to strengthening emergency preparedness procedures with environmental health implications, by commenting and editing developed documents.

With the creation of the Provincial Public Health Laboratory Network, emergency preparedness procedures related to emergencies with environmental health implications, provincial environmental health surveillance activities, and the coordination of departmental emergency response plans will be facilitated through the Water And Food Safety Working Group.

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

Accomplishments:

With the addition of an *Environmental Health Consultant* in Sydney in December 2007, HPP's commitment to environmental public health input into the Sydney Tar Ponds/Coke Ovens clean up process has been significantly strengthened.

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

Accomplishments:

The staffing of a Director of Environmental Health, an Environmental Health Consultant (Sydney), an Environmental Health Implementation Coordinator, and administrative support, all in 2007-2008, has provided the first steps at capacity building within the Environmental Health Responsibility Centre at HPP.

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

Accomplishments:

This item was originally included in the *Environmental Health Protection Framework* as a bridge to PANORAMA. Nova Scotia has not, initially, opted to use the environmental health module within this project. As such, this priority has been deferred.

Other Accomplishments:

The Environmental Health Responsibility Centre provided technical expertise and input, with a focus on environmental public health challenges, in both federal and provincial environmental assessment processes associated with industrial, resource extraction, energy generation and commercial development and in federal, provincial and/or municipal strategies, incentives, projects and programs.

Federal and Provincial Environmental Assessment Processes In 2007-2008, the following projects underwent review with/without formal submissions: White's Point Quarry, Alton Underground Natural Gas Storage Facility, and Surface Gold Mine at Moose River Gold Mines, Halifax County.

Federal, provincial and municipal strategies, incentives projects and programs In 2007-2008, HPP contributed technical expertise on such initiatives as: the Federal/Provincial/Territorial Committee on Health and the Environment, Halifax Regional Municipality Air Quality Health Index, Historic Goldmines Advisory Committee, Recreational Water Quality Guidelines, Advisory Group on Radon, Nova Scotia Water Strategy, Nova Scotia Advisory Panel on On-site Wastewater Management, Drinking Water Quality and Safety publications, Site Sampling and Data Collection – PERC spill, National Animal Health Strategy, and Inter-Agency Wild Bird Avian Influenza Survey.

3.7 Healthy Development

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

Accomplishments:

Recognizing the importance of the early years, an Early Childhood Coordinator was hired in 2007-2008. This position will increase HPP's expertise and capacity to improve outcomes for young children and their families in our province. In 2007-2008, the Early Childhood

Coordinator began to facilitate a process to identify priorities related to early childhood with Public Health Services and across government departments with the Child and Youth Strategy as a partner and the initial focus on a well child system.

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

Accomplishments:

The development of the “*Loving Care*” parent health education resource supports DHAs and partners in providing consistent key messages to families of young children from birth to age three. The aim is to build capacity and skills related to parenting for young children and their families. In 2007-2008, a multi-disciplinary working group made up of Nova Scotian health and family support professionals and guided by parents via participation in focus groups, developed the first two of the four age paced booklets. The booklets were prepared for print and released in June 2008. Professional in-servicing on the booklets took place across Public Health Services in June 2008.

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

Accomplishments:

Evaluation of the Healthy Beginnings/Enhanced Home Visiting Initiative was undertaken in 2007-2008. The evaluation focused on quality assurance related to the implementation of the program and involved families, community partners, DHA and Public Health Services staff. The evaluation recommendations have informed current work to improve the program before moving to outcome evaluation. Work continued to identify business requirements related to data quality improvement and expansion of the provincial database. A provincial master trainer for this program was funded by HPP and the position’s training began in 2007-2008 with full certification planned for early 2009. This position will allow for increased provincial capacity for future training.

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

Key breastfeeding initiatives in 2007-2008 will include:

- continue to monitor the implementation of the Provincial Breastfeeding Policy

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

Accomplishments:

HPP, in partnership with the Department of Health, Reproductive Care Program (RCP) of Nova Scotia, and the Provincial Breastfeeding and BFI Committee, hosted a consultant facilitated provincial breastfeeding strategic planning session in May 2007. The session included consultations with key stakeholders from across the province in public health, acute care, professional associations, and community groups. A resulting proceedings report with recommendations for a new provincial structure was released. HPP and RCP co-chair the new Provincial Breastfeeding Steering Committee and the mandate of the committee is to support the implementation of the *Provincial Breastfeeding Policy*. Working groups were identified to support the implementation of policy including: Education Standards, Social Marketing, Baby Friendly Initiative Implementation, Monitoring and Evaluation, and Capacity Building. A consultant was hired to complete formative research for the development of the provincial breastfeeding social marketing campaign.

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

Accomplishments:

HPP hired a consultant to complete an Environmental Scan and Literature Review and make recommendations to HPP and the Department of Community Services to increase food and nutrition support for licensed child care facilities in Nova Scotia. An executive summary of the report was released in March 2008. A Provincial Advisory Group was established in December 2007 and is co-chaired by HPP and Community Services. The mandate of the Advisory Group is to inform the development of a Provincial Food and Nutrition Policy for Licensed Child Care Facilities.

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

Accomplishments:

The MomsandDads.ca website was enhanced and a new look launched in 2007-2008. As well, monthly columns were published in community papers.

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

Accomplishments:

HPP has committed funds since 2005-2006 to enhance and expand breakfast programs for elementary-aged children in Nova Scotia. In 2007-2008 grants were distributed to school boards based on the Department of Education's enrollment funding formula to enhance and expand breakfast programs to include junior and senior high schools. Through support from a grant cost-shared by the Departments of HPP and Education to Breakfast For Learning (BFL), BFL hired a provincial coordinator to support the development of provincial program standards and their implementation. The Standards are intended to ensure quality breakfast programs in Nova Scotia public schools. HPP, Education, BFL Nova Scotia Advisory Council, school boards and DHAs were involved in guiding the development and validation of the provincial standards. The *Provincial Breakfast Program Standards* were released and distributed to school boards in February 2008.

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

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

Accomplishments:

HPS continued its expansion in 2007-2008 to support a comprehensive approach to school health in Nova Scotia. In partnership with the Department of Education, school boards and DHAs, this expansion included the development of an evaluation framework, an organizational framework for the Conseil Scolaire Provincial Acadien, and a provincial communication strategy for HPS.

Preparatory work began in 2007-2008 for the May 2008 HPS Showcase. An HPS Showcase Committee was established with co-chair representation from all nine HPS teams. This Showcase gave regional HPS teams an opportunity to highlight some of the great work that they are doing in schools throughout the province. There were displays of the latest provincial school health practices reflective of all regions in the province.

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

Accomplishments:

HPP continued to contribute to the Pan-Canadian Joint Consortium for School Health (JCSH). This included providing information as required for JCSH on its website, monthly information bulletins, JCSH evaluation, knowledge summaries and quick scans, and the JCSH annual school health report.

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

Accomplishments:

Policy directives continued to be implemented in the 2007-2008 school year including: beginning in September 2007, school fundraising campaigns involving food and beverages organized by and through schools centering only on items on the Maximum or Moderate Nutrition Lists; work toward schools no longer serving or selling Mixed Foods listed on the Minimum Nutrition list for June 2008; and schools beginning to increase the amount of food and beverages of Maximum Nutrition in preparation for full implementation by June 2009.

A provincial Ad Hoc committee of the Food and Nutrition in Nova Scotia Schools Policy Advisory Committee was tasked with developing a process and tool for monitoring the implementation of the *Food and Nutrition Policy for Nova Scotia Public Schools* in the 2007-2008 school year. Staff from HPP, Education, school boards, and DHAs collaborated to create a tool that reflected the needs of schools. The resulting Monitoring and Feedback Tool will help schools determine the level of progress made toward full implementation of the directives and guidelines of the food and nutrition policy. In addition, it will help identify gaps or weaknesses

related to implementation of the directives and guidelines and resources required to implement the policy, as well as serve to inform future planning for government departments, school boards, DHAs, and schools.

School boards and DHAs across Nova Scotia identified school food service workers and volunteers as a key group for training and support for successful implementation of *Food and Nutrition Policy for Nova Scotia Public Schools*. Building on the success of the *Strive for Five at School* resource pilot, HPP provided a grant to the Annapolis Valley Regional School Board to develop a train the trainer guide, distribute the *Strive for Five at School* resource binders, and facilitate a provincial sharing workshop with other school boards. The train the trainer guide and workshop, along with the *Strive for Five at School* resource binder will increase the capacity of Nova Scotia school food service workers and volunteers to prepare healthy, local food and beverages that align with the policy.

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

Accomplishments:

Within the Children and Youth Strategy, HPP provided leadership across the government departments that have responsibility for children and youth with work that will define the components of a Well Child System and identify how these departments could contribute to a Well Child System. A Well Child System is aimed at supporting effective parenting and healthy child development and transitioning into school.

An example of a program nested within the Well Child System and contributing to building a strong foundation for children and youth is HPP's Healthy Beginnings: Enhanced Home Visiting Program. In partnership with DHAs, this program supports an in depth family assessment process which identifies families who would most benefit from home visiting support. Home Visiting is focused on promoting healthy parent- child relationships , healthy child development and community connection through an interactive home visiting program.

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

In 2007-2008, activities will include:

- setting overall priorities for the goals and objectives of the Framework based on consultation with key stakeholders and community partners

- continuing integration and coordination among relevant strategies and initiatives related to youth sexual health.

Accomplishments:

Priority setting related to the Framework implementation, in consultation with stakeholders and community partners, as well as integration and coordination of the Framework with other related strategies was ongoing through 2007-2008. The first phase of the development of provincial guidelines for youth sexual health began in 2007-2008 with a draft of the guidelines completed. An evaluation plan for the Framework was also completed. Evaluation activities will be ongoing throughout the course of the Framework implementation. A review of literature was conducted and a needs assessment undertaken to develop best practice tools and resources to assist parents in talking with children about sexual health. As well, HPP supported and participated in a province-wide conference on youth sexual health to increase the meaningful involvement of youth in the implementation of the Framework and to provide an opportunity for youth to network and learn about sexuality.

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

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

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

Accomplishments:

Additional funding for YHCs was not available in 2007-2008. Monies received were used to help sustain the work currently underway but the planned expansion was not possible.

In Spring 2007, an impact assessment to identify the resources required for YHCs to attain the Provincial Standards was undertaken. The results will inform the 2008-2009 business planning process at the Provincial and DHA level.

Consultations were undertaken with YHC staff and volunteers to guide the development of guidelines on “Being Youth Centred”. The guidelines will allow YHCs to better reach standards on providing youth centred services and supports to youth. The consultations were undertaken electronically via the YHC networking system. Writing and focus testing took place during 2007-2008 with guidelines expected to be completed in summer 2008 with printing and distribution to YHCs in Fall 2008.

Work continued in developing a provincial evaluation process for use by YHCs. This included the development of a logic model, evaluation framework and recommendations for data collection tools.

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

Accomplishments:

HPP led the Strategic Leadership and Partnership Committee for the development of the Nova Scotia CWH Strategy. Following broad consultations in 2005-2006 and the work of action teams to develop draft goals, objectives and strategic directions in 2006-2007, a draft strategy was completed in 2007-2008. Targeted consultations with key stakeholders followed in June 2007 and the CWH Strategy was released in October 2007. The vision for the Nova Scotia CWH Strategy is *Thriving Nova Scotia Workplaces: Safe. Healthy. Productive*. A single access portal website (thrivingworkplaces.ns.ca) to link employees, employers and practitioners to CWH tools and supports was also initiated.

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

Accomplishments:

A total of 400 participants from across the country met in Edmonton and discussed ways to recruit and retain health professionals and encourage them to offer services in French. The conference was a great avenue for networking with researchers, practitioners and government decision-makers, and for exchanging information about innovative approaches to overcoming existing human resources challenges. It also provided an excellent opportunity for participants to enhance their networks, initiate new contacts and learn more about best practices and innovative experiences that can be applied in their communities to improve services offered in French.

3.8 Physical Activity, Sport and Recreation

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

Accomplishments:

The intent of *The Power and the Potential: A Physical Activity, Sport and Recreation Framework for Action* is to articulate an over-arching vision, goals and approach to achieving a more physically active population in Nova Scotia. A working group was established to guide the project and build support for the Framework. Provincial and regional consultations with a diverse range of physical activity, sport and recreation stakeholders were conducted and the final Framework was completed near the end of 2007-2008. The Framework will be launched with partners in 2008-2009. Important departmental initiatives falling under the Framework include the Nova Scotia Sport Plan, Physical Activity Policy, Active Kids Healthy Kids Strategy, and Pathways for People Framework for Action for Advancing Active Transportation in Nova Scotia.

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

Accomplishments:

Two-year hosting agreements were established with community partners (regional development authorities and municipalities) to hire Physical Activity Consultants in each of the six PASR regions. The Consultants work closely with Regional Services staff and many community stakeholders and partners to develop and support regional physical activity strategies focusing on increasing opportunities for all ages. Example areas of development include: active transportation, screen time reduction among youth, social marketing and awareness, support for trail development, and gender equity programming.

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

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 involves significant engagement with other departments and key provincial organizations in the recreation sector. Its development was initially linked to the development of the PASR Framework and the 2007-2008 Framework consultations included discussions around the Recreation Policy. In 2007-2008, HPP continued to lead the development of a recreation policy for Nova Scotia. Development will continue in 2008-2009.

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

Accomplishments:

This program has been renamed the Municipal Physical Activity Leadership Program. Its purpose is to assist local governments to develop municipal comprehensive physical activity plans by partnering to cost share a staff position for up to five years. In 2006-2007, six communities participated. In 2007-2008, three additional municipalities became participants including Guysborough, Chester and Mahone Bay, and Cumberland. In 2007-2008 there were eight full time staff working in Annapolis County – cooperation between four municipal units, Shelburne – cooperation between 2 municipal units, Chester – 2 municipal units, and HRM, Cumberland, Antigonish, Guysborough, and Richmond.

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

Accomplishments:

HPP partnered with Go for Green and the Ecology Action Centre's sixth annual one-week Commuter Challenge, an event that encourages individuals to integrate physical activity and reduce car emissions into their daily activities by walking to work. HPP and RNS partnered to deliver the provincial Pathways for People conference and trade show in Digby in Fall 2007, attracting 250 delegates. Through the support of HPP, work began on the development of Child and Youth Friendly Transportation Planning Guidelines by Cape Breton University. The first of several youth active transportation workshops was developed by HPP, HeartWood and the Ecology Action Centre.

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

Accomplishments:

The Fall 2007 Throne Speech expanded Government's commitment from 500 to 1000 kilometers of new trail. In 2007-2008, HPP, in partnership with community trail groups, other departments and governments, and regional and provincial not-for-profit organizations, facilitated the following activities through the provision of funding to: support the development of a set of generic bridge plans, community trail leadership, trail construction through B-FIT and Recreation Faculty Development grants, and trail maintenance. Support was also given in the facilitation of the completion of the Trans-Canada Trail and Cape to Cape Trail and provision of trail expertise through the hiring of a trails consultant and mapping officer.

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

Accomplishments:

The Heart and Stroke Foundation of Nova Scotia, HPP and the Ecology Action Centre continued the development and implementation of a provincial walking initiative that began in Fall 2006. HPP provided \$150,000 in funding to support this initiative in 2007-2008. Phase I of this initiative, a celebration of current walkers in Nova Scotia and building the momentum for walking in the province, was the major focus in 2007-2008. Following intense promotion of the event, in October 2007, the Heart&Stroke Walkabout was officially launched simultaneously in three different regions (Halifax, Sydney, Bridgewater) with approximately 300 attendees (individual walkers, walking clubs, guests) and excellent event and post-event media coverage. The website and resources were profiled at the launch. Post launch developments included: developing and marketing the walking initiative brand to stakeholders; developing and marketing to recruit public participation and volunteers; piloting orientation sessions for walking leaders in the community and workplace; refining the website and five-year strategy; developing an evaluation framework; and beginning the initial development for the following – pedometer access program with libraries, rating a recognition program for communities, and policy toolkit for embarking into social marketing.

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

Accomplishments:

The results of this study were received from Dalhousie University in February 2007 and were released in Spring 2007. The resulting report by HPP and the Department of Education identified the percentage of students that had 60 minutes or more of moderate to vigorous physical activity at least five days a week. It also included the percentage of grade 7 and 11 students that met the minimum recommendations from Canada's Food Guide for grain products, vegetables and fruit, milk products, and meat and alternatives.

Highlighted results showed: activity levels increased for grade 3 but decreased by 20% for grade 7s; less than 1% of grade 11 girls were active enough for health benefits; screen time outside of school hours (i.e. minutes of TV, video games, and computer) increased two to three fold for all grade levels; and walking to school declined for all grade levels except grade 7.

Regarding the dietary intake, highlighted results showed over half of all students did not meet the minimum recommendations from Canada's Food Guide for the abovementioned categories based on the food guide in use at the time of data collection. Girls were significantly more likely to not meet these recommendations for any of the four food groups.

The results of this study are posted at http://www.gov.ns.ca/hpp/repPub/PACY_2005_Report.pdf and were used to inform the renewal of the Active Kids Healthy Kids Strategy.

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

Accomplishments:

The renewed Active Kids Healthy Kids Strategy was released in December 2007. The Strategy was developed through consultation with many government departments and non-government organizations as well as various community leaders across the province. Informed by a 2006 qualitative evaluation of the original strategy, the renewed Strategy development included: provincial coordination among stakeholders, continued regional initiatives, parental involvement, partnerships with municipalities, development of a social marketing strategy, continued promotion of active transportation to school, and the increased contribution of the education sector through curriculum and non-curriculum initiatives. It was also informed by findings from the first (2001) and second (2005) cycles of the Physical Activity Levels and Dietary Intake of Children and Youth in the Province of Nova Scotia study (PACY). The new Strategy expands on existing initiatives and incorporates new programs and action plans. It will support children and youth in becoming more active by increasing and improving opportunities for physical activity, sport and recreation activities. It also incorporates new actions targeting youth and pre-teens, particularly females, as well as parents, guardians and the built environment.

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:

Guidelines for the development and operation of closed courses were completed. HPP entered into an agreement with the All Terrain Vehicle Association of Nova Scotia (ATVANS) to lead the implementation of All Terrain Vehicles (ATV) safety training and establish and administer a Youth ATV initiative throughout the province. Two closed courses for youth and their families were open: All Terrain Tours Inc. in Toney River and Off Highway Vehicle Closed Course Co-operative Ltd. in Upper Stewiacke. As well, a draft OHV Rider Handbook was completed; off road motorcycle training was initiated, an OHV trail system inventory was started, and support, in an advisory role, was provided to the OHV Ministerial Advisory Committee.

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. In 2007-2008, the Sport Plan will be completed and an implementation plan will be developed to improve the quality of life for individuals and communities in Nova Scotia through active participation in sport.

Accomplishments:

Based on public consultations in 2006, the results were compiled into a draft Sport Plan Vision Report that was reviewed through additional public consultations to confirm that the content and direction was consistent with the original intent. In 2008-2009, the Sport Plan will be completed and an implementation plan developed to improve the quality of life for individuals and communities in Nova Scotia through active participation in sport.

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

Accomplishments:

A total of 23 projects, involving 13 Canada Winter Games sports, were funded by the 2011 Sport Development Program. Projects included: sending coaches and officials to out of province development opportunities; bringing sport specific expertise to Nova Scotia to train our athletes, coaches and officials; supporting full time coaching positions; and purchasing elite level training equipment. All projects are aimed at improving Team Nova Scotia's overall results at the 2011 Canada Winter Games.

Infrastructure HPP provides advice, expertise, and support where possible to municipalities and community groups on planning for facility construction, upgrading, and conservation. In 2007-2008, the currently existing infrastructure program for small projects will continue and a new infrastructure program for larger projects will be introduced.

Accomplishments:

In the 2007-2008 budget, the Province of Nova Scotia announced a new recreation facility funding program that added an additional \$5 million annually over ten years for facility development. This new program named B-FIT (Building Facility Infrastructure Together) was to be used to build, replace and upgrade recreational facilities in Nova Scotia that cost more than \$450,000. This is in addition to the annual \$3 million Recreation Facility Development (RFD) Program. In 2007-2008, a total of nine projects were funded including a multi-sport field house, upgrades to a sports field, multi-use trail, expansion to a stadium and community centre, infrastructure development for the laser world championships, snow making equipment, replacement of the Windsor Curling Club and venue development for the world senior flat-water canoe championship. In 2008-2009, the B-FIT Program will receive an additional \$2 million and has received 22 applications for the 2008-2009 fiscal year.

In 2007-2008, the RFD program provided grants for construction of new facilities or renovation of existing ones. There were 104 projects funded throughout the province through the RFD program for a total of \$2,715,610.

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

Accomplishments:

The High Performance Sport Strategy was developed in draft form in 2007-2008 with the support of major sport stakeholders including Sport Nova Scotia and Canadian Sport Centre Atlantic. The strategy coordinates the programs and support opportunities of various sport agencies. It is to be released as a component of the Nova Scotia Sport Plan.

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

Accomplishments

Following consultations with the coaching community across the province in 2006-2007, the results were used to inform the development of a coaching policy and strategy. This strategy will inform the development of the Provincial Sport Leadership Council. The Nova Scotia Coaching Policy will be released in 2008-2009.

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

Accomplishments:

HPP staff reviewed policies and funding programs to align them with the principles of the Long Term Athlete Development Model. Staff worked with partners and stakeholders to support groups in the implementation of the model throughout the sport system.

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

Accomplishments:

2007-2008 was the final year of the four year funding cycle for provincial sport organizations. Work on reviewing and modifying this block funding was undertaken in 2007-2008 to reflect the funding needs and opportunities of the provincial sport organizations. This included consultation with provincial sport organizations. The new tool will be implemented with a new funding assessment in 2008-2009.

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

Accomplishments:

In 2007-2008, HPP provided \$20,000 to the newly formed Mi'kmaw Sport Circle of Nova Scotia to support the preparation of Team Nova Scotia for the 2009 North American Indigenous Games to be held in Cowichan Valley, British Columbia.

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

Accomplishments:

HPP provided \$60,000 to the RFANS Grant Program to provide AEDs to indoor sport and recreation facilities. The grant program provides a third of the cost, up to \$1500 toward the purchase of an AED. With this program, indoor sport and recreation facilities will be safer.

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

Accomplishments:

In 2007-2008 negotiations continued with HPP, Sport Canada and the Nova Scotia First Nations community. A three year bilateral agreement was established beginning in 2008-2009. This agreement provides funding for the development and support of Aboriginal youth who want to become more active in sport and recreation. It will assist in the development of new coaches and recreation leaders across the province. The Agreement also re-establishes a Provincial Aboriginal Sport Body that will provide greater organization and support for aboriginal athletes.

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

Accomplishments:

HPP continued to support the third year of the three year bilateral agreement for the Sport Futures Leadership program. Negotiations with Sport Canada began in 2007-2008 for renewal of the three year Sport Participation Bilateral Agreement which ends March 31, 2008.

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

Accomplishments:

The Sport Animators program completed the third year of the three year Bilateral Agreement with Sport Canada. Sport Animators continued to play an integral role in the HPS program and continued their work in schools and community groups. Negotiations with Sport Canada began in 2007-2008 for renewal of the Sport Participation Bilateral Agreement which ends March 31, 2008.

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

Accomplishments:

Regional Services staff continued to work with communities and partners and provided support in a variety of capacity building areas. As well, staff delivered and administered a whole host of grant programs designed to increase the opportunities for physical activity, sport and recreation programs and facilities. Delivery of these programs resulted in: funding for recreational facilities (new and existing), planning assistance for facilities and large scale programs, projects and programs focused on physical activity, sport and recreation for all ages, and support to hire additional professionals to work with municipalities and communities to expand physical activity opportunities and partnerships.

Other Accomplishments:

Take the Roof Off Winter HPP coordinated the Take the Roof Off Winter 2008 Campaign with delivery partners Recreation Nova Scotia, Recreation Facilities Association of Nova Scotia, Global Television, Go for Green, Cross Country Ski Nova Scotia, the Ecology Action Centre and WinterActive. This was the first year that corporate supporters became involved (Red Cap Outdoor Club). Other supporters included libraries, recreation centres, riding clubs, and Girl Guide groups and included activities like winter carnivals, snow shoeing, hiking, ice sculpting and family skates. The campaign is designed to get Nova Scotians of all ages and abilities outside and active in winter.

Mainland Common Facility HPP provided \$12 million toward the development of the Mainland Common Facility which will include an 8-lane 25 meter indoor pool capable of future expansion to 50 meters. The facility will also include a national calibre 200 meter indoor track with three gymnasiums in the in-field and a 10,000 square foot fitness centre with a variety of ancillary spaces including change rooms, offices, and meeting rooms. This facility will serve as the “legacy” venue for the 2011 Canada Winter Games and will create hosting opportunities in the future. Elite athlete development will also be facilitated by the location of Canadian Sport Centre Atlantic offices in a high performance training centre to be developed within this facility.

3.9 Games Secretariat

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

Accomplishments:

The 2011 Canada Winter Games will be hosted in Halifax in February-March 2011. The funding agreement to support the Games was announced in March 2008 with the Government of Canada and the Province of Nova Scotia each contributing matching funds of \$8.12 million towards Games operations and \$3 million towards Games expenses. Halifax Regional Municipality will contribute \$6.85 million towards capital costs and up to \$2 million in operating support. In March 2007, the Province provided the Host Society with \$3 million to assist with initial start up costs. The Province will contribute the remaining amount over the next two years based on the Host Society business case and cash flow requirements.

A 14 person board of directors was established with responsibility for the overall governance of the Host Society and to oversee the staff and volunteers who plan, organize, finance, promote and stage the Games.

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

Accomplishments:

A sport hosting report was produced in 2006-2007 and included a feedback form. Feedback was compiled in 2007-2008 and used to create the Nova Scotia Sport Hosting Policy and Sport Hosting Program, both to be released in the 2008-2009 fiscal year.

Other Accomplishments:

Vancouver Olympic and Paralympic Organizing Committee (VANOC)

In 2007, British Columbia Premier Gordon Campbell wrote to each province and territory inviting them to showcase their respective jurisdictions during the Vancouver 2010 Olympic and Paralympic Winter Games. A draft Memorandum of Understanding was prepared providing a framework for Nova Scotia's participation in the areas of culture and heritage, tourism, volunteers, economic development, sport, education and Aboriginal participation and inclusion. In December 2007, Cabinet approved this Memorandum with VANOC and it was signed in January 2008. An advisory committee was established with representatives from the Departments of HPP, Education, Economic Development, Tourism, Culture and Heritage, and the Offices of Aboriginal Affairs and Intergovernmental Affairs to develop an implementation strategy for the Memorandum and oversee any activities associated with the Games. The advisory committee also assisted VANOC in determining the Olympic Torch relay route through Nova Scotia, analyzing the feasibility of participating in the Contributing Provinces and Territories program, and supporting a pavilion during Games time.

3.10 Population Health Assessment and Surveillance

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

Accomplishments:

A Director was hired and began a two year term in January 2008. This position is responsible for leading the PHAS team in building the infrastructure for public health assessment and surveillance in Nova Scotia. A Manager for Research and Evaluation was hired in May 2007.

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

Accomplishments:

This priority has been moved under the CDPC Responsibility Centre, page 23.

3.11 Volunteerism

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

Priorities will include:

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

- Identification of opportunities for increased recruitment of volunteers at the community level
- Increased awareness of the benefits of volunteerism

Accomplishments:

The volunteerism portfolio received \$130,000 in 2007-2008. Work began with the Department of Transportation and Infrastructure Renewal on the development of an insurance program for volunteers and the voluntary sector. A full time program coordinator for volunteerism was hired to work with internal and external partners to develop a Government action plan for volunteerism. VICC was established with the voluntary sector with 22 government departments/agencies represented. Recreation Nova Scotia was supported with the provincial volunteer awards and the awareness of volunteerism was increased in Nova Scotia during Provincial Volunteer Week. HPP worked with the Department of Education to establish volunteer resource centres in Regional Libraries across Nova Scotia; prepared a fact sheet on “Volunteerism at a Glance in Nova Scotia” for distribution; provided support to regional networks and resource centres; established the government website on volunteerism; and submitted a business case to support a budget for the volunteerism portfolio to allow staff to move forward with the preparation of an action plan and strategic directions for support of Nova Scotia’s volunteers and voluntary sector. The first meeting of the Nova Scotia Volunteer Community Advisory Council was held in March 2008 and brought together a group of volunteers and sector representatives who will work in partnership with Government to develop and implement a volunteerism strategy. This group will meet four times a year and will include the Minister of Volunteerism as an ex-officio member of the Council.

3.12 Human Resources

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

Accomplishments:

The 2007 “How's Work?” Employee Survey results were presented to the Senior Leadership Team in October 2007. As this was the first survey for HPP, these results will be used as a baseline to compare to future surveys. Overall, the survey results were favorable, with positive scores in 88% of the survey questions. Areas of success were around positive working relationships, access to training and good internal communication. The Disclosure of Wrongdoing process was an area identified as needing attention. In response to these results, the Healthy Workplace Committee will be coordinating initiatives to assist in addressing leadership and employee engagement throughout 2008-2009.

Human Resources also presented an overview of the performance management system to the Public Health System Leadership team and consulted with Executive and staff throughout 2007-2008 on performance planning.

Strengthen Our Clients' Capacity to Achieve and Sustain Performance Excellence

(Alignment: Corporate Human Resource Goals 1 and 5) HPP will begin work on the implementation of a succession planning process and talent management process and begin to create a focused management development strategy.

Accomplishments:

The Department supported six individuals through the corporate Leadership Development Programs. The foundation of an executive leadership development strategy was also developed starting the foundation for a succession planning process to take place in 2008-2009.

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

Accomplishments:

A French Language Services Coordinator for HPP was hired in 2007-2008 and work began on a French Language Services Plan. Accomplishments included: the translation of several Public Health and Addictions documents; the creation of a new web page to provide better access to all French-language documents; and the provision of simultaneous translation services at the HPS Showcase and the Atlantic Summer Institute for Healthy Communities. In addition, French language training was provided to HPP staff by the Office of Acadian Affairs through Université Sainte Anne. A 2008-2009 French Language Services Plan is under development.

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

Accomplishments:

In August 2007, a review of the Human Resources Corporate Services Unit operational processes was undertaken to identify strengths, process efficiency challenges and make recommendations for improvement. The Unit will begin responding to the resulting 12 recommendations in 2008-2009.

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

Accomplishments:

As part of the Attraction and Retention Strategy, the development of a welcoming, well-organized and relevant departmental orientation program began in 2007-2008. The Department Orientation Program is intended to supplement divisional orientation plans developed or being developed and connect all divisions under this departmental orientation umbrella.

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

Accomplishments:

In 2007-2008, the Healthy Workplace Committee, with the support of a consultant, undertook focus group consultations with the department seeking input into the development of a Department Healthy Workplace Action Plan. The results of these focus groups, along with work undertaken in 2006-2007 informed the Department's first Healthy Workplace Action Plan. The plan was approved by Executive Committee and announced on July 31, 2007. The Plan follows the National Quality Institute model for a healthy workplace as part of government's healthy workplace policy.

As a result of the Action Plan several working groups were formed to address various actions identified including: physical activity, employee engagement, change management, transformative leadership, ergonomics, Healthy Workplace Week planning, physical activity sponsorship, healthy eating/recycling, and outcomes/evaluation.

Each of these committees began work in 2007-2008. Some of the resulting outcomes included: an activities survey, walking and running buddy system, stair climbing challenge, weekly yoga classes, government basketball challenge, employee engagement survey, draft healthy eating/recycling policy, and an event filled Healthy Workplace Week which included participation in the interdepartmental pedometer challenge, healthy workplace quiz, individual step count contest, and random acts of kindness.

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

Accomplishments:

In 2007-2008, the Diversity Committee worked with the Strategic Planning Committee to ensure cultural competence and diversity were captured in the key messages of the Department's developing strategic plan. Work continued on revisions to the HPP Diversity and Affirmative Action plan and development of the 2008-2009 action plan and measures. The Diversity Committee held numerous educational presentations for the Department including: "Understanding Diversity", "Immigrant Integration in Canadian Society: Opportunities and Challenges", and "Information Session on the Office of African Nova Scotia Affairs". The Committee began work on a monthly Diversity Committee message to the Department

identifying key dates related to diversity and cultural competence and dates that Government offers its related diversity and cultural competence courses. Implementation will begin in 2008-2009. Promotion of diversity and cultural competence courses by the Diversity Committee in 2007-2008 resulted in a substantial increase in HPP participation over the previous year. The HPP Diversity Committee was introduced on the HPP intranet site in 2007-2008 and includes a membership list, photo of the committee, the Diversity and Employment Equity Action Plan and meeting minutes.

3.13 System Wide: Other Accomplishments

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

Accomplishments:

The PPHLN currently involves both the CDPC and PHAS Responsibility Centres and will involve the Environmental Health Responsibility Centre in the future. Therefore, it has been repositioned under system-wide accomplishments.

The Business Case to establish the PPHLN was approved by the Deputy Ministers of Health and Health Promotion in July 2007. In September 2007, HPP started the implementation of Year 1 of the Business Case. As part of the Year 1 implementation, the PPHLN Clinical Director was hired in December 2007 and the PPHLN Coordinator was hired in March 2008.

The PPHLN came into existence January 2008 and will be responsible for implementing and evaluating initiatives related to providing public health laboratory leadership for the protection of the health of Nova Scotians. Its official launch was marked on March 27-28, 2008 with a two day PPHLN Kick-Off Conference in Halifax which included representatives from the DHAs, Canadian Food Inspection Agency, and the Departments of Environment, Agriculture, Health and HPP.

The PPHLN Clinical Director completed a first round of visits to all of the laboratories across the province with a next set of visits planned for 2008-2009.

A PPHLN Advisory meeting was held in March 2008 to discuss strategic next steps for the Network including: plans to nominate chairs of the three working groups (Communicable Disease Prevention and Control, Quality Assurance, and Water and Food Safety), discussions around populating these groups, and the examination of mechanisms for communication within the Network.

Mumps Outbreak As a result of the mumps outbreak that began in February 2007, HPP undertook a number of activities in 2007-2008. These included the implementation of an immunization campaign offering the Measles-Mumps-Rubella (MMR) vaccine to all health care workers; to post-secondary students in public and private post-secondary institutions; to Nova

Scotian post-secondary students studying outside the province; and to Grade 12 students and any Grade 11 students who had not already had two doses of the vaccine.

Auditor General's Report The Auditor General undertook an audit of the public health system's communicable disease prevention and control functions during the second half of 2007 and January 2008. The report was released in February 2008. Many of the audit's recommendations were consistent with those identified in the PHR and therefore supported the work already being undertaken or planned related to the renewal of the public health system. HPP continued its work related to the 21 Actions for public health system renewal.

Mentorship Program HPP staff actively participated in professional development initiatives supported by the GoverNEXT young public servant network. In partnership with GoverNEXT and the Public Service Commission, HPP presented the first Mentorship 101 Workshop as part of GoverNEXT's Mentorship Pilot Project. This involved a review of roles and responsibilities for productive mentorship relationships.

5. Performance Measures

2007-2008 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.

The Office of Health Promotion 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.

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.

CORE BUSINESS AREA: ADDICTIONS

One of the core business areas of HPP is Addictions. Within this core business area, two areas of focus are alcohol and problem gambling. The desired outcome for work related to addictions is to prevent and reduce high risk alcohol use and problem gambling. Alcohol use and gambling are two preventable causes of chronic disease, injury, disability and death in Nova Scotia. Heavy use of alcohol is related to liver disease, cancer, motor vehicle crashes, suicide, falls, and death. Problems with gambling are linked with depression, loneliness, relationship problems, anxiety/panic attacks, difficulties in finding employment, financial problems, higher smoking rates, and suicide. Reduced alcohol use and problem gambling will contribute to making Nova Scotians healthier and safer.

Two indicators have been selected to assess alcohol use and problem gambling: (1) prevalence of high-risk alcohol use³ and (2) percentage of adults with a gambling problem.

Prevalence of High-Risk Alcohol Use

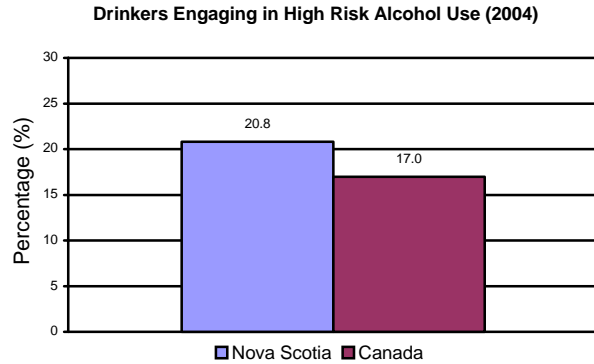
What Does this Measure Tell Us?

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. High-risk alcohol use is determined by a score of 8 or more on the AUDIT.

³ Two indicators from the 2007-2008 Business Plan related to alcohol use, mortality and morbidity, will no longer be used as indicators as related data are only reported irregularly as part of the Alcohol Indicators Report. As prevalence of high-risk alcohol use is the major indicator for alcohol and is tracked annually, it will now be the sole indicator for business planning.

Where Are We Now?

Based on the AUDIT scores from the Canadian Addiction Survey (CAS)⁴, in 2004, 20.8% of Nova Scotia drinkers aged 15 years and older engaged in high-risk alcohol use compared to 17.0% of all Canadian drinkers. These results suggest that approximately 117,144 Nova Scotians 15 years of age and older are engaged in high risk alcohol use.



Where Do We Want to Be in the Future?

Nova Scotia aims to be at or below the national prevalence of high-risk alcohol use as measured by the AUDIT score by 2009-2010. The Nova Scotia Alcohol Strategy which was launched in August 2007 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. Some key activities of the strategy include:

- raising the profile of alcohol as a public health issue;
- providing drinking guidelines that address drink limits and contexts of drinking;
- targeting prevention and early identification; and
- promoting available services for those experiencing negative impacts from alcohol.

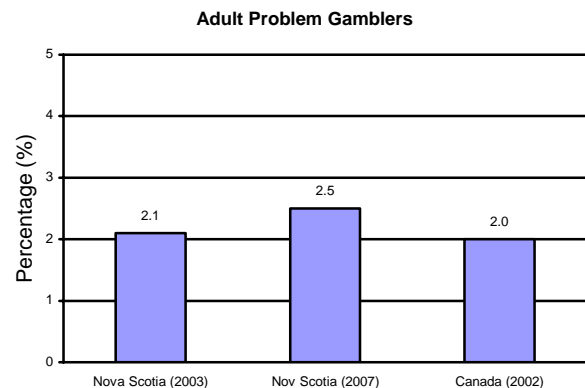
Percentage of Adults with a Gambling Problem

What Does the Measure Tell Us?

The Canadian Problem Gambling Index (CPGI), a self-report survey, was used for the 2003 and 2007 Nova Scotia Gambling Prevalence Studies. 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.

Where are We Now?

In 2007, 2.5% of adults in Nova Scotia were classified as problem gamblers based on the CPGI compared to the Canadian Community Health Survey (CCHS⁵) 2002 national percentage of 2.0%. As of 2007, there were an estimated 27,800 at-risk gamblers and 19,400 problem gamblers in Nova Scotia based on the CPGI.



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.

⁴ CAS data are based on the calendar year.

⁵ CCHS data are based on the calendar year.

Nova Scotia is in the process of implementing *A Better Balance: Nova Scotia's First Gaming Strategy*. Elements of the strategy include:

- increasing problem gambling treatment resources;
- developing early identification/intervention programs;
- funding treatment demonstration research projects;
- establishing a comprehensive problem gambling strategy;
- developing public awareness programs;
- developing targeted education programs (youth and seniors); and
- developing community-based prevention programs.

CORE BUSINESS AREA: CHRONIC DISEASE AND INJURY PREVENTION (Healthy Eating)

One of the core business areas of HPP is Chronic Disease and Injury Prevention. Within this core business area, one area of focus is healthy eating. A desired outcome in this area is promoting healthy eating and improving nutritional health. Consumption of vegetables and fruit remains a key public health message. Studies have shown that fruits and vegetables play a protective role in preventing chronic diseases including heart disease, stroke, type 2 diabetes, hypertension, and many cancers. Increasing the consumption of fruits and vegetables will contribute to making Nova Scotians healthier and safer.

One indicator has been selected to assess healthy eating: percentage of Nova Scotia population (12 yrs +) who report eating 5-10 servings of fruit/vegetables per day.

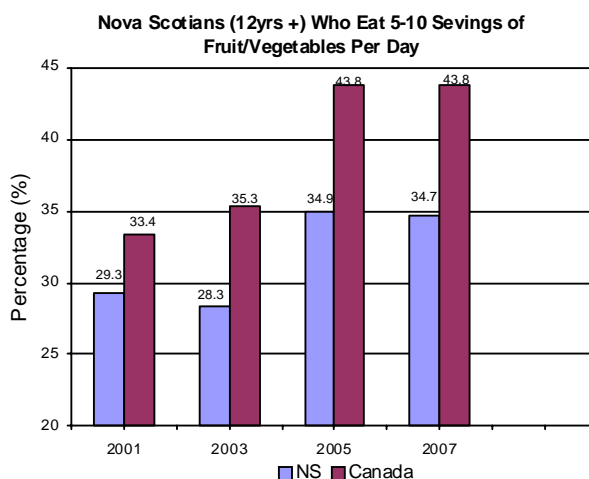
Percentage of Nova Scotia Population (12 yrs +) Who Report Eating 5-10 Servings of Fruit/Vegetables Per Day

What Does the Measure Tell Us?

This measure is the percentage of Nova Scotians (12 years and older) who report eating 5-10 servings of fruits and vegetables per day. These data are drawn from self-reported data from CCHS⁶.

Where Are We Now?

In 2007, fewer Nova Scotians (34.7%) than Canadians (43.8%) consumed the 5-10 servings of fruits and vegetables per day. This is an increase from 2001 from 29.3% and 33.4% respectively.



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 percentage or above it. Strategies to achieve this target include:

⁶ CCHS data are based on the calendar year.

- 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 *HENS* Strategy Steering Committee on identified priorities for fruit and vegetable consumption.

CORE BUSINESS AREA: CHRONIC DISEASE AND INJURY PREVENTION (Injury Prevention)

One of the core business areas of HPP is Chronic Disease and Injury Prevention. Within this core business area, one area of focus is injury prevention. Seniors' falls, transportation-related injuries and suicide were identified in the Nova Scotia Injury Prevention Strategy⁷ as three target injury areas.

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.

Attempted suicide is the third leading cause of injury related hospitalization and suicide 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.

Motor vehicle collisions are the second leading cause of death and hospitalization and a primary cause of disability in Nova Scotia and cost Nova Scotians more than \$74 million each year in direct and indirect costs.

These three areas are the leading causes of injury related hospitalizations and deaths and together, account for the greatest proportion of the economic burden of injury. The desired outcome of work related to injury prevention is a reduction of the overall number of injuries, as well as the resulting death and disability, thereby contributing to a healthier and safer Nova Scotia.

Six indicators have been selected to assess a reduction in injury prevention: (1) rate of injury related deaths due to falls among seniors (aged 65 and over), (2) rate of injury related hospitalizations among seniors (aged 65 and over), (3) rate of suicide related deaths, (4) rate of self-inflicted injury (attempted suicide) related hospitalizations, (5) rate of motor vehicle collision injury related death, and (6) rate of motor vehicle injury related hospital admissions.

⁷ EHS: Nova Scotia Trauma Program (2004). *Nova Scotia Injury Prevention Strategy*.

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

What Does This Measure Tell Us?

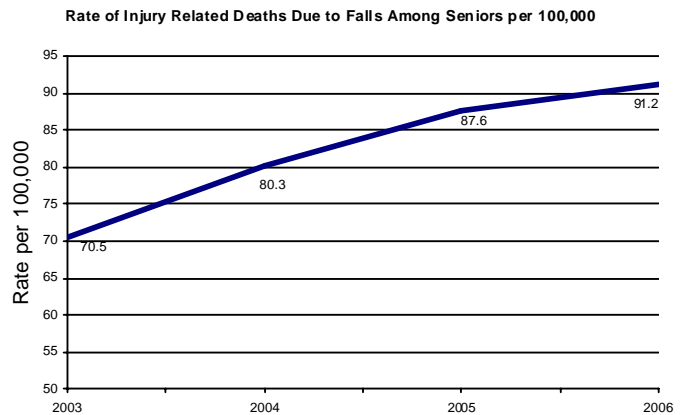
This measure describes the crude rate per 100,000 of Nova Scotians 65 years and older who die as the result of a fall⁸.

Where Are We Now?⁹

In 2003, the rate of fall related deaths for Nova Scotians aged 65 years and older was 70.5 per 100,000. In 2006, it was 91.2 per 100,000¹⁰.

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 2003 as the base year.



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

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 fall¹¹.

Where Are We Now?¹²

In 2003-2004, the rate of fall related hospital admissions for Nova Scotians over age 65 was 1590.2 per 100,000. In 2007-2008, it was 1605.3 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 2003-2004 as the base year.



⁸ Data are collected through Vital Statistics with analysis by the Department of Health based on the calendar year.

⁹ The numbers presented vary from numbers reported in 2007-2008 Business Plan as crude rates replaced age-standardized rates. Crude rates were used because "age" is likely the primary contributing factor to these events.

¹⁰ 2007 data lag a year behind.

¹¹ Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year.

¹² The numbers presented vary from numbers reported in 2007-2008 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. The numbers vary from the 2005-2006 Accountability Report because more current population estimates were used to recalculate all years of data provided.

These are high level indicators of the overall long-term impact of the Nova Scotia Injury Prevention Strategy, and specifically of efforts aimed at reducing falls related injuries. Strategies to achieve these targets related to falls prevention 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.

Rate of Suicide Related Deaths

What Does This Measure Tell Us?

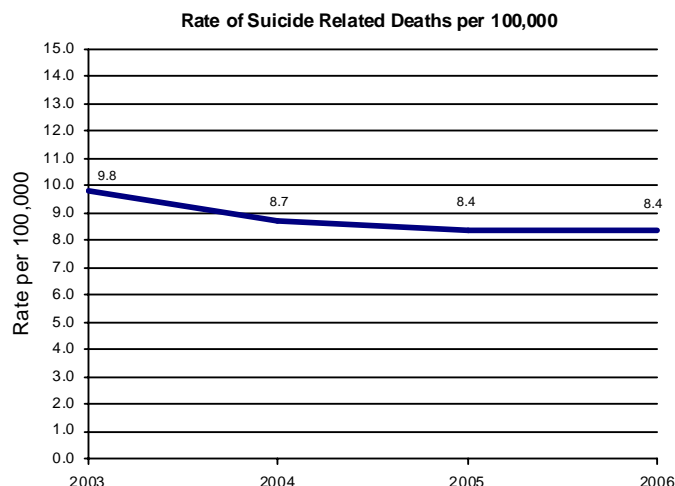
This measure describes the age-standardized rate per 100,000 of Nova Scotians who die as a result of suicide¹³.

Where Are We Now?¹⁴

In 2003, the rate per 100,000 of suicide related deaths in Nova Scotia was 9.8. In 2006, it was 8.4¹⁵.

Where Do We Want To Be in the Future?

The 2007-2008 HPP Business Plan indicates a target reduction of 20%¹⁶ in suicide related deaths by 2009-2010 using 2003 as the base year.



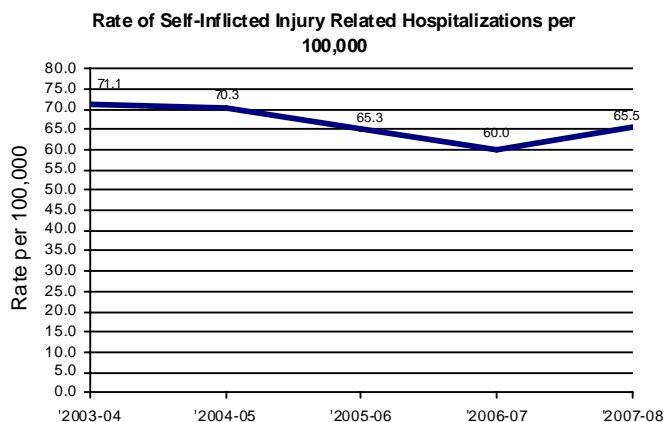
Rate of Self-inflicted Injury Related Hospitalizations¹⁷

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 injury¹⁸.

Where Are We Now?¹⁹

In 2003-2004, the rate per 100,000 of self-inflicted injury related hospital admissions was 71.1. In 2007-2008, it was 65.5.



¹³ Data are collected by Vital Statistics (SNSMR) and analyzed by the Department of Health based on the calendar year.

¹⁴ The numbers presented vary slightly from numbers reported in the 2006-2007 Accountability Report and 2007-2008 Business Plan because current year population estimates and slightly different age standardization methods were applied across all of the years provided.

¹⁵ 2007 data lag a year behind.

¹⁶ The Nova Scotia Strategic Framework to Address Suicide was released November 2006. 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 indicators and targets that may replace HPP's business plan indicator and target.

¹⁷ The term Self-inflicted Injury Related Hospitalizations replaces Suicide-Related Hospitalizations to align with the *Nova Scotia Strategic Framework to Address Suicide* terminology

¹⁸ Data are drawn from the Hospital Discharge Abstract Database (CIHI) and are based on the fiscal year.

¹⁹ The numbers presented vary slightly from numbers reported in the 2006-2007 Accountability Report and 2007-2008 Business Plan because current population estimates vary slightly and different age standardization methods were applied across all of the years provided.

Where Do We Want To Be in the Future?

In 2006-2007 HPP Business Plan indicated a target reduction of 20%²⁰ in self-inflicted injury-related hospitalizations by 2009-2010 using 2003-2004 as the base year.

The suicide related indicators are high level indicators of the overall long-term impact of the Nova Scotia Injury Prevention Strategy, and specifically of efforts aimed at reducing the rate of suicide and self-inflicted injuries. *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. HPP is leading the implementation of this Strategy and continues its support of communities to develop their local capacity to prevent suicide and self-inflicted injuries.

Rate of Motor Vehicle Collision (MVC) Injury Related Deaths

What Does This Measure Tell Us?

This measure describe the age-standardized rate per 100,000 of those Nova Scotians who die as the result of a MVC²¹.

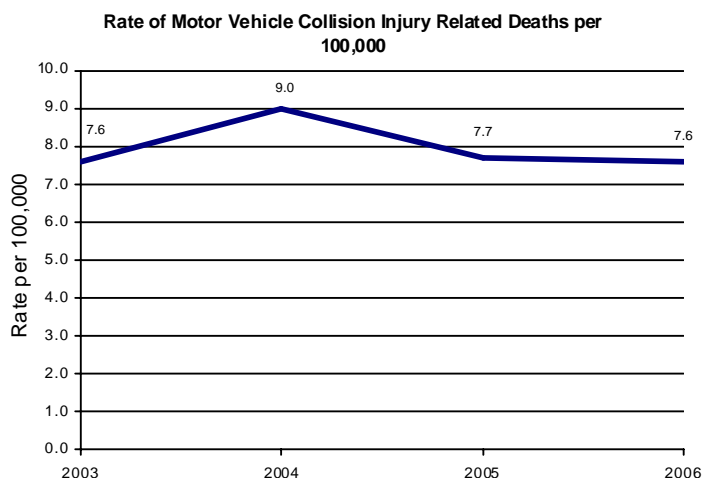
Where Are We Now?²²

In 2003, the rate of MVC injury related deaths was 7.6 per 100,000. In 2006, the rate remained 7.6 per 100,000²³.

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.



²⁰ The Nova Scotia Strategic Framework to Address Suicide was released in November 1006. 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 indicators and targets that may replace HPPs business plan indicator and target.

²¹ Data are collected by Vital Statistics (SNSMR) and analyzed by the Department of Health based on the calendar year.

²² The numbers presented vary slightly from numbers reported in the 2006-2007 Accountability Report and 2007-2008 Business Plan because current year population estimates and slightly different age standardization methods applied across all the years provided.

²³ 2007 data lag a year behind.

Rate of MVC Injury Related Hospital Admissions

What Does this Measure Tell Us?

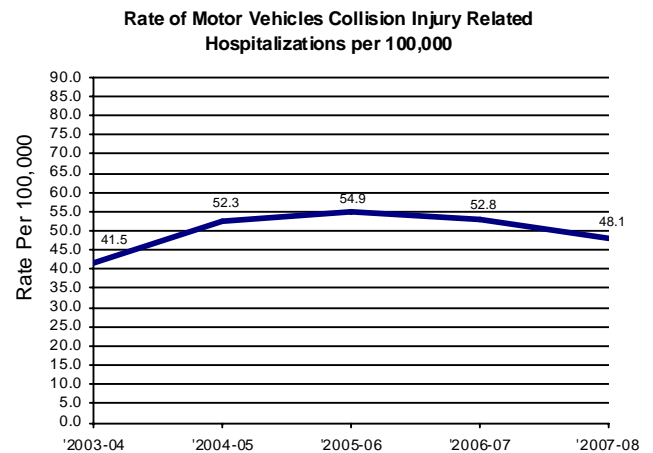
This measure describes the age-standardized rate per 100,000 of those Nova Scotians who are admitted to hospital as a result of a MVC²⁴.

Where Are We Now?²⁵

In 2003-2004 the rate of MVC injury-related hospital admissions was 41.5 per 100,000. In 2007-2008 it was 48.1 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 related injury related 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.



These are high level indicators 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. HPP is advocating for a more strategic approach to road safety in Nova Scotia. Transportation and Infrastructure Renewal is responsible for leading Nova Scotia's road safety efforts. Other strategies to reduce death and injury-related hospitalizations as a result of MVCs 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.

CORE BUSINESS AREA: CHRONIC DISEASE AND INJURY PREVENTION (Tobacco Control)

One of the core business areas of HPP is Tobacco Control. The desired outcome of work related to tobacco control is reduced tobacco use. 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. In addition, habits adopted during the teen years tend to be maintained well into adult life.

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

²⁵ The numbers presented vary slightly from numbers reported in 2006-2007 Accountability Report and 2007-2008 Business Plan as the definition of MVC injury related hospital admissions 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. Also more current population estimates were applied across all years.

In children, Environmental Tobacco Smoke (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. Reduced tobacco use and reduced ETS will contribute to making Nova Scotians healthier and safer.

Four indicators have been selected to assess reduced tobacco use in Nova Scotia: (1) percentage of population aged 15 and over who smoke, (2) percentage of youth (15-19 years of age) who smoke, (3) percentage of young adults (20-24 years of age) who smoke, and (4) percentage of youth (0-17 years of age) regularly exposed to ETS in the home.

The data related to the four indicators are drawn from the self-reported data from Health Canada's annual Canadian Tobacco Use Monitoring Survey (CTUMS)²⁶.

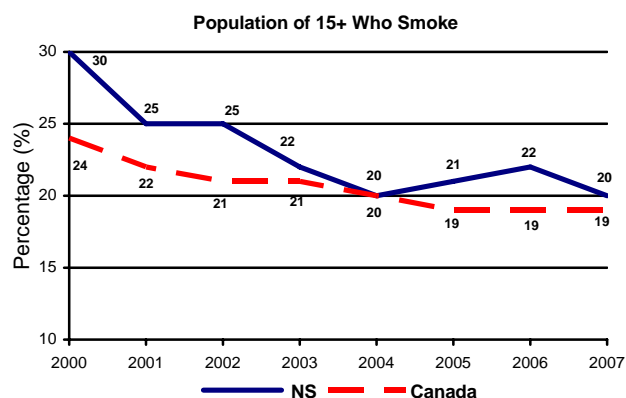
Percentage of Population Aged 15 and Over Who Smoke

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.

Where Are We Now?

According to CTUMS, in 2007, 20% 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 2007.



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.

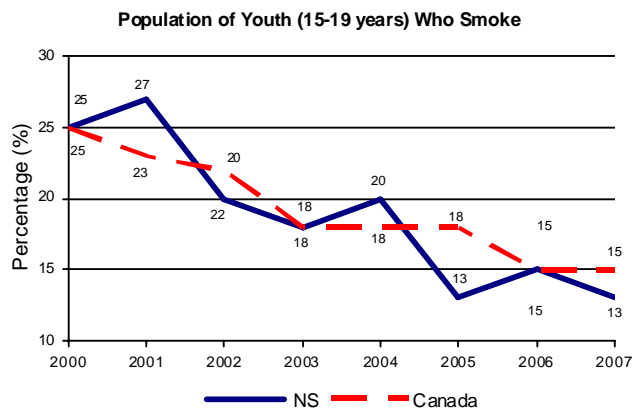
Percentage of Youth (15-19 years) Who Smoke

What Does the Measure Tell Us?

This measure describes the percentage of Nova Scotian and Canadian youth (aged 15 to 19 years) who smoke.

Where Are We Now?

According to CTUMS, in 2007, 13% 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 2007.



²⁶ CTUMS data are based on the calendar year.

Where Do We Want to Be in the Future?

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

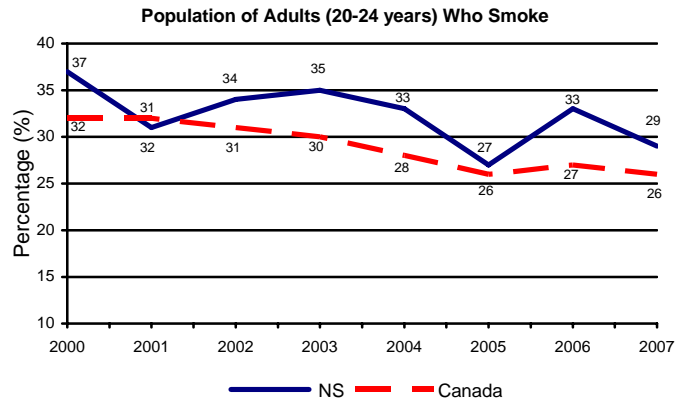
Percentage of Population of Young Adults Between Ages 20 to 24 and Over Who Smoke

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.

Where Are We Now?

According to CTUMS, in 2007, 29% 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 26% in 2007.



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.

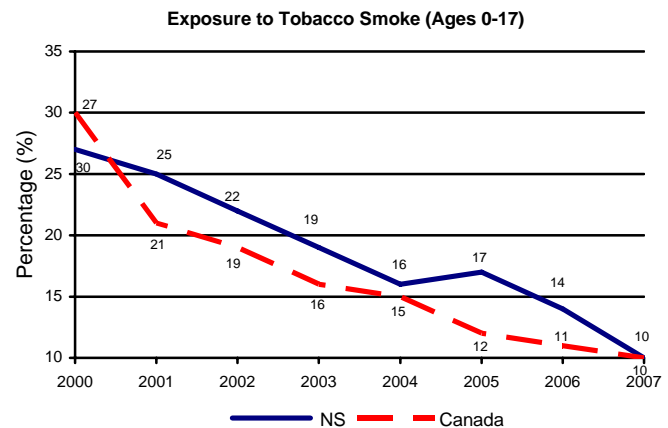
Proportion of Youth Aged 0-17 Years Regularly Exposed to Environmental Tobacco Smoke in the Home

What Does the Measure Tell Us?

This measure describes the percentage of households with children aged 0-17 that reported regular ETS in the home as measured by CTUMS.

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 2007, the Nova Scotian and Canadian percentages declined to 10%.



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 has helped Nova Scotia move toward these targets. 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.

CORE BUSINESS AREA: COMMUNICABLE DISEASE PREVENTION CONTROL

One of the core business areas of HPP is Communicable Disease Prevention Control (CDPC). The desired outcome of work related to CDPC is the prevention and control of vaccine and non-vaccine preventable disease. Vaccination coverage is important in promoting and maintaining public health and preventing the spread of infectious disease. By increasing the number of people who receive flu shots, the burden of illness on vulnerable populations, such as the elderly, can be decreased and simultaneously the strain on the health system can be reduced. Increased vaccination coverage will thereby contribute to making Nova Scotians healthier and safer.

*Percentage of Senior Nova Scotians (65 years and older) Who Received a Flu Shot in the Past Year*²⁷

One indicator has been selected to assess vaccination coverage in Nova Scotia: percentage of senior Nova Scotians (65 years and older) who received a flu shot in the past year. These data are drawn from the self-reported CCHS²⁸ that identify those respondents 65 years and older who received a flu shot in the past year.

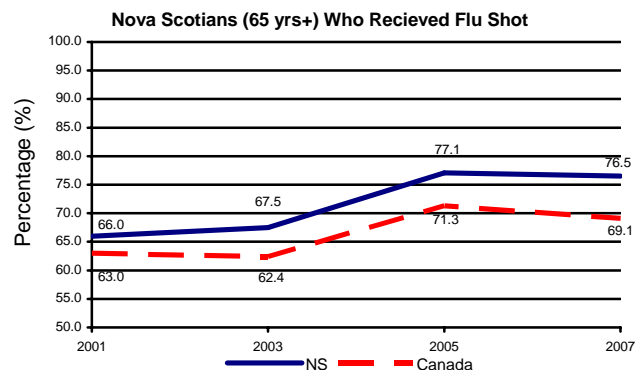
What Does the Measure Tell Us?

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.

Where Are We Now?

Using the CCHS, in 2007, 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 69%.

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 63%.



²⁷ The 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”.

²⁸ CCHS data are based on the calendar year and collected every two years.

Where Do We Want to Be in the Future?

National targets are being developed through the National Immunization Strategy from which Nova Scotia will determine its new target²⁹.

Immunization for prevention of influenza is a key public health intervention. Work related to this includes:

- increasing coverage through collaboration with other agencies,
- increasing the number and variety of public health services clinics,
- continuing the annual public awareness campaign, and
- continued work with professional groups.

CORE BUSINESS AREA: HEALTHY DEVELOPMENT

One of the core business areas of HPP is Healthy Development. This core business area focuses on strategic planning related to early childhood development and sexual health across the life span. One desired outcome in this core business area is promoting healthy eating and improving nutritional health. 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.

Another desired outcome in this core business area is developing a coordinated population health approach to youth sexual health. Sexual health is an important aspect to overall health and includes healthy relationships, positive body image, decision-making skills, access to comprehensive sexuality information and the absence of sexually transmitted infections and unintended pregnancy.

Four indicators have been selected to assess healthy development: (1) percentage of women who breastfeed as soon as babies are born, (2) percentage of women who breastfeed for at least six months, (3) unintended pregnancy in females aged 15-19, and (4) rate of chlamydia in 15 to 24 year olds³⁰.

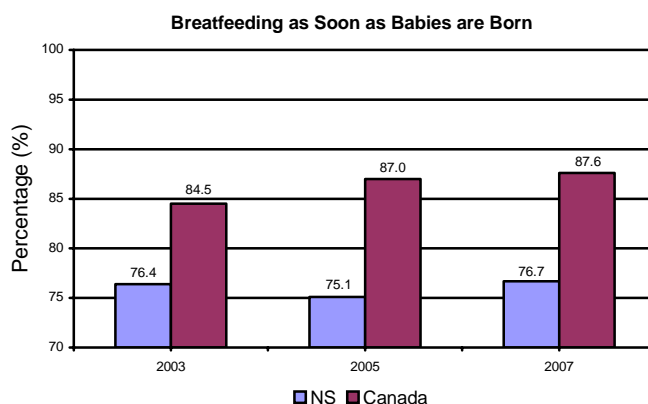
Percentage of Women Who Breastfeed As Soon As Babies Are Born (Initiation)

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.

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 2007, Nova Scotia was 76.7% as compared to Canada at 87.6%.



²⁹ At the time of the 2007-2008 Business Plan, a target had not been established. A target has been determined for the 2008-2009 Business Plan.

³⁰ Due to changes in the definition of "sex" used to determine condom use in the Drug Use Survey of Atlantic Provinces, there is currently no comparable data to determine a long term trend. Therefore this indicator is no longer being used at this time. When the definition becomes standard in the Drug Use Survey it will be reconsidered as an indicator.

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.

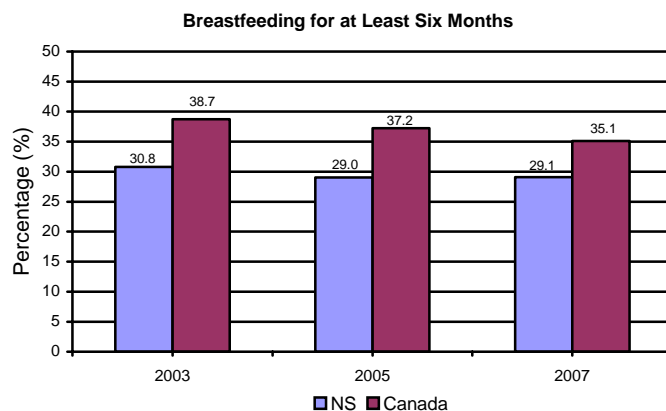
Percentage of Women Who Breastfeed For At Least Six Months (Duration)

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.

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 percentage of 38.7%. In 2007, this percentage for Nova Scotia and Canada was 29.1% and 35.1% respectively.



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.

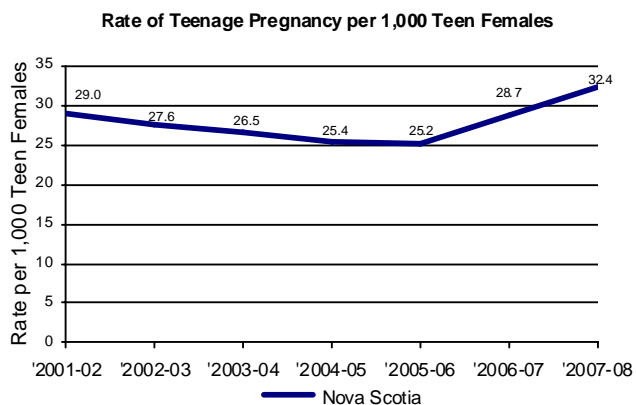
Related to breastfeeding, strategies to achieve these targets include:

- capacity building for promotion, support and protection of breastfeeding through the DHAs, the IWK health Centre, family resource centres and other community organizations
- implementing and monitoring 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

Rate of Pregnancy Among Teens

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 group³¹.



³¹ Canadian Institute for Health Information (CIHI) Discharge Abstract Database and Populations from Nova Scotia Department of Finance, Statistics Canada based on the fiscal year.

Where Are We Now?

CIHI data show that Nova Scotia has experienced a steady decrease in the rate of teenage pregnancy from 29.0 per 1,000 in 2001-2002 to 25.2 in 2005-2006 with an increase in 2006-2007 and 2007-2008 to 32.4³². Comparable national data are not yet available³³.

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 2009-2010³⁴.

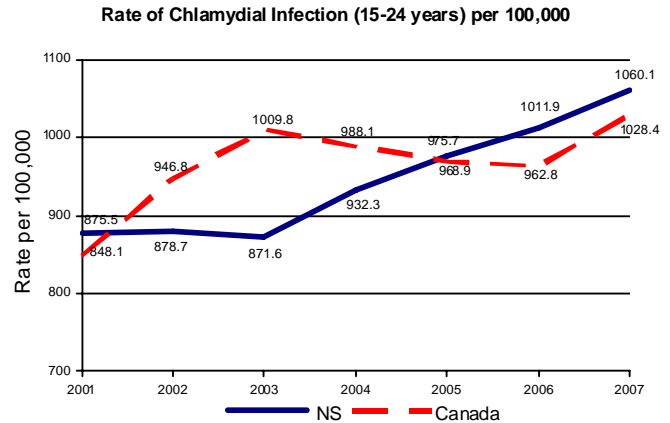
Incidence of Chlamydia in 15 to 24 Year Olds

What Does the Measure Tell Us?

This measure is the annually reported rate of genital chlamydial infection of Nova Scotians and Canadians per 100,000 for 15 to 24 year olds³⁵.

Where Are We Now?

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 1060.1 in 2007 (compared to the national rate of 1028.4.)³⁶



Where Do We Want to Be in the Future?

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

Related to youth sexual health, strategies to achieve these targets 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.

CORE BUSINESS AREA: PHYSICAL ACTIVITY SPORT AND RECREATION

One of the core business areas of HPP is Physical Activity Sport and Recreation. A desired outcome of work related to this core business area is to increase physical activity. Increased physical activity will contribute to making Nova Scotians healthier. 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. 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 genetics, gender, age, and lifestyle factors such as poor eating habits and inadequate physical

³² The numbers vary slightly from 2007-2008 Business Plan and 2006-2007 Accountability Report because more current population estimates and slightly different age standardization methods were applied across all the years provided.

³³ Although StatsCan collects provincial and national data regularly, its definition for the rate of teenage pregnancy is slightly different than the CIHI definition which HPP prefers.

³⁴ A new target has been determined for the 2008-2009 Business Plan because the CIHI national rate is not available on a regular basis.

³⁵ As reported by the Nova Scotia and Canada Notifiable Disease Surveillance System based on the calendar year.

³⁶ 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.

activity. It is also known that inactive children grew up to be inactive adults. 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".

Three indicators have been selected to assess increased physical activity in Nova Scotia: (1) percentage of adults reporting physical activity that provides health benefits, (2) percentage of adults reporting a Body Mass Index in the healthy range³⁷, and (3) percentage of children and youth sufficiently active for health benefits.

The data related to the first two indicators are drawn from the CCHS. Data from the third indicator is based on the Physically Active Children and Youth Accelerometer studies.

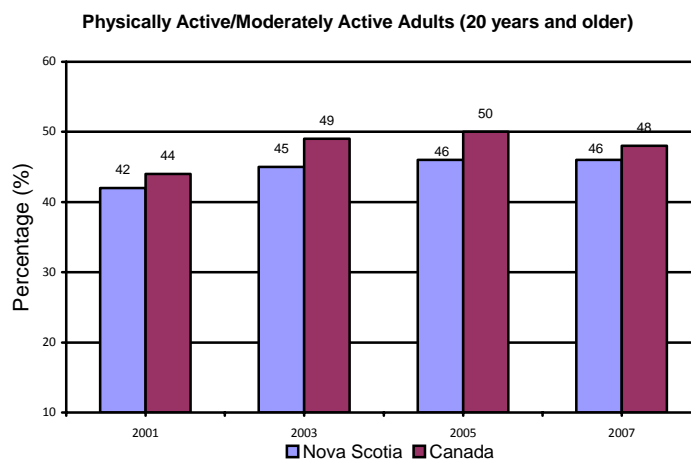
Percentage of Adults Reporting Physical Activity that Provides Health Benefits

What does the Measure Tell Us?

The CCHS self-reported data collected every two years 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 CCHS³⁸ 46% of Nova Scotian adults, 20 years and older, reported being active or moderately active in 2007, an increase of 4 percentage points from 2001. In this same time period, the national rate was 44% in 2001 and 48% in 2007.



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.

Percentage of Adults Reporting A Body Mass Index (BMI) in the Healthy Range

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

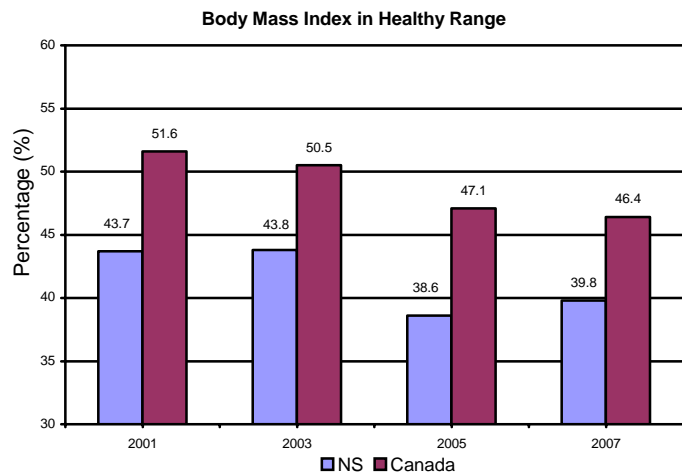
³⁷ This measure relates to two core business areas: Healthy Eating and Physical Activity and Sport and Recreation.

³⁸ CCHS data are based on the calendar year.

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. The self-reported data from the CCHS are used to determine the BMI.

Where Are We Now?

According to the CCHS self-report data collected every two years³⁹, 43.7% of Nova Scotians reported a healthy BMI in 2001 compared to 51.6% of the Canadian population. In 2007, the percentage of Nova Scotians reporting a healthy BMI was 39.8% compared to the national percentage of 46.4%.



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%.

Percentage of Children and Youth Sufficiently Active 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.

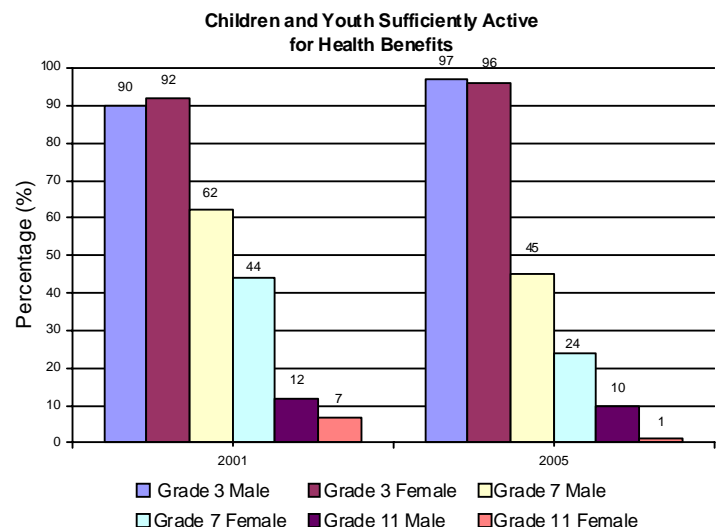
Where Are We Now?

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% girls⁴⁰



³⁹ CCHS data are based on the calendar year.

⁴⁰ There are no comparable Canadian Statistics since Nova Scotia is the only jurisdiction to have objectively measured physical activity on a population basis.

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

To achieve these targets 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. 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, Health Promoting Schools and Sport Animators
- 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 girls, women, members of ethnic minorities, people with disabilities and persons of low socio-economic status.

Appendix A: Summary of Actions for System Renewal⁴¹

The following sections of this report provide 21 actions for system renewal. These items are highly inter-dependent and need to be viewed as a package of strategic actions to be implemented over a multi-year period. The reader is invited to review the accompanying discussion in the relevant report section for the rationale and context for each of the actions.

1. Articulate and be guided by a collective vision for the public health system that integrates and supports the fulfilment of public health's core functions that effectively contribute to:
 - a. Improving levels of health status of the population and decreased health disparities
 - b. Decreasing the burden on the personal health services system and thereby contribute to its sustainability
 - c. Improving preparedness and response capacity for health emergencies.
2. Establish a single leadership position for Nova Scotia's public health system:
 - a. Lead provincial public health organization and be responsible for overall system coordination and development
 - b. Reporting to DM
 - c. Highly developed competencies: public health, leadership, and management (may also fulfil legislated CMOH responsibilities if appropriate)
 - d. Clearly defined roles and responsibilities
 - e. Independence – reporting to public, legislature
 - f. Competitive, transparent selection process with renewable 5-year term
3. Establish integrated public health organization at provincial system level
 - a. Created by consolidating current 3 public health "entities" (i.e. Office of Chief Medical Officer of Health; Population and Public Health Division; Nova Scotia Health Promotion)
 - b. Fulfills 5 public health core functions in integrated fashion: population health assessment, surveillance, health promotion, disease prevention and health protection
 - c. Structure similarly to other leading domestic and international public health agencies by programmatic area
 - d. Choose name for the public health organization that clearly identifies its responsibilities to staff, decision makers and the public.
4. Decide whether the consolidated provincial public health organization is best located within or outside the Department of Health and establish appropriate Ministerial oversight.
5. Transition the sub-provincial public health system level in a controlled manner from the existing Shared Service Area model to one based within DHAs. This will require:
 - a. Being guided by the vision of a public health system that is vertically integrated between the provincial and DHA system levels, each of which are integrated horizontally with the rest of the health system

⁴¹ Department 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*.

- b. Clear roles, responsibilities and accountabilities of the two system levels
 - c. Directors of public health in *each* DHA to manage and be responsible for public health programming within the DHA and to provide population-level analysis and advice to senior executive and the board of the DHA
 - d. Maintaining an intact public health team headed by the Director of Public Health
 - e. Adequate capacity at both system levels in order to fulfill roles and responsibilities
 - f. Expectations and commitment for mutual aid among DHAs to address surges in demand (e.g. outbreaks, emergencies)
 - g. Medical Officers of Health to have dual roles:
 - (i) Be MOH for one or more DHAs
 - (ii) Be member of a provincial programmatic team.
6. The Departments of Health, Environment and Labour, and Agriculture and Fisheries embark on a collaborative process to achieve the following:
 - a. Identify, from the perspective of the three departments, the key issues and concerns regarding the current distribution of public health responsibilities and resources.
 - b. Identify the range of public health issues and corresponding programming that needs to be provided.
 - c. Identify the optimal distribution of responsibilities and resources required to address the findings identified in “b” above.
 - d. Develop an implementation plan to achieve “c” above.
 7. Establish and implement a public health workforce development strategy with particular emphasis on critical gaps in the existing workforce.
 8. Expand overall size of the workforce, as well as those with specialized skill sets including, but not limited to:
 - a. Epidemiologists
 - b. Professional Masters trained public health professionals
 - c. DHA Directors of public health.
 9. Partner with the academic sector to expand/establish training programs and practicum settings including supporting the development of a teaching health unit.
 10. Review, update and implement an IT strategy to improve the information infrastructure to support public health core functions and programming.
 11. Establish evidence-based standards for Nova Scotia’s public health system applicable to provincial and DHA levels that provide flexibility for tailoring to local circumstances and that support local and provincial level planning.
 12. Establish a multi-component accountability mechanism for the public health system:
 - a. Planning, priority setting and implementation of evidence-based interventions
 - b. Financial tracking of system investment and its application
 - c. Reporting on system performance
 - d. Reporting on health of the public.

13. Develop and implement strategic plan to ensure high quality public health laboratory services in Nova Scotia by the provincial public health laboratory and a provincial laboratory network that are accountable for public health functions to the public health system.
14. Prepare public health legislation to comprehensively describe the public health system's functions, approaches, structures, roles and accountabilities.
15. Ensure the preparedness of the public health system to address outbreaks and other public health emergencies by:
 - a. Resources to plan, train and exercise for emergencies
 - b. Sufficient ongoing and surge capacity.
16. Implement a multi-year plan (i.e. 5-10 years) to achieve a doubling of current public health system funding to improve the capacity of the province's public health system to optimally promote health, prevent disease and injury, and be prepared to address the occurrence of public health emergencies. [Current public health system funding accounts for approximately 1.2% of provincial health system expenditures, or \$31 million].
17. Engage the academic sector within Nova Scotia to discuss opportunities for collaboration with the public health system in training, applied research and service.
18. Engage Atlantic Canada regional bodies and other Atlantic provinces to discuss opportunities for collaboration with mutually beneficial public health system functions and infrastructure development.
19. Partner with the federal government and the Public Health Agency of Canada to collaboratively strengthen public health system in Nova Scotia.
20. Engage the non-governmental sector to discuss opportunities for greater collaboration between the formal and informal public health systems in Nova Scotia.
21. Establish a dedicated team to project manage the implementation of the foregoing strategic actions. This will be a multi-year undertaking requiring a minimum team of 5 individuals to manage the implementation of the foregoing actions.