

Department of Health Promotion and Protection

2009-2010 Business Plan

September 2009



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

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1. Message from the Minister and Deputy Minister

With a mandate to create a healthier and safer Nova Scotia, we're very proud of all the work being done by Health Promotion and Protection staff and the progress achieved to date. Working with our community partners, government colleagues and many others, we are making a difference in the lives of Nova Scotians.


HPP works in schools, communities and workplaces to prevent chronic disease. We're focusing our prevention strategies on changing social and physical environments, so that individuals and families are better able to lead healthy lives. We want to support all children and families in early childhood and the school years, and help ensure everyone has access to everything they need to get and stay healthy.

Responding to the pandemic will focus much of our work this year. As the first province in Canada to have a lab-confirmed case of H1N1, we have demonstrated since the start how fortunate Nova Scotia is to have a strong team of public health professionals. Protecting the health and safety of all Nova Scotians is our priority.

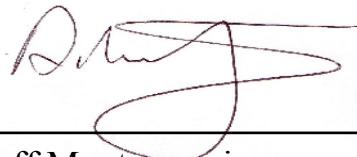
We encourage you to take a few moments to review our detailed business plan. It outlines many of our successes to date, such as our reduced smoking rates and our work to encourage more children and youth to get active. Later this year, we'll be expanding those efforts to the adult population.

There's also our school nutrition policy – through which we've invested \$1 million to ensure children and youth have access to healthy, affordable food in schools.

We know we still have work to do, but we're pleased with the strong foundation we've laid to date. Together, we can make Nova Scotians the healthiest and safest people in Canada.



Honourable Maureen MacDonal
Minister of Health Promotion and Protection



Duff Montgomerie
Deputy Minister

2. Planning Context

2.1 Organization of the Department of Health Promotion and Protection

The Department of Health Promotion and Protection (HPP) is responsible for responding to emerging public health threats, preventing chronic disease and injury, and promoting health among Nova Scotians. Its role spans all aspects of public health, physical activity, sport and recreation, addiction services and volunteerism.

HPP has nine Responsibility Centres:

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

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

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

HPP has developed strong linkages with the federal government¹, other provincial government departments, community groups, professional organizations, District Health Authorities (DHAs) and other stakeholders whose work impacts the health of Nova Scotians.

2.2 HPP's Strategic Plan

Through a multi-phased and inclusive process, HPP has adopted the following directional statements:

Vision Helping Nova Scotians to be healthier and safer

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

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

Strategic Outcomes The strategic outcomes HPP seeks include:

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

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

Guiding Principles

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

Values

- **Leadership.** We believe in creating a culture that inspires all of us to achieve our best. We believe in being responsive and decisive. (Practice what we preach.)
- **Integrity.** We believe in openness, honesty, trust, respect and acknowledging the contributions made by all. (Doing the right thing.)

- **Collaboration.** We believe in the importance of teamwork and open communication. (The whole is greater than the sum of its parts.)
- **Innovation and Excellence.** We believe in achieving our goals through a spirit of creativity and exploration. (Thinking outside the box.)
- **Inclusion.** We value the similarities and differences of our staff among people and believe in supporting everyone to reach their potential. (Equitable opportunities for all.)
- **People Development.** We believe in continuous learning, self-improvement, personal wellness and professional development. (Life-long learning.)

2.3 Health Goals for Canada

In developing a pan-Canadian Public Health Strategy, First Ministers committed to “improving the health status of Canadians through a collaborative process”. Federal/Provincial/Territorial (F/P/T) Ministers of Health adopted the Health Goals for Canada². Nova Scotia has endorsed these goals and HPP reflects them in our mission, strategic outcomes, policies and programs.

2.4 The State of Our Health in Nova Scotia

Nova Scotia has some of the poorest health statistics in the country. Cancer rates in Nova Scotia increased between 1976 and 2006 by 39% for Nova Scotian men and by 24% for Nova Scotian women and cancer rates in Nova Scotia are higher than the Canadian average. The prevalence of high blood pressure has increased over the past ten years and Nova Scotia has consistently been higher than the Canadian average. Similarly the prevalence of diabetes has increased from 3.6% to 6.8% between 1994 to 2007 and is higher than the national rate.³

A summary of death data for Nova Scotia⁴ shows that of the 8,029 deaths to residents in Nova Scotia in 2006, the cause of death and percent of all deaths was as follows:

² <http://www.phac-aspc.gc.ca/hgc-osc/new-1-eng.html>

³ Colman, R., GPI Atlantic. (November 2008: Draft). *The 2008 Nova Scotia GPI Accounts: Indicators of Genuine Progress*.

⁴Service Nova Scotia and Municipal Relations: Vital Statistics. *Nova Scotia Annual Report*. (2006).

Cause of Death	Number of Deaths	Percent of all Deaths (%)
Circulatory System Related Diseases	2,505	31.2
Chronic ischemic heart disease	730	9.0
Heart attack	520	6.5
Cerebrovascular disease including stroke	494	6.2
Cancer	2,431	30.3
Trachea, bronchus, lung	697	8.7
Chronic lung disease (excluding asthma)	407	5.1
Accidents and unintentional self-harm	357	4.4
Diabetes	267	3.3
Influenza and pneumonia	218	2.7
Intentional self-harm (suicide)	107	1.3
*Alcohol use ⁵	230	
Liver disease		30
Injuries		33
Alcohol-related cancers		20

* This data is separate from the data provided by Vital Statistics; and accounts only for the “majority of deaths”.

Smoking: While smoking rates are dropping, 20% of Nova Scotians over the age of 15 smoke. Smoking and exposure to smoking kills approximately 1,748 Nova Scotians every year, accounting for 21% of all deaths in the province⁶. High rates of smoking translate into high rates of chronic disease such as lung cancer, cardiovascular and respiratory disease⁷.

Twin Epidemic of Unhealthy Eating and Physical Inactivity: Healthy eating and physical activity significantly contribute to the prevention of chronic disease. Growing food insecurity⁸ and other social and economic changes are making it more difficult for Nova Scotians to eat healthy and be physically active. Only 35% of Nova Scotians consumed the recommended number of fruits and vegetables per day⁹. Nova Scotian households reported the highest rate of income related food insecurity in Canada at 14.6%¹⁰. Over half (54.1%) of Nova Scotians 20 years and older reported not being active enough to get any health benefits¹¹. As well, the Nova Scotia Physically Active Children and Youth (PACY) Study shows the percentage of grade 3, 7 and 11 students accumulating at least 60 minutes of moderate to vigorous activity on at least five days of the week has dropped over the last five years.¹²

⁵ Nova Scotia Health Promotion: Addiction Services (2005). *Alcohol Indicators Report: A Framework for Alcohol Indicators Describing the Consumption of Use, Patterns of Use, and Alcohol-Related Harms in Nova Scotia*.

⁶ Colman, R. and Rhymes, J. , GPI Atlantic. (2007). *The Cost of Tobacco Use in Nova Scotia*.

⁷ Health Canada (2005). *Health Effects of Smoking*. (online) Available at: http://www.hc-sc.gc.ca/hl-vs/tobac-tabac/body-corps/index_e.html

⁸ Food security means all people, at all times, have access to nutritious, safe, personally acceptable and culturally appropriate foods, produced (and distributed) in ways that are environmentally sound and socially just. Food insecurity is the opposite.

⁹ Canadian Community Health Survey (2007): Cycle 4.1. Data analysis by DoH and presented in Nova Scotia Health Promotion and Protection (2007). *Annual Accountability Report for the Fiscal Year 2007-2008*.

¹⁰ Canadian Community Health Survey (2005): Cycle 3.1. Data analysis by DoH

¹¹ Canadian Community Health Survey (2007): Cycle 4.1. Data analysis by DoH.

¹² P. Campagna et al., *Physical Activity Levels and Dietary Intake of Children and Youth in the Province of Nova Scotia* (2005). (Halifax, NS: Nova Scotia Department of Health Promotion and Protection and Nova Scotia Department of Education, 2007).

Injuries: Injuries are a significant threat to the health and well being of all Nova Scotians and takes an immeasurable human toll on Nova Scotians. Nova Scotians fare well when compared to other provinces, ranking third in overall injury-related hospitalizations and fourth for injury-related mortality. However, the impact of injury can be painful, long-lasting or even permanent and can impact not only the injured individual, but also cause life-altering changes for the family and friends of the injured person. On average, 425 Nova Scotians die each year as a result of injury with falls, motor vehicle collisions and suicide the leading causes of injury-related deaths in Nova Scotia. Over half of all deaths among men and one third of all deaths among women under the age of 40 is a result of injury and injury accounts for 67% of all causes of death among youth aged 15 to 29.¹³

Alcohol Abuse: Harmful alcohol use figures significantly in injury, risky sexual behaviour, chronic disease (e.g. heart, liver disease, and some cancers), crime, violence, and other social problems. One in five current drinkers or approximately 117,114 Nova Scotians are high-risk drinkers, meaning their consumption impacts negatively on their own health and well being. About 237,270 Nova Scotians experience harm from someone else's use of alcohol. Each year in Nova Scotia, an average of 600 hospital admissions can be attributed to alcohol¹⁴.

Costs to the Nova Scotia Economy: It is estimated that seven categories of chronic disease (circulatory, cancer, respiratory, musculoskeletal, endocrine, nervous, and mental) cost Nova Scotia roughly \$1.4 billion in direct health costs and more than \$2 billion in indirect costs including lost productivity due to premature death and disability in 2007¹⁵.

Injuries, alcohol abuse, unhealthy eating, physical inactivity, and smoking-related illness all contribute to the economic burden that Nova Scotia must bear in both direct and indirect costs.

- Direct health care costs associated with tobacco use costs Nova Scotia \$171.3 million and an additional \$526 million in indirect costs including productivity losses due to long and short-term disability and premature mortality. In addition it costs Nova Scotian employers about \$263.6 million more each year to employ smokers due to on-the-job productivity losses incurred in unauthorized smoke breaks¹⁶;
- When direct medical costs and economic productivity losses are combined, the total economic burden of physical inactivity in Nova Scotia is estimated to exceed \$395 million (\$2007) annually¹⁷;
- Obesity costs Nova Scotia an estimated \$148 million (in 2007 dollars) a year in direct health care costs and an additional \$173 million (in 2007 dollars) a year in indirect productivity losses¹⁸
- Annual direct and indirect costs of injury in Nova Scotia accounts for \$518 million in 2004 with direct costs at \$322 million and indirect costs at \$196 million;
 - Falls cost Nova Scotians \$75 million dollars in 2004;
 - Transportation-related injuries (motor vehicle, pedestrian, cycling, all terrain vehicles) cost Nova Scotians just over \$97 million in 2004;

¹³ Data (2006) collected through *Vital Statistics* and *Canadian Institute of Health Information* with analysis by HPP and Department of Health.

¹⁴ Nova Scotia Health Promotion: Addiction Services (2005). *Alcohol Indicators Report: A Framework for Alcohol Indicators Describing the Consumption of Use, Patterns of Use, and Alcohol-Related Harms in Nova Scotia*.

¹⁵ Colman, R., GPI Atlantic. (November 2008: Draft). *The 2008 Nova Scotia GPI Accounts: Indicators of Genuine Progress*. Based on data from Colman, R. GPI Atlantic. (2002) *The Cost of Chronic Disease in Nova Scotia*. Updated to 2007 constant dollars using the CPI.

¹⁶ Colman, R. and Rhymes, J., GPI Atlantic. (2007). *The Cost of Tobacco Use in Nova Scotia*.

¹⁷ Colman, R., GPI Atlantic. (November 2008: Draft). *The 2008 Nova Scotia GPI Accounts: Indicators of Genuine Progress*.

¹⁸ Colman, R., GPI Atlantic. (November 2008: Draft). *The Cost of Obesity in Nova Scotia. Cost estimates are updated using the CPI*.

- The economic impact of suicide and self harm in Nova Scotia in 2004 was \$55 million¹⁹;
- Total annual cost of harmful alcohol use to Nova Scotians is \$418.9 million. Of this, 23% (\$97.3 million) funds direct health care costs, 19% (\$78.1 million) funds law enforcement costs and 58% (\$243.6 million) funds indirect social costs (e.g. lost productivity, premature mortality, fire and traffic damage, workers compensation)²⁰.

2.5 Health Disparities, Social Determinants of Health and the Population Health Approach

Health Disparities: The Canadian population is among the healthiest in the world, but some segments of the population are not as healthy as others. Major health disparities exist across the country; most evident in sub-groups such as low-income populations, female-led households with children, and Aboriginal communities. Health disparities are differences in health status across the population. Disparities in health are highly influenced by economic and social factors such as poverty, gender and race/ethnicity. Reducing health disparities is central to the HPP's vision, mission, and strategies. Virtually all HPP policies and programs directly or indirectly address health disparities by providing mechanisms for the inclusion of all Nova Scotians, as well as targeted programs for those most at risk for poor health. Typical actions for addressing health disparities include: strengthening individuals; strengthening communities; improving living and working conditions; and, promoting healthy macro-policies.²¹

Social Determinants of Health: The evidence is clear that many of the factors that influence health lie outside of the health system, in the broader context of the economy and society. Health is influenced by a range of economic and social factors often referred to as “social determinants of health”. These determinants include socio-economic status, gender, education and literacy, employment and working conditions, social and physical environments, personal health practices and coping skills, social support networks, healthy child development, health services, and culture.²² Socio-economic status is often cited as the most critical determinant, with strong influences on the conditions in which people grow, learn, live, work and play, their vulnerability to illness and injury, and the consequences of illness and injury.²³ Other determinants, such as gender, race/ethnicity, age, education and physical environments interact with socio-economics to determine health over the life course.

For the first time in many decades, it is now possible that children in Canada will have a lower life expectancy than their parents. Over the next decade, chronic disease is expected to increase as unhealthy eating, physical inactivity and other individual risk factors remain widespread. At the same time, socio-economic conditions underlying individual risk factors are currently deteriorating, making low-income families and communities more vulnerable to unemployment, unstable employment, the stresses associated with high debt levels²⁴ and the impacts of these conditions on health. Health care and public health programs must include a focus on the needs

¹⁹ SMARTRISK (2009). Unpublished Report.

²⁰ Rehm et al. (2006). *Cost of Substance Abuse*: 2002.

²¹ M. Whitehead (2007) A typology of actions to tackle social inequalities in health, *Journal of Epidemiology & Community Health* 61(6): 473-478.

²² Public Health Agency of Canada, *Population Health Template*. Available at http://www.phac-aspc.gc.ca/ph-sp/pdf/template_tool-eng.pdf

²³ Health Disparities Task Group of the F/P/T Advisory Committee on Population Health and Health Security (2005) *Reducing Health Disparities: Roles of the Health Sector*.

²⁴ K. Tran & R. Colman (2008) *Financial Security and Debt in Atlantic Canada*, Halifax: GPI Atlantic.

of disadvantaged populations, or there is risk of increasing rather than reducing health disparities.²⁵

Population Health Approach: Improving the health of the population requires a focus on the health of the entire population, as well as sub-groups within the population. A “population health” approach focuses on reducing health disparities by engaging in collaboration across sectors and levels, seeking to address health determinants and their interactions, basing priorities and actions on evidence, applying multiple strategies across a variety of settings, and increasing upstream investments to address the root causes of illness and injury.²⁶ The complex web of causation that influences health-related behaviour and health status requires comprehensive approaches to address them adequately.²⁷

Understanding and acting on population health requires an evidence base from which to identify areas of focus and likely interventions. HPP is involved in national and provincial initiatives to develop indicators of health disparities for use in targeting investments in public health. HPP is working with DoH to combine economic and social indicators (e.g., race/ethnicity) with clinical data to help develop interventions that take into account socio-economic contexts. Knowledge about the impacts of social determinants on public health can be used to help link policy areas and increase policy coherence to reduce health disparities. HPP is also contributing to the development of population health frameworks, guidelines and lenses (e.g., food security policy backgrounder and lens)²⁸ for developing and monitoring policy.

Providers of both health care and public health are recognizing that addressing social determinants of health requires new “ways of working” that are interdepartmental and intersectoral. HPP is working in collaboration with other departments to support departmental approaches and increase action on the social determinants of health. Some examples are included in the following section.

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

2.6 Intersectoral Collaboration

Aimed at the vision of a healthier and safer Nova Scotia, HPP facilitates communication, cooperation, collaboration, and action among individuals, organizations, sectors and government departments on issues and strategies relating to disease and injury prevention, health promotion and health protection across different settings and different populations.

HPP provides leadership in addressing issues from a determinants of health perspective and influencing policy decisions in other departments and across sectors. This is more than ‘collaboration’ and ‘working together’. It is raising the issues, bringing the evidence to the table,

²⁵ Health Disparities Task Group of the F/P/T Advisory Committee on Population Health and Health Security (2005) *Reducing Health Disparities: Roles of the Health Sector*.

²⁶ Public Health Agency of Canada, *Population Health Template*. Available at http://www.phac-aspc.gc.ca/ph-sp/pdf/template_tool-eng.pdf

²⁷ 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*.

²⁸ Policy Working Group of the NS Participatory Food Security Projects (2006) *Understanding the Relationship Between Public Policy and Food Security in Nova Scotia – A Background Paper & Policy Lens*.

providing an understanding of the short and long term impacts and complex inter-relationships of policy decisions, providing leadership in asking the questions, facilitating the discussion, and providing input into solutions.

Employing a population health approach to policy development and program planning often leads HPP to target specific populations with greater than average health needs, and to work with the federal government, other government departments and non-government organizations in addressing these specific issues. This collaborative and intersectoral approach to policy development and program planning follows directly from our mission, guiding principles and values.

HPP has well developed and constructive relationships with Health Canada, Sport Canada and the Public Health Agency of Canada (PHAC). In 2008-2009, HPP strengthened its position to influence public health capacity at the national level by assuming new leadership responsibilities within the Public Health Network (PHN)²⁹ with HPP’s Deputy Minister being appointed as Provincial/Territorial Liaison Deputy Minister. This new function positions HPP to play a lead national role in developing a broad understanding of core public health issues among F/P/T governments, in developing the rationale for policy and technical recommendations moving forward to Deputy Ministers and Ministers of Health, and in promoting strong intergovernmental and intersectoral collaboration to achieve key public health objectives.

Some examples of HPP’s involvements in collaborative intersectoral policy development and program planning efforts are listed below.

F/P/T Intersectoral Collaboration on Health Promotion/Healthy Living Initiatives	Through the PHN, F/P/T governments have begun to increase their focus on health promotion/healthy living and an integrated approach to chronic disease prevention in accordance with the Pan-Canadian Healthy Living Strategy.
Atlantic Collaboration on Health Promotion and Wellness	Atlantic premiers have recognized the growing impact of chronic disease on both the population and the health system. At recent meetings of the Council of Atlantic Premiers (CAP) Premiers have directed health ministers to work collaboratively on health promotion and wellness including healthy food choices, physical activity, and smoking reduction.

²⁹ The Pan-Canadian Public Health Network (PHN) is an intergovernmental mechanism established in 2005 to provide policy and technical advice to F/P/T Deputy Ministers of Health on public health matters.

HPP and DoH work closely together toward a common goal of good health for Nova Scotians.	HPP participates in the health system transformation work through participation and implementation of the recommendations of the Provincial Health Services Operational Review (PHSOR) ³⁰ .
Renewed Active Kids Healthy Kids (AKHK) Strategy ³¹	This is a strategic, comprehensive, multi-year plan shared by government, non-government organizations, and Nova Scotian residents, for improving physical activity opportunities and increasing participation rates for infants to 18-year olds.
Health Promoting Schools ³² (HPS) Program	In partnership with the Department of Education (DoE), school boards and DHAs, the HPS Program provides an overall framework for key school health initiatives in the province including, but not limited, to healthy eating, physical activity, youth sexual health, tobacco reduction, addiction and injury prevention in the school setting.
Power and Potential: The PASR Framework for Action ³³	This Framework gives direction to strengthen work in the fields of physical activity, sport, and recreation (PASR). It was developed by a core group of individuals involved in PASR, with consultations and an on-line survey of about 100 participants contributed to its development.
Nova Scotia School Food and Nutrition Policy ³⁴	HPP continues to partner with DoE in the implementation of this provincial policy that addresses a variety of issues including foods offered at school cafeterias, vending machines, portion sizes, and nutrition education.
Provincial Children and Youth Strategy ³⁵	In response to the Nunn Commission Inquiry, the comprehensive provincial strategy, <i>Our Kids are Worth It: A Strategy for Children and Youth</i> was released. The Departments of Community Services, HPP, Health, Education and Justice are working together to improve services for children and youth through this strategy which focuses on the needs of children and youth with a comprehensive mix of immediate and longer term priorities.
Nova Scotia Framework for Action: Youth Sexual Health ³⁶	Under the leadership of the Nova Scotia Roundtable on Youth Sexual Health composed of health professionals, educators, government and non-government organizations interested in youth sexual health issues, this framework is a comprehensive approach to sexual health education, services and supports for youth; and suggests roles for youth, communities, community-based agencies, and all sectors of government in improving sexual health.

³⁰ Corpus Sanchez International Consultancy. *Changing Nova Scotia's Healthcare System: Creating Sustainability through Transformation*. System-Level Findings and Overall Directions for Change from the Provincial Health Services Operational Review (PHSOR).

http://www.gov.ns.ca/health/phsor/PHSOR_Integrated_Report_Dec07.pdf

³¹ <http://www.gov.ns.ca/hpp/physicalActivity/publications/AKHK-Strategy.pdf>

³² http://www.gov.ns.ca/hpp/healthy_development/health-promoting-schools.asp

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

³⁴ http://www.ednet.ns.ca/healthy_eating/pdf/22454_ver1_lo_res.pdf

³⁵ http://www.gov.ns.ca/coms/department/documents/Our_Kids_Are_Worth_It.pdf

³⁶ http://www.gov.ns.ca/hpp/publications/FINAL_Framework_Booklet.pdf

Nova Scotia Strategic Framework to Address Suicide ³⁷	Developed by the Provincial Strategic Framework Development Committee in consultation with communities and partners and through a collaborative process, this framework is a seven to ten year plan for reducing suicide/attempted suicide in Nova Scotia.
Provincial Alcohol Strategy ³⁸	The goal of the Provincial Alcohol Strategy (<i>Changing the Culture of Alcohol Use in Nova Scotia: An Alcohol Strategy to Prevent and Reduce the Burden of Alcohol-Related Harm in Nova Scotia</i>) is to prevent and reduce alcohol-related acute and chronic health, social, and economic harm and costs among Nova Scotia's individuals, families and communities. Led by HPP, this strategy was based on the work of the Alcohol Task Group, a partnership of HPP and DHAs' Addiction Services and on the advice and recommendations of the Alcohol Roundtable composed of 60 stakeholders.
Nova Scotia Drug Strategy	HPP is working with the Department of Justice to develop a Nova Scotia Drug Strategy that focuses on four core elements: prevention, treatment, harm reduction and enforcement. Together these provide a balanced approach to the issues around illicit drug use in Nova Scotia.
Tobacco Control Strategy Renewal ³⁹	HPP is working with tobacco reduction coordinators/treatment staff, health charities, professional organizations and non-government organizations to renew and implement the Nova Scotia Comprehensive Tobacco Control Strategy.
Injury Prevention Strategy Renewal ⁴⁰	HPP has partnered with Injury Free Nova Scotia, a coalition of injury prevention organizations to co-lead the renewal process. A steering committee composed of representatives from public health, community, injury prevention non-governmental organizations and government provided strategic advice. Injury prevention stakeholders provided input via surveys and consultation. The strategy will be released in Fall 2009.
Teaching, Student Placements, Research and Mentoring	HPP remains committed to doing its part to train, develop and encourage the next generation of public health and health promotion professionals. HPP works closely with the academic community in a number of disciplines by providing guest lectures, participating on panels, contributing to research papers, and hiring undergraduate and graduate students.

3.0 Linkages to HPP's Vision and Strategic Outcomes

Vision

Helping Nova Scotians to be healthier and safer

³⁷ <http://www.gov.ns.ca/hpp/injuryprevention/suicideframework.pdf>

³⁸ http://www.gov.ns.ca/hpp/repPub/Alcohol_Strategy.pdf

³⁹ <http://www.gov.ns.ca/hpp/tobaccoControlStrategyRenewal.html>

⁴⁰ <http://www.gov.ns.ca/hpp/repPub/NSIPreport04.pdf>

Strategic Outcomes

The strategic outcomes HPP seeks include:

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

Improved Health Outcomes for Children and Youth

Because the health of our children and youth is the foundation that enables a healthier population, HPP invests in programs from birth to early adulthood.

Programs and resources like the Healthy Beginnings/Enhanced Home Visiting Program, the Provincial Breastfeeding Policy and Baby Friendly Initiative, the Loving Care age-paced parent health education booklet series, the Active Kids Healthy Kids Strategy and Health Promoting Schools shows HPP's commitment to programs and supports that assist families to nurture their newborns and children in the early years.

HPP partnered with other departments to develop and implement the Province's Children and Youth Strategy: *Our Kids Are Worth It*. This Strategy has a crime prevention focus but its goals are linked to other critical work within government that address the needs of children and youth. HPP's related strategies (e.g. Alcohol Strategy, Youth Health Centres,) and work with other departments on intersectoral strategies (e.g. Poverty Reduction Strategy, Drug Strategy) addresses those complex issues that may lead children and youth involvement into crime.

Programs and supports that assist families to nurture their newborns and children in the early years and those targeted to children and youth will lead to a healthier adult population.

More Nova Scotians Taking an Active Role in Promoting and Protecting the Health of Individuals, Families and Communities

Using a population health approach, HPP is enabling and encouraging more Nova Scotians to take an active role in promoting and protecting their health as individuals, families and communities.

Renewal of our public health system supports targeted and strengthened approaches aimed at preventing illness and injury, and promoting and protecting health. A strong and integrated public health system will contribute to the improved health of individuals, families and communities, reduce disparities in health status and support the sustainability of the broader health system. Targeted and strengthened approaches to chronic disease and injury prevention, healthy development, communicable disease prevention and control, addiction prevention, environmental health promotion and protection, health services emergency management, and physical activity promotion, all supported by healthy public policy development and social marketing, will support the adoption and retention of healthy behaviours in Nova Scotians.

Safer Citizens, Populations and Communities

HPP's work in the area of safety will contribute to our vision for healthier and safer Nova Scotians.

Working with the provincial Emergency Management Office (EMO), HPP and DoH continue to develop a coordinated health sector emergency response system that will keep Nova Scotians safer in the face of an emergency.

Through focused efforts on expanding vaccinations and improved immunization distribution and warehousing, Nova Scotians are better protected from communicable diseases like influenza and mumps. The establishment of communicable disease control protocols, as well as the inclusion of surveillance and antiviral drug strategies should make Nova Scotians feel safer that the province is better prepared for any public health emergency.

H1N1 (Human Swine Influenza) is a new strain of influenza that spread around the world from April to June, 2009. HPP is working with federal partners, other government departments, DHAs, and others to monitor and respond to this virus and its anticipated resurgence in the fall of 2009.

HPP is working with the departments of Environment, Agriculture and Natural Resources to strengthen Nova Scotia's preparedness for emergencies with environmental health implications, which can arise from both natural disasters or man-made events.

HPP promotes a wide range of approaches to injury prevention through its Injury Prevention Strategy. Strategies focus on reduced falls among seniors, transportation-related injuries and suicide; all of which contributes to safer communities.

Working with other departments and non-government organizations, HPP continues to support safety initiatives such as the supervision of beaches, all contributing to safer communities.

Reduced Health Disparities

HPP's adoption of a population health and social determinants approach to planning and service delivery is consistent with our mission. We want to enable the least healthy Nova Scotians to become healthier by identifying and addressing some of our public policy and infrastructure challenges. Virtually all HPP policies and programs directly or indirectly address health disparities by providing mechanisms for the inclusion of all Nova Scotians and targeted programs for those most at risk for poor health.

HPP works with partners and stakeholders to promote involvement of and support opportunities for under-represented populations. Through the Building Facility Infrastructure Together (B-FIT) Program and other related work developing infrastructure and facilities, HPP supports the creation and maintenance of an accessible, safe and welcoming environment that will increase participation of sport and physical recreation of all Nova Scotians. Supported through a bilateral agreement with PHAC, After School Programs will be available to schools with low socioeconomic areas, in schools with children from several cultures and at the Mi'kmaq Friendship Centre.

People , Learning and Growth

HPP is committed to building and sustaining a sufficient, competent, and properly equipped workforce and volunteer base which, together with our partners, enables us to achieve our four strategic outcomes. HPP refers to this enabler as: “People, Learning and Growth”.

The Health Human Resources Corporate Service Unit provides leadership and advice on operational and strategic directions for human resource management. In 2009-2010, the focus will be on three key priorities: clients having access to quality, effective, efficient and consistent human resource services; executive and senior leadership having confidence in the Corporate Service to support significant organizational transformation; and managers having confidence and competence in their ability to effectively manage their human resources.

The Population Health Assessment and Surveillance Responsibility Centre will continue its focus on both human resource and skills and knowledge capacity to expand its ability to understand population health determinants, recognize and assess outbreaks and disease trends and facilitate evidence-informed decisions. Strategic investments in building this capacity will provide the basis for policies which are demonstrably cost-effective and programs which are appropriately targeted and efficiently delivered.

Recognizing the importance of volunteerism as the backbone of sport, recreation, social, cultural and spiritual sectors, HPP will develop and implement a volunteerism strategy aimed at rebuilding our volunteer capacity.

4. Core Business Areas

4.1 Addictions

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

- Core service identification and program development and planning
- Policy, service standards and best practices
- Monitoring, tracking and auditing system performance
- Provincial program development and research.

4.2 Chronic Disease and Injury Prevention

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

- Healthy eating
- Tobacco control
- Injury prevention and control
- Reduction of health disparities
- Workplace health.

4.3 Communicable Disease Prevention and Control

Communicable Disease Prevention and Control (CDPC) focuses on:

- Prevention and control of vaccine and non-vaccine preventable disease
- Vaccine/biological management
- Outbreak management.

4.4 Environmental Health

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

- Safe food
- Safe drinking water
- Safe environments.

4.5 Healthy Development

Healthy Development focuses on:

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

4.6 Health Services Emergency Management

Health Services Emergency Management (HSEM) is a shared resource between the Department of Health Promotion & Protection and the Department of Health that focuses on the mitigation, prevention, response and recovery to natural, accidental and intentional events that could impact the health system. Strategic areas include:

- All hazards planning
- Readiness and response management
- Business continuity planning and risk assessment
- Strategic reserves
- Emergency management education
- Exercises and training.

4.7 Physical Activity, Sport and Recreation

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

- Active healthy living
- Sport
- Regional services
- Hosting of sporting events
- Sport and recreation infrastructure.

4.8 Population Health Assessment and Surveillance

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

- Epidemiological analysis

- Population based health surveillance and assessment
- Research and program evaluation
- Knowledge synthesis and transfer
- Information management
- Public health informatics
- Provincial standards development and monitoring
- Tools and method development.

4.9 Volunteerism

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

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

5.0 Strategic Outcomes and Priorities for 2009-2010

HPP's mission is "to lead the collaborative effort to promote and protect health, prevent illness and injury, and reduce disparities in health status". The strategic outcomes we seek are:

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

5.1 Improved Health Outcomes for Children and Youth

The health of our children and youth is the foundation that enables a healthier population in Nova Scotia. HPP targets children and youth for improved health status in partnership with other departments, non-government organizations, and private sector organizations. In order to get positive returns for the future of our province, it means investing in programs that support families from the birth of a child onward through the developmental years and early adulthood. Commitment to programs and supports that assist families to nurture their newborns and children in the early years, provide a safe and nurturing environment, and provide support to families and directly to youth in the adolescent years will lead to a healthier adult population.

5.1.1 Continued Program and Strategy Implementation HPP will continue working with stakeholders, partners and other government departments in the implementation of programs and strategies related to children and youth including:

- Provincial Strategy for Children and Youth: *Our Kids are Worth It*
- Healthy Beginnings/Enhanced Home Visiting Program⁴¹ and the Breastfeeding and Baby Friendly Initiative⁴² designation
- HPS and Youth Health Centres (YHCs)⁴³

⁴¹ http://www.gov.ns.ca/hpp/PublicHealth/content/pubs/report_HB_parent_resources_Aug_4.pdf

⁴² <http://www.gov.ns.ca/hpp/repPub/ProvincialBreastfeedingPolicy.pdf>

- Active Kids Healthy Kids Strategy
- Bilateral agreements with Sport Canada through the Sport Participation Opportunities for Children and Youth Program (Sport Animators) and Sport Futures Leadership Program⁴⁴
- Bilateral agreement with PHAC through the Pedometer Access program
- P.A.R.T.Y. and No Regrets programs⁴⁵
- Evidence-based interventions for high-risk youth including youth with mental illness and/or with substance use-related issues and/or youth in conflict with the law.

5.1.2 Development of Healthy Public Policy Policy and other supporting material related to improving outcomes for children and youth will be developed including:

- Developing, in partnership with the Department of Community Services, a draft food and nutrition policy for licensed child care facilities;
- Developing healthy public policy at the provincial level and supporting the development and implementation of policy at the municipal and non-government organizational level in the areas of physical activity in early childhood settings, and land use planning guidelines for children and youth;
- Launching the HPS website linking the province's nine regional HPS teams and serving as a communication tool to support continued efforts to create school environments conducive to active, healthy living; and
- Supporting the ongoing development of the Health Promotion Clearinghouse⁴⁶ to share promising and innovative practices and contribute to the development of better policies, programs and supports for families across Nova Scotia.

5.1.3 Development of Health Education and Communication Support HPP will work with other government departments, partners and stakeholders to develop health education and provide communication support around health education by:

- Working with DoE to build capacity at the curriculum level for health education and health promotion;
- Developing program support materials that address addiction issues for YHCs, other school support staff, and DHAs; and
- Finalizing and printing the next booklet in the Loving Care age-paced parent health education booklet series⁴⁷, *Loving Care, Six to 12 Months*.

5.1.4 Social Marketing Campaigns Focused on Children and Youth Social marketing campaigns will be developed and implemented in 2009-2010 targeted at:

- Families through print advertisements, promotional material and television commercials that direct families to a provincial website for families for breastfeeding support;
- Children and their parents to address youth participation in alcohol and gambling and increase awareness of the risks of use and the knowledge of services available; and
- Youth (15-19 years of age) and young adults (20 to 24 years of age) to prevent non-tobacco users from becoming tobacco users.

⁴³ http://www.gov.ns.ca/hpp/healthy_development/youth-yhc.asp

⁴⁴ Through the bilateral agreements with Sport Canada, the Sport Futures and Sport Animators Programs promote increased opportunity for Nova Scotians to participate in sport.

⁴⁵ <http://www.gov.ns.ca/hpp/injuryPrevention/party.html>; http://www.smartrisk.ca/youth/smartrisk_no_regrets/about_smartrisk_no_regrets.html

⁴⁶ <http://www.hpclearinghouse.ca/>

⁴⁷ http://www.gov.ns.ca/hpp/publications/09045_Loving%20CareBirth-6%20Months_May08_En.pdf and http://www.gov.ns.ca/hpp/publications/09048_Parents&Families_May08_En.pdf

HPP will develop:

- In collaboration with the other Atlantic Provinces, an Atlantic-wide wellness social marketing campaign designed to improve the overall well-being of our children and youth by encouraging and supporting them to be more active and eat healthier;
- Expand the Yellow Flag⁴⁸ social marketing campaign to reduce the harms experienced by at-risk 19-34 year old gamblers and high risk drinkers

5.1.5 Focused Research to Improve Health Outcomes of Children and Youth Partnering with research firms, the Nova Scotia Health Research Foundation, and the academic community, HPP will continue to its research efforts focusing on the following areas

- Surveillance of child and youth physical activity and healthy eating levels
- Partnering with the Atlantic Health Promotion Research Centre on the “Optimizing Investments in the Built Environment to Reduce Youth Obesity” research project
- Examining tobacco tax policies to discourage youth from becoming tobacco users and potential actions to discourage the use of flavoured tobacco products
- Examining actions that can be taken to assist school communities with smoke-free policies.

5.1.6 Evaluations of Programs for Children and Youth Evaluations in several program areas will be undertaken in 2009-2010. These evaluations are fundamental to ensure outcomes and make recommendations for improvement.

- *Healthy Beginnings Home Visiting Program*: Following Phase I: Implementation Evaluation completed in June 2006 and Phase II: Quality Assurance completed in March 2007, phase III: Outcome Evaluation will be conducted in 2009-2010 and version two of the Healthy Beginnings Home Visiting database will be implemented
- *Youth Health Centres (YHCs)*: A provincial evaluation of 42 YHCs across the province will be conducted to identify health outcomes for youth, lessons learned by YHCs in reaching diverse and marginalized youth, and program improvement recommendations
- *Health Promoting Schools*: An evaluation plan which includes priorities, tools and timelines will be developed
- *Loving Care Age-Paced Parent Health Education Booklet Series*: An evaluation plan will be completed in 2009-2010. The evaluation is planned for the following fiscal year.

⁴⁸ <http://www.gov.ns.ca/hpp/yellowflag/>

5.1.7 Outcome: Improved health outcomes for children and youth

Measure	Data		Ultimate Target	Strategies to Achieve Target
	Base Year	Last Actual		
Exposure to environmental tobacco smoke: Percentage of children aged 0-17 regularly exposed to environmental tobacco smoke	Baseline NS 2000: 27% National rate 2000: 30% Source: CTUMS ⁴⁹	Last NS Actual 2007: 10% Last National Actual 2007: 10%	As of 2009-2010 be at or below national rate Source: CTUMS	Continue enforcement of the <i>Tobacco Access Act</i> and the <i>Smoke-free Places Act</i> Through the renewed Tobacco Control Strategy, work to develop smoke-free places, support efforts to find smoke-free multi-unit dwellings
Youth smoking rate: Percentage of youth (15-19) who smoke	Baseline NS 2000: 25% National rate 2000: 25% Source: CTUMS	Last NS Actual 2007: 13% Last National Actual 2007: 15%	As of 2009-2010 be at or below national rate Source: CTUMS	Examine actions to assist school communities with smoke free policies Implement a social marketing campaign targeted at youth (15-19 years of age) and young adults (20 to 24 years of age) to prevent non-tobacco users from becoming tobacco users
Young adult smoking rate: Percentage of young adults (20-24) who smoke	Baseline NS 2000: 37% National rate 2000: 32% Source: CTUMS	Last NS Actual 2007: 29% Last National Actual 2007: 26%	As of 2009-2010 be at or below national rate Source: CTUMS	Examine tobacco tax policies to discourage youth from becoming tobacco users and using flavoured tobacco products.
Breastfeeding initiation rate: percentage of women initiating breast-feeding at hospital discharge	Baseline NS 2003: 76.4% Baseline National 2003: 84.5% Source: CCHS ⁵⁰	Last NS Actual 2007: 76.7% Last National Actual 2007: 87.6%	As of 2009-2010 be at national rate Source: CCHS	Continue development of the Loving Care age-paced parent health education booklet series Continue implementation and evaluation of the Healthy Beginnings/Enhanced Home Visiting Program
Breastfeeding duration rate: percentage of infants breast-feeding for at least 6 months	Baseline NS 2003: 30.8% Baseline National 2003: 38.7% Source: CCHS	Last NS Actual 2007: 29.1% Last National Actual 2007: 35.1%	As of 2009-2010 be at national rate Source: CCHS	Continue the Baby Friendly Initiative Implement a social marketing campaign targeted at families for breastfeeding support

⁴⁹ Canadian Tobacco Use Monitoring Survey

⁵⁰ Canadian Community Health Survey

Measure	Data		Ultimate Target	Strategies
	Base Year	Last Actual		
Rate of Chlamydia in 15 to 24 year olds	Baseline NS 2001: 875.5 per 100,000 Baseline National 2001: 848.1 per 100,000 Source: CCDR ⁵¹	Last NS Actual 2007: 1060.1 per 100,000 Last National Actual 2006: 1028.4	As of 2009-2010 Be at or below national rate Source: CCDR	Continue work with the Framework for Action: Youth Sexual Health in Nova Scotia Continue the services of the YHCs
Rate of unintended pregnancy in females aged 15-19	Baseline NS 2001: 29.0 per 1000 of population aged 15-19 Baseline 3-yr floating average per 1000 of population 15-19: 29.0 Source: CIHI ⁵²	Last NS Actual 2007: 32.4 Last 3-yr floating average per 1000 of population 15-19: 28.8	As of 2009-2010 Be at or below three year floating average rate of NS data Source: CIHI	
Physical activity of children & youth: Percentage of grade 3, 7, and 11 students who accumulate at least 60 minutes of moderate to vigorous activity on at least 5 days of the week	Baseline NS 2001: Gr 3 males: 90% females: 92% Gr 7 males: 44% females: 29% Gr 11 males: 8% females: 6% Source: NS Accelerometer Population Study	Last NS actual 2005: Gr 3 males: 81% females: 83% Gr 7 males: 36% females: 21% Gr 11 males: 8% females: <1%	As of 2009-2010 increase PA level to: Gr3 males: 91% females: 93% Gr7 males: 46% females: 31% Gr11males:18% females:10% Source: NS Accel. Pop Study	Continue the AKHK Strategy, the HPS Program, the Sport Participation Opportunities for Children and Youth and Sport Futures Leadership Bilateral Agreements and the PHAC Bilateral agreement for After School Programs in schools in low socioeconomic areas, schools with children from different cultures and Mi'kmaq Friendship Centre Work with DoE to build capacity at the curriculum level for physical activity Conduct the third PACY Accelerometer Study

⁵¹ Canadian Communicable Disease Report: Notifiable Disease Annual Summary

⁵² Canadian Institute of Health Information

5.2 More Nova Scotians Taking an Active Role in Promoting and Protecting the Health of Individuals, Families And Communities

HPP uses the principles of community development to involve partners, stakeholders and citizens in our mission. Using a population health approach, we are enabling and encouraging more Nova Scotians to take an active role in promoting and protecting their health as individuals, families and communities.

5.2.1 Advancing Our Policies and Strategies For Health Promotion And Disease And Injury Prevention

In 2009-2010, HPP will:

- Continue implementation of the *Pathways for People Framework for Action for Advancing Active Transportation in Nova Scotia*⁵³;
- Continue implementation and evaluation of the Healthy Eating Nova Scotia Strategy⁵⁴;
- Continue development of a comprehensive workplace health approach, including enhancements to the “Thriving Workplaces” website⁵⁵;
- Continue implementation of the Nova Scotia Strategic Framework to Address Suicide, renewed Nova Scotia Injury Prevention Strategy and the Seniors Falls Prevention Strategy⁵⁶;
- Address tobacco issues through a renewed Tobacco Control Strategy;
- Prepare a new alcohol indicators report⁵⁷ to provide updated data for alcohol indicators to support continued implementation of the Provincial Alcohol Strategy⁵⁸;
- Undertake a review of concurrent disorder services in Nova Scotia to determine the most effective model for addiction and mental health services; and
- Complete and implement the Nova Scotia Recreation Policy and the Nova Scotia Framework for Sport.

5.2.2 Capacity Building Within Government, Communities, Families and Individuals

Working with our partners, stakeholders, and groups both within and outside Government, HPP will:

- Lead an intersectoral and multi-stakeholder process to develop a Physical Activity Framework for Nova Scotia aimed at decreasing the number of inactive Nova Scotians;
- Work with partners to develop coaching and officiating excellence in school athletic programs and to create a provincial coaching advisory council;
- Build capacity in a sport system as a resulting legacy of the 2011 Canada Winter Games;
- Work with internal and external partners to encourage research and knowledge transfer on active transportation, support the development of active transportation infrastructure and promote connected communities across the province;
- Continue development of the Heart and Stroke Walkabout⁵⁹ initiative with the Heart and Stroke Foundation of Nova Scotia and other partners;
- Expand the Municipal Physical Activity Leadership Program⁶⁰ to increase the capacity of municipal units to develop and implement physical activity strategies;

⁵³ <http://www.gov.ns.ca/hpp/physicalactivity/publications/P4PFramework.pdf>

⁵⁴ <http://www.gov.ns.ca/hpp/publications/HealthyEatingNovaScotia2005.pdf>

⁵⁵ www.thrivingworkplaces.ns.ca

⁵⁶ http://www.gov.ns.ca/hpp/injuryPrevention/falls_strategic_framework.pdf

⁵⁷ <http://www.gov.ns.ca/hpp/publications/AlcoholFullFINAL.pdf>

⁵⁸ http://www.gov.ns.ca/hpp/repPub/Alcohol_Strategy.pdf

⁵⁹ <http://www.walkaboutns.ca/>

⁶⁰ <http://www.gov.ns.ca/hpp/physicalactivity/publications/Municipal-PA-Leadership-Program.pdf>

- Work with internal and external partners to increase the capacity for trail development and utilization through policy development, inter-departmental agreements and an enhanced trails website⁶¹;
- Develop province-wide nicotine treatment guidelines to support HPP/DHA programming;
- Support the development of regional volunteer networks and develop programs to promote volunteerism and volunteer opportunities for seniors and youth;
- Promote effective collaboration between Government and the voluntary sector; and
- Develop a social marketing campaign to highlight the important role of volunteers and to promote their recruitment and retention.

5.2.3 Coordinated Support from the Provincial Government for the 2011 Canada Winter Games and 2010 Vancouver Olympics and Paralympics

- As the provincial lead department for the Canada Winter Games, HPP will coordinate support from the Province for the local host society and work collaboratively with key partners including the host, Halifax Regional Municipality.
- Working with partners at all levels, HPP will continue providing leadership and financial support to the 2011 Canada Winter Games for athlete development, development and training of coaches and officials, infrastructure and cultural legacy, and volunteer development and support.
- As the provincial lead department for the 2010 Vancouver Olympics and Paralympics, HPP will ensure the Province maximizes its investment leading up to and during the 2010 Vancouver Olympics and Paralympics.

⁶¹ <http://www.gov.ns.ca/hpp/pasr/trails.asp>

5.2.4 Outcome: More Nova Scotians taking an active role in promoting and protecting the health of individuals, families, and communities.

Measure	Data		Ultimate Target	Strategies
	Base Year	Last Actual		
Fruit/vegetable consumption: percentage of NS population (12 yrs +) who report eating recommended 5-10 servings of fruit/vegetables per day	Baseline NS 2001: 29.3% Baseline National 2001: 33.4% Source: CCHS	Last NS Actual 2007: 34.7% Last National Actual 2007: 43.8%	As of 2009-2010 be at or above national rate Source: CCHS	Continue to support the Nova Scotia Healthy Eating Strategy and continue collaboration with the Nova Scotia Food Security Network Continue to support the Food and Nutrition Policy for Nova Scotia Public Schools Develop a food and nutrition policy for licensed child care facilities
Smoking rates: Population 15 yrs + who smoke	Baseline NS 2000: 30% National rate 2000: 24% Source: CTUMS	Last NS Actual 2007: 20% Last National Actual 2007: 19%	As of 2009-2010 be at or below national rate Source: CTUMS	Implement the renewed Tobacco Control Strategy and all components identified in 5.1.7 Research around public health goals achieved from recovered health care costs and investigate potential changes to tobacco marketing, sales and access Develop province-wide nicotine guidelines and build dialogue with Mi'kmaq bands to address tobacco use
Rate of suicide related deaths	Baseline NS 2003: 9.8 completed suicides per 100,000 persons Source: VS ⁶²	Last NS Actual 2006: 8.4	By 2009-2010: 20% reduction in suicide-related deaths from base year Source: VS	Continue implementation of the Nova Scotia Strategic Framework to Address Suicide Renewal of the Injury Prevention Strategy
Rate of self-inflicted injury related hospitalizations ⁶³	Baseline NS 2003: 71.1 suicide-related hospitalizations per 100,000 persons Source: CIHI	Last NS Actual 2007: 65.5	By 2009-2010: 20% reduction in suicide-related hospitalizations from base year Source: CIHI	

⁶² Vital Statistics

⁶³ The term self-inflicted injury related hospitalizations replaces suicide related hospitalizations to align with the language from the Nova Scotia Strategic Framework to Address Suicide.

Measure	Data		Ultimate Target	Strategies
	Base Year	Last Actual		
Leisure-time physical activity of the adult population: Population 20 yrs + who report being “regularly” or “moderately” physically active (i.e. physical activity equivalent to a 30 minute daily walk)	Baseline NS 2001: 42% Baseline National 2001: 44% Source: CCHS	Last NS Actual 2007: 46% Last National Actual 2007: 48%	As of 2009-2010 be at or above 52% Source: CCHS	Develop a Physical Activity Framework for Nova Scotia Support coaching initiatives Support the PHAC Bilateral Agreement Pedometer Access Program Continue the Active Transportation Framework, build a case for active transportation, support provincial organizations to enable active transportation research
Body Mass Index ⁶⁴ for adults aged 20-64	Baseline NS 2001: 43.7% Baseline National 2001: 51.6% Source: CCHS	Last NS Actual 2007: 39.8% Last National Actual 2007: 46.4%	As of 2009-2010 be at or above 54% Source: CCHS	Enhance the Rails to Trails Policy Promote connected neighborhoods, increase awareness, access and use of the built environment, develop PASR infrastructure and facilities, research the impact of facilities on physical activity levels, continue trail development Expand the Municipal Physical Activity Leadership Program Develop a coordinated F/P/Municipal marketing campaign for PASR Continue B-Fit Program and the partnership with the Nova Scotia Lifeguard Service

⁶⁴ A Body Mass Index between 18.5 and 24.9 is considered within a healthy range.

5.3 Safer Citizens, Populations and Communities

HPP's vision is for healthier and safer Nova Scotians. Our work in the area of safety encompasses injury and communicable disease prevention, emergency preparedness, addiction-related harm reduction, environmental health protection, and the promotion and maintenance of safe environments.

5.3.1 Communicable Disease Case Management and Surveillance Information System (PANORAMA)

Panorama is a comprehensive and complex public health information system which has been custom-built for Canadian public health practitioners. Working closely with the DHAs, it facilitates the management of:

- Communicable disease cases, contacts, and outbreaks;
- Immunizations and vaccine inventory;
- Urgent notifications and alerts;
- Surveillance and reporting.

In 2009-2010, HPP will continue to inform and advise the national project development through collaboration with Canada Health Infoway, PHAC, and other jurisdictions to ensure the PANORAMA application meets the needs of public health practitioners. HPP will use a framework of criteria to determine when to engage an external project team to assist in moving the implementation phase of the Nova Scotia Project forward. This work will be dependent upon the impact of H1N1 on human resource capacity within the Department and the Public Health System and other stakeholder groups. Once implemented, the system will be available for use at all levels of the DHA-based public health system in Nova Scotia. It is one of a family of applications that will feed into the Electronic Health Record in Nova Scotia.

5.3.2 Developing Population Health Assessment and Surveillance

In 2009-2010, PHAS will focus on capacity-building in areas of human resources, skills and knowledge to:

- Expand our ability to understand population health determinants;
- Recognize and assess outbreaks and disease trends;
- Facilitate evidence-informed decisions for program planning, delivery and evaluation, policy development and business planning; and
- Strengthen research, evaluation, informatics, and surveillance.

5.3.3 Strategies and Programs Contributing to the Safety of Populations

In 2009-2010, HPP will:

- Continue to work with the Child and Youth Social Policy Committee to implement the Child and Youth Strategy to reduce the risks of children, youth and families;
- Facilitate the coordination of falls prevention policy development, programs and training across DHAs and in the continuing care sector;
- Support the Department of Transportation and Infrastructure Renewal and other injury prevention stakeholders in the implementation of the provincial Road Safety Strategy;
- Provide, with funding received from the Government of Canada, a one year Human Papilloma Virus (HPV) vaccine "catch up" program for females in Grade 10;

- Continue the 10-year B-FIT Program⁶⁵ which assists not-for-profit community groups and municipalities to develop facilities in order to increase public participation in PASR;
- Working with other departments and partners, continue trail development and maintenance and work with EMO to coordinate the development of a 911 signage system on sections of the TransCanada Trail⁶⁶;
- Partner with the Department of Justice, and other sectors, to implement the Nova Scotia Drug Strategy;
- Work with Health Canada’s Research and Surveillance Unit to develop a comprehensive drug use “early warning” surveillance and monitoring system for Nova Scotia; and
- Collaborate with the Tourism Industry Association of Nova Scotia to update the *It’s Good Business: Responsible Beverage Server Program*.

5.3.4 Emergency Management In collaboration with DoH, HPP will:

- Continue to monitor and respond to the H1N1 Flu Virus (Human Swine Flu) in Nova Scotia including ongoing surveillance, provision of information to health partners and other provincial jurisdictions, communication with the public, and provision of recommended strategies, including the administration of H1N1 vaccine;
- Continue work with the EMO to enhance emergency management capabilities and business continuity functions and complete an HPP Business Continuity Plan;
- Continue development of a provincial Concept of Operations to promote the development of a national counterpart;
- Continue work on a Strategic Reserves Program to enhance capacity to respond in the event of an adversity caused by natural or man-made events and undertake a Readiness and Exercise Capabilities Program to test systems and practice people;
- Continue working with PHAC to ensure Nova Scotia has a National Emergency Stockpile System; and
- Enhance DHA engagement for Pandemic Preparedness by setting standards, monitoring and monitoring their preparedness.

5.3.5 Strengthening Health Protection Focusing on protecting health, reducing risk and enhancing and promoting safe and healthy environments, HPP will:

- Work collaboratively through the Joint Environmental Health Protection Secretariat⁶⁷ to protect the public from hazards posed by natural or man-made environmental conditions and continue implementation of the framework for joint decision making, strengthening environmental health protection and addressing gaps in health protection;
- Continue to provide human health risk assessment support to the public health system for environmental assessment and public health aspects of the Sydney Tar Ponds/Coke Ovens clean up, historic gold mines, mining exploration, and chemical spills; and
- Release the All Hazards Plan that outlines the processes and procedures for responding to a health emergency in a strategic, effective and consistent manner.

⁶⁵ http://www.gov.ns.ca/hpp/physicalactivity/publications/Guideline_B-FIT_Sept%202007.pdf

⁶⁶ <http://www.trailtc.ns.ca/>

⁶⁷ The Joint Environmental Health Protection Secretariat is composed of the Departments of Agriculture, Environment and HPP

5.3.5 Outcome: Safer citizens, populations and communities

Measure	Data		Ultimate Target	Strategies
	Base Year	Last Actual		
High Risk Alcohol Use: % of current drinkers with AUDIT Score ≥ 8 ⁶⁸	Baseline NS 2004: 20.8% Last NS National 2004: 17.0% Source: CAS ⁶⁹	2004 actual is baseline for NS and National	As of 2009-2010 be at or below national rate Source: CADUMS ⁷⁰	Undertake a review of concurrent disorder services to determine the most effective model for addiction and mental health services. Implement evidence-based interventions for high-risk youth.
Percentage of the Nova Scotia population considered problem gamblers	Baseline NS 2003: 2.1% Source: 2003 NS Gambling Prevalence Study National Rate 2002: 2.0% Source: CCHS	NS last actual: 2007: 2.5% National last actual is 2002 baseline	As of 2009-2010 be at or below national rate Source: CCHS	Develop program materials that address addiction issues for YHCs, school support staff, and DHAs. Implement a social marketing campaign to children and youth to address youth participation in alcohol and gambling Continue: the Provincial Alcohol Strategy, the P.A.R.T.Y. and No Regrets Programs, the development of the Nova Scotia Drug Strategy, and preparation of a new Alcohol Indicators Report. Conduct a review of It's Good Business: Responsible Beverage Server Program Expand the Yellow Flag social marketing campaign to reduce harm experienced by at-risk 19-34 yr old gamblers and high risk drinkers

⁶⁸ The mortality and morbidity percentages included in the 2008-2009 Business Plan are no longer being used as indicators as related data are only reported irregularly as part of the Alcohol Indicators Report. Prevalence of high-risk alcohol use is the major indicator for alcohol and reported annually. It will now be the sole indicator for business planning.

⁶⁹ Canadian Addiction Survey

⁷⁰ Canadian Alcohol and Drug Use Monitoring Survey will replace CAS; the AUDIT score remains the same

Measure	Data		Ultimate Target	Strategies
	Base Year	Last Actual		
Rate of injury-related deaths due to falls among seniors (age 65 and over)	Baseline NS 2003: 70.5 fall-related deaths per 100,000 persons Source: VS	Last NS Actual 2006: 91.2	By 2009-2010: 20% reduction in fall-related deaths from base year Source: VS	Facilitate coordination of the falls prevention policy development Implementation of the renewed Injury Prevention Strategy
Rate of injury-related hospitalizations due to falls among seniors (age 65 and over)	Baseline NS 2003: 1590.2 fall-related hospitalizations per 100,000 persons Source: CIHI	Last NS Actual 2007: 1605.3	By 2009-2010: 20% reduction in fall-related hospitalization from base year Source: CIHI	
Rate of transportation/motor vehicle injury-related deaths	Baseline NS 2003: 7.6 transportation/motor vehicle related deaths per 100,000 persons Source: CIHI	Last NS Actual 2006: 7.6	By 2009-2010: 30% reduction in transportation/motor vehicle hospitalizations from base year Source: CIHI	Support stakeholders in the implementation of the provincial Road Safety Strategy Implementation of the renewed Injury Prevention Strategy
Rate of transportation/motor vehicle injury-related hospitalizations	Baseline NS 2003: 41.5 transportation/motor vehicle injury related hospitalizations per 100,000 persons Source: CIHI	Last NS Actual 2007: 48.1	By 2009-2010: 30% reduction in transportation/motor vehicle hospitalizations from base year Source: CIHI	
Population over 65 who report having a flu shot in the past year	Baseline NS 2001: 66.0% National rate: 63.0% Source: CCHS	Last NS Actual 2007: 76.5% Last National Actual: 2007: 69.1%	As of 2009-2010 be at or above 80%	Continue the influenza immunization program

5.4 Reduced Health Disparities⁷¹

Health disparities are differences in health status across the population. Improving the health of the population requires a focus on the health of the entire population as well as sub-groups within the population. A population health approach focuses on reducing health disparities by engaging in collaboration across sectors and levels, addressing health determinants and their interactions, basing priorities on evidence that determines areas of focus and likely interventions, applying multiple strategies across a variety of settings, and increasing upstream investments to address the root causes of illness and injury⁷². Using a population approach in developing policy contributes to the outcome of reduced health disparities.

5.4.1 Health Disparities as a Central Element to HPP Strategies HPP will:

- Continue to incorporate the reduction of health disparities as a central element in the renewal of health promotion strategies (e.g. Tobacco Control and Injury Prevention Strategies) and use a health disparities lens in the implementation of existing strategies.

5.4.2 Supporting Under-represented Populations and Building and Strengthening Capacity and Sustainable Relationships HPP will continue to focus on strengthening capacity for knowledge sharing and action. In 2009-2010, HPP will:

- Understand and apply disparities indicators being developed by expert groups under the auspices of the Pan-Canadian PHN;
- Lead initiatives at the provincial and local levels that will result in equitable use of sport and recreation facilities by girls and women, persons with disabilities, low income people and other under-represented populations;
- Continue participation in the Tripartite Forum, a partnership between the Nova Scotia Mi'kmaq, the Province of Nova Scotia and the Government of Canada, to strengthen relationships and to resolve Mi'kmaq issues of mutual concern and support the Provincial Aboriginal Sport Circle to create a sport development process;
- Support a bilateral agreement with PHAC for After School Programs in schools in low socioeconomic areas, in schools with a significant number of children and youth from different cultures, and at the Mi'kmaq Friendship Centre;
- Facilitate sharing and learning across HPP, DHAs, and other departments and agencies to support the integration of knowledge on social determinants of health and health disparities in all CDIP policies and programs;
- Revisit the implementation structure for the *Framework for Action: Youth Sexual Health in Nova Scotia* in order to ensure meaningful involvement of youth and communities and build capacity in Roundtable members and stakeholders around participative leadership and youth-adult partnerships;
- Maintain ongoing collaboration with the Nova Scotia Food Security Network to support ongoing participatory food costing research; build capacity to address food security at multiple levels; and support the development of policy that addresses food insecurity in Nova Scotia; and

⁷¹ Indicators related to health disparities will be identified in the Department's Performance Measures Review currently underway for the 2010-2011 business plan. This review will include an examination of the national work currently underway in this area.

⁷² More detail on social health determinants, health disparities and the population health approach is found in Section 2.6

- Build dialogue with Mi'kmaq bands' leadership and health professionals to create a sustainable long term relationship to address tobacco use in populations where tobacco use rates exceed provincial averages.

5.5 People, Learning And Growth

HPP is committed to building and sustaining a sufficient, competent, and properly equipped workforce and volunteer base which, together with our partners, will enable us to achieve our four strategic outcomes.

5.5.1 Public Health Workforce Development A comprehensive plan is required to ensure a competent and sufficient workforce. The Public Health Review identified the need to focus on training and development of the potentially new and current public health workforce. In 2009-2010 HPP, in collaboration with the local level of the public health system, will:

- Continue to work with Dalhousie University toward the development and implementation of a Master of Public Health program;
- Continue to focus on integrating the public health core competencies into practice;
- Begin development of a web-based tool called the Public Health Career Framework; and
- Establish a core program framework for public health which provides the foundation for roles and responsibilities, standards, accountability frameworks and future legislation.

5.5.2 Health Services Emergency Management A comprehensive program is required to develop an understanding and culture around emergency management in the health system. In 2009-2010, HPP, in collaboration with DoH, will:

- Partner with the E- Learn project to provide district level online emergency management training programs;
- Continue to partner with the federal government around nationally established programs including the National Emergency Stockpile System and Casualty Simulation Training Program;
- Enhance processes/procedures for the Exercise Development and Lessons Learned Programs; and
- Continue to provide DHAs with emergency management programs, education and training.

5.5.3 Public Service Commission Health Human Resources Strategy The Health Human Resources Corporate Service Unit (Health HR CSU) provides leadership and advice on strategic directions and operational administration for human resource management to HPP. In 2009-2010, the Health HR CSU will focus on three key priorities:

- Clients will have access to quality, effective, efficient and consistent HR services;
- Executive and senior leadership will have confidence in HR's ability to support significant organizational transformation;
- Managers will have confidence and competence in their ability to effectively manage their HR.

5.5.4 French Language Services Plan HPP will implement its 2009-2010 French-language Services plan with three key objectives:

- Strengthen the policy, regulatory, and administrative framework in support of the *French-language Services Act*.
- Consult, plan, develop and deliver French-language services in priority areas.
- Ensure that the Acadian and francophone community has resources available for its long-term development and sustainability.

5.5.5 Healthy Workplace, Diversity and Social Inclusion In 2009-2010, HPP will:

- Continue to develop a work culture that envisions, implements and celebrates a healthy workplace, based on the National Quality Institute model⁷³; and
- Continue the implementation of its Diversity Action Plan emphasizing employee completion of mandatory Public Service Commission diversity courses, communications and education strategies, identification of employment barriers, and workplace accommodation strategies.

⁷³ The National Quality Institute model encompasses three elements: workplace culture and supportive environment; health and lifestyle practices; and physical environment and occupational health and safety.

6. Department of Health Promotion and Protection - Budget Context

Business Plan Elements	2008-2009 Estimate (\$thousands)	2008-2009 Actual to Mar 31/09 (\$thousands)	2009-2010 Estimate (\$thousands)
Gross Program Expenses:			
Executive Administration	3,395	3,467	3,208
Addictions Services	3,792	4,421	3,657
Corporate Services	3,088	2,957	3,146
Chronic Disease and Injury Prevention	3,163	3,084	3,048
Communicable Disease Prevention & Control	11,867	10,524	13,311
Environmental Health	623	361	605
Healthy Development	5,294	4,867	5,113
Health Services Emergency Management	222	249	334
Physical Activity, Sport and Recreation	22,878	24,549	20,006
Population Health Assessment and Surveillance	1,197	1,018	1,268
Volunteerism	174	259	230
DHAs Funding	31,833	31,910	35,105
Total Gross Program Expenses	87,526	87,666	89,031
TCA Cost Shared Revenue	(2,164)	(715)	(69)
Funded Staff (FTEs)	153	136	152
Staff Funded by External Agencies	(13)	(11)	(16)
Total FTE Net	140	125	136

Appendix I: Frequently Used Acronyms in 2009-2010 Business Plan

AKHK	Active Kids Healthy Kids
B-FIT	Building Infrastructure Together Program
CAP	Council of Atlantic Premiers
CAS	Canadian Addiction Survey
CADUMS	Canadian Alcohol and Drug Use Monitoring Survey
CCDR	Canadian Communicable Disease Report
CCHS	Canadian Community Health Survey
CDIP	Chronic Disease and Injury Prevention
CDPC	Communicable Disease Prevention and Control
CIHI	Canadian Institute of Health Information
CTUMS	Canadian Tobacco Use Monitoring Survey
DHA	District Health Authority
DoE	Department of Education
DoH	Department of Health
EMO	Emergency Management Office
F/P/T	Federal/Provincial/Territorial
Health HRCSU	Health Human Resources Corporate Service Unit
HPP	Health Promotion and Protection
HPS	Health Promoting Schools
HPV	Human Papilloma Virus
HSEM	Health Services Emergency Management
IWK	Izaak Walton Killam Health Centre
P.A.R.T.Y.	Preventing Alcohol and Risk Related Trauma in Youth
PACY	Physically Active Children and Youth Accelerometer Study
PANORAMA	Communicable Disease Surveillance Information System
PASR	Physical Activity, Sport and Recreation
PHAC	Public Health Agency of Canada
PHAS	Population Health Assessment and Surveillance
PHN	Public Health Network
PHSOR	Provincial Health Services Operational Review
VS	Vital Statistics
YHC	Youth Health Centre