

Ministry of Healthy Living and Sport

2009/10 – 2011/12 SERVICE PLAN UPDATE

September 2009



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Message from the Minister and Accountability Statement



It is an honour to present the *Ministry of Healthy Living and Sport 2009/10 - 2011/12 Service Plan Update*. This is an exciting time for British Columbians. We are living longer, healthier lives, and our communities are experiencing lasting economic and social benefits as we host more major sporting events and more people participate and excel in sport. Our vision of healthy people, healthy communities, healthy lifestyles and individual excellence guides our work.

The Ministry is helping British Columbians live healthier and supporting the long term sustainability of the health care system by promoting good health, working to prevent avoidable disease and injury and building a healthier society and environment.

As we support our elite athletes to lead B.C. to the podium in 2010 - an exciting time for all British Columbians - we are building a strong, coordinated sport structure in B.C. that will encourage broad participation in sport and physical activity for years to come. In addition, we are providing strategic leadership and oversight to ensure the Province meets its financial, infrastructure and service commitments for the 2010 Olympic and Paralympic Winter Games.

Recognizing some individuals and communities require more assistance to embrace a healthier, more active lifestyle, we provide meaningful support to populations under-represented in sport, recreation and physical activity. Through the Tripartite First Nations Health Plan, we work to close the gap in health status between Aboriginal and non-Aboriginal people in the province.

We have provided new resources to support women to have healthy pregnancies, and to implement universal childhood screening for dental health, vision and hearing. The establishment of the Women's Healthy Living Secretariat ensures that a women's and children's health promotion perspective is applied to issues and initiatives across the province. To ensure we continue to support older people in B.C. to live healthy, active and independent lives, we have launched *Seniors in BC: A Healthy Living Framework*, our action plan to support the province's aging population over the coming years. We also created the Seniors' Healthy Living Secretariat, which will carry out the work outlined in the framework, with the advice from a Seniors' Healthy Living Advisory Network.

The *Ministry of Healthy Living and Sport 2009/10 - 2011/12 Service Plan Update* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared. All material fiscal assumptions and policy decisions as of August 24, 2009 have been considered in preparing the plan and I am accountable for achieving the specific objectives outlined in its contents.

A handwritten signature in cursive script, reading "Ida Chong". The ink is dark and the signature is fluid and legible.

Honourable Ida Chong, FCGA
Minister of Healthy Living and Sport
August 24, 2009

Message from the Minister of State and Accountability Statement



More British Columbians are making every step count to get active and eat healthier, which is helping build strong communities throughout our province.

Through ActNow BC, our province's healthy living initiative, we have continued to be recognized as one of the healthiest provinces in Canada. We have met our ActNow BC target with the lowest smoking rate in Canada. Our obesity rate is not only the lowest in Canada, but also the lowest in B.C. in over a decade and we have the highest physical activity rates for people 12 years and older. These are significant achievements as we work to realize government's goal of becoming the healthiest region to ever host the Olympic and Paralympic Games.

The World Health Organization's recognition of ActNow BC's success shows that B.C. has made great progress over the years to become a healthy living leader in Canada and also an example for jurisdictions worldwide to follow.

Many Olympic hopefuls from across the province will soon strive to reach the podium at the 2010 Olympic and Paralympic Games. It will be an exciting time for B.C. as we will host the world's best in sport, while cheering on our hometown athletes.

B.C.'s Olympic and Paralympic legacy will be built by our province's unparalleled community spirit, along with our pursuit for excellence in sport and our commitment to healthy living.

As the Minister of State for the Olympics and ActNow BC and under the *Balanced Budget and Ministerial Accountability Act* I am accountable for achieving the following results for 2009/10:

- a) Work with ministries, other organizations in the government reporting entity and external parties to assist the government in meeting its financial, infrastructure and service commitments for the 2010 Olympic and Paralympic Winter Games;
- b) Coordinate activities of ministries and other organizations in the government reporting entity to leverage the 2010 Olympic and Paralympic Winter Games in fostering the development of sustainable economic, social, cultural and sport legacies that benefit every community in British Columbia;
- c) Facilitate partnerships between international, national, regional and local industry organizations to generate and leverage interest in the 2010 Olympic and Paralympic Winter Games;
- d) Lead the development and implementation of an ActNow BC Five-Year Sustainability Action Plan and accountability framework;
- e) Monitor and report on progress made on ministry-led initiatives aimed at ActNow BC targets with advice and supports from relevant ministries;

- f) Lead the integrated ActNow BC public engagement strategy to raise awareness and activate British Columbians to make healthy lifestyle choices including by linking ActNow BC to Olympic related community activities and opportunities;
- g) Facilitate partnerships between organizations in the government reporting entity and organizations in the private and non-profit sectors to contribute to the achievement of ActNow BC goals.

Sincerely,



Honourable Mary McNeil

Minister of State for the Olympics and ActNow BC

August 24, 2009

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Purpose of the Ministry

The Ministry of Healthy Living and Sport was created to help British Columbians lead healthier lives and make choices for themselves and their families that make a real difference in their ability to remain healthy, active and enjoy life to its fullest both now and in the future.

The work of the Ministry supports all five of government's Great Goals, but in particular Great Goal 2: *Lead the way in North America in healthy living and physical fitness.* Building on the success of ActNow BC's whole of government approach, the Ministry of Healthy Living and Sport will work closely with other ministries, other levels of government and non-governmental partners to assist British Columbians to make healthy lifestyle choices that will improve their overall health. Involvement at the local level is essential to realizing the full benefits of these programs and local governments, businesses and non-profits can play an important role in encouraging participation in communities around the province.

"I find ActNow BC immensely exciting. Building on the excitement and goodwill of the 2010 Winter Olympics to address chronic disease was a brilliant strategy to bring attention and interest to these issues. Your initiative may help to inform our future directions."

- Kathleen E. Toomey, Director of Coordinating Centre for Health Promotion, Centres for Disease Control and Prevention

The Ministry encourages healthy living to help British Columbians maintain and improve their health and well-being throughout their lives, important for the long term sustainability of the health care system. The Ministry supports a strengthened and renewed public health system, which incorporates both mental and physical health promotion, health protection, disease prevention, health assessment and disease surveillance. In cooperation with the Ministry of Health Services, the Ministry of Healthy Living and Sport creates and maintains the legislative and policy framework that is enforced by health authorities through the *Public Health Act*, the *Food Safety Act*, and the *Community Care and Assisted Living Act*. It promotes healthy communities through development of policy and standards for air and water quality and uses a proactive health promotion approach to help British Columbians avoid preventable chronic disease and injury, as well as reduce communicable and vaccine-preventable diseases.

The Ministry encourages participation in sport, recreation and physical activity for the health, social, and economic benefit of British Columbians and the communities in which they live. The Ministry contributes to a strong provincial sport system and supports athletic achievement in British Columbia. The Ministry fosters the involvement of children and youth in sport and recreation, recognizing their contribution to healthy child development and positive youth development, and supports elite athletes in their pursuit of excellence to lead the nation to the podium at the 2010 Olympic and Paralympic Winter Games in Vancouver and Whistler.

The Ministry's core business areas are Population and Public Health; Provincial Health Officer; Sport, Recreation and ActNow BC; and the B.C. Olympic and Paralympic Winter Games Secretariat.

Strategic Context

Health Inequalities

Reducing inequalities in health will have significant benefits. People in less advantageous socio-economic circumstances may not be as healthy as those of higher socio-economic level. There is also a considerable burden of disease that is attributable to inequalities in health and its determinants. That additional burden is experienced by individuals, families and communities in terms of personal suffering; by the health care system in terms of greater demand for services, and greater costs; and by society as a whole in terms of loss of both human potential and productivity.

Aboriginal Health

Improving the health status of British Columbia's Aboriginal population is a key challenge for the Ministry. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in B.C. continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other B.C. residents. Many factors are responsible for this such as: a long history of colonization, systemic discrimination, the degrading experience of residential schools, and other experiences that have led to adverse, multi-generational health effects on Aboriginal families. With the implementation of the Tripartite First Nations Health Plan, the Ministry is working with its partners to close the health gap between Aboriginal people and other British Columbians.

Child and Youth Health

The healthy development of infants, children and youth requires early and ongoing support. When continued investments are made, infants, children and youth are more likely to grow and develop into competent, participating adult members of society. When such investments are not made, many young people become adults with physical and/or emotional difficulties that could have been prevented.

Women's Health

Overall, the health of girls and women in B.C. is among the best in the world. However, while life expectancy has reached an all-time high, disease and illness continue to affect the quality of life of women in ways specific to their gender and life circumstances. Furthermore, women's life expectancy in B.C. is not improving as rapidly as men's life expectancy, nor as quickly as women's life expectancy in other countries. Comparisons between the healthiest jurisdictions in the world show that by 2010 women in B.C. will have slipped from third to seventh place and that men will likely continue to rank first in the world for health and longevity, as they have since 2003. Cardiovascular disease, type-2 diabetes, and respiratory disease (including lung cancer) have particularly serious effects on women and, as such, account for the relative decline in women's health - related to smoking, overweight/obesity, and type-2 diabetes. Differences in culture, age, language, ability, geographical location, education, and income can affect women's capacity to participate fully in

society and experience optimal health and well-being. Women's health is best supported by resources and services that are based on a women-centred approach, where health care is provided within the context and circumstances of women's lives.

Physical Activity and Sport

Regular physical activity, active play and sports can be a practical means to achieving numerous health gains; either directly by helping British Columbians of all ages and abilities to achieve healthier weights, hearts and lungs, or indirectly by its positive ability to relieve stress and build stronger social ties. A strong sports structure that engages communities and provides quality opportunities to participate in sport and recreation will help individuals develop healthy habits, facilitate a performance pathway for athletes to achieve their personal best in sport, and further encourage a healthy, active lifestyle.

An Increasing Prevalence of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma, which often do not improve and are rarely cured completely. It is estimated that approximately one in three British Columbians now has at least one confirmed chronic condition. As most chronic diseases are more common in older populations, it is expected their prevalence will continue to increase as the population ages. Supporting the development of healthy environments, developing policies and providing information and tools that help individuals make healthier choices such as eating healthy, nutritious foods, being physically active, and reducing tobacco use will help prevent the onset of many chronic diseases and their devastating effects.

Healthy Olympics

The Province has generated substantial momentum through its sport-related investments over the last decade, and by winning the right to host the 2010 Olympic and Paralympic Winter Games. By leveraging the provincial investment, the excitement coming out of the Beijing Olympics and the momentum and profile of the 2010 Olympic and Paralympic Winter Games leading up to 2010, the opportunity to influence individual behaviour and broaden the scope around physical activity and healthy living will be maximized.

Aging Population

The aging population will affect every aspect of our society, from families and workplaces to community infrastructure. The magnitude of the demographic shift that is coming has never before been seen. According to the 2006 census, almost a third of British Columbia's population is over 50, while the proportion of children under 15 is the lowest ever¹. The prospect of a higher proportion of older people will challenge us to make positive changes in our communities, our institutions and our attitudes.

¹ www.hls.gov.bc.ca/seniors/PDFs/seniors_framework_web.pdf

Partnerships

For an initiative to be successful in changing behaviours, it needs to be comprehensive, multi-sectoral, participatory, awareness raising, accountable and sustainable. All of the relevant partners, both within and outside of government, need to be engaged and promote consistent messages that contribute to a common goal. ActNow BC is an example of a successful health promotion initiative that utilizes a whole of government approach, and involves partners in other levels of government, the non-government sector, communities, schools, and private sector. ActNow BC is recognized as a model for its successful approach to engage stakeholders and partners within and across government in the development and delivery of multiple provincial and community-based programs across the province.

World Health Organization Praises ActNow BC

The World Health Organization has hailed ActNow BC as “a bold approach that can be seen as a vanguard in development and delivery of successful government programming.”

- Alexandre Kalache, Chief of the Aging and Life Course Programme World Health Organization

Healthy Built Environments

Built environments are the urban and rural human-made surroundings that provide the settings for human activity. Built environments encompass buildings and spaces (e.g., homes, schools, workplaces, neighbourhoods, parks/recreation areas, industrial/commercial areas and other settings), the products they contain, and the infrastructure (e.g., transportation, energy and agricultural systems) that link and support them. Well planned healthy built environments create the conditions within which people are enabled to lead healthy lives. This is accomplished through the development and maintenance of settings that connect individuals and groups in their neighbourhood; reduce the risk of injury; provide an atmosphere that enables people to be active, enjoy the outdoors close to their homes; find safe, appropriate accessible housing options for different stages of their life; enjoy clean air and high quality water; and are able to easily make healthy eating choices. As government initiatives tackle climate change, and investments in municipal infrastructure improve air and water quality throughout the province, air and water quality parameters need to be defined, monitored and reported on in order to assess changes in environmental quality and their potential impact on human health

Green and Healthy Environments

There is a growing awareness of the links between healthy living and actions that address climate change. Healthy choices often have positive implications on the environment, and community design often directly influences our ability to be physically active or make healthy choices. Exploring these linkages further will provide greater opportunities to create healthier, more sustainable environments, and support people to make changes that improve their personal health and combat climate change.

Health Surveillance and Reporting

British Columbians face several factors that affect public health, and new challenges will continue to arise. Emerging communicable diseases and environmental health concerns are unpredictable;

however, the public health system functions to continuously assess the health of the population, to analyze new trends, to ensure emerging risks to population health are detected and characterized, and to develop comprehensive responses and recommendations for how to address them.

Economic Outlook

British Columbia's economy contracted modestly by 0.3 per cent in the 2008 calendar year, according to preliminary data from Statistics Canada. The recession marked the first annual decline in the province's real GDP since 1982. The main contributor to the contraction in B.C.'s real GDP in 2008 was a 6.8 per cent decline in real exports of goods and services.

Economic decline in B.C. is expected to continue through 2009 with a return to modest growth in 2010. Risks to B.C.'s economic outlook include a severe and prolonged US recession, continued turmoil in global financial markets, slower global demand for BC products, further appreciation of the Canadian dollar, volatility in financial and commodity markets as well as ongoing moderation of domestic demand in B.C.

Managing staffing costs has always been one of the prime considerations in maintaining overall government affordability, and since 2001 this government has been diligent in reviewing staff spending each year. This is particularly true in these current economic times. All governments are in the similar position of having to balance spending and service levels against revenues that have declined over the past year in this extraordinary fiscal climate.

Staffing costs can be managed through removal of unfilled positions, retirements, staff efficiencies gained through coordination and collaboration across government, administrative program changes and, if necessary, a reduction in the staffing budget. In the 2010/11 budget, we will be managing staffing costs in the context of the current economic climate, examining all opportunities to continue to reduce these costs where possible. In the 2009/10 budget every effort has been made to preserve high staffing levels for frontline services.

In future years, government will continue to review its staffing budget to ensure those resources are allocated prudently, efficiently and towards government's key priorities.

Goals, Objectives, Strategies and Performance Measures

Goal 1: Improved Health for British Columbians

Use a whole of government approach to address the broad conditions and factors that affect the health of British Columbians and develop health promotion strategies to help people be healthy and make healthier choices.

Objective 1.1: Support British Columbians to make healthier choices and be more active, eat healthier foods, live tobacco free and use alcohol responsibly

The Ministry will work with partners in the health authorities, schools, communities, private sector and non-government organizations, other levels of government and all ministries of the B.C. government to provide British Columbians with information, resources and support they need to motivate and encourage healthy lifestyle choices.

Strategies

- Partnering with the Ministry of Education to support the elimination of unhealthy food and beverage sales in B.C. schools and improve the health of B.C. students.
- Working with food service establishments to restrict industrially produced trans fat using regulations under the *Public Health Act*. The Ministry is also partnering with the Heart and Stroke Foundation to support establishments in offering healthier food choices for British Columbians through the HealthCheck BC Healthy Dining Program.
- Creating a task force with representation from the Union of B.C. Municipalities, First Nations, the food industry and other ministries to develop a strategy to improve availability of produce for remote communities.
- Through British Columbia's Tobacco Control Strategy, reducing death, disease and disability caused by tobacco use and reducing its subsequent cost to the health care system.

Performance Measure 1: Tobacco Use Rates for Young Adults

Performance Measure	2007 Baseline	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Smoking rates for young adults (age 20-24).	18.2%	17.3%	17%	16.8%	16.5%

Data Source: Canadian Tobacco Use Monitoring Survey.

Discussion

Tobacco kills over 6,000 British Columbians each year² and costs the B.C. economy approximately \$2.3 billion every year³. Cigarette smoking is the primary risk factor for diseases of the circulatory system, cancers and respiratory diseases and passive smoking kills up to 140 people in B.C. each year⁴. Accordingly, reducing smoking rates is a key priority for government.

While industry giants entice consumers with products that kill one out of two long-term smokers, B.C. is winning the fight. B.C. has achieved the ActNow BC goal for tobacco three years early, with a drop in smoking rates from 17 per cent in 2001 to 14.4 per cent in 2007. That's 100,000 fewer smokers.

B.C. has reached the ActNow BC goal of a 14.4 per cent smoking rate for all British Columbians and the Province is continuing to build momentum to be the healthiest region ever to host an Olympic and Paralympic Winter Games. Young adults 20 to 24 years of age have the highest smoking rate in B.C. Reducing the smoking rate in this age group will bring better health outcomes and reduced health care costs in the future.

Performance Measure 2: Fruit and Vegetable Consumption

Performance Measure	2003 Baseline*	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Percentage of British Columbians (age 12+) that eat five or more servings of fruit and vegetables daily.	42.6%	44.9%	46.5%	51.1% (20% increase from baseline)	51.1%
Percentage of B.C. youth (age 12-19) that eat five or more servings of fruit and vegetables daily.	41.4%	49%	50%	51%	51%

Data Source: Canadian Community Health Survey.

* Due to a change in methods used by Statistics Canada, rates have been restated to exclude non-responses. This has resulted in minor changes to the ActNow BC performance measures and targets stated previously.

Discussion

Healthy eating is essential to healthy growth and development, prevention of disease and disability, and maintenance of good health at all stages of life. Healthy eating, along with physical activity, is also important in maintaining healthy weight and is a priority under the government's ActNow BC strategy. Many changes in the past decade to the food supply and eating habits have contributed to poor diet and weight gain. These include increased eating away from home (which may increase consumption of unhealthy foods), increased consumption of fast food, increased portion sizes, heavy

² Selected Vital Statistics and Health Status Indicators, Annual Report 2006; Table 42 - Smoking-Attributable Mortality British Columbia 2006, page 109

³ The Costs of Substance Abuse in Canada 2002, Canadian Centre on Substance Abuse 2006.

⁴ Health Modernization Branch, KMT, Ministry of Health. 2006

marketing of calorie dense foods, and an increased number and variety of foods available in supermarkets.

ActNow BC healthy eating strategies are targeted to the whole B.C. population; with a great deal of efforts targeted at the child and youth population. Increased consumption of fruits and vegetables during childhood is predictive of more healthful dietary patterns among adults. Therefore, it is important to measure fruit and vegetable consumption for B.C.'s youth as well as the larger population in order to track the impact that an early foundation of healthy dietary patterns has over time.

Action on healthy eating must focus on both improving individual knowledge and skills and creating supportive environments to encourage healthy choices. Canada's Food Guide to Healthy Eating recommends a pattern of eating for achieving adequate intakes of essential nutrients and calories. The Guide was revised in 2007 and the number of recommended servings has been changed to reflect age and gender.

Performance Measure 3: Obesity in B.C.'s Adults

Performance Measure	2003 Baseline	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Proportion of B.C. adults (age 18+) classified as obese.	11.9%	11.9%	Maintain or decrease from baseline	Maintain or decrease from baseline	Maintain or decrease from baseline

Data Source: Canadian Community Health Survey.

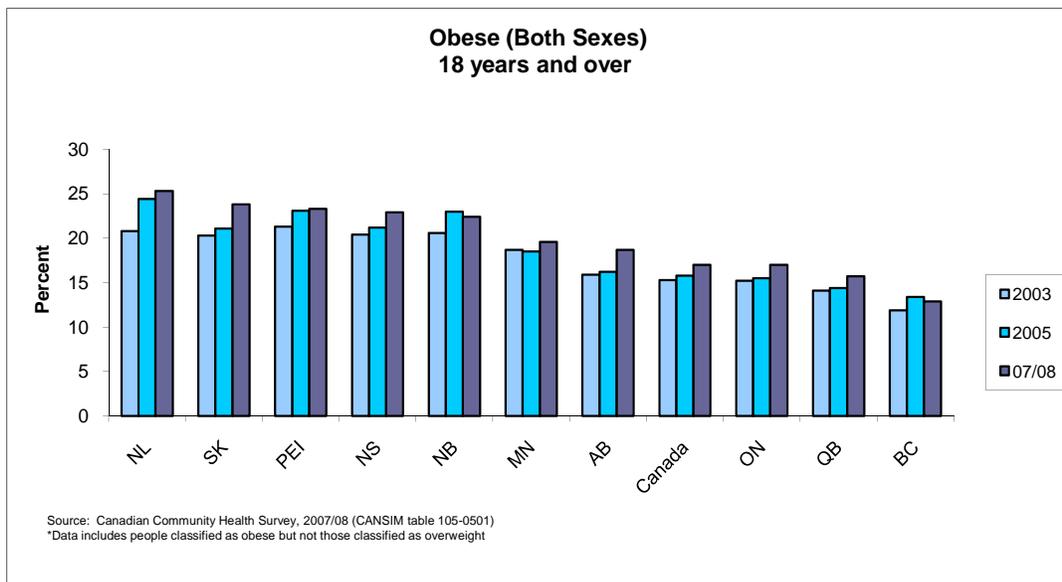
Discussion

The prevalence of overweight and obese adults is a growing epidemic globally, with Canada reporting some of the highest prevalence rates. According to the 2007/08 Canadian Community Health Survey, 50.9 per cent of Canadians (18 years of age and older) were overweight or obese. Although B.C. has one of the lowest prevalence rates across the country, over 44.5 per cent of adults (18 years of age and older) still fall into the overweight or obese category⁵.

Although overweight and obesity are usually reported together, obesity is associated with a higher risk of chronic illnesses than overweight. British Columbia showed the lowest levels of obesity in the country and was rated significantly below any other province and levels of obesity have remained fairly stable since 2003. While in B.C. levels of obesity have not significantly changed, the rest of Canada has experienced significant increases in levels of obesity and the World Health Organization has indicated that levels of obesity are on the rise worldwide.

Physical inactivity, poor diet and genetics are all understood to play a role in overweight and obese adults. The fact that such dramatic increases in the prevalence of overweight or obese adults is occurring implies that genetics is playing a small part in the increase and much greater contribution is due to environmental factors and lifestyle choices.

⁵ All rates have been restated to exclude non-response categories ('refusal', 'don't know', and 'not stated') in the denominator. These modifications in method have resulted in minor changes to ActNow BC targets quoted in the past.



Objective 1.2: Create environments and opportunities that support healthy, active aging and independence for older British Columbians

Seniors in B.C.: A Healthy Living Framework is government's action plan to meet the opportunities and challenges of preparing for an aging population, and support older people to live healthy, active and independent lives. The Framework has four cornerstones: create age-friendly communities; mobilize and support volunteerism; promote healthy living; and support older workers. The Seniors' Healthy Living Secretariat is leading implementation of the Framework in collaboration with other ministries and agencies, as well as partner organizations. More information on the actions outlined in the Framework is available through the Ministry's website www.hls.gov.bc.ca/seniors/.

Strategies

- Supporting healthy living choices for older people, including the establishment and promotion of ActNow BC seniors' community parks, designed specifically for seniors to help them stay mobile, physically active and healthy.
- Supporting the development of Community Action for Seniors' Independence pilot projects in partnership with community organizations to enable seniors to continue living independently in their homes and communities.
- Developing tools and resources to create age-friendly communities that support older people's independence, inclusion, and ability to age in place.

"Physical activity is a most important ingredient for maintaining healthy aging, and I am glad to see our province investing in the health and wellness of older adults and seniors through initiatives such as these wellness parks."

– Harry Caine, who championed the Lions Wellness Park in Tsawwassen.

Objective 1.3: Advance the health of women

The leading causes of women's premature death in B.C. are interrelated in complex ways and are often preventable through appropriate health promotion, disease prevention, and chronic disease management.

Within the population of vulnerable women, Aboriginal mothers have more children and at an earlier age compared to non-Aboriginal women. They also experience a higher rate of pre-term and low birth weight infants, which increases the risk of infant mortality.

The Ministry recognizes the need to identify underlying factors that impact life expectancy for vulnerable women, children, and youth and takes a leadership role in developing a women-centered approach to healthy living, by applying a gender lens to healthy living and sport initiatives, and by developing a consistent approach to monitoring and surveillance for women's health issues.

Strategies:

- Working with partners and stakeholders to address the emerging trend of decreasing life expectancy and increasing chronic disease (diabetes and cardiovascular disease) for women by applying a gender lens to chronic disease prevention; disseminating information; and creating supportive environments where women are able to make healthy lifestyle choices.
- Working with stakeholders to create a new provincial Women's Health Strategy, designed to focus on actions which will improve the physical and mental health and well-being of women in their roles as individuals, family members and caregivers.
- Working with local governments to ensure that outdoor spaces are designed to provide appropriate physical activity opportunities that are safe and accessible for women and children.
- Providing the ActNow BC Healthy Choices in Pregnancy program to help women who are pregnant reduce and eliminate the use of alcohol, tobacco and other substances and, subsequently have healthier birth outcomes including reduced number of infants born with Fetal Alcohol Spectrum Disorder. In addition, adding strategies that address issues related to mental health and violence against women.
- Through the Office of the Provincial Health Officer, developing an annual report that identifies specific factors that affect the health of women and makes recommendations to government and society on improving health outcomes.
- Implementing and evaluating a broad Aboriginal perinatal health strategy, inclusive of preconception health, labour/birth support, culturally relevant perinatal resources and indicators for improved health status of Aboriginal mothers and infants.

Objective 1.4: Support infant, child and youth health and well-being

The early years are vital for the healthy development of children though they also require ongoing support throughout childhood and adolescence to ensure their well-being. The Ministry plays an important role in ensuring that supports provided to infants, children and youth are informed by evidence.

Strategies:

- Developing and evaluating child health initiatives including dental health, hearing and vision screening, parent publications, safe sleep practices, Shaken Baby Syndrome prevention and avoidance of exposure to second hand smoke to prevent diseases, disabilities and injuries in children.
- Developing a suite of indicators to track the health and well-being of British Columbia's children and youth over time.

Objective 1.5: Enhance health promotion by improving health information, engaging in public health planning and supporting individuals to be involved and more responsible for their own health

The Ministry plays an important role in developing programs and initiatives to improve the health of British Columbians, and is committed to providing effective public health stewardship, addressing the underlying determinants of health and empowering British Columbians to make healthier choices and develop self-care practices to improve quality through the continuum of life.

Strategies:

- In partnership with the Ministry of Health Services, developing a Ten Year Plan to Address Mental Health and Substance Use in B.C. that utilizes a whole of government, multi-sectoral approach.
- Encouraging every individual to develop a personal health plan and be proactive in their personal health by providing tools and supports to better manage their own health across all stages of life.
- Developing and implementing a new Public Health Information System to provide better access, delivery and integration of health care services for managing communicable diseases in B.C., as well as improved systems to support public health field operations, and health-related research and surveillance activities.
- Defining, describing and implementing essential public health services to renew and strengthen public health and continue assisting the health authorities in providing effective public health services for British Columbians.
- Developing a single point of access for public and individual health-related information and initiatives through strategies such as the 811 website.

Goal 2: Reduced Illness and Injury

Develop policies and programs that help prevent diseases and reduce injuries or disabilities that may shorten life or impair the health, well-being and quality of life of British Columbians.

Objective 2.1 Close the gap in health status between Aboriginal people and the rest of the population of British Columbia

As a group, Aboriginal British Columbians do not enjoy the same health status as the rest of the province's population. Over the past year, the Aboriginal Healthy Living Branch continued to work with the Tripartite partners; First Nations Health Council and First Nations and Inuit Health, Health Canada, on the implementation of the Tripartite First Nations Health Plan. The Plan is the first of its kind in Canada and was established to reduce the gap in health status between First Nations and the rest of the British Columbia population. All three partners continue to work towards integration and coordination of federally and provincially funded services, while allowing for increased accountability and control of First Nations health by First Nations people. The Ministry, continues to lead the implementation of the Plan across government and in collaboration with the health authorities, and provides an Aboriginal lens for programs, policies and services

Strategies:

- Implementing the strategies outlined in the Tripartite First Nations Health Plan through the following four pillars: Governance, Relationships and Accountability; Health Promotion and Disease and Injury Prevention; Health Services; and Performance Tracking.
- Developing a Cultural Competency Framework that aims to improve the cultural competency and performance of health authorities in their planning, design, delivery and monitoring of health services delivered to Aboriginal and First Nations communities.
- In partnership with the Ministry of Health Services, implementing a First Nations Telehealth Strategy to improve access to health services for rural and remote First Nations communities.
- Developing and releasing the Provincial Health Officer's annual report on Aboriginal health that provides detailed information on the health and well-being of Aboriginal people compared to other British Columbians, discusses the progress that has been made since 2001, and the next steps that may be necessary to further improve the health of Aboriginal people.

Performance Measure 4: Gap in Mortality Rates between Status Indians and Other British Columbians

Performance Measure	2005 Baseline	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Reduce the gap ¹ in age-standardized mortality rate (per 10,000 population) between Status Indians and other British Columbians.	Gap: 26.0	Gap: 20.7	Gap: 19.9	Gap: 19.1	Gap: 18.3
Age-standardized mortality rates:					
<ul style="list-style-type: none"> • Status Indian: 77.9 • Other Residents: 51.9 	77.9 51.9	68.9 48.2	67.0 47.1	65.1 46.0	63.2 44.9

Data Source: B.C. Vital Statistics Agency.

¹ Reduction in gap based on decreasing targets for Status Indian mortality rates, and assuming forecast data for other residents.

Discussion

This performance measure is also one used in the Tripartite First Nations Health Plan. The age-standardized mortality rate measures the death rates due to all causes and allows for comparisons in death rates between two or more populations by adjusting for different age structures (i.e. the Status Indian population has a younger average age than other residents). A baseline of 2005 was chosen to reflect the most current data at the time, from the Tripartite First Nations Health Plan, signed in November 2006. The target was based on the assumption that prevention and treatment will close the estimated external causes gap for suicide, motor vehicle traffic accidents, and accidental poisoning by 50 per cent, and the other causes gap by one-third over 10 years.

Objective 2.2: Develop a comprehensive approach to addressing injuries among all British Columbians

There is an enormous burden of injury in British Columbia in terms of health impacts and costs to the health system. Injury is the leading cause of death for British Columbians between one and 44 years of age⁶. Injuries kill more children and young adults than all diseases combined⁷. Most injuries are predictable and preventable, and there is significant evidence that the likelihood and the severity of injuries can be reduced when governments, business leaders and academics work together to translate best practices into effective action, ensure healthy public policy, enhance community capacity and support individual skills.

⁶ British Columbia Vital Statistics Agency. (2005). Selected Vital Statistics and Health Status Indicators 2005.

⁷ Statistics Canada. (1999). Statistical Report on the Health of Canadians. Ottawa: Statistics Canada. Found at: www.statcan.gc.ca/pub/82-570-x/4064413-eng.htm

Strategies:

- Leading the development of a provincial Injury Prevention Strategy to provide a comprehensive, coordinated, whole of government approach to injury prevention. Within one to two years, the strategy will provide the framework for all sectors to work together to ensure healthy public policy, enhance community capacity, support individual skills, and take appropriate action to reduce the likelihood of injury and death.
- Developing and implementing an Aboriginal Injury Prevention Strategy within two years which will support the goals of the Tripartite First Nations Health Plan. The Strategy will enhance surveillance, skills, knowledge and community capacity to respond to the burden of injuries within Aboriginal communities.
- Creating a Centre of Excellence within the Centre for Hip Health and Mobility to generate, translate and promote evidence-based practice to enhance seniors' mobility and reduce fall and fall-related injury risk. The Centre will disseminate best practices in policy and clinical care, leverage new research and provide a national and provincial coordinating role between relevant fall prevention and mobility stakeholders.

Objective 2.3: Provide effective programs to protect individuals against communicable diseases

Immunization is a life saving and cost effective intervention that prevents needless suffering associated with sickness, disability and death. It benefits all people—not only through improvements in health and life expectancy, but also through its social and economic impact at the global, national and community level. The Ministry and its partners play an important role in monitoring and protecting the health of the population by supporting immunization programs and infectious disease prevention and harm reduction measures that help to improve population health, prevent illness and reduce health care costs.

The Human Papillomavirus (HPV) vaccine is expected to reduce the risk of cancer in those exposed to the most common strains of HPV by about 70 per cent.

Strategies:

- Working in collaboration with the Provincial Health Officer to ensure health system readiness for immunizing eligible groups against H1N1.
- Promoting health system efforts to offer pneumococcal vaccine to British Columbians vulnerable to complications from influenza, and ensuring seasonal influenza vaccine is offered to all eligible groups.
- Supporting and monitoring the delivery of immunization programs that ensure two-year-olds have up-to-date immunizations in order to protect young children who are vulnerable to disease.
- Supporting and monitoring influenza immunizations in community care facilities to protect older persons who are vulnerable to disease.

- Supporting vaccine programs to help protect women against the two types of Human Papillomaviruses (HPV) that cause most cervical cancers.
- Continuing to support prevention and harm reduction efforts for non-vaccine preventable communicable diseases, such as HIV/AIDS and Hepatitis C.

Goal 3: Healthier Communities

Provide healthy physical and social environments that protect the health of British Columbians and support individuals in making healthy choices.

Objective 3.1: Set standards, monitor and report on air quality to improve human health

Human health is dependent on ecological health. The Ministry of Healthy Living and Sport relies on a strong partnership with the Ministry of Environment to address air quality guidelines, policies and regulations in order to achieve better human health and ecosystem health outcomes. The Ministry of Healthy Living and Sport's objective is to protect human health by addressing air quality impacts and providing advice across government, protection of airsheds and public reporting on air quality. The Ministry of Environment's roles include to monitoring and reporting on air quality as it affects ecosystem and environmental health.

Strategies:

- Enhancing reporting by engaging regional districts and developing web-based tools for the public on ambient air quality in B.C.
- Assessing the impacts of air pollutants on human health and working towards developing new guidelines, objectives and standards for key air pollutants that impact human health.
- Working with communities to improve airshed planning and the recognition of air quality in the development of healthy communities.
- Working across government to enhance Provincial leadership in the protection of air quality to protect human health.

Objective 3.2: Set standards, monitor and report on water quality to improve human health

Addressing water quality impacts resulting from direct and indirect exposure to toxins or wastes is vital to protect human health. Innovative approaches are required for policy and guideline development and for the protection of watersheds in order to ensure clean and safe drinking water, and to preserve water sources for recreational and agricultural use. The Ministry of Healthy Living and Sport works closely with the Ministry of Environment to ensure clear accountability for effective watershed planning and monitoring at the provincial, regional and local levels in relation to both human health and ecological health outcomes.

The Ministry of Healthy Living and Sport's objective is to engage in water shed policy and planning related to health outcomes, provide health expertise to local/regional air and watershed planning and operations, and setting regulations for water in relation to human health. The Ministry of Environment is responsible for setting standards, guidelines and regulations for air and water in relation to ecological health.

Strategies:

- Supporting the training and certification of drinking water operators under the *Drinking Water Protection Act*.
- Reviewing current approaches to drinking water protection in order to identify and address regional and administrative gaps.
- Identifying drinking water source areas that are most at risk. This approach will help ensure the Province is better able to respond to emerging issues impacting water quality.
- Examining options for cross government efforts in monitoring and reporting on water quality to protect human health.
- Developing new guidelines, objectives and standards for key water pollutants, pathogens and toxicants to protect water quality.
- Developing a special report on progress on the Action Plan for Safe Drinking Water through the Office of the Provincial Health Officer.

Performance Measure 5: Water Quality Monitoring

Performance Measure	2007 Baseline	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Number of drinking water systems on boil water notification that have been in existence for more than 18 months.	301	301	Maintain or decrease from baseline	Maintain or decrease from baseline	Decrease from baseline

Data Source: Regional Health Authority Data

Discussion

Boil water notifications are issued when there is a high risk that drinking water is contaminated by microbiological pathogens. In this case, the public is warned to either boil or otherwise disinfect water before drinking it. Some health authorities issue a "do not drink water notice" (also called a "do not use water notice" or "restricted use notice") for situations where a boil water notification is deemed inadequate to address the health risk posed by contaminated water.

Common situations where a boil water notification may be issued include:

- E-coli bacteria are present in the water supply in greater amounts than the limits prescribed in the Regulations;
- Drinking water from a surface source or shallow well is not disinfected;
- Treatment or system distribution failure;
- Evidence of improper or irregular operation or maintenance (in the case of public water supply);
- High turbidity; and/or
- A confirmed or suspected waterborne disease outbreak.

Boil water notifications are supposed to be temporary solutions, but in cases where a quality or safety problem is not resolved, the advisory may last for extended periods of time. The majority of long term boil water notifications are small systems. The performance measure was developed based on a recommendation in the 2008 Ombudsman report, *Fit to Drink*.

Objective 3.3: Protect the Health of British Columbians

An important component of creating healthier communities is protecting British Columbians from preventable harms associated with food safety and other environmental threats.

Strategies:

- Supporting local governments in performing mosquito control initiatives that help reduce the number of adult mosquitoes, which has been shown in other jurisdictions to reduce the impact of mosquito-borne disease in communities.
- Providing targeted assistance to the rural and remote strategy for slaughter facilities to improve food safety practices in order to meet the provincial requirements under the Meat Inspection Regulations.
- Supporting the implementation and enforcement of the *Community Care and Assisted Living Act*.

Goal 4: Increased Participation in Sport and Physical Activity

Support a strong sport and recreation system that contributes to positive provincial health, environmental, social and economic outcomes and provides opportunities for individuals to participate and achieve at all ages, abilities, interests and aspirations.

The government's annual investment in coaches, athletes, provincial and multi-sport organizations, sport science and medicine, and regional programs, is

Benefits of Participating in Sport

Participation in sport brings many social, physical and emotional benefits that serve students well in all aspects of their lives, now and in the future. Sport fosters self confidence, teamwork, fair play and school and community pride.

showcased when provincial athletes compete at events such as the Canada Games, the Western Canada Summer Games and the North American Indigenous Games. These investments also lever success when B.C. athletes move onto major international competition such as the Olympic and Paralympic Games and other world competitions.

Objective 4.1: Support opportunities for individuals to achieve their personal best and participate in sport, recreation and physical activity

The Ministry sees increased levels of sport, recreation and physical activity as valuable paths to healthier individuals and communities, positive social values and a stronger economy, as well as being goals in and of themselves. The Ministry will continue its investment in sport and recreation and target resources to help increase physical activity levels, particularly for those who face financial, geographical or social barriers to participation.

Strategies:

- Implementing Canadian Sport for Life—an approach endorsed by provincial/territorial and federal governments that promotes and supports lifelong participation in sport and physical activities. Examples of initiatives that support this approach include teaching fundamental movement skills to children (Active Start); aligning programs and services with developmental, training and competitive needs of athletes (long term athlete development) and supporting initiatives that encourage lifelong participation (Active for Life).
- Supporting organizations, programs and services that promote and provide opportunities for individuals to participate and achieve personal goals in sport, recreation and physical activity. This includes providing core funding to provincial sport organizations, support for coaching and leadership and support to multi-sport and recreation organizations.
- Targeting resources to specific populations that are under-represented in sport, recreation and physical activity (such as persons with a disability, girls and women, low income families, seniors, Aboriginals, ethnic groups, inactive individuals) through initiatives such as, BC Seniors Games and the Sport Participation program.
- Through partnerships, continuing to support the development and implementation of programs and resources to provide opportunities for all British Columbians to be more physically active.

Daily Physical Activity

Effective September 2008, all K-9 students are required to complete at least 30 minutes of physical activity each day and grades 10-12 are required to complete at least 150 minutes of physical activity each week.

Performance Measure 6: Physical Activity Rates

Performance Measure	2003 Baseline	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Percentage of British Columbians (age 12+) who are physically active or moderately active during their leisure time*.	59.9%	58%	67.4%	71.8% (20% increase from baseline)	72.0%
Percentage of B.C. youth (age 12-19) who are physically active or moderately active during their leisure time.	74.1%	74.1%	Maintain or increase from baseline	Maintain or increase from baseline	Maintain or increase from baseline

Data Source: Canadian Community Health Survey

* Due to a change in method by Statistics Canada, rates have been restated to exclude non-responses. This has resulted in minor changes to the ActNow BC targets stated previously.

Discussion

While varying definitions of physical activity and inactivity exist, regardless of which definition is utilized it is clear that many British Columbians are not sufficiently active. For example:

- More than one-third (39 per cent) of British Columbians are physically inactive (get little or no exercise)⁸.
- The economic burden of physical inactivity in British Columbia (in direct and indirect costs related to health care and productivity losses) is conservatively estimated at \$573 million annually⁹.
- While many adults are inactive, 80 per cent of adult British Columbians believed that they were active enough to achieve health benefits, including weight control¹⁰.
- The level of physical activity required for optimal growth and development for children and youth is equivalent to 90 minutes of physical activity throughout the day¹¹.

ActNow BC physical activity targets are set to measure rates for the whole B.C. population; however research shows there is a direct link between childhood health behaviours and lifelong health and

⁸ Canadian Community Health Survey Share file, 2003, cycle 2.3.

⁹ Colman, R and Walker, S (2004) The Cost of Physical Inactivity in British Columbia (A report to the Ministry of Health Services), GPI Atlantic, Page iii.

¹⁰ British Columbia Nutrition Survey – Report on Physical Activity and Body Weight, p.17, March 2004, www.healthservices.gov.bc.ca/prevent/nutrition/index.html

¹¹ www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/youth/guidelines.

well-being. In B.C., and other jurisdictions, government and stakeholders are collaborating to reduce physical inactivity and unhealthy eating, which are two primary risk factors for obesity and ill health.

One of the ways the Ministry encourages youth to increase physical activity is by supporting ActionSchools! BC, an internationally recognized best practice model designed to assist schools (grades K-9) in creating individualized action plans to promote healthy living. A growing number of schools and districts are building healthier learning environments, recognizing the link between health and student achievement.

Objective 4.2: Support individuals to achieve excellence in sport

The Province's sport-related investments over the last decade, the opportunity to host the 2010 Olympic and Paralympic Winter Games and public excitement and enthusiasm following the Beijing Olympics all create a setting where B.C. athletes can excel on the world stage and inspire the people of an entire province. The Ministry continues to build on these achievements to leverage the momentum towards 2010 and beyond.

Strategies:

- Implementing Olympic and Paralympic Community Engagement Initiatives to inspire and activate British Columbians to make healthy lifestyle choices, that build on the excitement leading to the 2010 Olympic and Paralympic Winter Games.
- Support B.C.'s elite athletes in their pursuit of excellence, including Olympic success in 2010, through programs such as the BC Games, Team BC, and the BC Athlete Assistance Program.
- Support local organizers in pursuing and staging national and international sporting events through Hosting BC.

Resource Summary

Full Time Equivalents (FTE) numbers for each Ministry are currently being reviewed across government and therefore are not reported in this Service Plan Update. FTE's are routinely reported in the Public Accounts and more detailed information will now be publicly reported in a new Annual Report on the Corporate HR Plan, released each Fall. For more information, see the Budget and Fiscal Plan documentation.

Core Business Area	2008/09 Restated Estimates ¹	2009/10 Estimates	2010/11 Plan	2011/12 Plan
Operating Expenses (\$000)				
Sport, Recreation and ActNow BC.....	18,949	12,165	12,379	12,788
Population and Public Health.....	44,860	24,920	26,862	27,136
Provincial Health Officer	1,113	1,096	1,071	1,071
2010 Olympic and Paralympic Winter Games Secretariat	79,597	40,665	4,316	
Executive and Support Services.....	6,178	6,232	6,792	6,894
Physical Fitness and Amateur Sport Fund	2,300	2,200	1,700	1,700
Total	152,997	87,278	53,120	49,589
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Sport, Recreation and ActNow BC.....	280			
2010 Olympic and Paralympic Winter Games Secretariat	216			
Executive and Support Services ²		859	253	253
Total	496	859	253	253

- ¹ Amounts have been restated, for comparative purposes only, to be consistent with Schedule A of the 2009/10 *Estimates*.
- ² The approved capital allocation for the Ministry of Healthy Living and Sport Executive and Support Services includes the 2010 Olympic and Paralympic Games Secretariat.

Purpose of the Secretariat

Working within the Ministry of Healthy Living and Sport, the B.C. Olympic and Paralympic Winter Games Secretariat's (BC Secretariat) primary role is to provide strategic leadership, coordination and oversight to ensure the Province meets its financial, infrastructure and service commitments for the 2010 Winter Games. The Province has committed \$765 million to the 2010 Olympic and Paralympic Winter Games' endowments, legacies, venue construction and medical and security services.

The BC Secretariat has a key role in ensuring that sustainable economic and social legacies associated with hosting the 2010 Olympic and Paralympic Winter Games are identified early and fully realized. It is a key goal that these opportunities evolve into enduring legacies for communities and businesses throughout British Columbia.

Strategic Context

The 2010 Olympic and Paralympic Winter Games will create unparalleled international exposure for British Columbia and will open new opportunities for investment and business development. The Province is maximizing these opportunities internationally and creating programs so businesses and communities can take advantage as B.C. prepares to host the Games. In addition, infrastructure investments leading up to the Games will give a significant boost to the provincial economy.

The Province has committed \$765 million to the 2010 Olympic and Paralympic Winter Games' endowments, legacies, venue construction, and medical and security services. The BC Secretariat will continue to provide oversight over the Province's financial commitments and ensure that 2010 partner and stakeholder relationships are created and maintained.

The success of the 2010 Olympic and Paralympic Winter Games will be reflected in, among other things increased economic activity. Benefit to the province will only occur through a coordinated effort, leveraging international interest in the 2010 Games as a catalyst to attract and capture non-resident visitors, investors and buyers.

The BC Secretariat will coordinate with all provincial ministries, Agencies, and Crowns to ensure that the Games foster the development of sustainable economic, social, cultural and sport legacies so that every community in British Columbia has the opportunity to benefit from the 2010 Olympic and Paralympic Winter Games.

Goals, Objectives, Strategies and Performance Measures

Goal 1: B.C. hosts a successful Vancouver 2010 Olympic and Paralympic Winter Games that create a legacy of economic and social benefits for the province

Objective 1.1: The Province's financial commitments to the 2010 Olympic and Paralympic Winter Games are met

The BC Secretariat's primary role is to provide strategic leadership, coordination and oversight to ensure the province meets its financial, infrastructure and service commitments for the 2010 Olympic and Paralympic Winter Games.

Strategies:

- Monitor and manage the Province's financial commitments against performance agreements to ensure the 2010 Olympic and Paralympic Winter Games do not exceed the approved budget.
- Oversee legal structures and funding mechanisms to support Games related initiatives.
- Monitor and report on oversight, financial, and compliance details through the following processes and reports:
 - Progress reports published by the BC Secretariat.
 - Audit reports issued by the Office of Auditor General of British Columbia on the progress of the 2010 Olympic and Paralympic Winter Games.
 - Annual public accounts reports published by the Office of Comptroller General on the funding status of the Province's \$765 million 2010 Olympic and Paralympic Winter Games commitments.

Objective 1.2: 2010 Olympic and Paralympic Winter Games business opportunities and jobs are maximized throughout the province

The BC Secretariat plays a key role in ensuring that opportunities associated with hosting the 2010 Olympic and Paralympic Winter Games are identified early and realized before, during and after the Games and that these opportunities evolve into enduring legacies for communities around the province.

Strategies:

- Provide tools and information for communities and businesses to take advantage of Games related opportunities.
- Provide timely and effective responses within the province and among partners and stakeholders.
- Act as coordination hub for provincial activities, projects and key relationships related to the 2010 Olympic and Paralympic Winter Games.

Performance Measure 1:

Performance Measure	2008/09 Forecast	2009/10 Target	2010/11 Target
Cumulative total of businesses registered for the 2010 Olympic and Paralympic Winter Games procurement opportunities.	8,000	8,500	Transition ¹

Data Source: 2010 Commerce Centre registration database.

¹ The BC Secretariat and the Ministry of Healthy Living and Sport are working together to ensure that the opportunities and benefits created from the 2010 Olympic and Paralympic Winter Games and 2010 Commerce Centre are transitioned into the Province's broader economic plan and programs following the Games.

Objective 1.3: Showcase British Columbia as a place to work, play, visit and invest

Strategies:

- Operate the B.C. International Media Centre (BCMC) during the 2010 Olympic and Paralympic Winter Games.
 - The BCMC will be the primary home for unaccredited media, as well as an additional resource for media accredited at VANOC's Main Press Centre. Fully functional from a technology standpoint, the BCMC will provide an opportunity for British Columbia to increase its profile with both international and domestic media in 2010.
- Activate Robson Square leading up to and during the 2010 Olympic and Paralympic Winter Games.
 - This venue, officially designated by VANOC as a "Celebration Site", will showcase B.C. businesses, technologies and communities to the world. Its central location, the skating rink at GE Plaza, and lively cultural and outdoor activities are designed to attract public participation and will be coordinated with other 2010 related activities.

Performance Measures 2 and 3:

Performance Measures	2008/09 Forecast	2009/10 Target
Number of media visits to the BCMC ¹	Under Construction	3,000
Value of earned media, in all forms, directly generated by BCMC use ²	Under Construction	\$30 million

Data Sources:

¹ Number of media visits is based on the number of registrations with the BCMC.

² Value of earned media is calculated as the value of the space (if print media) or air time (if radio or television) if it were purchased, and multiply by a set number established by the advertising/media industry (usually somewhere between 2 and 7).

Resource Summary

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Resource Summary Table

Core Business Area	2008/09 Restated Estimates ¹	2009/10 Estimates	2010/11 Plan	2011/12 Plan
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Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
BC Olympic and Paralympic Winter Games Secretariat ²	216			

¹ Amounts have been restated, for comparative purposes only, to be consistent with Schedule A of the 2009/10 *Estimates*.

² This table is provided for information purposes. The approved capital expenditure allocation for the 2010 Olympic and Paralympic Games Secretariat is included in the Ministry of Healthy Living and Sport Resource Summary.

Appendix A - Ministry Contact Information

Ministry of Healthy Living and Sport

1515 Blanshard Street
Victoria, British Columbia
V8W 3C8

Toll free in B.C.: 1-800-465-4911

In Victoria: 250-952-1742

To learn more about the Ministry of Healthy Living and Sport, go to www.gov.bc.ca/hls/

To learn more about the Provincial Health Officer, go to www.hls.gov.bc.ca/pho/

To learn more about ActNow BC, go to www.actnowbc.ca or email: actnow@gov.bc.ca.

Appendix B - Secretariat Contact Information

Secretariat Offices

7th Floor, 3585 Graveley Street
Vancouver, British Columbia
Canada, V5K 5J5

General Inquiries

Phone: 604-660-2010 or Toll-Free: 1-877-604-2010

Fax: 604-660-3437

E-mail: bcsecretariat@gov.bc.ca

Hyperlinks to Additional Information

British Columbia's Six Health Authorities

Fraser Health Authority - www.fraserhealth.ca

Interior Health Authority - www.interiorhealth.ca

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca

For more information on the B.C. Olympic and Paralympic Games Secretariat please visit:

www.2010bcsecretariat.ca/

For more information on the 2010 Olympic and Paralympic Winter Games please visit:

www.gov.bc.ca/themes/2010olympics/