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Published by the Ministry of Healthy Living and Sport

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. 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 and recreation. 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.

ActNow BC is successfully empowering British Columbians to make healthier choices and producing tangible results. We have met our ActNow BC target with the lowest smoking rate in Canada at 14.4 per cent. Our obesity rate is not only the lowest in Canada, but also the lowest in B.C. in over a decade. These are significant achievements as we work to achieve government's goal of becoming the healthiest jurisdiction to ever host the Olympic and Paralympic Games.

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.

Recognizing some individuals and communities require more assistance to embrace a healthier, more active lifestyle, we provide meaningful support and resources to populations under-represented in sport, recreation and physical activity. Through the Tripartite First Nations Health Plan and investments in Aboriginal health initiatives, 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, vision and hearing. 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.

The Ministry of Healthy Living and Sport 2009/10 - 2011/12 Service Plan 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 February 10, 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, appearing to read 'Mary Polak'.

Honourable Mary Polak
Minister of Healthy Living and Sport
February 10, 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 empower 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 or injury.

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 Sport, Recreation and ActNow BC; Population and Public Health; Provincial Health Officer; Executive and Support Services, and the Physical Fitness and Amateur Sports Fund.

Strategic Context

Health Inequalities

Reducing inequalities in health will have significant benefits. People in less advantageous socio-economic circumstances are not 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. While data shows improvement for some health indicators for subsets of the Aboriginal population, there is a persistent gap in health status between the Aboriginal population and the rest of the B.C. population that cannot be explained by specific genetic risk alone.¹

Child Health

The early years are vital for the healthy development of children. When ongoing positive investments are made infants and children are more likely to grow and develop into competent, participating adult members of society. When such investments are not made, many children will carry into adulthood physical and/or emotional deficits that could have been prevented.²

"Thank you for funding this program....my daughter was a shy, young girl, now she is a vibrant strong young woman and has the confidence and leadership skills to last a lifetime."

- Parent of a youth participating in the Aboriginal Youth FIRST program

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. In addition, 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

1 Office of the Provincial Health Officer. (2007, February). The Health and Well-Being of Aboriginal People in British Columbia – Interim Update. www.health.gov.bc.ca/pho/pdf/Interim_report_Final.pdf.

2 Health Canada, Healthy Development of Children and Youth: The Role of the Determinants of Health

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 ever³. The prospect of a higher proportion of older people will challenge us to make positive changes in our communities, our institutions and our attitudes.

³ http://www.hls.gov.bc.ca/seniors/PDFs/seniors_framework_web.pdf

Air and Water

In British Columbia, climate change is already having far-reaching effects on the quality of our air and water. 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.

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, World Health Organization

Healthy Built Environments

Built environments are the man-made surroundings that provide the settings for human activity. They encompass buildings, spaces and products such as homes, schools, workplaces, parks/recreation areas, business areas and other settings. Well planned healthy built environments support residents of all ages, abilities, cultures and income levels to: connect with others in their neighbourhood; walk, cycle and wheel safely; enjoy the outdoors close to home; find housing options for different stages of their life; breathe cleaner air; drink high quality water; reduce their risk of injury; and make healthy eating choices.

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.

Economic Outlook

The private sector now expects that B.C. will experience slower economic growth in 2009 and 2010 than it has in previous years. Risks to B.C.'s economic outlook include a prolonged U.S. recession, continued turmoil in global financial markets, slower global demand for B.C. products, volatile commodity prices and further moderation of domestic demand in B.C..

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

- Expanding the School Fruit and Vegetable Nutritional Program as part of the ActNow BC initiative to improve the health of B.C. children and their families.
- 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 supporting establishments in offering healthier food choices for British Columbians through the HealthCheck BC Healthy Dining Program.
- Developing a comprehensive strategy that addresses management and leadership practices, safe and healthy environments, and healthy lifestyle behaviours to support the creation of healthy work environments in the public, private and non-governmental organizations/volunteer sectors.
- 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 and First Nations communities.

Canadians spend an average of 10.5 hours each day at work (or commuting to and from), making the workplace an ideal place to promote healthy lifestyle behaviours like healthy eating and physical activity.

Performance Measure 1: Tobacco Use Rates.

Performance Measure	2007 Baseline	2008/09 Forecast	2009/10 Target	2010/11 Target	2011/12 Target
Smoking rates for young adults (20 to 24)	17.5%	17.3%	17%	16.8%	16.5%

Data Source: Canadian Tobacco Use Monitoring Survey.

Discussion

Tobacco kills over 6,000 British Columbians each year⁴ and costs the B.C. economy approximately \$2.3 billion every year⁵. 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 year⁶. 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.	40.1%	44.9%	46.5%	48.1% (20% increase from baseline)	49.7%

Data Source: Canadian Community Health Survey.

Discussion

⁴ Selected Vital Statistics and Health Status Indicators, Annual Report 2006; Table 42 - Smoking-Attributable Mortality British Columbia 2006, page 109

⁵ The Costs of Substance Abuse in Canada 2002, Canadian Centre on Substance Abuse 2006.

⁶ Health Modernization Branch, KMT, Ministry of Health. 2006

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

The Ministry of Healthy Living and Sport recognizes that 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. For 19-50 year olds, the recommendation for the number of fruit and vegetable servings is now 7-8 servings for females and 8-10 servings for males

Performance Measure 3: Overweight and Obese 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 overweight or obese.	42.3%	37.2%	35.5%	33.8% (20% reduction from baseline)	32.1%

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 Canadian Community Health Survey, 48.6 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 41.2 per cent of adults (18 years of age and older) still fall into the overweight or obese category.

Individuals that are overweight or obese are at increased risk for a wide range of serious diseases and conditions including:

- Hypertension or high blood pressure;
- Coronary heart disease;
- Type 2 diabetes;
- Stroke;
- Gallbladder disease;

- Osteoarthritis;
- Sleep apnea and other breathing problems;
- Some cancers such as breast, colon and endometrial cancer; and
- Mental health problems such as low self-esteem and depression.

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 in a genetically stable population implies that genetics is playing a small part in the increase and much greater contribution is due to environmental factors and lifestyle choices.

Objective 1.2: Promoting age-friendly communities that support older adults in maintaining and improving their health status, keeping active and independent, and improving their skills, knowledge and experience.

The Premier's Council on Aging and Seniors' Issues explored the implications of an aging demographic in its report: *Aging Well in British Columbia*, which made 16 recommendations on how to support the health, independence and continued contributions of older people. The provincial government considered these recommendations in the development and implementation of a government action plan to adapt to an aging population.

Seniors in B.C: A Healthy Living Framework was developed collaboratively by 13 ministries, and outlines 35 actions under the following four cornerstones that government will focus on to meet the opportunities and challenges of preparing for an aging population: create age-friendly communities; mobilize and support volunteerism; promote healthy living; and support older workers. The Ministry is responsible for and will be implementing 17 of the 35 actions in the Framework, from which the following strategies are taken, and will be working closely with partner ministries and organizations to implement the other 18. More information on the actions outlined in the Framework are available through the Ministry's website www.gov.bc.ca/hls/seniors/.

What Makes a Community Age-Friendly?

Outdoor spaces and buildings that are pleasant, clean, secure and physically accessible

Accessible and affordable public transportation

Housing that is affordable, appropriately located, well built, well- designed and secure

Opportunities for social participation in leisure, social, cultural and spiritual activities with people of all ages and cultures

Social inclusion and respect of older people in civic life

Opportunities for employment and civic participation that cater to the interests and needs of older persons

Availability of age-friendly communication and information

Community support and health services tailored to the needs of older persons

– Adapted from Global Age-friendly Cities: A Guide, World Health Organization, 2007

Strategies

- Establishing ActNow BC seniors' community parks throughout the province, designed specifically for seniors to help them stay mobile, physically active and healthy.
- Transforming communities to be age-friendly by providing tools and incentives for local governments to plan for, and support, an aging population. This means making changes to the physical and social environments to improve mobility, independence, autonomy and quality of life in older age.
- Creating an Aging in Action campaign to promote volunteer initiatives that support older people.
- Supporting older workers who make the choice to remain in the labour force by continuing to eliminate workforce barriers.

"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.

Strategies:

- Encouraging a women-centred 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.
- Working with stakeholders to create a new provincial Women's Health Strategy.
- Providing resources to local governments to ensure that outdoor spaces are designed to provide appropriate physical activity opportunities that are safe and accessible for women and children.
- Expanding the ActNow BC Healthy Choices in Pregnancy program to include strategies that address issues related to mental health and violence against women.

Objective 1.4: Improve early childhood development.

Strategies:

- Integrating health promotion and disease prevention initiatives into the cross-ministry Early Years Plan to improve the health of children from birth to age six.
- Supporting the development and evaluation of 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.

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.
- Implementing Core Public Health Functions to renew and strengthen public health in B.C. by assisting the health authorities in providing effective public health services for British Columbians.
- Developing annual reports on issues such as women's health, Aboriginal health, and drinking water through the Office of the Provincial Health Officer.
- 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. The Ministry, in support of the Government's New Relationship with First Nations and the Transformative Change Accord, will continue to work with First Nations to improve health and eliminate the gap in health status between First Nations and the rest of the British Columbia population. The Ministry will continue to work on the priorities identified in the First Nations Health Plan developed in 2006 by the First Nations Leadership Council and the Government of British Columbia.

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.

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:					
• Status Indian:	77.9	68.9	67.0	65.1	63.2
• Other Residents:	51.9	48.2	47.1	46.0	44.9

Data Source: B.C. Vital Statistics Agency.

¹ Reduction in gap data 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 natural 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 age⁷. Injuries kill more children and young adults than all diseases combined⁸. 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.

Strategies

- Leading the development of a provincial Injury Prevention Strategy to provide a comprehensive, coordinated, whole-of-government approach to injury prevention. 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 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.

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.

Strategies

- 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.

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.

⁷ British Columbia Vital Statistics Agency. (2005). Selected Vital Statistics and Health Status Indicators 2005.

⁸ Statistics Canada. (1999). Statistical Report on the Health of Canadians. Ottawa: Statistics Canada. Found at: <http://www.statcan.gc.ca/pub/82-570-x/4064413-eng.htm>

- 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 and vice versa. 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 on policy, guidelines, objectives and standards for ambient air quality across government, public policy development, protection of airsheds and public reporting on air quality. The Ministry of Environment's role is to monitor and report on air quality as it affects ecosystem and environmental health.

Strategies

- Enhancing reporting on ambient air quality in B.C. to inform airshed and other community planning initiatives at the regional level and to enhance local health planning throughout the province.
- Reviewing new measures for assessing the impacts of air pollutants on human health and 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.
- Developing an accountability framework with key stakeholders using a whole-of-government approach to protect air quality across the province and protect human health.

Objective 3.1: 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 implementation and enforcement of the *Drinking Water Protection Act*.
- Evaluating current approaches to drinking water protection in order to identify and address regional and administrative gaps.
- Developing a strategy to identify priority drinking water source areas based on degree of risk. This approach will help ensure the Province is better able to respond to emerging issues impacting water quality.
- Developing a provincial accountability framework with key stakeholders using a whole-of-government approach to protect water quality across the province and protect human health.
- Developing new guidelines, objectives and standards for key water pollutants, pathogens and toxicants to protect water quality.

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	301	275	250

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: Develop regulations, legislation and public policies that 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 assistance to 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 and Excellence in Sport and Recreation

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 strength of the B.C. sport system has significant health, social and economic impacts for the province. The government's annual investment in coaches, athletes, provincial and multi-sport organizations, sport science and medicine, and regional programs for the system as a whole, is 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 and recreation.

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.

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.

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 targeted and varied 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 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 Aboriginals, persons with a disability, girls and women, low income families, seniors, ethnic groups, inactive individuals) through initiatives such as Aboriginal Youth First, BC Seniors Games, SportsFunder and the Sport Participation program.

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.	58%	65.0%	67.4%	69.7% (20% increase from baseline)	72.0%

Data Source: Canadian Community Health Survey.

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)⁹.
- 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 annually¹⁰.
- While many adults are inactive, 80 per cent of adult British Columbians believed that they were active enough to achieve health benefits, including weight control¹¹.
- 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 day¹².

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

- Leveraging the spirit, athletes, volunteers, organization, facilities and public interest from the Beijing Olympic and Paralympic Summer Games into a Healthy Living Olympic Movement that is carried into the 2010 Olympic and Paralympic Winter Games and beyond.
- 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.

⁹ Canadian Community Health Survey Share file, 2003, cycle 2.3.

¹⁰ 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, <http://www.healthservices.gov.bc.ca/prevent/pdf/inactivity.pdf>

¹¹ British Columbia Nutrition Survey – Report on Physical Activity and Body Weight, p.17, March 2004, <http://www.healthservices.gov.bc.ca/prevent/nutrition/index.html>

¹² http://www.phac-aspc.gc.ca/pau-uap/paguide/child_youth/youth/guidelines.html

Resource Summary

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	17,798	14,791	14,791
Population and Public Health.....	43,413	43,647	47,035	47,720
Provincial Health Officer.....	1,113	1,113	1,113	1,113
Executive Support Services.....	6,178	5,937	5,944	6,044
Physical Fitness and Amateur Sport Fund.....	2,300	2,200	2,100	2,100
Total	71,953	70,695	70,983	71,768
Full-time Equivalents (Direct FTEs)				
Sport, Recreation and ActNow BC.....	24	29	29	29
Population and Public Health.....	88	103	103	103
Provincial Health Officer.....	2	2	2	2
Executive Support Services.....	26	26	26	26
Physical Fitness and Amateur Sport Fund.....	-	-	-	-
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Sport, Recreation and Actnow BC.....	280	0,000	0,000	0,000
Population and Public Health.....	0,000	0,000	0,000	0,000

Ministry of Healthy Living and Sport

Core Business Area	2008/09 Restated Estimates ¹	2009/10 Estimates	2010/11 Plan	2011/12 Plan
Provincial Health Officer	0,000	0,000	0,000	0,000
Executive Support Services	0,000	280	280	280
Physical Fitness and Amateur Sport Fund	0,000	0,000	0,000	0,000
Total	280	280	280	280
Capital Plan (\$000)				
n/a	0,000	0,000	0,000	0,000
Total	0,000	0,000	0,000	0,000

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

Ministry Contact Information

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

ActNow BC: www.actnowbc.ca or email: actnow@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