

**Ministry of
Healthy Living and Sport**

**2010/11 – 2012/13
SERVICE PLAN**

March 2010



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Ministry of Healthy Living and Sport
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Message from the Minister and Accountability Statement



It is a pleasure to present the Ministry of Healthy Living and Sport's *2010/11 - 2012/13 Service Plan*. The strategies outlined in this plan reflect my Ministry's continued focus on helping British Columbians live with the best possible health outcomes. We are achieving this by connecting a strong, sustainable public health care system with a focus on health promotion - both physical and mental - disease prevention, health assessment and disease surveillance. Including the added benefit of sport promotion, we are working to not only make British Columbia the healthiest jurisdiction to ever host the Olympic and Paralympic Games, but also encouraging all British Columbian to be their own best health care manager.

With this empowerment, we're moving forward to help British Columbians have the tools to be more informed than ever before about the benefits of good health and the health, personally and in the community in which they live.

The nature of our business means that this Ministry links directly with the Ministry of Health Services and aligns our programs through health authorities and other agencies to provide the health services that help British Columbians achieve their best possible health. Both Ministries work in tandem with our service partners to set policies, standards and provincial goals. The work this Ministry does aims to improve the health of the population and ease the associated demands on the health care system. This includes promoting healthy living (including physical activity, healthy eating, and living tobacco free); protecting health (including setting standards for ambient air and drinking water quality, and ensuring safe food through meat inspection regulations); preventing disease, injury and disability (including immunizations, falls prevention, and fetal alcohol spectrum disorder prevention).

B.C. has a strong provincial sport system that encourages participation in sport and physical activity, and supports athletic achievement. While the delivery of sport programs changes from time to time, the Ministry fosters the continual development of a strong sports system and avidly supports the involvement of children and youth, seniors and elite athletes.

The Ministry of Healthy Living and Sport's *2010/11 - 2012/13 Service Plan* was prepared under my direction, according to the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared and for achieving the specific objectives in the plan. All material fiscal assumptions and policy decisions as of March 2, 2010 have been considered in preparing this plan and I am accountable for achieving the specific objectives outlined within this report.

A handwritten signature in black ink, appearing to read 'Ida Chong', written in a cursive style.

Honourable Ida Chong, FCGA
Minister of Healthy Living and Sport
February 10, 2010

Message from the Minister of State and Accountability Statement



Having just hosted a successful 2010 Olympic Winter Games and on the eve of the Paralympic Winter Games, British Columbians are celebrating the great strides we've made toward becoming healthier individuals and building stronger communities through increased physical activity, healthier eating, reduced smoking rates and healthier pregnancies.

Through the Province's healthy living initiative, ActNow BC, British Columbia continues 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. We have also had the lowest obesity rate in Canada for over a decade and we have the highest physical activity rates for people 12 years and older. Seventy-one per cent of pregnant woman last year received coaching about alcohol consumption during pregnancy, exceeding our goal of reaching 50 per cent by 2010.

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.

We are also making great strides in other healthy living initiatives. The healthy living message was spread to more than 255,000 British Columbians through the ActNow BC Road to Health Community Tour in 2007 and 2008. Action Schools! BC is in over 1,600 schools and reaching over 500,000 students this year. In February 2009, we challenged all British Columbians and people around the world to lead a healthier lifestyle with the launch of the World Healthy Living Challenge. To date, more than 71,000 British Columbians have taken the healthy living pledge, as have people from nine provinces and 39 countries.

B.C.'s Olympic and Paralympic legacy will be built by our province's unparalleled community spirit, along with our pursuit of excellence in sport and our commitment to healthy living. By working with ministries, agencies and partner organizations, we will leverage the 2010 Olympic and Paralympic Winter Games to develop our economic, social, cultural and sport legacies to benefit every community in B.C.

In my role 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 2010/11:

- a) work with relevant organizations in the government reporting entity to ensure that government has met its financial, infrastructure and service commitments for the 2010 Olympic and Paralympic Winter Games;
- b) Work with the Deputy Minister's Committee on Public Service to ensure Government is meeting its commitment to provide an offer of placement to the 2010 Winter Games Secretariat staff;
- c) Prepare a final report to Cabinet on the 2010 Winter Games;

- d) lead the implementation of an ActNow BC Five-Year Sustainability Action Plan;
- e) with advice and support from relevant ministries, monitor and report on progress made on initiatives led by relevant organizations in the government reporting entity and aimed at ActNow BC targets;
- f) lead the integrated ActNow BC public engagement strategy to raise awareness and activate British Columbians to make healthy lifestyle choices; and
- g) facilitate partnerships between relevant 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
February 10, 2010

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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, and the Ministry is responsible for leading 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 works closely with all ministries, levels of government and non-governmental partners to assist individuals in making 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.

A strengthened and renewed public health system incorporates both mental and physical health promotion, health protection, disease and injury prevention, health assessment and disease surveillance. Through targeted programs that help maintain and improve health and reduce the risks of chronic disease, the Ministry works to improve the long-term sustainability of the health care system.

The Ministry works in partnership with the Ministry of Health Services to provide leadership, direction and support to health authorities and other service delivery partners, and to set province-wide goals, standards and expectations for effective public health service delivery across the province. Through the development of legislative and policy frameworks such as the *Public Health Act*, the *Drinking Water Protection Act*, the *Food Safety Act*, and the *Community Care and Assisted Living Act*, the Ministry ensures that the health of the population is protected by effective, up-to-date, evidence-based programming.

To promote healthy community environments, the Ministry develops policy and regulations for food safety and food security, and works in partnership with the Ministry of Environment to set standards for air and water quality. Recognising that individuals may have differing needs in terms of their health, the Ministry works to improve health outcomes for key populations including Aboriginal people, seniors and women. Through a proactive population health promotion approach, the Ministry strives to create environments where the healthy choice is the easy choice, support people where they live, learn, work and play, create healthy community behaviours, reduce the incidence of preventable chronic disease and injury, as well as reduce communicable and vaccine-preventable diseases for all British Columbians.

Participation in sport has been shown to have positive health, social, and economic benefits for British Columbians and the communities in which they live. The Ministry contributes to a strong provincial sport system by promoting physical activity and supporting athletic achievement in British Columbia. It fosters the involvement of children and youth in sport, recognizing the advantages of physical activity in healthy child development and positive youth development. Furthermore, the Ministry supports elite athletes in their pursuit of excellence, inspiring healthier living and sport for all.

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

This Service Plan demonstrates a commitment to achieving the Province's Great Goals. It has been developed within a context shaped by the elements affecting health outcomes, and by current economic conditions. In the broadest context, British Columbians experience some of the best health in the nation and the world; however, with an aging population and rising demand in the health care system, it is becoming increasingly important for individuals to lead healthier lives. The Ministry focuses on health promotion, health protection, and disease and injury prevention, because a healthier population creates a solid foundation for a sustainable health care system and provides economic and social benefits for the province.

Health Inequalities

There are several broad underlying factors that affect health outcomes for individuals. The conditions in which people are born, grow, live, work and age, influence an individual's ability to be healthy and are primarily responsible for inequalities in health. For example, people in less advantageous socio-economic circumstances may not be as healthy as those at a 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 the loss of both human potential and productivity.

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 living tobacco free will help prevent the onset of many chronic diseases and their devastating effects.

An 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 one-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

Aboriginal Health

Aboriginal people continue to be challenged by longstanding inequalities in health when compared to other British Columbians. Since 2001, some progress has been made in improving both the determinants of Aboriginal health status and health outcomes; however, significant gaps in health status continue to exist. Evidence shows that advances in education, health, housing and economic opportunities can be made by Aboriginal communities through the application of best practices and the removal of barriers and discrimination. The Ministry is committed to continuing the foundational work of the Transformative Change Accord, and the subsequent First Nations Health Plan and Tripartite First Nations Health Plan. Working with Aboriginal organizations, Aboriginal political entities and Health Canada will result in continuous improvements in both health determinants and outcomes.

Climate Change

Public health risks caused by changing precipitation patterns, increasing temperatures, changing disease pattern distribution and increasing frequency and severity of extreme weather events are all potential consequences of climate change. Vulnerable people, such as seniors, Aboriginal people and pregnant women, are particularly at risk to the health impacts of these changes. The climate changes that will occur in B.C. vary depending on the area of the province and there is uncertainty about the degree of change in each area of B.C.; this means that a comprehensive strategy will be required.

Even with strong, effective mitigation measures, some climate change will occur, and the public health sector will need to respond and adapt to new environmental realities. Furthermore, the activities of other ministries may have impacts on the health sector. For example, by increasing how pedestrian-friendly and walkable cities are, B.C. will likely see reduced emissions paired with a healthier population. The public health sector will need to both quantify the public health effects of climate change and ensure that climate change avoidance measures contribute positively to public health.

“Climate Change is the biggest global health threat of the 21st century”

Managing the Health Effects of Climate Change, Costello, A. et al.

Behaviour Change

Influencing healthy lifestyle habits is complex. There are many societal forces aimed at maintaining or even worsening individual health behaviours that are strong and pervasive. Bringing about meaningful positive healthy lifestyle changes for British Columbians requires the concerted application of evidence-based, multi-sectoral, coordinated actions that are sustained over a number of years. This can only occur by incorporating a whole of government approach to improve health and quality of life and create conditions and environments that support the attainment of good health for the population of B.C. Effective, ongoing and long-term health promotion requires the partnership and coordinated action of all government ministries, non-governmental organizations and the corporate sector. Commitment and sustained efforts over a number of years is needed to raise awareness and influence and support positive behavioural changes that support healthy living at the individual, family and community levels.

Goals, Objectives, Strategies and Performance Measures

Although the Ministry's purpose and focus have not changed since its inception in June 2008, the Goals, Objectives and Strategies have been refined to better reflect strategic outcomes the Ministry is working to influence.

Goal 1: Improved Illness and Injury Prevention.

Objective 1.1: Create a sustainable and effective public health system.

The public health and health care systems share the same goal of maximizing the health of British Columbians. The Ministry helps ensure the sustainability of the health care system by working with the Ministry of Health Services and the health authorities to strengthen public health programming and supporting British Columbians to be as healthy as possible.

Strategies

- Work with health authorities to define, describe and implement a set of essential evidence-based policies, programs and services to strengthen the public health system.
- Develop strategies to ensure there is an appropriate number of trained public health professionals and improve surveillance and information systems to better monitor and respond to population health trends:
 - Improve public health information systems for communicable disease and family health, and integrate cross government systems for environmental health;
 - Develop a plan to ensure B.C. has an appropriate amount of well-trained public health practitioners; and,
 - Enhance Health Assessment and Disease Surveillance to better detect outbreaks and trends for diseases, and monitor and report on population health status through better alignment and coordination.
- Explore opportunities to ensure greater efficiency and sustainability through effective governance and management of public health service delivery.

Population and Public Health

Public health is the organised efforts of society, organizations, and government to protect, maintain and improve the health of the population.

Objective 1.2: Improve overall health for British Columbians.

Strategies

- In close partnership with the Ministry of Health Services and the Ministry of Children and Family Development, work with other partners across government and a variety of sectors to commence implementation of strategies to address mental health and substance use in B.C.
- Implement legislation and policy, and set standards for residential care, assisted living and child day care, that improve the quality of life for children, seniors, and vulnerable populations.
- Develop child and youth health indicators to monitor the health of children and youth in B.C.
- Continue to support the delivery and evaluation of the early childhood screening programs for vision, dental and hearing.

Objective 1.3: Prevent diseases, injuries or disabilities that may shorten life or impair quality of life.

Strategies

- Work with health care providers to identify and practice effective clinical prevention services, aimed at preventing chronic disease and cancer, to be offered in conjunction with regular family physician visits.
- Develop and implement a comprehensive provincial program to prevent falls and fall-related injuries among older British Columbians through effective leadership, standardized fall prevention education, and evidence-based web and media resources for health care providers, family caregivers and those who are at risk for falls.
- Work with partners to prevent injuries in infants, children and youth through initiatives such as Shaken Baby Syndrome Prevention Programs and safe sleeping guidelines.
- Prevent and reduce the incidence of Fetal Alcohol Spectrum Disorder by raising awareness through educational programs, as well as providing counselling and other supports to women to avoid alcohol use in pregnancy.
- Reduce the impacts of tobacco use through prevention, promotion and cessation initiatives such as QuitNow.
- Provide web and telephone-based dietitian services for self care and chronic disease prevention.
- Implement the Produce Availability Initiative to improve the quality and quantity of fruits and vegetables in remote communities.
- Support and promote immunization programs and educational initiatives, such as hand washing practices, to prevent the spread of communicable diseases, including immunizations for children and youth, H1N1 and seasonal influenza and pneumococcal vaccines.

- Work with partners to support the delivery of prevention and harm reduction services, such as needle exchanges for non-vaccine preventable communicable diseases including Hepatitis C and HIV/AIDS.

Performance Measure 1: Rate of Fall-Related Hospitalizations Among Seniors

Performance Measure	2004/05 Baseline	2009/10 Forecast	2010/11 Target	2011/12 Target	2012/13 Target
Rate of fall-related hospitalizations among seniors (per 1,000 population).	15.3	14.7	14.5	14.3	14.1

Data Source: Acute/rehab separations from the Canadian Institute of Health Information Discharge Abstract Dataset. Prepared by: Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, January 2010.

Discussion

Injuries from falls account for 85 per cent of all injuries to seniors and cost the province over \$155 million annually in direct hospital costs. We have known for the past three decades that falls are among the most serious issues facing older individuals. One-third of community-dwelling seniors, and one half of those in residential care, typically experience at least one fall each year. In B.C., this means that an estimated 226,000 older persons will fall at least once in 2010/11.² With the demographic shifting to an older population, preventing falls and fall-related injuries among older individuals will become increasingly important in order to help moderate the associated increases in health care demand.

Over the last decade, B.C. has been recognized both nationally and internationally as a leader in many areas of fall and fall-related injury prevention for older persons. In 2004, a landmark special report by the Provincial Health Officer (PHO), *Prevention of Falls and Injuries Among the Elderly*,³ clearly outlined the burden of falls in B.C., the various ways to identify the older persons at risk, and the scientific evidence for effective interventions. This PHO report built on research and innovative programs that were already underway in the province and further advanced the recognition that fall and fall-related injury prevention must be considered a public health mission as vital as the prevention of communicable diseases.

Injury is the leading cause of death for Canadians between the ages of 1 and 44 years, and the fourth leading cause of death for Canadians of all ages.

Since the release of the PHO report in 2004, there have been numerous collaborative initiatives developed by fall prevention stakeholders within the Ministry of Healthy Living and Sport, the BC Injury Research and Prevention Unit, the five regional health authorities, the BC Fall and Injury Prevention Coalition and the recently established Centre of Excellence on Mobility, Fall Prevention

² Extrapolated from People 34, BC Stats, Service BC, Ministry of Labour and Citizens' Services, 2010.

³ Scott, V., Peck, S., & Kendall, P. (2004). Prevention of falls and injuries among the elderly: A special report from the office of the Provincial Health Officer. British Columbia Ministry of Health.

and Injury in Aging, to respond to and implement actions recommended in the PHO report. These efforts are resulting in measurable differences in fall and fall-related injury trends. Unlike all other Canadian jurisdictions reporting on fall-related injury trends, B.C. data show that over the last decade, there has been a significant reduction in fall-related hospitalization rates among those aged 65 and over. This is a considerable achievement for B.C. and a testament to the dedicated, focused work of fall prevention staff within our health system and communities. These early results show that a sustained, comprehensive approach to fall prevention works.

Performance Measure 2: Tobacco Use Rates for Young Adults.

Performance Measure	2007 Baseline	2009/10 Forecast	2010/11 Target	2011/12 Target	2012/13 Target
Smoking rates for young adults (age 20-24)	18.2%	21.1%	18%	17%	16%

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 year.⁵ 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 year.⁶ Accordingly, reducing smoking rates is a key priority for government.

B.C. has reached its goal of a 14.4 per cent smoking rate for all British Columbians and the Province has the lowest tobacco use rates in Canada and among Organizational for Economic Co-operation and Development (OECD) jurisdictions.

While B.C. has the lowest prevalence rates in Canada, we still have over half a million smokers, with the highest numbers of smokers being among the 25 to 44-year-old age group. In a continued effort to further reduce tobacco use in the province, the Ministry has identified target populations that still have a higher prevalence of tobacco use. Young adults 20 to 24 years of age not only have the highest smoking rate in B.C., they also have the highest rate of quit attempts. Reducing the smoking rate in this age group will bring better health outcomes and reduced health care costs in the future⁷.

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

⁷ BC STATS Tobacco Attitudes and Behaviours Survey Report (TABS) 2008 Final Report, April 2009

Objective 1.4: Create conditions in which people are enabled to live healthier lives by creating well-planned, healthy built environments.

Strategies

- Promote healthy air and water for communities through the development of land use planning strategies, policies and legislation.
- Set air and water health standards, and develop monitoring and public reporting capabilities.
- Harmonize food safety and food security practices to help ensure safe and healthy communities.
- Promote and support the inclusion of healthy public policy within local community planning to create healthier communities and improve the quality of lives for British Columbians.

Performance Measure 3: Drinking Water Source to Tap Assessment

Performance Measure	2009/10 Baseline	2009/10 Forecast	2010/11 Target	2011/12 Target	2012/13 Target
The number of water systems making use of the Comprehensive Drinking Water Source to Tap Assessment Guideline.	0	0	5	10	15

Data Source: Regional health authority data.

Discussion

Safe drinking water is a basic necessity of life and a public health priority in British Columbia. In the 2009/10 Service Plan, the performance measure for drinking water was the “number of drinking water systems on boil water notifications that have been in existence for more than 18 months.” Boil water notifications are a public health protection measure, and are issued when a Drinking Water Officer determines there is a public health risk associated with the consumption of water that may be adequately addressed by boiling the water in accordance with the ‘notice’ prior to consumption.

No water system is fail-safe and a public health risk can arise due to poor water quality conditions, equipment failure or lack of adequate treatment technology to meet changing standards. Therefore, increases or decreases in the number of notifications may reflect changes in water quality, changes in treatment standards or changes in available treatment technology afforded by a water supply system. While the Ministry continues to work to decrease the number of long-term notifications, the 2009/10 performance measure has been replaced with one that better represents progress towards mitigating risks to drinking water in B.C.

The Comprehensive Drinking Water Source to Tap Assessment Guide will be released in its final form in early 2010. It is a tool used by water purveyors to identify, inventory and assess the risks to a drinking water system from source to tap, and to provide recommendations to mitigate those risks. The draft document has been in use throughout the province since 2005, and meets the requirements for an assessment under Part 3 of the *Drinking Water Protection Act*.

The number of assessments that have been completed throughout the province represents both an increase in knowledge about risks and vulnerabilities to local drinking water, and the first step towards taking informed action. By using the number of water systems making use of the Guide as a performance measure, we measure progress towards increasing knowledge and accountability, and improving the management of our drinking water systems. Over time, the assessment process should be incorporated into regular business operations, and the number of systems using the formal Guide will no longer increase.

Completing the entire Guide from source to tap requires a large financial investment. In many cases, the water purveyor may be able to limit the assessment to targeted modules. Thus, this performance measure will include both assessments that are completed from source to tap and those that assess only one part of the drinking water system. Additionally, it may not be reasonable for the Guide to be used by small water systems, due to resource constraints, and while small water systems will be included in the total number of systems using this tool, this performance measure is expected to primarily reflect larger rather than smaller systems.

Goal 2: British Columbians Leading Healthier Lives.

Objective 2.1: Engage other ministries and develop strong partnerships with organizations and external partners to influence healthy living.

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 the private sector.

Strategies

- Strengthen cross government action to ensure the development of healthy public policy that addresses factors that affect health outcomes, by implementing a cross government plan for healthy living.
- Work with private sector partners and non-governmental organizations to expand and deliver programs that further encourage healthy living in all aspects of a community.

ActNow BC was designed to improve the health of British Columbians by focusing on the risk factors associated with chronic ill health: physical inactivity, poor nutrition, tobacco use and alcohol use during pregnancy.

Objective 2.2: Engage and educate British Columbians in practices for living healthy.

Strategies

- Encourage every British Columbian to make a personal commitment to live healthier and develop appropriate tools and resources that build enthusiasm and provide incentives for healthier living.
- Continue to support and enhance programs that target the major risk factors for chronic disease by encouraging healthy eating, physical activity, living tobacco free, and avoiding alcohol during pregnancy, such as ActionSchools! BC and the Health Check BC Dining Program.
- Develop strategies to identify and reduce the rates of problematic alcohol consumption.
- Develop personal engagement and community-based social marketing strategies to drive sustainable behaviour change in every region of the province.
- Develop strategies and regulations to further encourage healthy eating, including reducing sodium and sugar-sweetened beverage consumption.

Performance Measure 4: Fruit and Vegetable Consumption for B.C. Youth

Performance Measure	2003 Baseline	2009/10 Forecast	2010/11 Target	2011/12 Target	2012/13 Target
Percentage of B.C. youth (age 12-19) that eat vegetables and fruit five or more times per day.	41.4%	48.5%	51%	51.5%	51.5%

Data Source: Canadian Community Health Survey.

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

Evidence has shown that consuming more fruits and vegetables during childhood is predictive of more healthful dietary patterns among adults. Therefore, the Ministry is interested in measuring fruit and vegetable consumption for B.C.’s youth as well as the larger population in order to track the impact that early establishment of healthy dietary patterns have over time.

Performance Measure 5: Obesity in B.C.'s Adults

Performance Measure	2003 Baseline	2009/10 Forecast	2010/11 Target	2011/12 Target	2012/13 Target
Proportion of B.C. adults (age 18+) classified as obese.	11.9%	12.9%	12.9%	12.6%	12.3%

Data Source: Canadian Community Health Survey.

Discussion

The prevalence of obese and overweight adults is a growing epidemic globally⁸. According to the 2007/08 Canadian Community Health Survey, 50.9 per cent of Canadians (18 years of age and older) were obese or overweight. Additionally, over the last 25 years, obesity rates among Canadian children and youth have nearly tripled⁹. According to the 2004 Canadian Community Health Survey, among youth aged 12 to 17 years, the measured rate of obesity was 9 per cent and of overweight was 20 per cent. Levels of obesity and being overweight have been measured by self-reporting in subsequent surveys, which has been shown to underestimate rates of incidence.

Although rates for obesity and overweight are usually reported together, obesity is associated with a higher risk of chronic illnesses than overweight. British Columbians have the lowest levels of obesity in the country, significantly below the levels of any other province, and obesity levels across the country continue to rise. While levels of obesity in B.C. have not significantly changed, there is significant room for improvement.

In B.C., obesity is the second-leading preventable cause of death following cigarette smoking. Overweight and obese individuals are at increased risk for a wide range of serious diseases and conditions including hypertension or high blood pressure, coronary heart disease, type II diabetes, stroke, certain cancers (colon, uterine, and breast), osteoarthritis, and other problems. It is estimated that more than 2000 BC residents die prematurely each year due to obesity related illness.

Obesity and being overweight are complex issues due in part to the interplay of physical inactivity, poor diet and genetics. Research shows that obese children are more likely to become obese adults, and that health behaviours become ingrained overtime, therefore priority is given to impacting the health behaviours of children.¹⁰ Initiatives and programs to increase levels of physical activity and healthy eating behaviours are the primary prevention efforts to achieve healthy weights among British Columbians.

⁸ WHO. Global Strategy on Diet, Physical Activity and Health, available at: www.who.int/dietphysicalactivity/publications/facts/obesity/en/

⁹ Statistics Canada. The Daily. Wednesday, July 6, 2005. Available at: www.statcan.gc.ca/daily-quotidien/050706/dq050706a-eng.htm

¹⁰ Sallis, J., Chen, A., & Castro, C. (1995). School-based interventions for childhood obesity. In L.W.Y. Cheung & J.B. Richmond (Eds.), *Child, health, nutrition, and physical activity* (pp. 179-203). Champaign, IL: Human Kinetics.

Objective 2.3: Ensure a provincial legacy that maximizes the health, economic and social benefits of the 2010 Olympic and Paralympic Winter Games.

The success of the 2010 Olympic and Paralympic Winter Games have created unparalleled international exposure for British Columbia, provided the province with new opportunities for investment and business development and helped lay a solid foundation for healthy living. The Province is maximizing these opportunities to ensure the 2010 Olympic and Paralympic Winter Games and their legacy will continue to foster economic benefits and facilitate progress towards a healthier population.

- Continue to work with other ministries and partners building on the spirit of the 2010 Olympic and Paralympic Winter Games to encourage British Columbians to make healthy choices.
- Work with relevant organizations in the government reporting entity to ensure that government has met its financial, infrastructure and service commitments for the 2010 Olympic and Paralympic Winter Games.
- Prepare a final report on the 2010 Olympic and Paralympic Winter Games.

Goal 3: Improved Health for Key Populations.

Objective 3.1: Advance the health of women.

Overall, the health of girls and women in B.C. is among the best in the world. However, disease and illness continue to affect the quality of life of women in ways specific to their gender and life circumstances. 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. The Women's Healthy Living Secretariat is responsible for leading many cross-ministry initiatives, and provides expertise and a women's and children's health promotion perspective for policy development in order to improve health outcomes.

Strategies

- Implement the Provincial Women's Health Strategy, which focuses on actions to improve mental and physical health, encourage healthy living and prevent chronic disease for women in B.C.
- Support healthy pregnancy initiatives for all women by providing information on nutrition and healthy weight, alcohol and tobacco avoidance, and resources for those experiencing violence, in order to improve women's health during and after pregnancy and contribute to healthy birth outcomes, with special consideration of the culture of Aboriginal women.

- Work with partners to support health literacy of British Columbians by providing health information through publications and websites including Baby’s Best Chance Parent Handbook of Pregnancy and Baby Care and the ActNow BC website.
- Develop a report on the health of women through the Office of the Provincial Health Officer.
- Utilize the Baby Friendly Initiative and designation as a strategy in hospitals and community health facilities to support the implementation of standardized breastfeeding education for health authority staff, and achieve the recommendation that infants be breastfed exclusively for the first six months of life.

Performance Measure 6: Breastfeeding Initiation Rates

Performance Measure	2004/2005 Baseline	2009/10 Forecast	2010/2011 Target	2011/12 Target	2012/13 Target
Proportion of women that initiate breastfeeding* in B.C.	71.6%	70.1%	71.0%	72.0%	73.0%
Proportion of women that exclusively breastfeed at six months.	35.3%	35.8%	37.0%	38.0%	39.0%

* Breast Milk Only - Baby was given exclusive breast milk, or expressed breast milk during the hospital stay.

Data Source 1: British Columbia Perinatal Database Registry, Annual Report 2007.

Data Source 2: Canadian Community Health Survey (CCHS), British Columbia

Discussion

Breastfeeding is associated with long-term improved health among both mothers and their infants. Women who breastfeed have reduced risk of ovarian and breast cancer, and tend to return to pre-pregnancy weight faster than those who do not breastfeed. – Breastfed infants have lower rates of ear infections, gastrointestinal infections, eczema and Sudden Infant Death Syndrome (SIDS). Individuals who were breastfed have reduced risk of a variety of chronic conditions, including obesity, in adolescence and adulthood. Economic studies indicate that breastfeeding contributes to substantial savings in health care costs.

Exclusive breastfeeding for the first six months of an infant’s life and continued breastfeeding for two years and beyond is recommended by Health Canada, the Canadian Pediatric Society, Dietitians of Canada, the College of Family Physicians, the Breastfeeding Committee for Canada, and the World Health Organization.

A baseline of 2004/05 was chosen to provide trend information on the rates of breastfeeding. The breastfeeding definitions for the BC Perinatal Database Registry include rates for exclusive, partial and no breastfeeding when infants are discharged from hospital. The database registry reflects the most comprehensive data on breastfeeding. The Canadian Community Health Survey provides data on the proportion of women exclusively breastfeeding at six months. The two data sets provide the ability to identify the shift in breastfeeding rates from initiation to duration at six months. The target

was based on the assumption that continuing to shift the initiation and duration rates in an upwards trend will occur with expansion of the Baby Friendly Initiative designation in B.C. hospitals and community health clinics, as well as with continued supports and resources through public health for women to breastfeed up to two years.

Objective 3.2: Support healthy aging and independence for older British Columbians.

The Province is committed to building the best system of support in Canada for our older citizens. With a rapidly growing and diverse older population, we face many opportunities and challenges that will drive the need to make positive changes in our communities throughout the province. By promoting healthy living, supporting initiatives that increase seniors' independence and creating supportive communities, the Ministry is striving to ensure older adults in B.C. experience the best possible health and quality of life. To support actions in these areas, the Province has established a Seniors' Healthy Living Secretariat, which works across government and with provincial partners to make a real difference in the lives of older citizens, both now and in the future.

Strategies

- Continue to lead the implementation of the Seniors' Healthy Living Framework by working across government and with community partners to create environments and opportunities for healthy, active aging.
- Support the Community Action for Seniors' Independence initiative, in partnership with the United Way, to develop sustainable, community-driven models for providing independence services for seniors.
- Work with partners to create age-friendly communities, through community engagement and awareness building, and the development of tools and resources, such as step-by-step guidelines for local governments and businesses to assess, plan for and create age-friendly communities.
- Work with partners to provide coordinated information resources for seniors such as the Seniors' Information Line.

Changes to our physical and social environments to better support older people can have a powerful impact on mobility, independence, autonomy and quality of life in older age, and will enrich the quest for a healthy lifestyle at all ages.

Objective 3.3: Close the gap in health status between Aboriginal people and the rest of the population in B.C.

In general, the Aboriginal population of BC does not enjoy the same level of good health as other British Columbians. An Aboriginal person is more likely than a non-Aboriginal person to experience diabetes, pneumonia, or HIV/Aids as well as other injuries and diseases and higher smoking rates. The ministry works in partnership with First Nations, Aboriginal health organizations, the federal government, provincial ministries and health authorities to improve the health and well-being of Aboriginal peoples in BC.

Strategies

- Lead the implementation of 10-year Tripartite First Nations Health Plan for the Province of B.C., and the ongoing implementation of the 29-plus action items identified in the plan, in partnership with the First Nations Health Council, Health Canada, and health authorities. These action items are designed to create fundamental change for the improvement of the health status of First Nations people in B.C in the areas of governance, relationships and accountability; health promotion and disease and injury prevention; health services; and performance tracking.
- In partnership with First Nations Inuit Health (Health Canada) and the First Nations Health Council, develop a new structure of governance to increase First Nations involvement in the design and delivery of health services and to promote better integration and coordination of federally and provincially funded health services.
- Develop a report on the health of Aboriginal women through the Office of the Provincial Health Officer.

Performance Measure 7: **Gap in Mortality Rates between Status Indians and Other British Columbians.**

Performance Measure	2005 Baseline	2009/10 Forecast	2010/11 Target	2011/12 Target	2012/13 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: 19.9	Gap: 19.1	Gap: 18.3	Gap: 17.5
Age-standardized mortality rates:					
• Status Indian:	77.9	67.0	65.1	63.2	61.4
• Other Residents:	51.9	47.1	46.0	44.9	43.9

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 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.

Goal 4: A Robust Provincial Sport Sector that Supports Increased Participation and Athletic Achievement.

Objective 4.1: Create more opportunities for individuals to participate in sport in order to be more physically active, healthier and achieve their personal goals.

Sport by its very nature, advances good physical, mental and emotional health, but also inspires excellence, builds strong social networks, improves quality of life and engages communities. The Ministry's role in sport is to support the system's foundation – the organizations, coaches, officials and volunteers – so that it continues to provide safe, accessible and positive sport experiences for British Columbians of all ages, abilities and aspirations. As well, the Ministry, through a “Canadian Sport for Life” approach, invests in targeted strategies to increase participation and personal achievement at all levels of sport, particularly to those populations such as low-income families, Aboriginal people, persons with a disability, rural communities and seniors.

In addition to funding sport organizations and initiatives, much of the Ministry's work to create more sport participation opportunities will be through developing and maintaining partnerships with other Ministries, governments and non-government agencies. In this way we can bring more resources to the sport system and better support participatory and achievement goals. An example of this includes the federal-provincial Sport Participation and Aboriginal Participation bilateral programs; providing ongoing assistance to and promotion of Ministry of Education's Daily Physical Activity requirements in schools; and to the Ministry of Housing and Social Development's Direct Access gaming grant program.

British Columbia has a longstanding tradition of sport excellence and is Canada's most physically active province.

Strategies

- Integrate efforts of the sport and education sectors to improve health and education outcomes for children by providing more opportunities for children and youth to be more physically active through participation in organized sport.
- Support organizations, programs and services such as BC Disability Games, ProMOTION Plus and the Aboriginal Sport Participation program that promote and provide opportunities for all individuals to participate and achieve personal goals in organized sport.
- In partnership with 2010 Legacies Now, provide workshops and resources that support the sport sector in delivering the Canadian Sport for Life model, which provides opportunities for people of all ages to participate in all levels of sport.
- Use the Activity Reporter to identify the benefits of sport by tracking memberships in provincial sport organizations, and mapping activities to health, social and economic data for individuals and communities in B.C.

Performance Measure 8: Physical Activity Rates for B.C. Youth

Performance Measure	2003 Baseline*	2009/10 Forecast	2010/11 Target	2011/12 Target	2012/13 Target
Percentage of B.C. youth (age 12-19) who are active/moderately active during their leisure time	74.1%	74.1%	74.6%	75%	75.5%

Data Source: Canadian Community Health Survey.

Discussion

Physical inactivity, along with poor dietary habits and tobacco use are major contributors to the growing epidemic of chronic diseases and obesity. Participation in sport and physical activity improves health and independence and helps prevent coronary heart disease, stroke and some forms of cancer. Participation in sport can also reduce the risk of developing osteoporosis, hypertension, diabetes, weight problems and obesity.

Research shows there is a direct link between child and youth participation levels in physical activity and lifelong health and personal well-being. The increasing rates of obesity in B.C.’s children and youth are causing considerable concern within and beyond the health sector. In B.C. and other jurisdictions, government and stakeholders are collaborating to promote and support physical activity and healthy eating, with a priority focus on children and youth. This measure supports ActNow BC’s target to improve physical activity rates for all British Columbians. By measuring physical activity rates for B.C. youth, the Ministry can in turn evaluate the effectiveness of targeted programs, such as ActionSchools! BC and the Daily Physical Activity program, and help ensure physical activity is an integral part of life starting at a young age.

Objective 4.2: Create more opportunities for athletes to achieve excellence in sport to inspire greater participation and healthy living.

An individual’s excellence in one facet of life or at the top level of sport often inspires the same in others. When triathlete Simon Whitfield won triathlon’s first gold medal at the 2000 Sydney Olympics and followed up with a silver at the 2008 Beijing, participation in triathlons soared. When Nanaimo’s Michelle Stilwell won a Paralympic gold medal in 2000 as a member of the Canadian wheelchair basketball team and then multiple gold medals in 2008 Beijing games in wheelchair athletics, she showed the world how strong work ethics and dedication can contribute to both team and individual success. And the “Blade Brothers”, Denny and Jay Morrison, show their hometown community of Fort St. John that you don’t have to grow up in a big city to be Olympic and world championship speed skating stars.

These world-class athletes, in their role as ActNow BC Ambassadors, visit local schools and do motivational speeches at business events, and continue to inspire individual and spread their messages about the importance of healthy living, being active, goal-setting and excellence in all areas of life.

The Ministry will support high performance athletes at all levels of achievement through funding for coaching, sport medicine and science professionals (such as those researching and designing

competitive sports equipment), events and training opportunities, all which contribute to athletic success.

Strategies

- Support B.C.'s elite athletes in their pursuit of excellence at all levels through the BC Summer and Winter Games, Team BC, Canadian Sport Centre – Pacific and others.
- Provide funding to coaching organizations, such as the Coaches Association of B.C., to deliver the National Coaching Certification Program and other programs to assist athletes in developing their skills and achieving their full capabilities.

Objective 4.3: Support sport, economic and community development through major events.

As British Columbians and Canadians have seen with the hosting of the 2010 Olympic and Paralympic Winter Games, nothing beats seeing our athletes compete at home. In any given year, thousands of young British Columbians test the waters, fields and courts with their first multi-sport experience at BC Summer and Winter Games, Western Canada Summer Games, Canada Games or North American Indigenous Games and various other world class events.

It is this long, strong tradition of major event hosting that has built this province as a world leader in sport event hosting, provided our athletes with the “home” advantage, and left significant sport, economic and community development legacies in British Columbia.

Strategies

- Support and align hosting opportunities and preparation for events such as the BC Games, 2011 Western Canada Summer Games and 2015 Canada Winter Games with sport development objectives.
- Promote event management excellence in B.C. by sharing knowledge, standards, guidelines and expertise amongst various major events.

Objective 4.4: Increase efficiency, effectiveness and sustainability of the sport sector.

With the end of the 2010 Olympic and Paralympic Winter Games and a challenging global economy, the Ministry and the sport sector now turn their attention to sustainable growth and continuing the momentum and spirit of the 2010 Games. This means employing the best use of the system's incredible resources: coaches, provincial and multi-sport organizations, officials, volunteers, sport technical support, competitions and multisport Games.

In 2010/11, the Ministry's focus will be to support this on various fronts: leveraging resources and building partnerships amongst sport, recreation, community, health, education and other sectors; implementing new models for sport delivery and funding; and focusing on provincial objectives so that the limited resources available yield the maximum possible benefits.

Strategies

- Implement a new, more efficient, effective and sustainable organizational and governance model that will increase access to sport participation opportunities and further encourage excellence in B.C.'s participants, coaches, officials and volunteers.

Resource Summary

Resource Summary Table

Core Business Area	2009/10 Restated Estimates ^{1,2}	2010/11 Estimates	2011/12 Plan	2012/13 Plan
Operating Expenses (\$000)				
Sport, Recreation and ActNow BC	12,165	13,157	13,566	13,566
Population and Public Health	24,845	27,641	27,915	27,945
Provincial Health Officer	1,096	1,131	1,131	1,131
2010 Olympic and Paralympic Winter Games Secretariat	39,509	3,441	0,000	0,000
Executive and Support Services	6,173	6,733	6,833	6,833
Physical Fitness and Amateur Sport Fund	2,200	1,700	1,700	1,700
Total	85,988	53,803	51,145	51,145
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services ³	859	2	2	2
Total	859	2	2	2

¹ “Amounts have been restated, for comparative purposes only, to be consistent with Schedule A of the 2010/11 *Estimates*.”

² The 2009/10 restated estimates reflect a change in funding model for corporately provided operations support such as accommodation, most information technology, freedom of information, corporate accounting services, payroll, and corporate sustainability. Funds previously held in Ministries for these activities were centralized into Shared Services BC, the existing service delivery body for these services.

³ The 2009/10 approved capital allocation in Executive and Support Services includes amounts for the 2010 Olympic and Paralympic Winter Games Secretariat.

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/

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.

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/