Ontario

Results-based Plan Briefing Book 2009-10

Ministry of Health Promotion

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Ce document est disponible en français

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PART I: PUBLISHED RESULTS-BASED PLAN 2009-10

Ministry Overview

The Ministry of Health Promotion's goal is to strengthen and utilize Ontario's capacity to protect and improve the health and wellbeing of Ontarians and to help contribute to the sustainability of our publicly funded health care system. Because health promotion is a shared responsibility, the Ministry works in close collaboration with all levels of government (other provincial ministries and municipalities), non-government organizations (NGOs), private sector and community organizations to create a culture of health and well-being that enables Ontarians to live better lives. In addition, in partnership with Ministry of Health and Long Term Care and the Ministry of Children and Youth Services, the Ministry is supporting the provincial public health system that helps prevent and reduce chronic diseases, injury, addiction and substance misuse.

It is estimated that the province currently spends approximately 39 percent of its total $109B budget on healthcare, out of which approximately half is to treat illnesses that can largely be prevented. For example, about half of all cancer deaths could be prevented by not smoking, eating healthy foods and being more physically active. Smoking alone is responsible for 90 per cent of all lung cancer deaths in men and 80 per cent in women. As the population in Ontario is aging and the demand for healthcare is projected to increase, the provincial challenge is to maintain the current proportion of financial and human resources to provide quality healthcare.

The Ministry's focus on awareness, prevention, early identification and personal responsibility for health will help to reduce the need for intensive, costly treatment interventions and the resultant strain on the healthy care system. By preventing problems from occurring, addressing issues early and creating a healthy and physically active culture, Ontarians will have greater opportunity to live longer, healthier, active and productive lives.

Since its establishment in June 2005, the Ministry has been engaging partners across government and Ontario's communities, to support a healthier and more active province, and building an organization that is increasingly recognized as an important player across sectors, including health, education, etc. While it continues to build on the successes of the past three years, starting in 2009-10 the Ministry begins a transition to a more streamlined, holistic and integrated approach, resulting from the Ministry's own strategic direction review and broad consultations with key industry experts and jurisdictions on national and international best practices in health promotion.

In adopting this strategic and thoughtful shift from previous years, the Ministry is moving away from single focus programs addressing separate risk factors to pooling resources and building partnership across governments, organizations and sectors while so doing, it proposes to deliver programs and initiatives that address multiple risk factors and adds a targeted group-based population health approach to improve health outcomes for children and youth, and high-risk communities (such as: aboriginal; those of low socio-economic

status; and some ethno-cultural groups). The Ministry is also moving away from an early mandate of delivering individual strategies/programs to being a leader in influencing health public policy and shaping the government's health promotion agenda.

Vision, Mission/Mandate

The Ministry's vision is to enable Ontarians to lead healthy, active lives and make the province a healthy, prosperous place to live, work, play, learn and visit. Health Promotion sees that its fundamental goals are to promote and encourage Ontarians to make healthier choices at all ages and stages of life, to create healthy and supportive environments, lead the development of healthy public policy, and assist with embedding behaviours that promote health.

The Ministry's mission is to:

- Champion health promotion in Ontario, and inspire individuals, organizations, communities and governments to create a culture of health and wellbeing.
- Provide programs, services, tools and incentives that will enhance health and wellbeing.
- Make healthy choices easier.
- Harness the energy and commitment of other ministries, other levels of government, community partners, the private sector, the media and the public to promote health and wellbeing for all Ontarians.
- To make Ontario a leader in health promotion within Canada and internationally.

To support MHP's enhanced focus on results and new strategic directions, the Ministry has identified the following five priories in its 2009-10 Results-based Planning process:

(I) Promoting Health and Wellness,

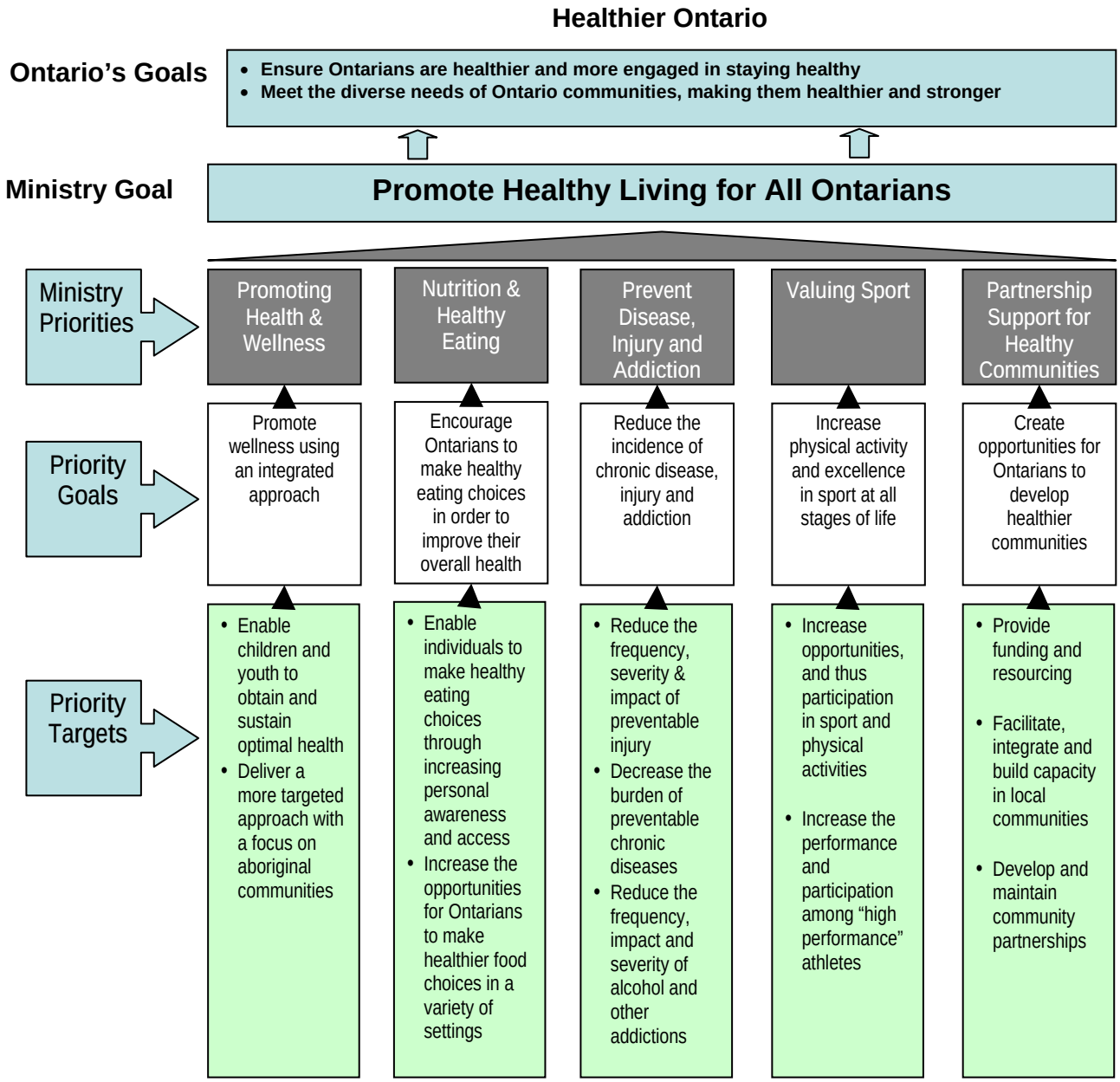
(II) Nutrition/Healthy Eating,

(III) Prevent Disease, Injury and Addiction,

(IV) Valuing Sport,

(V) Partnership Support for Healthy Communities

KEY MINISTRY PRIORITIES AND STRATEGIES



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I. Promoting Health and Wellness

The Ministry has adopted a comprehensive and integrated approach to promoting health and wellness to improve population health outcomes for all Ontarians, with an initial focus on children and youth, aboriginals, and persons of low socio-economic status. The objective is to work in partnerships with other ministries, levels of governments, public health units, community stakeholders and NGOs to improve the health and well being of targeted population groups through establishing a comprehensive and integrated strategy and service delivery.

The Ministry's new after-school initiative is one such example of an integrated approach to defining this part of our mandate (merging sport and recreation, nutrition, mental and physical health with literacy so that children and youth engaged in this program receive the benefit of a holistic community plan and service instead of several piecemeal ones.)

II. Nutrition/Healthy Eating

The Ministry is working to assist consumers to make better food choices across all venues, including workplace cafeterias, grocery stores, restaurants and schools. The objective is to work in partnership with other ministries, the federal government, public health units, family health teams, NGOs, school boards, the food and restaurant industries and registered dietitians to improve nutrition opportunities, provide surveillance and research, and public education and social marketing campaigns. This priority also targets promoting healthier children's eating choices through an engagement with relevant industries on their marketing and advertising approaches. The Ministry is building on its current free of charge EatRight Ontario internet and phone service by further connecting registered dietitians with consumers and health care providers.

III. Prevent Disease, Injury and Addiction

Preventing chronic diseases, injury and addiction lies at the core of both the Ministry's and public health's agenda. The Ministry closely works with and supports Local Public Heath Agencies or Public Health Units in addressing this priority. The work involves coordination, integration and building upon health promotion and chronic disease prevention activities of other ministries and partners across sectors to achieve a seamless approach to prevention and management of chronic diseases. The objective is to continue investing in prevention strategies and initiatives that help manage health care costs and contribute to the long-term sustainability of the provincial health care system. In its efforts to integrate and streamline, the Ministry will embark on establishing new partnerships to leverage existing or potential funding allies and champions in communities where MHP has not traditionally established relationships (e.g., address diabetes prevention in the workplace and among high-risk population groups).

IV. Valuing Sport

The Ministry will continue to support building a culture and continuum of engagement in sport in Ontario by: promoting an active start in life; continuous life-long engagement in sport; and, getting better results from and retaining Ontario's high-performance athletes.

Valuing sport requires a cultural shift within communities, assisted by consistent branding and enhanced attention to the role of sports in healthy development of all children, leading to life long enjoyment and, if desired, to sporting success.

An important initiative that supports this activity is the provincial bid to host the 2015 Pan/Parapan American Games, which will facilitate a heightened community awareness of the value of sport and create a modern and long-lasting sport and recreation infrastructure in the Greater Toronto Area.

V. Partnership Support for Healthy Communities

The foundation of the health promotion model is entrenching processes in planning and priority setting in all communities. Through its community engagement work and leadership the Ministry will build and enable the capacity of community organizations to contribute to the state of local population health.

A Healthy Communities Fund is used as one key mechanism to support the implementation of this priority and it focuses on programming for multiple risk factors, including physical activity and healthy living. Objectives of the Fund are to: (1) provide funding support to provincial and community organizations to deliver an integrated health promotion approach based on common objectives; (2) create a cultural shift and challenge the health promotion sector to work in a more integrated fashion across multiple risk factors; (3) develop new and/or stronger partnerships between community organizations; and (4) provide a “one window”/streamlined approach for these groups to apply for the Ministry’s funding.

Highlights of Achievements

In 2008-09, MHP has strengthened its accomplishments by further reducing tobacco consumption through compliance with the *Smoke Free Ontario Act*; promoting excellence in sport through Quest for Gold and physical activity through the Communities in Action Fund program; supporting healthier food choices/eating by expanding the Northern Fruit and Vegetable pilot program, and working with other ministries to ban junk food from school cafeterias and vending machines; and developing a comprehensive chronic disease prevention and management strategy. In addition, to date the Ministry has launched and/or implemented a number of new initiatives:

- A comprehensive Diabetes Prevention Strategy in cooperation with the Ministry of Health and Long-Term Care. This program aims to reduce the impact of diabetes in high risk communities through targeted interventions in community centers, hospitals and workplaces.
- Child and Youth After School Strategy (part of the government’s Poverty Reduction Strategy). Once fully implemented, the strategy will provide after school services to up to 28,000 children and youth initially targeting priority communities/population (e.g. children in poverty, aboriginal communities, newcomers).
- Development and promotion of a provincial bid to host the 2015 Pan/Parapan American Games in the Greater Golden Horseshoe (GGH).

- Replacement of the 1997 Mandatory Health Programs and Services Guidelines (MHPSG) with a new Ontario Public Health Standards (OPHS) effective January 1, 2009. The new standards were developed and implemented in conjunction with MOHLTC and MCYS as part of an overall strategy to rebuild public health capacity within the province.
- Expansion of the Children In Need Of Treatment (CINOT) program to increase coverage to children from low-income families until their 18th birthday, as well as offer out-of-hospital general anaesthetic for children five years of age and older (part of the government's Poverty Reduction Strategy and Paediatric Wait Times Strategy).
- Amendments to the *Smoke-Free Ontario Act* through the *Smoking in Motor Vehicles* legislation that bans smoking in motor vehicles while a person under 16 years old is present; and the Tobacco Display Ban, which introduced new restrictions on how tobacco products can be displayed, handled and promoted in a retail store. Bill 124 (further amendments that capture cigarillos) will be implemented upon proclamation.

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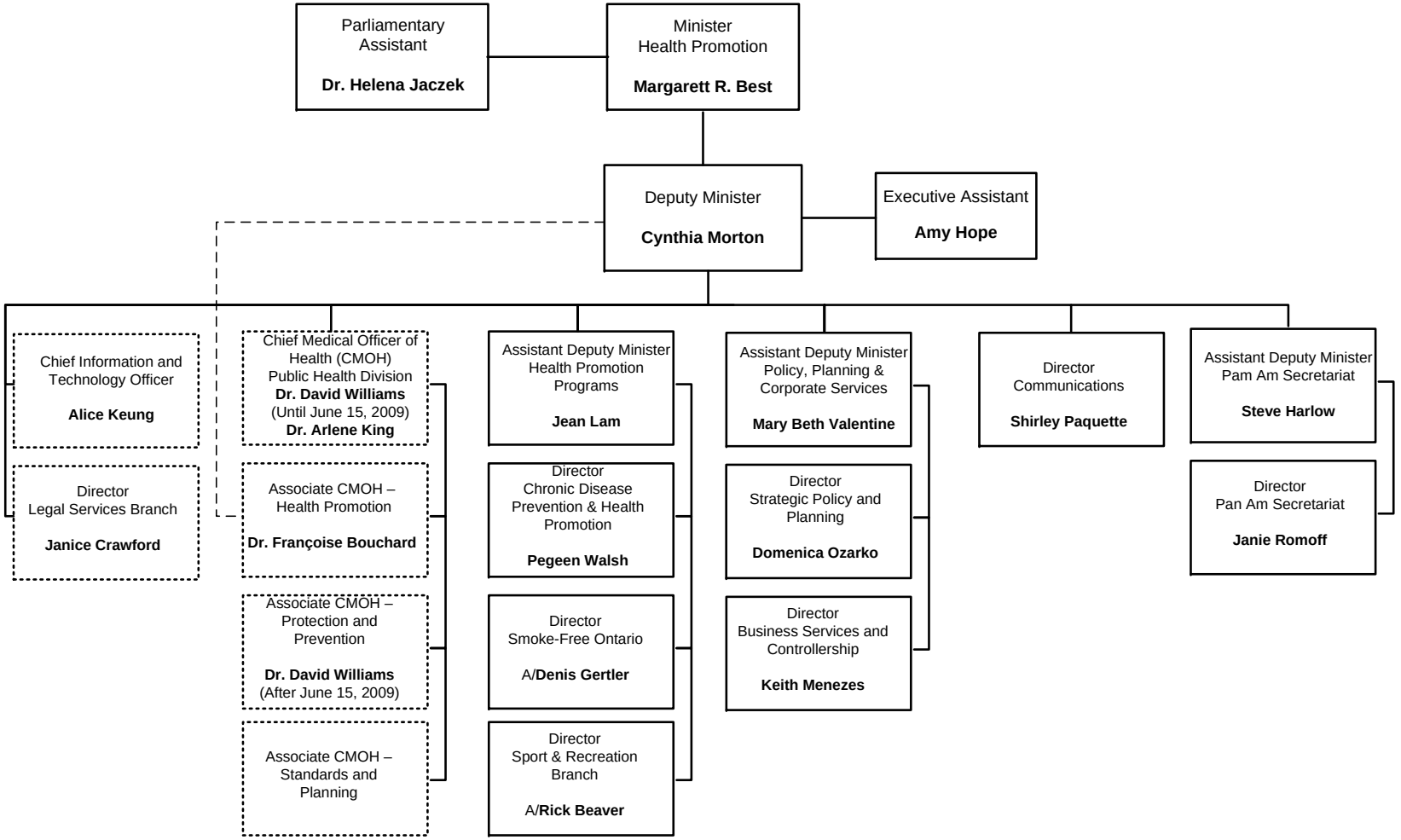
Ministry Organization Chart

Ministry of Health Promotion



April 2009

Legislation

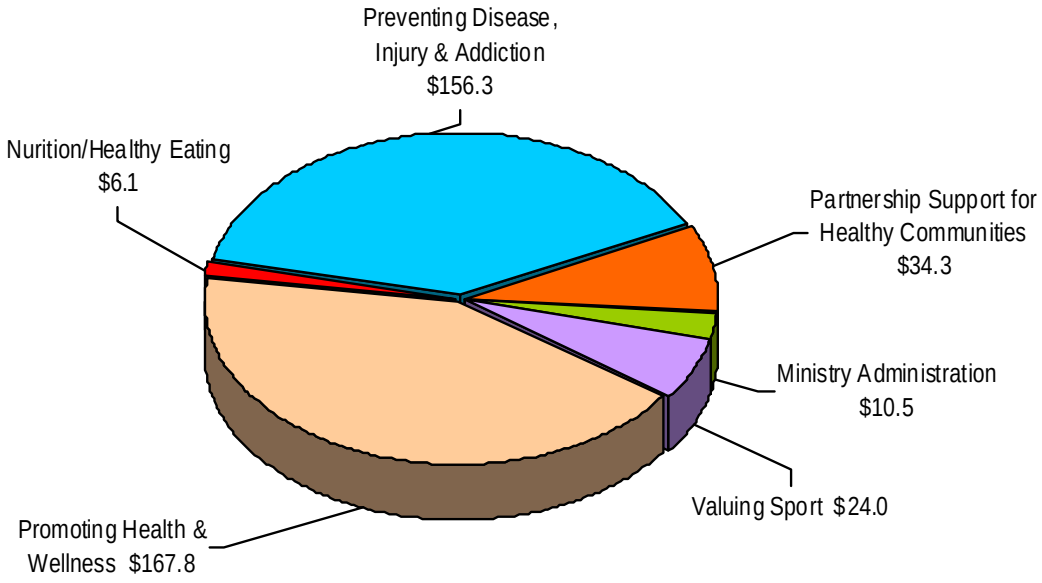
The Ministry is responsible for the following statutes:

- *Community Recreation Centres Act*, R.S.O. 1990, c. C.22
- *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, section 7, in so far as it relates to the following mandatory health programs and services: Chronic Disease Prevention, Injury Prevention including Substance Abuse Prevention, Child Health and Reproductive Health, as described in guidelines published under section 7, and any other provision of the Act in so far as it relates to the administration or enforcement of section 7 respecting those programs and services
- *Ministry of Health and Long-Term Care Act,* R.S.O. 1990, c. M.26, in so far as it relates to health promotion
- *Ministry of Tourism and Recreation Act,* R.S.O. 1990, c. M.35, in so far as it relates to activities and programs respecting recreation
- *Smoke-Free Ontario Act,* S.O. 1994, c. 10, as amended.

MINISTRY FINANCIAL INFORMATION

The following chart depicts the ministry's investment in 2009-10 in the priorities.

Ministry Allocation of 2009-10 Base Spending ($ Millions)



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MINISTRY OF HEALTH PROMOTION

The Ministry of Health Promotion's goal is to promote health for all Ontarians and create healthy communities. The Ministry works with other provincial ministries, all levels of government and community partners to develop and implement strategies and policies that promote a culture of healthy and active living, which will contribute to the sustainability of the province's health care system. Programs are aimed at preventing chronic disease through public education, supporting healthy eating, physical activity, and smoking prevention and cessation. The Ministry is also responsible for supporting amateur sport participation and athlete performance excellence. Community-based programming lies at the heart of the Ministry's efforts to positively affect the determinants of health.

Table 1: Ministry Planned Expenditures 2009-10 ($M)

Operating	393.2
Capital	6.5
TOTAL	399.7

Ministry Planned Expenditures by Program Name 2009-10 ($M)

Program Name	Ministry Planned Expenditures
Ministry Administration	10.6
Health Promotion Programs	389.1

Table 2: Operating and Capital Summary by Vote

Votes-Programs	Estimates 2009-10 $	Change from Estimates 2008-09 $	Change %	Estimates 2008-09 $	Interim Actuals * 2008-09 $	Actuals 2007-08 $
OPERATING AND CAPITAL						
Vote 4201/ Ministry of Health Promotion	399,669,300	(386,600)	(0.1)	400,055,900	390,344,178	372,226,684
Total Including Special Warrants	399,669,300	(386,600)	(0.1)	400,055,900	390,344,178	372,226,684
Less: Special Warrants	--	- -	--	--	--	--
Total to be voted	**399,669,300**	**(386,600)**	**(0.1)**	**400,055,900**	**390,344,178**	**372,226,684**
Special Warrants	--	--	--	--	--	--
Statutory Appropriations	64,014	-	0.0	64,014	64,014	168,361
Ministry Total Operating & Capital	399,733,314	(386,600)	(0.1)	400,119,914	390,408,192	372,395,045
Consolidations & Other Adjustments	(3,832,600)	2,649,800	(40.9)	(6,482,400)	(11,391,000)	(8,682,877)
Total Including Consolidation & Other Adjustments	**395,900,714**	**2,263,200**	**0.6**	**393,637,514**	**379,017,192**	**363,712,168**
Assets Ministry of Health Promotion	500,000	--	0.0	500,000	500,000	500,000
Total Assets to be Voted	**500,000**	**--**	**0.0**	**500,000**	**500,000**	**500,000**

* Estimates for the previous fiscal year are re-stated to reflect any changes in ministry organization and/or

program structure. Interim actuals reflect the numbers presented in the Ontario Budget. Note: Commencing in 2009-10, the Province's minor and moveable Tangible Capital Assets (mTCA) are capitalized on the prospective basis. Direct comparison for mTCA between 2009-10 and earlier years may not be meaningful.

For additional financial information, see:

http://www.fin.gov.on.ca/english/budget/estimates/
http://www.fin.gov.on.ca/english/budget/paccts/
http://www.fin.gov.on.ca/english/budget/ontariobudgets/2009/

or

http://www.mhp.gov.on.ca/english/resultsplan/results-09-10.asp

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APPENDIX: ANNUAL REPORT 2008-09

2008-09 Annual Report

The Ministry of Health Promotion was established in June 2005 to help Ontarians lead healthier lives by delivering programs that promote healthier choices. The Ministry is a leader and champion of health promotion and chronic diseases and injury prevention for all Ontarians. We are committed to developing and implementing policies and programs that will enable individuals, families and communities to live healthy, active and safe lives. We are also committed to working closely with our partners in government and across sectors to develop and influence policies, programs and practices that impact the health of all Ontarians.

Our priorities in 2008-09 – Support Public Health; Chronic Disease Prevention; Obesity Strategy/Promote Healthy Eating and Active Living; Sport and Athlete Development; and Mental Health and Addiction Prevention – formed a comprehensive approach to health promotion and chronic disease prevention. Our partners in public health, and national, provincial and community organizations provided front-line leadership for the planning, delivery and integration of these key initiatives.

In 2008-09, the Ministry of Health Promotion continued to focus on key commitments and initiatives to move forward with several significant accomplishments. These efforts represented a dramatic shift in government's approach to caring for the health of Ontarians. By working with its partners to heighten public awareness of health and chronic disease prevention, the Ministry is contributing to the following objectives that are linked to the Social Determinants of Health as identified by the World Health Organization (WHO):

- Increased access to and levels of physical activity and sport participation;
- Increased awareness and adoption of healthy eating practices;
- Increased access to quality after-school programs;
- Increased awareness of Type II diabetes within high-risk populations;
- Increased awareness of the harm associated with tobacco use/substance misuse;
- Increased awareness of how to reduce or prevent injuries;
- Increased youth resiliency; and
- Improved collaboration among community partners.

The following highlights of achievements in 2008-09 demonstrate how working in partnership we can help shape the broader health promotion agenda and give Ontarians the opportunity to make informed and positive choices about their health.

Creating a Smoke-Free Ontario

Tobacco use is the number one cause of preventable disease and death in Ontario, killing over 13,000 Ontarians every year. Tobacco-related diseases directly cost the Ontario

economy $1.6 billion for health care annually, resulting in a further $4.4 billion in productivity losses and accounting for at least 500,000 hospital days each year.

The government's Smoke-Free Ontario Strategy was launched in 2005 and received widespread support. It is a comprehensive strategy, incorporating policy change, legislation and direct programming to prevent and reduce tobacco use, and protect Ontarians from involuntary exposure to second-hand smoke. The *Smoke-Free Ontario Act* became effective on May 31, 2006.

AMENDMENTS TO THE SMOKE-FREE ONTARIO ACT

To further protect Ontarians from the dangers of tobacco use, the following two amendments were introduced to the SFO Act:

- Tobacco Display Ban: On May 31, 2008, a full ban on the display of tobacco products at point of sale came into effect.
- Smoking in Motor Vehicles: In March 2008, the Premier announced the government's intention to introduce a new Ontario law that would ban smoking in motor vehicles with children present. Second-hand smoke in motor vehicles can be up to 27 times more concentrated than in a smoker's home. Children exposed to second-hand smoke are more likely to suffer Sudden Infant Death Syndrome, acute respiratory infections, ear problems, and more severe asthma.

  This new law, which prohibits persons from smoking in motor vehicles with children under 16, came into effect on January 21, 2009. Under the law, a driver or passenger smoking in a motor vehicle, while someone else under the age of 16 is present, is committing an offence, and can be fined up to $250.

On December 10, 2008 Bill 124, an Act to Amend the Smoke-Free Ontario Act with Respect to Cigarillos, received Royal Assent. The Bill amends the SFOA to prohibit the sale of cigarillos in packages of less than 20, and prohibits the sale of flavoured cigarillos.

While continuing the implementation of the SFO Strategy as per the government's direction, the Ministry is reporting the following achievements:

- In a relatively short time, we have implemented one of the most comprehensive smoke-free strategies, including the Smoke-Free Ontario Act as amended, which is the most aggressive of its kind in North America.
- With the advice and support of our partners, we have embarked on the next phase of planning to keep the SFO Strategy viable and forward-looking, including how we manage tobacco use in the broader context of chronic disease prevention.
- Working in partnership with the Ministry of Community Safety and Correctional Services and the Ontario Police College, we have developed educational materials to support enforcement of the Smoking in Motor Vehicles Amendment by Ontario Police services.

- In partnership with the public health units across the province, we are developing and implementing a comprehensive electronic Tobacco Inspection System (TIS).

SMOKING STATISTICS

During the year, the Ministry continued with its strategy to battle smoking: to prevent youth from starting to smoke; protect the public from second-hand smoke and to help smokers quit and give them the support they need.

Ministry programming has engaged over 600 youth annually in public education and policy change activities to build self and peer resiliency and community capacity to reduce tobacco use; provided smoking cessation services to over 58,000 smokers through hospital and community-based programming to facilitate quit attempts; and increased the capacity of local communities to plan and act collaboratively to prevent chronic diseases and illness.

The combination of public education, tobacco control legislation, and support to smokers who want to quit has led to a 31.8 per cent decrease in tobacco consumption between 2003 and 2006; that means 4.6 billion fewer cigarettes were smoked. Our efforts to curb youth smoking are also working. A 2007 Survey conducted by the Centre for Addiction and Mental Health indicates that 72 per cent of students in grades 7 to 12 reported never smoking a cigarette in their lifetime. That is a 15 percent increase from 2003.

Obesity/Healthy Eating and Active Living/Diabetes Strategy

Following a reduction in the use of tobacco, healthy weights are seen as the next most significant and complex problem in tackling, preventing and managing chronic disease and helping to manage health care costs. The Ministry is making significant investments to support an integrated approach to good nutrition and physical activity, as well as prevention and reduction of the incidence of childhood obesity.

The Ministry continues to deliver the following programs: EatRight Ontario (ERO) Dietitian Advisory Service, which is in its second year of implementation; Northern Ontario Fruit and Vegetable pilot program; NutriSTEP (Nutrition Screening Tool for Every Preschooler); EatSmart! in recreation centres and workplaces; School Health Environment Survey (SHES); and Healthy Schools Recognition Program.

Through its Communities in Action Fund (which beginning 2009-10 will become part of the Healthy Communities Fund), the Ministry provided over $9.0M in 2008/09 to more than 287 community organizations for programs that help to increase sport participation and physical activity in the province. By improving opportunities for community sport and physical activity, CIAF helped to remove barriers to participation for children and youth, low-income families, aboriginal people, older adults, women and girls, visible/ethnic minorities and people with disabilities.

The 2008 Ontario Budget set out a plan to address diabetes in Ontario:

> "While it's important to treat illness when it occurs, it's even better to prevent it… And we need to do more to help the one in three Ontarians living with a chronic illness. Over the next four years, we plan to launch a battle against such illnesses, starting with diabetes."

Consistent with the government direction, in 2008-09 the Ministry developed and launched a Diabetes Prevention Strategy comprising of five complementary initiatives:

- High Risk Populations: Community-Based Intervention - provided funding to community organizations to strengthen diabetes prevention in the following priority populations: Aboriginal, South Asian, African descent, Hispanic, and Asian, as well as targeted low-income communities (Peel, Toronto, and Northwest).
- Diabetes Prevention in Health Care (Ottawa Model) - replicated the Model's success in smoking cessation to diabetes prevention by institutionalizing key screening and intervention protocols in the daily practice of health care programming.
- Workplace Diabetes Prevention – in partnership with Toronto and Peel Public Health and in alignment with other ministry initiatives, developed and delivered a comprehensive workplace health promotion programs in select local workplaces.
- EatRight Ontario (ERO): Diabetes Programming and Awareness of Services – implemented enhancements to ERO to better support diabetes prevention in Ontario by adding meal planning tools and culturally appropriate resources, as well hiring staff with expertise in diabetes.
- Risk Factor Campaign Targeting Priority Populations – developed and carried out a public education/social marketing campaign targeting at-risk populations.

Support for Ontario's Public Health System

Ontario Official Local Health Agencies (i.e., 36 public health units across the province) are responsible for local planning and delivery of public health programs and services by administering mandatory health programs under the provisions of the Health Protection and Promotion Act. The Ministry funded the following four mandatory programs[*]:

1. Chronic Disease Prevention – Public health units worked with schools, workplaces, recreational facilities, food service establishments and other community partners to provide programming in support of tobacco-free living, healthy eating, healthy weights, regular physical activity and reduced exposure to ultraviolet radiation.
2. Child Health including Children in Need of Treatment (CINOT) and CINOT Expansion – Public health units administered programs to educate and encourage positive parenting, healthy family dynamics; provided education about the benefits of

[*] Costs of public health programs are split as follows: 75% is funded by the Province, with the remaining 25% funded by local municipal governments.

breastfeeding and related support to new mothers; educated parents about healthy eating, healthy weights, and physical activity; provided screening of children's growth and development and undertook interventions as necessary; and provided oral health screening and administered the CINOT program and its expanded coverage for 13 – 17 year-olds to eligible children and youth.

3. Reproductive Health Program – Public health units coordinated services that provide prenatal care and screening to support healthy pregnancies and carried out public education, consultation and other support programs in schools.
4. Injury Prevention including Substance Misuse Prevention Program – Public health units provided programs and services to reduce motorized vehicle collisions, bicycle crashes, misuse of alcohol and other substances and falls among the elderly.

In 2008-09, the Ministry developed new Ontario Public Health Standards in partnership with the Ministry of Health and Long-Term Care (MOHLTC) with an objective of moving towards standards that are measurable, linked with specific performance measures for increased accountability, and integrated into the Public Health Performance Management Framework

Expanding the Northern Ontario Fruit and Vegetable Pilot Program

The Northern Fruit and Vegetable Pilot project, launched in selected areas of Northern Ontario, is designed to increase awareness and educate elementary school-aged children and their families about the benefits of healthy eating. Now in its third year, more than 12,000 students in 61 schools in the Porcupine and Algoma regions received fruits and vegetables, two times a week. In November 2007, a third-party report on the pilot program provided encouraging results on the substantial benefits for students who had limited exposure to fruits and vegetables, especially those from economically disadvantaged families.

In 2008/09, MHP supported healthier food choices/eating by expanding the Northern Fruit and Vegetable pilot program and worked with the Ministry of Education to ban trans fat in school cafeteria.

Partnered with the Ministry of Education with the Healthy School Recognition Program

The Healthy School Recognition Program was developed in partnership with the Ministry of Education, to promote and celebrate healthy behaviours and practices in Ontario's publicly funded schools. Since its launch in 2006-07, approximately 1,800 schools have accepted the healthy school challenge introducing almost 3,400 new activities. These activities are now online in a database that allows schools to view what types of activities other schools have introduced to address healthy eating and active living.

EatRight Ontario Web Portal and Call Centre Service

In partnership with the Dietitians of Canada, the Ministry continued to provide Ontarians with access to registered dietitians' services and advice. EatRight Ontario is a free service offering evidence-based nutrition, healthy eating advice and menu planning directly from registered dietitians by phone or online. It is available in more than 120 languages.

The Ministry is enhancing the service to strengthen its outreach to key population groups. EatRight Ontario will contribute to important government initiatives, such as:

- Supporting individuals at risk of living with diabetes through specific nutrition advice and resources;
- Acting as a resource for the Ministry of Education and Healthy Foods for Healthy Schools Act initiatives (e.g., school nutrition guidelines and trans fat ban), curriculum resources, as well as the Ministry of Children and Youth Services' Student Nutrition Program;
- Acting as a resource for the Ministry of Agriculture, Food and Rural Affairs' Local Food Initiative; and
- Supporting the implementation of the Ministry's own Afterschool Strategy.

Sport and Recreation

FUNDED SPORT AND RECREATION PROGRAMS ACROSS ONTARIO

The ministry is committed to increasing Ontarians' sport and physical activity participation levels and developing high performance athletes, whose achievements stimulate pride in Ontario and Canada

The Ministry of Health Promotion operates a number of programs that promote participation in sport and provide financial support to the organizations that serve athlete participants. These programs are aligned with the goals and objectives of *ACTIVE2010,* Ontario's Strategy for Sport and Physical Activity. This includes funding to Provincial Sport Organizations and Multi Sport Organizations, the Sport Alliance of Ontario, the Canadian Sport Centre Ontario, and the Coaches Association of Ontario.

AWARDED QUEST FOR GOLD ATHLETE ASSISTANCE CHEQUES AND PROVIDED SUPPORT FOR ENHANCED COACHING, TRAINING AND COMPETITIVE OPPORTUNITIES

The Quest for Gold Program is a $10 million program developed and administered by the Ministry of Health Promotion. It was established to provide additional support to Ontario athletes and is directly related to achieving the Enhanced Excellence goal of *ACTIVE2010*, Ontario's strategy for sport and physical activity, and the Canadian Sport Policy. It provides support to increase the performance and number of Ontario athletes competing at the highest national and international levels, thereby contributing to the improved performance of Canada at international competitions. Under the 2008-09 program, over 1,400 Ontario athletes received $7 million in direct financial assistance from the program. In addition, $3

million was allocated to enhanced coaching, training and competitive opportunities for Ontario athletes.

We are seeing the benefits of our increased investment in high-performance sport. Forty-one per cent of the Canadian athletes at the 2008 Beijing Olympics identified Ontario as their place of residence. This is up from 37 per cent in 2004.

EXPANDED COMMUNITY RECREATION ACTIVATORS PROGRAM IN ABORIGINAL COMMUNITIES

The Community Recreation Activators Program, piloted in 2006-2007, provided four isolated First Nations communities with funding for 'Activators' to develop, mobilize and facilitate local sport and physical activity programs to enhance the capacity of the community to meet its physical activity and recreation needs. In 2008-09, MHP expanded recreation and physical activity opportunities to 15 remote First Nations communities, and implemented an Urban Aboriginal Healthy Living initiative in 16 communities through the Ontario Federation of Indian Friendship Centres. The ministry also proudly supported Aboriginal Team Ontario's participation in the 2008 North American Indigenous Games.

SPORT HOSTING

In June 2006, MHP released an International Amateur Sport Hosting Policy and Implementation Guidelines. Since the Policy was approved, the Province has invested $3.16 million in a number of successful events under the Policy, including two events that occurred in 2008-09.

- $20,000 – 2008 Contender Class World Sailing Championship, Kingston.
- $2 million - 2009 IIHF World Junior Hockey Championship, Ottawa.

The Province has also made $1.15 million in financial commitments to events that will be held in the coming years:

- $950,000 – 2009 10th World Wushu Championship, Toronto; and
- $200,000 - 2010 IBAF World Junior Baseball Championship, Thunder Bay.

Since April 2008, the Ministry, on behalf of the Province, has been working on the development of the bid to host the 2015 Pan/Parapan Am Games in the Greater Golden Horseshoe Area with Toronto as a title city. The Bid Book will be delivered to the Pan American Sport Organization in May 2009, with a decision on the successful host city anticipated in November 2009.

Prevent Illness and Injury

WORKING TOGETHER FOR A SAFER, HEALTHIER ONTARIO

The ministry launched Ontario's Injury Prevention Strategy to help coordinate injury prevention efforts across the province and reduce the frequency, severity and impact of preventable injuries. The strategy has been informed by a dialogue with government ministries and agencies, public health professionals, and leading injury prevention experts.

Reports from leaders in the field of injury prevention have highlighted compelling facts about the rates of preventable injuries in Ontario, and recommended that governments take a leadership role in developing a comprehensive injury prevention strategy to coordinate and integrate efforts and activities across the province.

Table 1: Ministry Interim Actual Expenditures 2008-09

	Ministry Interim Actual Expenditures* ($M) 2008-09
Operating	**376.2**
Capital	**2.8**
Staff Strength (as of March 31, 2009)	**152**

***** Interim actuals reflect the numbers presented in the Ontario Budget