Ontario

Results-based Plan Briefing Book 2010-11

Ministry of Health Promotion

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Ce document est disponible en français

Ontario

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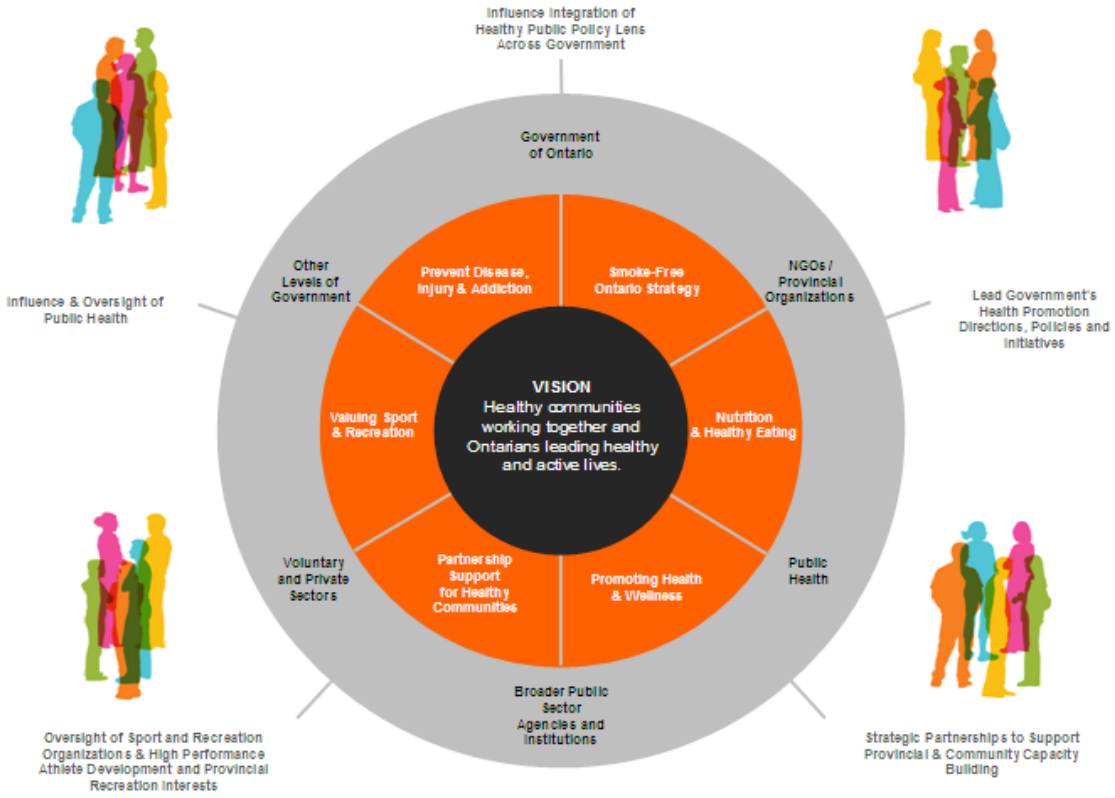
PART I: PUBLISHED RESULTS-BASED PLAN 2010-11

Ministry Overview

The Ministry of Health Promotion's (MHP) goal is to improve the health and well-being of Ontarians and to help contribute to the sustainability of our publicly funded health care system.

MHP is moving forward to achieve its vision of "healthy communities working together and Ontarians leading healthy and active lives." By championing health promotion across Ontario and inspiring partners to create a culture of health and well-being for all, we are building healthy communities that will provide economic benefits well beyond health care savings.

MHP will achieve this vision by focusing on the following core goals and priorities: (1) promoting health and wellness; (2) nutrition and healthy eating; (3) prevent disease, injury and addiction; (4) valuing sport and recreation; (5) partnership support for healthy communities: (6) Smoke-Free Ontario Strategy – see the diagram below.



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Good health is more than the absence of illness. It is leading a balanced life that includes healthy eating, managing stress, getting adequate rest and being physically active. However, not all Ontarians have the resources or opportunities to make healthy choices. Where you live or work; your access to healthy foods and recreation centres; and transportation issues can all have an impact on your health.

Building on our momentum, MHP is taking a more focused leadership role in fulfilling the health promotion agenda by:

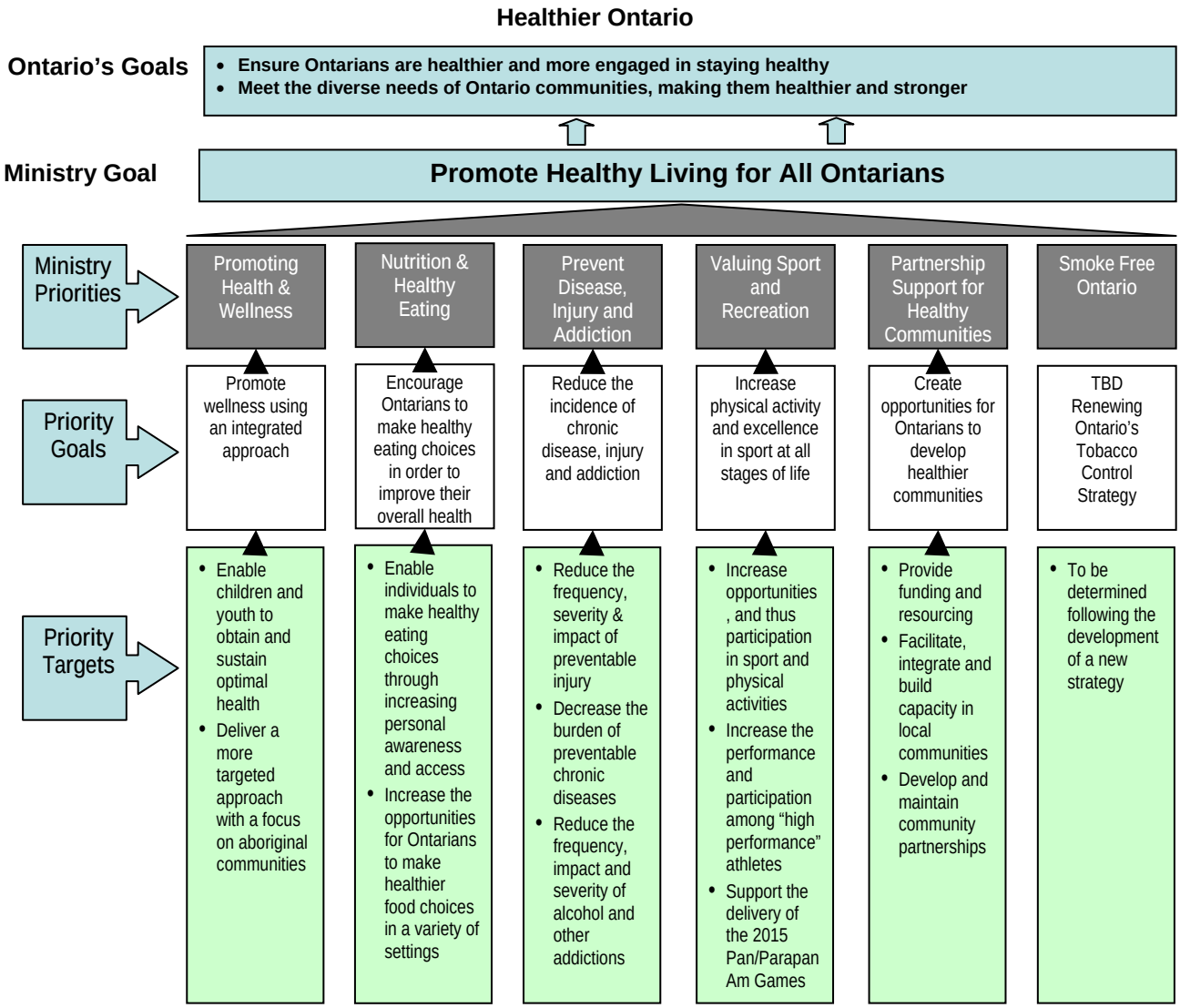
- focusing investments and resources strategically to maximize outcomes that support ministry and government priorities;
- taking a population health approach that focuses on reducing health inequalities among population groups (e.g., low income, Aboriginal) and addressing the social determinants of health (i.e. our health is shaped by a wide range of social and economic factors, including education, income, housing, social support and physical environment);
- directing efforts and supports on communities;
- influencing and leveraging partnerships with stakeholders;
- combining its efforts and approach to address multiple risk factors; and
- strengthening accountability to improve health promotion outcomes.

There is compelling evidence of rising health and social inequality in Canada and Ontario. As such, the ministry is working with the Ministry of Health and Long-Term Care to develop a “Health in all Policies” lens in partnership with a number of ministries in the coming year. Additionally, the ministry will continue to work with ministry partners whose mandate can affect the social determinants of health (e.g. housing, education, transportation, economic development).

Furthermore, MHP will promote and influence stakeholders of partner ministries to focus on a population health approach. Through these efforts, we will contribute to building a creative knowledge-based workforce to support economic growth. Through the ministry’s work to improve the health status of the population by reducing inequalities, it will continue to address multiple risk factors that affect the health of individuals and communities. This will help to ensure the effectiveness of ministry policies and programs, which will reach beyond targeted individual risk factors.

Through its work to maximize outcomes that support ministry and government priorities, the ministry is strengthening its evaluation of programs and initiatives by developing measures, targets and indicators.

The MHP vision and priorities are illustrated in the following chart.



A New Approach to Health Promotion

In 2010-11 the ministry will demonstrate its new approach to Health Promotion through the following key initiatives:

Pan/Parapan American Games: Building on the momentum of the successful bid, the ministry will be proposing a Sport Development Strategy. The strategy will be designed to achieve better results from high-performance athletes and to create healthier communities through additional opportunities for public participation in sport. The 2015 Pan/Parapan American Games will mean thousands of jobs and a legacy of sports facilities throughout the GTA and the Greater Golden Horseshoe.

Diabetes: MHP is leading the prevention component of the government's Diabetes Strategy. The prevention component aims to reduce the impact of diabetes in high-risk populations through targeted interventions in community centres, hospitals and workplaces. In 2010-11, MHP will continue to work closely with Ministry of Health and Long-Term Care to build on existing initiatives and align prevention activities with disease management activities. MHP will explore how to utilize EatRight Ontario (ERO) for people in remote areas who may not have easy access to a dietitian or other diabetes prevention and management support.

Renewal of Ontario's Tobacco Control Strategy: MHP is working closely with traditional and non-traditional partners and stakeholders to review and evaluate our existing strategy and renew its tobacco control strategy. Through the Tobacco Strategy Advisory Group (TSAG) and the Scientific Advisory Committee under the Ontario Agency of Health Protection and Promotion, MHP is engaging a wide range of scientific and technical experts in the areas of tobacco control and chronic disease prevention to provide strategic advice, propose new performance measures and targets, and recommend future directions.

Ontario Public Health: The ministry played a leadership role in creating the new Public Health Standards published in January 2009. The ministry engaged local public health experts and consulted with partner ministries (Ministry of Health and Long-Term Care and Ministry of Children and Youth Services and public health practitioners) to develop Guidance Documents for implementation in 2010-11. The documents will help local boards of health plan and execute their responsibilities under the *Ontario Health Protection and Promotion Act* and the Ontario Public Health Standards.

Ontario's After-School Program: Identified as a key initiative under the governments Poverty Reduction Strategy, Ontario's After-School Program reflects key recommendations of the Review of Roots of Youth Violence Report. The program was launched on October 9, 2009 to provide after-school services to children and youth from grades 1 to 12 in high priority communities/populations, with safe, accessible, active and healthy activities (e.g. physical activity, healthy eating and nutrition, and personal health and wellness). The program reaches children and youth in regions with poor health status, low-income families, newcomers, aboriginal populations, high-crime/gang communities and those living in geographically diverse regions (rural, urban, remote).

Healthy Communities Fund: The Healthy Communities Fund has been set up to create a one-window approach to funding community partnership programs. The fund encourages partnerships and provides support to provincial and community organizations to plan and deliver initiatives that address multiple risk factors for chronic diseases and promote health and wellness.

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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. The fundamental goals are to promote and encourage Ontarians to make healthier choices at all ages and stages of life, create healthy and supportive environments, lead the development of healthy public policy, and assist with promoting behaviours that improve 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 well-being.
- Provide programs, services, tools and incentives that will enhance health and well-being.
- 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 well-being 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 six priorities in its 2010-11 Results-based Planning process:

(I) Promoting Health and Wellness,
(II) Nutrition and Healthy Eating,
(III) Prevent Disease, Injury and Addiction,
(IV) Valuing Sport and Recreation,
(V) Partnership Support for Healthy Communities,
(VI) Smoke-Free Ontario Strategy

I. Promoting Health and Wellness

The ministry has adopted a comprehensive and integrated approach to promoting health and wellness. It is designed to improve population health outcomes for all Ontarians. The initial focus is 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 Non-Governmental Organizations (NGOs) to improve the health and well-being of targeted population groups through comprehensive and integrated strategies and service delivery.

The ministry's new After-School Program is one example of an integrated approach. The program brings together sport and recreation, nutrition, mental and physical health, and literacy so that children and youth engaged in the program receive the benefit of a holistic community plan and service.

II. Nutrition and 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. The ministry also aims to promote healthier eating choices for children by engaging relevant industries on their marketing and advertising approaches. The ministry is building on its free-of-charge EatRight Ontario internet and telephone 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 invest in prevention strategies and initiatives that help manage health care costs and contribute to the long-term sustainability of the provincial health care system. 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 and Recreation

The ministry continues 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.

The successful bid to host the 2015 Pan/Parapan American Games is an important initiative that will complement this strategic direction. The Games will facilitate a heightened community awareness of the value of sport and create a modern and a legacy of sport and recreation infrastructure in the GTA and Greater Golden Horseshoe.

V. Partnership Support for Healthy Communities

Under this priority, MHP supports communities to work together to develop policies, plans and programs that make it easier for Ontarians, especially those at risk of poorest health, to be healthier where they live, work, study or play. MHP has drawn on research that shows that coordinated action among different sectors and effective population-based change strategies can contribute to reducing preventable chronic diseases. It builds on the following elements that have been found to contribute to success: investing in community projects that build on innovation and community assets; mobilizing cross-sectoral partnerships and networks to effect policy change; and providing technical assistance so that communities can access tools, advice support and learn from each other.

MHP is using its Healthy Communities Fund (HCF) to implement this priority and provide this combination of supports. The HCF includes three inter-related components: a Grants Program stream funds health promotion projects, led by local and provincial community groups, that address physical activity, healthy eating, prevention of injury and substance misuse, tobacco control and/or mental health; a Partnerships stream promotes coordinated community planning and mobilization to create policy change and an environment that promotes health; and a Healthy Communities Resource Centre provides training and capacity building on partnership and community development and the sharing of effective strategies to build healthy communities.

VI. Smoke-Free Ontario

Tobacco is the leading cause of preventable disease and death in Ontario accounting for approximately 13,000 deaths each year. The Smoke-Free Ontario (SFO) program is undergoing review and renewal. The SFO Strategy, launched in 2005 has achieved its key objectives; however, significant challenges remain to be addressed. In 2009-10, MHP initiated a process for developing the future of the Government's tobacco control initiatives. With key partners and stakeholders, the ministry is developing a five-year plan for tobacco control in Ontario with new performance targets for the 2010-15 period.

2009-10 Highlights of Achievements

In 2009-10, the ministry added to its growing list of accomplishments by implementing the Healthy Communities Fund and Ontario’s After School Program; promoting excellence in sport through the Quest for Gold program; winning the bid to host the 2015 Pan/Parapan American Games in the Greater Golden Horseshoe (GGH); cooperating with the Ministry of Tourism and Culture to launch the Recreational Infrastructure Canada Program/Ontario Recreational Program in Ontario; creating a Youth Engagement Advisory Group to advise the ministry in establishing and helping to assess new models for engaging Ontario's youth in anti-commercial tobacco initiatives and related issues involving highly correlated risk factors and conditions, and to support new youth engagement initiatives involving broader community partnerships (including Public Health, recreation) and identify supports and resources to facilitate program change.

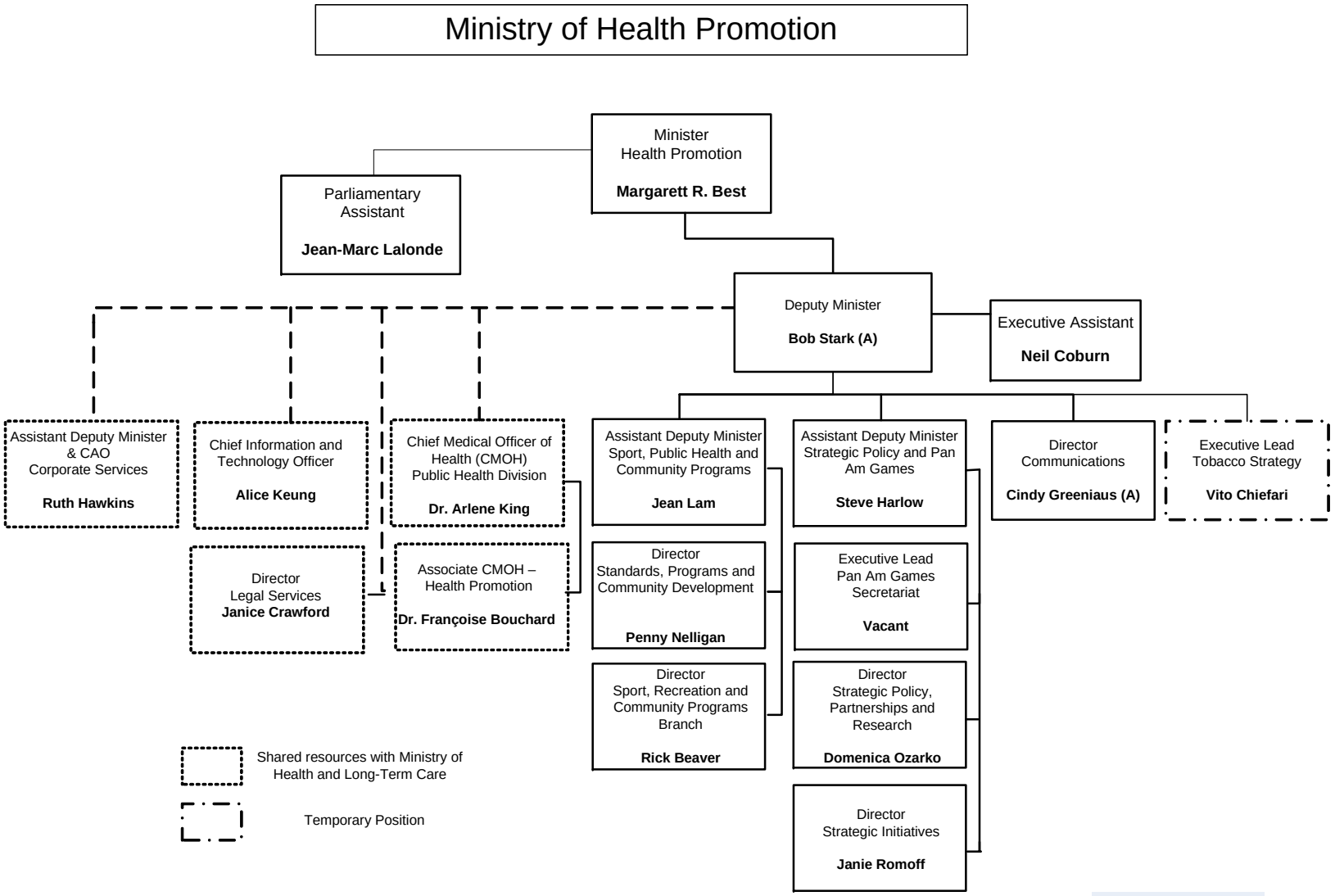
In addition, the ministry has implemented a number of new initiatives:

- Through the Provincial Sport/ Multi Sport (PSO/MSO) Program the ministry funded 62 PSO/MSOs in order to assist them with building capacity and participation in their high performance competitions and to help them develop their athletes and increase athletes outcome.

- Through the Quest for Gold Program, the ministry invested in coaching programs and enhanced training and competitive opportunities for athletes. The program contributed in an increased participation of Ontario athletes on the Canadian teams. 33 of 48 Ontario athletes funded through Quest for Goal participate in the 2010 Winter Olympics and 13 athletes won 7 medals (representing 27% of Canada's medal count). A total of 21 of the 25 paralympian for the 2010 Winter Olympics in Vancouver received funds from the Quest for Gold Program.

- The ministry invested in Aboriginal health promotion programming to expand recreation and physical activity opportunities and a Healthy Living Program.
- 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 (e.g. Aboriginals, South Asians, lower income Ontarians, where prevalence is growing the fastest) through targeted interventions in community centers, hospitals and workplaces.
- Child and Youth After School Program (part of the government's Poverty Reduction Strategy). The program which is targeting priority communities/population (e.g. children in poverty, aboriginal communities, new immigrants), was launched in September 2009, have engaged over 110 organizations serving 16,500 children at over 300 sites across the province.
- Expansion of the Children In Need Of Treatment (CINOT) program to expand coverage to children in low-income families age 17 and under. In the first nine months of 2009, 41,163 children received care at the cost of $11.6 million – double the amount in the same time period in 2008. The program also offer out-of-hospital general anaesthetic for children age five 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.
- Through its Healthy Community Fund, the ministry has made significant investments in over 170 projects to help local partners promote physical activity, healthy eating, injury prevention, tobacco control, substance misuse and mental health promotion.

Ministry Organization Chart



Legislation

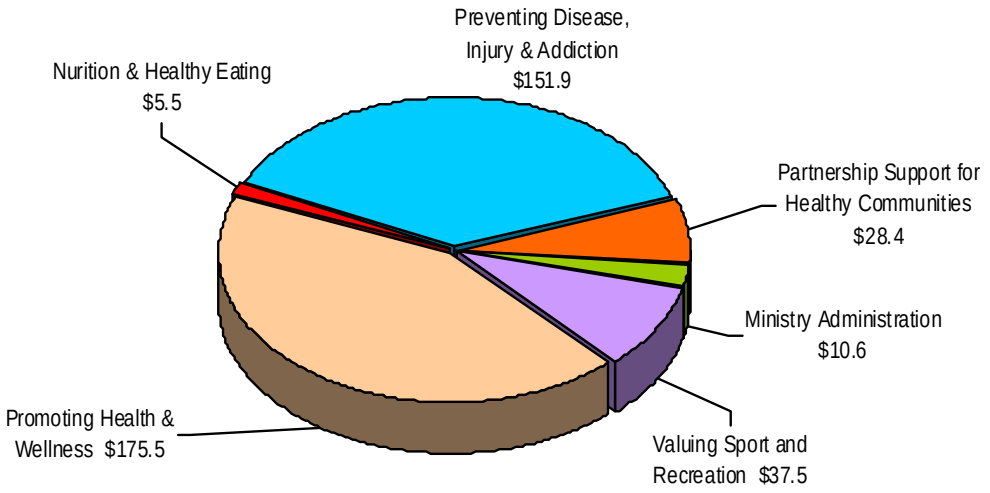
The ministry is responsible for the following statutes:

- *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 2010-11 in the priorities.

Ministry Allocation of 2010-11 Base Spending ($ Millions)



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MINISTRY OF HEALTH PROMOTION

By championing health promotion across Ontario and inspiring partners to create a culture of health and wellbeing for all, the Ministry of Health Promotion is building healthy communities that will provide economic benefits well beyond health care savings. The Ministry of Health Promotion works with other ministries, other levels of government and community partners to develop and implement strategies and policies aimed at preventing chronic disease and that support healthy eating, physical activity, and smoking prevention/cessation. The ministry is also responsible for supporting amateur sport participation and performance excellence. These ministry initiatives support the sustainability of the healthcare system, and are critically linked to the government's overall agenda of a healthy Ontario, strong economy, reduction in poverty and student success.

Table 1: Ministry Planned Expenditures 2010-11 ($M)

Operating	409.4
Capital	358.7
TOTAL	768.1

Ministry Planned Expenditures by Program Name 2010-11 ($M)

Program Name	Ministry Planned Expenditures
Ministry Administration	10.6
Health Promotion Programs	757.5

Table 2: Operating and Capital Summary by Vote

Votes-Programs	Estimates 2010-11 $	Change from Estimates 2009-10 $	Change %	Estimates 2009-10* $	Interim Actuals * 2009-10 $	Actuals 2008-09 $
OPERATING AND CAPITAL						
Vote 4201/ Ministry of Health Promotion	767,988,600	368,319,300	92.2	399,669,300	444,842,512	390,284,072
Total Including Special Warrants	767,988,600	368,319,300	92.2	399,669,300	444,842,512	390,284,072
Less: Special Warrants	--	- -	--	--	--	--
Total to be voted	**767,988,600**	**368,319,300**	**92.2**	**399,669,300**	**444,842,512**	**390,284,072**
Special Warrants	--	--	--	--	--	--
Statutory Appropriations	64,014	-	-	64,014	65,968	65,968
Ministry Total Operating & Capital	768,052,614	368,319,300	92.1	399,733,314	444,908,480	390,350,040
Consolidations & Other Adjustments	(14,293,800)	(10,461,200)	273.0	(3,832,600)	(16,380,917)	(3,832,600)
Total Including Consolidation & Other Adjustments	**753,758,814**	**357,858,100**	**90.4**	**395,900,714**	**428,527,563**	**386,517,440**
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 2010 Ontario Budget.
Note: Commencing in 2009-10, the Province's minor Tangible Capital Assets (mTCA) are capitalized on a prospective basis. Direct comparison between 2010-11, 2009-10, and 2008-09 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/2010/

or

http://www.mhp.gov.on.ca/english/resultsplan/results-10-11.asp

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APPENDIX: ANNUAL REPORT 2009-10

2009-10 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. It is committed to developing and implementing policies and programs that enable individuals, families and communities to live healthy, active and safe lives. The ministry is working closely with its partners in government and across sectors to develop and influence policies, programs and practices that impact the health of all Ontarians.

Ministry priorities in 2009-10 – Support Public Health; Chronic Disease Prevention; 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. 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 2009-10, the Ministry of Health Promotion moved forward on key commitments and initiatives, 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 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 2009-10 demonstrate how working in partnership helps to 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 remains 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[*].

In February, 2010, Health Canada released initial data on smoking behaviours for the first six months of 2008 captured by the 2009 Canadian Tobacco Use Monitoring Study (CTUMS). The results indicate that there is a decline in the number of cigarettes smoked by daily smokers, although, compared to 2008, there has not been significant change in overall smoking behaviour for Ontario's population (aged 15+ years).

Approximately 62 per cent of current Ontario smokers aged 18+ years report that they intend to quit smoking in the next six months, and 32 per cent of current Ontario smokers aged 18+ years of age intend to quit in the next 30 days.

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

1. Tobacco Display Ban: On May 31, 2008, a full ban on the display of tobacco products at point-of-sale came into effect.
2. Smoking in Motor Vehicles: 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.

3. Cigarillos: An amendment to the Smoke Free Ontario Act was passed via Private Members Bill on December 10, 2008. The Bill amended the SFOA to restrict the sale of cigarillos to packages of no less than 20 and prohibits the sale of flavoured cigarillos. The Bill has not yet been proclaimed.

[*] Costs of public health programs receive 100% funding from the Ministry of Health Promotion, to local municipal governments

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Policy and Legislative Initiatives

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

- To further evolve the Smoke Free-Ontario Strategy the ministry has initiated a process to develop a new five-year plan for tobacco control in collaboration with stakeholders and the Ontario Agency for Health Protection and Promotion. The process engages stakeholders through a Tobacco Strategy Advisory Group and the Cessation Action Plan Review Team and examines evidence through the work of a Scientific Advisory Committee convened by the Agency on behalf of MHP.
- Development of Bill 16 (Budget Bill) Amendment to *Smoke-Free Ontario Act* to amend the provincial definition of cigarillos and establish related tobacco controls in harmonization with Federal Bill C32 (An Act to amend the *Tobacco Act*).
- In collaboration with partners, stakeholders and public health units across the province, developing and implementing a comprehensive electronic Tobacco Inspection System (TIS).

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Programming

- Initiated review and renewal of prevention programming to foster broadening of local youth engagement respecting tobacco control, including managing the transition of high profile youth programming.
- Fostered expansion of engagement of young adults in colleges/universities.
- Continued to support smokers to make quit attempts and build smoking cessation system supports.
- Continued to build system capacity through training cessation interveners (approximately 850 trained via the Centre for Addition and Mental Health's Training Enhancement in Applied Cessation Counselling and Health (TEACH)).This programming is available to the French language community.
- Expanded opportunities for smoking cessation interveners by developing and sponsoring specialty courses for Aboriginal cessation and working with under-served populations with co-addictions.
- Expanded the Ottawa Model on Smoking Cessation to 29 hospitals province-wide and built on the model to address correlated risk factors for undiagnosed diabetes.

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 to address in order to prevent and managing chronic disease and help contain 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 Pre-schooler); EatSmart! in recreation centres and workplaces; School Health Environment Survey (SHES); and Healthy Schools Recognition Program.

As a critical component of the Poverty Reduction Strategy, the ministry invested $10 million in Ontario's After-School Program to provide 16,500 children and youth in grades one to 12 with access to safe, active and healthy after-school activities at more than 300 sites across the province. As a result of this initiative children and youth have access to services such as sports and recreation activities, nutrition and wellness education, healthy snacks as well as homework assistance and arts and culture activities.

This new investment provides over 10,000 new spaces for children and youth receiving new after school services. Of these, 4,800 are children and youth receiving additional/expanded after-school services. Almost 60 per cent of sites are located in schools, while others are in community housing, health access centres and recreation centres.

The initial focus of the initiative will be in at-risk communities and populations, including low-income, Aboriginal communities and northern/rural communities. By supporting structured after-school activities in high-needs communities, the ministry is taking an important step toward giving Ontario's children and youth opportunities for a better future.

Through its Healthy Communities Fund, the ministry provided over $16 million in 2009-10 to more than 170 provincial and community-based organizations to help plan and deliver integrated programs that improve the health of Ontarians. This approach to funding provincial and community-based organizations builds on the success of current ministry funding programs and provides more opportunities for local organizations to apply for funding by expanding the scope of eligible health promotion initiatives to include: physical activity, sport and recreation; healthy eating; tobacco use and exposure; injury prevention; substance & alcohol misuse; and mental health. The fund requires increased partnerships among local organizations, resulting in more comprehensive health promotion programs that provide Ontarians with better access to priority health promotion programs and services.

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, the ministry continued in 2009-10 to develop the Diabetes Prevention Strategy launched in 2008-09 and comprised 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 (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 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 eligible to children and youth aged 17 and under.

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

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 2009-10, the ministry continued its effort to implement the 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.

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. More than 12,000 students in 61 schools in the Porcupine and Algoma regions received fruits and vegetables, two times a week.

In 2009-10, MHP continued to support healthier food choices/eating by continuing the Northern Fruit and Vegetable pilot program and working with the Ministry of Education to ban trans-fat in school cafeterias.

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. Over the last three years, since its launch in 2006-07, more than 3,000 schools pledged to undertake more than 6,500 healthy activities. Descriptions of activities and success stories from schools that participate in the program can be found on-line at www.ontario.ca/healthyschools.

EatRight Ontario Web Portal and Call Centre Service

In partnership with the Dieticians of Canada, the ministry continued to provide Ontarians with access to registered dieticians' services and advice. EatRight Ontario is a free service offering evidence-based nutrition, healthy eating advice and menu planning directly from registered dieticians 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 After-School Strategy.

Valuing 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 inspire people across Ontario and Canada. The ministry is working to promote a culture in Ontario which values sport and recreation.

The Ministry of Health Promotion operates a number of programs that promote participation in sport and recreation and provide financial support to the organizations that serve athletes. 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 $10.0 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, contributing to the improved performance of Canada at international competitions. Under the 2009-10 program, over 1,100 Ontario athletes received $6.4 million in direct financial assistance from the program. In addition, $3.6 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, up from 37 per cent in 2004. Ontario athletes made up 23 percent of the Canadian Team at the Vancouver 2010 Winter Olympics, up from 19 per cent in 2006.

INVESTMENT IN ABORIGINAL PROGRAMMING

In 2009-10, the ministry initiated development of comprehensive and holistic health promotion programming with Aboriginal communities, which included expansion of an Urban Aboriginal Healthy Living Program delivered through 19 Friendship Centres providing recreation and physical activity opportunities for First Nations communities; problem gambling awareness programs and prevention of drug and alcohol related injuries. Diabetes prevention programming undertaken through Aboriginal Health Access Centres province-wide was also aligned with new diabetes management initiatives sponsored by the Ministry of Health and Long-Term Care.

The ministry also fostered development of a First Nations Health Promotion Strategy, in partnership with the Chiefs of Ontario and Health Canada, supported development of a First Nations needs assessment respecting after-school programming, and proudly supported Aboriginal Team Ontario's participation in the North American Indigenous Games.

In addition, the Community Aboriginal Recreation Activator (CARA) Program provided 15 isolated First Nations communities with funding for 'Activators' to develop, mobilize and facilitate local sport and physical activity programs. This capacity building initiative supports Aboriginal communities to meet their sport and recreation needs.

SPORT HOSTING

In June 2006, MHP released an International Amateur Sport Hosting Policy and Implementation Guidelines. The policy helps guide the Province's decisions to participate in events and also assists in determining the value of its investment in bids to host sport events in Ontario. The policy covers international amateur sport associated with the international sport federation and games organizations recognized by the International Olympic Committee/International Paralympic Committee.

Since the policy was approved, the Province has invested $4.3 million in a number of successful events, such as:

- $50,000 – 2007 Commonwealth Wrestling Championships, London;
- $25,000 – 2007 FIVB World League Volleyball Events, Mississauga/London;
- $80,000 – 2007 ISAF Volvo Youth Sailing Championship, Kingston;
- $1 million – 2007 FIFA Under 20 World Cup of Soccer, Ottawa/Toronto;
- $20,000 – 2008 Contender Class World Sailing Championships, Kingston;
- $2 million - 2009 IIHF World Junior Hockey Championship, Ottawa (2007-08 & 2008-09);
- $45,000 – 2009 IDSF Senior 1 Standard World DanceSport Championship, Kingston (2009-10);
- $47,000 – Mobility Cup 2009, Toronto (2009-10);
- $950,000 – 2009 10th World Wushu Championships, Toronto (2008-09 & 2009-10);
- $50,000 – 2010 FIS Ski Cross World Cup, Collingwood (2009-10).

The Province has also made $0.2 million in financial commitments to events that will be held in 2010, such as:

- $200,000 - 2010 IBAF World Junior Baseball Championship, Thunder Bay (2009-10).
- $48,000 – 2010 FISU World University Cross Country Championships, Kingston (2009-10).

2015 PAN/PARAPAN AMERICAN GAMES

In November 2009, Ontario won the Bid to host the 2015 Pan/Parapan American Games in the Greater Golden Horseshoe Area (GGHA) with Toronto as the title city. The province will work with all the municipalities in the GGHA to ensure investment opportunities, job creation and tourism throughout the region.

SPORT AND RECREATION INFRASTRUCTURE

In 2009-10, MHP contributed over $190 million to more than 760 sport and recreation infrastructure projects through the Recreation Infrastructure Canada in Ontario and Ontario Recreation program (RInC/OREC) These investments have helped local municipalities, non-profit organizations and First Nations revitalize their arenas, swimming pools, sports fields and trails.

In addition, the ministry provided $15.8 million to the support the renovation and upgrading of 31 Toronto District School Board pools. These pools will be re-oriented and made available for wide community use and to support in-school programs and extracurricular activities.

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 2009-10

	Ministry Interim Actual Expenditures* ($M) 2009-10
Operating	**388.2**
Capital	**56.7**
Staff Strength (as of March 31, 2010)	**159.6**

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