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## **Official Report of Debates (Hansard)**

**Tuesday 5 September 2006**

**Standing committee on  
estimates**

Ministry of Health Promotion

## **Journal des débats (Hansard)**

**Mardi 5 septembre 2006**

**Comité permanent des  
budgets des dépenses**

Ministère de la Promotion  
de la santé

Chair: Cameron Jackson  
Clerk: Katch Koch

Président : Cameron Jackson  
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## LEGISLATIVE ASSEMBLY OF ONTARIO

## ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON  
ESTIMATESCOMITÉ PERMANENT DES  
BUDGETS DES DÉPENSES

Tuesday 5 September 2006

Mardi 5 septembre 2006

*The committee met at 0901 in room 228.*

## MINISTRY OF HEALTH PROMOTION

**The Vice-Chair (Mr. Garfield Dunlop):** Good morning, everyone. Welcome to the standing committee on estimates. Today we have the Ministry of Health Promotion, and Minister Jim Watson is here. We have seven and a half hours to put in today. We'll begin, of course, with the minister. There will be a short luncheon for half an hour beginning at 12 o'clock, right in the room adjacent. A quick lunch will be brought in. I believe the minister may be speaking in French for part of his presentation. On your recorders, French is number one and English is number two. With that, I'd like to begin the proceedings. Minister, if you could proceed for the next 30 minutes with your opening statement.

Ms. Martel?

**Ms. Shelley Martel (Nickel Belt):** I just wonder if I could beg the indulgence of the committee. If there are copies of the statement, could we get that at the start?

**Hon. Jim Watson (Minister of Health Promotion):** It's on its way, Ms. Martel. We moved offices on the weekend.

**Ms. Martel:** Great. Thank you.

**The Vice-Chair:** Thank you very much, Minister. Go ahead, please.

**Hon. Mr. Watson:** Thank you, Mr. Chair and members of the committee. It's indeed an honour to be appearing today before the Legislature's estimates committee. This is a first for me, and I very much look forward to the next seven and a half hours.

I'm joined by my deputy minister, Marg Rappolt; Anita Comella, who is the director of the sport and recreation branch; and on her way is Dr. Sheela Basrur, who is my assistant deputy minister and the chief medical officer of health.

Je suis ravi d'avoir l'occasion de présenter le nouveau ministère de la Promotion de la santé à ce comité, les réussites qu'il a enregistrées jusqu'à maintenant de même que ses projets pour l'année qui vient.

Let me begin by saluting our staff at the ministry and the array of stakeholders we collaborate with. It would be hard to find a more dedicated and talented group of employees and partners, and it is a real privilege to work with them. Those of you who have experience on the estimates committee understand full well the amount of

work that goes into preparing a minister to appear before this committee. As I mentioned, we also moved offices on the weekend to a lower rent district in Toronto, and boxes are everywhere. They've done a tremendous job, and I thank all of the staff who are behind me and beside me.

I'm very honoured to serve as Ontario's first minister dedicated to promote healthy living and illness prevention in the province. Health promotion, as you know, is not a new idea. As defined by the World Health Organization in the Ottawa Charter 20 years ago, "Health promotion is the process of enabling people to increase control over, and to improve, their health." It focuses on the population as a whole in the context of their everyday lives. The McGuinty government shares the commitment of health promotion because it is shared by the people of Ontario, and our goal is better health for everyone.

The Ministry of Health Promotion was created with the intent of looking at the root causes of poor health. If we can find ways to lead Ontarians into healthier lifestyles, we can prevent or delay the onset of chronic diseases, we can create an awareness that may prevent traumatic injuries and, by doing so, we can limit the tremendous toll, both human and financial, from trends that we have seen climb over the past generation.

According to a recent study by the Ontario Medical Association, an epidemic of childhood obesity may lead to the first generation of children who will not live as long as their parents. It is critical that we do all that we can to raise awareness of the benefits of healthy eating and active living—solutions that are as simple as exercising 30 minutes a day and eating healthy, nutritious meals.

Better health is one of our government's top three priorities, along with success for students and a strong economy. We're moving beyond the traditional emphasis on diagnosing and treating illness to preventing disease and promoting wellness. Good health gives us the energy to enjoy life and is fundamental to our quality of life.

Staying healthy is not only crucial to our collective pocketbooks. Illness, disease and death from tobacco consumption exact a tremendous human toll on society. We can quantify the monetary costs, but the human costs obviously go far beyond dollars.

The old adage about an ounce of prevention being worth a pound of cure has taken on new meaning as health care costs rise sharply and the population ages dramatically. Health care funding now consumes 46% of

the provincial budget; 10 years ago, it was 33%. Today, Ontario spends a dramatic \$7 billion annually on hospital, drug and medical costs to deal with diseases that are largely preventable.

Nous devons nous attaquer aux pressions exercées sur le financement de notre système de santé. Notre population vieillit. Nous devons plus que jamais faire en sorte que nos niveaux d'imposition soient concurrentiels. Aujourd'hui, il est essentiel que l'Ontario déploie encore plus d'efforts pour protéger la santé de sa population.

La pérennité de notre système de soins de santé ne peut être tenue pour acquise.

Rising health care costs are a source of concern in Canada. The government's investment in health will grow by an additional \$1.9 billion, to \$35.4 billion in 2006-07, rising to \$38.8 billion in 2008-09.

There are other health care costs that can be managed through health promotion and disease prevention. Obesity, for example, results in \$1.6 billion a year in health care and other costs.

There are huge long-term potential savings in promoting healthy and active living for all Ontarians, especially those who are most at risk. I'm committed to working in partnerships with communities, public health units, volunteer groups, employers and others to make this happen. Health promotion leads to good public health, and good public health is excellent economics.

I believe our ministry has a unique opportunity to lead the critical changes that will secure tomorrow's health. We have taken on programs and responsibilities for healthy living, sports participation and wellness from other ministries. These functions now have one central home in government. This allows unprecedented coordination amongst programs and partners. We're working to harness the energy and commitment of other ministries, other levels of government, the education sector, community organizations, business and the public. I'm firmly convinced that a coordinated, collaborative approach will mean better results for Ontarians.

*Interjection.*

**Hon. Mr. Watson:** I'm on page 7, as the speech comes around.

We're promoting a lifelong commitment to healthy living that includes a combination of avoiding tobacco, practising good nutrition, participating in physical activity and preventing injuries at all ages and stages of life. To do this, we have identified tobacco control, injury prevention, mental health awareness and healthy eating and active living as our priorities.

I'd like to talk about our goals, accomplishments and plans in each of these areas, but first a word about our support for public health units, which, as you know, play a leadership role in health promotion at the community level. My ministry is accountable for four of the mandatory public health programs: chronic disease prevention, reproductive health, child health and injury and substance abuse prevention. Our budget this year includes an additional \$49.9 million to help public health

units deliver these programs that have a direct bearing on health promotion at the local level.

Now let me turn to our ministry's priority areas. At the top of the list is a smoke-free Ontario.

Le 31 mai, comme vous le savez, nous avons franchi une étape importante lorsque la Loi favorisant un Ontario sans fumée est entrée en vigueur.

Voilà plus de 40 ans que le directeur du service de santé publique des États-Unis a mis en lumière les liens de causalité entre l'usage des produits du tabac et le cancer des poumons. Au fil des ans, de plus en plus de maladies ont été reliées à l'usage du tabac.

**0910**

Dr. Sheela Basrur—who has joined us—Ontario's chief medical officer of health, noted that tobacco use is the number one cause of preventable deaths in Ontario, killing more than 16,000 Ontarians every year. That's 44 lives every single day or one life almost every 30 minutes. Exposure to second-hand smoke causes more than 425 deaths in Ontario each year. On top of the death toll is the incalculable toll in suffering endured by all those victims, their spouses, parents, friends and family. It leaves a loss that can never be filled.

A huge void was created a few short months ago when a key spokesperson for the anti-smoking movement passed away. I regret that Heather Crowe, who was an inspirational force behind Smoke-Free Ontario, did not live to see her efforts become the law across Ontario. She really put a human face on the dangers of second-hand smoke.

Heather died this past May following a courageous battle with inoperable lung cancer she developed after working in the hospitality sector for 40 years. She never smoked a single cigarette. Heather became the first successful claimant with the Workplace Safety and Insurance Board to link her type of cancer to a specific workplace.

Since her diagnosis in 2002, Heather was a tireless advocate for banning smoking in enclosed workplaces and enclosed public places. Last December, we created the Heather Crowe Award to acknowledge the efforts of individuals and organizations that promote smoke-free initiatives in their communities, ensuring that Heather's memory will live on and that her courage and pioneering efforts will continue to inspire the next generation of tobacco control activists.

Public health agencies and their allies have been waging war on tobacco for decades. Impressive progress has been made in Ontario and elsewhere. In the mid-1960s, for instance, five in 10 Ontarians smoked. Today, less than two in 10 smoke. This is a war we are going to win; it's just a question of how long it will take and how many more lives will be lost.

In our 2003 election platform, we made a commitment to make all public places and workplaces 100% smoke-free within three years, and we have delivered on this. Shortly after we took office, we set an ambitious target to reduce overall tobacco consumption levels in Ontario by 20% by the year 2007. Our 20% target is within range.

By the end of 2004, tobacco consumption was down by about 10%, and we expect to have the 2005 figures in just a few weeks.

Taking aim at the target, we have implemented the smoke-free Ontario strategy, one of the most comprehensive in North America. We backed our new strategy with resources initially totalling \$50 million and, more recently, in this fiscal year raised it to \$60 million.

Some opponents of our strategy would have you believe that smokers contribute more through tobacco taxes than they cost the health care system. This is a myth, and it's simply not true. The Ministry of Finance estimates that tobacco taxes will amount to about \$1.5 billion for 2006. Tobacco-related diseases, on the other hand, cost the Ontario health care system \$1.7 billion just in direct health care costs, plus another \$2.6 billion in lost productivity. Combined, smoking-related diseases cost the province in excess of \$4.3 billion.

It is clear that we all have a role to play in reducing smoking rates and improving the health of Ontarians, and I'm proud to say that this government is doing its part. Our tactics in the battle against smoking are: to prevent the younger generation from even starting to smoke; to protect everyone from second-hand smoke; and to give smokers who wish to quit the support they need. In three words: prevention, protection and cessation.

The centrepiece of our strategy is the Smoke-Free Ontario Act. This law prohibits smoking in all enclosed public places and all enclosed workplaces to protect workers and the public from the dangers of second-hand smoke. This legislation replaces a patchwork of municipal no-smoking bylaws, and it sets a uniform minimum standard across Ontario.

Smoking is now banned in restaurants, bars, entertainment venues, shopping malls, offices, factories and work vehicles, such as taxis. Designated smoking rooms in restaurants and bars have become a thing of the past. And smoking is prohibited on patios with food and beverage service if they are partially or completely covered by a roof.

The act protects home health care workers from second-hand smoke when offering services in private residences, and it permits residential care facilities to operate controlled smoking areas if they are specifically designated to ensure no one outside the room is exposed to second-hand smoke.

The conclusions of the latest report by the US Surgeon General removes any doubt that we are on the right path if our objective is to protect the health of Ontarians. He said:

"Second-hand smoke exposure causes heart disease and lung cancer in adults, and sudden infant death syndrome and respiratory problems in children.

"There is no risk-free level of second-hand smoke exposure, with even brief exposure adversely affecting the cardiovascular and respiratory systems.

"Only smoke-free environments effectively protect non-smokers from second-hand smoke exposure in indoor spaces."

The act also addresses the fact that we need to stop young people from starting. Studies tell us that if someone doesn't start smoking before they turn 18, the chances are they never will. That's why the Smoke-Free Ontario Act also helps prevent young people from smoking. It strengthens controls on tobacco sales to minors, including new rules on asking for identification.

As well, the law restricts the display of tobacco products in retail outlets. Countertop displays are now banned and behind-the-counter displays will be phased out within two years, and I thank Mr. McNeely for the amendment that he brought forward on that particular issue. If we let stores display cigarettes next to candy bars and gum, it simply sends the wrong message to our youth.

Legislation, of course, is only part of the answer. Our comprehensive smoke-free Ontario strategy also includes awareness campaigns aimed at adult smokers and at youth. For example, a public education campaign called You Have It In You is motivating smokers to kick the habit.

We've also expanded the smokers' helpline through the Canadian Cancer Society. It offers encouragement and counselling to people trying to quit, with support now available after hours and online.

We're particularly excited about the success of [stupid.ca](http://stupid.ca), a campaign created by young people for young people. An award-winning, interactive website is getting the message across to kids in their own terms. It has welcomed more than one million unique visitors since starting up less than two years ago.

I also want to recognize the indispensable role public health units are playing in the smoke-free Ontario strategy with government funding. Health units are responsible for education and enforcement of the new legislation.

Businesses have adjusted well. Our emphasis on education and awareness is working, and implementation of the act is proceeding smoothly. Health units have taken a progressive enforcement approach with initial emphasis on educating tobacco vendors, proprietors, employers, employees and the public.

Our most recent data shows that as of August 15, public health units have conducted nearly 32,000 educational visits and laid only 461 charges since the Smoke-Free Ontario Act came into effect on May 31.

Les inspecteurs des bureaux de santé s'assurent toujours que la loi soit respectée et émettent des avertissements ou des constats d'infraction au besoin, après avoir effectué des visites éducatives.

Ontarians can now breathe easier because of this government's determination to protect the health of its citizens. I should also point out—and I'd be pleased to answer questions—that we're spending a record \$10 million on smoking cessation programs, including \$4 million through the STOP study for the Centre for Addiction and Mental Health, helping over 34,000 residents to quit smoking through nicotine replacement and counselling.

Another modern-day health hazard is obesity. This condition causes a high human toll in chronic disease, as well as a substantial financial burden estimated at \$1.6 billion a year.

I think many of us received a wake-up call when Dr. Sheela Basrur released her report on *Healthy Weights, Healthy Lives* in late 2004. The Canadian Community Health Survey based on more recent figures paints an even bleaker picture. We now know, for instance, that the majority of Ontario adults, 59%, are overweight or obese, and more than one quarter, or 28%, of Ontario children two to 17 years of age are overweight or obese. That's nearly six of every 10 adults and three of every 10 kids with unhealthy weights.

A new survey from the Canadian Medical Association that was released in Charlottetown a few weeks ago has reported that 26% of children under 18 are overweight or obese, but only 9% of parents responding to the survey acknowledged weight problems in their children.

As Dr. Basrur pointed out, obesity has reached epidemic proportions. It has contributed to a dramatic rise in illness, such as type 2 diabetes, heart disease, stroke, hypertension and some forms of cancer. Obesity is rooted in sedentary lifestyles and poor food choices, making it reversible.

That brings me to my ministry's second priority, healthy eating and active living. Our goal includes working with partners to make healthy eating choices easier and increase physical activity participation to 55% by the year 2010.

#### 0920

In January and February of this year, my parliamentary assistant, Peter Fonseca, and I hosted a series of 11 round table discussions in 10 communities across Ontario on healthy eating and active living. The purpose of these sessions was to explore local opportunities for better nutrition and more physical activity and to gain an understanding of local and systemic barriers that stand in the way.

Dans l'ensemble de la province, environ 1 000 parties intéressées ont prêté main-forte, ce qui comprend des intervenants des organisations sportives, des groupes récréatifs communautaires, des groupes communautaires actifs dans le domaine de la santé, du secteur de l'éducation, des bureaux de santé publique, du monde des affaires, ainsi que des professionnels de la santé, des bénévoles et des jeunes.

As a result of these extensive consultations and Dr. Basrur's report, the Ministry of Health Promotion has developed the government's first healthy eating and active living plan, which we unveiled on June 20. Our \$10-million action plan offers new programs and strategies and builds on existing ones to support healthy eating and active living in Ontario. Programs under this plan include a pilot project providing fruits and vegetables to children in selected elementary schools in northern Ontario to help overcome some of the barriers children face in accessing fruits and vegetables; a healthy school recognition program that Mr. Fonseca first

broached about two years ago to recognize schools for their efforts to promote healthy eating and physical activity, encourage them to keep up the good work and to serve as role models for others; and a phone and web-based dietician advisory service to provide individuals, families and health care providers with timely and reliable nutrition information.

The services will be especially important for people in remote areas who may not have access to a dietician. This program has been in place in British Columbia with great success for the last several years.

Dans notre réponse au rapport *Poids santé, vie saine*, nous avons adopté une approche souple qui intègre la nutrition et la vie active.

But let's be clear: Government, and more specifically a provincial government, cannot solve the growing health challenge of poor nutrition and physical activity on its own. Health, sports and recreation organizations, schools and nutrition experts are just some of the other parties that also have to play a role, as do, of course, parents and family members who will play the most important role in the upbringing of children. We will encourage youngsters to spend more time in the playground and less time on video games, and to choose milk over pop and apples over fries, so they begin to develop healthy habits that will last a lifetime. We've already made solid progress that our action plan can build on.

Les élèves des écoles élémentaires ontariennes participent maintenant à un programme obligatoire dans le cadre duquel ils pratiquent chaque jour 20 minutes d'activité physique. Cette nouvelle politique fait partie d'un programme du gouvernement visant des écoles saines, lequel comprend aussi le retour des professeurs spécialisés en éducation physique, la suppression de la malbouffe des distributeurs automatiques dans les écoles primaires et l'ouverture des écoles aux groupes communautaires après les heures de classe.

Another achievement to build on is our Active 2010 strategy, designed to increase Ontario's rate of participation in sport and physical activity. By the year 2010, our goal is to have 55% of Ontarians physically active enough to benefit their health. We're almost there. Currently, 50% of our adult population is physically active.

The communities in action fund is a key piece of Active 2010. In 2006-07, the \$5-million fund will help more than 180 local and provincial not-for-profit organizations, providing enhanced opportunities for physical activity and community sport and recreation. To cite a few examples of how these grants are helping, the Boys and Girls Club of North Bay and District will use the money to provide for 80 female children and youth to participate in the Go Girls mentoring program, designed to encourage physical activity and healthy living. A CIAF grant to the Oshawa Community Health Centre will assist with free summer and after-school recreation and sports opportunities in two high-needs schools and public park locations, and the Nepean Sailing Club will be providing more sailing opportunities for persons with disabilities.

As part of Active 2010, I released the Ontario trails strategy, to get more people out enjoying nature and the physical benefits of hiking through parks, forests and the countryside, walking and cycling in urban settings. The government is investing \$3.5 million over five years to support this strategy. It includes establishing a trails coordinating committee with stakeholder involvement, developing a website to provide easy access to trail information and mapping Ontario trails. It's heartening that the strategy has been enthusiastically received by trail groups across the province.

We also have some other major sport initiatives underway. In January we launched the Quest for Gold pilot program to support Ontario's top amateur athletes. The aim is to increase Ontario's presence and improve our results in national and international competitions. In March, close to 900 high-performance athletes received direct financial assistance, as well as increased access to coaching, training and competitive opportunities.

The highly successful first phase of the Quest for Gold lottery program generated \$2.9 million, 70% of which went to athletes in direct financial support, 20% for enhanced coaching initiatives and 10% for enhanced competitive opportunities. For junior level athletes in Ontario that represents a much-needed cheque for approximately \$2,600 each.

Ontario athletes will receive additional financial support from the government with the launch of game 2 of the Quest for Gold program. Net revenues generated by ticket sales will fund the 2006-07 Quest for Gold program.

Voilà le genre d'aide que nos athlètes doivent obtenir pour atteindre leur plein potentiel et décrocher l'or. Qui plus est, les athlètes qui se surpassent constituent des modèles très positifs en matière de réussite sportive.

Ils inspirent nos jeunes et nous encourageant tous à en faire plus pour être physiquement actifs.

**The Vice-Chair:** Minister, you have about five minutes, by the way.

**Hon. Mr. Watson:** Okay. The launch of game 2 of the Quest for Gold lottery program coincided with the opening ceremonies of the Ontario Summer Games. This year more than 2,500 athletes vied for medals at the 19th summer games, inspiring us all.

I also want to mention our Sport for More program. It is based on a four-year, \$6.1-million agreement with the federal government. It has the laudable goal of increasing sport participation among underrepresented groups such as youth from low-income families, ethnic minorities, women, people with disabilities, older adults and aboriginal communities.

Our government is also supporting the 2009 World Junior Hockey Championships in Ontario with a commitment of \$2 million. This event was awarded to Ottawa in May by Hockey Canada, and most of the events will take place in Mr. Sterling's riding of Lanark-Carleton. We are pleased to have this unique opportunity to welcome the world to Ontario and look forward to working with the

Ottawa community to host the best championships in World Junior history.

The hosting of sports events is not only a win for the host city; it's an investment in sport development and tourism benefiting all of Ontario. Where in the past the province pursued a case-by-case approach to bidding and hosting of sporting events, we now have a sport hosting policy to guide decisions to participate and determine the value of its investment in bids. The policy, which is on our website, will guide us in scoping the province's sport hosting interests, creating clearer rules of engagement between the province and Ontario communities, maximizing the benefits of international amateur sport hosting and minimizing the associated risks for communities and the province.

The policy has been carefully designed to balance the risks of encouragement with the responsibilities of undertaking bidding efforts. That's why another infrastructure initiative that our ministry is supporting is the new soccer stadium at Exhibition Place. Our government has committed \$8 million to the new facility that will host the Under-20 World Soccer Championship next year.

The 20,000-seat stadium is being constructed with the assurance in the agreement that we signed that community groups have significant access to use of the facility for community sports and athlete development. Direct access to sport and recreation facilities is a key component to the success of our strategy to increase participation in sport and physical activity.

Many of the facilities in the province were built as centennial projects and are reaching the end of their useful life. Aging infrastructure that is more than 40 years old cannot meet existing demands, let alone hope to absorb the demands of changing demographics and an expanding population.

It is evident from what is happening in some areas that the lack of sport and recreation opportunities, especially for youth, can have a real, negative effect on communities. Sufficient and accessible positive recreational alternatives for youth are required to support healthy childhood development.

A Parks and Recreation Ontario study estimates that there is a recreation capital deficit of \$5 billion. This number will only grow larger in the coming years if steps are not taken to deal with it.

#### 0930

At the federal-provincial-territorial talks in Regina in 2005, FPT ministers of sport endorsed the need for a national sport and recreation capital program.

I have had discussions with Minister Chong and Minister Clement. We are hosting a meeting at the end of September on this issue in Toronto, and our hope is that our federal counterparts will be there.

Mr. Chair, I'm not sure if I have much more time, but I would like to speak about injury prevention.

**The Vice-Chair:** You have about another three minutes left.

**Hon. Mr. Watson:** It's estimated that every 30 seconds—

**Mr. Norman W. Sterling (Lanark–Carleton):** Mr. Chair, I'd be willing to give him enough time to complete his statement.

**The Vice-Chair:** We'll work it out.

**Hon. Mr. Watson:** Great. There are only five pages. Thank you, Mr. Sterling.

I've skipped over some parts. I apologize.

In injury prevention, it's estimated that every 30 seconds someone will visit an emergency room as a result of an injury that could have been prevented. These injuries account for approximately two thirds of deaths in youth between the ages of 15 and 24. We are also worried about seniors, who represent 13% of Ontario's population, yet account for 37% of injury-related hospitalizations. In our emergency rooms, the rate of injury is highest in young people 15 to 24 years and in adults 65 and older.

The cost of preventable injuries is a further burden on our health care system. Injuries to children alone cost Canada, the health care system, an estimated \$5.1 billion per year.

In the coming months, we'll be developing a provincial injury prevention strategy, a strategy designed to reduce the number, severity and impact of injuries in Ontario. Our goal is to promote awareness and help Ontarians stay safe and healthy as they go about their everyday lives.

As we formulate our strategy, we are collaborating with stakeholders. We've already begun meeting with key stakeholders to consider how our comprehensive injury prevention strategy should be developed and what it should include. By working together, I'm confident we will come up with an effective strategy that will make our community safer and our people healthier.

The government also recognizes that there cannot be overall health without mental health. Therefore, we've included the promotion of mental health and the prevention of addictions as a key priority for MHP.

The ministry is in the very early stages of reviewing research and engaging with key stakeholders to develop a mental health promotion strategy. It will build on our existing strategy of healthy eating and active living, and recognize that community recreation and sport all need to be key components.

We are beginning to work with other ministries and community partners to develop a coordinated mental health promotion agenda. Our health promotion agenda is broad, its importance undeniable.

If I could refer back to the Ottawa charter for a final thought, one passage says, "Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members."

The message about society creating the conditions for health is an essential one. Individuals, for example, may want to eat more nutritious food but may not have easy access to fresh fruits and vegetables.

Health promotion involves more than personal choices; it involves broader social determinants of health. Cela montre que la promotion de la santé est l'affaire de nombreux secteurs et de nombreux ministères.

Nous créerons une vision commune pour la promotion de la santé au sein du gouvernement et nous trouverons les meilleurs moyens pour que les ministères collaborent ensemble à promouvoir la santé.

For far too long, we as a society have put too much emphasis on treating sickness instead of promoting wellness. My job and the job of my ministry is to change that. We see our primary function as that of a catalyst. By working with other partners, we can help them reach our collective goals. Together we can achieve our shared goal of helping Ontarians improve their health, stay active and live longer, more productive lives.

There are many health challenges that need to be overcome and no easy or immediate solutions to solve them. There is much more to do to create a sustained focus on health promotion in the province.

Given the time it takes to influence attitudes and life-long behaviour towards good health, I like to say we're running a marathon, not a sprint. We are very proud, as a small start-up ministry, of what we have accomplished in just one year. For the first time in Ontario, physical activity and public health programs have one central home in government, allowing unprecedented coordination between programs and partners and encouraging the best possible health results for Ontarians.

Thanks to the vision of this government in creating the Ministry of Health Promotion, Ontarians can now breathe easier. Children will grow up healthier, and Ontario families and communities will benefit from a stronger society and a stronger economy.

Clearly, health promotion is an investment in ourselves, our communities and most importantly in our future. At the end of the day, our combined efforts will build a healthier Ontario. That's something I believe all of us around this table want to see.

Merci beaucoup. I look forward to your comments, suggestions and questions. I thank you for giving me a few extra minutes to finish my opening remarks.

**The Vice-Chair:** Thank you very much, Minister. Just on the light side, should we cancel the poutine for lunch?

**Hon. Mr. Watson:** Yes, absolutely. Bring in the alfalfa.

**The Vice-Chair:** With that, we'll go over to the opposition.

**Mr. Sterling:** I'm going to pass to Ms. Martel. I was a few minutes late and I'm just catching up here.

**The Vice-Chair:** Ms. Martel.

**Ms. Martel:** Thank you, Mr. Chair. I'm going to forgo the half-hour of discussion and actually move right into questions. I want to begin by thanking the minister, the deputy, the assistant deputy minister and all of the staff who are here today to support the estimates process. It is an important process, and I know a lot of work has gone into making the preparations, and probably more work than was necessary, given the move that also went

on. So I appreciate everybody's participation here this morning.

I want to start my questions with respect to your action plan that was released near the end of June for healthy eating and active living. I have a series of questions with respect to both the recommendations and the priorities or plans that have been identified. I want to start, in no particular order, with the press release and the first set of questions.

In your press release of that day you talked about taking action on obesity and physical activity now: "As a first step, I encourage the federal government to revive the Participaction program.... I'll be pressing the federal government to reinvest in this program when I meet with the federal, provincial and territorial ministers of sport and recreation in Ottawa tomorrow." This release would have been on June 20.

I wanted to follow up on some questions with respect to the outcome of that meeting, what the federal government's response was; and if the federal government response was negative, is Ontario then going to make the investment to have the program start on its own here in the province?

**Hon. Mr. Watson:** I don't want to guess your age, but I think people from our generation remember the Participaction ads. It was a not-for-profit organization that's still in existence but has been dormant because the previous federal government cut funding to the program. The success of the program was a combination of the creativity of the ads; they were a bit quirky. You remember the 60-year-old Swede racing the 30-year-old Canadian, indicating that the 60-year-old Swede was in as good health as the 30-year-old Canadian.

On June 21 we had a federal-provincial-territorial sports ministers' meeting. I raised this issue at the table, and there was support by the provincial ministers that we reintroduce this kind of a social marketing campaign. Minister Chong and Minister Clement both agreed that they would go back and work with their officials to see if we could come up with a program, whether it was the federal government on its own with Participaction or the provinces. We're certainly willing to contribute both financial and human resources in terms of advice and so on.

Just on the weekend, I happened to be on a television interview with Minister Chong, and he alerted me to the fact that they have signed an agreement in principle—I believe he called it a memorandum of understanding—with Participaction within the last couple of weeks to do the due diligence on getting Participaction up and running. I've met with members of the board of Participaction. They're very enthusiastic about our government's support for bringing this kind of marketing campaign back. Mr. Clement has been particularly supportive of this initiative, because in essence it would fall under his jurisdiction; in the federal government, physical activity falls to the health minister and sport falls to the sport minister. But the latest news I have is a result of a joint television interview Minister Chong and I

had, and he indicated that they're moving forward. We're very excited about that and think that we can offer both advice and perhaps some financial contribution to reviving the campaign. He indicated that they wanted to do, obviously, the due diligence to ensure that this was not money that was going to be poorly spent, but wisely invested.

One final point: The great thing about Participaction was the spinoff dollars that they brought to the table. They put \$1 on the table and it's my understanding that close to \$3 or \$4 in in-kind services, free advertising and the like, would actually be brought forward. So you get an awful lot more bang for your buck in terms of that kind of a program.

**0940**

**Ms. Martel:** My recollection of Participaction is a little bit different. It was more than a marketing campaign when I was at school; it was actually a program in the schools, during phys. ed. and actually outside of the time period for phys. ed. That meant a more significant investment than an investment solely in a marketing campaign. It required some kind of guarantee that you actually had phys. ed. teachers in the schools who were able to deliver the program, and there was additional time taken out of other academic activities for the program to work. I thought we were talking about a program that I remembered, which was much more directed at physical activity in the school, supporting that, students getting awards and the whole nine yards. What are we talking about, a marketing campaign or something in the schools?

**Hon. Mr. Watson:** The program you're referring to was the Canada Fitness Awards, which was an initiative, I believe, of the federal government exclusively. It was the program where you would get the bronze, silver and gold patch: You had to complete so many sit-ups and climb the rope and so on. That was a program that was separate from Participaction.

**Ms. Martel:** In terms of the second program that you're referencing, was that discussed at all at the meeting? If you're trying to have an investment around health promotion, particularly in a school environment where students spend so much of the day, it would seem to me the bigger bang for the buck is going to be the second one rather than the first.

**Hon. Mr. Watson:** Well, part of our healthy eating and active living strategy was to include a school recognition program that we're in the process of working on with the Ministry of Education, and a component of that could involve a revived Canada Fitness Awards program. The federal government has not shown any interest in reviving that program. I think at the time there was some criticism that the federal government was imposing on a provincial jurisdiction, namely education.

I remember that program. Unfortunately, I never even made the bronze category; I was not the most physically fit student. I tell people, and it's true, I was always chosen last in gym class, so I didn't have a positive experience. But I do believe that that kind of a program

could fit in with our school recognition program that we're in the process of putting together.

**Ms. Martel:** Can I ask what emphasis is being placed on that? Right now as I read the documents—maybe I'm just not reading them properly—it seems to be more of an effort to recognize schools that had a healthy eating program. That seems to be the biggest part of the program. So (a) what work is being done and (b) what significance is being placed on the healthy living part of that as support for that type of a program across our school system, both in elementary and secondary?

**Hon. Mr. Watson:** One of the things we're working on right now, with a goal to having something to launch in the new year with respect to the school recognition program, is in essence the criteria of how a school would be designated to have a healthy school program. I use the business analogy of an ISO 9001 company. They have to meet certain criteria. We're working now with the Ministry of Education and various not-for-profit groups that are interested in physical activity to put that list together.

I'll give you a couple of examples of some things that could be on that list: the number of bike racks; the percentage of kids taking part in intramural sports; do they have a milk machine; have they gotten rid of their vending machines; and so on. We've also as a government instituted 20 minutes of daily physical activity in addition to the three periods of phys. ed. class in the elementary school. I think we have more to do in the high schools, to be perfectly honest. I've been meeting with Minister Papatello, who is sympathetic to the fact that we can't just stop in grade 8 the good work that we've started at elementary school with respect to junk food, vending machines, physical activity or phys. ed. As you know, Ms. Martel, you're only required to take one period of phys. ed. all of high school. We haven't taken a position as a government, but my view is that that is inadequate. We have to do a better job, because we know from Dr. Basrur's report and others, at that age in grades 9 and 10, particularly amongst young women, they start to pick up bad habits and they don't get the kind of physical activity—that will then lead to obesity.

There's nothing that prevents us. I've indicated to our staff that we would entertain that kind of a fitness award program within the school system, but I think it has to be not so much competitive with others as competitive with yourself. In other words, if you start the year off being able to do 20 sit-ups in two minutes, how can you measure that against your success at the end of the year, as opposed to competing with someone in the same grade and the same level and so on?

**Ms. Martel:** Because you talked about schools and some conversations that you're having with Minister Papatello, one of the things that I saw this summer and got a copy of was a report about Ontario teens taking fewer phys. ed. classes. To be fair, the study was done in 2004, but it was a survey of about 474 elementary and secondary schools in the province. It followed up on a study that had been done in 1998, and the results were

worse; they were poorer. What was very clear is that after grade 9, when it was compulsory to take phys. ed, students dropped off in enormous numbers from taking phys. ed. at all. Even at those schools that supported both intramural and extramural sports, the student participation rates in both categories were very low.

If I can just give you an example, students in grades 10, 11 and 12 who took phys. ed. fell from 50% to 43% and 36%; that was from being almost 99% in grade 9 because it was compulsory. Those figures are between 9% and 13% lower than a similar study done in 1998. Clearly, the experts who were involved in the program said that unless and until physical education is mandatory in secondary schools those dismal rates probably are going to continue.

The first question I had: I heard you say it was not a policy matter of the government yet to make phys. ed. mandatory, but I think some of the results that we see here, even though it's 2004, are shocking. I suspect the stats are even worse now in 2006. You chair an inter-ministerial committee involving other ministries looking at health promotion. What discussions are being had about making phys. ed. mandatory, part of the curriculum that you have to achieve in order to graduate?

**Hon. Mr. Watson:** The issue of phys. ed. and the healthy school recognition program is on our next agenda of the interministerial committee. For those members who are not aware, we have an interministerial committee, which the Premier asked me to chair, that's made up of eight or nine different ministries that all have a role in the wellness agenda.

One of the things that I think we have to do a better job of is making phys. ed. class, gym class, more exciting and more welcoming, because you're seeing, as you pointed out, Ms. Martel, a pretty dramatic drop in the number of people after grade 9. They get it out of the way in essence, and then they're moving forward.

There's an article in today's Toronto Star where the Premier references a phys. ed. teacher he met at a school in Guelph. This particular gentleman—it's a Catholic high school—has a tremendous success rate at bringing young people into phys. ed. and into intramural classes. I'll give you an example. If my memory serves me correctly, there were approximately 1,400 people in the school; 1,000 people participate in the lunchtime intramural program, because he has taken out some of the sports that require hand-eye coordination, things like basketball, that tend to frighten a lot of people because they're not good at it. You know at that age that kids are growing and they tend to be a bit gangly, and some of them are not as well-coordinated as others. He has had a tremendous success on a very limited budget of about \$5,000, all in, to run this daily intramural program where 80% of the school is participating.

Those are the kinds of examples that Peter Fonseca and I heard about when we did the round table discussions on Dr. Basrur's report in January and February, some really good best-case examples that we now want to share with other jurisdictions. We don't have to

reinvent the wheel. If this gentleman is willing to put it in writing in a report form that we can send to every school, that's going to go part of the way to solving the problem. If you make phys. ed. and gym class exciting and not threatening—we had a round table in Barrie, Ontario, with just young people, 50 students, as part of our consultation. I asked them the question you asked me or that you're pondering: Why don't more students take part in phys. ed.? It was amazing, the number of different answers. Some of them said because they're not very physically adept at some of these sports; they don't like being laughed at. They don't like going into the showers; you're at that age where puberty is in process and there's an awkwardness about going into the showers.

**0950**

We think that we can work with the education ministry (1) to come up with some best-case scenarios to make it more attractive for kids to go into phys. ed. and (2) to see what has to be done if we're to make it mandatory, because obviously something has to drop. The day doesn't get any longer so something will have to fall off the agenda in order to allow phys. ed. to come up on the agenda. Those are the kinds of things that are being looked at now. But I can tell you, Minister Papatello is enthusiastic about this file and this issue. We've had great co-operation from her and it's really kick-started the healthy schools program since she became minister.

**Ms. Martel:** Part of the issue that was raised by the authors was that it was going to require probably some funding to support both the intramural and the inter-school programs, and that was seen as a barrier to participation of students and it was seen as a barrier for people stepping up to the plate to actually provide it within the school system—the teaching staff. So I think what you're also talking about are innovative ideas that would excite students more—I have no doubt about that—but also some real funding that would alleviate some of those barriers. What discussions is the government having to looking at the pilot that you referenced? You said it was really on a shoestring budget of \$5,000. I don't know if every separate school would have that kind of allocation set aside for its phys. ed. department or phys. ed. staff, but I think funding is a barrier that the government is going to have to consider if you're going to increase those rates of both intramural and inter-school participation of many of those students.

**Hon. Mr. Watson:** Yes, there's no question about that. If the government was to go to the next logical step, in my view, and mandate more physical education, more resources would be needed and more phys. ed. teachers would be needed. And more equipment, because if you have more students participating, the wear and tear on the equipment is a challenge as well. And in some cases there are schools that are using their gyms as cafeterias because of space restrictions and so on. So there are a number of issues that have to be taken into account. But I think the overall objective, certainly of people who support our philosophy of wellness and trying to ensure

that people take better care of themselves and take that responsibility on themselves, is to make sure that the resources are there. Before we would move on it, obviously we'd have to work with the Ministry of Education, which would be the funding source for those phys. ed. teachers or equipment or extra resources, to ensure that the program is going to be successful.

I can tell you that—I don't recall the specific amount; I suppose we can track that down for you—when we did introduce the 20 minutes of daily physical activity, there were some dollars attached to that from the Ministry of Education. I apologize, I don't remember the amount, but I was at the announcement with Minister Kennedy because that was part of my mandate, to try to get kids more physically active. We did put some dollars into that program. I've heard a number of great success stories with the 20 minutes of daily physical activity. I think there's a school in Mr. Fonseca's riding in Brampton, if I'm not mistaken, that has salsa music going through the PA system and the kids are doing a conga line through the school. There was another school where they have math equations turned over and the kids run around and when the whistle blows they pick up the math equation—it could be five times three—and then they have to run around and find the person with the answer to that. So they've combined education with physical activity. The whole purpose, really, is to get the heart pounding and get kids up and about, because medical research has shown that if kids are more physically active they learn better and they are more attentive in the classroom.

**Ms. Martel:** I'd like the breakdown, if you can get it for me, of the money that was spent to introduce that initiative, because the release that I have speaks about that initiative but also about other teachers in literacy, numeracy, music and the arts. I don't have an actual breakdown of what was allocated to the phys. ed. component of it.

**Hon. Mr. Watson:** Sure, we can get that.

**Ms. Martel:** The argument that I would also make—because our own school has a very small gym and it's used as the cafeteria at lunch, so there is no opportunity to work there, and the school yard is constrained on all sides by buildings, so there's no room to grow there; it's a very small physical space on the outside. It's actually difficult to implement the 20 minutes because the school is small and it's overcrowded and there's not a lot of room outside. One of the best things that happened there was a full-time phys. ed. teacher and full-time phys. ed. classes. That's not happening even in every elementary school, and it's certainly not happening in terms of secondary schools after grade 9.

So whatever emphasis that you can bring to the table as you deal with the importance of this on the agenda this month, especially in light of the most recent study, which only goes back to 2004—I expect a more recent review would show even worse statistics. School is an important space. Students spend a lot of time at it and we should make it an environment as much as possible where physical activity is promoted and supported and there are the

capabilities, monetary and space-wise and in equipment, to make it happen.

**Hon. Mr. Watson:** Can I just mention one other thing? The communities in action fund—correct me, Deputy, if I'm wrong—allows school boards to apply for CIAF funding—CIAF is basically a program to encourage physical activity—and there are examples. I know of one in my riding; Agincourt public school has applied for a grant to deal with increased participation of one of the groups that have been identified, to get them more physically active. That's a \$5-million program. We also have the Sport for More program, which was a \$6.1-million program, bilateral between the federal government and ourselves. Funds like that are going into other programs for the Boys and Girls Club; the Y is a big user of those funds.

We do have, as you know, the community use of schools program, of which the lead ministry is the Ministry of Education. Despite some glitches in the first two years, and we're addressing those—it's a \$20-million program—I think it has been extremely successful in getting gyms open in schools after hours. On average last year, rates declined by 70%, and I believe 26 of the school boards no longer charge any user fees whatsoever. What it has done is open up gymnasiums in particular and removed one of the economic barriers for individuals to actually go and sign up for a basketball league. We were told by the executive director of Basketball Ontario, Ms. Watt, that close to 10,000 young basketball players were lost in the last five or six years, and they stopped playing because the cost to rent gyms from school boards after hours and on weekends was prohibitive. She has indicated that those numbers are starting to climb back up because the rent is starting to climb back down.

**Ms. Martel:** Can I get a breakdown—I don't know if it has been in place two years now or one—of the \$20 million, if it was fully allocated in the last fiscal year? That would give me some indication then of what is happening, if school boards are applying because they are reducing their rent and community use is then growing. If the money was all spent, I would take that as a signal that perhaps more is needed because it has been fully used, and if it was underspent, it raises the question of why schools would still be charging rates—or high rates—when that money was available. I don't know if the ministry has taken a look specifically at how that breakdown of the \$20 million occurred and drawn any conclusions from it. So if I can get that information, that would be great.

**Hon. Mr. Watson:** We can get that from education and provide it to the clerk. One of the challenges, as you know, is that I'm assuming those 26 school boards had lower rates than, for instance, downtown Toronto. Toronto has gone down but they're still at a higher level than a lot of the rural and suburban school boards. You're quite right; I think that's one of the issues we have to look at, to bring that kind of equity across the system. Ideally, you'd like to have no user fees for anyone. I don't know if that's realistic, given the financial chal-

lenge that that would take, but certainly we will get that information for you and provide it to the clerk. We'll get it through the Ministry of Education.

**Ms. Martel:** That would be great.

Back to the action plan, I wanted to talk about the fruit and vegetable pilot project that was announced and get some sense of what the status is of that pilot project at this time.

**1000**

**Hon. Mr. Watson:** The pilot project we're hoping to announce within the next two to three weeks. We've been working with various partners—farm groups, transportation organizations, retailers, school boards. We're not prepared to announce which school boards are going to be funded, because we haven't come to a final conclusion on that, but we hope to within the next several weeks.

I'll give you an example. In Chatham-Kent last year, we provided some seed funding for a program that worked in co-operation with the greenhouse growers' association of Ontario. They provided a healthy snack of their product to I believe 26 different schools in the Chatham-Kent area. A survey taken by the students afterward showed that 80% of those students were now eating more fruits and vegetables as a result of tasting and testing some of these fruits and vegetables they'd never tried before.

We also have studied the UK model, a program Prime Minister Blair has brought in that covers almost every school in the UK, where each child is provided with a fresh piece of fruit or vegetable as a morning snack.

We think this is a win-win for the farm community, for the children and for the teachers, really, because if you're studying on a full stomach, you're going to be in a better position and a better state of mind to learn. So we think the fruit and vegetable pilot project will be a good learning experience for us as a ministry and for school boards, and our hope is that we can get to as many young people as possible. We chose northern Ontario particularly because we know the economic challenges and the transportation challenges of getting affordable fruits and vegetables on a regular basis.

**The Vice-Chair:** Ms. Martel, we have about three minutes left in this particular 30-minute session.

**Ms. Martel:** I'll keep going on this issue. I was going to confirm that it was in northern Ontario, because your costs to run a program like this would be higher because of transportation and where you're going to bring produce in from. There are certainly farm communities across northeastern and northwestern Ontario; what you're able to get from those farm communities varies depending on where you are. So my question is going to be, is there any expectation that school boards are going to have to make a financial investment as a participant, or is the ministry, in conjunction with your partners, whether it be greenhouse growers or different organizations in northeastern Ontario, going to be picking up those costs?

**Hon. Mr. Watson:** We will.

**Ms. Martel:** Do you have an estimate of what you've projected for this fiscal year, then?

**Hon. Mr. Watson:** It's approximately \$500,000.

**Ms. Martel:** What's your target for the number of students you're going to be able to serve?

**Hon. Mr. Watson:** Deputy, do you have—

**Ms. Marg Rappolt:** I don't have an estimate right now. I'll just say that our program leads are working very intensely with representatives from the boards, the public units and the Ontario fruit and vegetable growers to work out those details and the final program design. As the minister said, we hope to be in a position certainly in the next month to be able to disclose more details.

**Ms. Martel:** Will it include both elementary and secondary schools?

**Ms. Rappolt:** Right now, we're focusing on the elementary.

**Ms. Martel:** In that case, it's not going to be anything to do with a hot meal, essentially, because a lot of the elementary schools wouldn't have cafeterias to start.

**Hon. Mr. Watson:** That's correct.

**Ms. Martel:** So about \$50,000, and that's to the end of the fiscal year?

**Hon. Mr. Watson:** It's \$500,000.

**Ms. Martel:** Sorry, \$500,000, till March 31, 2007.

**Hon. Mr. Watson:** For 2006-07.

**Ms. Martel:** Okay. I'll stop there, if I can, Mr. Chair, because I then have some other questions on different issues.

**The Vice-Chair:** Thank you very much, Ms. Martel. With that, we'd like now to move over to Mr. Sterling and the official opposition.

**Mr. Sterling:** Thank you for coming to the committee, along with a few of your staff.

**Hon. Mr. Watson:** This is all the staff. This is the ministry.

**Mr. Sterling:** What happens if I call your ministry right now?

I just want to get a sense of the structure of your ministry before I get into some of your comments. I'm reading from the estimates, table 4, "Operating Summary by Vote and Standard Account": \$334 million, of which about \$300 million are transfer payments. The ministry runs for about \$11 million, and there are services worth about \$20 million. In terms of the health promotion area, it appears that the \$11 million is in that area. How do you differentiate between yourself and the services that are provided by citizenship and culture as sport and recreation?

**Hon. Mr. Watson:** As you may know, Mr. Sterling, the sport and recreation branch used to be part of tourism, and it used to be part of citizenship and culture. It's been bounced around on a number of occasions.

**Mr. Sterling:** Right.

**Hon. Mr. Watson:** So all of the sport and recreation people and programs and dollars were transferred to our ministry, and we still use the shared services groups across the province that are coordinated through the Ministry of Citizenship and Immigration. So in those

field offices—we have one in Ottawa, and all over the province—we have shared people within those offices that we use to go over things like the CIAF applications and to work with the provincial sport organizations and multi-sport organizations. But they've all been transferred.

**Mr. Sterling:** So, as listed under the Ministry of Citizenship and Immigration, there are consultants, for instance. In Renfrew, Mary Beach is listed as the manager. Now, is she an employee of yours, or is she an employee of citizenship?

**Hon. Mr. Watson:** She's technically an employee of citizenship. When it says "consultants," it's not "consultant" in the sense that they're freelancing. They are full-time employees of the government of Ontario. They're called consultants because they consult with sporting organizations. So Mary, for instance, would work out of the Ottawa office and she would have responsibility for a pretty large geographic area. I think in Ottawa—I stand to be corrected—there are two employees who deal with sport and recreation. Anita?

**Ms. Anita Comella:** They have portfolios.

**Hon. Mr. Watson:** They have various portfolios. So some would deal with tourism, and some would deal with sport and recreation.

**Mr. Sterling:** So do you have under your ministry, as employees of your ministry, people in the field?

**Hon. Mr. Watson:** Not our own, no. Just these people from the shared service group.

**Mr. Sterling:** So as I'm reading the budget here, in terms of salaries and wages, for instance, you have close to \$10 million in that. Who's being paid out of this \$10 million?

**Hon. Mr. Watson:** There are approximately 144 people in the ministry. So those are the people who, in essence, are at head office, now at 777 Bay Street, our new address. We left your nice office, Norm.

**Ms. Rappolt:** Mr. Sterling, if I could elaborate just a bit, there are just under 140 positions in the ministry. Those are made up of the number of staff who, as the minister has noted, were transferred from the previous Ministry of Tourism and Recreation, affiliated with the sport and recreation branch—so that's one big program area that we now have accountability for—and of course what we've done is integrated that mandate with the chronic disease prevention and health promotion focus, with program staff previously within the Ministry of Health and Long-Term Care, predominantly under Dr. Basrur's accountability. So we've had the pleasure of inheriting and merging those programs, and the majority of our staff, of course, guide that program development and work with our transfer payment partners. As you've noted, Mr. Sterling, a great deal of our budget is associated with the money we provide to our public health units and other transfer payment partners in delivering programs at the community level.

**Mr. Sterling:** So these people are all involved in program. They're not involved directly with the

community as such in providing services in the community?

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**Ms. Rappolt:** We do not have staff in the field. Rather, as I say, it's our public health unit staff and the staff of organizations such as the Canadian Cancer Society or the Heart and Stroke Foundation who would be influencing our programs in the field.

**Hon. Mr. Watson:** If I could just follow up on that, we have field employees dealing with community groups at the grassroots level and they are shared with the folks from citizenship and immigration, as well as culture. So it's culture, citizenship and immigration, and health promotion that make up—is there one other group? Women's directorate, seniors' secretariat and native affairs. So it's a more efficient system. It was created several years ago, before our government, and I think it works very well.

The interaction that our ministry staff have here in Toronto—in fact, we do have quite regular contact with partners and stakeholders. It tends to be at the more macro level, the province-wide level. For instance, we have sport consultants within our ministry who are full-time employees who deal with various provincial sport organizations, which are the governing bodies for the various sports that we help to fund and the multi-sport organizations, such as the Paralympics association. We also have under Dr. Basrur individuals who deal with our partners in our fight against tobacco: the Canadian Cancer Society, the Heart and Stroke Foundation, the Ontario Lung Association. So they wouldn't necessarily be dealing with the local chapter of heart and stroke or cancer, but they would be dealing with either the national or the provincial office.

**Mr. Sterling:** I just note, when I divide 140 into \$9,917,000, that the average salary is over \$70,000 in your ministry. Is that correct?

**Ms. Rappolt:** I'd have to get back to you on that, Mr. Sterling.

**Mr. Sterling:** Okay, fine.

The other \$20 million that you say in services: What is included in services?

**Ms. Rappolt:** Generally speaking, of course, we have service provider contracts in that line. For example, our healthyontario.com website is part of our service alignment. Other details I would be pleased to report back to you on.

**Mr. Sterling:** Well, \$20 million is a lot of money, so where's it all going?

**Hon. Mr. Watson:** We'll get that for you. Is there someone back there? Keith can give the breakdown to you for that in a few minutes.

**Mr. Sterling:** Okay. The other part of your budget: You have transportation and communications, \$4.5 million. What's included in that?

**Ms. Rappolt:** Transportation and communication would cover the administrative cost of staff who would be travelling to support program delivery throughout the province and other basic communication support servi-

ces. Once again, if you would like a more detailed breakdown, I'm happy to provide that to the committee.

**Mr. Sterling:** Would all of your publications, etc. come under this part of the budget?

**Ms. Rappolt:** They would either come under the services line or the transportation and communications line.

**Mr. Sterling:** So if you put an ad—well, not an ad; whatever you want to call it—on the radio, which part of the budget would it come out of?

**Hon. Mr. Watson:** If it's for a specific—for instance, the smoke-free Ontario campaign has its own budget for advertising.

**Mr. Sterling:** How much is that?

**Hon. Mr. Watson:** For smoke-free Ontario? I can get that for you. Just a moment. Public education and advertising in 2006-07 is \$13.2 million.

**Mr. Sterling:** That's directly by you?

**Hon. Mr. Watson:** That's funding that we provide for advertising or that we provide for partners to advertise anti-smoking campaigns. We have relationships with the Heart and Stroke Foundation and with the Canadian Cancer Society; for instance, the driven-to-quit contest. We left you a copy of the brochure that was inserted in various newspapers. That was a partnership with the Canadian Cancer Society. That would all fall under that umbrella of \$13.2 million.

**Mr. Sterling:** So there's no other funding that is going into publications, advertising etc. than the \$13.2 million?

**Hon. Mr. Watson:** There are various communications components to each program that we fund under Smoke-Free Ontario. For instance, with the aboriginal program, which is a \$2-million program, approximately \$200,000 of that is advertising. What we've tried to do is bunch together under particular projects or programs so that the project leader has full responsibility and accountability for the funds spent under the umbrella of aboriginal or youth prevention, for instance.

**Mr. Sterling:** So for instance, under this aboriginal funding for Smoke-Free Ontario, which is \$2 million, who is actually contracting with the people who are providing the service of doing the publications etc.?

**Ms. Rappolt:** Dr. Basrur, I don't know whether you would like to add to this, but with regard to the advertising, we would contract directly with a service provider who specializes in working with the aboriginal community and ensuring the right focus and impact. So the advertising production would be through a ministry service provider contract.

**Mr. Sterling:** Who writes the cheque to the Toronto Star or whatever? Is it you or is it some other body?

**Hon. Mr. Watson:** It depends. For instance, with the heart and stroke campaign, the Heather Crowe commercials, it would be the Heart and Stroke Foundation. We would provide them with the grant, and they have certain obligations that they have to fulfill to meet the criteria of our agreement. But they would pay directly.

In the case of advertisements around May 31, which were the legal requirements of the Smoke-Free Ontario

Act, it would have been the Ministry of Health Promotion that would have provided directly the funding for those. They wouldn't have gone through a partner because they were a legal—they weren't a legal requirement, but we felt obliged to let people know what the legal aspect of May 31 was all about.

**Mr. Sterling:** When I look at all of what was spent on the Smoke-Free Ontario program, what is the total number? Can you give me what the total number is?

**Hon. Mr. Watson:** It's \$60 million.

**Mr. Sterling:** Sixty million?

**Hon. Mr. Watson:** Yes, for everything under SFO. I can give you a breakdown if you'd like.

**Mr. Sterling:** Yes. If you'd provide that to me, I'd appreciate it.

**Hon. Mr. Watson:** Enforcement and public health unit capacity building, which is enforcement, and transfers to the health units: \$16.9 million; youth prevention, \$8.8 million; aboriginal programs, \$2 million; cessation, \$9.8 million; provincial support programs to resource centres, \$9.3 million; and public education, \$13.2 million, for a total of \$60 million.

**Mr. Sterling:** So there's \$60 million. For how much of that did you write cheques to the actual service provider or how much was indirect as through the Heart and Stroke Foundation?

**Hon. Mr. Watson:** We'll get back to you on that. We can provide you with a detail of it. I'll give you a couple of examples. Cancer Care Ontario received \$470,000 to implement 10 community-based aboriginal tobacco initiatives. The Ontario Medical Association received \$600,000 for a clinical tobacco intervention program. The Centre for Addiction and Mental Health received \$1.2 million, with a further \$400,000 for STOP, the smoking treatment cessation program. The University of Toronto received \$4 million for the Ontario tobacco research unit. The University of Ottawa Heart Institute received \$250,000 for eight hospitals in the Champlain LHIN participating in a regional cessation program. I think you know Dr. Andrew Pipe, the lead on this. He said that this has been one of the most successful expenditures—\$250,000—because when people come into the heart institute with a heart attack, that's the time where he feels they have the greatest success of ensuring cessation, and this funding actually helps that.

1020

**Mr. Sterling:** So is there an accountability mechanism or is there a contract with the transferee as to how they spend the money?

**Hon. Mr. Watson:** Yes. Each of these has an agreement that I sign and that the head of the organization signs. We have, for instance, \$2.6 million with the Canadian Cancer Society to operate the smokers' help line. We have certain criteria that we lay out in terms of how—

**Mr. Sterling:** So these agreements are all public documents, then?

**Hon. Mr. Watson:** I don't see why they wouldn't be, but I think we'd have to get the concurrence of the other sides.

**Ms. Rappolt:** I think we'd need to check on that.

**Mr. Sterling:** I'd like to see copies of all of those agreements, please.

There are approximately \$300 million in transfer payments, and I assume that part of the \$60 million—well, it would have to be part of the \$60 million that we were just talking about.

**Hon. Mr. Watson:** Yes.

**Mr. Sterling:** Where is the rest of the money going?

**Hon. Mr. Watson:** Deputy?

**Ms. Rappolt:** Of the close to \$300 million for 2006-07, about \$189 million is spent as global funding to the public health units, sourcing the four mandatory health programs that are the responsibility of this ministry. So \$189 million is towards the mandatory health programs as global budget to the 36 public health units. That's the first, very large component. Just over \$30 million of the \$297 million is transfer payment to sport and recreation recipients, and that is the money of course that, as the minister has noted, goes to our provincial and multi-sport organizations to run our amateur sports in the province, among other things. And then the final component is approximately \$75 million to \$77 million which is for other health promotion or chronic disease prevention programs. A significant portion of that—I don't have the exact breakout right now—is to support Smoke-Free Ontario.

**Mr. Sterling:** So of the \$75 million to \$77 million, the \$60 million that we talked about before is part of that.

**Ms. Rappolt:** Part of, yes.

**Mr. Sterling:** And the \$189 million to the 36 public health units is for enforcement and all of the activities that the health units undertake?

**Hon. Mr. Watson:** We're responsible for four of the mandatory programs—children's health, reproductive health, chronic disease prevention and injury prevention—and we provide approximately, I believe I listed the number, \$8.4 million to public health units this year, which is up from last year, for enforcement of the Smoke-Free Ontario Act.

**Mr. Sterling:** So the health units also receive a cheque from the Ministry of Health, I presume.

**Hon. Mr. Watson:** For the other mandated—we're only four of 17 mandated programs from the provincial government.

**Mr. Sterling:** In terms of the health units, they receive \$189 million from you. How much do they receive from the Ministry of Health?

**Ms. Rappolt:** I am going to ask Dr. Basrur to provide what information she can today, and if we need to follow up, we will.

**Dr. Sheela Basrur:** In general terms they receive close to a 50-50 split between the Ministry of Health Promotion and the Ministry of Health and Long-Term Care for their cost-shared allocation for mandatory health programs and services, which would include the four that

the minister just referred to as well as the ones that are still under Minister Smitherman for infection control, food safety and the like. We'll confirm what the total amount is that public health units get, both their cost-shared allocation and their 100% funded programs, which come from a variety of different ministries.

**Mr. Sterling:** So \$30 million to sports and recreation; who gets that money? How many people or how many groups are receiving that money?

**Hon. Mr. Watson:** These are divided, really, into two main transfer partners. One is provincial sport organizations, and I'll ask Anita to give a rundown of the numbers. There are several dozen. These would be Softball Ontario and so on, those kinds of groups. Then multi-sport organizations would be individual groups—they cover a realm, like Paralympics Ontario. It's not a specific report; it's a multi-sport organization. These are transfer payments based on a formula that's been developed in concert with the organizations based on the number of participants. An organization like Golf Ontario has fewer dollars than soccer Ontario would, just because there are more people playing soccer. I'll ask Anita to give you the specific numbers.

**Ms. Comella:** There are about 87 provincial sport organizations; we're funding 65 of those organizations right now. We also have multi-sport organizations, as the minister has mentioned. Those include the Sport Alliance of Ontario, the Canadian Sports Centre, and the Coaches Association of Ontario, which provides services and training to our coaches. We also have approximately 185 organizations that receive communities in action fund funding, and those organizations are separate from what I just mentioned, as well as parks and recreation organizations which also receive funding. We can get you the exact breakdown if you like.

**Mr. Sterling:** I would like the exact breakdown of both of those groups.

How does a new organization get money?

**Hon. Mr. Watson:** We have a couple of new organizations that are actually at it. Five new PSOs became eligible for base funding: ball hockey, golf, cricket, karate and snowboard. So the organization would apply to our staff and the staff would review the applications. The challenge, as you know, is that the pie tends not to get bigger, so other organizations would end up receiving less. But we were able to increase funding substantially as a result of the federal-provincial Sport for More program, which was \$6.1 million.

These organizations would come forward and apply for the funding. The ones that are already in the mix right now have been going through a three-year adjustment process. Some have gone up and some have gone down, based on participation rates in the province, the number of people who are participating in those sports.

**Mr. Sterling:** In your communities in action fund, which from what I understand would be the smaller—it wouldn't be provincial groups; it would be community action. In looking at your website this morning, it says "Application Process" for the communities in action

fund: "Interested applicants should review the program guidelines to see if they meet the specific eligibility requirements of the CIAF program. If these requirements are met, organizations can proceed to contact their appropriate ministry consultant to discuss their project ... or proposal. Pending the consultant's approval, an application form will then be sent to the interested applicant. Note: Application forms are not posted electronically on this website and can only be obtained by contacting a ministry consultant." Why would you not just put the application form—why isn't it a public document?

**Hon. Mr. Watson:** I asked the same question and I actually was satisfied with the response. One of the problems is that there are some groups out there that I call professional form-filler-outers—they're very good at it—and there are other groups, which the CIAF program is all about, who don't have the expertise, staff or resources to actually fill out applications properly. We feel that the consultants throughout the province, who know in many cases the individual groups or organizations or their projects—it's a much more efficient system, from the feedback that we're getting from groups, to sit down and talk about the application before they go to the trouble of filling out the whole application and realizing that they don't even meet the basic requirement and they've wasted all of that time. So individuals who are good at filling out applications do have an advantage. What we want to try to do is level the playing field for these small grants, which, I often say, take a good idea and turn it into reality with nothing more than perhaps \$10,000 or \$20,000.

#### 1030

You've got, over the last couple of years, \$175,000 in grants in nine programs in your riding, things like the Ottawa River Canoe Club: \$8,300. It's not a lot of money, but it helped them put together a program that they reported back was very successful. So this gives a personal touch where the organization could sit down and discuss what the program is, what their goals and objectives are, and to see at the beginning of the process whether it actually meets the criteria of CIAF and, if it doesn't, what can be done to tweak the program so it does meet the criteria and they have a better chance, a fighting chance, of actually getting funding.

**The Vice-Chair:** You've got about four minutes, Mr. Sterling.

**Mr. Sterling:** Let me just pursue this a little bit further, then.

The CIAF: How do you distinguish what you're doing under this program and what the Trillium Foundation is doing? I believe the very group that you had just mentioned received a Trillium grant about two years ago. I went to their little barbeque or made a presentation. It might have been three or four years ago. That was decided by volunteers to a local community who sit on a board and decide what, in fact, are the priorities of the community, who are the form-fillers and who are not the form-fillers, and that kind of thing.

This is what I can't understand in terms of the communities in action fund, where you're having consultants who may have a prejudice towards one activity as opposed to another. We all have things that we like to do in our leisure time or recreation time, whereas under the Trillium Foundation, you have a group of individuals who are volunteers who are sitting at a table saying, "This is better than that one because it's fairer, it's a group that's more worthwhile than another, their need is greater," etc. So the beauty of the Trillium Foundation, in my view, is that you have delegated to a group of volunteers who know the community the decision-making power as to who gets and who doesn't get.

So in terms of what you're telling me with regard to the CIAF, it heightens my concern that you're really duplicating here with regard to what the Trillium Foundation is doing, and I'm not sure that your decision-making apparatus is as good as the Trillium Foundation's. Can you differentiate between what this particular fund is doing and what the Trillium Foundation is doing? To me, they're identical.

**Hon. Mr. Watson:** A very good point. The reality is that the Trillium fund, as you know, is divided into a number of different categories: arts and culture, environment, sports and recreation, and human and social services. We very much take into account if a group has received Trillium funding to make sure it's in line with the priorities that we've set with respect to the CIAF application: not-for-profit organizations, aboriginal communities. We now allow municipalities, local school boards. This year, we allowed colleges and universities and public health units, as well as conservation authorities, to apply.

We don't believe there is a duplication. We think it's more of a complementary service. The Trillium grants can fund operating costs of organizations as well as provide support for organizations to make renovations to existing facilities, whereas the CIAF provides non-capital funding of new initiatives that will contribute to increasing Ontario's physical activity. So that's one of the differences.

Trillium is currently funding projects that not only support healthier human physical activity, but also supports projects that protect ecosystems and arts and culture. Our grants tend to be smaller in amount. They tend to be seed funding. A requirement is that it's matched by the host organization on a one-to-one matching basis. Obviously, the benefit of having local people advise and consult with local groups is that they are aware, through the shared services bureau—because culture is part of the shared service—which groups are applying for Trillium grants and which ones aren't. In some of our instances, some of our CIAF grants have been paired up with Trillium grants and in other cases they have not. We've found that our process is much more streamlined and faster and we find that by not having an original application form, by having the kind of dialogue between a local staff member and a local group, the system goes a lot faster.

Just to give you an idea of some of the people who have benefited, let me read you from the Toronto Community Foundation: "I am writing to congratulate your government on the February 10 ... funding announcement regarding CIAF. The Toronto Community Foundation shares your belief that sports and recreation plays an important role in the quality of children's lives."

Eastern Ontario Trails Alliance were the recipients of a CIAF grant: "We're delighted with today's CIAF grant. The funding will allow us to develop and coordinate a series of events that will connect a number of unique trail activities and projects this fall and promote them for the entire region as the Celebration of Trails."

So we don't get into the capital funding or renovation of existing facilities. Ours is to create a growth mode so more people can get physically active and involved in various activities.

**The Vice-Chair:** Thank you very much.

The next 25 minutes, or 23 minutes, Minister, you have to respond to some of the questions or follow up on some of your previous comments and then we'll go into 20-minute rotations in the questions.

**Hon. Mr. Watson:** Since I was allowed to finish my remarks, I'd be pleased to take questions now from the government side, if that's the will of the Chair.

**The Vice-Chair:** Okay, it's my understanding that we now go directly to the official opposition. If you're not willing to make the comments yourself, then we would—

**Hon. Mr. Watson:** Maybe I'll just take a couple of moments to talk about some of the things that I didn't get a chance to talk about, in particular the Smoke-Free Ontario campaign cabinet. I just wanted to let you know a little bit about this particular group. I want to share their names with you—if I can find that sheet—because it's actually quite a distinguished group of individuals. Just give me a moment here. I'm not sure where that list is. Here it is.

What we did, ladies and gentlemen of the committee, was that we went into the process of Smoke-Free Ontario legislation that Minister Smitherman introduced and did a very good job of, and then when our ministry was created, we took responsibility for the implementation and, in essence, the enforcement through the public health units and through our funding. We've found that one of the things that we had to do in the lead-up between the passage of the legislation and the implementation and the regulations process was to reach out to various stakeholders across the province to get their input on the development of the regulations, on various issues that would face businesses and other organizations. We decided to put together a Smoke-Free Ontario campaign cabinet. Let me just give you some of the people who were on it. I'll give you all the people who were on it, because I think it shows you the kind of willingness the community wants to share in this exciting initiative through SFO and the quality and calibre of the individuals who are sitting on this particular committee:

—Chief John Beaucage, grand council chief;

—Dr. Ted Boadway, past president of the Ontario Medical Association;

—Peter Goodhand, CEO of the Canadian Cancer Society;

—Dr. Steve Goren, past president of the Ontario Dental Association;

—Mr. Marc Kealey, CEO of the Ontario Pharmacists' Association;

—Mr. Manu Malkani, president and CEO of the Ontario Lung Association;

—Mlle Isabelle Michel, Sudbury and District Health Unit manager;

—Mr. Michael Perley, executive director, Ontario Campaign for Action on Tobacco;

—Dr. Andrew Pipe, director of prevention and rehabilitation, University of Ottawa Heart Institute;

—Ms. Jenny Rajaballey, Cambridge Memorial Hospital vice-president;

—Rocco Rossi, Heart and Stroke Foundation CEO;

—Dr. Terry Sullivan, Cancer Care Ontario president;

—Ms. Michelle Tham, who is a youth representative; and

—Ms. Carol Timmings, Toronto Public Health director of healthy living.

#### 1040

The reason I mention those people is to thank them publicly on the record for a job well done, but to also let you know that their job is not finished. We're continuing the campaign cabinet. In fact, we have another meeting coming up within the next month. We hope to keep this group active and advising us because we feel that they offer a very broad cross-section of expertise and they're all volunteers. We couldn't afford to take them on as consultants, and we thank them very much for that.

I also want to comment with respect to some of the economics of Smoke-Free Ontario, because there have been, leading up to May 31, lots of doom and gloom scenarios as to what will happen as a result of the Smoke-Free Ontario legislation. There's no question that in some communities around the province there are greater challenges than other parts. But I know from my own experience in Ottawa that the fact is that there were all sorts of predictions that this was going to kill the hospitality industry. In fact, in Ottawa, they passed their municipal bylaw, which in essence mirrored what we'd done at SFO. There were predictions—and I know Mr. McNeely was on city council at the time—that there would be hundreds of businesses going out of business. In fact there are now 180—this is as of 2003—additional bars and eateries in Ottawa today than there were in 2001, before the bylaw came into effect.

One of the great success stories that I'm particularly proud of is the Westin Hotel. The Westin Hotel knows the tourism and hospitality industry pretty well. Worldwide, all of their rooms went smoke-free on January 1 even though it was not required in the act; the rooms are exempt. They went smoke-free, and John Jarvis, who's the general manager of the hotel—I know Mr. Sterling knows him—issued a statement just a few weeks ago that

indicated their business is up compared to this time last year. He indicates that one of the reasons for that is because they've gone smoke-free and they've been able to attract a number of medical conferences, for instance, as a result of this progressive policy. They also received, in the United States, an award from the American Lung Association as a result of their progressive leadership, and I'm pleased to say that the Marriott Hotel chain in both the US and Canada has also gone 100% smoke-free.

It's taking place in small towns as well. There was a hotel in Peterborough, I believe a Holiday Inn, that unilaterally decided that they were going to go smoke-free because they're finding that 80% of the public does not smoke, and in many instances they didn't have enough non-smoking rooms to accommodate their non-smoking guests, so they'd have to put them in a smoking room, and you know full well the impact of smoke on curtains and the shag carpet and everything else.

The other interesting quote I want to leave you with—because New York City is probably one of the great tourism destinations in the world. Many of you are aware of the Zagat company, which does restaurant reviews worldwide—the Zagat guide that comes out. Let me quote you Tim Zagat from August 7. He said:

“I watched New York transition into a smoke-free city and witnessed the positive impact the law had on our restaurants and nightlife. After the law took effect, our 2004 New York City survey found that 96% of New Yorkers were eating out as much, or more, than before. Moreover, business receipts and employment increased for restaurants and bars, the number of liquor licences increased and virtually all establishments were complying with the law....

“Communities that fail to pass smoke-free laws are putting themselves at a competitive disadvantage....”

That's from Tim Zagat, August 7, 2006, Nation's Restaurant News.

It's not just New York; it's small-town and it's mid-sized town.

In the Barrie Examiner, for instance: “‘We haven't had people complain,’ said Tawnya Jones, manager of Innisfil Heights Marche Restaurant, located on Commerce Park Drive. Jones said the ban hasn't been bad for business. ‘Sales haven't decreased, they have improved,’ she said.” That was from the Barrie Examiner.

I can go on. I'll give you an example, for instance, in the casino industry. “Fears that a province-wide smoking ban would chase away gaggles of gamblers with a taste for tobacco may have been unfounded, according to a representative of Casino Rama. ‘I walk around the floor and it looks like it did six weeks ago, before the ban took hold,’ said Sherry Lawson, the casino's director of corporate affairs and public relations.” The headline was, “No Drop in Casino Business Since Ban.”

These are just a couple of examples of how the ban has not had an adverse effect. I don't dispute the fact that there will be some businesses that will suffer. That experience is worldwide. But overall, if you look at the global figures, this is good for business. It's something

I'm particularly proud of, that it started, really, in cities like Ottawa, my hometown, and has mushroomed into a situation where Ireland now has a ban on smoking in indoor places; Scotland; California has had it for a couple of years. And they have all noticed a positive impact on the overall state of their economy.

Some questions were raised about sport funding. I think it's an opportunity for us to boast about some of the initiatives that have taken place over the last couple of years that we're particularly proud of. The Quest for Gold lottery program in particular is something I'm very proud of that we launched a year ago. I just want to refer to a couple of comments we received from individuals.

I've had the opportunity of meeting a number of these young athletes over the last year. The number of letters and e-mails I've received, particularly from parents who are appreciative—because those of you who have children understand. Ms. Martel and I were talking earlier about the activities her kids were involved with—soccer, and then it goes into hockey season and so on. It is very costly, and I do have to commend the federal government for their initiative on the tax credit that Minister Chong and others, Minister Flaherty, introduced in the last budget. These kinds of incentives put the money where our mouths are. We often talk in government about how great it is to have these young people up on the podium, but we haven't done a very good job over the years of actually providing the kind of funding we need to make these things happen.

We launched the lottery because we feel—we have two streams of funding for sport in this province: involuntary, if you will, through your taxes, and that's through the provincial sport organizations and the MSOs and the Sport for More program, plus we also have a way for individuals who are supportive of amateur sports in this province to put money on the table, knowing that 100% of the revenue is coming from the lottery directly to amateur sport.

Let me just read you a couple of comments: “The Canadian Olympic Committee is pleased that Minister Watson and the Ontario government are increasing their commitment to high-performance sport in this province,” said [the] COC chief executive officer. ‘Sport is an integral part of our culture and with the 2010 Olympic Winter Games coming to Vancouver we are hopeful that this funding will increase in the future in order to strengthen Canada’s depth of field and broaden the number of Canadian athletes competing internationally.’”

Another quote from the Gymnastics Ontario president: “On behalf of Gymnastics Ontario, I wish to thank you for the new program ‘Quest for Gold.’ The sport community is delighted that you and your parliamentary assistant Peter Fonseca have launched this new initiative on behalf of athletes, coaches, volunteers and directors. This program will undoubtedly have a notable positive impact on amateur sports in Ontario.”

As I indicated, we launched phase two of the program the same day that we welcomed almost 2,600 athletes to the summer games that took place in Ottawa. Those

games were a huge success, and I congratulate the Sport Alliance of Ontario. The provincial government, through our ministry, provided \$400,000 for those games. But what we were also able to do through both the Collingwood games, which were the winter games this year, and the Ottawa games, which were the summer games, was increase their budgets by a couple of hundred thousand dollars as a result of funding from Quest for Gold. That allowed more athletes to come into both of those games and reduced the costs for participants.

Those are just two aspects that I'm particularly proud of, and I certainly welcome the opportunity for more questions.

**1050**

**Vice-Chair:** Thank you very much, Minister, for your response. We have about an hour and 10 minutes before the lunch break, so I'm going to give each caucus about 23 minutes to divide that time up between now and lunch period. Mr. Sterling, to get back on track, are you prepared to go with your questions now?

**Mr. Sterling:** Sure.

**The Vice-Chair:** So we'll start with the official opposition, go to Ms. Martel and then finish off with the Liberals at lunchtime.

**Mr. Sterling:** Going back to my earlier questioning, I'm asking for a breakdown of all of the transfer payments, to whom they went, in detail. I want the accountability agreements with regard to those. I'd also like a breakdown in terms of the \$20.225 million spent in services, to whom that money went and the accountability agreements associated with it. You may take out, as far as I'm concerned, the transfer payments to the local health units. I don't need a breakdown on that. I'm not that interested in that part of it.

I'd also like to know the total amount of dollars supplied for advertising and publications in both of those categories.

With regard to your statements about smoking, I was the first legislator in Canada to introduce a private member's bill, in December 1985, over 20 years ago, to control smoking in the workplace and in public places, and introduced six or seven other private member's bills after that during my period in opposition, during the Peterson Liberal government, before the government did anything in 1989. I have a great empathy toward the issue of controlling second-hand smoke. Indeed, some of the people you congratulated today, Mr. Minister, were helpful to me—Dr. Andrew Pipe, the OMA—at that point in time. However, as I learned more about the issue, I also learned through the Addiction Research Foundation that this is a terrible addiction that people unfortunately get hooked upon, and depending upon your genetic makeup, the ability to back away from this terrible addiction varies from individual to individual. For those who are in the most addictive bracket, it's almost impossible for them to quit, notwithstanding all of the helps and aids they might have.

Mr. Minister, I don't argue with the thrust of the legislation you brought forward; in fact, I was supportive of

the principles of it. But I am concerned about the fallout for some of those people who have been left in the wake with regard to their living and also their financial situation. Not once in your speech or in your remarks today have you mentioned the tobacco farming industry. I have always advocated that if we truly are against this addiction, we in the province of Ontario should not be growing tobacco, period, and that we should buy out each and every tobacco farmer, the quota they have, and compensate those who have relied on this as their living. We should also provide compensation to the communities that rely on the profits which have been made from growing this particular product. In my view, we cannot continue to grow it, should not continue to grow it, if in fact we are making it almost impossible for people to participate in this and perhaps, as you have mused, will some day come and make this particular product illegal in Ontario.

The other part that I take great exception to: I believe that if governments pass laws and citizens act in accordance with that law—as many bar owners have done across the province of Ontario in meeting municipal bylaws, because the province was not involved in that area, in providing smoking rooms that were separately ventilated—then those bar owners should in some ways be compensated for their investment. If we change the law, if we change their rights, then I believe that we owe those who are probably the best citizens, the best corporate citizens, some kind of compensation to deal with the investment they made relatively recently in order to deal with it.

Lastly, and perhaps more of a concern I had, are those of our senior citizens who are living in retirement homes who are addicted smokers, who are late in their life, who do not want to leave this habit, perhaps cannot leave the habit because of their addiction to it, and we have not accommodated them when we go forward. Yes, in the legislation we said that there can be constructed in these particular retirement homes rooms that would accommodate those particular individuals. However, it is up to the retirement home to invest that money, presumably for little or no extra compensation, and therefore it leaves the individual aged person in that home in a very, very difficult position.

I wish to read to you a copy of a letter I received from an elderly woman, 85 years old, who lives in one of these retirement homes. A copy of this letter was sent to you, I believe, as well. I'm going to leave out the specific references to where the particular home is and the individual involved.

“To ... Manor administration:

“I wish to go on record”—this is the son writing about his mom—“as requesting the right for my mother to continue smoking until such time as she wishes to stop. I paraphrase her request as follows. Please allow her to continue access to the smoking facility and require the provincial government politicians to hold off on enforcing the ban to give our nursing home the time to upgrade

the existing smoking room to the new standards. I also want the province to provide the funding for the upgrade.

“We request this because the government is banning smoking in what the courts have ruled as my mother's ‘private home.’

“My mom is 85 and is a cigarette smoker since” she was 12 years of age. “She respects all non-smokers in her life. She has always been independent and self-motivating. In the 1950s she was integral in forming a summer stock theatre in southern Quebec that is flourishing today. She has supported the dramatic arts ever since. Most recently, she lived in Niagara-on-the-Lake and volunteered at the Shaw Festival making costumes and helping with set designs, until hospitalized in January 2005. She then entered the ... Manor ... a nursing home with smoking facilities. She, as well as most other residents, is not capable of leaving the facility (off the property) on her own and she uses the smoking room daily. It is her only social interaction. Otherwise she remains in her room except for monthly church communion and visits to us.

“In early July we began to hear about the enactment of the provincial law, which would apparently force closing the smoking facility, but didn't receive any notification until the 6th of August. All this time we felt that the provincial law would have some sensitivity to this kind of situation, but last week we were informed that the smoking room for the residents would close and she must stop. Stories as to why they would close the designated smoking room, which is separated from the residents' rooms, ranged from, ‘...there's nothing we can do’; to, ‘It'll be good for her’; to, ‘...we can't afford the \$100,000 cost to redesign the smoking room.’ In addition, in an effort to be helpful, some well-meaning staff suggested that she ‘...go on the patch and/or take Zyban’ to get over her addiction. She doesn't necessarily want to get over her addiction. She believes she shouldn't have to give up something she still wants to do.

**1100**

“We originally believed that the goal in the home was to treat each person with respect for his or her condition, and that patients' rights were primary. We specifically chose a home where she could continue her smoking ways, since she was adamant at the time that she wouldn't try to quit.” Also considered in her placement were comments from a geriatric doctor at such-and-such hospital “that quitting at her age and frailty could possibly do more harm than good.

“We are finding that sensitive interaction, empathy, and caring for the patients, seems to have gotten lost in the home's zeal to convert her to a non-smoker. She and I find this approach to be unusual and even cruel punishment. She is somewhat incensed that she can no longer enjoy her days with dignity. She feels that she's the one who can no longer choose her lifestyle. I believe she should be given the opportunity and the time to choose her own way. After all, she has lived longer than most of you. She actually said that the policy was ‘just mean.’”

Mr. Minister, is your policy mean?

**Hon. Mr. Watson:** No, I don't believe so. I very much believe that it's a policy designed to help prevent some of the 16,000 deaths that occur prematurely in this province every single year. This is a policy that not only protects residents but equally protects the kind staff who work in these facilities. I don't believe that you should have second-class employees. Heather Crowe didn't believe that you should have second-class employees, where a mine worker or a forestry worker had greater protection than someone in the hospitality or the long-term-care industry.

As you pointed out, it was in the legislation, and to the best of my knowledge—I stand to be corrected—there were no amendments brought forward by members to exempt long-term-care facilities entirely from the law. I don't know if you brought one forward, but I certainly didn't in our research discover that, Mr. Sterling. But we did recognize that long-term-care facilities are individuals' homes, and that is why in the legislation that was voted upon by this Legislature we specifically allowed long-term-care homes, under the definition, to create separate, controlled smoking areas, CSAs. We also made it very clear, in discussions with the various partners and associations that represent the long-term-care industry, that while this exemption was permitted, it was up to the individuals to notify us and to provide plans and to meet very strict criteria so that the smoke would not escape and affect individuals living in the residence or affect employees. To date, the ministry has received 29 applications, including architectural and mechanical plans from operators, and a total of 19 of these are applications from long-term-care homes.

The fact of the matter is that what we did with respect to long-term-care homes we didn't do, to answer your second point, with bar owners. We wanted to level the playing field for the simple reason that this patchwork of municipal bylaws that had crept up over the years—because the province had not taken its rightful responsibility on this issue—created a situation you know well. In the village of Ashton on one side of the road you can't smoke; on the other side, at the little pub down by the water, you could smoke. We were told very clearly, certainly in the Ottawa experience, "Do not allow exemptions for smoking rooms. If you're trying to level the playing field, level the playing field." This is what was happening: For instance, there was a small pub on Elgin Street that didn't have the room to put in a smoking room. So they would have been at a disadvantage compared to some mega-bar that had thousands of square feet and lots of extra room. It was very clear in our campaign platform that we would bring in this legislation.

We also made the one exemption for long-term-care homes and we've now received, as I indicated, 29 applications for these particular homes. I don't believe the legislation is mean-spirited. We have an action plan that we've been working on with the facilities to provide, among other things, free nicotine replacement therapy, educational resources and a training component, and we

will provide the advice and guidance with respect to those controlled smoking areas.

Before I go on to the other two points, I'd ask Dr. Basrur to talk about the ineffective designated smoking rooms, which is the old term for those facilities that actually are in existence now. The vast majority of them, if not all, would not meet the standards because too much of the smoke is escaping and the employees who have to go in there and clean are subjected to that smoke. Dr. Basrur?

**Mr. Sterling:** With respect, Dr. Basrur, I don't argue with those points. I'm not interested in that. Quite frankly, I'm interested in knowing whether or not—because there are hundreds and hundreds of retirement homes. You've received applications for 29. Probably those 29 are dealing with residents who are paying in addition to what is provided by the provincial government for their care, so they're able to charge more and pick up the cost of living to your new requirements. I have no objection to having higher standards in protecting employees. In fact, I led the fight against the Peterson government in this regard and they only came kicking and screaming to the table because I embarrassed them so much in the four or five years when I was in opposition. So I have no objection to that.

I have objection to the fact that this particular woman whose story I read is not in one of those high-end retirement homes and the administrator has said, "We cannot afford to meet your standards." I'm saying, are you going to provide this particular retirement home with some kind of compensation—or not compensation, but financial help to build the required room? This woman is caught in a conundrum. How is she going to live in the future? The administrator has made it clear. This is a public facility. It's run by a non-profit corporation. It's not privately owned. I'm asking you, are you going to provide them with some kind of financial means to meet the need of this retirement patient? That's all I'm interested in. I guess it's yes or no. I presume your answer is no.

I presume your answer is no to those bar owners who built whatever—these now perhaps are substandard in terms of requirements. Are you going to provide them with some kind of compensation for the amount of money they spent to meet the existing municipal bylaws at the time? They were good citizens. They lived to the law of the land, and now you've changed the law of the land; therefore I believe there should be compensation for those who did live to the law of the land.

I have no argument with stiffer particular standards with regard to protecting employees. Everybody agrees with that. Nobody is against that. So are you going to provide some money to this non-profit retirement home in order for them to be able to accommodate this particular 85-year-old woman?

1110

**The Vice-Chair:** There are four minutes left in Mr. Sterling's comments.

**Hon. Mr. Watson:** The answer to both questions, Mr. Sterling, is no. We are not going to take scarce health dollars and subsidize a business, whether it's a long-term-care home or a bar, and use those dollars to construct a smoking lounge that encourages people to smoke. What we're trying to do is to discourage people from starting and help them to quit smoking. I wouldn't, in 100 years, authorize the expenditure of one nickel to go into a venture that basically says, "We're open for business. Come on in and smoke." We're not going to do that.

We do provide in the legislation a provision that long-term-care facilities and other facilities can have a smoking shelter that meets our specifications—no more than two walls and one roof—where an individual can go outside and have some degree of protection. It's not perfect. People would like the comfort, particularly in the winter months, of a cozy environment to smoke. But we are very adamant that we're not going to take those scarce dollars that should be going into cessation programs and enforcement of the law and put those dollars into building what, in essence, are indoor smoking huts.

With respect to the bar owners' situation, the fact of the matter is that we gave fair warning in our campaign document that we would not be bringing about exemptions, and individuals hopefully followed that. The laws change, and when laws change, people have to adjust to those laws. There were no laws for seat belts for years and years. The law changed and you had to have seat belts. That was an added cost to the car companies and to an individual.

The final point with respect to tobacco farmers: Our government has provided the single largest transition fund in the history of tobacco farming in the province of Ontario when it announced, in May 2005, a \$50-million provincial community transition fund, \$35 million in addition to the federal program that was listed, and \$15 million for economic development projects in tobacco-growing regions of the province. We received some positive feedback from the tobacco growers. Let me just quote Fred Neukamm, chair of the Ontario Flue-Cured Tobacco Growers' Marketing Board: "Our board welcomes the government's participation into an adjustment assistance program for tobacco producers. We see this announcement as a positive first step toward meaningful discussion on a long-term solution for our farmers—a solution which needs to include government, tobacco manufacturers and farmers."

As I indicated, the substance of that particular policy and the implementation of it would fall under the jurisdiction of the Minister of Agriculture. But we have recognized the challenge that tobacco farmers are facing and we did put in \$50 million, which, as I mentioned, is the single largest program the province of Ontario has ever been engaged in.

I don't know if I have any other—that's it. Thank you.

**The Vice-Chair:** We'll now go to Ms. Martel of the NDP.

**Ms. Martel:** I wanted to follow up on the legislation because I sat on the committee, and I apologize that I don't remember all of the amendments that went forward. My understanding was there were two amendments that went forward. One was with respect to provision for smoking in long-term-care facilities—I know I'm going to be corrected. One of the staff can come forward. Was there not also a specific provision for veterans who were in Sunnybrook, Parkwood and the Perley? Can you tell me what the distinction is between those veterans in those long-term-care facilities and other seniors in the rest of Ontario's long-term-care facilities?

**Hon. Mr. Watson:** I'll ask Dr. Basrur to answer that and also to answer the question with respect to the ineffectiveness of the current smoking lounges that I was going to get to earlier.

**Dr. Basrur:** Yes. There are specific veterans' wards that are identified in the legislation itself, and you've mentioned the two: Parkwood as well as the K and L wings in Sunnybrook. I would refer to our solicitor, who was present during the committee hearings and was obviously instrumental in the drafting process, to describe any of the reasoning behind the flagging of those particular units as compared with other areas where seniors tend to live, whether they be veterans or otherwise, if you wish to have that additional detail.

**Ms. Martel:** Yes, please.

**Dr. Basrur:** OK. I'll just call Donna Glassman up to speak, please.

**The Vice-Chair:** Would you mind identifying yourself, ma'am, please?

**Ms. Donna Glassman:** My name's Donna Glassman. I'm legal counsel for the Ministry of Health and Long-Term Care and the Ministry of Health Promotion.

We'd had the ability originally in the bill to put controlled smoking areas in long-term-care homes, which we defined as a nursing home under the Nursing Homes Act, a charitable home for the aged under the Charitable Institutions Act and a home under the Homes for the Aged and Rest Homes Act. Those are the three types of long-term-care homes that are funded, regulated and approved by government. Then we also had permitted the option for operators to open a controlled smoking area in supportive housing environments and in retirement homes.

We had left out, inadvertently, when we originally drafted, the two veterans' wings at Sunnybrook and St. Joe's. When we went through the different types of residential facilities where the government knows of people living in a primary care setting where there's both staff but it's somebody's home, we had inadvertently left out those two settings. So we included them when we did the amendments. We brought forward an amendment to include the opportunity to build a controlled smoking area in those settings, and we also included at that time the ability to put a controlled smoking area in what we referred to as the former PPHs. They weren't in the initial draft either. So again, it's all on the decision of the oper-

ator, but we gave the operators of those specific facilities the opportunity to put in a controlled smoking area.

**Ms. Martel:** And is it your recollection—and I'm not asking this as a test question or to undermine you in any way—that any commitments were made by the Minister of Health at the time, particularly to the Royal Canadian Legion with respect to the potential for facilities at Sunnybrook and St. Joe's? The reason I ask that is because I think all of us would have gotten a release earlier in June from Ontario Command, the Royal Canadian Legion. The contact was Erl Kish, who said—I'm quoting from his letter:

"The minister also promised that provision would be made for a smoking area for veterans in the three contract facilities, Sunnybrook, Parkwood and the Perley. Each had already established contained designated smoking areas, but the new legislation now requires tens of thousands of dollars to be spent on upgrading the smoking areas, with no funding from the Ministry of Health and none from Veterans Affairs Canada. So in theory, the veterans can smoke but in reality they can't ... unless there is funding available to complete the upgrades. The Perley has prohibited smoking indoors effective last Friday and Parkwood is asking the Legion to fund the renovations. Without the complementary funding, the promise to provide veterans the right to smoke where they reside in long-term care is a hollow promise. The most common sense solution in this case would be a compromise ... an exemption of a few short years to the veterans' contract facilities from the necessity to comply with the upgrades. This would allow the veterans who fought for our freedoms to exercise their freedoms until the end of their days."

My question is, at the time when we did the amendment, what is your understanding, if you have any understanding, of what commitment might have been made to the Royal Canadian Legion with respect to the contract facilities? And specifically, was there any commitment to provide the funding to do the upgrades in those facilities?

**Ms. Glassman:** In my working capacity, I was never told of any commitments to provide funding for the upgrades of controlled smoking areas in any of the facilities in the province—not the vets' ones, not the psych facilities, not the long-term-care homes. It was always made clear that the operators would have to come up with the funding themselves.

**Ms. Martel:** Fair enough. I appreciate that answer.

Perhaps you can check on this, Minister, with your colleague. I don't know if this letter—it was actually a press release, not a letter. I don't know if either the Ministry of Health Promotion or the Ministry of Health responded to it. It raised, for me, a question about what the Legion's understanding was from the ministry when this was being done, because during the course of the debate, the minister—actually, it might have been his parliamentary assistant who said that there had been meetings with the Legion, because they had expressed concerns about banning smoking in Legion halls. I'm not

talking about Legion halls, but I am certainly asking about what the understanding would be from the Ministry of Health, whether or not any commitments were made—financial commitments—with respect to the contract facilities because, as I read that in, you would wonder.

**1120**

**Hon. Mr. Watson:** Yes. If it was a press release, we wouldn't have responded. If it was a letter to us, directed to me, obviously we would have responded. I don't recall seeing a letter on that. It may have just been a press release. We're not in the habit of sending a letter to someone who sends us a press release.

With respect to any commitment made, to the best of my knowledge and in the discussions I've had with Minister Smitherman, there was never any discussion of providing funds. As I indicated to Mr. Sterling, my personal and professional view is that we should not provide funding to build smoking lounges for anyone.

**Ms. Martel:** Okay. If you could check and see if there was correspondence, I would appreciate it. I would be happy to give you a copy of the press release as well so you see what I'm referring to.

I do know that both yourself and Minister Smitherman did receive a letter. This one was dated April 6, 2006, from Donna Rubin, who is the chief executive officer for the Ontario Association of Non-Profit Homes and Services for Seniors. It's along the same line as what has already been raised here by both Mr. Sterling and myself. I raised it in this specific case because I remembered there had been a stand-alone amendment with respect to the veterans' facilities, but I understand how that came about.

I would also be happy if I could get a copy of any response that might have gone to this letter which was dated April 6 from your ministry. It looked like it was a second letter because it said, "In December 2005 we wrote to you and Minister Smitherman on behalf of the residents of long-term-care homes...."

Again, it was Ms. Rubin pointing out the difficulties they were having for those residents who continued to smoke, to make sure that they weren't going outside to do that and already compromising their health. She also made a point of seniors smoking now who were waiting for placement in long-term-care homes who were going to have a longer wait for placement. We're starting to get that in our riding now, because most of the long-term-care homes do not have a smoking area and would not be permitting an upgrade, so those folks continue to sit on a waiting list because they can't get in somewhere.

I appreciate what you've said about cessation programs. I do have to ask, for folks who have smoked for this long, how likely it would be that they would be able to use any kind of program to quit, given how addictive smoking is.

I think we've got an added difficulty here in terms of seniors, in comparison to a difficulty or challenge we might have in convincing young people not to smoke. We're talking about two different things. I recognize the health implications. I supported the bill, I moved amend-

ments to it, but I still think we are dealing with different scenarios if you've been a smoker for many, many years.

They also asked for a retrofit program, and you've answered that. It will cause problems in a number of facilities, and I've been following newspaper articles where facilities are advising the residents that they will not be doing an upgrade and that residents will not be able to smoke unless they can go outside. That has been unfolding over the course of the summer.

I am wondering what impact it's now going to have, particularly on people who can't get into a facility, especially if all the facilities in their area don't have smoking rooms. Placement issues for seniors who do smoke are going to become increasingly difficult.

I don't know what the government intends to do about that. Maybe there's nothing that you think can be done, but I think it's an issue that's coming now as a consequence of the legislation, and you may have to develop a policy response to that.

**Hon. Mr. Watson:** One of the interesting statistics that I came across dealing with the little over 500 long-term-care facilities in Ontario: 89 originally sent us a letter of intent with respect to controlled smoking areas, and that has whittled down to 29 that actually followed through.

Approximately just 5% of people in long-term-care homes, out of the statistics that we have, are actually smokers. Mr. Sterling has raised the point of us providing tax dollars to build smoking lounges and so on and I've disagreed with that. I'm not sure if we should be engaging in a debate that deals with just 5% of the people. I'm not dismissing those people as having some serious concerns, but that was the reason why we actually put together a working group that worked with the long-term-care association and are providing funding, a total of \$500,000, that is actually going about doing a number of things, including education resources and the training component through the Centre for Addiction and Mental Health, and a nicotine replacement therapy, where the ministry is providing funding for that work. We have had, since April 2006, a working group up and running, with representatives of the Ministry of Health and Long-Term Care, MHP and LTC associations. We've had six teleconferences that were delivered by staff from MHP and the Ministry of Health. We have engaged Dr. Peter Selby, whom I'm sure you know, and Louise Walker of CAMH, with respect to the education program that was delivered to the working group on July 21, and an update on August 16. We've also received the assistance of the Ontario fire marshal's office and local fire services to address the fire safety issues, because obviously there may be some people who will try to smoke in their rooms, and that has implications that we want to avoid for all residents, including individuals smoking in their rooms when they shouldn't. We indicated that nicotine replacement therapy will be billed in the interim to the Ministry of Health and Long-Term Care and eventually will be transferred over to our ministry.

So I'm not disputing the fact that it is a challenge. It hasn't been as noticeable because the weather has been on our side. We're going to see greater challenges, obviously, in the winter months, but the long-term-care facilities have been given the tools to make those changes. They haven't been given the dollars, but they also have been given the ability to create some form of weather-protecting smoking hut where someone can go out, smoke and come back in. It's not perfect, but again, if we're serious about reducing the deaths as a result of smoking, then I think we have to be serious about the enforcement and the lack of exemptions.

You're quite correct that a number of these homes don't want to put the money into facilities. I suspect what will happen is that the 29 that have gone forward will create somewhat of a niche for people who want to smoke in those particular communities to get on that list, and that of course will have some impact on the wait times if there are only so many smokers.

But again, the figures we have indicate that only 5% of LTC home residents actually smoke, so the industry really is catering to the 95% who don't, and I suspect that of those 5%, a good number would like to quit. But you're quite right: As you get older and it becomes more addictive, it becomes a lot tougher to get them to quit than it would a young person.

**Ms. Martel:** I wanted to just follow up. This is in your document, but I don't think it was actually written into the copy that I have. You gave a figure on smoking cessation programs that your ministry is providing right now. Was it \$10 million?

**Hon. Mr. Watson:** That's correct.

**Ms. Martel:** All right. Is the Ministry of Health also providing funding for smoking cessation programs, then?

**Hon. Mr. Watson:** No. The exception would be the nicotine replacement therapy for long-term-care homes, but that's a transitional issue. So the money—and I can give you a breakdown of where that's going: \$2.6 million to the Canadian Cancer Society for the smokers' helpline. Out of interest, because it has received a lot more publicity since May 31, let me just give you the statistics. The helpline helped 10.3% of its 15,684 callers quit in 2005-06, and the total call volume increased by 42.7% over the previous year, which is a good sign. The Driven to Quit Challenge, which is the document, the brochure, that appeared in a number of daily and weekly newspapers, registered 25,642 smokers, a 35% increase. That contest and the work around it with the private sector and the Canadian Cancer Society received \$800,000. Innovative worksite cessation programs in 11 public health units received \$570,000; innovative smoking intervention programs through public health units, \$1 million; the OMA for the clinical tobacco intervention program, \$600,000; Centre for Addiction and Mental Health, \$1.2 million; and CAMH smoking cessation was \$400,000, but they also received \$3.7 million the previous year at year-end for nicotine replacement therapy that will help tens of thousands of people.

1130

The smoke-free long-term-care homes project that we spoke of is the \$500,000. Brock University is the coordinator of a very successful program at the post-secondary level called Leave the Pack Behind. It received \$800,000 and it's now expanded to 19 colleges and universities, reaching over 250,000. I spoke of the University of Ottawa Heart Institute, Dr. Andrew Pipe's program, \$250,000, which is going to expand this year to three new hospitals in the Champlain LHIN. Finally, the cessation system designed by the cessation task group received \$1.1 million—for a total of \$9.8 million.

**The Vice-Chair:** We have five minutes left, Ms. Martel, in your round.

**Ms. Martel:** Thank you. So \$9.8 million from your ministry, and you've just confirmed that there isn't money for cessation programs coming from the Ministry of Health and Long-Term Care. So there will be no other source except yours?

**Hon. Mr. Watson:** That's correct.

**Ms. Martel:** I need to compare that against the election promise that was made by the Liberals, and I'm referencing a backgrounder that was released to the media on the anti-smoking strategy. It was released during the 2005 campaign. It gives a number of policy issues: increasing tobacco taxes, Smoke-Free Ontario, the legislation etc. But when I go to the costs, point 3, "smoking cessation programs," the promise was to spend \$46.5 million a year in smoking cessation programs, and I'll give you the breakdown according to the Liberal background document: telephone-based cessation programs, \$3 million a year; promotion and support of primary care cessation counselling, \$3 million a year; primary care cessation services, including counselling, \$12.5 million a year; and smoking cessation medication subsidization, \$25 million a year—to add up to \$46.5 million a year that was promised for smoking cessation.

I'm wondering when we're going to find the other \$40 million that was promised, especially in light of the fact that I think the document you gave us this morning also says—and you're going to correct me if I'm wrong—that about \$1.5 billion in taxes and tax revenues came in. So clearly the money is available to find the balance of \$40 million to live up to the election commitment. Maybe you can tell me when we can anticipate seeing the rest of the money that was promised as part of this tobacco strategy.

**Hon. Mr. Watson:** Just on the point with respect to tobacco tax, I indicated that there is tax revenue of \$1.5 billion but there are direct health care costs of \$1.6 billion, plus I believe an additional \$2.4 billion in indirect costs with respect to productivity. So that money is being spent treating people who are dying and ill with tobacco-related diseases.

We have undertaken through the Centre for Addiction and Mental Health a comprehensive study, the first of its kind, on the effectiveness of nicotine replacement therapy with a wide group of individuals. I believe the figure is somewhat around the line of 23,000 people receiving

free nicotine replacement therapy through this study. We expect the results of that study in December of this year. We will analyze those results and make recommendations to the finance ministry, as appropriate, with respect to how effective the nicotine replacement therapy was. We're not going to start spending tens of millions of dollars on a program that we're not fully satisfied with or if we don't have the empirical evidence that shows it's worthwhile and it works. We actually have put in—

**Ms. Martel:** If I might, though, Minister, you made the promise. You must have based \$25 million on smoking cessation medication subsidization on something. I appreciate that you're waiting now for a study to be done, but in 2003, three years ago, to arrive at a figure of \$25 million, there must have been something you had in mind that you were going to fund that would help people to quit smoking.

**Hon. Mr. Watson:** I think, as a government, we can be very proud of the proactive approach we've taken to cessation. The fact that we're spending close to \$10 million this year, the fact that we have an overall budget that increased by \$10 million, from \$50 million to \$60 million, shows that we're serious about our desire to reduce smoking consumption rates in Ontario. No other government in the history of Ontario has brought in as aggressive an anti-tobacco, anti-smoking campaign that has been matched with dollars. We have put, as I said, \$60 million, and you know how difficult it is for ministries to get additional funding. I was very proud of the fact that our ministry received \$10 million in additional dollars for smoking and related activities within the province under the Smoke-Free Ontario umbrella.

**Ms. Martel:** If I might, the promise was for \$12.5 million a year. If I look at point 2, "Smoke-free public and work places," the commitment was for \$12.5 million a year in,

—Support to health units in defence of smoke-free laws;

—Assistance to municipalities to provide public information on new smoke-free laws;

—Funding for contracting part-time enforcement personnel to assist in the early stages of the bylaw implementation."

So you've got most of the money that was promised. Let me ask a question about point number 1, "Youth mass media campaign=\$31 million/year." Can you give me some indication of whether the funding is coming entirely from your ministry for that initiative, and what is it on an annual basis?

**The Vice-Chair:** Make the answer fairly quickly, Minister, to get on to your caucus.

**Hon. Mr. Watson:** Yes. The budget for 2006-07 for youth prevention funding is \$8.8 million. It's coming entirely from our ministry budget, and \$6.4 million of that goes to the Youth Action Alliance, a peer leadership program; youth advocacy, \$1.5 million; Lungs for Life school training program, \$400,000; and the high school grants program, which has provided grants of \$1,000 to up to 600 high schools, comes in at a cost of \$500,000.

This is very effective. I think there are some schools in your riding, Ms. Martel, that have benefited from this, where the students themselves put together a program with this \$1,000 and they determine whether they're going to have a guest speaker or a display in the lobby. I've been around to probably 15 different high schools and seen these displays. I tell you, the students know how to stretch that \$1,000. They get value for their money and it has been a very effective program.

In addition, we have the stupid.ca advertising campaign, plus the website, which has been extremely successful. When I go and meet with students in school groups and I ask them if they've seen those stupid.ca ads, all of the hands go up, so it's a good indicator to me that young people are addressing this. We just did a launch with MTV Canada with our banner last week. Most of you probably won't see the ads unless you watch YTV, MuchMusic and MTV, because they're targeted towards the tween and teenage years.

**The Vice-Chair:** Thank you very much, Minister and Ms. Martel. Now we'll go to the Liberal caucus.

**Mr. Bob Delaney (Mississauga West):** Thank you very much, Minister. I share the feelings of many who, when your ministry was announced a little bit more than a year ago, looked at it and thought, "Well, we finally have an independent ministry of staying healthy, as opposed to the ministry of getting better if you're sick." This has meant, on your part and on that of your new ministry, a certain degree of entrepreneurialism in making your plans and in doing your initial estimates. So a lot of my questions this morning are going to centre not so much on what you did do, although I'm going to ask you questions on that, but on focusing some of your thinking on what might be coming up in the future. I have some questions for you based on the programs you've discussed this morning and a few that perhaps take you in a direction that you might be planning in the future.

I just want to ask you a few questions initially about what you talked about earlier on obesity. One of the challenges that Ontario faces in the coming 15 to 20 years is its greying. We are home now to nearly half of Canadians who are 65 and over, whereas Ontario is itself only roughly 39% of Canada's population. In the coming years, within about a generation, those Ontarians alone who will be 65 and over will be greater than that of the entire city of Toronto. Many of the things that the Ministry of Health Promotion will need to do in the immediate and certainly the long-term future will probably focus on older adults.

**1140**

We also talked a little bit about the Participation program that the feds ran a generation ago, thus showing some of our ages, I suppose, which gave rise to me asking, if a 60-year-old Swede back then was as fit as a 30-year-old Canadian, does it still stand that a 90-year-old Swede is more fit than a 60-year-old Canadian? But in saying that, it gives rise to my first question to you, which is with regard to the problem of obesity and proper

nutrition. What thought is the Ministry of Health Promotion giving to the need for information by older adults?

**Hon. Mr. Watson:** That's a good point, because one of the things that I often say when I speak with groups is that we have developing in Ontario what I call the perfect storm. We have an aging population and we have a less fit population. Those two are going to collide over the course of the next two to three decades. If we think we have challenges with wait times today for hip and knee replacement, what's it going to be like with an aging population and a population in which the trend continues that there are more overweight and obese people? There was I believe a Harvard study that came out a few months ago that showed the direct correlation between hip and knee surgery and overweight and obese adults, because the pressure that the extra pounds put on the joints obviously has a debilitating impact on the individual.

We can't do anything about the age issue unless someone's discovered the fountain of youth. Those are the demographics of the baby boomers becoming senior citizens, those of us born between 1947 and 1961. So our job is to try to do what we can with respect to all age groups, and senior citizens, as you pointed out, Mr. Delaney, with respect to our healthy eating and active living strategy. I left a copy of what we call the HEAL strategy, appropriately enough, with each member of the committee.

I just wanted to go over some of the aspects of the funding. I do have to say that there tends to be more of a focus on young people than seniors, but all of our programs, particularly the communities in action fund, are open to all age groups. What we have to do is probably work more closely with our colleague Minister Bradley, who's responsible for the seniors' secretariat, and see what we can do to try to get more applications from seniors' groups, because right now there are not a lot of applications for things like mall-walking clubs and so on that seniors can get involved with.

A couple of the things that we're working on in the 2006-07 spending plan for healthy eating and active living: the dietitian advisory service. This is a service that most children will not use, but adults, and one hopes seniors, will use. It's modelled on a similar program in British Columbia called Dial-A-Dietitian. Often, people are so bombarded with at times misleading and false advertising as to what's healthy for you based on what's on the package. People need to cut through the clutter and determine, "All right, is this better for me than that?" This Dial-A-Dietitian program that's in BC works quite well at giving people factual, objective advice on eating habits. That's something that will be initially rolled out on the Web, so it's 24/7, and then it will be a 1-800 number later in the year.

We're also working on a \$2.4-million plan for caregiver resources for individual caregivers: what they can do to provide their clients, their patients, with helpful exercises to keep them in better shape.

The communities in action fund, as I indicated, is up and running. I was in Minister Ramsay's riding. There was a small community of 300 people—I can't recall the name of the community. They received a grant for \$4,000. Sometimes we talk in the millions and we lose touch with the smaller amounts. I tell you, this \$4,000 was going to provide a new floor and some equipment for the small town's rec centre for square dancing and shuffleboard, and I think it's a safe bet to say those are more senior-gear activities. But they couldn't have done it, because they didn't have the proper bouncy floor and so on. So our undertaking is to try to do a better job with respect to getting more seniors' groups involved and engaged in some of these grant programs.

We also have the Ontario heart health program, which is offering 700 different programs with 2,300 partners to target the three risk factors for heart disease: tobacco use, unhealthy eating, and physical inactivity. We were able to provide a series of grants across the province to a number of groups, many of whom were non-youth groups, because of the heart issue being something associated with older people.

**Mr. Delaney:** Thank you. During the summer, in my visits on behalf of the Ontario Seniors' Secretariat to many of our seniors' homes, on occasion I've brought with me a professional pharmacist. We've had someone there to take questions from seniors on their use of pharmaceuticals, medicines and so on and so forth.

A question for you, just for clarification: Do such issues as teaching seniors how to use drugs effectively lie primarily within the Ministry of Health Promotion or the Ministry of Health and Long-Term Care?

**Hon. Mr. Watson:** I would suggest that that would fall under the jurisdiction of injury prevention, because unsafe use of medication is something that is preventable. There is a program that's coordinated through the Ontario Pharmacists' Association, and I've participated in one in my own riding at Carlingwood Shopping Centre, where a pharmacist comes in and provides information on the safe use of medication. We don't provide any funding for that. It's done through the private sector, through pharmaceutical companies and the pharmacists' association. It's been quite successful. My understanding is that the program's going to continue. MPPs are often invited to help advertise the actual seminar, and the companies or the association provide the funding for rental and biscuits and tea and so on.

**Mr. Delaney:** You were talking earlier about how as the population ages—you described it as a perfect storm. One of the other factors to add into that, of course, is the need for information by seniors whose first language is not English. Ontario receives Canada's lion's share of immigrants from outside the country, and many reside in areas of the world where many of the vices and health hazards that are more or less under control in Canada are not clearly recognized in their countries of origin. I could add tobacco use and alcohol abuse to that. In many cases, because of cultural factors as well as the inability to communicate in either of Canada's official languages,

immigrants are either unable, unaware or unwilling to address some of the core issues that the Ministry of Health Promotion has set up as its initial marquee programs. Going forward, have you given any thought to how to get some of those core messages on some of your mainstream programs beyond English speakers?

**1150**

**Hon. Mr. Watson:** We have. One of the things that I'm proud of that our staff were very much involved with and deserve the credit for was to ensure that the Smoke-Free Ontario information on cessation and the law itself were available in, I believe, 23 different languages on our website. It was important that we communicate, and we actually hosted a reception for the multicultural media as part of our lead-up to Smoke-Free Ontario to encourage various multicultural publications to come to this event and produce various sheets in different languages.

We also have fact sheets that are available on our website in the following languages: English, French, Chinese, Tamil, Portuguese, Spanish, Russian, Polish, Farsi, Punjabi, Vietnamese, Korean, Urdu, Hindi, Italian, Ojibway, Cree and Oji-Cree.

The other thing that we're doing, and again it's through the communities in action fund, is we've provided a number of investments for multicultural groups. For instance, Rise Up Black, a Caribbean seniors' recreation program, is a program in Hamilton that we're funding; and Ready, Set, Go, through the Multicultural Council of Windsor and Essex County to build skills through the provision of sporting activities to ethnic and newcomer youth for three weeks per month for seven months. I have the pleasure of having two parliamentary assistants: Mr. Fonseca and Dr. Shafiq Qadri. I've asked Dr. Qadri, as part of the division of responsibilities between Peter and Shafiq, if he would take on responsibility for outreach to the multicultural communities from a health promotion point of view so that we can actually go into those communities, find out what is needed in what languages and act accordingly.

**Mr. Delaney:** Actually, your own community is very good that way, over and above the media looking at some of the agencies serving newcomers. When you roll out initiatives, particularly, again, coming back to your core initiatives, in the settlement and integration process, are you working with Ontario's very well established network of local providers who have on-the-ground experience in their communities, especially among the newcomer immigrant communities, and if so, how would you consider better using this existing network, rather than, for example, reinventing this wheel?

**Hon. Mr. Watson:** I was just going to use that phrase—that we don't want to reinvent the wheel—because it's costly and ends up not reaching as many people, because we're preaching the same message to the same group of folks. We work very closely, both through a funding mechanism but also through a co-operative approach that Dr. Basrur and her colleagues have developed over the years through the public health units. They in turn have tremendous links to community health

centres, which I happen to be a big fan of because they tend to get a disproportionately larger number of new Canadians going to community health centres than would be going to other offices, including the public health unit. I think there's an opportunity for us through advocacy and through programs to work more closely with the community health centres, the community resource centres, and of course to continue the work that we're doing with public health units.

One of the things that Peter and I discovered in our round tables was that people didn't want us to go and duplicate what is being done at the local level, and I agree with that. But at the same time, the local level has to recognize that it shouldn't be duplicating what other public health units are doing, so you end up with the same message but a different logo on a brochure. Often it's the printers who make the most money out of this kind of duplication of effort. So we're working as a facilitator to share information. We're having, for instance, a major national—rather, province-wide, but it will have national and international implications—conference in November on healthy eating and active living, and we hope to have 300 to 400 delegates from around the province coming to that and sharing best practices so we can actually go back and bring that information to other units so they say, "Listen, that pedometer-lending program at the Ottawa library—send us the information," so they don't have to go to ground zero and start building up that kind of a program. They can learn from mistakes and the good practices from other jurisdictions. My hope is that we can act in that coordinating and facilitating fashion.

To give you one quick example, when I first got appointed I hosted a reception in our office for all the various stakeholders that we could bring together. It was quite amazing to see the interaction between the sports groups and the health promotion groups and the cancer society. People were saying, "Oh, I've been dealing with you via e-mail," or "I've been trying to get in touch with you."

People see the linkage between sport and recreation and health and wellness now. Before, in many ways, the sport branch was bumped around like an orphan: "Well, you're going to culture," "You're going to go to citizenship or tourism." It never really fit in those areas, but it was too small to have its own stand-alone ministry. This is an opportunity for us to bring that part of the ministry together with health and wellness to create health promotion.

**The Vice-Chair:** You've got about three minutes left, Mr. Delaney.

**Mr. Delaney:** I have other topics; I think I may have to explore them this afternoon. Just staying with the subject of newcomers, one of the common issues facing newcomers to Canada is that those who initially come, who would be young men and women in their 20s and 30s, will come, get established, start or bring their families and then send for their parents, who would arrive here in their 50s or 60s. The folks would largely be

responsible for looking after the kids while Mom and Dad are out working at multiple jobs for upwards of 10 years or more. There comes a point where the kids are ready to move on and for the parents, they've in essence been caught in a cultural and a language ghetto that has, in many ways, prevented them from getting out into the community.

Many of the issues that they would then be facing, in either the start of their senior years or well into their senior years, are ones that they're going to have to struggle to overcome—language barriers—and do so at a time when their children are separating them from their families, and not always pleasantly, either.

In Peel region, there was one very successful group called the Punjabi Community Health Centre that got its start just a few years ago and has proven very effective in reaching out to, among other concerns, seniors in the Punjabi community and connecting them with many of the resources in the community, to enable them to either overcome social problems which don't relate to this discussion, or meet health issues that do.

I'm pretty much near the end of our time and I'm not really going to conclude with a question, although you may wish to react to it. The issue we face especially in the GTA with its very fast-changing, fast-growing and dynamic multicultural communities is such that, in order to do an effective job on health promotion, we're going to have to focus on older adults who come from communities in which their language skills are going to be lower and their opportunity to access some of the programs you've mentioned is also going to be constrained.

**Hon. Mr. Watson:** Just very briefly, let me give you one example of where our ministry can help, particularly with new Canadians. We provided \$49,500 to a group called the Toronto Chinese Community Services Association, which is a non-profit group that was established in 1973. Its mandate is exactly what you're suggesting: to help newcomers settle and integrate into Canadian society.

Again, this is an opportunity through the communities in action fund. Just to put it in some perspective, the CIAF received \$10 million in applications, and we had \$5 million to hand out, so it's a very effective and popular—and growing in its popularity—fund, because it allows the small amount of monies to go right down to the grassroots of the community and create what I think are some very exciting, innovative programs that are tailored to the particular community. It's not a one-size-fits-all. That particular program probably would not be particularly effective in Moosonee, for instance. You have to tailor the program to the community.

The flexibility of the CIAF program allows us to do that. To follow up on Mr. Sterling's point, that's exactly why we don't want to have the application at the front of the process. We're going to have that dialogue with our people on the ground to talk about how we can get the program to fit the criteria as opposed to the other way around.

**The Vice-Chair:** Thank you very much, Minister. We'll be adjourning now until 12:30 p.m. I do want to say that I apologize for not being here this afternoon. Mr. Chudleigh will be chairing. I have to go to the funeral of Mayor John Brown, the township of Springwater mayor, who passed away on the weekend. I have to give the eulogy at his funeral this afternoon.

Thank you for your indulgence this morning, and we are now recessed until 12:30. Thank you.

*The committee recessed from 1200 to 1233.*

**The Acting Chair (Mr. Ted Chudleigh):** Call to order. We will start with a 20-minute rotation with the official opposition. Mr. Sterling.

**Mr. Sterling:** Thank you very much, Mr. Chair. It's odd, quite frankly, that we have this ministry as one of the principal ministries, that we would want to use some of the limited time of the estimates committee, as it's a relatively small ministry overall. But I understand why the government would choose a ministry that basically gives out money and promotes good health. Everybody is in favour of good health. But at any rate, that's a matter that the process calls for.

I want to just get back briefly to the communities in action fund. I was reading with interest after your remarks this morning, Mr. Minister, that the communities in action fund was there for—I'm trying to find the paper. I don't have a shortage of paper, for sure. There was a grant through communities in action in July of this year to a community in the north—I'm just trying to find it. Here it is. On July 27, your news release, Mr. Minister, says, "Residents of Englehart have a chance to get more active through the McGuinty government's investment of \$25,470 to two organizations under the communities in action fund, Minister of Health Promotion ... announced today in Englehart with David Ramsay, MPP for Timiskaming-Cochrane." I guess it's the practice of the government to invite the local member along for announcements, something they forgot in Ottawa when they were announcing the expansion of Highway 7, to include the local MPP in that area, in Lanark-Carleton.

At any rate, "Communities in action fund grants are helping Ontario families to get active," said Watson. "Physical activity and sport participation play an important role in creating a healthier Ontario."

"Grants were awarded to the following organizations:

"—the town of Englehart to develop physical activity programming, purchase new fitness equipment and build an indoor track at the new community recreation centre—\$21,000 grant..."

Mr. Minister, building a track, in my view, is a permanent capital expenditure, something which another part of your website says would not be covered by the communities in action fund. Now, I don't want to take any money away from Englehart. They probably need an indoor track and they need this help in order to build that track. But it says on your website, "The following expenses will not be eligible for funding: ... capital expenses such as non-portable equipment, vehicles, office

furniture/equipment and electronic equipment, or building renovations."

Is this a capital expenditure?

**Hon. Mr. Watson:** No. The difference, Mr. Sterling, is that this is a portable track, and that is allowed, as you pointed out in your opening comments. If it's non-portable, it would be a capital expenditure, which would not meet the criteria of the CIAF. But this is an actual track that can be picked up and used in different locations within the community.

**Mr. Sterling:** Okay. That's a fair explanation. I'm just failing to see the importance of the distinction as to whether it's movable or not movable in terms of what a community may or may not need.

You mentioned a \$5-billion deficit in recreation facilities largely due to the fact—I believe you mentioned Centennial year funding way back in 1967 for the country. But there was also, of course, some of the Davis government, the Robarts government—I guess particularly the Davis government through Wintario developed and helped finance many local communities in building arenas, curling rinks, fairly substantial structures, and it was a very popular program. Some of those structures, and even structures that pre-date the Wintario program, indeed do need replacement or, at the very least, significant renovation. What's the government doing with regard to providing funds to municipalities to meet this need?

**Hon. Mr. Watson:** Thank you for the question. I'd also add in one of my predecessors, the Honourable Reuben Baetz. I see his name at all sorts of arenas and recreation centres because it was very much a priority of that government to invest in these kinds of recreation facilities. I think they were wise investments then.

We do have in our capital budget the remnants of the SCTP program, the sports, culture and tourism partnerships, which was a federal-provincial fund that provided a substantial amount of new dollars for sports and recreation facilities throughout the province.

If you look in the document, you'll see that we're just winding that down and our capital budget is quite small. I'll give you the exact number in just a moment. I think it's about \$28.5 million. Is that correct, Deputy? That's table 5 on page 19 of the document we handed out. So that money is not for new projects. That's the wrap-up of existing programs that have been funded over the last several years. I was, for instance, with Mr. Runciman in Kemptville at the opening of their new multi-purpose complex that was a recipient of SCTP. There's a pool, I believe, in Cornwall, and an arena in Sault Ste. Marie.

**1240**

What we're trying to do, Mr. Sterling, is get the federal government to come back to the table, as they were with your government through the SCTP, and recognize that there is a serious sport and recreation infrastructure deficit in Ontario. As Parks and Recreation Ontario indicated, they believe that it's close to \$5 billion in capital repair and renewal for these facilities.

So just to put it in some perspective, in August, during the Canada Summer Games, I was in Regina with the provincial and territorial sports ministers and the then-minister, the Honourable Stephen Owen. The Quebec minister and I met ahead of time—he's also the education minister—and we had sport and recreation infrastructure as the very last item on the agenda of the two-day meeting. In fact, we moved an amendment to the agenda that that item go to the top of the agenda, because it was recognized by all the other provincial sports ministers that sport and recreation infrastructure was a serious problem that had to be dealt with. So that was agreed upon.

The federal minister then undertook that he would go back to the federal finance minister and suggest that there be a fund established. In fact, during the election campaign, there was, I believe, \$100 million that was committed over five years in the election platform. We know the results of the election, so we basically went back to square zero. The first meeting I had with Minister Michael Chong was to again raise the infrastructure needs of sport and recreation.

I know, as a former mayor, that every time there was a federal-provincial-municipal infrastructure program, sewers and bridges and roads and those hard-surface items were the first to be funded, and all of the other sport and recreation was tossed by the wayside, by and large.

So we met in June, I believe June 21, in Ottawa at an FPT meeting, and it was one of the items on the agenda. We didn't get a commitment from the federal government that they would entertain a replication of the SCTP program, but we did decide as provincial ministers that we would meet in Toronto later this month, all of the ministers, and invite Ministers Chong, Clement and Cannon, as the infrastructure minister, and have a day-long meeting on infrastructure and why we feel there's a need for a federal-provincial program.

So I'm optimistic. I've had discussions with federal officials and urged them, and urged a number of municipal delegations who came to see me at AMO, to contact their member of Parliament and encourage those three ministers, or at least one of the three, if not all three, to come to the meeting in September, which is being chaired by the minister from the Yukon, because he has responsibility for this year's cycle. My hope is that if we get some movement on the federal scene, we would then start to work with our infrastructure minister and the finance minister to see if we'd have any success in securing funds for the provincial side of the equation so that we can go about and create a renaissance in sport and recreation, as was done under the Davis government.

**Mr. Sterling:** In your statement this morning, you talked about the Quest for Gold lottery and the fact that it had managed to raise \$2.9 million. Can you provide to the committee—I'm sure you would not have it today, but can you provide over the same period of time the various different results from the other lotteries run by the Ontario Lottery and Gaming Corp. during that period

of time—whether their revenues increased or decreased over the same period of time in various categories?

**Hon. Mr. Watson:** I wouldn't have that. That would fall under Minister Caplan, who is responsible for the lotteries.

**Mr. Sterling:** Would you undertake to get that information for us?

**Hon. Mr. Watson:** We could certainly put the request in and relay that to the clerk. My hope is that the other minister would be able to provide that. I can say that one of the issues we dealt with at OLG at the time was that they were not interested in creating a lottery that was going to adversely affect their other products. That was one of the reasons why the price point was decided on at \$20, because they felt that such a price point would not interfere with their other scratch-and-win products that they had on the market. This was from their vice-president—Mr. Sweny, I believe his name is. We'll follow up on that.

I should point out on the Quest for Gold that we had originally budgeted \$2.5 million, and as a result of the success of ticket sales we were able to increase funding to athletes by another \$400,000 to bring it to \$2.9 million.

We also have an athlete from your riding, if I'm not mistaken, who's featured on one of the tickets—a gentleman from West Carleton, a young cyclist.

**Mr. Sterling:** Another unrelated question I had with regard to your statement was your program to provide fresh fruits and vegetables to northern Ontario communities. What is the scope of that particular initiative? Is it northern Ontario? Is it all of Ontario? And how are you measuring where your resources are going to go on that program?

**Hon. Mr. Watson:** I think this was a question Ms. Martel asked while you were out.

**Mr. Sterling:** I heard a little bit of that.

**Hon. Mr. Watson:** It's \$500,000 in this fiscal year. We are currently working on developing the final touches to the program. It will be a pilot in northern Ontario in elementary schools, and the goal is to try to keep it to a reasonable number of schools that we can afford based on the money available. We don't have the final decision on which school board or school boards are being identified, but we hope to have that within the next two weeks.

**Mr. Sterling:** What would be the basis of which school board you will pick?

**Hon. Mr. Watson:** Our staff have been having discussions with various school boards and with the Ontario Fruit and Vegetable Growers' Association. I don't know if they put out an RFP. I don't think it's an RFP—I think they've tried to go to school boards that have a range of urban, aboriginal and rural communities within their boundaries.

**Mr. Sterling:** See, the concern I have is this: While I have no objection, of course, to you naming northern Ontario or wherever as part of it, I do represent areas of eastern Ontario which are very rural, very remote and

very poor. I say on their behalf, on behalf of those particular citizens and the children of those families who need help perhaps more than some segments of the northern Ontario community—because there are some areas in northern Ontario where their family incomes are high and the families can afford vegetables and fruits—there are people in eastern Ontario, particularly in the rural and remote areas, who cannot afford these kinds of foods for their children. And so I put forward, as an advocate on behalf of those remote and poorer areas where family incomes are below \$40,000 a year—and there are some of those in eastern Ontario and in the remote areas—that they be considered as well.

I believe that a program like this should be based upon need and that it should go to the neediest communities, whether they be northern, eastern or anywhere else in Ontario, in terms of the ability of the parent to properly provide nutrition for their kids.

**1250**

As well, you mentioned before the capital program with regard to the recreation deficit. I think if you did a study, you would find that the need would be greater in the less affluent areas of our province because municipal councils would not have the ability to raise taxes in order to meet the recreation demands of their particular community. I would ask you as a minister involved in this area to develop programs based upon need.

I represent two distinct areas in terms of Lanark-Carleton: one, the city of Kanata, where family incomes are well over \$100,000 a year, and on the very other end of the area that I represent, in Lanark Highlands, the village of Lanark, you will find that family incomes are around \$34,000 or \$36,000 a year. I would make the argument very, very strongly that the ability of Lanark village to fix their arena or to provide recreation facilities for their young people is very, very much less than it is for the city of Ottawa. I advocate on behalf of the city of Ottawa as well because I represent them, but in terms of the greatest need, there is no doubt in my mind where it is.

This is exhibited particularly by the town of Smiths Falls. Smiths Falls has had little or no growth over the last 25 or 30 years. They're facing the closing of Rideau Regional Centre, which employs over 800 people. The town is all of 9,000 people. You can imagine the impact that this will have on their community. They need to replace an arena there that was built I believe in the 1940s. I believe it's dangerous. I did practise civil engineering before I was engaged in politics, and when I walk into that arena I am fearful of an accident occurring there at some time.

**The Acting Chair:** Mr. Sterling, could you summarize or ask your question, please?

**Mr. Sterling:** Yes. Will you, in developing your ministry's policies in terms of health, nutrition and recreation facilities, assure me that you will take into account the ability of the community, the ability of the individual, to provide the kinds of help needed, and that the poor shall

come before those who have a greater ability to care for their own purposes?

**The Acting Chair:** Briefly, if you could, Minister Watson.

**Hon. Mr. Watson:** The first point, with respect to the issue of the pilot fruit and vegetable program and why we chose northern Ontario: One of the challenges the north has is geography. The growing season is obviously shorter. We felt that we could get a better picture of some of those determinants of poor health as a result of both income and, more importantly, geography, because it does cost more to get fruit and vegetables to the far north than it does to southern Ontario.

Our ultimate goal is, one, to study the results of this to see if it's as successful as the small pilot project in southwestern Ontario that was done in Chatham-Kent with the greenhouse growers' association. Secondly, I'd like to see this program, in partnership with the private sector—growers, farmers and distributors—expand to all parts of the province. Ultimately that would be the goal. It's what is taking place now in the UK, where it provides 2.5 million students across England and serves 500 million pieces of fruit and vegetables annually, which is the equivalent of—Mr. Chudleigh will appreciate this. Forty per cent of the British apple market is taken up as a result of this particular program.

**The Acting Chair:** They're not Ontario apples, Minister.

**Hon. Mr. Watson:** I don't know, you might have to—

**The Acting Chair:** Perhaps we'll move on from that point and we can go to Ms. Martel.

**Ms. Martel:** I want to return to the HEAL program. It's a \$10-million allocation for fiscal 2006-07. Is that new funding?

**Hon. Mr. Watson:** That's correct, yes.

**Ms. Martel:** Can I get the breakdown? The proposed breakdown—I think you said \$2.4 million for the caregiver resources. That was the only figure I had.

**Hon. Mr. Watson:** Yes. I can give that to you right now. Growing healthy children and youth is proposed at \$1.8 million, which would include the healthy school recognition program, the fruit and vegetable pilot program, the school health environmental survey, food guidelines for schools, active and safe routes to schools and a couple of others.

Building healthy communities is \$3.6 million, which is aboriginal healthy eating and active living programs; workshops on active transportation and urban design; resources to support summer-winter active, the Eat Smart! program, which is a restaurant designation program—we want to expand that.

Establish healthy public policy is \$700,000, which is research and evaluation as well as the international conference we're hosting.

Elevate public awareness is \$2.4 million, which is the healthy eating and active living marketing campaign. Our proposal for the fall is to have a tween television advertising campaign to encourage tweens to become more

physically active, and the caregiver resources on healthy living and active living.

And \$1.9 million is areas for further consideration, activities for the next fiscal year and contingency—for a total of \$10.4 million.

**Ms. Martel:** Thank you. I want to follow up on some of the initiatives in each of those areas. I'd like to deal first, if I can, with the supporting healthy schools. This would include your healthy school recognition program. I reference that against what was noted in the release, that the Ministry of Education has released "recommended nutrition standards for foods and beverages in elementary school vending machines," and focus on the word "recommended" versus "mandatory." I just wanted to bring to your attention in that regard a newspaper article that was done most recently—it was in the Toronto Star August 24—entitled "Failing Grade for School Food." High-fat, high-sugar foods remain popular in most cafeterias. Toronto has no plans to follow Britain's lead in banning junk foods.

Dr. McKeown's report on obesity from last year talked a little bit about what was being done in Britain but focused as well on a report that was done in 2004, which I've referenced before in the Legislature but I want just to bring it to your attention again. It was a report entitled Call to Action: Creating a Healthy School Nutrition Environment. It was written by the Ontario Society of Nutrition Professionals in Public Health, and in particular by the School Nutrition Workgroup Steering Committee. They were also referenced in the newspaper article. The reason I put it on the table here is because the group made some really important recommendations, from my perspective, around a healthy school nutrition environment. They had a number of recommendations and clearly said at the end of their report that the working group "strongly recommends the implementation of mandatory food standards that emphasize foods with maximum nutritional value in all Ontario schools."

Right now, the government has recommended nutrition standards but it's in elementary schools and it applies to vending machines. You would have a large range of high schools with cafeterias where there is no standard, recommended or mandatory, and the article focused on that. So my first question would be, what discussion is the government having around province-wide mandatory standards? Regrettably, I note in the article that a spokesperson for Minister Papatello—so it wasn't herself but a spokesperson—said that the government is not considering province-wide nutrition standards for schools, as the Call to Action urges: "How much more regulation do we want in schools?" adds ministry spokesperson Steve Robinson, who believes imposing rules may 'even alienate some kids.'"

I'm hoping that these were people who were not giving the government line and, in the course of the discussions of the interministerial committee, that a recommendation for mandatory standards is being introduced and that the government is actually looking seriously at the nine recommendations that have been

public for some long time from the Ontario society. I think that implementing their recommendations would significantly change the school environment in terms of having a much more healthy nutrition environment.

**1300**

**Hon. Mr. Watson:** You brought up a number of interesting points, and I remember you referring to that particular report in the Legislature, I think, when we introduced our healthy eating, active living strategy and you quoted from it. I think it's a very good report, and the issue with respect to mandatory environments or minimum standards for food is something we will talk about at the interministerial committee, because the focus next meeting will be on all school issues, and that will be part of it, as well as injury prevention. We try to limit it to two topics because we have eight ministers. We only have so much time and we want to get through things.

I don't know what Minister Papatello's position is with respect to making it mandatory. I know that school boards do have that authority to do it themselves. I'm not sure if any have. I can tell you, though, that I'm starting to see more and more institutions, including just yesterday or the day before in the Toronto Star, where I believe I saw that Durham region is getting rid of all of its junk food machines in their rec centres. I think it's only in Lou Rinaldi's riding where I went into a Y, and it was the first time I was in a Y where there was no junk food. There was water, 100% juice, and they were selling apples. Every other Y and every other rec centre run by a municipality is sending this very mixed signal. On the one hand it's saying, "Come on in, get fit, be physically active," and then the first thing you see is a big Coke machine or a chocolate bar machine.

So one of the things I've been trying to do through AMO and other groups is to encourage the municipalities to get out of that business. It's not a cost to them, because these companies all sell water products and juices, but think about the situation from a holistic point of view. With respect to individual boards, I know even at the post-secondary institutions—I've had discussions with the president of Algonquin College, and he has suggested that we work together to come up with a series of nutritional guidelines for the cafeterias. They have something that they would call "no-fry day" on Fridays, when they would have no French fries, for instance, just to encourage people that you don't have to have French fries five days a week.

So on the issue, there has been no definitive government position on mandatory. We have brought in the guidelines at the elementary schools, but I think you hit upon a theme that I'm in sync with you on: We have to do more in the high school sector. Minister Papatello and I have had these discussions and she is sympathetic to that cause.

One of the reasons high schools have been off the radar screen to a certain degree is that high school students, as you know, are able to leave the grounds of the school. So if they're not going to get their junk food at the school, they'll go across the street, if that's

possible, to a fast-food restaurant. I still don't think that's reason enough for us to wave the white flag on the high school issue.

**Ms. Martel:** I'd follow up on that and say we banned smoking in schools, and high school students still might go off the grounds as well, so for me it's not a legitimate reason.

The second point I'd make is that it speaks to a broader need for us to be funding public health units and public health nurses to be back in the schools, really significantly delivering nutrition programs. You can ban junk food machines in the schools, but if the kids turn around and go to the local rec centre and are making a beeline for the vending machine or they're making a beeline for the 7-Eleven after school, then we haven't solved our problem. So another recommendation I'd make is that you seriously look at the value of funding public health nurses to be in the schools again to ensure that at the elementary and secondary levels we are providing courses on nutritional values so that we're getting that message not just in school, but that students are also understanding that message when they're out in the broader community.

So let me, just on that note, really encourage you to take a look at the nine recommendations that were made. I think there have been more than enough reports talking about obesity and what a health problem that is becoming. Dr. Basrur has done a very good report on that all on her own. We really need to be getting serious about this. I have to say that I think guidelines that are just that, guidelines, and that are not mandatory are not going to take us where we need to go if we really do want to respond as a society to what is becoming an overwhelming crisis in obesity, just absolutely overwhelming. I think we're well on the road of having to move to mandatory guidelines, mandatory standards in schools, if we're going to get at some of the root causes of the crisis that's before us.

**Hon. Mr. Watson:** Can I just mention one thing, Ms. Martel? The group that put together the report that you refer to is actually on our working table for healthy schools, which is a working table of the Ministry of Education that Peter Fonseca is, on my behalf, sitting in on as they develop the overall package and priority for schools. So they actually are at the table, which is a good thing.

The second point is that one of the things we heard in our round tables across the province was that we often, as adults, send out mixed signals to the kids, because on the one hand we're getting the junk food and pop machines out of elementary schools, but we send the kids to sell chocolate bars as a fundraiser or we have a pizza day or a hotdog day, which is obviously not the most nutritional meal you can serve. There are a couple of groups that have actually put together some alternative fundraising-type activities where kids, instead of selling chocolate bars, perhaps are selling Ontario peaches or apples; some groups sell Florida citrus and so on.

Again, it's up to us, I think, as adults and government and the greater community, including parents. We've got to look at these things and make sure that we don't take one step forward and two steps back by sending these mixed signals.

**Ms. Martel:** Let me add one other thing, because I recognize that a number of the kids who are coming to school with a lunch may be coming to school with things that aren't as healthy as they might be, and I think that speaks volumes to rates and levels of poverty. What's in the lunch bag is going to be different depending on where you're from and what kind of income was at home to even put something in, never mind to see if you got something to eat when you left in the morning.

One of the other interesting points in the article was also talking about a school food program, a more mandatory nutrition program. It talked about Toronto right now and that it's voluntary. A number of schools are participating. It's got a \$14-million price tag that the city, the province and the school boards are contributing to. But what was interesting was the contrast with the US, where, the article said, they're spending about \$11 billion a year to serve breakfast or lunch to almost 40 million children. I appreciate that doing something like that in Ontario would have a high price tag, but I also feel very strongly that a number of the kids who are coming to school and are looking at foods that are not as nutritious are doing it as a function of income or lack of income, because there isn't enough money at home to send something that's nutritious or there isn't enough money at home to even eat breakfast.

So the breakfast program is really important. It's in a number of schools—it's in our school right now—but it is voluntary. A breakfast program and a lunch program I think are also something that society and the provincial government—not just this government but the next governments that are coming—have to get their heads around. We cannot have kids come to school in the way that they do and not be able to afford to eat nutritious food solely because of income or lack of income.

**Hon. Mr. Watson:** And I think that's one of the reasons why recently Minister Chambers increased the budget to provide a student nutrition program in Ontario schools that's serving either a meal or snacks to 270,000 elementary and secondary school students. So we recognize that and we also recognize the research that's been done that shows that a child on an empty stomach is not as likely to learn as well or as much as someone who has a healthy breakfast.

I've been involved in Ottawa, through OCRI, which is the Ottawa Centre for Research and Innovation. They took on as one of their projects the school breakfast program. It's coordinated by OCRI and funded by a number of different agencies and it's working extremely well, but it's one of the sad realities that we still have more work to do with respect to those children who are coming to school on an empty stomach or not coming with proper, good, healthy food. They're getting processed meats and starch and so on and they're not getting

fresh fruit and vegetables because cost is a factor. That's why we hope with the pilot project in the north we can at least start a process of saying, "You know what? This is a program that works." I'm optimistic that it will work and that we're going to need more resources to expand it so it goes to all parts of the province.

**1310**

**Ms. Martel:** Depending on how far north you go, you're going to need a lot of resources. If you're not even touching the reserves yet—you might have an idea—it's incredible the difference in prices between the northern stores and grocery stores elsewhere: four, five, six times for milk, and fruits and vegetables are a luxury that most people can never afford.

Perhaps I can put on the record some questions, because I wanted to finish with this section and I'm not sure how much time I have left on this section.

**The Acting Chair:** Three minutes.

**Ms. Martel:** Okay. Why don't I just put some questions for research, and then you can get the answers back to the committee. These have to do with some of the initiatives that were outlined in the report.

First, "Promote Active and Safe Routes to School." On page 11 of the report, you talked about "additional resources to community organizations to develop ... safe routes to school," so I'd like to know where that initiative is at and if there have been any community groups that have received funding to date.

You've spoken several times about the home-based and web-based dietician advisory service. I didn't hear that it was up and running yet, so if you can provide us with some information. I understand the number will be on the website first and then you'll be developing the phone line after that?

**Hon. Mr. Watson:** The website service will be up first, and then the 1-800 number. We expect within the next month to have the web service up.

**Ms. Martel:** Okay.

The next one had to do with aboriginal communities. The document on page 13 referenced a project that had occurred in 2005-06 with NAN communities around training fitness ambassadors. It wasn't clear to me what other initiatives might be before you that have been given to you by NAN communities, so I was interested to know what other projects might have been funded to date or what other projects you might be working on with NAN communities.

You spoke briefly about the international conference, which I think you said was this fall?

**Hon. Mr. Watson:** November.

**Ms. Martel:** November, okay.

Then let me ask also a question about the initiative around informing parents and caregivers, page 17, around healthy eating. I'd like to know the status of that, what resources are going to be available for child care, if you've broken it down in terms of the financial resources for child care, and the financial resources for grades 1 to 3. And if you have a brochure, a document that has been

produced, is it going to be translated, and into what languages?

Finally, the support for public education, the marketing campaigns: again, whether or not any campaign initiative has been funded to this point, or has the money just been set aside? If that's the case, has some information been sent out, and to which groups, encouraging them to respond? If you have some idea of what your criteria are going to be around those marketing campaigns, I'd be interested in getting those as well.

**The Acting Chair:** Thank you very much.

**Hon. Mr. Watson:** We'll undertake to get those and report back.

**The Acting Chair:** If we could move to the government side. Mr. Delaney.

**Mr. Delaney:** Minister, I'd like to ask you a number of questions regarding Ontario's athletic infrastructure. I'll start off by saying a few nice things about your PA that he'd probably be a little too modest to say. I happen to be sitting right beside a high-performance athlete who beat all of the odds and competed for Canada in the 1996 Olympics in Atlanta. That's a tough thing to do, especially here in Ontario. Part of that reason has to do with the difficulty that athletes, who in the context of the Ministry of Health Promotion are role models who encourage their peers, young people, to do what we need them to do, what we want them to do, which is to live a healthy, active lifestyle—it's hard to do here.

For example, in the city of Winnipeg, looking at aquatics, they have I believe five Olympic-sized pools. That's in a city that's about 80,000 smaller than my home city of Mississauga. In the greater Toronto area, with a population of nearly four million, to my knowledge, we have two.

How are we going to work with our cities to build the health care infrastructure to enable our role models, the young men and women who sit in the classrooms today, our high school students, our university students—how are we going to build our high-performance athletes and enable them to develop and compete at the highest levels and to have other kids look at them and to think of themselves as fit and healthy and active and to try to be like them?

**Hon. Mr. Watson:** Thank you, Mr. Delaney. I'll try to also answer Mr. Sterling's question—I ran out of time—on the issue of infrastructure.

I preface my remarks by the fact that I do sincerely believe that we need the federal government at the table. The federal government traditionally has not funded sport and recreation infrastructure unless it has been towards an international competition. The example you use is Winnipeg.

Winnipeg benefited from the Pan Am Games and the infrastructure dollars from the federal government. Alberta benefited from the Winter Olympics in 1988; Quebec, the 1976 Olympics; and now, BC. We saw an additional, I believe, \$55 million that the Prime Minister announced that will go to infrastructure in British Columbia, specifically Vancouver and Whistler.

As you know from that list, Ontario has not benefited from hosting an Olympics or a Pan Am Games. We did have the Commonwealth Games in Hamilton, I think, in the 1930s, but the fact is, we have been shut out of federal dollars, and that's why even the smaller provinces in particular who will most likely never be able to host an international competition—I'm thinking of PEI and so on—are joining in our quest to get the feds to come to the table. I remain optimistic that I think this is good public policy to have the federal, provincial and municipal sectors working together, and I would go a step further and include the private sector.

We've had a couple of very good public-private partnerships in Ottawa, and again I speak from my hometown experience. I believe it's in Mr. Sterling's riding again. He seems to have the Mecca of sports facilities. You've got the Bell Sens sportsplex, I think, Norm, in your riding, which was a public-private partnership between the Ottawa Senators and the city and Bell Canada. It has done extremely well. It has filled a void of people who need ice time, particularly young people who are in hockey leagues and so on.

I often use the example of Sydney, Australia, and I use the comparison with Toronto. Sydney has 50 Olympic-size swimming pools. Toronto has two, and one of them leaks. So there's not a really big surprise why we don't have as many athletes on the podium at international competitions like Commonwealth Games or, specifically, the Olympics or the international championships. So in order for us to help create a generation of more fit citizens, we need to provide that infrastructure.

With respect to the points that Mr. Sterling raised, I agree that a number of small municipalities cannot afford the full freight of building their own arenas and pools. That's why I think it's important that the other two levels of government come to the table, but that the municipality also, whether it's through private fundraising or through property taxes, show its commitment to the project as well. We have a number of examples through the SCTP program—well, every example, in fact, is a good one—where all three partners were at the table, and in some cases a fourth partner, through naming rights or whatever.

There's a challenge in rural and small-town Ontario, but there's also a challenge in urban Ontario. If you look at some of the problems that we're having with respect to guns and gangs, one of the things that keeps coming up is the lack of facilities, whether it's places for kids to hang out or recreational opportunities or basketball courts or soccer pitches. It's one of the things that I think we can't neglect. While small towns don't have the property assessment or tax base to build everything they'd like, there's also a real lack of facilities in some of our hard-pressed neighbourhoods in large urban cores where they, too, have been neglected by their own cities over the years. Sadly, we see some of the consequences.

I'm not suggesting that a basketball court or a rec centre is going to solve all the social ills and the public safety and crime issues in a particular neighbourhood, but

I do suggest that if we are able to get some of these young people engaged in positive activities through sport and recreation and get them involved as mentors through the "Pinball" Clemons initiative that the Premier announced and hire them on as camp counsellors and basketball coaches, they will take a path that is much more positive in their lives and certainly in society's.

**1320**

That's why we're going together with the provincial ministers, and hopefully the federal ministers will join us. I would encourage Mr. Sterling to contact his federal member of Parliament, Mr. Reid. I've suggested this to other delegations at AMO. Get in touch with your local MP, write to Mr. Clement, Chong and Cannon, and ask them to come to this meeting, because that's the very first step. We've got to get the feds to the table. They've proven to be very successful partners in the previous government through SCTP. My hope is that they'll see fit to come to the table this time around.

**Mr. Delaney:** I have a two-part question that's somewhat on the same topic.

By the way, the pool you were mentioning that's leaking is the Etobicoke Olympium, which was built on or about the centennial year. That's a pool in which, if you spend a whole lot of money fixing it, you'd just end up with an expensive old pool. Certainly, speaking on behalf of everybody involved in aquatics, the greater Toronto area definitely needs pools, plural, in order to do anything close to Sydney and develop high-performance athletes in the water.

Physical activity also means walking, the equivalent of that 20 minutes a day. We'd like to get kids in school to do some exercise. One way of doing that might be walking to or from school. Is it an idea to target the parents, who, in my observation, particularly in the suburban riding that I represent, insist on driving their children two or three blocks from home to school, a distance that's perfectly safe to walk?

Secondly, do you have any thoughts on what might be necessary to work with parents and children from families who are new Canadians to get them involved in Canadian mainstream sports such as track and field, hockey, baseball, football, soccer, basketball, swimming and so on and so forth? When you go into the leagues and the associations that represent young amateur athletes, they don't really mirror the community; they're pretty mainstream. Children from new Canadians are not getting involved in organized athletics in Canada.

Do you have any thoughts on that?

**Hon. Mr. Watson:** On the issue of safe routes to schools, we do have, in our healthy eating/active living strategy, approximately \$200,000. We'll get the breakdown that Ms. Martel had asked for, but I just have the one reference that you mentioned, Mr. Delaney. It's the active and safe routes to school initiative: "... increase opportunities for kids to [become] physically active each day," and "we will provide additional resources to community organizations to develop active, safe routes to

school that make it easier for kids to walk or bike to school, instead of being driven.”

I’ve been at a couple of these schools, actually—one in Toronto, one in Ottawa—where they have these programs in place. It really does take the commitment and the interest and the support of the parents, obviously. It also takes an active principal, vice-principal and teachers to get excited about this.

I was in a school in Brampton a little while ago—I think, Peter, that you were with me, as was Vic Dhillon, our colleague. It was the school that had the highest number of children on a per capita basis in the world who walked to school. They’d won an international award. The teacher was a dynamo in that school, and she was going to go to Australia to pick up that award. I don’t think she was going to walk there, but you just felt the energy around her. She was just so pumped about this program.

I wish I could remember the name of the school. I apologize for not mentioning it in the record. It was a great visit. We were there for a couple of hours, and it was an opportunity for individuals to show off how well they had done in their own particular school.

There’s also the Go for Green program, which was a recipient of a CIAF grant for \$100,000. It is to plan active transportation communities. It will engage 45 communities this year, and assist 15 of those communities to evaluate and approve their active transportation plans. I had the opportunity to announce that particular grant, I believe, at Pierre Trudeau school in Barrhaven not too long ago, just outside of my own riding.

So we do have some programs in place. They tend to be smaller amounts that are focused on particular geographic areas, because we think one size doesn’t fit all. There are obviously challenges in large northern communities, where it’s not realistic to walk. But what some of the schools are doing is encouraging the school bus to stop a couple of blocks early. They have a monitor that will bring the kids, and they’ll actually walk a couple of blocks as opposed to getting driven right to the door.

Also, in Brampton, at that same school, they have a walking school bus program, where two kids get dressed up in the school bus outfit. It’s almost like the Pied Piper: The principal goes out and he picks kids up along the route. It was the funniest thing to see. All these kids were waiting and peering outside their window. When they saw the yellow school bus, which was sort of a Velcro thing attached to the kids, they would just come out, and their parents would be there. It was a really exciting opportunity. The name of the school, because I should give them credit, is Morton Way Public School in Brampton, a really dynamic school.

**Mr. Delaney:** Thank you. I believe my colleague Mrs. Jeffrey has a few questions. Just before I give the floor to her, I do want to point out that a vending phenomenon of about a decade or so never took off, so you can take solace in the fact that Ontarians never took to French fry vending machines.

**Mrs. Linda Jeffrey (Brampton Centre):** Mr. Chair, how much time do I have?

**The Acting Chair:** Five minutes, Mrs. Jeffrey.

**Mrs. Jeffrey:** Great; thank you.

Minister, you stated in your opening remarks that health promotion leads to good public health, and good public health is excellent economics. I’m glad that you’ve been bragging about Brampton, because I have another story for you. Something happened to me last week, and I thought I would share that with you today, having listened to your opening remarks with regard to the phone- and Web-based dietitian advisory service you spoke about.

I came home with Dr. Kular from a hearing out in Peterborough last week and happened to stop in and chat with his wife, who is a dietitian. We were talking about a project she’s involved in. She has been working with people in the South Asian community. I learned a lot about how that community has a diet that’s very high in starch and sugars, and how she’s been working with individuals in her community to re-educate them about different choices they can make in the types of food preparation. I don’t envy you having to try and reverse those poor food choices and encourage people to make changes in their behaviour, because that really takes a long time to do.

I guess what I wondered was perhaps if you could elaborate on this Web-based dietitian advisory service—I think initially you spoke about it being an issue in the rural area; I think there are people in the suburban area and the GTA who really have been making the same food choices for decades, because that’s the way mom used to cook it—and how you can make those small inroads into making changes in people’s kitchens that will be long-term and effective.

**Hon. Mr. Watson:** Thank you for the opportunity, Mrs. Jeffrey, on this issue. Let me just give you one quick statistic that shows you why there’s a need for this kind of service. The Ontario ratio of registered dietitians to 100,000 population, at 20, is one of the lowest in Canada, compared to the national average of 24. That’s from the College of Dietitians of Ontario. Most people do not access and do not have access to a registered dietitian, and that too is one of the obstacles why we have a challenge with overweight and obese people. They’re not getting the kind of nutritional education in high school many of us did growing up. There used to be home ec classes. I remember learning how to cook. I made blancmange. I made it for about a month in a row. My parents were sick of it after a while. But it’s because I learned it in school, and those opportunities aren’t there. Our former agriculture minister Steve Peters would always go on and say that too many urban kids think the food comes from a grocery store. They don’t understand that it’s from a farmer’s field and orchards and so on.

**1330**

One of the things that Dr. Basur recognized in her report *Healthy Weights, Healthy Lives* is that we do need to do a better job of giving Ontarians the access to

registered dietitian service. It will come out in two phases. The first will be a website which will serve as an interactive reference point for diet- and nutrition-related information. We'll also have frequently asked questions. But individuals can write in and receive a reply back via the Internet.

The second phase that will be up and running—I believe early in the new year is the plan—is to have a 1-800 number. A lot of older people, for instance—I'm not trying to generalize, but it's a fact—don't have access to the Internet or are not comfortable with it and would rather have a human being that they talk to for advice. That 1-800 service will hopefully fill that void. It will also give us an opportunity to properly measure and see how successful the program is and what tweaking has to be done. But you're quite right: It's not just a rural issue. There are lots of people in urban Ontario, whether it's Brampton or Kingston or Sudbury, who do need these services.

There have been all sorts of different reports that come out that talk about health patterns in urban, suburban and rural communities. The bottom line is that when you have close to 60% of our fellow adult citizens either overweight or obese and there's been a 300% increase in obesity rates amongst children in the last 25 years, according to Stats Canada, you quickly realize that we have our work cut out for us and we have to try new and innovative ideas, because some of the others have not worked, clearly by the statistics we're seeing.

**The Acting Chair:** Thank you very much. We move to Mr. Sterling.

**Mr. Sterling:** Mr. Chairman, in the interest of a mother getting her children to—was it a sports activity?—

*Interjection.*

**Mr. Sterling:** —I'm going to defer to my colleague Ms. Martel.

**Ms. Martel:** I actually have a couple of more rounds to go, but Mr. Sterling is going to help me out here, so I hope the committee will bear with me. Thanks very much, Norm.

I wanted to ask some questions about your Ontario trails strategy.

**Hon. Mr. Watson:** We've included a copy in the package.

**Ms. Martel:** The first issue I want to raise has to do with the challenge that is facing many groups who are maintaining trails or would want to maintain trails. It's an issue that I don't feel was sufficiently dealt with in the report, and I would like to know how the Ontario government is going to handle this, because it was raised during the consultations from more than one group that maintain trails.

It has to do with the issue of insurance. I just want to quote from the "Challenges" section of the report that says, "There is evidence of serious issues facing Ontario's trails community:

"—Stakeholders report that the cost of liability insurance for trail organizations is becoming prohibitive."

In the same area of "Challenges," again it's repeated: "The cost of liability insurance threatens the long-term viability of trail organizations. Concerns about liability discourage many public and private property owners from permitting trails across their properties."

On the next page, again, "Access to land" as a challenge: "Many property owners, including owners of agricultural and other rural operations, hesitate to give access to property because of concerns related to liability...."

And the fourth concern, with respect to "Lack of funding and land resources," again: "The sustainability of trails is uncertain due to rising costs (e.g. infrastructure, maintenance and insurance)...."

When I go to the strategies that the government has for implementing the trail plan, I see with respect to this very serious issue of insurance the following two points: one, "review best practices and risk management tools related to liability" insurance; second, "examine education and awareness opportunities that address liability and insurance matters."

I say to you, given the concerns that have been raised with me in the last year alone by three different organizations that maintain trails—by the Ontario Federation of Snowmobile Clubs local chapter, by a local canoe club, and by a local cross-country ski club, all of whom were having serious, serious issues raising the money to pay their liability insurance—this is a really serious issue, and it's one that's going to impede your trails strategy unless it is dealt with.

I did write to the Minister of Finance in July 2005 asking what the government was doing, raising the local cases I just raised with you. I got a response from him saying that it was going to be forwarded to, at that time, Minister Bradley, because at that time Minister Bradley was undertaking the development of Active 2010. Then I got a letter from Mr. Bradley saying that this was being referred to you because you were now taking over the development of the trails strategy. That was August 12, 2005, and I haven't had a response. So what I would like to know from you is what the government is going to do about this serious issue, because I have to tell you that the two bullet points that I raised—reviewing best practices and examining education and awareness opportunities that address liability—are not going to cut it. The fact that liability insurance is so expensive now for groups, which are primarily non-profit, whom you want to rely on to have your trails strategy work—they're going to be out of business if this issue is not addressed.

**Hon. Mr. Watson:** I think you raise a very serious point. What was the date of the letter you sent to me that we haven't responded to?

**Ms. Martel:** It was date-stamped that it was received in our office on August 12, 2005.

**Hon. Mr. Watson:** Sorry, that was—

**Ms. Martel:** This was a letter from Jim Bradley to me saying that my letter had been forwarded to you. So it was his letter that came into our office and was date-stamped August 12. I'll give you copies of all of these.

**Hon. Mr. Watson:** I apologize for that. I don't know what happened. Obviously, it slipped between the transition from the two ministries, so we'll undertake—it's interesting. Two years ago at AMO, my very first question in one of the ministerial accountability sessions was on the issue of liability, because it does affect a number of municipalities across Ontario. This year, of the, I believe, seven delegations that came to see me, about four or five of them were on trail issues, although the liability issue had come second to the concern about lack of infrastructure dollars to help maintain or build trails. So there's a two-pronged approach.

The strategy itself has been well received. I give credit to Minister Bradley and his parliamentary assistant at the time, Tim Peterson, who took overall responsibility for the trails strategy. I was fortunate enough to be in the position to launch the strategy just about a year ago.

This is a very complex issue, and I don't have a simple answer for you, because it does involve a number of ministries, it involves a number of pieces of legislation, and it involves the private sector; namely, individual property owners, farmers, conservation authorities and the like. I can tell you that we have established and we're an active part of an interministerial working group that includes, among other ministers, the Attorney General, the Minister of Finance and myself, and we are currently reviewing a number of pieces of legislation to determine what power we have within the provincial sphere to do something to help ensure that liability does not turn into such a large detriment that trails are being shut down. So we're looking right now at the Occupiers' Liability Act, the Trespass to Property Act, the Line Fences Act and the Public Lands Act, among others, and we're consulting with the Ontario Trails Council to determine what we can do.

We also have the issue that is broader than just trails: liability of voluntary groups. The Minister of Citizenship and Immigration, my colleague the Honourable Mike Colle, was just given cabinet approval to put together a citizenship in action strategy, which is a range of measures under consideration. They're aimed at creating a more supportive environment for volunteers who sustain the trails in our communities but who are also involved in a wide variety of philanthropic and charitable tasks and are afraid that they're going to be sued as a result of good work that they're trying to do in the community. He's taking the lead with respect to the liability of individuals. We're feeding into that process with this interministerial committee.

But the long and short of it is that I don't have a solution to the problem at this point. We're well aware of it. This has been a problem that's been growing over the years as insurance challenges face these groups and more and more companies are reluctant to provide the kind of insurance because the public is accessing these trails. In particular, I know in farming communities that we're seeing some farmers who are shutting down the trail. Before, out of goodwill, they used to allow people to traverse the trail, whether on skis or ATVs or just

walking. That is becoming a problem and we're hoping to find a solution.

**1340**

**Ms. Martel:** You mentioned that the interministerial committee is looking at the Occupiers' Liability Act and you referenced a couple of others. One you didn't mention which I would put out for consideration would be amendments to the Insurance Act. Part of the dilemma, as I understand it, is that liability insurance is not mandatory under insurance laws in Ontario now, like auto insurance, for example. I think what the government might consider is ensuring that insurance companies have to underwrite insurance for liability but those rates have to be approved by FSCO, the Financial Services Commission of Ontario, hopefully as a check to exorbitant premium offerings to groups like OFSC. In my case, it's a seniors' group that's trying to maintain a canoe route and is having great difficulty. Every penny that they fundraised two summers ago went back to paying liability insurance and not to do anything on the trail itself.

While the group is looking at those other pieces of legislation, I would really seriously recommend a look at the Insurance Act and amendments to it to see if regulation by FSCO is a possibility and then, with that, that insurance companies have to offer insurance and those premiums have to be reasonable. Otherwise, I just think your whole strategy is going to be totally undermined by an inability of groups to actually carry out the work that they'd like to do to make sure there are trails available, whether they be snowmobile trails, hiking trails, canoe routes etc.

**Hon. Mr. Watson:** I just would point out that finance is part of that interministerial team and we will pass along those comments to them.

**Ms. Martel:** I raise it with you because finance talked to me about the Insurance Act and then sent it to Mr. Bradley, who sent it to you, so now I'm sending it back to say you want to raise it with Mr. Sorbara again as an issue, particularly in light of what you're trying to do around trails.

There are a number of initiatives that you outlined. I will just make note of them and ask if the committee can get a response to the initiatives that were outlined on the trails, rather than doing a question and answer on each right now. So if I can just run through those that I noted in the document.

There were several initiatives that I wanted to get some information on. One was to form an Ontario trails coordinating committee representing a broad range of interests. I don't know if that's been established or not, so I'd like to know if it has and who the partners are.

Secondly, there was a strategy to nurture the development of standards to guide trail development and management. I don't know if those standards have been developed yet or if that's something you were hoping the Ontario trails coordinating committee was going to put in place, so if you can give me some information about that, that would be helpful.

There were recommendations to develop a province-wide code for the responsible use of trails, to respect other users, property owners, including farmers etc. I'm wondering if that is under development at this time.

Then there were issues around funding and investment models for the support of trails and trail-related organizations. I didn't see a capital component attached to this report. If there isn't, then if there's not money that's set aside in the ministry to support trail development or trail-related activities and organizations, I'd be interested in having a sense of where we think the funding is going to come from.

It also said, "Develop volunteer opportunities for women, new Canadians, youth and people with disabilities." I don't know who you're doing that in conjunction with or if that's been developed, but if I can get some information about that, I'd appreciate it.

There was also some indication that a fair number of things were going to go onto the Internet, so for example:

"Facilitate Internet access to information on best practices in environmental and natural and cultural heritage conservation.

"Facilitate Internet access to information on best practices in property owners relations....

"Facilitate Internet access to information on best practices in trail user accommodations and safety."

I don't know if that site is up and running, if that's going to be under your ministry or if it's going to be a different site with that information, so if I can get a response to that.

Finally, another one; this was a website, as well:

"Establish a website to provide one-window access to trails information and linkages to websites.

"Include trails in the Land Information Ontario electronic database and mapping system."

If I could just get an update on those items, that would be great.

**Hon. Mr. Watson:** We'll provide a reply to all of them. Just as a matter of interest on the first point you asked about with respect to the Ontario trails coordinating committee, I'll just read, if you'll indulge me—I think there are about 10 names here, Mr. Chair—the members of the committee: the Ontario Trails Council; the Ontario Federation of Agriculture; Nature and Outdoor Tourism in Ontario; Active Living Resource Centre for Ontarians with a Disability; Go for Green; an aboriginal representative—we're awaiting designation by the Chiefs of Ontario; the Ontario Stewardship program; Conservation Ontario; AMO; Ontario Heritage Trust; Ontario Federation of Anglers and Hunters; and the trail studies unit at Trent University. The committee has met twice so far, on March 20 and June 26, and its third and final meeting for 2006 will be December 4. On the other points, we'd be pleased to get back to you on the specifics.

One of the benefits of the strategy is that it actually focuses us on trying to come up with some achievable goals. One of the things I found interesting is that there is not one comprehensive website listing and mapping of all

of the trails. So from a tourism development point of view, as more and more people find an interest in hiking and going on trails and nature walks, this is a link that, when developed, we will be able to feed into the Ministry of Tourism site for their visitors, but also for Ontarians themselves to have a better understanding of how extensive the trail network is in Ontario.

**Ms. Martel:** Thank you. I'd like to ask Dr. Basrur some questions about the public health protocol that's been signed with NAN communities this summer. I had a chance to talk to Deputy Grand Chief Alvin Fiddler last week about this, so I want to follow up with some questions for you with respect to the protocol.

Primarily, if I might, what does the province see as its responsibility as a partner to this agreement? I understand that the terms of reference might be finished; I'm not sure if that's true or not. But generally speaking, what do you see as your responsibility as a provincial partner in this agreement with the 49 or 51 communities of NAN?

**Dr. Basrur:** In general terms, the responsibility of the province is to be at the table in good faith, in a transparent manner; to ensure that the expenses for NAN in coming to the table, including travel expenses and related costs, are provided for; and to provide opportunities for discussion and agreement on areas of mutual interest and concern.

We recognize that aboriginal communities and First Nations, both on and off reserve, have tremendous health disparities. We recognize that there has been a lot of information collected that may be in the hands of many different organizations and levels of government and we'd like to have a one-stop table to which we can bring these disparate reports or pieces of information or opportunities, whether they be funding or just areas of interest, together so that we can align our efforts to better effect.

**1350**

**Ms. Martel:** If I can deal with the last one first, then, because he did talk to me about a central repository—that might be the best way to describe it—of data on the health in NAN communities, you would have that picture from Indian affairs, you might have some from Health Canada, you might have some from the Ministry of Health and Long-Term Care, there may be some in the native secretariat—you may have this information in a number of places but not in a central location that be can accessed, which you would really need in order to determine what your priorities are going to be and how you fund that. I understand that a direct proposal has not been given to you in this regard, as far as I know, but my understanding of the conversation was that the ministry might be amenable to what would probably be capital funding on the technology side, to have this information brought together in a central place that NAN could then access and use as the basis for developing their own health priorities. Is that correct? Is that how it unfolded?

**Dr. Basrur:** We've had one official meeting since the protocol was signed, so it may be a bit premature to talk about capital funding for an IT project. That may be the

outcome after a series of discussions and securing of funds, but nonetheless I think at the outset, for example, in addition to the sources of info that you mentioned, Cancer Care Ontario has an aboriginal cancer strategy as well as an aboriginal tobacco strategy, and they are yet another repository of health-related information. And cancer rates in First Nations communities are much higher than they are in mainstream Ontario. So the first question is, what are all of the kinds of information that have been collected, hither and yon, about the health status on reserve as well as off reserve, and secondly, where are those gaps that need to be closed in order for us to mutually have a full picture? And of course, when I say "us" I mean, first and foremost, NAN and their local communities, chiefs and councils etc. Where MHP can align its funding—it's limited, but still some funding—as well as its priorities, we'd like to move forward.

I will say that my division has a dual relationship with both the Ministry of Health Promotion and the Ministry of Health and Long-Term Care, and while our protocol is focusing primarily on the MHP side of the ledger, it may be that just because of the way that funds have been allocated between the ministries, we may be looking at all possible opportunities to move forward.

**Ms. Martel:** The second proposal, which may have been more developed, that should have been on its way to you, or may have been given to you at the meeting at Sachigo Lake, would be a proposal that was developed in February 2006 for a mobile crises unit for NAN communities, to help support the 51 communities throughout the NAN region. I don't have to tell you—I'm sure you know, certainly as a result of the meeting—that the level of suicide, especially of young people, is extraordinarily tragic in these communities: in the last 20 years, about 330 young people. So, in response actually to a request made by Minister Smitherman early in January, NAN put together this proposal, a draft of which is entitled February 2006, which I understand they were to give to you, so that this mobile unit could support local communities who are just overwhelmed these days trying to respond to mental health issues and are not in a good position to respond to crises when they unfold. You mentioned that there's some limited funding at health promotion, perhaps some more funding at the Ministry of Health. Is this a proposal that you have seen, that you've taken a look at, and can you give me any sense of where it might sit now in terms of a possibility for funding?

**The Acting Chair:** Excuse me, Ms. Martel. You've just finished your first 20 minutes and you're moving into your own 20 minutes, just for your own timing.

**Dr. Basrur:** The proposal was discussed at our most recent meeting. I haven't seen it in detail. I understand it was submitted to the Ministry of Health and Long-Term Care, and any funding that would be approved for it would need to come out of that portfolio, as compared with the Ministry of Health Promotion one. It's beyond the scope of Minister Watson, first of all, so I'll just note that, and my commitment to Deputy Grand Chief Fiddler was to follow up with my contacts in MOHLTC to see

what the current status of it is and how it might align with MOHLTC's priorities, recognizing they're in an evolution towards LHINs, which are a separate matter again.

**Ms. Martel:** You wouldn't want to send this to the LHINs for funding. That would get a very adverse reaction from NAN, because they had many problems with that whole structure. I won't get into that again. This, as I gather, is the top priority for the NAN communities, so if there was anything that needed to be funded as a priority to show goodwill on the part of the province with respect to the protocol, I think this would be the one to do and especially the right thing to do, given the tremendous negative consequences in the communities of these deaths over a number of years. So I just say in support of this document that I have a copy of, and in support of speaking to the deputy grand chief about how important this is to NAN, that I really hope the Ministry of Health and Long-Term Care, and you in your dual role, will be in a position to push that initiative forward and to find the funding for it. It's a little over \$1 million a year, as I understand it.

In that respect, I would ask, then, because I see a limited role for health prevention—an important role but a limited role financially—has the ministry set aside some funding resources to give support to the agreement? I don't mean funding resources to deal with the costs associated with the meeting, although that is important and I appreciate the ministry is funding that. I'm thinking more about the priorities that come through the discussions, because these priorities are going to have (a) proposals and (b) costs attached to them. I wonder if in the estimates for 2006-07 there is some funding set aside to fund proposals that are over and above funding the costs related to meetings.

**Hon. Mr. Watson:** I can give you a rundown, Ms. Martel, with respect to the spending plan for 2006-07. This is funding that we have available, and there are opportunities for individuals to apply for funding within most of these envelopes: Smoke-Free Ontario, \$2 million; the HEAL strategy, \$1.5 million; CIAF, \$450,000; Sport for More, \$500,000; problem gambling, \$1 million; FOCUS, \$90,000, for a total of \$5.54 million, which is \$800,000 more than the previous year. That doesn't preclude groups, aboriginal communities, First Nations communities from applying for CIAF out of the general fund. But this is targeted specifically for First Nations communities.

**Ms. Martel:** I appreciate that response. I would just say, though, as I think about that, that those pools of funding would not be ones that NAN, through the protocol, could deal with with respect to its first priority, which is the mobile response unit, nor would it be able to deal with, I think, its second priority, which would be the capital technology and infrastructure necessary to support a database around health status. I fear what you're going to run into through the protocol—and I'm not saying that it shouldn't be done, and I'm pleased to see that NAN and the province are participating through the protocol.

My concern is that what you will have coming forward on the NAN side will be projects and proposals that, as it stands, could not be funded through health promotion. So I'm not sure where that takes you in terms of being able to positively respond to the protocol and what you see as your responsibilities under it.

**Dr. Basrur:** Well, I think we'll have to take it one step at a time, recognizing that mental health crisis services definitely are outside the scope of the protocol as currently written.

The capital technology for health status: Again, we don't have the capital dollars in the ministry budget, and IT is generally, even for public health purposes, typically funded through the MOHLTC envelope. Once again, what I can do is commit to pursuing both of these aspects within the MOHLTC arena.

**1400**

With regard to the capital technology, I'll only note that through public health, we are pursuing information system development—it's well out of scope for MHP, but just to give you an example—in the area of immunization. We recognize that that is an area of considerable interest and importance to First Nations and aboriginal communities, and we're investigating ways in which we can build their information needs into the design of that system already. It may be something that we can build on in the future to go beyond immunization, but that of course would be a future discussion.

**Ms. Martel:** Your funding in that regard usually comes through a health unit, though.

**Dr. Basrur:** No, these are provincial funds. They're tied in with Canada Health Infoway on a pan-Canadian basis, so it's quite separate and apart from transfer payment dollars to public health units.

**Ms. Martel:** All right. I appreciate that information. Are the terms of reference a public document yet? Have they been finalized?

**Dr. Basrur:** They have been finalized, and we've had a number of requests to receive copies of them. What we have agreed to, in the spirit of co-operative partnership, is to make sure that we have a mutually agreed-to communication plan. Once that is in place, we will be circulating the terms of reference as mutually agreed to. So anyone who is interested in getting a copy once that plan is in place would be able to, pursuant to what we've agreed to.

**Ms. Martel:** I appreciate that. And your next meeting would be in December?

**Dr. Basrur:** Yes, that's correct.

**Ms. Martel:** Was the agreement for three times a year?

**Dr. Basrur:** I believe so, yes, with teleconferences and so forth in addition.

**Ms. Martel:** I will try and get a copy, then, of the terms of reference when it has been sorted out how and when they will be communicated to the public. I appreciate the considerations that have to take place in that regard.

Can I also continue to ask you some questions on a different matter, but something else that you have been

involved in? This has to do with a meeting that you had, I believe, at the end of June with respect to trying to incorporate breastfeeding as a health promotion initiative. I gather that you met with Dr. Jack Newman and Esther Goldstein, and there were representatives from your ministry and from children and youth services on that particular matter.

I just want to back up, because I had encouraged them to meet with a number of representatives, so I'm glad that they had a chance to meet with you. My involvement in this came some months ago, because Ms. Goldstein contacted me when North York General closed Dr. Newman's breastfeeding clinic. She and many others who sent e-mails to me were very concerned at that time about the closure of that particular clinic, because of the specialized services that were being offered. It then developed into a much broader concern about gaps in services for families in the province: firstly, from the closure of breastfeeding clinics not just at North York General but at Brantford General Hospital, at St. Mike's, in Sarnia and at the Humber River Regional Hospital; secondly, the lack of specialized services for women, because the closure of that particular clinic caused a problem—Dr. Newman is now on a site at the naturopathic clinic, so he is up and operating, but I think that's probably one of the only specialized services that's operating in the province for women; thirdly, a gap in services in public health units, where some may and some may not have lactation consultants to support the public health nurses through the healthy babies program; and finally, a gap in the hospital system: As a result of the very tragic death of an infant, where a mom was trying to breastfeed and didn't have the supports and the infant died, there was a coroner's jury set of recommendations in 1997 around hospitals, that all hospitals that have obstetrical services have breastfeeding clinics, a lactation consultant on staff, and the financial assistance to train nursing staff to upgrade their skills in breastfeeding techniques. I suspect that most hospitals wouldn't have those services, despite the coroner's recommendation.

I wrote about all of these issues to Minister Watson in March, and I just got a reply last week. Again, I guess with respect to the response, I appreciated receiving his response, but I was disappointed by what I perceive to be kind of a lack of interest in really moving this dossier forward to ensure that the province has a provincial strategy around this issue.

I raise that because Quebec has quite a sophisticated and important protocol and policy guideline around breastfeeding that was developed by their department of health and social services in conjunction with a number of other organizations. I won't list them.

The document itself goes back to 2001 and references responsibilities for implementing breastfeeding as a provincial policy issue. It sets out the responsibilities of that particular department, the responsibilities of public health administrations and regional health authorities, the responsibilities of hospitals, the responsibilities of local

community health centres that have birthing centres and those that do not, even responsibilities of health care professionals in private practice and in facilities, and responsibilities of support groups and community organizations.

It lists the responsibilities. They have to try and meet a goal that the Quebec government set of a certain percentage of women in hospitals, leaving hospitals, breastfeeding as they leave hospitals in the first two, four, and six months, and also the first year. It's quite an aggressive strategy.

I know there are lots of initiatives and things that can be undertaken, but I just think the importance of this as a health policy issue, as a health promotion issue, can't be disputed. I'd like to know what your view was of the meeting and, secondly, is there any chance that the Ministry of Health Promotion is going to be seized of this issue at some point to even begin the work, like Quebec has done, to implement a provincial strategy which would clearly outline the province's support and how all of the other organizations and affiliate groups put that support into practice? So I guess my question is, what did you think of the meeting, because I've seen some of the documents that were given to you, and what, if any, commitment can be made to having this ministry take on this issue in a really serious way?

**Dr. Basrur:** As a public health professional, I certainly agree with the importance of breastfeeding as a very key determinant of health in a wide variety of ways, including but not limited to future risk for obesity and a variety of other chronic diseases, which this ministry obviously has a primary role within government on.

I was struck in the meeting by the fact that the proponents, Esther Goldstein and Dr. Newman, had pretty well been from pillar to post among a whole number of government entities without getting satisfaction, as it were, because, frankly, there has not been a singular strategic focus on breastfeeding by any level of government or organization in the last few years. That's not to say it's never been, but in recent years, there has not been. I'll say this as chief medical officer of health at this stage.

With the creation a few years ago of the Ministry of Children and Youth Services, the child health resources of MOHLTC were migrated over and became focused more on the Healthy Babies, Healthy Children program, which is focused on children at risk, parents in difficult social and economic circumstances, etc., and less so on breastfeeding support across society.

With the creation of the Ministry of Health Promotion, finally we can have a renewed focus on the health of children, not just managing the risk of children and families, but rather the truly preventive and promotional aspects of it. We're having to grow that area within the Ministry of Health Promotion because it is not an area that has been a focus. There has been a lot of attention on infectious diseases, a lot of attention on tobacco control, rightly so, but this is an area that needs more attention in future. So as chief medical officer of health, for the reasons put very compellingly by the advocates and also

because of my background knowledge of the issue, it is one that I will be looking at in the time to come.

**1410**

**Ms. Martel:** In support of what they gave to you—and you may have seen this, even though the document goes back a couple of years—in March 2004, the Ontario Public Health Association wrote to Minister Smitherman at the time, saying, “At the start, I’m writing to make suggestions to you respecting the health of infants.” He references Healthy Babies, Healthy Children, but points out that it’s really home visits for low-risk families, not all families. I agree there should be a focus on low-risk because we really need to deal with those, but we need to have some supports for all families, I think.

He said, “Although this is a good beginning, this is not sufficient to accommodate a family experiencing a breastfeeding crisis. The literature suggests that visits by public health nurses are extremely helpful to these mothers and infants and that many medical issues which involve physician or hospital visits can be avoided if public health nurses can devote the time needed to work with mothers and their infants.”

He suggests on the next page, “[T]here is some evidence that Ontario is falling behind some other provinces in ... measures of breastfeeding success” and “we would very much welcome anything you can do to address the immediate funding challenges public health departments face, particularly by stabilizing and hopefully increasing the amount of time public health nurses can spend with new mothers.”

That goes back to March 10, 2004. If I look at the funding for health units this year, I recognize that there is a 5% cap. My discussion with my own medical officer of health suggests that they are just holding the line on current programs. They will not be in a position to fill some of the positions they wanted to fill, so I don't see any opportunity to ramp up Healthy Babies to a point where there can be more visits and perhaps visits to families that we wouldn't traditionally define as at-risk.

In that regard, I'm wondering—because it's going to be a question of resources, strategy A, and resources, strategy B. As you wear your other hat on the public health side with significant funding for public health units in the Ministry of Health, what are we going to be able to do, if anything, around Healthy Babies, especially in light of a funding environment now where there has been a 5% cap imposed on growth in public health programs and on the mandatory programs?

**Dr. Basrur:** Just to clarify the terminology, the program Healthy Babies, Healthy Children is funded by the Ministry of Children and Youth Services. The health of children is a mandate for the Ministry of Health Promotion. Hospital services are of course the purview of the Ministry of Health and Long-Term Care, which is probably symptom number one as to why the advocates you mentioned have had to go to a number of different points of decision-makers.

With regard to public health mandates and funding and program activities, yes, the funding has been capped

for the next few years at 5% growth over and above the step-wise upload to 75% by 2007. We are just embarking on a comprehensive review of the mandatory health programs and services guidelines, and as Minister Smitherman mentioned at his appearance before estimates committee, that should be finished next spring.

One of the things that we will be looking at is ways in which we can use the mandate and resources of health units more effectively to achieve their fundamental mandate, which is to protect and promote the health of populations, and of course you start as early as possible wherever you can. If that means a reconfiguration of local priorities such that it puts more attention onto breastfeeding, for example, in the context of child health, that will be something that we look at. But it's well premature for me to be making predictions as to the end point for that review at this stage.

**Ms. Martel:** Is it through the child health program that the nurses from the public health unit go into the hospitals or is—

**The Acting Chair:** Thank you, Ms. Martel. We've come to the end of our 20 minutes. We can move now to the government side. Mr. McNeely.

**Mr. Phil McNeely (Ottawa–Orléans):** In 1952, my high school was closed in Cumberland and my two-mile walk each day in each direction was ended. A lot of the kids are now bused. We've built gyms, but a lot of them are closed to communities after hours. I know the programs to support community youth have been good ones. Our youth have TVs, videos and computers, and activity is certainly not at a high level. We took phys. ed. out of schools. I'm not sure when that happened with the high schools, but certainly that was not a positive development.

One of the successes that we have had was the Exposé program—"Exposé" was what it was called in the Ottawa area; I'm not sure what it was called across the province. Public health nurses were involved with the youth in the high schools in a very big way, and these programs were very effective in getting young people to stop smoking and in getting young people to influence the legislation.

The Ottawa high schools had 24,000 petitions to our government to ask us to take the power walls out. In May 2008, I believe, the power walls are going to come out of retail. Power walls are a big reason that youth take up smoking.

Education dollars are hard to come by. Phys. ed.—physical activity—is one of the areas in school that was mandatory, certainly in my time.

You mentioned today some of the successes you've seen across the province in high schools in getting kids more active. We have in high schools now, I think, that it's mandatory to do community service—I think that's one of the requirements for young people to graduate. I just wonder if you see merit in requiring some degree of physical activity, in making it mandatory in schools, even if we don't introduce phys. ed. again with the phys. ed. instruction, and taking that time out of the academic subjects.

Do you see some options, maybe, for some percentage of the marks at the end of the year being determined on the basis of whether the student is keeping physically active: a small percentage—it might be 5%—of the mark that they have to meet? It's not meeting some physical mark that's beyond the student. Each student would be doing, as you had explained before, whatever they could, the maximum to keep themselves physically fit, or doing a certain amount.

In Exposé there were budgets provided to the students who were on these teams. They had small budgets. As you said previously, they can take these budgets and do a lot with them. I was at one activity at St. Peter's where they'd spent about \$300 on that activity for their whole school and it was quite successful. They felt good about having some dollars to manage and develop programs themselves, and they did very well with it.

Is there presently a provincial program with public health or other people, with schools, to develop the grassroots support for increased physical fitness? Is there a program under way? With the successes of the no-smoking campaign in high schools, can that experience, can that way of doing things, which I thought was extremely effective—old people have a difficult time changing their ways, the cultural change, but the kids seem to be able to pick up on things very quickly. I'm just wondering, is there the intent to get involved in a similar campaign in exercise and possibly in food choices in the high schools, as was done with what we call the Exposé program in Ottawa?

**Hon. Mr. Watson:** You covered a lot there, Mr. McNeely, and I know of your interest particularly and your support for us going down the route of providing more opportunities, whether they're mandatory or not, with respect to physical education in high schools. As I've said in the past, it's something that I personally very much support. We can't do all of the good things we're doing in elementary school and then simply stop it at grade 8 or grade 9. All of that good work is for naught when the kids start to develop even more bad habits, whether it's smoking or whether it's lack of physical activity.

I indicated just a few days after I was sworn in in this portfolio—and it was, I think, the Heart and Stroke Foundation that coined the phrase in a report—that "Fat is the new tobacco."

In many ways, I think we have to be as aggressive on the obesity issue, as Dr. Basrur pointed out in her report, as we have been when it comes to fighting tobacco and fighting smoking. We've had success. I've pointed out that a couple of decades ago it was five in 10 individuals smoking in this jurisdiction, and now that figure is two in 10. So we're slowly winning the battle, but I don't think May 31 was our time to lay down our arms and simply celebrate. We still have that 20%, which represents two million of our fellow citizens, who still smoke, so we have a long way to go.

**1420**

One of the reasons we have been focusing on the youth market, through things like stupid.ca and through the programs like Exposé, which I know that you're very supportive of—I give credit to Dr. Cushman and Heather Crowe, Mayor Chiarelli and the council that you served on for providing them funding through the public health unit. Exposé, just as an aside, has gone on to be very much the gold standard of youth engagement when it comes to anti-smoking initiatives. If members of the committee don't have a copy of the guide that they put out, I can arrange to get copies. It's an excellent publication that is a how-to manual of how to de-normalize the tobacco industry, how to organize petitions and lobby politicians and so on, from a youth perspective. It's one of the reasons we've committed this year again \$500,000 for these \$1,000 high school grants.

If members want to know how to get their schools involved, I would refer you to the public health units, because we provide the money through the public health unit, and the public health unit then receives applications from the various schools. We were able to provide grants for up to 600 schools. If there's a school in your riding that has not benefited from this, I'd urge them now to get involved through the public health unit to get that money, because in essence, that will be the next generation of Exposé. There is still work to do, as I said, and we're not going to give up the battle for the rest of the 20% of the people who still smoke.

With respect to physical education, again, our communities in action fund does allow schools to benefit from some funding opportunities, whether it's for sports equipment or programming. I just wanted to come back to something Ms. Martel had asked with respect to the kinds of programs that have gone into First Nations communities. I went up a few months ago to Thunder Bay. At the aboriginal school in Thunder Bay, with my colleague Mike Gravelle, I presented them with the funds to build a weight room through the Sport for More program. It wasn't with CIAF; it was Sport for More. I tell you, I've never gotten such a warm reception from teenagers, who most of the time couldn't care less if you're a minister or whoever; they aren't into the whole protocol business. But they gave me such a warm response, because they've been waiting and trying to get Nautilus equipment and weights and so on. This was probably the best gift they'd ever received, because it was something that was practical. They could use it. They had the room all fixed up. They were just waiting for the cheque. We got the cheque, and it's now up and running.

I believe that it's often the small things in life that can make a big difference in one's community. I think the very first CIAF grant announcement I went to was in your riding, at your beloved Petrie Island. We had provided canoes, which goes back to Mr. Sterling's question, "Is it a capital expense?" Well, the canoe moves, so we don't consider that capital, but it allowed dozens more young people to learn how to canoe and kayak. We

actually got in a canoe; we're lucky we didn't tip it. It was really a small amount, I think \$20,000 or \$30,000, and it went a long way to helping that summer camp program be the success it is.

While we've done some very good work in the elementary schools with the 20 minutes of daily physical activity, the junk food removal and so on, I still think we have to do some more work in the secondary schools. I would suggest that we have an awful lot of work to do in the post-secondary world as well. I'm meeting with the president of Carleton University in a week or so. I've met with the president of Algonquin. I will meet with other post-secondary student leaders, in particular, to see what we can do, particularly for those young people who are living in residence.

We always hear about the famous freshman 15, and I lived through that. I arrived at Carleton residence as a first-year student in 1980 wearing my jeans, and then, by March, I was in sweatpants, because it was all-you-can-eat food, you were away from your parental influence and that pressure, you were up at midnight ordering pizza, and you had keg parties and the like. People do put on extra pounds. Despite the fact that there are some world-class physical activity facilities at most post-secondary institutions, the fact is that when you're away from probably the influence or hounding of your parents to get out and be more physically active, you're not doing as much as you could.

So we have some work to do in the post-secondary schools. My hope is that we can see some of the HEAL funding or Sport for More or CIAF funding going into post-secondary to work particularly with the residence community, and perhaps their student governments, to develop programs that are going to encourage people to get physically active and get away from, as I've said in the past, the PlayStation and onto the playground—not so much in the case of university students on the playground, but on the sports field.

**The Acting Chair:** Thank you. Mr. Fonseca, it won't be a marathon question, will it?

**Mr. Peter Fonseca (Mississauga East):** No, it'll be a sprint.

Minister, I've just got one question I hope you can comment on. I know we're in estimates committee and we've been talking dollars and cents and focusing on many of our funded programs, particularly in the schools, where maybe we have a better chance or easier chance of changing some of those behaviours so that they become healthy choice type behaviours.

I know you're a big proponent of looking at in-kind dollars or looking at matching dollars in different sectors, be it through our communities in action fund—also, there's one thing that we haven't really focused on here, but I know you've been out in various communities talking to the private sector: Once somebody leaves post-secondary and enters the working world where the pace is hurried, they have little time to address their health needs in terms of eating habits or activity. Can you just

comment on that in terms of what the ministry has done toward looking at the healthy workplace?

**Hon. Mr. Watson:** Thank you for that. I'm glad you raised that, because it reminded me to talk about a great example of the public and private sectors working together, and it comes in your hometown of Mississauga where a pharmaceutical company—I knew one of their vice-presidents; he and I were in student government together at Carleton. He brought me on a tour of their facility, showed me the amazing cafeteria they have and told me how proud they are of their fitness facilities, the cafeteria and the quality of food and so on.

I noticed that it was a subsidized cafeteria, and it was pretty cheap to go and have a cheeseburger and french fries and a cola, yet it was a little more expensive to get the healthier choice on the menu. So I issued a challenge to him—he, in turn, took up the challenge and met with the employee group—“Why don't you reverse the subsidy? Heighten the subsidy on the good food and lower the subsidy on the not-so-healthy food.” What that was attempting to do was to drive people to healthy choices through their pocketbook.

Six months later, he invited us back, and they had done exactly that. They had taken the subsidies and reversed them, at virtually no change in their bottom line, because one goes up and one comes down. Despite, probably, some grumbling by some people who used to like to get a \$3 cheeseburger and fries—they're now paying more for it—they now have the option of getting a better meal at a cheaper price.

There are a number of companies that I'm familiar with in Ontario that are actually starting to go down that route of providing proper facilities for their employees, things as simple as shower facilities. How can you encourage people to cycle to work or to run to work if you don't provide shower facilities? It's not very pleasant to sit in a cubicle next to someone who has cycled five or 10 kilometres. We've got to get more aggressive in working with the private sector to let them realize it is not always a costly venture to be healthy or to create a wellness environment that is respectful of employees.

**1430**

I've been trying—I haven't had much success yet—to get the makers of BlackBerry, the RIM people, to install a pedometer on BlackBerries. When people are going out walking, most of us carry BlackBerries, but we always forget our pedometers. We've got to encourage people to remember it's 10,000 steps to a healthier life. I'm excited when I see pedometers in boxes of cereal and I'm excited when I see libraries loaning out pedometers, because most people have no idea how little or how much they walk, and walking is one of the great opportunities people have, at no cost, to get physically fit.

So if we could be a little bit more creative, both ourselves as government and the private sector, and see what we can do in co-operation—whether it's the fast-food restaurants putting calories on menus and menu boards so people know what they're consuming or whether it's using technology or providing bicycle racks, we've got to

not hound the private sector, but work with them and give them these kinds of ideas.

That's the whole premise behind the healthy schools initiative that I give you credit for, Peter. What it does is get schools thinking about their deficiencies when it comes to physical activity and wellness, and it also spurs other schools on. If they see the flag raised at that one school, their parent council will wonder, “What have we done and what do we have to do to get to that level?” I've had meetings with the dairy farmers, who are willing to work with us to provide more milk coolers and fridges to those schools that still don't have the capacity to have a milk program because they have no way of keeping the milk cold.

Perhaps we can use the leverage and influence of the ministry to an even greater extent to get some of these projects off the ground, as we did at that one company in Mississauga where we were able to convince them to change the subsidy pattern of good food versus not-so-good food.

**The Acting Chair:** Thanks very much. No further questions? Well, your time is up. You're right on the dot, too. We'll move to the third party.

**Ms. Martel:** I wanted to ask Dr. Basrur some questions again, if I might. I just want to return to the questions I was raising on breastfeeding before we finished the last round. I appreciate that you have said it has not been a focus at this point because other things have been, and I understand that. But I wonder, as you make a decision to push it forward and make it a focus, if I can get your commitment to look at a couple of things, probably two in particular.

The first has to do with what's happening in hospitals right now with respect to the coroner's jury recommendations. Those are from 1997. What was required or what was supposed to be in place as per the recommendations—and I know they don't have legal status, but they have an important status nonetheless—was to ensure that every hospital that provided obstetrical services should have a breastfeeding clinic in that hospital; secondly, that every hospital should have at least one lactation consultant on staff; and thirdly, that hospitals should be providing financial assistance to their staff working in pediatrics or working with babies to upgrade their skills in breastfeeding techniques. I suspect a review of hospitals right now would find us lacking in many of those hospitals with respect to one, two or maybe even three of those items that I think should be a requirement.

In your other hat—as you work at the Ministry of Health as well, where there is responsibility for hospitals—I wonder if you could think about how a survey would be done of hospitals to see where we are in this regard in terms of meeting those recommendations and where we could be if, indeed, we were making a commitment to meet those recommendations. I understand that that would require funding to hospitals, because there has been a great deal of difficulty of a number of hospitals just to meet their balanced budgets by the end of March 31, and about a handful have still not yet. So this would

require additional funding. But some of these things in the long run, or even in the short term, would decrease moms coming back into hospital, visits to emergency rooms, visits to doctors etc. I don't know if you can speak to that possibility as you wear your other hat as an ADM also at the Ministry of Health. I understand it's in public health, not in the acute hospital sector, but I think it's an important public health issue. Maybe I'll just stop at that question and see if that's a possibility.

**Dr. Basrur:** It's a simple and complicated issue for all of the reasons that you're describing. Yes, it's correct to say that hospital practices are developed and implemented in areas of the ministry and beyond that are outside the purview of the public health division. Nonetheless, there is a proper role to play for public health units, and I think it will require that we have a sense of the landscape in which public health units operate. So I suspect it will be hard to define a proper role for health units without knowing what hospitals and other non-profit or even private lactation consultant services etc. are out there in the environment.

How best to do that assessment is a question I'm going to have to ponder and discuss with my colleagues over at health and long-term care. I will note just parenthetically that there has been a substantial advocacy movement for maternity services generally speaking, including but not limited to breastfeeding support. Again, it goes well beyond the purview of the public health division but nonetheless is something that public health units need to be both cognizant of and playing a proper role in.

In both contexts I have food for thought, so to speak, and will take it under consideration.

**Ms. Martel:** Let me just add to that food for thought, if I might. The WHO and I think the Canadian pediatric association have guidelines around baby-friendly hospitals which I suspect don't go as far as the recommendations from the coroner's jury. But in Ontario, with the exception of one hospital—only one hospital seems to have that designation right now. People are looking at hospitals already and what they have and don't have. How many, with some support, could be at the point where they would be designated baby-friendly as per the WHO guidelines? I think that that as well would go a long way, both in supporting moms and families and in terms of decreasing costs that come when we're not providing that support and moms and families are coming into the health system as an emergency, then, because they didn't get their needs met the first time. So if you can take a look at those guidelines and see where we are, that would be very helpful.

If I just might, I referenced the Quebec document. I know you have a lot to read. You have more than enough work and you don't need me to give you any more; however, I thought it was a really interesting document. I thought that if you were going to have a model of a jurisdiction that seemed to be doing the right thing, it was certainly one to take a serious look at as you look at how breastfeeding can become a focus and I hope how breastfeeding will become a provincial strategy that this

ministry will have jurisdiction over, that you certainly take a look at that model and the responsibilities and the expectations that are set out, because it's expectations not only for a government ministry, which needs to have some oversight if everybody's going to be doing the right thing, but also some really good responsibilities and practical suggestions set out for any number of the players, where moms and babies might end up when they're trying to look for help. So I'm hoping that you can take a look at that and that it can be incorporated in some way, shape or form into the ministry's policies in the near future.

**Dr. Basrur:** Yes. I'll be taking a look at all of those sources of information and advice.

**Ms. Martel:** Thank you. I wanted to ask some questions, then. This has to do with your dual responsibility and also your role as chief medical officer of health. You did reference the review of the mandatory health programs and service guidelines that is going on right now through the public health units. Do you expect to have a completion date—early spring 2007? Am I correct?

**Dr. Basrur:** That's correct, yes.

**Ms. Martel:** Are the public health units involved in this review? Is there a committee made up of a couple of stakeholders from different health units? Is that how it's working?

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**Dr. Basrur:** That's correct. There is a technical steering committee that is being co-chaired by a representative from my division as well as Dr. Robert Nosal, the medical officer of health for Halton region. A variety of other health unit representatives, as well as an AMO representative, will be on that committee as well. They will proceed to do a review of all of the mandatory programs, both those that are in Minister Watson's portfolio and those that are in Minister Smitherman's, and we'll be making recommendations back to those two ministries in early spring.

**Ms. Martel:** Has this committee actually started its work, then?

**Dr. Basrur:** I believe the appointment letters have been issued. I don't know that they've had their first meeting, but it's in the throes of being either scheduled or held very shortly.

**Ms. Martel:** One of the concerns that I raised at the health estimates—and you were there, so you would have heard the minister's response—was around this review as it was lining up against the recommendations out of the capacity review committee. There are lots of things in that report. Some are controversial, but some others are very important in terms of recruitment and retention of health care professionals to our public health units so that they can continue to do the work that they need to do, both around ongoing, daily business related to public health and, frankly, to have capacity in the event of our next epidemic and our next SARS, which is something that you've focused a great deal of your attention on. I was very concerned to see that one seemed to hinge on the other, because I think the issues around recruitment

and retention could happen now, should happen now, even if it's something as basic as ensuring that there is upgrading of skills for health care professionals working in our public health units so that they can continue to do the job that they have to do and will want to stay at the health unit to do that job. I don't really understand why one is contingent on the other, why we have to wait for the result of the review of the mandatory programs before something can be done on the capacity review, especially with respect to recruitment and retention of staff.

**Dr. Basrur:** The best response to the "why" is probably one that would come from Minister Smitherman himself as the decision-maker on that sequence. I will say only that the report of the capacity review committee is one that we are reviewing in great detail at a staff level and are already working up for possible government consideration in the coming months, recognizing that Minister Smitherman's commitment was, first of all, to do the mandatory program review and then to proceed, as may be the case, on a CRC. But that doesn't mean that nothing is happening to at least take those recommendations and issues into consideration for the future.

With regard to health human resources, as you're aware, there is a high-profile strategy known as HealthForceOntario that is all about health human resources development over a long-term period. Public health will be developing a public health human resources strategy that is in keeping with HealthForceOntario and also cognizant of the recommendations coming from the CRC report.

**Ms. Martel:** The work of HealthForceOntario, in terms of its recommendations—when is that due? Is that work that's ongoing right now?

**Dr. Basrur:** That is a government strategy itself. It's not an external committee that's to report back.

**Ms. Martel:** Have recommendations come from that, to date, and are they in the process of being implemented?

**Dr. Basrur:** There was an announcement made by Minister Smitherman previously; I don't have the content of it in front of me. My only points would be that I share the observation that this is an important and potentially early win that needs to be pursued, and it's one that we are currently looking at in a very active way at a staff level.

**Ms. Martel:** I would encourage that as much as I can, partly because if you look at the top leadership in public health units, who provide very important leadership, we continue to have many public health units that don't have medical officers of health or have them part-time or have someone filling in. I don't know what the numbers are right now in terms of how many vacancies there are, but in most organizations, you would also see a situation where you'd probably be missing public health inspectors, epidemiologists, public health nurses. I think our ability to respond just to the mandatory programs is stretched some days at public health units. Our ability to have to respond to crises would probably be very taxed and very stretched. So whatever can be done to deal with

those pieces, without having the recommendations coming from the mandatory program and review, I would really encourage, because I'm hoping what's going to come from mandatory health programs is support for the programs that are being offered, and increased capacity of health units to deliver even more programming in this regard, not less, which would mean more staff, not fewer.

**Dr. Basrur:** Right. Well, on your question of what the current vacancy profile is, it hovers around 12 out of 36 health units without a full-time qualified medical officer of health. There are a variety of reasons for that, but half of them tend to be chronic vacancies, primarily in south-western and other rural parts of Ontario, and the remainder are the normal turnover that is experienced from time to time due to retirements, etc.

With regard to the mandatory program review leading to more programs and more staffing and so on, again, Minister Smitherman's decision, which is a government decision shared by Minister Watson as well, is that there's a 5% year-over-year growth rate. I think one of the benefits of the review within that context will be that we set performance measures and accountability mechanisms that are in keeping with the program requirements to strengthen the programs that will be delivered by the public health units.

**Ms. Martel:** Do you have a sense, as a result of that 5% cap—because I believe that health units that had an over 5% budget increase in their application had a review—how many positions across all health units will not be filled as a result of that 5% cap?

**Dr. Basrur:** I don't have that information and I'm not certain we would be able to deduce it from the submitted budgets received previously. My understanding is that while public health units submitted budget requests primarily well in excess of 5%, the vast majority, if not all of them, were implementing their budgets only to the tune of about 5%, pending provincial decisions.

**Ms. Martel:** You wouldn't be able to either have a sense of how many positions wouldn't be filled or which, for example, programs may not be expanded or may be reduced in terms of the health unit's ability to deliver them, particularly the mandated ones?

**Dr. Basrur:** The information we would have received to date would not allow that level of analysis. We may be able to do that in a more detailed way at year-end when health units have submitted back to us the results of what they've done with the monies that they've received. For any finer detail, it would need to come from either the Association of Local Public Health Agencies or the individual unit itself.

**Ms. Martel:** I know they expressed concerns in a May 23 letter. I referenced that at the estimates for health. Were there ongoing meetings, then, with ALPHA after that to go through the survey that they had done and the results that they were putting forward, which listed potential positions that wouldn't be filled, potential programs that would be affected, etc.?

**Dr. Basrur:** Yes. Both myself and my staff have been in regular discussion with ALPHA's representatives as

well as with the Council of Ontario Medical Officers of Health. It has been useful to understand one another's perspectives. It doesn't change the ultimate parameters in which we all need to operate.

**Ms. Martel:** The 5% cap is in effect for 2007-08 as well?

**Dr. Basrur:** Yes.

**Ms. Martel:** What does that do for the government's promise around funding 65% and then upward to 75% of public health unit programs if a cap like that is in effect?

**Dr. Basrur:** It's on top of that, so the commitment to increase the provincial share of public health funding to 75% by 2007 still stands, and on top of that is 5% year-over-year growth to accommodate cost-of-living adjustments and other pressures.

**Ms. Martel:** So in the letter from Linda Stewart where she said from their read of it that the share would actually be about 59.4%, not 65%, as a result of the imposition of the cap, what's the difference between what you've just told me and what she relayed to a large number of MPPs in a letter in May suggesting otherwise?

**Dr. Basrur:** I think the difference between a 65% provincial cost share and a 59% or any other lower number provincial cost share would reflect a local municipality's decision to pay more than a 35% share of the board of health approved budget. The information we've received from municipal representatives, whether it be AMO or the individual councillors, is that, by and large, although there are some exceptions, they're not willing to go beyond their 35%. So I don't know whether that 59% forecast will be held or not.

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**Ms. Martel:** And you would see that at the end of the fiscal year—not the fiscal year but the calendar year, which is essentially the fiscal year for public health units. You'd be able to make an assessment of that at that time?

**Dr. Basrur:** That's correct. The funding letters that were distributed to local public health units in I think mid- to late August urged those local boards that had approved budgets beyond 5% to revisit those. At a local level, that may involve revisiting discussions or decisions with their local obligated municipalities. The outcome of that will be a local decision that will get rolled up provincially at year-end.

**Ms. Martel:** I've seen the funding letter to our board of health, and it said there were further details to follow. I wasn't sure what that meant. It was a letter that announced the initial allocation, but I didn't know if there was going to be some kind of announcement on some changes that might have occurred as a result of discussions between the ministry and ALPHA.

**Dr. Basrur:** Yes, there are two letters that are sent out pretty well in parallel. There's a minister's letter to the board chair that is copied to the local MPP, which would be the one that you received, and then at the same time a letter from myself to the medical officer of health, which provides a little bit more detail within that envelope. But there's no additional money beyond what you would have seen in the copy to yourself.

**Ms. Martel:** If I might conclude, I had some questions as well about the other bit of work you did in your annual report, which was around the public health laboratory and investments for the same. I know a number of people did reports, and there was an interim and final report. Can you just tell me what the status is now around the new public health agency and, within that context, a revitalized public health laboratory, which I take would be quite a significant expenditure, given the dismal state of affairs at the current laboratory in terms of the conditions under which the folks have to work?

**Dr. Basrur:** The public health agency requires enabling legislation, and we are hopeful that such legislation may be introduced by the government before the end of this term. Those matters of timing etc. are in the hands of the government for consideration. The laboratory, as you've pointed out, does have a variety of areas where functional improvements and potential efficiencies are both needed and can be gained. We are working within government to try to close some of those gaps. When I say "we," the laboratory has up until now been the responsibility of another arm of the Ministry of Health and Long-Term Care. We're in discussions about the potential for transferring that to the public health division, although those discussions have not yet landed. So I think there's been a collective focus on the laboratory having some improvements pending its eventual move to the agency, but again, any such decisions would require legislation and political decisions that are yet to be made.

**Ms. Martel:** So even improvements at the public health laboratory would require enabling legislation for that to happen?

**Dr. Basrur:** No, not so much. I meant the transfer of the laboratory to the agency will require enabling legislation, and we're looking at the possibilities of doing some functional upgrades in the meantime.

**Ms. Martel:** Did the estimates for those functional upgrades go into the estimates at the Ministry of Health for this year, then?

**Dr. Basrur:** Yes, that's correct. You may recall that there was a \$32-million capital allocation to make some improvements in some of the regional sites that were desperately in need of it, as well as to partially finance the relocation of the central public health lab from its Etobicoke location to the downtown area.

**The Acting Chair:** Thank you very much. Does that complete your questions? If there are no further questions, shall I call the vote?

Shall vote 4201 carry? All those in favour? Opposed?

Shall the estimates of the Ministry of Health Promotion carry? Those in favour? Opposed?

Shall I report the estimates of the Ministry of Health Promotion to the House? Agreed? Thank you.

This committee stands adjourned until Tuesday, September 12, at 9 a.m., at which time we will consider the Ministry of Intergovernmental Affairs for seven and a half hours. Obviously, we will give some detail to those discussions. The committee is adjourned.

*The committee adjourned at 1455.*







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