



Make Ontario the Healthiest Province *Advocacy Toolkit*

Revised May 2014



TABLE OF CONTENTS

MAKE ONTARIO THE HEALTHIEST PROVINCE: INTRODUCTION.....	3
MAKE ONTARIO THE HEALTHIEST PROVINCE: THE GOAL.....	4
MAKE ONTARIO THE HEALTHIEST PROVINCE: KEY MESSAGES & ASKS	6
BACKGROUND:.....	7
MAKE ONTARIO THE HEALTHIEST PROVINCE: SAMPLE LETTER TO THE EDITOR.....	9
MAKE ONTARIO THE HEALTHIEST PROVINCE: ENGAGEMENT THROUGH SOCIAL MEDIA	10
Website	10
Electronic Signature	10
Facebook.....	10
Twitter	11
SOCIAL MEDIA BEST PRACTICES FOR ENGAGEMENT.....	12
MAKE ONTARIO THE HEALTHIEST PROVINCE: QUESTIONS AND ANSWERS.....	13
MAKE ONTARIO THE HEALTHIEST PROVINCE: THE FACTS.....	16
CHRONIC DISEASE COSTS.....	16
ONTARIO POPULATION FACTS.....	17
HEALTH EQUITY.....	17
RISK FACTORS.....	18
Alcohol	18
Healthy Eating.....	19
Mental Health	19
Physical Activity.....	20
Tobacco.....	20
DISEASE-SPECIFIC FACTS	21
Cancer	21
Diabetes	21
Dementia.....	22
Heart Disease and Stroke.....	22
Lung Disease	22



MAKE ONTARIO THE HEALTHIEST PROVINCE: INTRODUCTION

More than half of Ontarians are affected by one or more chronic conditions. That is why [22 health-related](#), non-governmental organizations are uniting their voices through the [Ontario Chronic Disease Prevention Alliance](#) (OCDPA) to urge the Government of Ontario to commit to making Ontario the healthiest province through a sustained, comprehensive and multi-faceted strategy that will include strategic investments, effective policies, environmental supports, and public education to effect broad societal changes in health behaviours.

This toolkit is designed to provide you with the key messages and information needed to join the conversation, and influence policy changes that will help make Ontario the healthiest province. We ask you to add your voice to assist us in raising key issues. You can get involved in many ways, such as:

- Book a meeting with your local MPP
- Integrate or leverage our materials for your existing advocacy efforts
- Engage the media - send a letter to the editor of your community newspaper or put out a news release
- Get active on social media

Together we can join our voices to make Ontario the Healthiest Province.

Sincerely,

Barbara Willet, Chair
Ontario Chronic Disease Prevention Alliance
www.ocdpa.ca



MAKE ONTARIO THE HEALTHIEST PROVINCE: THE GOAL

A healthy province is one where its population is physically active; living in vibrant communities; has access to, and makes healthy food choices; has low to no tobacco use; is aware of and adheres to the low risk drinking guidelines; and has access to an integrated system of coordinated and effective promotion, prevention, early intervention, and treatment programs for mental health issues. It's a province where everyone has equitable access to healthy options and enjoys the benefits of healthy living.

In order to make Ontario the healthiest province, a collaborative approach - which includes multiple sectors and stakeholders at the local, regional and provincial levels - must be taken to remove the barriers and increase access to healthy choices. The targets put forward by the OCDPA will not only position Ontario to become the healthiest province but would result in Ontario becoming one of the jurisdictions with the highest life expectancy worldwide.

In order for Ontario to be the healthiest province in Canada, the OCDPA asks the Government of Ontario to:

- **Commit to accelerate and deepen health promotion efforts to achieve the following targets in these key factor areas by 2018:**
 - More than 70 per cent of Ontarians are physically active.
 - More than 50 per cent of Ontarians eat fruit and vegetables more than 5 times per day.
 - Fewer than 30 per cent of Ontarians are either overweight or obese.
 - Fewer than 16 per cent of Ontarians do not exceed [Canada's Low Risk Drinking Guidelines](#).*
 - Fewer than 15 per cent of Ontarians report experiencing negative mental health symptoms.**
 - Ontario to have the lowest smoking prevalence or smoking rate in Canada.
- **Embed a health impact filter across all government initiatives.**
- **Focus on reducing health inequities.**

According to the most recent statistics on chronic disease risk factors, we have a long way to go:

Physical activity:

- As of 2012, 54 per cent of Ontario adults aged 12 and older were physically active, meaning that they were active or moderately active during leisure-time.
- As of 2013, 7 per cent of Canadian kids aged 5 – 11 and 4 per cent aged 12 – 17 were physically active, meaning that they met the [Canadian Physical Activity Guidelines](#) of at least 60 minutes of moderate to vigorous physical activity daily.

Healthy eating:

- As of 2012, 39.4 per cent of Ontarians aged 12 and older reported eating fruit and vegetables at least five times daily.



Unhealthy Weights and Obesity:

- As of 2012, 52.9 per cent of Ontario adults aged 12 and older self-reported as being either overweight or obese, meaning that they reported having a Body Mass Index (BMI) of 25 or over.
- As of 2013, about 30 per cent of children and youth were an unhealthy weight.

Mental Health:

- As of 2010, 20 per cent of Ontarians reported experiencing negative mental health symptoms.

Alcohol Consumption:

- As of 2011, 18.4 per cent of Ontarians aged 18 and older exceeded [Canada's Low Risk Drinking Guidelines](#).
- As of 2013, 49.5 per cent of Ontario youth reported drinking alcohol within a 12 month period and 17.6 per cent report getting drunk.

Tobacco Use:

- As of 2012, 19 per cent of Ontarians aged 12 and older were current smokers.

*The Canadian Cancer Society recommends that if you choose to drink alcohol, reduce your cancer risk by keeping it to less than 1 drink a day for women and less than 2 drinks a day for men (this is lower than Canada's Low Risk Alcohol Drinking Guidelines).

**Dementia is an umbrella term for a variety of brain disorders that affect cognitive function. Mental illness and dementia, though not the same, are related and intertwined. The OCDPA Healthiest Province campaign target of reducing the number of people who self-report experiencing mental health symptoms includes symptoms related to dementia, including depression, anxiety, and stress.



MAKE ONTARIO THE HEALTHIEST PROVINCE: KEY MESSAGES & ASKS

Key messages are two or three key points that you want to communicate above all else when meeting with and/or talking to elected and non-elected government officials. Key messages generally consist of a statement with a few supporting points.

- **Ontario is facing a health care crisis that is preventable.**
 - Chronic diseases places a great strain on the health care system, currently costs the Ontario Government tens of billions of dollars every year, not to mention the strain diseases put on the quality of life for those living with preventable disease.
 - Prevention of costly chronic disease is possible through improved health policies and individual behaviours related to: physical activity; nutrition; reducing tobacco use; safe alcohol use; and, good mental health.

- **A healthy province is one where its population is physically active, living in vibrant communities; has access to, and makes healthy food choices; has low to no tobacco use; is aware of and adheres to low risk drinking guidelines; and has access to an integrated system of coordinated and effective promotion, prevention, early intervention, and treatment programs for mental health issues.**

- **The Ontario Government can significantly impact health and economic outcomes by increasing health promotion efforts to achieve key targets by 2018.**
 - More than 70 per cent of Ontarians are physically active.
 - More than 50 per cent of Ontarians eat fruit and vegetables more than 5 times per day.
 - Fewer than 30 per cent of Ontarians are either overweight or obese.
 - Fewer than 16 per cent of Ontarians do not exceed [Canada's Low Risk Drinking Guidelines](#).*
 - Fewer than 15 per cent of Ontarians report experiencing negative mental health symptoms.**
 - Ontario to have the lowest smoking prevalence or smoking rate in Canada.

- **A healthy province is one where the government embeds a health impact filter to ensure that all policies, legislation, regulations and programs are reviewed for potential effects on the population's health and well-being prior to their implementation in order to mitigate any potential harm and maximize positive health outcomes.**

- **Focus on reducing health inequities.**
 - If all Ontarians had the same health as Ontarians with higher income, an estimated 318,000 fewer people would be in fair or poor health, an estimated 231,000 fewer people would be disabled, and there would be an estimated 3,373 fewer deaths each year among Ontarians living in metropolitan areas.

*The Canadian Cancer Society recommends that if you choose to drink alcohol, reduce your cancer risk by keeping it to less than 1 drink a day for women and less than 2 drinks a day for men (this is lower than Canada's Low Risk Alcohol Drinking Guidelines).

**Dementia is an umbrella term for a variety of brain disorders that affect cognitive function. Mental illness and dementia, though not the same, are related and intertwined. The OCDPA Healthiest Province campaign target of reducing the number of people who self-report experiencing mental health symptoms includes symptoms related to dementia, including depression, anxiety, and stress.



BACKGROUND:

Make Ontario the healthiest province in Canada: A major goal for your platform

A healthy province is one where its population is physically active; living in vibrant communities; has access to, and makes healthy food choices; has low to no tobacco use; is aware of and adheres to the low risk drinking guidelines; and has access to an integrated system of coordinated and effective promotion, prevention, early intervention, and treatment programs for mental health issues. It's a province where everyone has equitable access to healthy options and enjoys the benefits of healthy living.

That is why 22 health-related, non-governmental organizations have united their voices through the Ontario Chronic Disease Prevention Alliance (OCDPA) to urge the Government of Ontario to commit to making Ontario the healthiest province through a sustained, comprehensive and multi-faceted strategy that will include strategic investments, effective policies, environmental supports, and public education to effect broad societal changes in health behaviours.

Sustainable health care requires greater focus on health promotion. In Canada, the cost of medical treatment for chronic disease has soared, costing Canadians \$190 billion annually and will continue to increase as the prevalence of chronic disease rises. For example, the Ontario government spends more than \$2 billion on costs related to cancer care. The indirect costs associated with cancer, such as loss of productivity in Ontario, are approximately \$5 billion per year. The economic burden of diabetes in Ontario is expected to increase 42 per cent over the next decade to \$7.0 billion by 2020. The annual total economic burden (including direct, indirect and opportunity costs) of dementia in Ontario is expected to increase by more than \$770 million per year through 2020. A conservative estimate puts the total direct and indirect costs of serious lung diseases as more than \$4 billion in 2011. According to economic modelling, this could rise to more than \$300 billion by 2041. Moreover, it is estimated that cardiovascular disease costs Ontario \$5.5 billion per year in direct and indirect costs.

Ontario's health landscape is in dire need of attention. In Ontario, 181,000 people have dementia and this number is expected to increase. More than 2.4 million Ontarians are currently living with a serious lung disease. Ontario has more people diagnosed with type 1 or 2 diabetes than the national average, with about 10 per cent of Ontarians population diagnosed with type 1 or type 2 diabetes. All these numbers are set to climb if bold action is not taken.

But there is hope. Chronic disease can largely be preventable. In fact, when it comes to premature heart disease and stroke, research shows that up to 80 per cent of cases are preventable. And intervention on a provincial level works. Ontario's investment through the Tobacco Control Act and Smoke Free-Ontario Act has resulted in a decline of smoking prevalence from 50 per cent in the 1960's to about 19 per cent today.

Investing in health promotion, policies and programs that will help to prevent chronic disease will save hundreds of millions of dollars in health care costs. It will improve the province's economic productivity and prosperity and it will substantially improve the quality of life of every person in Ontario who can avoid preventable disease.

In order to make Ontario the healthiest province in Canada, a collaborative approach - which includes multi-sectors and stakeholders at the local, regional and provincial levels - must be



taken to remove the barriers to improve the health of Ontarians. Ontario needs a multi-faceted strategy that includes effective policies, environmental supports, and public education to effect broad societal changes in health behaviours. Through leadership and commitment from the Government of Ontario, the goal of making Ontario the healthiest province in Canada can be realized.

The OCDPA consists of 22 member organizations and is the province's collective voice on effective chronic disease prevention policy and programming. More information is available at www.healthiestprovince.ca or www.ocdpa.ca.

*The Canadian Cancer Society recommends that if you choose to drink alcohol, reduce your cancer risk by keeping it to less than 1 drink a day for women and less than 2 drinks a day for men (this is lower than Canada's Low Risk Alcohol Drinking Guidelines).

**Dementia is an umbrella term for a variety of brain disorders that affect cognitive function. Mental illness and dementia, though not the same, are related and intertwined. The OCDPA Healthiest Province campaign target of reducing the number of people who self-report experiencing mental health symptoms includes symptoms related to dementia, including depression, anxiety, and stress.



MAKE ONTARIO THE HEALTHIEST PROVINCE: SAMPLE LETTER TO THE EDITOR

More than half of the Ontario population is affected by chronic disease and rising health care costs pose a significant challenge for our government and society. We may not want to talk about it but in less than two decades 80 per cent of the provincial budget will be spent on health care – of all the elephants in the room, this is one of the biggest.

Chronic diseases - those of long duration and generally slow progression, such as heart disease, stroke, cancer, diabetes, dementia and lung disease - are by far the leading cause of mortality in Canada and around the world, and represent 60 per cent of all premature deaths worldwide. Chronic diseases are also the most expensive and often most complex to treat. They are largely preventable. We live in one of the most economically challenging times and the reality is that it is time to make a change in how we prioritize our health and our financial investments.

The Ontario Chronic Disease Prevention Alliance is an alliance of 22 health-related, nonprofit and charitable organizations, and we are collectively calling for Ontario to become the healthiest province by 2018.

A healthy province is one where its population is physically active, lives in vibrant communities, makes healthy food choices, has low or no tobacco use, is aware of and adheres to the low risk drinking guidelines, and has access to an integrated system of coordinated and effective promotion, prevention, early intervention, and treatment programs for mental health issues. It's a province where everyone has equitable access to healthy options and enjoys the benefits of healthy living.

Considering that 80 per cent of Ontario's population aged above 65 years lives with at least one chronic disease, and approximately 70 per cent live with two or more, we need to take action now. Ontarians deserve a strategic and long-term commitment to health promotion in this province that builds off of prior successes like the reductions in tobacco use and the recognition, de-stigmatization and treatment of mental illness.

Preventing chronic disease will not only increase the quality of life of Ontarians, it will save hundreds of millions of dollars in health care costs and will improve the province's economic productivity and prosperity. Experts have said it and it just makes sense: a healthier population is less costly to serve and prevention is the key to a more sustainable health system in Ontario.

It's time for committed leadership, ambitious targets and coordinated action.

There is no better treatment than prevention.



MAKE ONTARIO THE HEALTHIEST PROVINCE: ENGAGEMENT THROUGH SOCIAL MEDIA

Social media is a very powerful advocacy tool. In order to be an effective health advocate, the use of social media is strongly recommended including Facebook and Twitter.

We encourage you to reach out to MPPs through social media. Our message is to encourage them to agree to help make Ontario the healthiest province. We also urge you to post about **making Ontario the Healthiest Province** on your social media accounts in order to engage others and to build awareness. The more people we can have tweeting and posting messages the better!

Website

www.healthiestprovince.ca

This url will redirect the user to the OCDPA website (www.ocdpa.ca) where all the Healthiest Province materials will be housed.

Electronic Signature

Copy and paste the below prompt into your e-mail signature to spread the message!

Want to make Ontario the healthiest province? Visit www.healthiestprovince.ca



Facebook

The OCDPA does not have a Facebook account but many of the [OCDPA Partners and Members](#) do.

1. Post about making Ontario the Healthiest Province using the below prompts:
 - Tell Ontario to...
 - It's time to make ON...
2. Draw on the statistics in this toolkit to support your message.
3. Use the hashtags **#healthiestprovince** and **#onpoli** in your posts about health topics.

Note: Using hashtags on Facebook is up to the organization, where some do and some do not include hashtags. Should you include hashtags in your post, please ensure that your post is set to "public" as hashtags can inhibit posts on individual pages from being viewed by all.

4. Share posts made by OCDPA Partners and Members.



Twitter

1. Follow us at **@OCDPA**
2. Use the below Twitter prompts which you can copy and complete, or use just as a reference when creating your own messages. Draw on the statistics in this toolkit to support your message.
 - Tell Ontario to... #healthiestprovince #onpoli
 - It's time to make ON... #healthiestprovince #onpoli
 - Ask candidates to... #healthiestprovince #onpoli
3. Use the hashtags **#healthiestprovince** and **#onpoli** when tweeting about health topics.
4. Share tweets made by OCDPA Partners and Members.



SOCIAL MEDIA BEST PRACTICES FOR ENGAGEMENT

The following is adapted from Forant, T. (2013). "10 Social Media Best Practices for Brand Engagement". *Salesforce.com, inc.* Retrieved March 2014 from: <http://blogs.salesforce.com/company/2013/07/best-practices-social-media-engagement.html>

1. Follow back and interact

If you've got a healthy number of social media followers and you're only following a handful back, that tells everyone that you're not interested in what your community has to say. This will help grow your overall following and create goodwill within your community. Plus, when you follow back, you might get some public thanks, which will give you an opportunity to chat with your community members, learn more about their interests, and deliver on their needs.

2. Keep the social in social media

It seems like it would be obvious, yet many brands using social media don't actually get social with their followers. Should you engage with your brand's influencers? Yes! Should you engage with your customers? Absolutely! Should you engage with everyone who reaches out to you? Indeed, with a few exceptions (like avoiding trolls and spammers).

3. Determine your voice and tone

What you're sharing says as much about you as it does your audience. Is your voice representative of your brand? If it is, then is that representative of the demographic you're trying to reach? If your tone and voice aren't appealing to your prospects, then it's time to change it up. Though it's important that your social media engagement be as unique as your brand, it's also important not to stray from your brand's image. Let your corporate culture be your guide.

4. Keep it Short

According to *Strategies for Effective Tweeting: A Statistical Review*, "Tweets containing less than 100 characters receive 17 per cent higher engagement than longer Tweets." While Twitter limits your messages with its 140 character limit, Facebook, Google+ and other networks don't impose a character limit. Sometimes, the shorter, the better!

5. Don't Over Share

While it's important to stay in the loop and maintain social relationships, posting too often -- whether it's photos, status updates, or frequent Tweets -- can turn your audience off. Focus on sharing items that are of value to your community and reflect your brand. Creating a content calendar can help you with this.

6. Be Proactive, Not Reactive

Monitor general feeds to pick up a variety of posts that don't mention your issues but are still valuable. This strategy reveals new conversations you may wish to take part in and enables you to establish new relationships. It's also a great way to catch any issues before they become a potential crisis.

7. Respond to Negative and Positive Feedback

Though it may be tempting to respond to positive feedback and delete the negative, don't. Instead, respond to positive feedback, thank your community for sharing your content, and invite members to share their stories through interviews or as guest bloggers on your site.



MAKE ONTARIO THE HEALTHIEST PROVINCE: QUESTIONS AND ANSWERS

Why isn't Ontario the healthiest province in Canada?

Currently, Ontario is lagging behind other provinces in its level of investment in health promotion and behaviour strategies to address risk factors related to chronic disease. If Ontario does not start investing in health promotion, policies and programs, health care could take up 80 per cent of the province's budget by 2030.

Being a healthy province also includes responsible public policy. A healthy province is one where the government embeds a health impact filter to ensure all policies, legislation, regulations, and programs are reviewed for potential effects on the population's health and well-being prior to their implementation in order to mitigate any potential harm and maximize positive health outcomes. Quebec and British Columbia are the two provinces doing this and Ontario is lagging.

What are Chronic Diseases?

Chronic diseases are those of long duration and generally slow progression, such as heart disease, stroke, cancer, diabetes, lung disease and others which are by far the leading cause of mortality in Canada and around the world, and represent 60 per cent of all deaths worldwide. More than half of Ontarians are affected by chronic disease.

Why should the government invest more in health promotion?

More than half of Ontarians are affected by chronic disease and 80 per cent of Ontarians 65 years old and above lives with at least one chronic disease.

Investing in health promotion, policies and programs will save hundreds of millions of dollars in health care costs and will improve the province's economic productivity and prosperity. And it will substantially improve the quality of life of every person in Ontario who can avoid preventable disease. In short, there is no downside.

We are urging Ontario Government to prevent a health system crisis caused by chronic disease.

How important is prevention when it comes to chronic disease?

The costs associated with chronic disease are soaring and if we continue along this trajectory, health care could take up 80 per cent of the province's budget by 2030. According to TD Bank, a healthier population is less costly to serve and prevention is the key to a more sustainable health system in Ontario. Reducing risk factors for chronic disease means investing in education on healthy choices, and creating supportive environments that make the healthy choices easier.



What is the focus of our health care system?

Many diseases can be prevented, yet our health care system is not structured to adequately support preventive practices. The time and opportunity required to inform patients and the public about health promotion and disease prevention strategies is often lacking or insufficient. Ontario's primary health care system is developed to respond to acute medical issues, urgent patient needs, and pressing concerns. Diagnostic testing, symptom relief and the quest for a cure are characteristics of contemporary health care. Preventive health care is inherently different from health care for acute problems. Our current health care system is reactionary, without a focus on maintaining and promoting health but structured to focus on disease.

Who will benefit from an increased investment in health promotion?

EVERYONE benefits:

More than half of the population in Ontario are affected by chronic disease and everyone knows someone living with chronic disease. More than 80 per cent of the population aged older than 65 has at least one chronic disease, while approximately 70 per cent live with two or more.

Chronic disease disproportionately affects those with lower incomes. In fact, almost half of all health outcomes are attributable to socio-economic factors. Therefore investing in health promotion means investing in health equity, ensuring that everyone in the province has access to health initiatives and healthy choices.

Is making Ontario the healthiest province an achievable goal for this government?

YES. In order to make Ontario the healthiest province in Canada, we need to see a strong collaboration among stakeholders at the local, regional and provincial levels – we all need to work together to remove the barriers to improve the health of Ontarians. Together we are asking the Government of Ontario to commit to the goal of making Ontario the healthiest province in Canada.

What is a health impact filter?

A health impact filter ensures that all policies, legislation, regulations and programs are reviewed for potential effects on the population's health and well-being prior to their implementation. The aim is to increase positive health outcomes and minimize any negative impact on the population(s) affected. A health impact filter is especially critical to sectors outside of health to ensure that those who do not usually target health as a goal are still assessing and evaluating the impact of their decisions on the health and well-being of those who will or could be affected. For example, urban planners assessing how creating wider lanes for motor vehicles will affect people's ability to walk or take active transit in the community before they implement the project.

Who is the OCDPA and what is its role in preventing chronic disease?



The OCDPA consists of 22 member organizations that form a collective voice on effective chronic disease prevention policy and programming. The OCDPA provides collaborative leadership to support a comprehensive chronic disease prevention system for Ontario with a vision of improving the health of all Ontarians; and promoting communities where population and individual health are supported by healthy societal conditions, public policies, and personal behaviours.



MAKE ONTARIO THE HEALTHIEST PROVINCE: THE FACTS

CHRONIC DISEASE COSTS

- ***\$190 billion annually on chronic disease with \$122 billion from indirect income and productivity losses and \$68 billion for direct health care costs)***
Source: Public Health Agency of Canada. (2011). Chronic Diseases – Most Significant Cause of Death Globally. Retrieved from http://www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0919-bg-di-eng.php
- ***The direct and indirect costs of cardiovascular disease and stroke have reached \$22.2 billion annually.***
Source: PHAC's Tracking Heart disease and stroke in Canada (2009)
- ***In 2009, mental illnesses and addictions cost Ontario upwards of \$29 billion in lost productivity, and in 2007-08, the province's health care system spent more than \$2.5 billion on mental health and addiction services.***
Source: MOHLTC. Every Door is the Right Door. Towards a 10-Year Mental Health and Addictions Strategy (2009)
- ***Alcohol-related health and social costs were \$5.3 billion in 2002.***
Source: Canadian Centre on Substance Abuse. (2006). The costs of substance abuse in Canada 2002: highlights. Retrieved from <http://www.ccsa.ca/Resource%20Library/ccsa-011332-2006.pdf>
- ***The Ontario government spends over \$2 billion on costs related to cancer care. The indirect costs associated with cancer, such as loss of productivity in Ontario, are approximately \$5 billion per year.***
Source: Cancer Care Ontario. (2011). Ontario Cancer Plan 2011-2015. Retrieved from <http://ocp.cancercare.on.ca/common/pages/UserFile.aspx?fileId=84206>
- ***Every \$1 invested in efforts to promote healthy eating and physical activity saves \$6 in the cost of caring for people with chronic diseases.***
Source: Trust for America's Health. (2008). Prevention for a Healthier America: Investments In Disease Prevention Yield Significant Savings, Stronger Communities. US: Trust for America's Health.
- ***Every \$2 invested in early childhood education saves \$7 in health, education and social costs later in life.***
Source: Karoly L. Toward. (2010). Standardization of Benefit-Cost Analyses of Early Childhood Interventions. United States: RAND Labour and Population. Available at: http://www.rand.org/content/dam/rand/pubs/working_papers/2011/RAND_WR823.pdf
- ***The economic burden of diabetes in Ontario will reach \$4.9 billion in 2010 (measured in 2009 dollars). This cost is expected to increase 42 per cent over the next decade to \$7.0 billion by 2020.***
Source: <http://www.diabeteseducation.ca/images/odcmfinal1.pdf>
- ***It has been estimated that obesity cost the Canadian economy approximately \$4.6 billion in 2008, up \$735 million or about 19 per cent from \$3.9 billion in 2000.***
Source: Public Health Agency of Canada and the Canadian Institute for Health Information. (2011). Obesity in Canada: Joint Report. Retrieved from <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/oic-oac/sum-som-eng.php>



- ***A conservative estimate puts the total direct and indirect costs of serious lung diseases as more than \$4 billion in 2011. According to economic modelling, this could rise to more than \$300 billion by 2041***
Source: Smetanin, P., Stiff, D., Briante, C., Ahmad, S., Ler, A., Wond, L. Life and Economic Burden of Lung Disease in Ontario: 2011 to 2041. RiskAnalytica, on behalf of the Ontario Lung Association, 2011.
- ***Overall health spending is likely to grow by 6.5 per cent a year, while government revenues grow only at 4 per cent a year. Health care would take up 80 per cent of the province's program budget by 2030, up from 46 per cent of the current spending on health care. The TD Bank observes that a healthier population is less costly to serve, and prevention is the key to a more sustainable health system in Ontario.***
Source: TD Bank. Charting a Path to Sustainable Health Care in Ontario - 10 proposals to restrain cost growth without compromising quality of care (2010)
- ***It is estimated that cardiovascular disease costs Ontario \$5.5 billion per year in direct and indirect costs. Cardiovascular disease accounts for 20 per cent of acute care hospital costs, 15 per cent of home care, 10 per cent of medical services and 17 per cent of drug expenditures***
Source: Cardiovascular Health and Services in Ontario: An ICES Atlas Chapter 1: Burden of Cardiac Disease. (Naylor CD, Slaughter P. (eds), 1999, Toronto: ICES.
- ***The economic burden of dementia will rise from \$15 billion in 2008 to \$153 billion in 2038.***
Source: Alzheimer Society of Canada. (2010). Rising Tide: The Impact of Dementia on Canadian Society.

ONTARIO POPULATION FACTS

- ***More than half (63%) of Ontarians are affected by one or more chronic conditions.***
Source: Health Quality Ontario. Yearly Report on Ontario's Health System (2013)
- ***Eighty per cent of the population aged above 65 has at least one chronic disease, while approximately 70 per cent live with two or more.***
Source: Health Quality Ontario. Quality Monitor Report (2008)
- ***By meeting the targets in the OCDPA Healthiest Province campaign, the average life expectancy of Ontario residents would increase by over 2 years. This would make Ontario the jurisdiction with the highest life expectancy in the world (on par with Japan).***
Source: Dr. Doug Manuel, Senior Scientist, Ottawa Hospital Research Institute

HEALTH EQUITY

- ***Fifty per cent of health outcomes are attributable to socio-economic factors.***
Source: Keon, WJ, Pepin, L. A healthy, productive Canada: a determinant of health approach. Final report of the Senate Subcommittee on Population Health of Standing Senate Committee on Social Affairs, Science and Technology. Ottawa: the Senate of Canada; 2009
- ***If all Ontarians had the same health as Ontarians with higher income, an estimated 318,000 fewer people would be in fair or poor health, an estimated 231,000 fewer people would be disabled, and there would be an estimated 3,373 fewer deaths each year among Ontarians living in metropolitan areas.***



Source: Bierman, AS, Shack AR, JohnsA. For the POWER Study. Achieving Health Equity in Ontario: Opportunities for Interventions and Improvement. In Bierman AS, editor. Project for an Ontario Women's Health Evidence-Based Report: Volume 2: Toronto; 2012

- **Thirty per cent of hospitalizations for four common ambulatory care sensitive conditions (ACSCs) (heart failure, chronic obstructive pulmonary disease, diabetes, and asthma)— or almost 16,000 hospitalizations a year—could potentially be avoided if the hospitalization rates observed among adults living in the highest-income neighbourhoods could be achieved across all neighbourhood income levels.** First, we found that inequities in health and functional status were much larger than inequities in access to and quality of care. This finding underscores the importance of moving upstream to address the root causes of health inequities, which are grounded in the social determinants of health. Second, inequities in access to primary care and chronic disease management were larger than inequities in treatment of acute conditions, highlighting the need to focus on primary care and community services. Third, the observed gender differences highlight the need for gender-sensitive solutions. Fourth, where there was an organized strategy for quality improvement in place informed by performance measurement, few inequities were observed.

Source: Bierman, AS, Shack AR, JohnsA. For the POWER Study. Achieving Health Equity in Ontario: Opportunities for Interventions and Improvement. In Bierman AS, editor. Project for an Ontario Women's Health Evidence-Based Report: Volume 2: Toronto; 2012

RISK FACTORS

Alcohol

- **Students as young as 12 are reporting being drunk at school; half of grade 7 – 12 students have admitted drinking alcohol and 17 per cent have reported a potential drug use problem.**

Source: Centre for Addiction and Mental Health. (2013). Drug Use Among Ontario Students 1977-2013: Detailed OSDHUS Findings. Retrieved from

http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2013%20OSDUHS%20Docs/2013OSDUHS_Detailed_DrugUseReport.pdf

- **In 2011, 18.4 per cent of Ontario adults exceeded the new national low risk drinking guidelines, among current drinkers it was 22.3 per cent. High-risk drinking practices are responsible for a considerable health burden, including many chronic diseases.**

Source: CAMH. (2011). CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults. Retrieved from

http://www.camh.ca/en/research/news_and_publications/CAMH%20Monitor/CM2011_eReport_Financial.pdf

- **Alcohol is a carcinogen.**

Source: Cancer Care Ontario. (2014). *Cancer Risk Factors in Ontario: Alcohol*. Retrieved from <https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=303138>

- **The report by Giesbrecht & Wettlaufer “Reducing alcohol-related harm & costs in Ontario: a provincial summary report” recommended a combination of enhanced current strategies and new interventions in order to reduce the harm and costs from alcohol focusing on: e.g precautionary alcohol pricing; no further privatization; controls on alcohol outlet density and alcohol marketing; easier access to screening, brief intervention and referral programs.**

Source: Giesbrecht, N., Wettlaufer, A., April, N., Asbridge, M., Cukier, S., Mann, R., McAllister, J., Murie, A., Plamondon, L., Stockwell, T., Thomas, G., Thompson, K., & Vallance, K. (2013).



Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies. Toronto: Centre for Addiction and Mental Health. Retrieved from http://www.camh.ca/en/research/news_and_publications/reports_and_books/Documents/Strategies%20to%20Reduce%20Alcohol%20Related%20Harms%20and%20Costs%202013.pdf

Healthy Eating

- ***In 2012, 39.4 per cent of Ontarians aged 12 and older reported that they consumed fruit and vegetables five or more times per day.*** Only British Columbia (42.1%) and Quebec (46.8%) exceeded the national average (40.6%). From 2001 to 2012, females were more likely than males to consume fruit and vegetables five or more times daily. In 2012, 44.3 per cent of females consumed fruit and vegetables five or more times daily, compared to 34.2 per cent of males in Ontario. Fruit and vegetable consumption peaked in 2009 and then decreased two years in a row in 2010 and again in 2011, marking the first decline in the rate since 2001. Source: Statistics Canada - Fruit and vegetable consumption by sex, 5 times or more per day, by province and territory. <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health90b-eng.htm>
- ***Forty five per cent of children (aged 12-17) report that they consumed fruit or vegetables at least five times per day and 24 per cent of children (aged 3-17) report drinking soft drinks, fruit drinks or sport drinks every day.*** Source. Most recent data as of August 2013 <http://www.phn-rsp.ca/thcpr-vcpsre-2013/data-table-eng.php>
- ***Twelve per cent of Ontario households (573,500) experienced food insecurity in 2011.*** Source: Statistics Canada, Canadian Community Health Survey (CCHS), 2011. Food insecurity is associated with health problems including developmental and behavioural problems for children, and chronic diseases.
- ***Eating 5+ servings of fruit and vegetables a day can reduce the risk of heart disease and stroke by about 20 per cent.*** Source: Hung, H. C., Joshipura, K. J., Jiang, R., Hu, F. B., Hunter, D., Smith-Warner, S. A., Colditz, G. A., Rosner, B., Spiegelman, D. & Willett, W. C. (2004). Fruit and vegetable intake and risk of major chronic disease. *J. Natl. Cancer Inst.* 96:1577-1584.

Mental Health

- ***The Ontario government has increased funding by 80 per cent for community mental health, and 49 per cent for addictions programs.*** Source: MOHLTC. Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy (2011)
- ***Bullying and poor mental healthcare threatening realities, with 10 per cent of students admitting to having seriously considered suicide.*** Source: Centre for Addiction and Mental Health. (2011). The Mental Health and Well-Being of Ontario Students 1991-2011: OSDHUS Highlights. Retrieved from http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2009%20OSDUHS%20Docs/Highlights_MHRReport_2009OSDUHS_Final_Corrected.pdf
- ***Mental health and illness affect everyone, either directly or indirectly.*** Source: Langlois KA, Samokhvalov AV, Rehm J, Spence ST, Gorber SC. Health state



descriptions for Canadians: Mental illnesses. Ottawa, ON: Statistics Canada; 2012. Available from: <http://www.statcan.gc.ca/pub/82-619-m/82-619-m2012004-eng.pdf>

- **Self-reported positive mental health is more common in people from neighbourhoods with low material deprivation and low residential instability.**
Source: Public Health Ontario. (2014). *No Health Without Mental Health*. Retrieved from http://www.publichealthontario.ca/en/eRepository/OHP_infog_MentalHealth_2014.pdf Original data source: Canadian Community Health Survey 2011/2012, Statistics Canada, Canada Share File, Distributed by Ontario Ministry of Health and Long-Term Care.
- **Self-reported mood and anxiety disorders are more common in people from neighbourhoods with high material deprivation and high residential instability.**
Source: Public Health Ontario. (2014). *No Health Without Mental Health*. Retrieved from http://www.publichealthontario.ca/en/eRepository/OHP_infog_MentalHealth_2014.pdf. Original data source: Canadian Community Health Survey 2011/2012, Statistics Canada, Canada Share File, Distributed by Ontario Ministry of Health and Long-Term Care.

Physical Activity

- **In 2012, 54 per cent of Ontarians' over the age of 12 were physically active during leisure time (males 56.9 per cent more than females 51.1 per cent). Ontario was close to the average Canadian but the Yukon (66.4%), British Columbia (61.3%) and the Northwest Territories (56.7%) reported higher rates of physical activity during leisure time.**
Source: Statistics Canada - Physical activity during leisure time, by sex, provinces and territories. <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/health78b-eng.htm>
- **As of 2013, 7 per cent of 5-to 11-year-olds in Canada, and 4 per cent of 12- to 17-year-olds, met the Canadian Physical Activity Guidelines for Children and Youth of at least 60 minutes of moderate physical activity each day.**
Source: Active Healthy Kids Canada. (2013). *Are We Driving Our Kids to Unhealthy Habits? The Active Healthy Kids Canada 2013 Report Card on Physical Activity for Children and Youth*. Toronto: Active Healthy Kids Canada. Retrieved from http://dvqdas9jty7g6.cloudfront.net/reportcard2013/Active-Healthy-Kids-2013-Report-Card_en.pdf
- **Canadian adults aged 18 to 79 spend an average of nearly 10 waking hours per day sedentary (not including sleep).**
Source: Statistics Canada. (2011). Canadian Health Measures Survey, 2007-2011.

Tobacco

- **Ontario aspires to become the Canadian jurisdiction with the lowest smoking rate.**
Source: Ontario Ministry of Health and Long-Term Care. Ontario's Action Plan for Health Care. Queen's Printer for Ontario: Toronto, Ontario (800/01/12 Cat.#016827 ISBN 978-1-4435-8942-0) 2012.
- **Eighteen per cent of Ontarians aged 12 years or over were current smokers (had smoked cigarettes in the past 30 days and had smoked at least 100 cigarettes in their lifetime); this represents 2.03 million people.**
Source: CCHS 2012 as reported in OTRU's Smoke-Free Ontario Strategy Monitoring Report Executive Summary, January 2014.



- **There has been no significant change in the rate of current smoking over the past five years.**
Source: OTRU's Smoke-Free Ontario Strategy Monitoring Report Executive Summary, January 2014
- **Approximately 13,000 die each year in Ontario from Tobacco Use.**
Source: Ministry of Health and Long-Term Care. (n.d.) *Chronic Disease Prevention*. Retrieved from http://www.mhp.gov.on.ca/en/healthy-communities/public-health/chronic_disease.asp

DISEASE-SPECIFIC FACTS

Cancer

- **Current evidence does not identify a “safe” level of drinking that does not increase a person’s risk for cancer.** The Canadian Cancer Society recommends that if you choose to drink alcohol, reduce your cancer risk by keeping it to less than 1 drink a day for women and less than 2 drinks a day for men (this is lower than Canada’s Low-Risk Alcohol Drinking Guidelines). The less alcohol you drink, the more you reduce your risk.
Source: <http://www.cancer.ca/en/prevention-and-screening/live-well/alcohol/?region=on>
- **About one-third of all cancers can be prevented by eating well, being active and maintaining a healthy body weight.**
Source: <http://www.cancer.ca/en/cancer-information/cancer-101/how-to-reduce-cancer-risk/?region=on>
- **In 2013, an estimated 27,700 people will die of cancer in Ontario, and 71,900 new cases will be diagnosed.**
Source: <http://www.cancer.ca/en/cancer-information/cancer-101/canadian-cancer-statistics-publication/?region=on>
- **Two out of 5 Canadians (46% of men and 41% of women) are expected to develop cancer during their lifetimes.**
Source: <http://www.cancer.ca/en/cancer-information/cancer-101/cancer-statistics-at-a-glance/?region=on>
- **One out of 4 Canadians (28% of men and 24% of women) is expected to die from cancer.**
Source: <http://www.cancer.ca/en/cancer-information/cancer-101/cancer-statistics-at-a-glance/?region=on#ixzz31bhZPcOv>

Diabetes

- **It is estimated that 1.46 million people in Ontario are living with diabetes, or about 9.8 per cent of the population.** This number is expected to increase to 2.2 million over the next decade or 13.1 per cent of the population of Ontario by 2024. Comparably, Ontario is doing worse than the current national diabetes average. Nationally, 9.3 per cent of Canadians will be diagnosed with diabetes in 2014. By 2024, 4.8 million Canadians will have the disease or 11.8 per cent.
Source: <http://www.diabetes.ca/diabetes-and-you/know-your-rights/support-the-diabetes-charter-for-canada/diabetes-charter-backgrounders>
- **It is estimated that almost 10 per cent of Ontarians have diabetes and this will increase to 13 per cent in 2024.**
Source: The Canadian Diabetes Association: [The Diabetes Charter for Canada](#) (2014)



- **The estimated cost of diabetes in 2014 is 5.8 billion and is expected to rise to 7.6 billion in 2024.**
Source: The Canadian Diabetes Association: [The Diabetes Charter for Canada](#) (2014)

Dementia

- **Dementia is an umbrella term for a variety of brain disorders that affect cognitive function. Mental illness and dementia, though not the same, are related and intertwined.**
Source: <http://www.alzheimer.ca/en/About-dementia/About-the-brain/Mental-illness-vs-dementia>
- **According to the Alzheimer Society of Ontario, 200,000 Ontarians are living with dementia, and this is expected to rise to 225,000 by 2020. The annual total economic burden (including direct, indirect and opportunity costs) of dementia in Ontario is expected to reach \$15.7 billion by 2020**
Source: Rising Tide: Economic Impact of Dementia, Ontario numbers (2010)

Heart Disease and Stroke

- **Heart disease and stroke are two of the three leading causes of death in Canada.**
Source: Statistics Canada. Mortality, Summary List of Causes 2008. Released October 18, 2011.
- **Every 7 minutes in Canada, someone dies from heart disease or stroke.**
Source: Statistics Canada, (2011). Mortality, Summary List of Causes 2008. Released October 18, 2011.
- **Research shows that up to 80 per cent of premature heart disease and stroke is preventable.**
Source: PHAC. (2009). Tracking Heart disease and Stroke in Canada.

Lung Disease

- **More than 2.4 million Ontarians are currently living with a serious lung disease. If not addressed, this number is expected to climb to 3.6 million by 2041.**
Source: Smetanin, P., Stiff, D., Briante, C., Ahmad, S., Ler, A., Wond, L. Life and Economic Burden of Lung Disease in Ontario: 2011 to 2041. RiskAnalytica, on behalf of the Ontario Lung Association, 2011.
- **Approximately 850,000 Ontarians are living with chronic obstructive pulmonary disease (COPD) – accounting for one in four of all hospital and emergency room visits in Ontario.**
Source: Gershon, G. Hasanaj, Q. Diong, C. Analysis of Ontario Ministry of Health and Long-Term Care data, at the Institute for Clinical Evaluative Sciences (ICES), October 22, 2013.
- **Every \$1 invested in smoking cessation saves \$20 in health and other costs.**
Source: Lightwood J, Glantz S. Effect of the Arizona tobacco control program on cigarette consumption and healthcare expenditures. Social Science & Medicine. 2011;72(2):166–172.
- **A staggering 1.9 million Ontarians have asthma – almost 500,000 of them are children.**
Source: Ontario Asthma Surveillance Information System. (2011). Retrieved from http://www.sickkids.ca/pdfs/OASIS/Data%20Tables/57159-asthma_prevalence_surveillance_data_tables_2013.pdf.