



Make Ontario the Healthiest Province

*Pre-Budget Submission to Ontario's Minister of Finance
and
Standing Committee on Finance and Economic Affairs*

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Overview

The 22 organizations that make up the Ontario Chronic Disease Prevention Alliance (OCDPA) welcome the opportunity to offer recommendations for reducing health care costs, making our health system more sustainable and improving the health, wellbeing and prosperity of Ontarians and Ontario.

Specifically, OCDPA recommends that the Ontario Government:

- Ensure provincial budgets allocated to chronic disease prevention, health promotion, mental wellness and upstream approaches are maintained and not further eroded;
- Launch a comprehensive wellness strategy that builds on successful prevention strategies such as Smoke-Free Ontario; and
- Apply a health impact lens across government programs, policies and investments to recognize the role played by the social determinants of health, promote health equity and reduce health disparities.

While public opinion studies show that many Ontarians are generally satisfied with our health care system, they are concerned about how they will maintain their quality of life as they age and whether the health care services they need will be there in the future. Research done by our alliance points to a looming health care crisis due to the accelerating rates and costs of chronic diseases and conditions. Yet, we can bend this upward cost curve. We have the evidence and know how to create a more sustainable health system and make Ontario the healthiest province in Canada.

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. Outlined below is a more detailed description of our recommendations, the need for urgent action and how this can be achieved.

The Human and Financial Cost of Chronic Diseases

Members of our alliance value the high quality care and treatment that Ontario's health care system offers but are concerned that without a greater emphasis on prevention our health care system will be unsustainable. Unfortunately, chronic diseases such as cancers, cardiovascular diseases, chronic respiratory disease and diabetes are the leading cause of death and disability in Ontario. In addition, the cost of supporting those with chronic diseases is estimated to be 55% of the total direct and indirect health costsⁱ.

With experts estimating that almost 80% of Ontarians over the age of 65 have a chronic condition and approximately 70% suffer from two or more chronic conditions, this does not bode well for the future.ⁱⁱ



The cost of medical treatment for chronic disease is soaring, costing Canadians \$190 billion annuallyⁱⁱⁱ. These costs will continue to increase as the prevalence of chronic disease rises. Consider these troubling trends:

- Cancer:
 - o more than \$2 billion is spent on costs related to cancer care^{iv}. The indirect costs associated with cancer, such as loss of productivity in Ontario, are approximately \$5 billion per year^v.
- Diabetes:
 - o 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.
 - o the economic burden of diabetes in Ontario is expected to increase 42 per cent over the next decade to \$7 billion^{vi} by 2020.
- Dementia:
 - o 181,000 people have dementia and this number is expected to increase^{vii}.
 - o 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^{viii}.
- Lung Disease:
 - o conservative estimates put 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^{ix}.
 - o More than 2.4 million Ontarians are currently living with a serious lung disease.
- Heart Disease:
 - o cardiovascular disease costs Ontario about \$5.5 billion per year in direct and indirect costs^x.

As Ontario's population increases and gets proportionately older, the rising burden of chronic disease on the health care system will also become unsustainable and adversely affect our quality of life, economy and communities. With only 2% to 3% percent of Ontario's \$51B health care budget being spent on prevention and tackling the root causes of leading chronic diseases and conditions, Ontario is facing a health care crisis.

Prevention Pays

Although chronic diseases are among the most common and costly health problems facing Ontarians, the Public Health Agency of Canada has concluded that "they are also among the most preventable." Major chronic diseases such as cardiovascular disease (heart disease and stroke), diabetes, arthritis, asthma, and osteoporosis share common risk factors and conditions. Four risk factors (unhealthy eating, physical inactivity, harmful use of alcohol, and tobacco use) are major contributors to the burden of chronic disease.

When it comes to premature heart disease and stroke, research shows that up to 80 per cent of cases are preventable^{xi}. 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 1960s to about 19 per cent today^{xii}.

Consider this, a tobacco-free society could prevent more than 85% of lung cancer deaths and 30% of all other cancer deaths. With healthy eating, regular exercise, and not smoking, up to 90% of type 2 diabetes, 80% of coronary heart disease, and about one-third of cancers can be avoided^{xiii}. Imagine the savings. A 2014 study by Dr. Doug Manuel calculated the hospital costs of smoking, inactivity, unhealthy eating, and alcohol use to be \$1.9 billion or over 900,000 hospital bed days a year^{xiv}.

The prevalence and management of chronic disease, is a growing health and economic issue in Ontario. Healthy public policy can play a significant role in improving the health of Ontarians by making it easier for Ontarians to adopt the behaviours necessary to live long healthy lives and creating supportive environments. Childhood obesity is at an all-time high in Ontario; currently 28% of children are overweight or obese^{xv}. Also concerning is that just 7% of those aged 5 to 17 attain the minimum level of physical activity each day. If current trends in health behavior are not addressed, this could be the first generation of children who do not live as long as their parents.

Clearly the time to act is now. Ensuring the Daily Physical Activity (DPA PPM 138) policy in elementary schools is being uniformly implemented and monitored across the province, mandating a health and physical education credit in every grade throughout secondary school, implementing active safe routes to schools in communities, providing food skills education and including food literacy education and evaluating the School Food and Beverage Policy (PPM 150) are just some of the ways we can start addressing these challenges.

Reducing Barriers to Good Health

Chronic disease disproportionately affects those with lower incomes. Almost half of all health outcomes are attributable to socio-economic factors^{xvi}. Therefore, investing in health promotion means investing in health equity to ensure that everyone in the province has equal access to health initiatives, healthy choices and supportive environments.

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^{xvii}. A reduction in health inequities can significantly reduce the number of Ontarians who experience poor or fair health.

Consequently, actions taken to address chronic diseases and their associated risk factors need to take into account the higher burden of disease experienced by some sub-populations in Ontario. To be successful, this requires:



- a) Ensuring that provincial data collection systems adequately identify and assess disparities in exposure to risk factors and the burden of disease among sub-populations in Ontario;
- b) Focusing greater attention on addressing the upstream determinants of health for these groups; and
- c) Conducting health equity impact assessments (HEIA) prior to program and policy implementation to capture—and enable planning to mitigate—the differential impact of interventions on sub-populations (PHO).

Protecting the Gains

We applaud the Ontario Government's support for such initiatives as the Healthy Kids Challenge, Smoke-Free Ontario Strategy, EatRight Ontario, Northern Fruit and Vegetable Program, Diabetes Prevention Strategy, Mental Health and Addictions Strategy and the recent commitment to develop a provincial alcohol strategy. While these investments provide a good starting point, given the human and financial implications of the growing rates of chronic diseases, more action is needed.

Our members are concerned that recent gains and momentum in health promotion and chronic disease prevention may be hampered due to budget reductions. Yet, we have the opportunity to improve health and wellbeing. Achievements of the targets below, would see both short and long-term results in decreased morbidity as well increased average life expectancy by over two years, making Ontario one of the jurisdictions with the highest life expectancy in the world. That is why we are calling on the government to accelerate and deepen health promotion efforts to achieve the following targets in these key risk factor areas by 2019:

- 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](#).¹
- Fewer than 15 per cent of Ontarians report experiencing negative mental health symptoms.²
- Ontario to have the lowest smoking prevalence or smoking rate in Canada.

We are encouraged by the Government's recent commitment to transform the health system under its Patients' First discussion paper. These bold changes represent an opportunity to place more emphasis on setting targets, health promotion and disease prevention in order to improve health outcomes and reduce health disparities.

¹ 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).

² 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 target of reducing the number of people who self-report experiencing mental health symptoms includes symptoms related to dementia, including depression, anxiety, and stress.



More Health rather than Health Care

It's been estimated that fifty percent of health outcomes are attributable to socio-economic factors^{xviii}. As Ontario's Former Chief Medical Officer of Health has noted, we need to talk about health without talking about health care. She noted that *"Good health starts long before we visit doctors. It starts in childhood, in our homes, in our schools, our workplaces and our communities. Health care systems exist to help people after they get sick or injured. This conversation needs to be about giving Ontarians a head start on good health, and preventing them from getting sick or injured in the first place"*^{xix}.

This was echoed in the Final Report of the Senate Subcommittee on Population Health, *"We must change our way of thinking and recognize that good health comes from a variety of factors and influences, 75 per cent of which are not related to the health care delivery system. Therefore we must become proactive and support communities, cities, provinces, territories and a country in producing citizens in good health, physical and mental well-being and productivity. Passively waiting for illness and disease to occur and then trying to cope with it through the health care delivery system is simply not an option. Hence, we must address all of the factors that influence health and through a population health approach, overcome inequities and foster well being and productivity"*^{xx}.

Applying a Health Lens

While Ontario may be doing a good job in managing chronic diseases, our Alliance has concluded that we need to do a much better job in preventing them. We recognize that the solutions will require multi-sectoral action (e.g. federal, provincial and municipal governments in collaboration with non-governmental partners). Many of the levers for change exist outside the health sector, all sectors of society and government must be engaged in a comprehensive, integrated and sustained strategy to prevent chronic disease.

We believe that 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.

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. "Health in all policies" approach is an internationally recognized gold standard in applying a health lens to all policy development including social and regional policy, taxation, environment, education and research^{xxi}



Conclusion:

Prevention of costly chronic diseases is possible. 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.

We call for a collaborative approach - which includes multi-sectors and stakeholders at the local, regional and provincial levels - to remove the barriers to improving the health of Ontarians. Ontario needs a multi-faceted strategy that includes effective policies, environmental supports, and public education. By building on the areas where we've made progress, supporting policies that address the determinants of health (e.g. Ontario's Poverty reduction Strategy) and introducing comprehensive health promotion and disease prevention strategies, the goal of making Ontario the healthiest province in Canada can be realized.

That is why 23 health-related, non-governmental organizations have united their voices through the Ontario Chronic Disease Prevention Alliance (OCDPA) to urge the government to commit to making Ontario the healthiest province through a sustained, comprehensive and multi-faceted strategy that includes strategic investments, effective policies, environmental supports, and public education to effect broad societal changes.

The OCDPA consists of 22 member organizations and is the province's collective voice on effective chronic disease prevention policy and programming. We are well positioned to collaborate with government and mobilize our extensive networks to save health care costs, improve lives and create a culture of health and wellbeing. More information is available at <http://www.ocdpa.on.ca>



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