

Taking Action to Prevent Chronic Disease

Recommendations for a Healthier Ontario

Executive Summary

Chronic diseases are the leading cause of death in Ontario. These largely preventable diseases diminish our quality of life, economy and communities.



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Public Health Ontario (Ontario Agency for Health Protection and Promotion) is a Crown corporation dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. As a hub organization, Public Health Ontario links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world.



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Cancer Care Ontario—an Ontario government agency—drives quality and continuous improvement in disease prevention and screening, the delivery of care and the patient experience, for cancer, chronic kidney disease and access to care for key health services.

Known for its innovation and results driven approaches, Cancer Care Ontario leads multi-year system planning, contracts for services with hospitals and providers, develops and deploys information systems, establishes guidelines and standards and tracks performance targets to ensure system-wide improvements in cancer, chronic kidney disease and access to care.

Cancer Care Ontario **Action Cancer Ontario**

Executive Summary

Chronic diseases are the leading cause of death in Ontario. In 2007, chronic diseases, including cancers, cardiovascular diseases, chronic respiratory disease and diabetes were responsible for 79% of all deaths in the province. These largely preventable diseases diminish our quality of life, economy and communities. As Ontario's population increases and gets proportionately older, the rising burden of chronic disease on the health care system will also become unsustainable.

Shared responsibility for reducing exposure

Increased chronic disease incidence, burden and costs are not inevitable. Review of the related evidence confirms strong associations between four underlying and modifiable risk factors (tobacco, alcohol consumption, physical inactivity and unhealthy eating), and the most common chronic diseases.

Evidence-informed interventions that focus on reducing exposure to these risk factors would reduce the burden of chronic diseases in Ontario. Such interventions must be mandated through clear and actionable population-level policies.

Ontario is doing a good job of managing chronic diseases. It is now time to do a better job of preventing them. The responsibility for doing so is shared among federal, provincial and municipal governments in collaboration with non-governmental partners. Because so many 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.

This report complements the priorities set out in Ontario's *Action Plan for Health Care*, which also mentions the need for an integrated approach with partners across Ontario's health care system. Components of the Action Plan related to the prevention of chronic disease include the establishment of a panel to address childhood obesity and expanding efforts to reduce smoking rates (e.g., by increasing access to nicotine replacement therapies).¹

This report, *Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario*, makes 22 recommendations for evidence-informed actions to guide a provincial strategy to deliver these outcomes:

- Reduce population-level exposure to four key risk factors
- Build capacity for chronic disease prevention
- Work towards health equity

Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario is the work of the Prevention Working Group (PWG), a collaboration of Public Health Ontario and Cancer Care Ontario supported by panels of subject matter experts and public health stakeholders.

Ontario is doing a good job of managing chronic diseases. It is now time to do a better job of preventing them.

Executive Summary

An urgent need

Criteria for selecting recommendations

Technical Appendix

Recommended Population-Level Interventions

Tobacco use recommendations

There is considerable opportunity for improvement in reducing Ontarians' exposure to risk.

An urgent need

The PWG has examined the evidence for prevention of the four leading chronic diseases through reduction of exposure to tobacco, alcohol consumption, physical inactivity and unhealthy eating. They have concluded that there is considerable opportunity for improvement in reducing Ontarians' exposure to risk.

Continued tobacco use: 20.3% of Ontarians 20 years and older continue to smoke.

Drinking more alcohol: 21.7% of Ontario adults aged 18 or older drink more alcohol than recommended.

High levels of physical inactivity and unhealthy eating: 49.2% of Ontarians aged 12 or older report being inactive during their leisure time, and more than half have inadequate vegetable and fruit consumption.

More overweight and obese: 60% of men and 45% of women in Ontario are overweight or obese.

Persistent health inequity: Ontarians who live in the poorest or rural neighbourhoods, have less than secondary school education, or identify as First Nations, Inuit or Métis are more likely to be current smokers and/or obese.

Criteria for selecting recommendations

The PWG considered the interventions identified by the Lancet NCD Action Group and the NCD Alliance² in the Ontario context, and prioritized these and other interventions based on the following criteria:

- Within Ontario government scope of control (though we recognize that some policy interventions require collaboration with other levels of government for successful implementation)
- Supported by strength of evidence

- Reflect level of development of policy interventions in the risk factor domain (for some policy interventions the evidence may be emerging/promising)
- Identified in previous reports and expert consensus statements
- Limited to four recommendations for each key risk factor domain plus cross-cutting recommendations (to focus on priorities for action)

Technical Appendix

Further details of the report evidence and methodology are available in the accompanying Technical Appendix, which is available online at www.oahpp.ca/takingaction and www.cancercare.on.ca/takingaction.

Recommended Population-level Interventions

Tobacco use recommendations

Recommendation 1: Increase tobacco tax

Immediately increase tobacco tax on all products sold in Ontario. This tax to be equal to (or greater than) the average tobacco tax rate of other Canadian provinces or territories, and be indexed at (or greater than) inflation. It is recommended that the minimum dedicated tobacco tax (DTT) remain a constant percentage of the total, that this percentage may be increased and that the proceeds of the DTT fund the provincial tobacco control program.

Recommendation 2: Broaden and extend the integrated tobacco cessation system

Broaden and extend efforts to create an integrated and coordinated Ontario tobacco cessation system that builds upon existing resources in hospitals, primary care and community settings to increase access to

cessation treatment and services for all tobacco users regardless of age or background.

Recommendation 3: Implement a sustained social marketing campaign

Implement a sustained social marketing campaign that motivates tobacco users to quit, and informs tobacco users of the dangers of all types of tobacco use, and the different options and resources available within Ontario for becoming tobacco-free.

Recommendation 4: Ban smoking on bar and restaurant patios

Amend the *Smoke-Free Ontario Act* to include the prohibition of smoking on unenclosed bar and restaurant patios (including a buffer zone of nine metres from the perimeter of the patio).

Alcohol consumption recommendations

Recommendation 5: Maintain and reinforce socially responsible pricing

Maintain and reinforce the socially responsible pricing of alcohol by:

- a) Establishing minimum pricing per standard drink across all alcoholic beverages indexed to inflation
- b) Maintaining average prices at or above the consumer price index
- c) Adopting disincentive pricing policies for higher alcohol content beverages to create disincentives for the production and consumption of higher-strength alcoholic beverages, and to reduce the overall per capita level consumption of ethyl alcohol

Recommendation 6: Ensure effective controls on alcohol availability

Control the overall risk of exposure to alcohol by:

- a) Ensuring that there is no increase in hours of sale
- b) Ensuring that the overall population density of on- and off-premise outlets per capita does not increase
- c) Not undertaking further privatization of “off-premise” alcohol retail sales in Ontario

Recommendation 7: Strengthen targeted controls on alcohol marketing and promotion

Adopt targeted control policies on alcohol advertising and marketing, especially marketing efforts adopting a “lifestyle promotion” approach to alcohol consumption, marketing targeting youth or high-risk drinkers, or marketing efforts encouraging high-risk drinking.

Recommendation 8: Increase access to brief counselling interventions

Increase access to brief counselling interventions for moderate to high-risk drinkers, including underage drinkers, via clinics, primary health care services, hospitals, university health care services, workplaces and the Internet.

Physical activity recommendations

Recommendation 9: Require physical education credits

Require students to earn a physical education credit in every grade from 9 to 12 to achieve high school graduation.

Executive Summary

Recommended Population-Level Interventions

Alcohol consumption recommendations

Physical activity recommendations

Recommended Population-Level Interventions

Healthy eating recommendations

Capacity-building recommendations

Recommendation 10: Evaluate daily physical activity

Evaluate the implementation, feasibility and quality of the daily physical activity policy in Ontario elementary schools, and address the need for continued implementation.

Recommendation 11: Support active transportation

Strengthen the *Planning Act* Provincial Policy Statement on active transportation, and provide dedicated funding to municipalities for building walking and cycling infrastructure.

Recommendation 12: Provide leadership through workplace physical activity policy

Provide leadership as a model employer by developing, implementing and evaluating a workplace-based policy to increase physical activity participation among employees.

Healthy eating recommendations

Recommendation 13: Create an Ontario food and nutrition strategy

Implement a whole-of-government, coordinated and comprehensive food and nutrition strategy for Ontario.

Recommendation 14: Include compulsory food skills in curricula

Include the development of food skills as a compulsory component of elementary and secondary curricula, preparing children and youth to be competent in food preparation.

Recommendation 15: Support healthy eating in publicly funded institutions

Implement evidence-informed food and nutrition policies that promote healthy eating in provincial workplaces and provincially funded institutions.

Recommendation 16: Implement mandatory menu labelling in food service operations

Require mandatory menu labelling of food and beverages to be visible at point-of-purchase in all large-scale food service operations in Ontario.

Capacity-building recommendations

Recommendation 17: Adopt a whole-of-government approach

Adopt a whole-of-government approach for the primary prevention of chronic disease. This approach would guide goal and objective setting, policy and program planning, performance monitoring and accountability, and coordination and management of partner relationships, and include:

- a) Identifying a dedicated ministerial and senior public service lead with sufficient authority to coordinate activities between sectors and levels of government for the improvement of health³
- b) Developing a comprehensive, multi-level health promotion and chronic disease prevention strategy for Ontario with goals, objectives and measurable outcomes
- c) Exploring legislation mandating health-impact assessments for all laws and regulations
- d) Supporting innovation and action at the local level and disseminating lessons learned across the province
- e) Proactively participating at federal/provincial/territorial tables to support the application of evidence-informed action federally and across the country

Recommendation 18: Improve measurement, increase accountability

Create a coordinated, province-wide, population health assessment and surveillance system to provide complete, timely, continuous and accurate data essential for the planning, delivery and evaluation of policies and programs aimed at reducing the burden of chronic diseases and related risk factors.

Recommendation 19: Connect knowledge with practice

Build capacity for delivering effective chronic disease prevention interventions.

Recommendation 20: Implement a coordinated health communications campaign

Implement and sustain an evidence-based, comprehensive, integrated and coordinated chronic disease prevention communications campaign that builds upon existing campaigns in Ontario.

Health equity recommendations

Recommendation 21: Reduce health inequities

Reduce health inequities by ensuring that actions taken to address chronic diseases and their associated risk factors recognize 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
- 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

Recommendation 22: Address First Nations, Inuit and Métis health

Ensure that the actions taken to address risk factors associated with chronic diseases consider the barriers to health faced by First Nations, Inuit and Métis in Ontario.

Executive Summary

Recommended Population-Level Interventions

Health equity recommendations

