

The Burden of Chronic Diseases in Ontario

Key Estimates to Support Efforts in Prevention

July 2019

The full report and supplemental materials available at ccohealth.ca/cdburden and publichealthontario.ca/cdburden



This report is jointly produced by CCO and Public Health Ontario. It provides evidence that reducing chronic diseases is a leading health priority in Ontario. The data reported highlight the considerable burden of disease that could be reduced if more people in Ontario did not smoke, limited their alcohol consumption, were physically active and ate healthier.

The burden of chronic diseases

In 2015, chronic diseases caused about three-quarters of deaths in Ontario. Cancers, cardiovascular diseases, chronic lower respiratory diseases and diabetes were the most common causes of chronic disease deaths in Ontario and were responsible for 63.7 percent of deaths in 2015. There were more than half a million new cases of these four diseases in 2015. Their estimated annual direct healthcare costs are \$10.5 billion (2010 estimate in 2018 dollars). In 2015, of the four leading causes of chronic disease deaths in Ontario:

- Cancers caused the most deaths; 28,195 people died of cancer.
- Cardiovascular diseases accounted for the highest number of new cases of chronic disease. They were also responsible for the largest number of hospitalizations in 2016.
- There were 60,530 people newly diagnosed with chronic obstructive pulmonary disease, which is a major chronic lower respiratory disease, and tobacco smoking is its leading cause.
- About 1.3 million people were living with diabetes, making it the second most prevalent chronic disease, after cardiovascular diseases. Diabetes also increases the risk of dying from cardiovascular and other diseases.

People in Ontario with the lowest socioeconomic status had disproportionately high rates of hospitalization in 2016 and deaths in 2015 due to a chronic disease.

Chronic disease risk factors

Chronic disease risk factors are common in Ontario adults and youth. In 2015/2016 in Ontario:

- 17.9 percent of adults and 6.5 percent of youth reported smoking tobacco daily or occasionally;
- 20.5 percent of adults reported exceeding Canada's Low-Risk Alcohol Drinking Guidelines and 30.2 percent of youth reported having at least one drink in the past year;
- 42.4 percent of adults were physically inactive, reporting physical activity levels that did not meet national guidelines, and 72.8 percent of youth reported less time spent being physically active than recommended for their age group;
- 71.8 percent of adults and 76.6 percent of youth reported inadequate vegetable and fruit consumption, eating vegetables and fruit fewer than five times a day;
- 50.9 percent of adults and 65.9 percent of youth reported having two or more chronic disease risk factors, and only 12.7 percent of Ontario adults and 7.3 percent of youth reported having none of these risk factors (using different risk factor definitions for adults and youth); and
- Ontario adults with the lowest socioeconomic status were more likely to be current smokers, physically inactive and consume vegetables and fruit fewer than five times a day than those with the highest socioeconomic status.

Chronic disease risk factors have been observed to be more common in people with poor mental health. In Ontario in 2015/2016, compared to those with good, very good or excellent mental health:

- Rates of daily or occasional tobacco smoking, physical inactivity and inadequate vegetable and fruit consumption were higher in adults reporting poor or fair self-perceived mental health; and
- Rates of daily or occasional tobacco smoking, underage drinking and inadequate vegetable and fruit consumption were higher in youth reporting poor or fair self-perceived mental health.

ECONOMIC BURDEN

The total annual economic burden of chronic disease risk factors is estimated to be \$7.0 billion for tobacco smoking, \$4.5 billion for alcohol consumption, \$2.6 billion for physical inactivity and \$5.6 billion for unhealthy eating, including \$1.8 billion for inadequate vegetable and fruit consumption.

Chronic diseases in Indigenous peoples in Ontario

Chronic diseases have a disproportionately high impact on Indigenous peoples in Ontario. A number of chronic diseases, chronic disease deaths and risk factors are more common in Indigenous populations than in the non-Indigenous population, and the incidence of cancer is increasing more rapidly in First Nations populations than in the non-Indigenous population.

Published by CCO and Public Health Ontario

CCO
620 University Avenue
Toronto, Ontario M5G 2L7
Telephone: 416-971-9800
ccohealth.ca

Public Health Ontario
480 University Avenue, Suite 300
Toronto, Ontario M5G 1V2
Telephone: 647-260-7100
publichealthontario.ca