

Questions and Answers

Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario

1. What makes this report different from others on preventing chronic disease?

The report, *Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario*, lays a foundation for action on chronic disease by identifying key evidence-based policy and practice interventions that address chronic disease risk factors.

2. If implemented, what impact would these recommendations have on preventing chronic disease?

A considerable number of early deaths among Ontarians could be prevented through modification of the behavioural risk factors highlighted in this report. To support these changes, Ontario needs a comprehensive plan. The number of Ontarians who develop chronic diseases can be greatly reduced by implementing the policy recommendations outlined in the report.

3. What will it cost to implement the policy changes recommended in the report?

Some of the recommendations will require resource expenditure; however, others can be expected to result in increased government revenue. The costs of implementation need to be weighed against potential savings in healthcare and other longer-term societal costs resulting from a decreased burden of chronic disease.

4. How many deaths are attributable to the chronic disease focused on in the report?

In 2007, chronic diseases, including cancer, cardiovascular disease, chronic respiratory disease and diabetes were responsible for 79 per cent of deaths in Ontario.

5. How were the recommendations selected?

The report focused on evidence-informed, policy level interventions designed to improve population health. For each recommendation, a broad continuum of evidence was evaluated, including systematic reviews, expert consensus and opinion, and government reports. It was important to include recommendations that considered health equity and First Nations, Inuit and Métis populations. Additionally, most of the recommendations had been identified in previous reports with expert consensus statements, and were within the Ontario Government's scope of control to implement (although some recommendations require inter-governmental cooperation).

6. Why focus on these four diseases?

In 2007, chronic diseases, including these four diseases were responsible for 79 per cent of deaths in Ontario and are casually related to four risk factors of interest: alcohol use, tobacco use, physical inactivity, and unhealthy eating. These risk factors are considered modifiable and their exposure can be significantly reduced through policy level interventions by government.

7. How was the report developed?

The report is a partnership between Public Health Ontario and Cancer Care Ontario. Staff from both organizations worked closely in the Prevention Working Group to coordinate the report initiative, and to review and edit the recommendations put forward by designated risk factor leads. Project teams summarized the evidence, analyzed the economic burden and related risk factors, completed scans and reviews of policy evidence in other jurisdictions and engaged government and other stakeholders to

produce the report. Stakeholders working in the area of chronic disease were consulted and provided invaluable input throughout the process.

8. How did you engage stakeholders working in the area of chronic disease?

Stakeholder consultation was an integral part of informing the report. Broad feedback on the draft report was gathered at the Cancer Quality Council of Ontario's signature event on December 5, 2011 from provincial, national and international stakeholders. We also solicited feedback from a number of provincial organizations. The final version of the report strengthens its reference to social determinants of health, includes a health equity analysis and highlights the importance of a whole of government approach.

9. Besides Public Health Ontario and Cancer Care Ontario, who else was involved?

Both Canadian and international experts, including university-based researchers, policy-makers and government officials, as well as individuals who could provide a First Nations, Inuit or Métis perspectives participated in expert panels. Experts provided input throughout the process.

10. Why is public health putting forth recommendations that are outside the scope of health?

It is widely acknowledged that health is influenced by many factors, including social, economic and environmental factors. Risk factors, like the four highlighted in the report, have many other dimensions that affect them and result from them.

11. Why take a whole of government approach?

The policy levers for chronic disease prevention exist across many ministries and levels of government. Although a single ministry or office may have the mandate for chronic disease prevention, the cooperation of all stakeholders is required to implement and sustain a comprehensive strategy.

12. Doesn't Ontario already have a strategy on chronic disease prevention?

No. The Chronic Disease Prevention Alliance of Canada developed the report, *Primary Prevention of Chronic Disease: A Framework for Action*, which provides a theoretical framework and some examples of interventions. However, it lacks the comprehensiveness required for successful implementation.

13. What's next?

The report was launched at a Board of Trade event on March 20, 2012. Additional presentations and knowledge exchange events are scheduled to take place throughout the spring, including the 2012 Ontario Public Health Convention. Both CCO and PHO are available to support the Ontario government with the implementation of the recommendations through the provision of scientific advice and technical support (e.g. surveillance and monitoring). CCO and PHO are also interested in exploring further collaboration and alignment opportunities with other organizations and stakeholder groups focused on the prevention of chronic disease.

14. Work has been going on for years around the issues of healthy living; however, chronic disease remains a problem. Why is that?

The fact that chronic disease remains a problem in spite of decades of educational efforts focused on healthy living reinforces a key point made in the report. Implementing the health-promoting public policies recommended by the report can achieve long-term population health improvements by modifying the economic, physical and social environments that collectively pose the biggest influence on health-related behaviours. Evidence suggests that policy interventions are more effective than individual interventions in creating change at the population level.

Tobacco recommendations

1. What makes these recommendations different from recommendations by the Smoke Free Ontario Scientific Advisory Committee or the Tobacco Advisory Group?

The tobacco recommendations are limited to four impactful evidence-informed interventions that can be readily implemented by government. They build on the foundations of these reports and by themselves do not represent a comprehensive tobacco control program. These realistic and achievable recommendations are specifically designed to maximize the effectiveness of existing tobacco control activities in a timely and cost-effective manner; maximizing the impact on the health of Ontarians.

2. Why hasn't this report addressed the proliferation of contraband tobacco?

The provincial and federal governments have announced various strategies to address the issue of contraband tobacco. The priority in this report is to reduce the accessibility of tobacco products in Ontario, especially among youth who are very price sensitive. Given the low price of cigarettes in Ontario (the second lowest price in Canada) the report recommends a substantial tax increase. Moreover, Smoke Free Ontario outlined a strategy for addressing contraband. The report builds on these recommendations.

3. Why is a dedicated tobacco tax important?

The dedicated tobacco tax will help ensure that the provincial tobacco control programs are adequately funded. If enacted, this recommendation can have a profound impact on improving the health of Ontarians.

4. What informed the development of the tobacco recommendations?

The recommendations were developed using the Smoke Free Ontario report (which engaged the tobacco control community) as a foundation. The report's recommendations provide a new contribution targeted and strategic contribution to comprehensive tobacco control in Ontario.

5. Is there a risk of losing public support for tobacco control if smoking is banned on outdoor patios?

This recommendation is designed to protect the health of the majority of Ontarians who are non-smokers, in particular, employees and patrons. Similar concerns were raised when smoking was first banned in indoor environments for restaurants and bars. However, surveys showed that these restrictions were well supported by the majority of the population; the same should be expected of this recommendation.

6. Part of the recommendation for an integrated cessation system supports the pharmaceutical industry. Why?

Research indicates that cessation medications are effective tools to help smokers quit and should be provided to those who are motivated to quit. The emphasis should be on helping individuals quit smoking regardless of what supports are used to be successful.

Alcohol recommendations

1. Will increasing the price of alcohol lead to an increase in contraband and/or smuggling?

The objective of the recommendation is to reduce consumption. There is strong evidence that links price increases to reduced consumption. Our recommendations call for steady, incremental increases rather than substantive one-time increases.

2. Does increasing the price of alcoholic beverages penalize low income drinkers?

A price increase is expected to lead to decreased consumption and a positive health benefit for low income drinkers. It is important to balance the increase of price with equitable access to supports such as brief intervention counselling, particularly for moderate to high-risk drinkers.

3. What is a “higher strength alcoholic beverage”?

“Higher strength alcoholic beverages” include beer, wine coolers and/or mixed drink coolers with an alcohol content of greater than seven per cent, as well as fortified wine and spirits.

4. Other provinces sell beer and wine in convenience stores, why recommend against privatization?

There is extensive evidence of increased alcohol consumption in jurisdictions that have whole or partial privatization of alcohol retail systems.

5. Advertising regulations are a federal responsibility. Why include this recommendation if it is outside the scope of the Ontario Government?

While most of the recommendations in this report are within the Ontario Government’s jurisdiction, some require cooperation and coordination with the federal or local governments. This recommendation not only provides the province with an opportunity to revisit the marketing and promotional practices of the LCBO, it also presents an opportunity to engage our federal counterparts in the development of more targeted control policies that have the potential to have a significant impact.

6. What is lifestyle promotion?

Lifestyle promotion is marketing which emphasizes the benefits of a product; for example, the social benefits of drinking alcohol.

7. It’s already illegal to market alcohol to underage drinkers. Why include a recommendation about “marketing that targets youth”?

Evidence indicates that exposing young people to alcohol marketing leads youth to start drinking at an earlier age and for underage drinkers it increases the amount consumed. While it is illegal to market to underage drinkers, the alcohol industry is able to reach this market through mass media.

Physical activity recommendations

1. Why recommend an increase in the number of mandatory physical activity credits required for secondary school graduation?

Providing mandatory opportunities for regular physical activity at school will provide many physical and mental health benefits for students and has the potential to increase levels of concentration, focus and academic performance. This approach is recommended over integrating physical activity participation into other parts of the school day because it is the best way to ensure students have an equal opportunity to participate in quality physical activity.

2. Why is it important to evaluate daily physical activity?

Daily physical activity is an important policy intervention with great potential for increasing student participation in regular physical activity. It is important to design and implement an evaluation that will provide information regarding the status of this policy and to inform future approaches to enhance the quality of its implementation and effectiveness.

3. Why weren't sedentary behaviours addressed in this report?

Unlike increasing physical activity in schools, sedentary behaviour is not easily addressed by provincial policy interventions.

4. Why are the recommendations for promoting workplace physical activity limited to the public sector?

The recommendations have the potential to provide a number of benefits to both employees and their employers, including: improved health, enhanced productivity and lower health insurance costs. The report's recommendations emphasize the importance of provincial government leadership in providing workplace physical activity policies and programs which can serve as a model for the private sector.

5. Aren't workplace physical activity programs very costly?

Comprehensive workplace programs don't have to be costly. Simple interventions, including signage, have been proven to be effective at minimal cost to the employer.

6. Why wasn't the built environment as a whole addressed rather than just active transportation?

The built environment has a significant impact on physical activity. Although there is still room for improvement, the Ontario government has already taken steps in this area with a section on land use patterns and wording on intensification in the *Provincial Policy Statement*, and with the development of the *Growth Plan for the Greater Golden Horseshoe, 2006*. Policy to include active transportation (primarily walking and cycling) is currently missing from the Provincial Policy Statement in its section on transportation systems where connectivity is identified as an important feature.

Healthy eating recommendations

1. Why isn't there a recommendation about limiting trans-fat in the food supply?

The Trans Fat Task Force, co-chaired by Health Canada and the Heart and Stroke Foundation of Canada, released the report, *TRANSforming the Food Supply* in 2006. This report outlined recommended trans-fat levels which were endorsed by Health Canada in 2007. Limiting trans-fats in our food supply is within federal jurisdiction and is addressed in recommendations 15 and 16.

2. The recommendations do not include a policy on controlling marketing to children. Why not?

Due to the variation in media, modes and exposure to media originating outside of Ontario, marketing and advertising to children would be best addressed at the federal level. At the provincial level, this type of policy would be very difficult to implement and monitor.

3. Why isn't sodium reduction recommended in the report?

The Sodium Working Group, commissioned by Health Canada, released recommendations in July 2010, for a Canadian sodium reduction strategy recommending specific voluntary sodium reduction targets in foods and an independent monitoring system to track progress. Limiting sodium is addressed by recommending nutrition standards in recommendations 15 and 16.

4. The report does not include recommendations to implement a "sin tax." Why not?

There is no evidence that implementing a "sin tax" on healthy food leads to healthier eating (unlike with increasing taxation on products like tobacco or alcohol).

5. What is the Ontario Food and Nutrition Strategy?

The Ontario Food and Nutrition Strategy is a coordinated approach to food policy development ensuring that food security, healthy eating and sustainable food systems are comprehensively addressed. An Ontario Food and Nutrition Strategy would require that provincial policies be reviewed for their impact on nutrition related health and social equity.

6. Who is the Ontario Collaborative Group on Healthy Eating and Physical Activity?

The Ontario Collaborative Group on Healthy Eating and Physical Activity is a provincial collaboration of health professionals from non-profit, health and academic organizations dedicated to addressing population-based issues relating to healthy eating, physical activity, healthy weights and the determinants of health, including food access, availability and adequacy.

7. Why weren't food subsidies addressed in this report?

Food and nutrition policies are in the purview of numerous ministries within the provincial government, thus a coordinated approach to food policy development is important. These policies can be addressed in the context of an Ontario Food and Nutrition Strategy.