

Make Ontario the Healthiest Province in Canada A statement to Ontario Political Party Leaders

The Ontario government needs to act now and take leadership to **make Ontario the healthiest province in Canada.**

ISSUE: Ontarians are concerned about the overall state of health and want their government to commit to make Ontario a healthier province. According to a recent poll by Ipsos Reid, 9 in 10 Ontarians favour an increased investment in health promotion and 8 in 10 feel so strongly they would vote on it in the upcoming election. Ontario is facing an impending health system crisis, and the signs are clearly evident. One in three Ontarians is affected by chronic disease. Between 1994 and 2005, rates of high blood pressure among Canadians skyrocketed by 77%, diabetes by 45% and obesity by 18% — affecting both younger and older Canadians. Moreover, even younger age groups are experiencing increases in risk: among those 35 to 49 years of age, for example, the prevalence of high blood pressure increased 127%, diabetes by 64% and obesity by 20%. It is also estimated that 45 per cent of males and 40 per cent of females in Ontario are likely to develop cancer in their lifetime.¹

Canada's Ministers of Health and Health Promotion/Healthy Living recently declared that the promotion of health and the prevention of disease, disability and injury are a priority and necessary to the sustainability of the health system. The government needs to act now to make Ontario the Healthiest Province in Canada.

RECOMMENDATIONS:

1. Commit to make Ontario the healthiest province in Canada.
2. Commit to focus efforts on health promotion through the following actions:
 - a. Implement the Canadian Ministers of Health declaration and framework for action to address childhood obesity and support the implementation of the new Health and Physical Education curriculum within the context of the Healthy Schools Framework
 - b. Supporting the recommendations for Ontario's Mental Health and Addictions Strategy: Respect, Recovery, Resilience: A Report to the Minister of Health and Long-Term Care from the Minister's Advisory Group on the 10-Year Mental Health and Addictions Strategy, with a particular focus on prevention and health promotion
 - c. Deliver upon recommendations as set out by the *Tobacco Strategic Advisory Group (TSAG)*
 - d. Embed a health promotion filter across all government Ministries
3. Commit to increase Ontario's overall investment in health promotion to match British Columbia's.
4. Articulate these commitments in your party's 2011 election platform.

CHRONIC DISEASE COSTS IN CANADA:

- The cost of medical treatment for chronic disease and associated cost in lost productivity is estimated at \$80 billion annually.
- The direct and indirect costs of cardiovascular disease and stroke have reached \$22.2 billion annually.
- The economic burden of diabetes will increase from \$12.2 billion to nearly \$17 billion by 2020.
- The economic burden of dementia will rise from \$15 billion in 2008 to \$153 billion in 2038.

ONTARIO FACTS:

- One in three Ontarians is affected by chronic disease.
- 80% of the population aged above 65 has at least one chronic disease, while approximately 70 percent suffer two or more.
- Investment in health promotion only comprises 0.35% of the Ontario budget.
- The Ontario government invests only \$7.40 per person per year in health behaviour strategies, as compared to British Columbia's \$21.00 per person per year, and Quebec's \$16.80 per person per year.
- 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.
- Alcohol-related health and social costs were \$5.3 billion in 2002.
- The Ontario government spends over \$2 billion on costs related to cancer care.
- Overall health spending is likely to grow by 6.5 percent a year, while government revenues grow only at 4 percent a year.

- Health care would take up 80 percent of the province's program budget by 2030, up from 46 percent 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.

BACKGROUND:

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

Government leadership is essential to make Ontario the healthiest province in Canada. As stated by the Institute of Clinical and Evaluative Sciences (ICES) in their report, *What does it take to make a healthy province?*, "Leadership and senior government structures must be developed and/or nurtured to develop specific health strategies ... many effective policies and programs are relatively inexpensive and should be considered for implementation and/or expansion."² In the face of current economic uncertainties and mounting fiscal pressures in Ontario's health care system, TD Bank released a special report in May 2010 that urges the Province to lead an "extraordinary effort" to improve the health of Ontarians through health promotion.

Sustainable health care requires greater focus on health promotion.

The cost of chronic disease is on the rise. In Canada, the cost of medical treatment for chronic disease and associated cost in lost productivity is estimated at \$80 billion annually³; \$22.2 billion is attributable to cardiovascular disease and stroke⁴. This amount will rise as the prevalence of chronic disease rises. For example, the economic burden of diabetes will increase by \$4.7 billion by 2020 from \$12.2 billion⁵, while the economic burden of dementia will rise from \$15 billion in 2008 to \$153 billion in 2038⁶.

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. An upstream investment in supporting people to stay mentally healthy saves money, that is, every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 dollars in lost productivity and social costs⁷. Specific to alcohol, the related health and social costs were 5.3 billion in 2002⁸, while the government spends over \$2 billion on costs related to cancer care⁹. Overall health spending is likely to grow by 6.5 percent per year, while government revenues grow at only 4 percent per year. This will lead to health care costs increasing from 46 percent of current government spending to 80 percent of the Province's program budget by 2030¹⁰.

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. Through leadership and commitment from the Ontario government the goal of making Ontario the healthiest province in Canada can be achieved.¹¹ This will require a comprehensive and multi-faceted strategy that will include effective policies, environmental supports, and public education to effect broad societal changes in health behaviours.¹²

Increase Ontario's investment in health promotion to match British Columbia's.

In order to improve the health of Ontarians, investment in health promotion must be increased to at least match British Columbia and Québec's investment. According to the recommendation from ICES, investment should be increased by at least \$170 million per year to improve health behaviours related to smoking, physical activity, diet and obesity.¹³ However, this recommended level of investment does not include resources to address other modifiable factors such as injury, poor mental health and high-risk alcohol drinking, which also represent a substantial health and resource burden.

Ontario's investment through the Tobacco Control Act and Smoke Free-Ontario Act has resulted in a decline of smoking prevalence from 50 percent in the 1960's to approximately 20 percent today. Presently, declining smoking rates have stagnated, which supports the case for further investment in health promotion and tobacco control as a preventative measure.

Ontario's investment level is only one-third of British Columbia's. It is also important to note that British Columbia has the highest life expectancy rates since the early 1990s, while Québec has made major and steady improvements, in developing a comprehensive public health infrastructure and adopting a population health approach over the past two decades. Furthermore, British Columbia and Québec have the lowest diabetes rates of 7.3% and 7.2%, respectively^{14 15}.

The Ontario Chronic Disease Prevention Alliance (OCDPA), consisting of over 30 member organizations, is the province's collective voice on effective chronic disease prevention policy and programming. More information is available at www.ocdpa.on.ca.

References

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- ¹² Institute for Clinical Evaluative Sciences. What Does it Take to Make a Healthy Province? ICES, November 2009.
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- ¹⁴ Institute for Clinical Evaluative Sciences. How Many Canadians will be Diagnosed with Diabetes Between 2007 and 2017? ICES, June 2010. p 16.
- ¹⁵ Institute for Clinical Evaluative Sciences. What Does it Take to Make a Healthy Province? ICES, November 2009.