

# Healthy People, Healthy Communities

## *Public Health Policy Statements on Public Health Issues*

The provincial government plays an important role in shaping policies that impact both individual and community health. Public policies made at the provincial level can influence the social factors and physical conditions of the environment in which we are born, live, learn, play, work and age. We depend on our elected officials to make decisions that improve the health of our community and its residents.

The social determinants of health, such as food access, income, housing, education and employment are strongly influenced by policy decisions.

During the 2018 provincial election, we have an opportunity to encourage provincial government actions on important public health issues to reduce preventable disease and death.

Think about the role that the provincial government plays in shaping the policies that impact all aspects of our lives, including our individual health, and the health of our natural and built environment.

The Middlesex-London Health Unit is highlighting the following issues for government action.



# Alcohol

**43% of Ontarians consume alcohol in a manner that puts their health at risk.**

## Our Ask

- Develop a comprehensive provincial alcohol control strategy to ensure that policies and programs related to alcohol are in the best health and economic interest of all Ontarians.
- Maintain and reinforce socially responsible pricing of alcohol by establishing a minimum price per standard drink that is indexed to inflation, by maintaining average prices at or above the consumer price index, and by adopting disincentive pricing policies for higher alcohol content beverages.
- Put the same restrictions on alcohol marketing that are in place for tobacco.

## Why these Strategies?

**Develop a comprehensive provincial alcohol control strategy to ensure that policies and programs related to alcohol are in the best health and economic interest of all Ontarians.**

- Alcohol is the most commonly used drug among Ontarians.
- Diseases related to heavy drinking account for at least 40,000 hospital stays each year in Ontario at a cost of \$65,000,000.
- Expenditures attributed to alcohol consumption cost Ontarians an estimated \$1.7 billion in direct health care costs and \$3.6 billion in indirect costs in 2011, for a total of \$5.3 billion.

**Maintain and reinforce socially responsible pricing of alcohol by establishing a minimum price per standard drink that is indexed to inflation, by maintaining average prices at or above the consumer price index, and by adopting disincentive pricing policies for higher alcohol content beverages.**

- This policy has the greatest impact of any policy intervention on reducing alcohol consumption.
- High taxation and minimum pricing for alcoholic beverages are deterrents to alcohol-related problems, including chronic diseases.
- Disincentive pricing of higher alcohol content beverages is specifically associated with lower alcohol consumption, and reductions in trauma, social problems, and chronic diseases.

**Put the same restrictions on alcohol marketing that are in place for tobacco.**

- The volume and diversity of alcohol advertising contributes significantly to higher levels of alcohol consumption and alcohol-related problems.
- Current alcohol advertising policies focus on the content (e.g. lifestyle advertising) and target audience, but there are few restrictions for the volume of advertising.
- Exposing young people to alcohol marketing leads to earlier onset of alcohol consumption and increases the amount consumed by those already drinking.
- An average 18 year old woman starting university has already been exposed to more than 100,000 alcohol advertisements.



## Alcohol

***43% of Ontarians consume alcohol in a manner that puts their health at risk.***

### Return on Investment

**Significant savings could be achieved through reduced healthcare burden from alcohol-related diseases and death.**

- Diseases related to heavy drinking account for at least 40,000 hospital stays each year in Ontario at a cost of \$65,000,000.
- Expenditures attributed to alcohol consumption cost Ontarians an estimated \$1.7 billion in direct health care costs and \$3.6 billion in indirect costs in 2011, for a total of \$5.3 billion.

### Background

- Alcohol is the most commonly used drug among Ontarians.
- Alcohol availability has increased by 22% in Ontario between 2007 and 2017.
- Increased alcohol availability leads to increased consumption.
- Alcohol is a known carcinogen.
- In 2015, the provincial government announced a plan to create a province-wide alcohol policy to support the safe and responsible consumption of alcohol. This policy is still absent in a time of increased availability of alcohol.



# Cannabis

**45.3% of Ontario adults (18 years and older) have used cannabis at least once in their lifetime.**

**36.9% of Ontario grade 12 students have used cannabis in the last year.**

## Our Ask

**Ensure a public health approach to cannabis legalization that includes:**

- Government-run stores to meet public safety and social responsibility standards.
- Strict controls over cannabis advertising/marketing to minimize commercialization and social normalization, especially to vulnerable populations.
- Dedicated public health funding to support prevention and harm reduction strategies to mitigate the harms associated with cannabis use.

## Why these Strategies?

- A public health approach to cannabis aims to eliminate or reduce the health and social harms resulting from its criminal prohibition.
- Government-run stores are an effective way to influence consumption by limiting the number of outlets, limiting hours of sale, removing the profit motive for increasing sales and applying consistent social responsibility standards.
- As seen with alcohol, exposure to marketing and promotion can lower the age of initiation, increase current use of cannabis and contribute to the normalization of cannabis consumption.
- Local public health units are uniquely positioned to work collaboratively with our municipal, education and enforcement partners to ensure that the legalization of cannabis does not unduly burden our most vulnerable citizens, including children and youth, individuals with personal or family history of mental health problems and pregnant women.

## Return on Investment

**Significant savings could be achieved by mitigating the risks associated with cannabis use, including unintentional injury, disease and death.**

- Cannabis use has well-documented risks including: cognitive, psychomotor and memory impairments; hallucinations and impaired perception; impaired driving and injuries; mental health problems including psychosis; dependence; pulmonary/bronchial problems; and reproductive problems.
- Ensuring a public health approach to cannabis legalization will help delay cannabis use in young people and minimize harms and their associated costs.

## Background

- Canadian children and youth have the highest rate of cannabis use compared to 29 developed countries.
- Cannabis legalization is planned for 2018.
- Under the Federal Act for cannabis, provinces and territories will be responsible for licensing and overseeing the distribution and sale of cannabis.



## Tobacco

**19.6% of Ontarians aged 20 years and older smoked in 2014 (daily or occasionally).**

### Our Ask

- Increase tobacco tax in Ontario to the World Health Organization's recommended level of 75% of total price with at least 70% being excise tax.
- Reduce the availability and supply of tobacco products.
- Develop and implement policies to prohibit smoking in all privately and publicly owned multi-unit housing, with a focus on social housing.
- Reduce children and youth exposure to on-screen smoking by requiring any movie that contains tobacco imagery to be assigned an adult rating (18A) and requiring movie theatres to show strong anti-tobacco ads (PSAs) before movies that contain smoking or tobacco use.
- Implement a visible network of high quality, person-centered cessation services.

### Why these Strategies?

- Increase tobacco tax in Ontario to the World Health Organization's recommended level of 75% of total price with at least 70% being excise tax.**
- Price has the greatest impact of any policy intervention on reducing tobacco use in the population.
  - Ontario has the second lowest price for a carton of 200 cigarettes in Canada.
- Reduce the availability and supply of tobacco products.**
- Tobacco products are available 24/7 in over 10,000 retail settings in Ontario.
  - Smokers will smoke less and are more likely to successfully quit when tobacco is less available.
  - Non-smokers, especially young people, are less likely to start smoking when tobacco is less available.
- Develop and implement policies to prohibit smoking in all privately and publicly-owned multi-unit housing, with a focus on social housing.**
- There is no safe level of exposure to second-hand smoke.
  - The home is where children are most exposed to second-hand smoke, and it is also a common setting for adult exposure.
  - Voluntary household smoking bans and smoke-free multi-unit housing policies are effective to reduce cigarette consumption and increase smoking cessation.
  - With about one quarter of Ontarians living in multi-unit housing, including infants and children, smoke-free housing policies would help to protect a considerable number of Ontarians from second-hand smoke.
  - Implementing smoke-free policies in affordable and community housing also addresses health inequalities that tenants may face due to limited options for housing that is affordable and safe.
- Reduce children and youth exposure to on-screen smoking by requiring any movie that contains tobacco imagery to be assigned an adult rating (18A) and requiring movie theatres to show strong anti-tobacco ads (PSAs) before movies that contain smoking or tobacco use.**
- Children and youth exposed to tobacco use and smoking imagery in movies are



## Tobacco

**19.6% of Ontarians aged 20 years and older smoked in 2014 (daily or occasionally).**

more likely to experiment with tobacco, start smoking, and to have a more positive view of smoking.

### **Implement a visible network of high quality, person-centered cessation services.**

- Tobacco cessation services should be person-centred and accessible.
- The use of pharmacotherapy doubles the success of cessation approaches and should be offered cost-free to reduce barriers.
- A network of all cessation services would target services to meet diverse needs and make effective use of all cessation resources.

### **Return on Investment**

#### **Significant savings could be achieved through reduced healthcare burden from tobacco-related diseases and death.**

- Tobacco-related disease accounts for at least 500,000 hospital stays each year in Ontario at a cost of \$933,000,000.
- Tobacco-related disease costs the Ontario health care system an estimated \$3.65 billion in direct health care costs.
- Tobacco related-disease costs the Ontario economy \$5.5 billion in social and economic costs including time off work and premature disability and death.

### **Background**

- Tobacco is the leading cause of preventable death and illness in Ontario.
- There are approximately 13,000 deaths each year in Ontario due to tobacco use.
- In adults, tobacco is responsible for lung disease, heart disease, lung cancer and many other illnesses.
- Exposure to second-hand smoke can cause health problems in infants and children including more frequent and severe asthma attacks, respiratory infections, ear infections and sudden infant death syndrome.
- The [Tobacco End Game](#) (i.e., reduce smoking rates to 5% by 2035) is gaining support.



## Healthy Eating

*On average, only 38.9% of Ontarians report eating vegetables and fruit five times per day.*

### Our Ask

- Require food literacy and food skills curriculum as a mandatory component in elementary and secondary schools.
- Support healthy eating in publicly funded institutions by implementing public procurement standards and policies to promote more healthy food choices in public sector settings.

### Why these Strategies?

**Require food literacy and food skills curriculum as a mandatory component in elementary and secondary schools.**

- More people eating away from home, and more people eating pre-made, packaged and processed convenience foods.
- The shift away from preparing and eating family meals means that children have fewer opportunities to learn about cooking and nutrition.
- Long-term habits are formed early in life; it is particularly important for young people to learn about food and to be involved in food preparation.
- Ontario secondary school curriculum has food and nutrition courses; however, these courses are not mandatory and many students miss out on the opportunity to learn essential food skills.
- The integration of food skills and food literacy into the curriculum, called for by organizations such as the Ontario Home Economics Association, Sustain Ontario, Public Health Ontario, Cancer Care Ontario and the Ontario Federation of Agriculture could improve food and healthy eating knowledge and skills for future generations in Ontario.
- Food literacy as a mandatory part of the school curriculum will better enable students to learn about our food system and how to grow, prepare, preserve, and choose healthy and sustainably produced food.

**Create healthy food environments and increase access to healthy foods in publicly-funded institutions, including schools, recreation centers and health care facilities.**

- Supporting healthy eating in public sector settings demonstrates a commitment to the health of employees and families living within the community.
- Purchasing local, sustainably-produced food keeps family farms viable while creating jobs in processing and distribution. Money spent on local food stays in the local economy, multiplying the impact. Standards for local food procurement can make local, healthy, sustainable food accessible to all. This policy would affect a large number of people - there are over 1 million students attending college and university in Ontario; over 10,000 professionals and volunteers are employed in recreational centres and public buildings where food is sold; hospitals and other health care facilities have tens of thousands of visitors annually.
- Restricting the marketing of unhealthy food and beverages to children and youth reduces consumption of sugary drinks and other unhealthy foods.



## Healthy Eating

*On average, only 38.9% of Ontarians report eating vegetables and fruit five times per day.*

### Return on Investment

**Significant savings could be achieved through reduced healthcare burden from chronic diseases and death.**

- Diet is the number one risk factor for chronic diseases.
- Unhealthy eating can lead to cancers, cardiovascular disease and type 2 diabetes.
- Diet-related disease accounts for at least 170,000 hospital stays each year in Ontario at a cost of \$335,000,000.

### Background

- A food and nutrition strategy for Ontario has been developed.
- The federal government is creating a healthy eating strategy, which includes revamping the current Food Guide.



# Food Insecurity

**1 in 8 Ontario households are food insecure.**

**1 in 6 Ontario children live in households that are food insecure.**

## Our Ask

- Implement income-based solutions to reduce rates of food insecurity.
- Increase social assistance rates to reflect the rising cost of nutritious food and safe housing.
- Continue the [Ontario Basic Income Pilot](#) and conduct a robust evaluation.
- Monitor household food insecurity through annual participation in the [Nutritious Food Basket Survey](#) and the [Household Food Security Survey Module](#) of the Canadian Community Health Survey.

## Why these Strategies?

### **Implement income-based solutions to reduce rates of food insecurity.**

- Elimination of food insecurity requires secure, adequate income for all households to be able to pay for housing, food and other basic living expenses.
- Almost 60% of food insecure households in Ontario have employment income.

### **Increase social assistance rates to reflect the rising cost of nutritious food and safe housing.**

- 64% of Ontario households reliant on social assistance are food insecure.
- A single man living in Middlesex-London receiving Ontario Works does not receive enough money to pay for food and housing.

### **Continue the Ontario Basic Income Pilot and conduct a robust evaluation.**

- The Ontario Basic Income Pilot is testing whether a basic income is an effective and sustainable way to reduce poverty and improve health and education.
- The three-year study needs to be completed and adequately evaluated to help inform public policy recommendations to address income security for all.

### **Monitor household food insecurity through annual participation in the Nutritious Food Basket survey and the Household Food Security Survey Module of the Canadian Community Health Survey.**

- Regular monitoring of food affordability and household food insecurity is critical to help generate and evaluate evidence-based recommendations to address income inadequacy and food insecurity.

## Return on Investment

### **Significant savings could be achieved through reduced healthcare burden from chronic diseases and death.**

- Diet is the number one risk factor for chronic diseases.
- Diet-related disease accounts for at least 170,000 hospital stays each year in Ontario at a cost of \$335,000,000.
- Individuals that are food insecure have more chronic health conditions (e.g., diabetes, high blood pressure), are more likely to suffer from mental health issues (e.g., anxiety, depression) and have higher health care costs.
- Annual health care costs are 121% higher in households with severe food insecurity.

Content adapted from [Dietitians of Canada](#), Ontario Dietitians in Public Health [No Money for Food is Costless](#) campaign, and [PROOF Food Insecurity Policy Research](#).

Adapted and revised for local use with permission by the KFL&A Public Health.

# The Middlesex-London Health Unit

## *Helping People to Reach their Potential*

Public health is different, but complementary to the work performed throughout the health care system. Our goal is to watch for, identify and address public health issues that can affect you, your family and your neighbours. We promote healthy living and identify community needs. The Middlesex-London Health Unit delivers programs and services under the mandate of the [Health Protection and Promotion Act \(HPPA\)](#) to the people who live in London and Middlesex County. The Health Unit's work is further guided by the [Ontario Public Health Standards](#).

Funded by both the province and municipalities, Health Unit staff members work with people, agencies, municipalities, school and health care partners, and community organizations to promote well-being, prevent disease and injury, and protect health. Health Unit staff work in schools and in immunization clinics; they work with families to support their needs; they also inspect restaurants and businesses that sell food, swimming pools, tattoo shops, hairdressers, nail salons, spas and more. In addition, members of this team of professionals provide dental services to people who need them, do research in our communities and work with politicians and decision makers to create policies that lead to healthier communities.

Investing in public health programs and services results in a clear return on investment, saving the health care system millions of dollars a year, while creating healthier people and healthier communities.

