

PREVENTION MATTERS

Why Ontario
Needs a Chronic Disease
Prevention Strategy



OCDPA

Ontario Chronic Disease Prevention Alliance



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About the Ontario Chronic Disease Prevention Alliance (OCDPA)

Created in 2003, the OCDPA brings together over 19 non-governmental health organizations committed to integrated action on chronic disease prevention. The OCDPA represents more than 70,000 members and volunteers with expertise, programs, services, resources and networks focused on a variety of community and public health issues. The Alliance envisions communities where population and individual health are supported by healthy societal conditions, public policies and personal behaviors. For more information, please visit the following website link: <http://www.ocdpa.on.ca>

Executive Summary

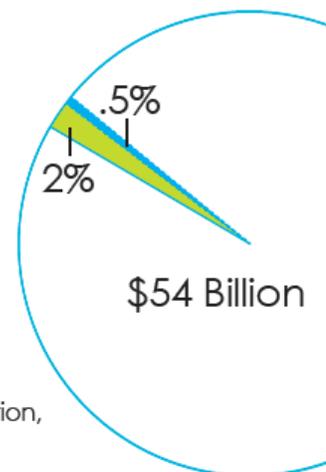
The Concern

Chronic disease is the leading cause of disability and death in Ontario, accounting for nearly 80% of all deaths.¹ As the population increases and ages, the prevalence of chronic disease will increase and financial costs will rise. In Ontario, health care costs are projected to account for 70% of the provincial budget by 2022 and 80% by 2030.²

Chronic disease, also known as non-communicable disease, is highly preventable. Strategies that target risk factors associated with chronic disease have the greatest potential for reducing the burden of these diseases. However, Ontario does not currently have a comprehensive chronic disease prevention strategy, a gap that was noted in the Ontario Auditor General's 2017 annual report. The Ministry of Health and Long-Term Care (MOHLTC) only spent some \$1.2 billion in 2016/2017 on prevention, health

promotion and public health. This accounts for 2% of Ontario's \$54 billion dollar health care budget.³ The OCDPA is calling on all political parties to commit to a .5% increase in funding to support a comprehensive chronic disease prevention strategy.

Currently only 2% of Ontario's \$54 billion health care budget is spent on prevention, health promotion, and public health.



The Opportunity: Make Ontario the Healthiest Province by Preventing Chronic Disease

The Ontario Chronic Disease Prevention Alliance (OCDPA) includes 20 not-for-profit organizations focused on health. The OCDPA calls on all political parties in Ontario to commit to developing, and supporting with adequate funding, a comprehensive provincial chronic disease prevention strategy. A provincial strategy can build upon, enhance and improve coordination among existing health promotion and prevention strategies and supports. An increased focus on chronic disease prevention can make Ontario the healthiest province in the country and ensure a sustainable health care system.

This document outlines the rationale and key components of a chronic disease prevention strategy for Ontario, with a focus on five risk factors that are common to several chronic diseases – tobacco use, unhealthy eating, physical inactivity, alcohol misuse and mental health/mental illness. This document includes overarching as well as



specific recommendations for cross-sectoral, multi-level policies and programs that could reduce chronic disease risk factors among Ontarians.

Overarching Recommendations

The OCDPA calls on all political parties to support the following actions, which can improve the health and well-being of Ontarians and contribute to reducing health care costs in the province.

1. Invest in a comprehensive provincial chronic disease prevention strategy:
 - a. Strengthen policies on creating healthy and sustainable environments that reduce chronic disease risk factors and improve health equity;
 - b. Apply a health equity lens to all strategies, policies, programs and interventions to promote health for all;
 - c. Support the recommendations outlined in Cancer Care Ontario's *2015 – 2020 Chronic Disease Prevention Strategy* and *Path to Prevention* to reduce chronic disease, especially among First Nations, Inuit and Métis peoples;
 - d. Support awareness-building and communication efforts to ensure Ontarians are knowledgeable about chronic disease prevention, healthy lifestyle behaviors and are supportive of government action in these areas; and
 - e. Provide dedicated funding for supportive infrastructure (e.g. to create a central database, technical expertise, training and networks).
2. Create a chronic disease prevention council with representatives from government, health, academic and other external groups to provide leadership and advice to government on a chronic disease prevention strategy, including, aligning existing strategies, initiatives and resources and identifying new areas for investment and action.
3. Create an inter-ministerial council to plan and coordinate actions and investments in order to promote a health-in-all-policies approach across the provincial government.

Introduction

Chronic Disease Impact on Human Health and Financial Costs

Chronic disease is the leading cause of disability and death in Ontario and accounts for the majority of health care costs in the province.¹ However, chronic disease can be prevented by reducing modifiable risk factors such as tobacco use, unhealthy eating, physical inactivity, alcohol misuse and mental health/mental illness. Each of these chronic disease risk factors are also strongly influenced by the social determinants of health.

The impact of chronic disease on human health and the economy is extensive and a growing and aging population will only increase the burden of chronic disease on the health care system.⁴



More than half of Ontarians 12 and older suffer from at least one chronic condition.

The following points demonstrate the critical need to reverse this trend:

- More than half of Ontarians age 12 and older suffer from at least one chronic condition;⁵
- More than 50,000 Ontarians died from four leading chronic diseases in 2013 (cancer, heart diseases, cerebrovascular diseases and chronic lower respiratory diseases);⁶
- The cost of supporting those with chronic disease is 55% of the total direct and indirect health costs in the province;⁸
- Modifiable risk factors associated with chronic disease (i.e. tobacco use) cost Ontario almost \$90 billion in health care expenditures, including hospital care, drugs and community care, between 2004 and 2013.³ and when health behaviors and socio-economic position were considered jointly, the cost was \$134 billion during those years;⁷
- Obesity costs Ontario \$1.6 billion annually including \$647 million in direct costs, such as hospital care, pharmaceuticals and physician services and \$905 million in indirect costs, such as lost earnings due to illnesses and premature deaths associated with obesity.⁴



Prevention Matters

Investing in community-based disease prevention programs can yield significant returns. For example, a U.S. study found that for every \$1 invested in promoting healthy eating and physical activity, the return on investment was an average \$6 in savings in the treatment of chronic disease within 10 - 20 years.⁹



\$1 = \$6

A report by Canada's TD Bank found that a healthier population is less costly to serve and that prevention is a key component of a sustainable health system for Ontario.¹⁰ The report recommended that Ontario introduce innovative and effective strategies to improve the population's health behaviors and reduce health inequities.¹⁰

In a study led by Dr. Doug Manuel, the Institute for Clinical Evaluative Sciences (ICES) found that health care costs in Ontario associated with smoking, unhealthy eating, physical inactivity and excessive alcohol consumption decreased by 1.9% or \$4.9 billion from 2004 to 2013.⁷ The majority of these savings were linked to the reduction in smoking rates related to Ontario's comprehensive tobacco control strategy.⁸ Dr. Manuel concluded that further savings could be achieved through investing in additional prevention strategies and reducing social inequities.⁷

In 2017, Ontario's Auditor General identified the critical role that the government can play in effectively reducing the financial burden of chronic disease on the health care system.³ The Auditor General noted Ontario's lack of an "overarching chronic disease prevention strategy" and recommended that the government consider developing a strategy to address chronic disease.³ The Auditor General called on the MOHLTC to develop comprehensive policies that focus on key risk factors that contribute to chronic disease – unhealthy eating, physical inactivity, and alcohol misuse – similar to tobacco control, for which the government has implemented a strategy.³



The Opportunity: Make Ontario the Healthiest Province by Preventing Chronic Disease

The OCDPA includes 19 not-for-profit organizations focused on health. The OCDPA calls on all political parties in Ontario to commit to developing, and supporting with adequate funding, a comprehensive provincial chronic disease prevention strategy. A provincial strategy can build upon, enhance and improve coordination among existing health promotion and prevention strategies and supports. An increased focus on chronic disease prevention can make Ontario the healthiest province in the country and ensure a sustainable health care system.

Many provincial government initiatives, agencies and resources exist that can serve as building blocks for a comprehensive chronic disease prevention strategy. These include:

- Public health units and agencies;
- Health Care Services;
- Ontario's Healthy Kids Strategy;
- Ontario Cancer Plan;
- Game ON;
- Open Minds, Healthy Minds;
- Smoke-Free Ontario;
- Health and Physical Education Curriculum;
- Diabetes Prevention Strategy;
- Ontario Public Health Standards; and
- Other chronic disease prevention initiatives funded by the provincial government and led by external health organizations.

The building blocks are already in place:

Public Health Units Health Care Services
Healthy Kids Strategy Ontario Cancer Plan Game ON
Open Minds, Healthy Minds Smoke-Free Ontario
Health and Physical Education Curriculum Diabetes Strategy

These can be built into a

Chronic Disease Prevention Strategy

Incorporating these initiatives in a comprehensive chronic disease prevention strategy, strengthening prevention efforts and addressing gaps (e.g. creating an alcohol action plan) will better position Ontario to reduce the disability, morbidity and financial costs of chronic disease.



Overarching Recommendations

The OCDPA calls on all political parties to support the following actions, which can improve the health and well-being of Ontarians and contribute to reducing health care costs in the province.

- 1) Invest in a comprehensive provincial chronic disease prevention strategy:
 - a) Strengthen policies on creating healthy and sustainable environments that reduce chronic disease risk factors, and improve health equity;
 - b) Apply a health equity lens to all strategies, policies, programs and interventions to promote health for all;
 - c) Support the recommendations outlined in Cancer Care Ontario's *2015 – 2020 Chronic Disease Prevention Strategy and Path to Prevention* to reduce chronic disease, especially among First Nations, Inuit and Métis peoples;
 - d) Support awareness-building and communication efforts to ensure Ontarians are knowledgeable about chronic disease prevention, healthy lifestyle behaviors and are supportive of government action in these areas; and
 - e) Provide dedicated funding for supportive infrastructure (e.g. to create a central database, technical expertise, training and networks).
- 2) Create a chronic disease prevention council with representatives from health, academic and other external groups to provide leadership and advice to government on a chronic disease prevention strategy, including aligning existing strategies, initiatives and resources and identifying new areas for investment and action.
- 3) Create an inter-ministerial council to plan and coordinate actions and investments in order to promote a health-in-all-policies approach across the provincial government.



Setting Targets and Measuring Progress

The Auditor General of Ontario (AGO) recommended that a chronic disease prevention strategy “guide activities for chronic disease prevention, including setting measurable goals on population health, along with timelines and defining actions and parties involved to achieve these goals and publicly report on Ontario’s overall population health status.”³ However, the AGO also noted that access to epidemiological data varies across public health units and is often insufficient.³ For example, not enough data is collected on children or Indigenous populations to meet local needs for population health assessment, surveillance, program planning and evaluation.³ Certain public health units have data available but lack sufficient epidemiological support for proper analysis.³ The Auditor General recommended improved coordination at the provincial level to collect and analyze population health data and suggested technical assistance from Public Health Ontario.³

The OCDPA’s *Determining Quality Chronic Diseases Prevention Indicators for Ontario* report (2016) identified the benefits of having an evidence-informed indicator framework that would allow cross-sector and -government access to measurable progress on chronic disease prevention in Ontario.⁴ Currently, a central database to track indicators does not exist at the provincial level. In addition, higher quality indicators are needed to assess the health of the population and measure changes over time. For example, there is insufficient provincial data on food literacy, eating behaviors, food and nutrient intake and mental health.

Similarly, the 2015 Annual Report by Ontario’s Chief Medical Officer of Health, Dr. David Williams titled *Mapping Wellness: Ontario’s Route to Healthier Communities*, outlined the importance of mapping community wellness using local public health data.¹¹ Increasing access for all public health units to consistent, accurate, local data would allow public health units and other community agencies to target resources and initiatives to meet community needs in real time. Dr. Williams recommended leveling the playing field for communities across Ontario by making quality population health data available to all.¹¹

For Ontario to be the healthiest province in Canada, specific chronic disease prevention targets need to be set, monitored and achieved. The following chart specifies the current prevalence of key chronic disease risk factors as well as targets that could be achieved through a provincial chronic disease prevention strategy.



Current Prevalence and Targets for Chronic Disease Risk Factors in Ontario

<i>Prevalence in 2013 – 2014</i>	<i>Targets</i>
17.4% of Ontarians age 12 and older were smokers. ¹²	<i>Aim for Ontario to have the lowest smoking prevalence in the country, with the goal of less than 5% tobacco use by 2035.</i>
38.9% of Ontarians age 12 and older consumed vegetables and fruit five or more times per day. ¹³	<i>Ensure that more than 50 percent of Ontarians eat fruit and vegetables more than 5 times per day.</i>
61.7% of adults age 18 and older were overweight or obese. ¹⁴	<i>Reduce to fewer than 30 percent of Ontarians being either overweight or obese.</i>
54.7% of Ontarians age 12 and older were active or moderately active during leisure time. ¹⁵	<i>Aim for more than 70 percent of Ontarians being physically active.</i>
21% of adults age 19 and older exceeded the Low-Risk Alcohol Drinking Guidelines for chronic disease. ¹⁶	<i>Reduce to fewer than 16 percent of Ontarians exceeding Canada's Low Risk Drinking Guidelines.</i>
Only 13% of adults age 18 and older have seen or discussed with a health professional about emotional or mental health. ⁶	<i>Increase to more than 15% of adults age 18 and older seeking help for their mental health.</i>



Recommendations to Reduce Five Risk Factors for Chronic Disease

Five risk factors are common to several chronic diseases – tobacco use, unhealthy eating, physical inactivity, alcohol misuse and mental health/mental illness. Outlined below are specific recommendations for cross-sectoral, multi-level policies and programs that could reduce these risk factors as part of a comprehensive provincial chronic disease prevention strategy.

Reduce Tobacco Use

Reducing smoking rates is an important step toward Ontario becoming the healthiest province in Canada. While Ontario has made significant progress in reducing tobacco use, the decline in smoking rates has plateaued in recent years. Over 2 million Ontarians still smoke and nearly 16,000 Ontarians die from tobacco-related illnesses every year.¹⁷ Use of tobacco products remains the leading cause of preventable disease and death in Ontario.¹⁷ Tobacco use and exposure to second-hand smoke is the leading cause of lung disease and is responsible for 30% of all cancer deaths.¹⁹ Tobacco products create enormous personal, health, economic and social costs and cause significant environmental damage.¹⁸

The economic burden of smoking is devastating in Ontario. In 2016, ICES showed that the direct health care costs of smoking are approximately \$3.65 billion each year, while the social and economic cost of tobacco use incurred through lost income and lost productivity is about \$5.5 billion.⁷

In 2017, the MOHLTC established the Smoke-Free Ontario (SFO) Executive Steering Committee, made up of government and external health and tobacco control experts, to inform the development of an updated SFO Strategy.¹⁷ In October 2017, the government published the committee's report, *Smoke-Free Ontario Modernization: Report of the Executive Steering Committee*.¹⁷ The OCDPA calls on all political parties to implement the recommendations made in this report. Implementing these recommendations would reduce tobacco use in Ontario to less than 5% prevalence by 2035, also known as the Tobacco Endgame, and would align Ontario with what the federal government has committed to achieving. Reaching this target would result in savings of more than \$12.2 billion in direct and indirect costs in Ontario.¹⁷

The SFO Executive Steering Committee recommended that a modernized provincial tobacco control strategy focus on several impactful priority actions during the first five years of the strategy. The OCDPA supports these priority actions:

- *Increase tobacco pricing and reduce availability:*
 - Increase the price of tobacco products through taxes and other pricing policies as Ontario has the second lowest provincial taxes on tobacco.
 - Reduce the availability and supply of tobacco products.

- Enhance enforcement to combat unregulated tobacco.

➤ *Implement a network of cessation services and public education:*

- Implement a network of equitable, high-quality, person-centered cessation services and promote them through sustained public education.

➤ *Prevent youth and young adults from starting to smoke:*

- Implement policies to prevent youth and young adults from starting to smoke, such as raising the minimum age to purchase tobacco products to 21.

➤ *Protect people from second-hand smoke:*

- Expand policies that prevent exposure to second-hand smoke and aerosol from vaped products.

➤ *Create supportive infrastructure:*

- Establish a system that provides the leadership, coordination, accountability, knowledge, research and engagement to execute the strategy.¹⁷

Increase Healthy Eating

Diet is the number one risk factor for chronic disease.²⁰ With less than 40% of Ontarians consuming adequate vegetables and fruit and about 60% of adults overweight or obese, urgent action is needed to increase healthy eating.¹⁸ Individuals that are food insecure have more chronic health conditions and higher health care costs.²¹ Food insecurity is a result of low income.²¹ In 2014, 12% of Ontarians lived in food insecure households, including 17% of children.²¹

The OCDPA calls on all political parties to support the following actions to promote healthy eating and reduce food insecurity in Ontario:

➤ *Implement a provincial Food Security Strategy:*

- Follow through on the government's commitment to having a Food Security Strategy. This strategy should include policies and programs to promote greater access to healthy, safe and culturally acceptable foods and address financial constraints to promote income security.

➤ *Support a comprehensive Food and Nutrition Strategy:*

- Adopt the *Ontario Food and Nutrition Strategy (OFNS)* (2017), published by 26 organizations that have a role in food systems and health, to support the goal of "making healthy food the easiest and preferred choice for Ontarians by improving food access and literacy by 10% by 2020";²²
- Reduce food insecurity, increase food literacy and support community planning through policies and programs that enhance safe and sustainable access to healthy food;

- Create a multi-sectoral cross-government provincial body that includes participation from civil society to support and sustain work on the OFNS.²³

➤ *Increase access to dietitians:*

- Ensure access to credible nutrition information and education through reliable evidence-based practice by Registered Dietitians. For example, over the last 10 years, Eat-Right Ontario successfully provided province-wide remote access through a Dietitian Advisory Service which included a toll-free telephone line, Email-a-Dietitian service and a dedicated healthy eating website. This program is no longer funded.

➤ *Create healthy food environments:*

- Adopt provincial recommendations from the FoodEpi Canada (2017) report including:²³
 - Create healthy food environments and increase access to healthy foods in all publicly-funded institutions, including schools, recreation centres and health care;
 - Restrict marketing of unhealthy food and beverages to children; and
 - Tax all sugar sweetened beverages and reinvest revenue from the tax into public health.

➤ *Educate youth about healthy eating and increase food literacy:*

- Educate Ontarians, especially children and youth about the risks associated with unhealthy food and beverage consumption through public awareness and education campaigns;
- Enhance media literacy as part of school curriculum to address marketing to children.

➤ *Fund data surveillance systems:*

- Improve monitoring of health eating and food environment indicators as outlined in the *OFNS* (2017) and the *Healthy Eating in Ontario* (2017) report.^{24, 25}

Increase Physical Activity

Physical activity is recognized as one of the most effective ways to prevent and manage chronic disease.²⁷ Studies have shown that exercise may help reduce the severity of pain and improve physical functioning, while also potentially improving mental health.²⁷ In Ontario, physical inactivity creates an economic burden of \$3.4 billion.²⁶ Together with other preventative measures, such as a healthy eating, increased physical activity at the population level can produce significant health care savings.

The OCDPA calls on all political parties to support the following actions to promote physical activity:

- 
- *Increase physical activity in schools:*
 - Increase emphasis on and investment in Ministry of Education policies such as the Health and Physical Education Curriculum (Grades 1 -12); Well-Being Strategy; Daily Physical Activity requirements; and Foundations for a Healthy Schools in order to enable children and youth to build the knowledge, skills, motivation, confidence and understanding to value and engage in physical activity for life;
 - Mandate a yearly physical activity credit requirement for secondary school graduation;
 - Align Ontario with leading provinces like British Columbia, which are investing in school health at a rate of \$7.80 per student; and
 - Collaborate with leading physical activity in public health organizations to identify strategies for increasing physical activity opportunities across the school day (e.g. before and after school programming, active transportation to and from school, intramurals, interschool activities, and teacher training).

 - *Invest in a supportive built environment:*
 - Invest in community planning, partnerships, policies and programs to increase active transportation and public transit use and leisure time physical activity (e.g. walkable communities).

 - *Invest in physical activity specialists in primary care:*
 - Fund regulated health professionals to deliver non-pharmacological “exercise prescriptions” in primary care models;
 - Incorporate Registered Kinesiologists into Family Health Teams and other interdisciplinary primary care models; and
 - Recognize and collaborate with other certified exercise professionals who possess specialized competencies in delivering health and/or performance-related physical and physiological services.

Decrease Misuse of Alcohol

Alcohol consumption is one of the leading risk factors for death, disease and disability in Canada;²⁸

- Every year about a quarter of Ontario drinkers engage in high-risk drinking;²⁸
- About a third of Ontarians experienced harm as a result of someone else’s drinking in the past year;²⁸
- Approximately 1 in 5 Ontario adults aged 18 or older drink more alcohol than recommended in the Ontario low-risk drinking guidelines developed by the Canadian Centre on Substance Use and Addiction;²⁹
- The Canadian Cancer Society endorses more stringent recommendations of less than 1 drink a day for women and less than 2 for men.³⁰



In 2016, the Ontario government committed to developing an alcohol strategy. The government consulted with over 65 stakeholders and received several recommendations for action including:

- supporting education and awareness to change attitudes and social norms around alcohol consumption;
- strengthening policy measures proven to minimize alcohol-related harms; and
- creating a better monitoring system to track alcohol-related harms and other outcomes.³

The OCDPA calls on all political parties to support the following measures to decrease misuse of alcohol:

- *Limit hours of sale:*
 - Prohibit an increase in the hours during which alcohol is sold.
- *Limit privatization and density of alcohol outlets:*
 - Ensure that the privatization and density of alcohol outlets does not continue to increase.
- *Support minimum pricing:*
 - Ensure a minimum price per standard drink for all alcoholic beverages is indexed to inflation and maintain average prices at or above the Consumer Price Index.
- *Change blood alcohol limits:*
 - Lower blood alcohol content limits for drivers.
- *Restrict marketing:*
 - Strengthen controls on alcohol marketing and promotion.
- *Support more treatment for those misusing alcohol:*
 - Increase access to counselling interventions for moderate-to-high-risk drinkers, including underage drinkers.

Increase Mental Health Promotion

Mental illness is the leading cause of disability in Canada and people with mental illness and addictions are more likely to die prematurely — 10 to 20 years earlier than the general population.³¹ The disease burden of mental illness and addiction in Ontario is 1.5 times higher than all cancers put together and more than 7 times that of all infectious diseases.³¹ This includes years lived with less than full function and years lost to early death.³¹ People with serious mental illnesses face a greater risk of developing a range of chronic physical conditions compared to the general population, impacting almost every biological system in the body.³²



People with chronic physical conditions have twice the likelihood of experiencing a mood or anxiety disorder compared to those without a chronic physical condition.³³ Research has shown that people with depression have an increased risk of cardiovascular disease, diabetes, stroke and Alzheimer's disease.³³ In addition, people with depression are at higher risk for osteoporosis relative to others, although the reasons are not yet clear.³³

Mental illness accounts for about 10% of the burden of disease in Ontario, but care for mental health in the province is underfunded by approximately \$1.5 billion.³⁴ In Ontario, it is common for patients to wait six months to one year for mental health treatment.³⁴ In 2009, mental illnesses and addictions cost Ontario upwards of \$29 billion in lost productivity and in 2007-2008, the province's health care system spent more than \$2.5 billion on mental health and addiction services.³⁵

The OCDPA calls on all political parties to continue investment in *Open Minds, Healthy Minds: Ontario's Comprehensive Mental Health and Addictions Strategy* and to implement the following actions to increase mental health promotion:

- *Support increased funding for prevention, promotion and early intervention services:*
 - Increase investment in core prevention, promotion and early intervention services for mental health and addictions including:
 - information, assessment and referral services;
 - counselling and therapy services;
 - peer and family support services;
 - specialized consultation and assessment services;
 - crisis services;
 - intensive treatment services;
 - housing and other supports that address the social determinants of health.
 - Increase overall funding to manage demand and reduce wait-times for mental health and addictions services;
 - Invest locally to support Ontarians where they live; and
 - Increase investments that address First Nations, Inuit and Métis peoples' mental health.



Recognize the Role of Social Determinants of Health and the Importance of Reducing Health Inequities

Health inequities are differences in health that are systematic, avoidable and unfair.³⁶ People experiencing health inequities have greater health risks and poorer health outcomes.³⁶ Differences in health between groups are mainly caused by social factors that promote or diminish health, called social determinants of health.³⁶ Social determinants of health are the conditions in which people are born, grow, live, work and age and have been recognized worldwide as the best predictors of health for individuals and populations.^{37, 38} People's access to the factors that promote health is shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.³⁹ This puts some groups at a disadvantage relative to others (i.e. low-income populations), which leads to health inequities.^{37, 40}

Many groups facing health inequities have a higher prevalence of chronic disease risk factors.³⁸ Ontario's Indigenous communities, in particular, have a high prevalence of certain chronic disease risk factors and high rates of cancer, diabetes, heart disease and respiratory diseases.⁴¹ First Nations, Inuit and Métis populations in Ontario are at increased risk as colonialism, racism and social exclusion have led to lower socio-economic status.⁴¹ Cancer Care Ontario's 2016 report, *Path to Prevention – Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis*, provides evidence-based policy recommendations to reduce the impact of four key chronic disease risk factors through collaboration with First Nations, Inuit and Métis communities.⁴¹ The recommendations address the social determinants of health with Indigenous approaches to promoting health and wellness.⁴¹

The 2016 Annual Report by Ontario's Chief Medical Officer of Health, *Improving the Odds Championing Health Equity in Ontario*, described the importance of eliminating health inequities so that everyone can have access to healthier lives.⁴⁴ This requires health agencies to collaborate with other partners to provide data and health policy analysis as well as advocate for public policies that eliminate health inequities.⁴⁴

The provincial government can also play a role by having its various ministries apply a health equity lens to their policy making and adopting a health-in-all-policies approach. This would entail each provincial ministry assessing the health impact of any new programs, policies and/or investments for their contribution to promoting health and health equity among Ontarians.



The Role of Other Sectors

While the provincial government has an important leadership role to play in reducing chronic disease, other sectors can make valuable contributions as well. The need to adopt a multi-sectoral coordinated approach has been recognized by various organizations:

- MOHLTC: “Developing and promoting healthy public policies is a shared responsibility of individuals, communities, the private sector and governments...The responsibility crosses many sectors: health, education, labour, social services, housing, transportation, recreation and the justice system.”⁸
- Cancer Care Ontario: “key players and policies rest largely outside the health care sector and across different levels of government.”¹

Research has also demonstrated the effectiveness of this approach. In France, for example, the national government invested in the Ensemble Prévenons l'Obésité Des Enfants (EPODE) program to reduce obesity in children.⁴² It found that the EPODE multi-stakeholder approach was successful in decreasing overweight and obesity rates as well as reducing the socio-economic gap in obesity prevalence.⁴²

From increasing the emphasis on prevention in the health care sector, designing communities that promote active transportation to creating health promoting schools and workplaces, a cross-sectoral approach will be essential to effect long term change.



Conclusion

It is imperative that all political parties commit to action on chronic disease. Without a comprehensive chronic disease prevention strategy the provincial budget, health care system, and, most importantly, the health and quality of life of Ontario residents will continue to suffer the negative impacts of chronic disease as the population ages and grows.

By targeting five key risk factors for chronic disease – tobacco use, unhealthy eating, physical inactivity, alcohol misuse and mental health/mental illness – and focusing on health equity, Ontario can progress toward optimal health for all Ontarians and becoming the healthiest province in Canada. A health equity approach acknowledges that some Ontarians suffer a disproportionate amount of illness, disability, and death related to chronic disease.⁴³ This inequity is preventable and all Ontarians deserve to live in communities that support and facilitate achievement of optimal health. Through this document, the OCDPA has provided evidence and recommended actions to create a comprehensive provincial chronic disease prevention strategy.

The OCDPA welcomes the opportunity to collaborate with all political parties. Together we can align resources and mobilize networks to lower health care costs, improve lives and create a healthier province.

Those of **lower income** are disproportionately affected by chronic conditions.



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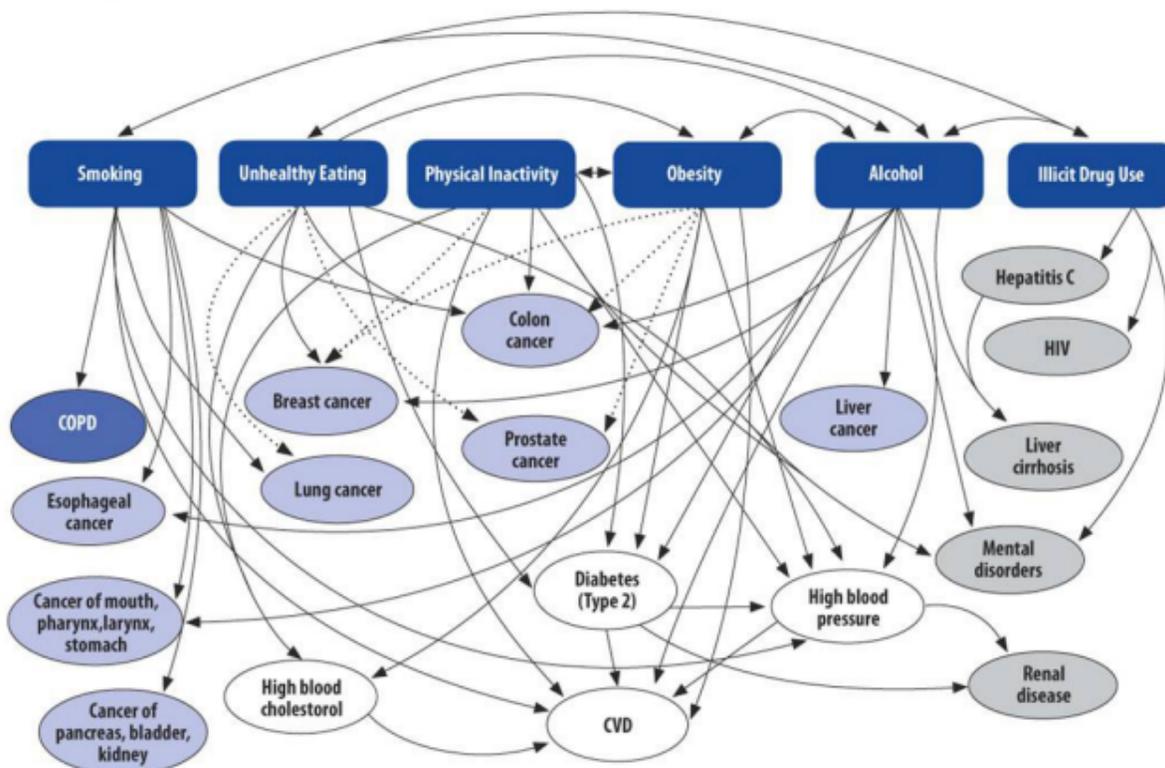
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Facts on Chronic Diseases in Ontario

Chronic diseases are non-communicable illnesses that are prolonged in duration, do not resolve spontaneously and are rarely cured completely. Chronic diseases are the leading cause of death and disability in Ontario, yet research shows that much of these chronic diseases can be prevented. Unhealthy behaviors can lead to chronic diseases and are important contributors to poor health. Figure 1 illustrates the interrelationship between several risk factors and chronic disease. Although mental illness is not explicitly identified as a risk factor; this figure suggests that adjustment of one risk factor will likely impact the development of several other risk factors.

Figure 1: Interrelationship between risk factors and chronic disease¹



¹ Haydon E, Roercke M, Giesbrecht N, Rehm J, Kobus-Matthews M. (2006). Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities. Prepared for the Ontario Chronic Disease Prevention Alliance and Ontario Public Health Association. Available from: <http://ocdpa.ca/sites/default/files/publications/CDPFULLReport-Mar06.pdf>



The following are some key specific facts on the most common chronic diseases in Ontario:

Cancer

- Approximately 1 in 2 Ontarians will be diagnosed with cancer in their lifetime.²
- Cancer is the leading cause of death in Ontario.²
- An estimated 40 to 50 percent of all new cancer cases can be prevented by reducing exposure to several behavioral, occupational and environmental risk factors.^{3,4,5}

Diabetes

- In 2018, an estimated 1.5 million people in Ontario are living with diabetes and another 2.3 million people have prediabetes.⁶
- According to a 2015 analysis, diabetic foot ulcers, a complication of diabetes, impose direct health care costs estimated at \$320-400 million and indirect costs estimated at \$35-60 million in Ontario.⁷
- Ontario has high rates of many modifiable risk factors that contribute to the growing prevalence of type 2 diabetes.^{8,9,10}
- Research shows that type 2 diabetes can be prevented through healthy eating and physical activity.¹¹

² Cancer Care Ontario. Ontario Cancer Statistics 2018. Toronto: Cancer Care Ontario; 2018. Available from: https://www.cancercareontario.ca/sites/ccocancercare/files/assets/OCS2018_2.pdf

³ Colditz GA, Wolin KY, Gehlert S. Applying what we know to accelerate cancer prevention. *Sci Transl Med.* 2012; 4(127):127rv4.

⁴ Danaei G, Vander Hoorn S, Lopez AD, Murray CJ, Ezzati M, Comparative Risk Assessment Collaborating Group. Causes of cancer in the world: comparative risk assessment of nine behavioural and environmental risk factors. *Lancet.* 2005;366(9499):1784-93.

⁵ Parkin DM, Boyd L, Walker LC. 16. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. *Br J Cancer.* 2011;105 Suppl 2:S77-81.

⁶ Diabetes Canada. Diabetes in Ontario. 2018. http://www.diabetes.ca/getmedia/c9e06018-41f4-4ee8-a9a7-a8c41c8041c1/2018-Backgrounder-Ontario_AT_AB-edited-13-March-2018.pdf.aspx

⁷ Canadian Diabetes Association. Impact of offloading devices on the cost of diabetic foot ulcers in Ontario. <http://www.diabetes.ca/getmedia/5109456e-8c0b-458f-b949-a5accd41513a/impact-of-offloading-devices-ontario.pdf.aspx>

⁸ Statistics Canada. Table 105-0501 - Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2013 boundaries) and peer groups, occasional, CANSIM (database). <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1050501&&pattern=&stByVal=1&p1=1&p2=31&tabMode=dataTable&csid=>

⁹ Statistics Canada. (2017). Table 105-2023 – Measured adult body mass index (BMI) (World Health Organization classification), by age group and sex, Canada and provinces, Canadian Community Health Survey – Nutrition, occasional. <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1052023&&pattern=&stByVal=1&p1=1&p2=31&tabMode=dataTable&csid=>

¹⁰ Statistics Canada. (2017). Table 105-2024 – Measured children and youth body mass index (BMI) (World Health Organization classification), by age group and sex, Canada and provinces, Canadian Community Health Survey – Nutrition, occasional. <http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1052024&&pattern=&stByVal=1&p1=1&p2=31&tabMode=dataTable&csid=>

¹¹ National Institute of Diabetes and Digestive and Kidney Diseases. Preventing Type 2 Diabetes. <https://www.niddk.nih.gov/health-information/diabetes/overview/preventing-type-2-diabetes>



Dementia

- Approximately 228,000 Ontarians were living with dementia in 2016.¹²
- As Ontario's population ages, it is expected that these numbers will rise to 255,000 people in 2020 and over 430,000 people by 2038.¹²
- From 2008-2038, dementia will cost Ontario close to \$325 billion. This includes health care as well as other costs, including lost wages or out-of-pocket expenses experienced by people with dementia and their caregivers.¹²
- Keeping physically active for at least 30 minutes, five times a week, avoiding or stopping smoking, eating a healthy balanced diet and keeping alcohol consumption within recommended limits are key recommendations in reducing risk of dementia.¹³

Lung Disease

- Lung disease is currently the fourth leading cause of death in Ontario and according to Health Quality Ontario will be the third leading cause of death by 2016.^{14,15}
- Currently in Ontario there are more than 2.4 million people living with a serious lung disease (including more than 1.7 million people with asthma, 850,000 with chronic obstructive pulmonary disease (COPD) and 33,000 with lung cancer).^{16,17,18}
- Ontario Lung Association estimates that by 2041, more than 3.6 million people in Ontario will live with asthma, COPD or lung cancer and the estimated economic costs of these diseases will reach \$441 billion.¹⁹
- Not smoking and eating fruits and vegetables, which provide healthy nutrients for better lung function, are two ways to reduce risk of lung disease.²⁰

¹² Developing Ontario's Dementia Strategy: A Discussion Paper. 2016: https://files.ontario.ca/developing_ontarios_dementia_strategy_-_a_discussion_paper_2016-09-21.pdf

¹³ Alzheimer's Society. How to reduce your risk of dementia. https://www.alzheimers.org.uk/info/20010/risk_factors_and_prevention/737/how_to_reduce_your_risk_of_dementia

¹⁴ Ministry of Health and Long-Term Care. Preventing and Managing Chronic Disease: Ontario's Framework. 2007: http://www.health.gov.on.ca/en/pro/programs/cdpm/pdf/framework_full.pdf

¹⁵ OHTAC COPD Collaborative. Chronic Obstructive Pulmonary Disease (COPD) Evidentiary Framework. Ontario Health Technology Assessment Series. 2012; 12(2), 1-97. http://www.hqontario.ca/Portals/0/Documents/evidence/reports/rev_COPD_Framework_March.pdf

¹⁶ Gershon AS, Warner L, Cascagnette P, Victor JC, To T. Lifetime risk of developing chronic obstructive pulmonary disease: a longitudinal population study. *Lancet*. 2011; 378(9795), 991-996.

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¹⁸ Smetanin, P., Stiff, D., Briante, C., Ahmad, S., Ler, A., Wong, L. Life and Economic Impact of Lung Disease in Ontario: 2011 to 2041. RiskAnalytica, on behalf of the Ontario Lung Association, 2011. <http://lungontario.ca/wp-content/uploads/2017/09/OLA-Final-Report-June-281.pdf>

¹⁹ Ontario Lung Association. Charity Intelligence Canada; 2017. <https://www.charityintelligence.ca/charity-details/432-ontario-lung-association>

²⁰ The Lung Association. Prevent Lung Disease. <https://www.lung.ca/lung-health/prevent-lung-disease>



Heart Disease

- About 80% of premature stroke and heart disease can be prevented through healthier behaviors.²¹
- Cardiovascular disease costs Ontario about \$5.5 billion per year in direct and indirect costs. Cardiovascular disease accounts for 20% of acute care hospital costs, 15% of home care, 10% of medical services and 17% of drug expenditures.²²
- Consuming five or more servings of fruits and vegetables per day has been shown to reduce the risk of heart disease and stroke by about 20%.²³

Oral Disease

- Emerging research reveals associations between poor oral health and diabetes, heart diseases, stroke and chronic lung diseases.²⁴
- “Prevention is critical to good oral health. Tooth decay and gum disease are almost always easily preventable.”²⁴
- Poor oral health and barriers to accessing oral health care are most frequently reported by lower income earners, the uninsured, older adults and those with lower educational attainment.²⁵
- Research has found that there are almost 61,000 visits to hospital emergency rooms each year and 222,000 visits to doctors for dental pain and infection. This costs the health care system at least \$38 million annually.²⁶

²¹ Heart and Stroke. Risk & Prevention. <http://www.heartandstroke.ca/stroke/risk-and-prevention>

²² Naylor, C. D. & Slaughter, P. (1999). Cardiovascular Health and Services in Ontario: An ICES Atlas Chapter 1: Burden of Cardiac Disease. Toronto: ICES.

²³ Hung HC, Joshipura KJ, Jiang R, Hu FB, Hunter D, Smith-Warner SA, Colditz GA, Rosner B, Spiegelman D, Willett WC. Fruit and vegetable intake and risk of major chronic disease. *Journal of the National Cancer Institute*. 2004; 96, 1577-1584.

²⁴ King A. Oral Health – More Than Just Cavities: A Report by Ontario’s Chief Medical Officer of Health, 2012: http://www.health.gov.on.ca/en/common/ministry/publications/reports/oral_health/oral_health.pdf

²⁵ Ontario Agency for Health Protection and Promotion (Public Health Ontario). Report on access to dental care and oral health inequalities in Ontario. Toronto: Queen’s Printer for Ontario; 2012.

²⁶ Association of Ontario Health Centres. Oral Health. <https://www.aohc.org/oral-health>



Kidney Disease

- An estimated 1.5 million Ontarians have or are at risk of chronic kidney disease (CKD).²⁷
- Approximately 12,000 people in Ontario have CKD requiring pre-dialysis care.
- In 2016, 11,655 Ontarians were receiving dialysis treatments.²⁷
- As of February 23, 2018, 1,178 patients are currently eligible for, and are on the waiting list for, a kidney transplant.²⁷
- In 2017, 718 kidney transplants were performed (516 were deceased-donor transplants, 198 were living-donor transplants).²⁷
- Protective factors to prevent CKD include: healthy eating, physical activity, not smoking and limiting alcohol, among others.²⁷

²⁷ The Kidney Foundation of Canada – Ontario Branch. Reducing the financial burden of kidney disease in Ontario. 2018. <https://www.kidney.ca/document.doc?id=12040>



OCDPA Partners and Members

The OCDPA brings together 19 non-partisan, non-profit organizations committed to a comprehensive chronic disease prevention system for Ontario. Outlined below is brief description of each partner and member along with links to their websites.

PARTNERS

Partners form the executive committee of the OCDPA and are active in planning, setting the strategic direction of the Alliance and supporting its activities and projects.

alPHa

Association of Local
PUBLIC HEALTH
Agencies

The Association of Local Public Health Agencies (alPHa), through a strong and unified voice, advocates for public health policies, programs and services on behalf of member health units in Ontario.

alPHa is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. Membership in alPHa is open to all of the public health units in Ontario and we work closely with board of health members, medical and associate medical officers of health and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.

alPHa advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

www.alphaweb.org



Heart & Stroke is a volunteer-based health charity active in communities across the country. For more than 60 years, we have been dedicated to fighting heart disease and stroke. We are sustained by the commitment and generosity of more than 125,000 volunteers and more than 1.4 million donors who are working to create healthier lives, in communities across Canada.

Our work has saved thousands of lives and improved the lives of millions of others. Our mission is to promote health, prevent disease and support recovery. We do this by funding leading researchers, engaging with stakeholders to promote health equity, innovative health promotion programs and influencing public policy on nutrition, physical activity and tobacco issues. We empower Canadians to live healthier lives - from preventing and controlling high blood pressure to getting more physical activity. And we fight for change that will create better health for all, such as reducing salt and sugar in the food supply and improving access to stroke rehabilitation. For additional information please contact Karen Trainoff at Karen.Trainoff@heartandstroke.ca.

<http://www.heartandstroke.ca/>



Created in 1949, the Ontario Public Health Association (OPHA) is a non-partisan, non-profit charitable organization that brings together a broad spectrum of groups and individuals concerned about people's health. OPHA's members come from various backgrounds and sectors - from the various disciplines in public health, health care, academic, non-profit to the private sector. They are united by OPHA's mission of providing leadership on issues affecting the public's health and strengthening the impact of people, who are active in public and community health throughout Ontario.

This mission is achieved through professional development, information and analysis on issues effecting community and public health, access to multidisciplinary networks, advocacy on healthy public policy and the provision of expertise and consultation. OPHA members have been leading change in their communities on a wide range of issues - tobacco control, poverty reduction, diabetes prevention, increased access to oral health care, immunization, supporting children and families, food security, climate change and designing walkable communities, among others. To find out more follow [@OPHA_Ontario](https://twitter.com/OPHA_Ontario), contact Pegeen Walsh at pwalsh@opha.on.ca/416 367-1281.

www.opha.on.ca



Ophea is a not-for-profit organization and is led by the vision that all children and youth value and enjoy the lifelong benefits of healthy, active living. Since 1921, Ophea has been working to support the health and learning of children and youth in schools and communities through quality programs and services, partnerships and advocacy.

Ophea works in partnership with school boards, public health, government, non-government organizations and private sector organizations to develop ground-breaking programs and services that support healthy, active schools and communities. Ophea has a strong reputation within the education and public health.

www.ophea.net

MEMBERS

Members are those who support the OCDPA's overall goals, vision and actions and who are interested in exchanging knowledge, information sharing and networking around chronic disease prevention and health promotion.



Canadian Cancer Society
Société canadienne du cancer

Created in 1938, the Canadian Cancer Society is a national, community-based organization with more than 150,000 caring and committed volunteers. Our mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer. CCS is committed to improving and saving lives and is always looking for innovative ways to prevent cancer, find it early and treat it more successfully.

In addition to being a trusted source of information about all types of cancer, our comprehensive approach to the way we fight cancer includes funding research, educating people on how to reduce their risk of cancer, advocating to governments on important cancer-related issues and helping people with cancer and their loved ones through our support services. To find out more contact Susan Flynn at sflynn@ontario.cancer.ca 416-323-7094.

www.cancer.ca

DIABETES CANADA

Diabetes Canada is the registered national charitable organization that is making the invisible epidemic of diabetes visible and urgent. Diabetes Canada partners with Canadians to End Diabetes through:

- Educational programs and support services;
- Resources for health care professionals on best practices to care for people with diabetes;
- Advocacy to governments, schools and workplaces; and
- Funding world-leading Canadian research to improve treatments and find a cure.

For more information call 1-800-BANTING (226-8464).

diabetes.ca



Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario

Founded in 1952, the Canadian Mental Health Association (CMHA), Ontario, is a non-profit, charitable organization committed to making mental health possible for all.

CMHA Ontario achieves its mission by being a leader in the evolution of Ontario's mental health and addictions system. We contribute our knowledge, resources and skills to provincial policy development and implementation. We promote mental health in collaboration with others. We further equitable access to mental health services and champion the reduction of mental health disparities. And we serve our branches in building their governance and leadership capacities. CMHA Ontario is a dedicated partner within the network of Canadian Mental Health Associations at the national, provincial and local level. CMHA Ontario works closely with its 30 local branches in communities across the province to ensure the utilization of best practices in the organization, management and delivery of services to consumers and families of individuals with mental illnesses, dual diagnosis and concurrent disorders. All CMHAs in Ontario work in a variety of partnerships to provide a coordinated, continuum of care using the social determinants of health model. To find out more follow us on Twitter @CMHAOntario. You can also contact Michael Scarpitti, Lead on Health Systems Transformation at mscarpitti@ontario.cmha.ca.

<http://ontario.cmha.ca/>

camh

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues.

As a public hospital, CAMH receives its operating funds from the Toronto Central Local Health Integration Network (TC LHIN). Research grants and funds for special programs are received from the University of Toronto, Foundations and other granting and funding bodies. CAMH works with the government to help shape the public policy and resource development process to ensure it promotes health and works towards eliminating the stigma associated with mental illness and addiction.

CAMH has been recognized internationally as a Pan American Health Organization and World Health Organization Collaborating Centre.

<http://www.camh.ca/>



The Champlain Cardiovascular Disease Prevention Network (CCPN) is a unique, multi-sector partnership, governed by a Board of Directors comprising senior leaders from public health, primary and specialty care, hospitals and academia. Established and incorporated in 2006, the CCPN's mission is to deliver integrated, innovative, high quality, evidence-based policies and programs that will improve the cardiovascular health of Champlain residents and to enhance the capacity of stakeholders to work together. Over the past 12 years, the CCPN has successfully brought together diverse stakeholders to identify, design and deliver large-scale, population-level initiatives that span the entire 'continuum of care' - from health promotion to disease management. The CCPN's current initiatives include MyQuit, an integrated smoking cessation service delivery network; and Healthy Foods in Hospitals, which is transforming the retail food environments in all 20 Champlain-area hospitals.

The CCPN Project Management Office is graciously hosted by the Division of Cardiac Prevention and Rehabilitation at the University of Ottawa Heart Institute (UOHI), Canada's largest and foremost cardiovascular health centre dedicated to understanding, preventing and treating heart disease.

<http://ccpnetwork.ca/>



The Chronic Disease Prevention Alliance of Canada (CDPAC) is a network of national health organizations that have come together around the common cause of promoting healthy living for chronic disease prevention. Working primarily at the national level, our mission is to take an integrated, population health approach to influence policies and practices that will help prevent chronic disease. Our vision is that Canadians will be supported by a comprehensive, sufficiently resourced, sustainable and integrated system of research, surveillance, policies and programs that promote health and prevent chronic disease.

CDPAC is a voluntary, unincorporated round-table alliance of organizations who provide strategic direction and oversight to CDPAC's shared priorities for action on chronic disease prevention. For more information, email cdpac.apmcc@gmail.com.

<http://www.cdpac.ca/>



Dietitians of Canada (DC) is the professional association representing over 5500 members at the local, provincial and national levels with regional offices across Canada, including 2500 dietitians in Ontario. Dietitians of Canada has its roots in the Canadian Dietetic Association (CDA), established in 1935. After successfully advocating for the establishment of provincial dietetic regulatory bodies, in 1997, the provincial dietetic associations merged with CDA to form Dietitians of Canada.

Our purpose is to advance health through food and nutrition. We:

- provide evidence-based food and nutrition information
- support easier access to adequate, safe and healthy food
- promote professional best practices
- advocate for better access to dietitians to meet the health needs of Canadians.

To learn more about Dietitians of Canada contact Regional Executive Director (Ontario) Jennifer Buccino at jennifer.buccino@dietitians.ca.

<https://www.dietitians.ca/>



For more than 30 years, Health Nexus has been working with individuals and organizations to implement strategies to create healthy, equitable and vibrant communities; breaking down silos and bridging across sectors. Our work is grounded in the Ottawa Charter for Health Promotion and we view health broadly. Equity, inclusion, engagement and resilience are the touchstones of all our work. We are leaders in innovation, connection and collaboration in Ontario and beyond.

Our work is focused on healthy child development, community engagement and partnership development. These areas are essential to creating equitable communities that support vulnerable members and building a healthier more prosperous future for all Canadians. Health Nexus has a measureable impact in the communities we engage; over the past five years we have interacted with more than 65,000 individuals through over 750 consultations and 350 learning events increasing skills, knowledge and helping to improve practice and services. As a provincially designated French language services provider since 1996, Health Nexus is committed to offering effective services in both English and French to support Francophone communities in Ontario and across Canada.

<https://en.healthnexus.ca/>



Kidney health and improved lives for all people affected by kidney disease - for over 50 years, this vision has guided The Kidney Foundation of Canada to be a collaborative, inventive and focused leader in the development of programs, services, research opportunities and awareness campaigns that have had a positive impact on the millions of Canadians living with, or at risk of developing kidney disease.

Through supporting research initiatives, providing patient support services as well as public awareness and advocacy, we seek to improve the lives of people affected by kidney disease. To find out more about the programs and services offered by The Kidney Foundation of Canada in Ontario, please contact programs@kidney.on.ca, Shannon Fogarasi atsfogarasi@kidney.on.ca, 1.800.387.4474 ext.4970.

www.kidney.ca/ontario

B R E A T H E the lung association

The Lung Association is a not-for-profit organization dedicated to helping all Canadians breathe. Our community of donors, patients, researchers, volunteers and professional staff work to ensure Canadians have the healthy lungs, bodies and clean air necessary to breathe. A healthy breath fuels the body and mind. It's something we should not take for granted. We help Canadians breathe by promoting healthy breathing, supporting those with lung disease, and finding future solutions.

<http://lungontario.ca/>



OCDPMPH

Ontario Chronic Disease Prevention
Management in Public Health

The Ontario Chronic Disease Prevention Management in Public Health (OCDPMPH) network brings together Chronic Disease Prevention managers and directors from local public health agencies across the province, providing a unified voice for chronic disease prevention in public health. The mission of the OCDPMPH is to provide leadership, collaboration, partnership and innovation in chronic disease prevention through enhanced collaboration and communication among local public health agencies and across sectors.

As trusted leaders in chronic disease prevention, the OCDPMPH:

- Encourages and advocates at all levels of government for the development of healthy public policies;
- Establishes and enhances provincial partnerships and networks;
- Acts as a key communication channel to and between local public health agencies on matters pertaining to chronic disease prevention.

To find out more about the OCDPMPH, contact Chair, Susan Stewart at susan.stewart@kflaph.ca.



The Ontario Kinesiology Association (OKA) is a non-profit organization representing approximately 1,400 members across Ontario. The OKA is the formally recognized voice for Registered Kinesiologists in Ontario and the voice of one of Ontario's newest regulated health professions (2013). Regulating exercise professionals was a key step for the Government of Ontario to increase the role of exercise, exercise prescription and active therapies in the prevention and management of chronic disease, disability, injury and chronic pain.

<http://www.oka.on.ca/site/home>



Since 2007, the Ontario Society for Health and Fitness (OSHF) has been committed to ensuring that qualified exercise and health professionals have access to quality, evidence-based information pertaining to health- and performance-based physical activity practices.

As a non-profit organization, the OSHF organizes conferences and professional development opportunities for members and non-members. We strive to be a recognized, non-industry-affiliated source of support for qualified exercise professionals in the province of Ontario and, in doing so, play a role in building a healthier, more physically active province. We look forward to continued growth and networking opportunities and would invite anyone interested in physical activity in Ontario, whether health- or performance-based, to connect with us via telephone (888) 990-9404, email (info@oshf.ca) or social media (Facebook or Twitter: @OSHFtweets).

<https://www.oshf.ca/home>



Osteoporosis Canada

Ostéoporose Canada

Osteoporosis Canada is the only national organization serving people who have, or are at risk for, osteoporosis. We are a volunteer driven organization working to educate, empower and support individuals and communities in fracture risk reduction and treatment of osteoporosis by providing medically accurate information to patients, health care professionals and the public. Services to individuals with osteoporosis and those at risk include free publications, a bilingual toll-free information line, educational programs and referrals to self-help groups and community resources. To find out more, visit us at osteoporosis.ca or call 1-800-463-6842.

<https://osteoporosis.ca/>



PARKS AND RECREATION ONTARIO

Parks and Recreation Ontario (PRO) is a non-profit association that advances the health, social and environmental benefits of quality recreation and parks through advocacy, education and quality standards. PRO has over 6,200 members — including professionals, volunteers, educators, students, interested citizens, elected officials and commercial representatives — who provide services to more than 85% of Ontarians in close to 200 municipalities across the province. For more than 20 years, PRO has been the leading voice for recreation and parks, working collaboratively with stakeholders and government to promote policy for healthy, active communities.

PRO found HIGH FIVE®, a nationally-recognized quality standard for children’s recreation and sport programs. HIGH FIVE provides organizations with the training and tools to help ensure that children have a positive experience. PRO is also the secretariat for Play Works, a provincial partnership dedicated to supporting youth engagement through initiatives like the Youth Friendly Recognition Program. Nationally, PRO is a member of the Canadian Recreation and Parks Association. For more information, follow us on social media: <https://twitter.com/PROntario> and <https://www.facebook.com/PROntario/>.

www.prontario.org