

700 Lawrence Ave. W., Suite 310
Toronto, Ontario M6A 3B4

Tel: (416) 367-3313
1-800-267-6817 (Ont)
Fax: (416) 367-2844
E-mail: info@opha.on.ca
www.opha.on.ca

Honorary Patron

The Hon. James K. Bartleman
Lieutenant Governor of Ontario

President

Dr. Garry Aslanyan
E-mail: gaslanyan@opha.on.ca

Interim Executive Director

Connie Uetrecht
E-mail: cuetrecht@opha.on.ca

Constituent Societies

ANDSOOHA – Public Health Nursing
Management in Ontario

Association of Ontario
Health Centres

Association of Public Health
Epidemiologists in Ontario

Association of Supervisors of Public
Health Inspectors of Ontario

Canadian Institute of Public Health
Inspectors (Ontario Branch)

Community Health Nurses' Initiatives
Group (RNAO)

Health Promotion Ontario:
Public Health

Ontario Association of Public Health
Dentistry

Ontario Society of Nutrition Professionals
in Public Health

Public Health Research, Education and
Development (PHRED) Program

Charitable Registration
Number 11924 8771 RR0001

Presentation to the Minister of Finance 2007

Connie Uetrecht, Interim Executive Director
January 18, 2007

The Ontario Public Health Association (OPHA) is a not-for profit charitable association of individuals and constituent societies whose members are active in public and community health.

The mission of the OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people active in health throughout Ontario. The main elements of this work include health promotion, disease prevention, health protection and population health strategies targeted at improving the determinants of health for both individuals and communities.

KEY QUESTIONS:

1. **What can the Ontario government do to continue to foster economic growth and job creation in the province?**
 - a. Develop a Poverty Reduction Strategy to address the growing gap between rich and poor. This strategy must include raising the minimum wage and increasing investment in affordable housing, as well as introducing universal child care and reversing the child benefit clawback.
 - b. Strengthen public health and disease and injury prevention. Keeping people healthy increases productivity.
 - c. Protect the environment and enhance sustainable development.

2. **What should the government's top priority be for this year's budget and how should it be funded?**
 - a. Invest in public health. Implement the recommendations put forward by the *Capacity Review Committee* for public health. Increasing investment in public health will increase our ability to respond to emergencies as well as contribute to the prevention of chronic disease and injuries.

- This investment needs to occur at the provincial level within the MOHLTC as well as increasing the provincial share of funding for local public health units from 65% last year to 75%.¹ At the same time local public health units should not be penalized for maintaining the total amount of funding provided by the local or regional government - strengthening public health by increasing the resources available to it was the intent of the *Operation Health Protection* strategy introduced by former Chief Medical Officer of Health Dr Sheela Basrur over two years ago. Capping total public health spending increases to 5% does not adequately enhance public health.
- The *Ontario Health Promotion and Protection Agency* received royal assent in December; it must now be funded as planned.
- Ensure adequate funding for the Ministry of Health Promotion to enable it to move forward on the prevention of chronic diseases and injuries. Without funding the prevention agenda cannot be implemented.
- Expand funding for the Ministry of Health Promotion's Action Plan for Healthy Eating and Active Living (HEAL) from \$10 million to \$19 million.
 - Physical inactivity and obesity are major contributors to the Canadian public health burden. Being overweight due to poor nutrition and physical inactivity is one of the greatest risk factors for chronic disease.
 - The proportion of Canadians who are overweight or obese has climbed over the last 25 years; as a result, 59% of adults, 18 years or older are currently overweight or obese.
 - The Canadian health system spends at least \$2.1 billion annually in direct health costs for physical inactivity with an estimated annual economic burden of \$5.3 billion. Furthermore, in 2001, \$4.3 billion (2.2%) of total health care costs were associated to obesity, indicating that reducing both physical inactivity and obesity would substantially reduce health care expenditure, highlighting the importance of promoting a physically active lifestyle.
 - A 10% reduction in the prevalence of physical inactivity theoretically has the potential to reduce direct health care expenditures by \$150 million a year.
- Poverty reduction strategy to address inequities in the social determinants of health. Investing in housing is investing in public health; investing in child care and employment programs, these are investments in public health.

- 3. Are there any programs or services the provincial government provides that are no longer needed?**
 - a. OPHA's role is within public health, and within that realm, there are no programs or services that are no longer needed.

- 4. What else can be done to continue to press Ontario's case for fairness with the federal government?**
 - a. Illustrate that the critical issues, such as reduction of air pollution, affect more than Ontario and require up-front investments that Ontario cannot make without additional assistance. Action on power plants and increasing public transit are areas that can be improved.
 - b. Illustrate that our immigrant/refugee population, a large portion of whom settle in Ontario, is receiving less support to enable them to become established and enter the workforce, More than ever are living in poverty. Recognizing foreign credentials and increasing settlement services, including English as a Second Language and job training programs, are examples of how this could be achieved.

Thank you for allowing OPHA to appear before this Committee.