



Pre-Budget Submission to the Minister of Finance  
The Honourable Dwight Duncan  
Queen's Park, Toronto  
2010

# Pre-Budget Submissions to Ontario's Ministry of Finance 2010

## ***Introduction***

This pre-budget submission from the Ontario Public Health Association (OPHA) is focused on asking the government to maintain the momentum that has been successfully generated from recent investments in public health so that the benefits of those investments can be realized in terms of enhanced population health, increased productive years of life and a reinvigorated economy that is geared for growth.

OPHA is a unified, multidisciplinary, independent voice that engages governments, decision-makers, public health practitioners and all citizens committed to improving the health of Ontarians. Since 1949, OPHA has served as a catalyst for strengthening Public Health: preserving the environment, promoting health, reducing health disparities, preventing disease and injury. By fostering relationships with the Ministry of Health and Long-Term Care, the Ministry of Health Promotion, the Ministry of Children and Youth Services, the Ministry of Environment and others, OPHA inspires governments and communities to address public health challenges and invest in initiatives with a steadfast focus on the common good.

## ***Recommendations***

The following are specific recommendations to the Ministry of Finance which, in the opinion of OPHA, would best serve the interest of the people of Ontario in the 2010 fiscal year. Investing in public health and primary prevention will yield a return on investment in terms of improvement in overall health and wellbeing which are key elements necessary for increased productivity and a more vibrant workforce.

### **1. Sustain Investment in Public Health**

- Maintain adequate funding for public health units.
- In the next few years enhance the capacity within the public health system to address emergency preparedness and response as well as to prevent the diseases and injuries that have the greatest burden of illness and health care costs: cardiovascular disease, cancer, other chronic diseases and injuries.
- Support the development and implementation of public health accountability measures and examine the issue of equitable funding for public health units.

### **2. Moving Forward: Invest in a Healthy Ontario**

- Take leadership and proclaim the goal of making Ontario the healthiest province in Canada and lead the way in setting population health goals, objectives and indicators. This is critical for building healthier communities, a direction of the Ministry of Health Promotion. This initial step is not a costly effort, but one that sets the stage for further

actions as the economy improves. The Ontario Chronic Disease Prevention Alliance, hosted by the Ontario Public Health Association could play a key role in implementing this recommendation in collaboration with the Association of Local Public Health Agencies and Parks and Recreation Ontario.

- Increase the investment in healthy eating and active living from \$10 million to \$19 million in the next year with incremental increases each year to reach the \$165 million investment. Some of this investment should be directed at both the After School Strategy as well as the Healthy Communities Ontario approach.
- Begin funding the Ministry of Health Promotion's Injury Prevention Strategy to reduce the economic burden of injuries.
- Continue to fund innovative and effective healthy living strategies through organizations like OPHA and fund the Towards Evidence Informed Practice (TEIP) project at the level of \$250,000/year to ensure that healthy communities programming funded through the Ministry of Health Promotion is informed by evidence and evaluated.
- Maintain committed Tobacco Control Program investments.
- Strengthen present legislation to require mandatory food handler certification amongst food service workers, introduce a fish inspection program, require public display of public health permits at all food service establishments, and require that all food offered for sale to the public is from an inspected source.

### **3 . Implement the Poverty Reduction Strategy**

- Public Health should be a key player at the table in the planning for coordinated and integrated services provided through the Best Start Child and Family Centres.
- Put food in the budget by introducing a \$100 Healthy Food Supplement to those on social assistance.
- Keep the commitment to fund dental care for low income adults.

### ***Sustain investment in Public Health***

The Government of Ontario has made significant investments in protecting the health of the people of Ontario in this time of fiscal restraint. We first want to whole heartedly congratulate the government on their continued commitment to strengthen public health in the present economic climate. The five percent overall increase in funding this fiscal year to public health units in the context of reductions elsewhere is commendable. It has been critical to have a permanent Chief Medical Officer of Health to lead Ontario through the H1N1 pandemic. Dr. Arlene King has maintained a well coordinated response to the media and public concerns of this issue. We applaud your government for recognizing the tremendous pressure the H1N1 situation has placed on public health and the promise of additional funding to support the vaccine program to protect the public was a welcomed announcement. While we understand the need to shift resources in an emergency, the redeployment of public health staff from the health promotion and disease and injury prevention programs will have a negative impact on the population health as a whole. **The Government of Ontario must maintain adequate funding for public health and in the next few years must enhance the capacity within the public health system to address emergency preparedness and response as well as to**

**prevent the diseases and injuries that have the greatest burden of illness and health care costs: cardiovascular disease, cancer, other chronic diseases and injuries.**

In the midst of the pandemic, the Public Health Division has also been quietly implementing key recommendations made by the Capacity Review Committee to improve public health. These are recommendations that we have supported over the past several years. The recent release of *Initial Report on Public Health*<sup>1</sup> illustrates the state of public health across the province and is serving as an important tool to stimulate Ontario's 36 health units to take action to improve their services to address some of the disparities noted within the report. **The next step in revitalizing public health is to support the development and implementation of public health accountability measures and examine the issue of equitable funding for public health units.**

### ***Moving forward: Invest in a Healthy Ontario***

The health and well-being of all Ontarians is a key element in a vibrant productive society. Investments in population health—chronic disease and injury prevention, building healthier communities, the broader social determinants of health including child development, reducing and addressing poverty and improving environmental health — are solid investments to increase productivity in Ontario and important to stimulating the economy. But the investment this government has made to date is only the beginning of the shift from illness to prevention. We would like to call your attention to a recent report released November 2009 by the Institute of Clinical Evaluative Studies (ICES) entitled *What Does it Take to Make a Healthy Province?*<sup>2</sup> This report compares Ontario to other jurisdictions whose population health is better than in Ontario. This report makes seven recommendations to make Ontario a national leader in population health. We recommend that the Ontario government take action on these recommendations:

1. Ontario should identify its own specific health imperatives. These should be used as the touchstone for making extraordinary effort to improve its citizens' health and health behaviour.
2. The Premier should proclaim that a major government goal is for Ontario to become the healthiest province in Canada.
3. Ontario's health behaviour targets should be no less relevant and ambitious when compared to those of leading provinces within Canada. This means that by 2015, we should achieve the following goals:
  - Fewer than 15 percent of Ontarians use tobacco
  - More than 73 percent of Ontarians are physically active – that is, they take part in more than 30 minutes of moderate physical activity each day.
  - Fewer than 32 percent of Ontarians are either overweight or obese, according to Body Mass Index (BMI) calculations.
4. The Ontario government should have a clear understanding of how Ontarians feel about specific health behaviours and then incorporate that understanding into its population health strategy.
5. Compared to other leading jurisdictions, the Ontario government should allocate more resources towards improving health behaviours related to smoking, physical

activity, diet and obesity. This means increasing investments in these areas by more than \$165 million per year.

6. Ontario should become a leader in introducing innovative and effective strategies aimed at achieving broad improvements in health behaviours.
7. Ontario should narrow existing disparities in health and health behaviour. Interventions should ensure that people in disadvantaged groups -whose health tends to be poorer-make the first and the greatest gains in these areas.<sup>2</sup>

OPHA would also like to call the government's attention to a recent report from SMARTRISK: *Economic Burden of Injury in Canada*.<sup>3</sup> This report points out that in 2004 injuries that are largely preventable cost Ontarian \$6.8 billion/year; in addition 4,643 lives are lost. The MHP has an injury prevention strategy; however, there has been little investment to enable the implementation of that strategy. **Action and investment are required.**

Ontario's present government is beginning to take action on some of ICES recommendations to create a healthy population and to reduce injuries. We would like to acknowledge the Ministry of Health Promotion for its move to focus its limited resource towards building healthier communities. The launch of its new Healthy Communities Ontario approach is a welcomed direction. Clearly, having a healthy community is a key factor in attracting businesses to a community. Working across sectors at the community level is an important thrust and will help mobilize resources to make our communities healthier. There are many important effective strategies that communities can implement towards this healthy living goal with adequate support and resource. The recent \$10 million investment in after school programs in high needs areas is one mechanism to increase physical active and healthy eating and reduce health disparities.

However, our Association would like to see a more comprehensive and well-planned focus on healthy living and disease and injury prevention. In line with the recommendations from ICES, **OPHA recommends that the McGuinty government take leadership and proclaim the goal of making Ontario the healthiest province in Canada. This initial step is not a costly effort, but one that sets the stage for further actions as the economy improves.**

Even with its focus on building healthy communities, the MHP has not yet set clear program goals and objectives nor set clear and achievable standards for this new focus. Clearly more work is required in this area. As an example from the After School Strategy, because of limited resources, without clear expectations regarding food quality, many provincially funded programs will continue serving less nutritious food because it costs less. Or programs will not teach children how to prepare healthy foods because there is inadequate training of volunteers or staff on how to teach safe healthy food preparation in a community setting. Without clear objectives, the focus on tobacco control measures at the community level e.g. denormalization of the tobacco industry through youth engagement strategies, will be lost. **Another recommendation outlined in ICES report will address this. The government must lead the way in setting population health goals, objectives and indicators. The Ontario Chronic Disease Prevention Alliance, hosted by the Ontario Public Health Association, could play a key role in implementing this recommendation in collaboration with the Association of Local Public Health Agencies and Parks and Recreation Ontario.**

Some major efforts are underway – The Ontario Public Health Standards which outline requirements for public health – are being implemented. These will be particularly important to help implement strategies within the Healthy Communities Ontario approach. **OPHA has in previous years recommended that investment in healthy eating and active living be increased from \$10 million to \$19 million. We again recommend an increased investment in the next year with incremental increases each year to reach the \$165 million investment recommendation in the ICES report. Some of this investment should be directed at both the After School Strategy as well as the Healthy Communities Ontario approach. Future investment should be directed towards public health to enable that sector to fully implement the Ontario Public Health Standards at a dose sufficient to make a difference.**

One of the important partners to public health and for building a healthier community is the local government Parks and Recreation department. We would like to call the governments attention to a 2009 report *Use and Benefits of Local Government Recreation and Parks: An Ontario Perspective*<sup>4</sup> which illustrates the value that the population places on parks and recreation services. Parks and recreation provide many important opportunities for physical activity, active living, mental well-being and learning about healthy eating. As the report recommends: “If we are to stem the tide of rising obesity, chronic illness and other social issues facing Ontario, we must invest in parks and recreation service. We must also ensure that there is equitable access for all Ontarians, ensure that our parks are protected, and that our infrastructure and programs are responsive to communities needs.” Attention must be paid to strengthen our parks and recreation services

OPHA has several programs that are key to the implementation of a healthy communities approach. These include the Heart Health Resource Centre (soon to be re-branded to reflect its role within the Healthy Communities Ontario approach), the Nutrition Resource Centre, the Alcohol Policy Network and the Towards Evidence Informed Practice (TEIP) program. The latter program, TEIP, offers tools and supports to assist communities to design programs based upon evidence. It has achieved recognition from the public health field as a program that supports useful, realistic and relevant program evaluations to strengthen program implementation and outcomes. Currently, TEIP delivers Master Trainer workshops to build organizational capacity for evidence-informed practice, provides ‘just-in-time’ evaluation consultation services as well as webinars and other awareness and skill-building activities for evidence-informed practice. Unfortunately, there has been no commitment to ongoing funding for this useful program. **We would like to reinforce the ICES recommendation to support innovation and effectiveness strategies such as those offered by OPHA and others even in times of fiscal restraint in order to begin shifting the burden of illness. With a small provincial investment of \$250,000/year the Towards Evidence Informed Practice program can give return on investment in more effective programs. We believe that some of this investment in primary prevention could come from the Diabetes Strategy which presently has minimal primary prevention focus.**

OPHA is troubled by the reduction in funding to tobacco control and wants to reassert our position that no funding should be cut to this important public health program. In order to make the difference in reducing the burden of illness from chronic disease and injury a

comprehensive strategy must be maintained and go beyond the community level to include schools and workplaces as well.

Another investment towards a healthier population is to take further action to prevent foodborne illnesses. OPHA would like to reiterate its previous recommendation to strengthen present legislation to require mandatory food handler certification amongst food service workers, introduce a fish inspection program, require public display of public health permits at all food service establishments, and require that all food offered for sale to the public is from an inspected source.

### ***Continue to Implement the Poverty Reduction Strategy***

As the ICES report points out, Ontario “must narrow existing disparities in health and health behaviour”. The Government of Ontario has made a laudable commitment to the important goal of Poverty Reduction. Investments in this are being prioritized so that all Ontarians can benefit from our efforts to guarantee the future economic strength of the province. The focus on child poverty provides an important vantage point from which to begin addressing an increasingly important area of focus—early childhood development—as a springboard from which to plan for the future economic prosperity of the workforce of the province.

Your government requested Dr. Charles Pascal and his committee to put forward recommendations regarding Early Childhood Development and we hope that the government will place a high priority on the implementation of its key recommendations found in the report *With Our Best Future in Mind, Implementing Early Learning in Ontario*,<sup>5</sup> We support the vision outlined in the report and are pleased that action has been taken to implement the full day learning program for 4 and 5 year olds, coordinated through the Ministry of Education. However, we are concerned about the future of the early year centres. Presently services from preconception through age 4 are fragmented with several sectors- child care, municipal social services, public health, education- providing a variety of sometimes uncoordinated service. The recommendations in the Pascal report are that resources and services be planned and integrated through Best Start Child and Family Centres and overseen by Consolidate Municipal Service Manager. With the exception of the Healthy Babies, Healthy Children program, little mention is made of the public health mandate for family health services to this age group. In addition, for the HBHC program to be effective through Best Start Child and Family Centres, adequate and sustainable funding will be required. **We recommend that public health be included in the planning table for integrated services to children under 4 years old.**

OPHA has joined with the Association of Local Public Health Agencies (aLPHa), Social Planning Network of Ontario and other anti-poverty groups to encourage this government to “Put Food in the Budget”. If you “do the math” as suggested by the Stop Community Food Centre, it is clear that most people on social assistance cannot afford the healthy food which will help keep them healthy. It is important that this issue be addressed. **We recommend that a \$100/month Healthy Food Supplement be provided to those on social assistance.**

We were very pleased at the expansion of dental care to all children below the age of 17 is a commendable step in the right direction. **We do; however, think that dental care needs to also be extended to adults who are in dental pain.**

Finally, Ontario Public Health Association recommends that investing in public health and primary prevention will yield a return on investment in terms of improvement in overall health and wellbeing which are key elements necessary for increased productivity, a more vibrant workforce and ultimately a more robust economy.

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1. Ministry of Health and Long-Term Care, *Initial Report on Public Health*, Queen's Printer of Ontario, August 2009, retrieved from [http://www.health.gov.on.ca/english/public/pub/pubhealth/init\\_report/index.html](http://www.health.gov.on.ca/english/public/pub/pubhealth/init_report/index.html)
2. Manuel, DG, Creatore, MI, Rosella Lc, Henry, DA. *What does it take to make a healthy province? A benchmark study of jurisdictions in Canada and around the world with the highest level of health and the best health behaviours.* ICES Investigative Report. Toronto: Institute for Clinical Evaluative Sciences; 2009.
3. SMARTRISK. (2009). *The Economic Burden of Injury in Canada*. SMARTRISK: Toronto, ON retrieved from [http://www.oninjuryresources.ca/news\\_archive/canadas\\_injury\\_burden\\_almost\\_2.html](http://www.oninjuryresources.ca/news_archive/canadas_injury_burden_almost_2.html)
4. Use and Benefits of Local Government Recreation and Parks Services: An Ontario Perspective – Research Summary. Parks and Recreation Ontario, 2009
5. Charles E. Pascal, *With Our Best Future in Mind, Implementing Early Learning in Ontario*, Queen's Printer for Ontario, 2009, retrieved from [http://www.ontario.ca/en/initiatives/early\\_learning/ONT06\\_018865](http://www.ontario.ca/en/initiatives/early_learning/ONT06_018865)