

Ontario Chronic Disease Prevention Alliance

2021 Ontario Pre-Budget Submission to the Hon. Peter Bethlenfalvy, Minister of Finance and President of the Treasury Board

For more information, please contact:

John Armstrong

Chair, Ontario Chronic Disease Prevention Alliance

info.ocdpa@gmail.com

905-327-2600

Executive Summary

Introduction

We commend the Ontario government's swift efforts and timely response to the second wave of the COVID-19 pandemic. However, more needs to be done, as roughly 63% of adult Ontarians have at least one chronic condition and more than half of Ontarians over the age of 45 have two or more². Prevention and management are vital to managing the COVID-19-associated pressures on Ontario's health care system.

Recommendations

1. Increase investments in existing chronic disease prevention networks

Multiple chronic diseases are linked to several risk factors, including poor nutrition, physical inactivity, smoking, excessive alcohol use, mental health problems and health equity. Ontario has a broad landscape of charities and non-profits, employer groups, community recreation centres and other organizations that target these risk factors, chronic disease prevention and management. Increasing investments in these existing programs and networks will maximize dollars spent on chronic disease prevention, COVID-19 resiliency and limit administration costs.

2. Increase promotion of physical activity, particularly amongst children and vulnerable populations.

Physical activity has an enormous impact on the prevention and maintenance of dozens of chronic conditions. These include mental health conditions such as depression, anxiety, Alzheimer's, Type 1 and 2 diabetes, heart conditions and certain types of cancer.^{1,2,3,4,5} Physical activity is widely recognized as an essential behaviour in maintaining health and independence. As primary care is the level of care most connected to Ontarians' day-to-day lives, incorporating additional promotion of physical activity can have a significant impact on Ontarians' health and wellbeing.

¹ Thornton JS, Frémont P, Khan K, et al. Physical activity prescription: a critical opportunity to address a modifiable risk factor for the prevention and management of chronic disease: a position statement by the Canadian Academy of Sport and Exercise Medicine. *British Journal of Sports Medicine* 2016;50:1109-1114.

² Mammen G, Faulkner G. Physical activity and the prevention of depression: a systematic review of prospective studies. *Am J Prev Med* 2013;45:649–57.

³ Hemmingsen B, Gimenez-Perez G, Mauricio D, Roqué i Figuls M, Metzendorf MI, Richter B. Diet, physical activity or both for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk of developing type 2 diabetes mellitus. *Cochrane Database of Systematic Reviews* 2017, Issue 12. Art. No.: CD003054. DOI: 10.1002/14651858.CD003054.pub4. Accessed 12 February 2021

⁴ Groot C, Hooghiemstra AM, Rajmakers PG, et al. The effect of physical activity on cognitive function in patients with dementia: a meta-analysis of randomized control trials. *Ageing Res Rev* 2016;25:13–23.

⁵ Friedenreich CM, Barberio AM, Pader J, Poirier AE, Ruan Y, Grevers X, Walter SD, Villeneuve PJ, Brenner DR; ComPARE Study Team. Estimates of the current and future burden of cancer attributable to lack of physical activity in Canada. *Prev Med*. 2019 May;122:65-72. doi: 10.1016/j.ypmed.2019.03.008. Erratum in: *Prev Med*. 2019 Aug;125:78. Erratum in: *Prev Med*. 2020 Mar 3;:106045. PMID: 31078174.

Today, children are becoming less active, which increases their risk for chronic diseases³. Ensuring that Ontario's two million students receive quality Health and Physical Education instruction will provide them the knowledge and skills to help them make safe and informed decisions about their health. We appreciate the recognition of physical activity as essential activity during the COVID-19 lockdowns and recommend additional investments into physical activity programs for youth and seniors. These investments will also help mitigate the impacts of inactivity due to COVID-19 now and after the pandemic is behind us.

3. Increase promotion of healthy eating.

We ask that the Ontario government support Bill 216, Food Literacy for Students Act 2020. Bill 216 is critical legislation, essential to raising awareness about healthy eating and food literacy among children and youth. Teaching our kids that drinking water and eating a variety of nutrient-rich vegetables, fruit, whole grains, and protein is important to their well-being. We urge that the experiential food literacy curriculum be:

- Included in many lessons in the classroom to enable students to learn about food security, food sovereignty, food justice, food systems, climate change, ecology, culture, and other issues critical to a deeper understanding of our food system;
- Culturally diverse;
- Inclusive of foods and ingredients that are affordable for most families;
- Evidenced-based and in accordance with current nutritional science; and
- Supported by adequate training for educators.

4. Increase tobacco taxes and introduce a tax on e-cigarettes

Research shows that smoking tobacco increases the risk of both bacterial and viral infections while e-cigarettes increase the risk of viral infections such as COVID-19⁴. While evidence continues to evolve, it is highly likely that smoking and vaping may increase the severity of COVID-19 outcomes^{5,6}. Increasing taxes on tobacco and vape products will reduce consumption. Emerging evidence shows that every 10% increase in e-cigarette prices is associated with an 8.2 % (approximate) reduction in sales⁷. We urge the government of Ontario to increase taxes on tobacco products and introduce a tax on e-cigarettes in budget 2021.

Create a tobacco cost recovery fee

Along with increasing tobacco taxes, the Ontario government should implement cost recovery fee on the tobacco industry to recuperate the annual \$44 M spent on tobacco prevention and cessation initiatives through the Smoke Free Ontario Strategy. This approach would be similar to the US Food and Drug Administration's tobacco strategy fee that recovers US \$712 million annually, and to the Canadian Cannabis Annual Regulatory Fee that will recover \$112 million annually by 2021-

2022. There are also cannabis cost recovery mechanisms in place in six provinces/territories (BC, MB, QC, NB, YT, NWT).

5. Increase investments into mental health

Those with mental health issues are more likely to have chronic conditions, and those with chronic conditions are more likely to have mental health issues⁸. COVID-19 has further exposed the longstanding inequity in funding for the mental health and addictions sector. For example, the government allocated \$7.7 billion dollars in emergency pandemic health care but less than 5% of this was allocated for the community mental health and addictions sector.

There is a need for an annual sustainable funding. The Mental Health Commission of Canada recommends a minimum of 9% of the overall healthcare spending to be allocated to mental health and addictions.⁶ For two years, the government has talked about a **\$3.8 billion commitment over 10 years** to the mental health and addictions sector in the context of the 2020 “Roadmap to wellness: a plan to build Ontario’s mental health and addictions system.” It is time for the government to appropriately fund mental health and addictions to support Ontarians who will need these services.

The OCDPA commends the government for its ongoing investments in mental health and urges continued investments into programs and services to target the impact of the COVID-19 pandemic on the mental health of Ontarians. We recommend an immediate \$380 million investment to implement the Roadmap to Wellness to support the growing mental health and addiction needs of Ontarians continue to grow.

6. Increase investments into building prevention metrics and data collection

Understanding the impact of continued investments into chronic disease prevention and its impact on COVID-19 is key in determining and addressing future needs. Through investments in research and collaboration with Ontario Health, building comprehensive prevention metrics against which to measure progress is imperative in promoting and protecting the health of Ontarians through and after the pandemic.

7. Support access to virtual care while taking into consideration health equity and social determinants of health

Many provinces and territories acknowledge there are significant barriers with delivering virtual care programs and services to Northern, rural and remote areas. These areas are restricted by poor telecommunications infrastructure which limits the availability of high-speed internet. Unfortunately, access to high-speed internet, a

⁶ Mental Health Commission of Canada. (2012). Changing directions, changing lives: The mental health strategy for Canada. Calgary, AB: http://www.mentalhealthcommission.ca/sites/default/files/MHStrategy_Strategy_ENG.pdf

computer and camera are necessary for virtual health access from home. The exact level of virtual care services available in remote communities is usually not the same level of services that would be available in urban areas.

There is a need to support the development of infrastructure for virtual care across Ontario; it is essential that the government support models for sustainability and high-quality care delivery that addresses holistic needs of patients and families while ensuring virtual care services are equitable to everyone in Ontario.

Appendices

A.

Increasing Resilience to Chronic Disease and COVID-19: *A deployment Strategy for the new health and economic reality*

Introduction

The Ontario Chronic Disease Prevention Alliance (OCDPA) consists of 17+ organizations spanning the health sector focusing on chronic disease prevention. Over 70% of COVID-19 deaths in Ontario have been in seniors over the age of 80 with pre-existing chronic conditions⁷. Data suggests that COVID-19 recovery may be complicated by chronic or persistent conditions, potentially exacerbating an individual's pre-COVID-19 chronic disease load¹.

We commend the Ontario government's swift efforts and timely response to the COVID-19 pandemic. However, as roughly 63% of adult Ontarians have at least one chronic condition and more than half of Ontarians over the age of 45 have two or more⁸, prevention and management are vital to managing the COVID-19-associated pressures on Ontario's health care system.

Recommendations

Increase investments in existing chronic disease prevention networks

Multiple chronic diseases are linked to several risk factors, including poor nutrition, physical inactivity, smoking, excessive alcohol use, mental health problems and health equity². These chronic disease risk factors pose a massive burden on Ontario's health care system. In 2011 alone, hospitalization associated with these behaviours imposed a total burden of more than 900,000 hospital bed-days and a cost of \$1.8 billion⁹. In Ontario, managing these chronic conditions resulted in 55% of direct and indirect health care costs¹⁰.

Ontario has a broad landscape of charities and non-profits, employer groups, community recreation centres and other organizations that target these risk factors, chronic disease prevention and management. As outlined in Figure 1, deploying additional resources to existing networks of health providers including Non-Governmental and Not-for-Profit organizations, community recreation centres, workplace health benefits insurance providers, and the primary care, home and

⁷ Public Health Ontario. 2020. [Enhanced Epidemiological Summary](#).

⁸ Public Health Ontario. 2019. [The Burden of Chronic Diseases in Ontario](#).

⁹ Manuel DG, Perez R, Bennett C, Rosella L, Choi B. *900,000 Days in Hospital: The Annual Impact of Smoking, Alcohol, Diet and Physical Activity on Hospital Use in Ontario*. Toronto, ON: Institute for Clinical Evaluative Sciences; 2014.

<https://www.ices.on.ca/flip-publication/900000-Days-in-Hospital/files/assets/basic-html/index.html#4>

¹⁰ Statistics Canada. 2016. [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 \(database\)](#).

community care systems can assist in targeting these risk factors and prevalence of chronic diseases. Increasing investments in existing chronic disease prevention and management programs and networks will also maximize dollars spent on chronic disease prevention, COVID-19 resiliency and limit administration costs.

Increase investments into building prevention metrics and data collection

Understanding the impact of continued investments into chronic disease prevention and its impact on COVID-19 is key in determining and addressing future needs. Through investments in research and collaboration with Ontario Health, building comprehensive prevention metrics against which to measure progress is imperative in promoting and protecting the health of Ontarians through and after the pandemic.

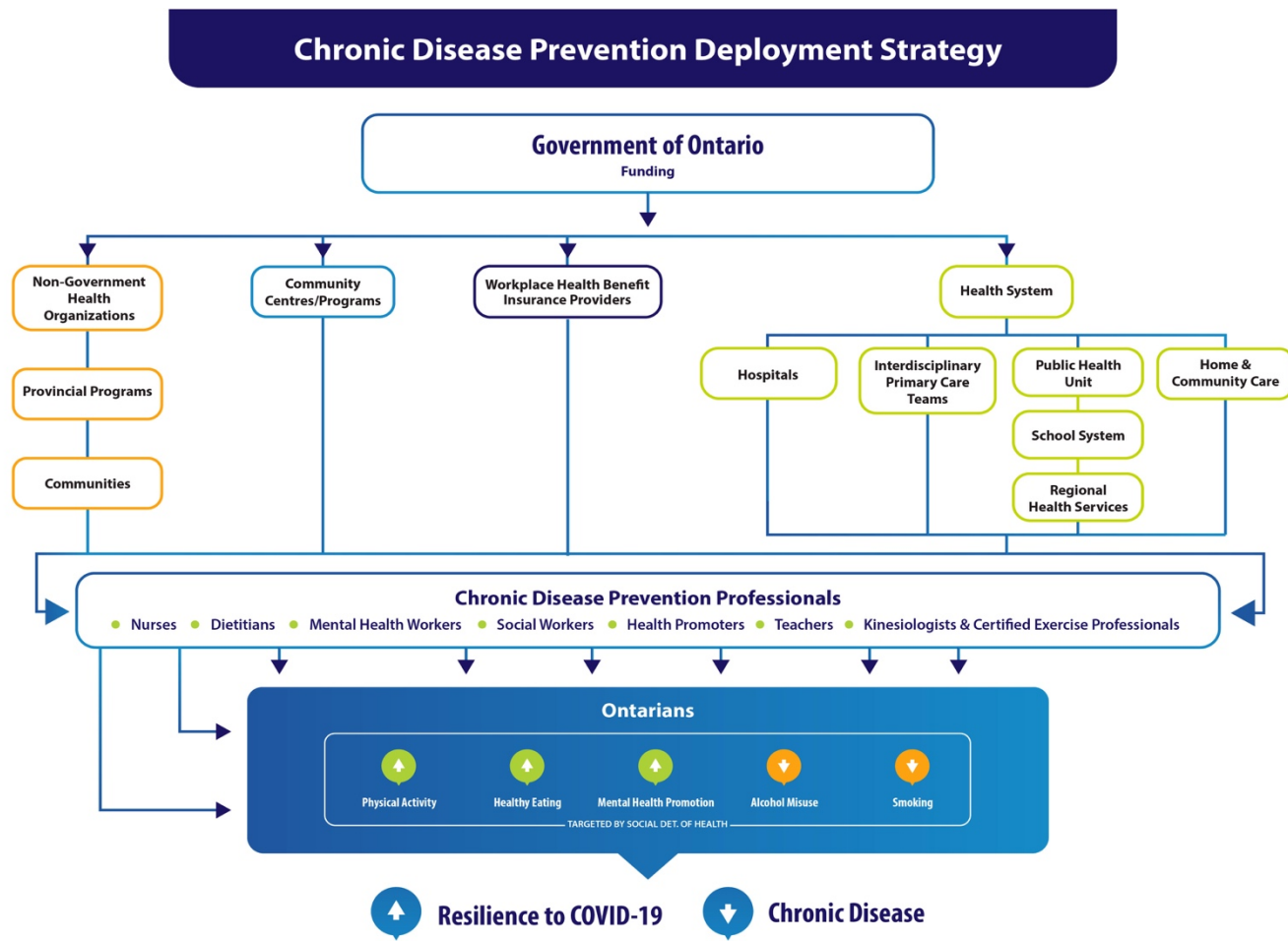


Figure 1. Chronic Disease Prevention Deployment Strategy

B. References

1. Public Health Ontario. 2020. Enhanced Epidemiological Summary.
2. Public Health Ontario. 2019. The Burden of Chronic Diseases in Ontario.
3. Public Health Ontario. 2016. Evidence Brief: Barriers to physical activity for children and youth in Ontario.
4. Bagaitkar, Juhi et al. 2008. "Tobacco use increases susceptibility to bacterial infection." *Tobacco induced diseases* vol. 4,1 12.
5. Ahmed, N., Maqsood, A., Abduljabbar, T., & Vohra, F. 2020. Tobacco Smoking a Potential Risk Factor in Transmission of COVID-19 Infection. *Pakistan journal of medical sciences*, 36(COVID19-S4), S104–S107.
6. Wu, Q., Jiang, D., Minor, M., & Chu, H. W. 2014. Electronic cigarette liquid increases inflammation and virus infection in primary human airway epithelial cells. *PloS one*, 9(9), e108342.
7. Vardavas CI and Nikitara K. 2020. Covid-19 and smoking: A systematic review of the evidence. *Tob. Induc. Dis.*
8. Canadian Mental Health Association. 2020. Chronic Disease Prevention and Management.

C. About the OCDPA

The Ontario Chronic Disease Prevention Alliance was formed in 2003 to address the need for integrated action and collaboration on the issue of chronic disease prevention.

Members include:

1. Alliance for Healthier Communities
2. Association of Family Health Teams of Ontario
3. Association of Local Public Health Agencies
4. Canadian Cancer Society
5. Canadian Mental Health Association (Ontario)
6. Centre for Addiction and Mental Health
7. Chronic Disease Prevention Alliance of Canada

8. Dietitians of Canada
9. Heart and Stroke Foundation of Ontario
10. Ontario Chronic Disease Prevention Managers in Public Health
11. Ontario Kinesiology Association
12. Ontario Physical and Health Education Association (Ophea)
13. Ontario Public Health Association
14. Ontario Society for Health and Fitness
15. The Kidney Foundation
16. University of Western Ontario (School of Health Studies)
17. Wounds Canada