

Ontario Chronic Disease Prevention Alliance

2020 Ontario Pre-Budget Submission to
The Honourable Rod Phillips, Minister of Finance

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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 conditions¹. 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 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 nonprofits, employer groups, community recreation centres and other organizations that target these risk factors, chronic disease prevention and management. As outlined in Appendix C., 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

Today, children are becoming less active, increasing 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. Additional investments into physical activity programs for youth and seniors will also help mitigate the impacts of inactivity due to COVID-19.

3. 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 tobacco taxes are a proven method of reducing consumption and emerging evidence shows that every 10% increase in e-cigarette prices is associated with an 8.2 % (approximate) reduction in sales⁷.

4. 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. The OCDPA commends the government for its significant 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.

5. 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.

Appendices

A. 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](#).

B. About the OCDPA

Members of the OCDPA 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

C. Increasing Resilience to Chronic Disease and COVID-19: A deployment Strategy for the new health and economic reality (Attached).



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

Submission to:
Standing Committee on Finance 2020 Pre-Budget Consultations

August 5, 2020

EXECUTIVE SUMMARY

COVID-19 has impacted Canadians across economic, health and social factors. With unemployment reaching levels not seen in almost 3 decades, Ontarians are facing an uncertain financial future that is significantly impacting health and well-being¹. Research shows that high levels of unemployment are correlated with poor health and increased mortality². The economic impact of the required pandemic response, (i.e. closing down all but essential services) has affected the most vulnerable especially low-income wage earners, women and racialized individuals³. Furthermore, with Canadians hesitant to seek medical care for existing chronic conditions, new investments in prevention are likely to have the biggest impact on the health and well-being of Canadians⁴.

To meet the immediate needs of Canadians, the Ontario Chronic Disease Prevention Alliance (OCDPA) proposes a Chronic Disease Prevention Deployment Strategy that utilizes existing and scalable pathways across several sectors which can provide multiple benefits to the Government's economic recovery program including:

- a) Increasing the resiliency of the population to COVID-19 by reducing the prevalence of chronic disease,
- b) Providing jobs to sectors significantly impacted by the economic shutdown,
- c) Improving the health and well-being of those most at-risk of COVID-19 complications, and
- d) Limiting and avoiding significant costs related to chronic diseases in the healthcare system and workplace.

Currently, dollars in the healthcare system related to chronic disease are used for disease management, but investments in chronic disease prevention are required as part of a post-pandemic response to mitigate current and future demand on the health care system. In Ontario, managing these chronic conditions resulted in 55% of direct and indirect health care costs⁵, while the outcome of investing in chronic disease prevention was clear, with every dollar invested resulting in six dollars of future savings for the healthcare system⁶.

The Common Risk Factors of Dozens of Chronic Diseases

The incidence of literally dozens of chronic diseases is widely linked to a small set of preventative risk factors including: (1) Unhealthy eating; (2) Physical Inactivity; (3) Smoking; (4) Alcohol Misuse; (5) Poor Mental Health; (6) Social determinants of health.

¹ Statistics Canada. 2020. [Labour force characteristics, monthly, seasonally adjusted and trend-cycle, last 5 months](#). 20. [Epidemiological Summary: COVID-19 in Ontario: January 15, 2020 to May 17, 2020](#).

² WHO. 2007. [Final report of the Economic Conditions Knowledge Network - Employment conditions and health inequalities](#).

³ Advisory Board. 2020. [What we know \(so far\) about the long-term health effects of Covid-19](#).

⁴ Journal of Nutrition. 2010. [Food Insecurity Is Associated with Chronic Disease among Low-Income NHANES Participants](#).

⁵ 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 \(database\)](#).

⁶ Trust for America's Health. 2008. Prevention for a Healthier America: Investments In Disease Prevention Yield Significant Savings, Stronger Communities. US: Trust for America's Health.

The social determinants of health including income, education, and accessibility as well as demographics including age, race and sex highly impact these risk factors⁷.

COVID-19 and Chronic Diseases

Over 70% of COVID-19 deaths in Ontario have been in seniors over the age of 80⁸ with pre-existing chronic conditions such as diabetes, heart disease, and chronic obstructive pulmonary disease (COPD)¹⁰. There is also data suggesting that COVID-19 recovery may be complicated by chronic or persistent cardiovascular, pulmonary and neurological issues, potentially exacerbating an individual's pre-COVID-19 chronic disease load¹⁰. With almost 63% of adults in Ontario living with one or more chronic disease or condition (and therefore at an increased risk of COVID-19 complications), chronic disease prevention and management are vital to managing the COVID-19-associated pressures on Ontario's health care system⁹.

Chronic Diseases and Costs in Ontario

Chronic conditions such as cancers, cardiovascular diseases, diabetes and chronic respiratory disease cause 75% of all deaths in Ontario¹¹ and low-income, racialized and Indigenous populations are disproportionately more likely to have chronic conditions¹¹. Furthermore, having one chronic disease can increase the likelihood of having others¹⁰. For example, 22% of people who have had heart attacks, 31% of people who've suffered strokes and 27% of people with diabetes suffer from depression¹². Similarly individuals with depression are more likely to suffer heart attacks, strokes and diabetes¹².

People aged 85+ years without chronic diseases use half the health services as people who are 10 to 20 years younger with three or more chronic conditions. In Ontario, managing these chronic conditions resulted in 55% of direct and indirect health care costs¹¹. The additional impact of delayed services due to COVID-19, such as cancer screenings, is likely to lead to an increase in later stage cancer and subsequent health care costs to the system.

On the other hand, the outcome of investing in chronic disease prevention is quite clear, with every dollar invested resulting in six dollars of future savings for the healthcare system¹². And with an increase in long-term chronic diseases expected as a result of COVID-19, preventing, managing and reversing the impact of preventable conditions is key to help ensure long-term economic recovery.

⁷ Public Health Ontario. 2019. [The Burden of Chronic Diseases in Ontario](#).

⁸ Public Health Ontario. 2020. [Enhanced Epidemiological Summary](#).

⁹ Public Health Ontario. 2019. [The Burden of Chronic Diseases in Ontario](#).

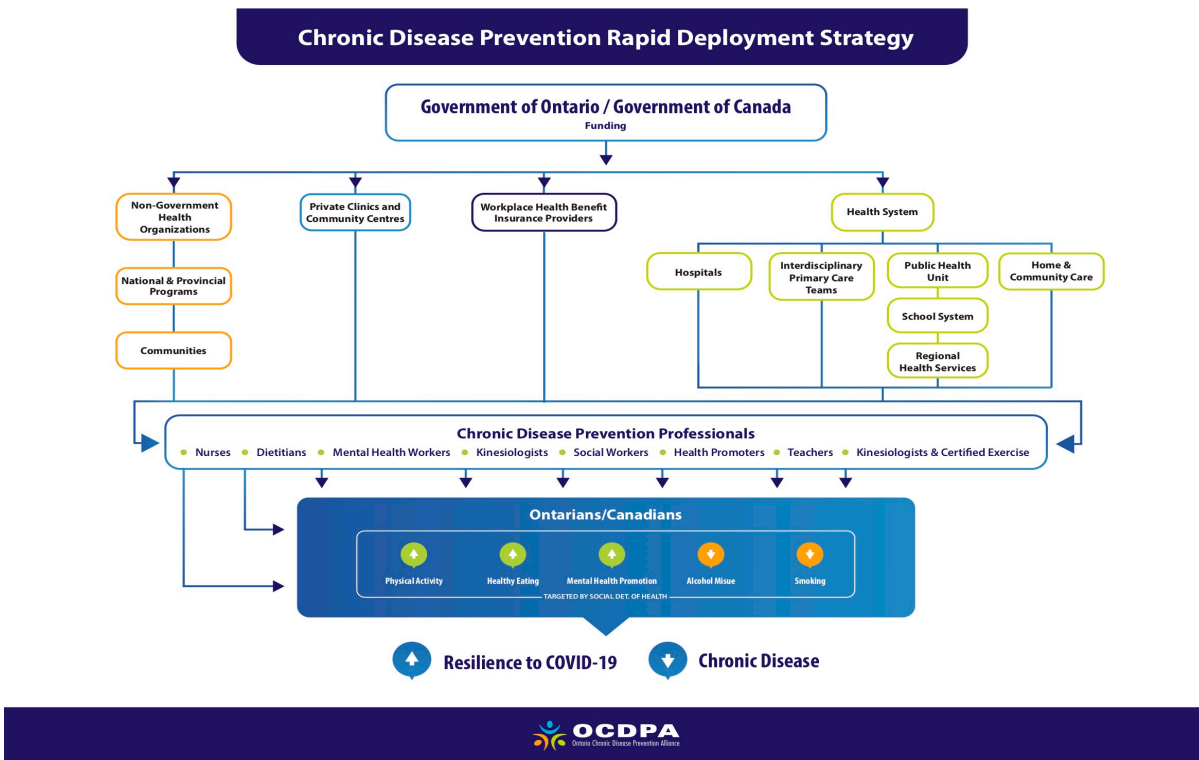
¹⁰ Government of Canada. 2015. [Prevalence and patterns of chronic disease multimorbidity and associated determinants in Canada - HPCDP: Volume 35-6](#).

¹¹ 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 \(database\)](#).

¹² Trust for America's Health. 2008. Prevention for a Healthier America: Investments In Disease Prevention Yield Significant Savings, Stronger Communities. US: Trust for America's Health.

The Chronic Disease Prevention Deployment Strategy

The Ontario Chronic Disease Prevention Alliance, recommends deploying resources to existing networks of health providers including Non-Governmental and Not-for-Profit organizations, community recreation centres and private clinics, employer groups and workplaces, and the primary care, home and community care systems. These networks can assist in the coordinated deployment of investments in health promotion and chronic disease prevention programs targeting the six risk factors of chronic diseases.



Existing health charity and non-profit infrastructure can be leveraged and scaled up to support Ontarians living with chronic diseases and reduce the strain on some of the most vulnerable populations through the pandemic.

The OCDPA believes that investments in the deployment of resources for chronic disease prevention are key to a resilient economic recovery and will deliver jobs in significantly impacted sectors. It will also provide a much wider benefit to all Canadians that will be helped by these programs and services, strengthen our resistance to COVID-19 and other viruses, and reduce the incidence of chronic disease. The COVID-19 crisis and response underscores how strong, sustainable chronic disease prevention measures and partnerships can support pandemic planning, management and recovery and thereby contribute to a healthy and resilient and prosperous Canada. In this COVID-era the need for comprehensive chronic disease prevention should no longer be overlooked.

Non-governmental and Not-for-Profits Organizations (NGOs and NFPOs)

In Ontario, Health NGOs and NFPOs consist of over 100,000 members and volunteers offering expertise, programs, services, resources and networks focused on a variety of community and public health issues. With direct access to the individuals and communities that are most impacted by the economic fallout of COVID-19, including low-income individuals at highest risk for developing chronic diseases, investing into this underutilized network will allow for the development and deployment of chronic disease prevention programs and services.

By targeting each of the risk factors and utilizing an equity approach, investments into the expansive non-governmental health sector through charities such as the Heart & Stroke, Diabetes Canada, the Lung Association, the Canadian Cancer Society (CCS), the Canadian Mental Health Association, to name a few, will allow deployment of chronic disease prevention programs and services, make the population more resilient to COVID-19, reduce and avoid costs to the healthcare system and improve the overall health and wellbeing of vulnerable populations.

As most of the pathways to integrate chronic disease preventative measures are already in place through these Health NGOs and NFPOs, investing in them now will be the quickest way to prevent, manage and reverse the impact of preventable conditions and help ensure long-term economic recovery, making Canada's population more resilient to the ongoing risk of COVID-19.

Employer Groups, Workplaces and Health Benefits

OCDPA recommends that the government explore partnering with the health benefits insurance sector for employer groups to expand resources for wellness, prevention and health promotion programming. This partnership, such as a "top-up" or "matching funding" for a transition period (e.g. 3 years) can reduce the government's cost of delivering programming to these groups, set a time horizon for funding, and ultimately reduce other health benefit costs to insurers if programming is successful at reducing the risk factors of chronic disease.

As companies recover from the financial impacts of COVID-19, funding into employee wellness programs can ease the pressure that they feel to provide funding for these services, and can also help them retain employees, and reduce absenteeism and disability costs. In the short-term, it can also be a way for them to divert resources into other areas of their business to increase sustainability in a post COVID-19 economy.

Healthcare System

Inside the healthcare system, investments into interprofessional primary care teams with professionals whose scopes of practice include prevention such as health promoters, dietitians, kinesiologists, social workers, mental health workers, nurse practitioners, etc. can provide wider access to chronic disease prevention programming to reduce risk factors. Expanded prevention-focussed services can be delivered through Family Health Teams and Community Health Centres that already have a mandate and pathways to deliver prevention services. Chronic

Disease Prevention services could also be expanded through the home care system, retirement and long-term care system.

As health promotion and chronic disease prevention is a core mandate of public health units and agencies across the country, utilizing those networks to deploy resources quickly and effectively and building on the significant credibility they've established throughout this COVID-19 period will be key.

Community Recreation Centres, Private Practices and Clinics

Another underutilized network is of private clinics, associations and networks that are made up of interprofessional health teams that work directly with individuals who are at risk of developing chronic diseases in their lifetime. Wider access to private practice mental health professionals also holds a significant opportunity to provide more critical mental health service directly to Canadians.

By tapping into these networks, along with private gyms, health and wellness clinics and community recreation centres through specific health promotion funds, quick deployment of programming, materials and resources can be delivered to the general population. Investing in this sector will also boost small businesses that are likely to have been directly hit by physical distancing measures that are in place due to COVID-19 and will make them more resilient to lagging economic impacts of the pandemic.

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: Ontario Kinesiology Association; Ontario Society for Health and Fitness; Ontario Public Health Association; Alliance for Healthier Communities; Association of Family Health Teams of Ontario; Association of Local Public Health Agencies; Canadian Cancer Society; Canadian Mental Health Association (Ontario); Centre for Addiction and Mental Health; Chronic Disease Prevention Alliance of Canada; Dietitians of Canada; Heart and Stroke Foundation of Ontario; Ontario Chronic Disease Prevention Managers in Public Health; Ontario Physical and Health Education Association (Ophea); University of Western Ontario (School of Health Studies); University of Western Ontario (School of Health Studies); Wounds Canada.