



Ontario Public Health Association  
l'Association pour la santé publique de l'Ontario  
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**OPHA's Pre-Budget  
Submission  
to the Ontario Legislative  
Standing Committee on  
Finance and Economic  
Affairs**

**January 24, 2020**

## **Overview**

The Ontario Public Health Association (OPHA) appreciates the opportunity to provide a written submission to the Ontario Legislature's Standing Committee on Finance and Economic Affairs as part of its pre-budget consultations. Below we recommend three cost-effective strategies for promoting health, containing healthcare costs and reducing hallway health care.

### **Expansion of Alcohol Sales Increases Hallway Healthcare**

Over the last two years, a number of policy and regulatory changes have increased Ontarian's access to alcohol. Unfortunately, during the same period, two recent research studies have shown that there has been an increase in alcohol attributed emergency department visits in Ontario since the expansion of alcohol sale outlets. Specifically, these studies found an expansion in access to alcohol led to an 18% increase in rates of alcohol attributed emergency department visits in Ontario between 2014 and 2017, with an increase among women and young adults [1].

These findings are consistent with earlier research done by the Centre for Addiction and Mental Health (CAMH) which showed alcohol related harms increased when the sale and distribution of alcohol is expanded. CAMH's research points to the critical role that access, pricing and marketing play in consumption patterns and increased risks and harms. In 2014, Ontario spent \$1.5 billion and \$1.3 billion for alcohol-related healthcare and criminal justice respectively [2].

OPHA is concerned about the health and financial implications and cautions legislators against supporting further expansion, especially to convenience stores.

At a time when Ontario is trying to address hallway health care, and the associated human and financials costs, an investment in a provincial alcohol strategy would be prudent and timely. Such a strategy could include public education, harm-reduction policies, and greater enforcement of marketing and improved monitoring of alcohol-related harms. With more retail outlets envisaged, this strategy should also include increased investment in inspection and enforcement.

## **Investing in Chronic Disease Prevention to Reduce Hallway Healthcare and Health Care Costs**

Chronic disease is the leading cause of death and disability in Ontario with cancer, cardiovascular diseases, chronic lower respiratory diseases and diabetes being the major contributors. The impact of chronic diseases on human health and the economy is extensive and a growing and aging population will continue to increase the burden of chronic diseases on the health care system. It is estimated that chronic diseases cost the Ontario healthcare system \$10.5 billion a year [3].

Yet, chronic diseases are highly preventable. Strategies that target risk factors associated with chronic diseases - tobacco use, unhealthy eating, physical inactivity, alcohol misuse - have the greatest potential for reducing the burden of these diseases. Research indicates that the total direct healthcare costs and indirect costs (e.g., lost productivity due to disability and premature mortality) for these risk factors are estimated at \$7.0 billion a year for tobacco smoking, \$4.5 billion for alcohol consumption, \$2.6 billion for physical inactivity and \$5.6 billion for unhealthy eating, including \$1.8 billion for inadequate vegetable and fruit consumption [3]. Furthermore, certain groups within Ontario are disproportionately affected by these risks, for example Indigenous populations and those of lower socio-economic status.

In a study led by Doug Manuel, researchers reported a \$4.9 billion savings in health care costs in Ontario attributed to prevention of chronic disease risk factors, primarily through interventions such as Smoke Free Ontario [4]. Similarly, an American 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 [5].

Investment in a chronic disease prevention strategy emphasizing the value of healthy eating and physical activity can help reduce hospital wait times and hallway medicine. OPHA urges legislators to safeguard investments in health promotion strategies and public health agency budgets which contribute to chronic disease prevention. We also urge legislators to consider investing in a comprehensive chronic disease prevention strategy, the urgency and importance of which has been highlighted by Ontario's Auditor General in 2017.

Your colleagues from the Standing Committee on Public Accounts who recently examined this issue concluded the Ministry of Health “should implement a provincial strategy to guide activities on chronic disease prevention” and “develop comprehensive policies focusing on the key risk factors of chronic diseases such as physical inactivity, unhealthy eating, and alcohol consumption, in addition to tobacco use.” [6]

Given the proven savings to the health care system, we urge you to reinforce these recommendations and call upon the Ministry of Health to develop and invest in a chronic disease prevention strategy.

## **Investments in Public Health Save Lives and Reduce Health Care Costs**

At a time when viruses can spread quickly around the globe, vaccine preventable outbreaks are occurring. Ontario is also facing an opioid crisis while the provincial funding for public health is being eroded and prevention is undervalued. For example, the 2019/20 Estimates for the Ministry of Health show an expenditure of \$1.289B on population and public health, which represents only 2% of Ontario's \$58B health care budget [7].

The past president of the Association of the Local Public Health Agencies has noted that the public health system is well positioned to promote healthy communities through its frontline services, which among other things “prevents chronic and infectious diseases, ensures food safety, focuses on substance abuse and injuries and school health”, thus providing a “security infrastructure” that contributes to health care savings and community prosperity [8].

We ask you to ensure that funding for public health is not eroded, that the existing cost sharing formula for public health is maintained and strategic investments are made that further support a prevention agenda. Through working with various partners and sectors at the local level, the public health community is influencing the factors that promote individual and community health.

### **Conclusion**

With health threats such as increased access to alcohol, and the growing burden of chronic disease, there is an urgent need to invest in prevention to protect health, save costs and improve Ontarian's health and wellbeing.

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## About OPHA

*Created in 1949, the Ontario Public Health Association (OPHA) is a non-partisan, non-profit 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 health 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. [www.opha.on.ca](http://www.opha.on.ca) @OPHA\_Ontario*