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#### Constituent Societies

OPHNL – Ontario Public Health  
Nursing Leaders

Alliance for Healthier Canadians

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

Ontario Association of Public  
Health Dentistry

Ontario Dietitians in Public Health

Association of Public Health  
Epidemiologists

Ontario Society of Physical Activity  
Promoters in Public Health

Charitable Registration  
Number 11924 8771 RR0001

The Honourable Peter Bethlenfalvy  
Minister of Finance  
c/o Budget Secretariat  
Frost Building North, 3rd Floor  
95 Grosvenor Street  
Toronto, Ontario M7A 1Z1

February 12, 2021

Dear Minister Bethlenfalvy,

#### RE: 2021 Ontario Budget Consultations

The Ontario Public Health Association (OPHA) is pleased to share our recommendations on specific ways your government can support Ontarians during COVID-19, while positioning the province for a strong economic recovery. OPHA urges the Ontario government to consider the following:

1. ***Stabilize public health funding by maintaining the 75-25 cost-sharing between the province and municipalities.*** The pandemic has proven how critical it is to have a strong public health system in place for Ontarians. Sustained investment will ensure a more cost-effective and robust public health system during and after the COVID-19 pandemic.
2. ***Include paid sick leave days in the Employment Standards Act.*** Workplaces account for 29% of all COVID-19 outbreaks in Ontario<sup>1</sup>, which calls for more effective strategies as businesses reopen. The inclusion of paid sick leave is also essential for members of many racialized communities, who are being hit hardest by the pandemic and are struggling to provide for their families.
3. ***Invest in a comprehensive provincial chronic disease prevention strategy.*** Chronic diseases are highly preventable, but they continue to be the leading cause of death in Ontario<sup>1</sup>. A chronic disease prevention strategy should target associated risk factors (e.g. unhealthy eating, alcohol misuse, tobacco smoking, physical inactivity, air pollution) among Ontarians, including racialized and Indigenous communities. We call on support for Bill 216, The Food Literacy for Students Act,

a more comprehensive approach to tobacco control, initiatives to increase awareness of the low-risk drinking guidelines for alcohol and support for public transit, active transportation and recreation to reduce air pollution and improve Ontarians' physical activity respectively.

4. ***Invest in income supports from increases in minimum wage, social assistance rates, child-care to affordable housing to support low-income families.*** Poverty has a devastating impact on people's quality of life and health, especially those that are most vulnerable. While OPHA applauds your government's investment in the Seniors Dental Care Program, the growing levels of inequities and food insecurity in Ontario have made it imperative to tackle the root causes of poverty by raising the minimum wage, reviewing social assistance rates and continuing to invest in childcare beyond the COVID-19 pandemic.
5. ***Invest in climate resiliency and climate mitigation measures.*** Investing in climate solutions such as in public transit and sustainable transportation solutions, healthy, safe and affordable housing, compact complete communities, flood protection, wetlands protection and green infrastructure presents an opportunity to improve health, reduce health inequities, and create new jobs, while preparing Ontario's economy and communities for healthy economic growth and a sustainable future.

In conclusion, an aging population, growing burden of chronic diseases and climate change are evidence of the urgent need to invest in public health strategies to increase Ontarians' resiliency against future health threats and reduce the demands on the health care system. In addition, COVID-19 has exposed the need to invest in social and economic initiatives that will improve Ontarians health and wellbeing. The attached ***Appendix*** provides more details and evidence to support our recommendations.

Know that many of Ontario's community, public health and non-profit organizations such as OPHA and its constituent societies are well positioned and available to draw on our networks and expertise to assist in designing and implementing effective strategies in collaboration with your government.

Thank you for your consideration.

Yours sincerely,



Pegeen Walsh  
Executive Director  
Ontario Public Health Association

## Appendix

### **Rationale and Evidence for OPHA's Recommendations for 2021 Budget Consultations**

#### **1. Stabilize public health funding by maintaining the 75-25 cost-sharing**

The COVID-19 pandemic has demonstrated the value of public health in Ontario and across the country. The people of Ontario and the economy have and will continue to experience the devastating impacts of COVID-19 in the foreseeable future. Economic recovery is not achievable without healthy people who have more chances to maximize their potential<sup>i</sup>. Therefore, it is of greater value for the government to invest more in health promotion and protection activities in the province.

Sustaining the 75-25 cost-sharing formula with municipalities will restore and stabilize the municipal government's protection and recovery agenda. One-time transition funding to municipalities does not allow for long-term planning in public health or reduce the intense financial pressures municipalities face on many fronts. The predictable allocation of funds will enable public health units to continue their core functions while building a robust system positioned to protect Ontarians' health and prepare to tackle any public health emergencies of concern.

Upstream investments in public health programs and services focusing on disease prevention, health promotion and health protection result in decreased population demand for and utilization of acute care health facilities.<sup>ii</sup> Research has shown that each 10% increase in local public health spending reduced deaths from cardiovascular diseases by 3.2%.<sup>iii</sup> With an aging population, increased investment in Ontario's public health is the best solution to reduce hospitalization rates and prevalence of chronic diseases in the province.

#### **2. Include paid sick leave days in the Employment Standards Act (ESA)**

Loosening of restrictions to allow businesses to reopen in the coming weeks requires tightening the current public health measures to maintain the decline in COVID-19 cases in the province. Workplaces account for 29% of all COVID-19 outbreaks in Ontario<sup>iv</sup> and the emergence of new variants of COVID-19 reiterates the need for stronger prevention measures in the workplace.

One of those measures will be guaranteed paid sick days for workers showing symptoms of COVID-19. Without the guarantee of payment, many workers will show up to work sick putting workers and customers at high risk of contracting the virus. In the long run, this will reduce employees' productivity, impede businesses' continuity, increase the

spread in COVID-19 and destabilize the economy. The vicious cycle can be prevented if there is a provincially mandated policy on paid sick days for ill workers.

More importantly, paid sick days are vital for low-income workers and other racialized populations who cannot afford to lose wages but are at high risk for exposure to COVID-19. Including this policy in the ESA will help Ontarians and other vulnerable populations decide to stay home and follow public health directives without worrying about how they will afford the next meal. Having paid sick days is essential to flattening the COVID-19 curve and beyond as the province prepares for economic recovery.

### **3. Invest in a comprehensive provincial chronic disease prevention strategy**

Chronic disease management is central to primary care, but the intense demands required to address COVID-19 have limited the financial resources and capacity of public health agencies to support other aspects of their mandate. Investing in the prevention of chronic diseases includes helping people eat healthier, get more exercise, stop smoking and reduce alcohol intake. Like all public health responsibilities, investing in a provincial chronic disease prevention strategy is extensively beneficial and cost-effective. In 2015, chronic diseases caused about three-quarters of deaths in Ontario and it is estimated that chronic diseases cost the Ontario healthcare system a direct cost of \$10.5 billion a year<sup>v</sup>.

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.<sup>vi</sup> Indigenous people and racialized communities are disproportionately impacted by chronic diseases in Ontario. These populations are highly predisposed to the risk factors and the incidence of cancer and other chronic diseases are increasing rapidly among these populations compared to other Ontarians. With people delaying being screened for various diseases, such as cancer, and postponing other health care needs related to chronic diseases due to COVID-19, this has troubling consequences for the future.

Air pollution is also emerging as another critical risk factor for chronic disease ranging from respiratory symptoms to development of disease and premature mortality. According to Health Canada's most recent Health Impacts of Air Pollution report, 6,700 annual premature deaths in Ontario are caused by air pollution with the total economic cost of all health impacts attributed to air pollution in Ontario being \$50 billion. Recent research has estimated over 800 premature deaths annually in the Greater Toronto Hamilton Area alone from exposure to traffic-related air pollution from trucks, cars and buses.

Investing in a provincial chronic disease prevention strategy can reduce the prevalence of these risk factors. This should include the following initiatives:

- programs and policies to reduce tobacco smoking through taxing tobacco products, restricting tobacco sales, protecting people from second-hand smoke exposure, preventing youth from starting to smoke and monitoring tobacco use, and evaluating tobacco control policies and programs.<sup>vii</sup>
- To reduce alcohol drinking, the government should establish a minimum alcohol price, have stronger alcohol marketing and advertising regulations and increase awareness of the low risk drinking guidelines and health harms caused by alcohol misuse.
- to improve healthy eating among Ontarians, the government should promote policies that address food insecurity, support food literacy from a young age, and increase the availability and visibility of healthy food. For example, we encourage the government to support and pass the Bill 216. The Food Literacy School Act.
- continued investment in public transit, active transportation and the shift to electric vehicles.

#### **4. Increase income supports for those who are most vulnerable**

Poverty affects nearly 1.57 million people in Ontario<sup>viii</sup>. Poverty is expensive and it is estimated to cost the Ontario government between \$27.1 and \$33 billion per year<sup>ix</sup>. Although the provincial Low-Income Measure (LIM) decreased by 11% between 2000 and 2016, Feed Ontario reported that the income disparity increased by 10%<sup>x</sup>. The poorer a population is, the lesser the opportunities for good health and the higher the burden of chronic diseases. The COVID-19 pandemic further amplifies this disparity as low-income and racialized Ontarians are disproportionately impacted by the virus. There is an urgent need to reducing income inequities by increasing the minimum wage and adopting strategies that will move those that are struggling to above the poverty line.

Tackling poverty in the province can be achieved through an integrated approach to increasing minimum wage, investing in social assistance benefits and other programs for low-income families<sup>xi</sup>. OPHA is encouraged by the support the government has provided to families with children during this pandemic. We encourage the provincial government to continue to build on the success of the Ontario Child Benefit (OCB) beyond the COVID-19 pandemic. Evidence shows that the OCB brought a 24% reduction in child poverty and 37% reduction in children living in deep poverty.<sup>xii</sup>

We urge your government to adopt the recommendations of our colleagues from the Ontario Dietitians in Public Health Develop and their call for a poverty reduction strategy that includes targets for reducing food insecurity as well as policy interventions that improve the financial circumstances of very low income households. This would also include setting a minimum wage rate that more closely aligns with costs of living in Ontario and establishing a Social Assistance Research Commission, as recommended in Bill 60, to determine evidence-based social assistance rates in communities across the Province based on local/regional costs of living, including the cost of food informed by data collected by public health units. <sup>xiii</sup>

#### **5. Invest in climate resiliency and climate mitigation measures.**

Investments in active transportation, retrofits in residential, commercial and community buildings to increase their energy efficiency and the fostering of the electrification of vehicles can both spur economic growth, promote health while also reducing green house gas emissions (GHGs).

Active transportation can reduce GHGs while also improving health and increasing community resiliency. Various reports have shown that a significant number of jobs could be created in communities across the country if more funding was directed to active travel infrastructure such as separated bike lanes, sidewalks and traffic lights. This investment would create local construction jobs and provide economic opportunities for tourism in smaller communities, while also saving lives, reducing health care costs, increasing access to jobs and services and building community resilience. Health equity could be further increased if low income neighbourhoods were prioritized for these investments.

Investing in residential, commercial and community building retrofits would increase their energy efficiency, reduce their GHG emissions, and/or increase their resiliency to climate change. Along with creating energy savings for consumers, such investments would make indoor environments healthier, and improve social equity if lower-income housing and populations are targeted, while also creating jobs and significantly reducing GHG emissions.

Investments to accelerate the electrification of transit and school buses would create jobs and cultivate new green technologies, while also reducing air pollution, health care costs and GHG emissions. Initiatives to foster zero emission cars would produce immediate health benefits as demonstrated by a 2020 study that found that the electrification of all cars and SUVs in the Greater Toronto and Hamilton Area alone could prevent 313 premature deaths and provide up to \$2.4 billion in social benefits each year while reducing GHGs by 7.6 Mt per year. <sup>xiv</sup>

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***About the Ontario Public Health Association:***

*OPHA is a member-based, not-for-profit charitable organization that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including influencing public policy, capacity building, research, and knowledge exchange. Our membership represents many disciplines from across multiple sectors. OPHA is also home to Nutrition Connections (formerly the Nutrition Resource Centre) which advances nutrition knowledge and collaboration.*