



Ontario Public Health Association

l'Association pour la santé publique de l'Ontario

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**OPHA's Pre-Budget
Presentation
to the Ontario Legislative
Standing Committee on
Finance and Economic
Affairs**

Wednesday,

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Peegen Walsh, Executive Director

Overview

Good afternoon. My name is Pegeen Walsh. I am Executive Director of the Ontario Public Health Association (OPHA), a member-based, non-profit charitable organization created over 73 years ago to champion preventative medicine.

We bring together groups and individuals from various backgrounds in public health, health care, academia, the non-profit and private sector. OPHA is their voice on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario.

For budget 2022, OPHA urges your committee to recommend investments in three areas:

- A provincial chronic-disease prevention and mental health promotion strategy
- A well-resourced public health sector
- Income supports and other measures to reduce growing health disparities

Investing in Chronic Disease Prevention and Mental Health Promotion to Increase Resiliency and Reduce Demands and Costs on the Health Care System

Benjamin Franklin coined the phrase “an ounce of prevention is worth a pound of cure.” By properly funding prevention now, we can keep people healthy and ward off higher costs down the road.

For more than a decade, OPHA and others, including Ontario's Auditor General in 2017, have urged provincial governments to invest in a chronic-disease prevention strategy. [1]. In 2019, the Standing Committee on Public Accounts concluded that the Ministry of Health “should implement a provincial strategy...on chronic disease prevention” and outlined what that should look like. [2].

Sadly, during this pandemic, we have seen that having various chronic diseases, such as cancer, heart disease, Type II diabetes, and obesity, have increased Ontarians' chances of severe illness, complications or even death from COVID-19.

Prior to the pandemic, chronic diseases were the leading cause of death and disability in Ontario and took a high economic toll on the health care system – some \$10.5 billion a year [3]. Those with such diseases were also more likely to develop a mental health condition. In turn, mental health conditions and

traumas can lead to chronic health conditions. The poorest among us were nearly twice as likely to have multiple chronic conditions.

Yet, chronic diseases are highly preventable. Strategies that target tobacco use, unhealthy eating, physical inactivity, alcohol misuse, mental health as well as income have the greatest potential for reducing these diseases.

A 2016 study reported \$4.9 billion in provincial health care costs savings due 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, there was an average \$6 in savings in the treatment of chronic disease within 10-20 years [5]. Health Quality Ontario has shown that increasing people's income can lower one's likelihood of disease and premature death. [6]

Just think of the benefits and costs savings if those investments had been made over a decade ago. Recent data from Statistics Canada and other sources have shown increases in risk factors for chronic diseases (e.g. unhealthy eating, food insecurity, alcohol consumption, mental health problems). [7]

Furthermore, certain groups within Ontario are being disproportionately affected, particularly Indigenous populations. Mortality rates for cancer, heart disease and COVID-19 were higher in lower-income neighbourhoods.

OPHA urges legislators to safeguard and increase investments in health promotion strategies and agencies which contribute to chronic disease prevention and mental health promotion. We have only to look to the example of Smoke Free Ontario, an annual \$47M investment, to see that these approaches work.

Such investments will also promote a healthier and more resilient population better equipped to weather future pandemics.

Protecting Public's Health Agency Budgets:

This leads to our second recommendation: the critical need to invest in a strong public health system and return to a 75-25 funding split between provincial and municipal governments.

Ontario's 34 health units serve as key guardians of our communities' health and prevention agents. Despite that, in 2018-19 the Ministry of Health's funding to these health units and health promotion strategies represented less than two percent of its total health care spending. [8]

What's worse, in Budget 2019, the province announced funding cuts to these health units and an increase to 30% of the funding share that municipalities were to provide. When COVID-19 arrived, Ontario was relying on the less than 2% of our health care system to prevent the spread of this deadly virus.

While we're all concerned about surgical backlogs, less well known are prevention services that have been put on hold by Ontario's health units due to lack of capacity. Our members are dismayed by being unable to offer their usual array of prevention programs for expectant and new parents, in oral health, student nutrition, sexual health, mental health, routine school immunizations (HepB/HPV), climate change and more. The Association of Local Public Health Agencies recently estimated that on average less than 30% of prevention services have been implemented during the pandemic. [9]

We ask you to ensure that funding for public health is not eroded, that the provincial share for public health returns to a 75% contribution and that strategic investments be made to support a prevention agenda.

As the Association from Municipalities of Ontario has stressed, "Municipal governments cannot be expected to make up for reductions in provincial funding... sustained, reliable funding to public health is more important now than ever." [10]

Reducing Health Inequities:

Sadly, there have been increasing disparities during this pandemic between those who were more likely to get infected, have more severe outcomes, get vaccinated, or be able to stay at home. COVID-19 has exacerbated pre-existing inequities in our communities which has had a ripple effect on us all.

People who have been living with poverty, inadequate housing and are racialized, have been disproportionately impacted by COVID-19. This is unfair and unjust.

More than 50% of our health is affected by factors beyond the health system, by the social determinants of health, including racism, and colonization. [11] Lower income, for example, is associated with more 'stressors' which can harm health and reduce opportunities for good health. So, investing in key areas such as guaranteed livable basic income, affordable housing, childcare and employment training and post-secondary education will promote health, save lives and reduce health care costs.

Conclusion:

What this committee recommends, and what the provincial government does, will go a long way to determining how many people will suffer from illness or will die, because of insufficient health promotion and disease prevention programs, and how many will enjoy healthy productive lives.

Thank you for considering our recommendations.

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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 @OPHA_Ontario