

Ontario Public Health Association (OPHA)
**2023 Ontario Pre-Budget Consultation: Recommendations to Support the Health
of Ontarians and Reduce the Burden on the Health Care System**

February 10, 2023

Submission to the Honourable Peter Bethlenfalvy, Minister of Finance

Introduction:

The Ontario Public Health Association (OPHA) is committed to helping ensure the health and future of all Ontarians by providing leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

Our recommendations:

As public health and community health professionals dedicated to the health and well-being of Ontarians, we are making the following recommendations that provide the government with cost-effective strategies to promote health and invest in prevention, thereby reducing the cost and system burden of healthcare over time.

1. Restore and strengthen the public health system and workforce to ensure that Ontarians can live healthier lives in healthier communities
2. Invest in chronic disease prevention to help Ontarians lead longer and healthier lives where they work and live, and in turn spend less time in healthcare settings as they age
3. Address the health impacts of climate change beginning with the bold step of revising the *More Homes Built Faster Act* to decrease the negative health impacts and associated costs to Ontarians

Recommendation #1:

Restore and strengthen the public health system and workforce to ensure that Ontarians can live healthier lives in healthier communities.

In 2019, the province introduced reductions in funding that resulted in staffing reductions into 2020, thereby weakening our public health and community health systems that promote health at local and regional levels. With the COVID-19 pandemic response, several areas of the public health program standards, particularly those pertaining to chronic disease prevention, well-being and school health standards, safe food and water quality, and several others were paused or reduced as the majority of local public health personnel (74%-78% of them in 2020 and 2021 respectively) were diverted to the COVID-19 response.¹ Even with current funding, the ability for public health units to meet deliverables across all standards was significantly challenged throughout the pandemic.¹

We recommend that the government restore the 75-25 cost-sharing between the province and municipalities and increase funding to the public health and community health systems to ensure that Ontarians can count on their public health and community health systems to create supportive and healthy communities for them to live. This will ensure the implementation of essential health promotion and protection activities including population health assessment, health equity, mental health and substance use, emergency management, chronic disease prevention, food safety, healthy environments, healthy growth and development, immunization, infectious communicable diseases prevention, and many more important functions these systems play.

The backbone of strong public health and community health systems is a robust and resilient workforce. Public health staff and management were at the forefront of the pandemic response – public health inspectors, nurses, health promoters, planners, nurses, dental professionals, dietitians, librarians and many others. This community-based workforce of professionals support, engage with, and shape the environments of Ontarians so they can live and work while enjoy healthful lives.

The demands of the pandemic response have had a significant impact on public health personnel, both personally and professionally. Health units were not sufficiently resourced to respond through each of the stages and waves of the pandemic and hiring of additional staff posed several challenges. The ability to recruit, hire and train new staff was limited and there were negative impacts on current staff, limiting their capacity.

We recommend that the government ensure funding for capacity building and workforce planning that supports the recruitment and retention of expertly qualified public health and community health professionals, while ensuring sustainable funding for surge capacity that supports resiliency of the public health workforce allowing for increased demands while maintaining program delivery across the standards.

We recommend that the government actively engage health professionals and leaders in public and community health to help shape effective, sustainable and accountable systems moving forward, to ensure that the lessons learned from the COVID-19 pandemic are incorporated, in preparation for future pandemics.

Recommendation #2:

Invest in chronic disease prevention to help Ontarians lead longer and healthier lives in healthier communities where they work and live, and in turn spending less time in healthcare settings as they age.

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 – close to \$10.5 billion a year.¹⁶ Chronic diseases are highly preventable, and this presents strong potential for quantifiable savings. Cost savings related to prevention efforts in the U.S. 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.¹⁷

Health care costs in Ontario associated with smoking, unhealthy eating, physical inactivity and excessive alcohol consumption decreased by 1.9% or \$4.9 billion from 2004 to 2013 according to a study led by Dr. Doug Manuel.

With less than 2% of Ontario's health care budget going towards prevention and a dwindling focus in the face of the COVID-19 pandemic, there is significant opportunity for improved health outcomes for Ontarians and cost savings within the health care system through investments in prevention.

We recommend that the government safeguard and increase investments in health promotion strategies and agencies which contribute to chronic disease prevention and mental health promotion, and develop a provincial chronic disease prevention strategy.

Recommendation #3:

Address the health impacts of climate change beginning with the bold step of revising the *More Homes Built Faster Act* to decrease the negative health impacts and associated costs to Ontarians.

Climate change is already impacting health in many ways, including direct impacts from trauma, fatalities, and displacement, as a result of extreme weather events like floods, storms, wildfires, and heat waves.⁷

Public health agencies have long recognized the connections between healthy environments and population health, and thus the importance of healthy public policy across all sectors to strengthen health protection and equity. This includes policies related to housing, the built and natural environment, land-use planning, climate-resiliency including mitigation and adaptation, and ecosystem protection. The changes proposed by the *More Homes Built Faster Act* to several pieces of provincial legislation may significantly harm population health and health equity, and is a step in the wrong direction in mitigating and adapting to climate change.

OPHA fully supports the need for Ontario to find more affordable housing opportunities for its residents and create healthy, equitable and climate resilient communities. At the same time, it is vital that these processes are undertaken in a manner that reduces the risk of inadvertent harms and inequities to the health and climate resiliency of communities.

We recommend that the government revise the *More Homes Built Faster Act* to decrease the costs and negative health impacts to Ontarians. OPHA's [submission to the Legislative Assembly of Ontario, Standing Committee on Heritage, Infrastructure and Cultural Policy \(November 16, 2022\)](#) details the public health, health equity, and climate-resiliency implications and recommendations for revisions.

Each year, around 15,300 premature deaths from heart diseases, strokes, lung cancer and chronic obstructive pulmonary disease in Canada are attributed to outdoor air pollution¹², with traffic pollution contributing to 2.7 million acute respiratory symptom days, 1.1 million restricted activity days and 210,000 asthma symptom days every year.⁸ Marginalized groups can be disproportionately impacted by greenhouse gas emissions as lower socio-economic status (SES) neighbourhoods are often located closer to major roadways with higher traffic pollution than higher SES neighbourhoods.^{9,10}

We recommend that the government invest in climate mitigation and climate adaptation measures that can improve public health, decrease health inequities and provide multiple social, environmental and economic co-benefits, such as compact and complete communities, public transit, infrastructure for active and sustainable transportation, and zero-emission vehicles to reduce emissions from transportation, as well as renewable energy among other measures.

Conclusion:

An aging population, insufficiently resourced public health system, growing burden of chronic diseases and climate change are evidence of the urgent need to invest in public health and community health strategies and systems, to increase Ontarians' resiliency against future health threats and reduce the demands on the health care system. These investments in community and public health will save lives, reduce health care costs, and help ensure that Ontarians will live healthier lives in healthier communities across our province.

More about OPHA:

OPHA is a member-based, not-for-profit association that has been advancing the public health agenda since 1949. We provide leadership on issues affecting the public's health and strengthen the impact of those who are active in public and community health throughout Ontario. We do this through a variety of means including advocacy, capacity building, research and knowledge exchange. 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.

References

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