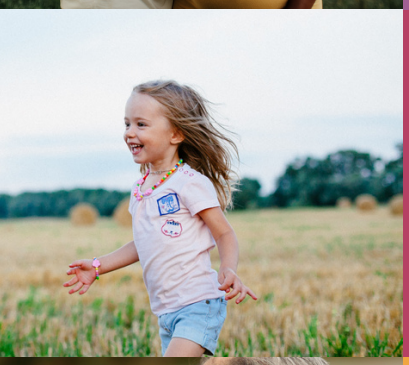

Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

2022-23 ADVOCACY PRIORITIES

Let's strengthen and rebuild our community and public health systems for the health and well-being of all Ontarians.

We've been experiencing the worst public health crisis in more than a century, impacting the lives, health, and well-being of our population. We have also seen an erosion in the public's trust of health advice from credible sources such as local public health agencies and governments.

As community and public health professionals dedicated to the health and well-being of Ontarians, we will raise with the Ontario government the need for increased investments in the public health system that protects and promotes the health of our communities, supports the resiliency of the public health and community health workforce, builds trust in credible sources of science-based public health advice, and enables the autonomy and ability for public health leaders to address local and regional needs.

We also aim to work with the Ontario government to commit to and develop policies and strategies that prevent chronic disease, advance racial and health equity and address climate change and its impacts on health and well-being.

OPHA'S 2022-23 ADVOCACY PRIORITIES

1

Strengthen public health and community health by increasing and sustaining funding, while enabling local and regional autonomy

- Increase and sustain funding to public health units and community health systems
- Commit to supporting and enabling public health units and their leadership to exercise independence and autonomy
- Engage public health professionals at all levels & ensure their perspectives are represented

2

Restore and strengthen the public health workforce

- Ensure funding for capacity building and workforce planning
- Ensure funding for surge capacity
- Begin collaborative federal, provincial & territorial public health human resources planning
- Heed Ontario Medical Association recommendations around learnings from past outbreaks

3

Re-establish the public's confidence in credible sources of public health advice

- Employ strategies that enhance trust of public health when designing interventions
- Commit to supporting public health messaging that is coordinated and consistent with public health authorities in Ontario
- Communicate with increased transparency and accountability

4

Advance racial and health equity

- Commit to the safe collection and use of socio-demographic and race-based data
- Commit to OPHA's recommendations in their Position Statement and Resolution on Anti-Racism

5

Take bold actions to address climate change

- Reduce emissions from transportation through strategic investments
- Invest in building retrofits to reduce greenhouse gas emissions & improve indoor air quality
- Invest in renewable energy
- Integrate public health considerations and health equity into all climate change decisions
- Address the need for more data on climate risks and inequities

6

Develop and implement a comprehensive chronic disease prevention strategy

- Safeguard and increase investments in health promotion strategies
- Develop a chronic disease prevention council
- Develop a provincial chronic disease prevention strategy

Learn more at opha.on.ca, or email admin@opha.on.ca
Ontario Public Health Association I Oct 2022

OPHA
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STRENGTHEN COMMUNITY AND PUBLIC HEALTH BY INCREASING AND SUSTAINING FUNDING, WHILE ENABLING LOCAL AND REGIONAL AUTONOMY

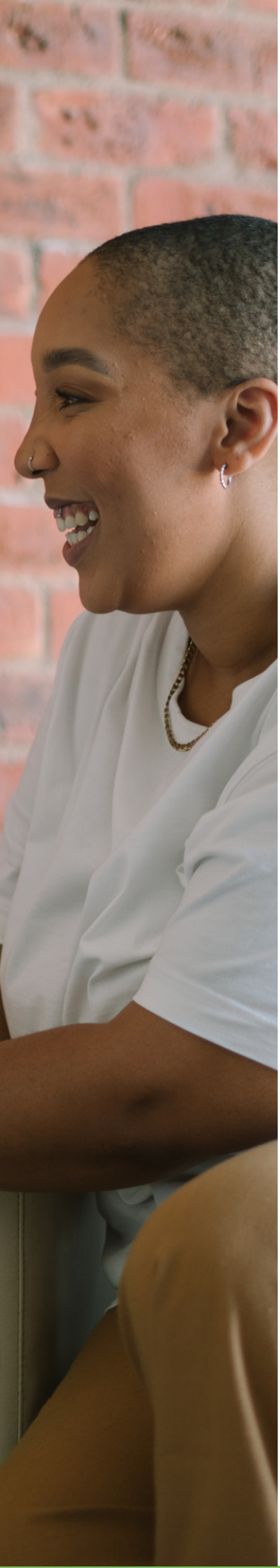
In 2019, the province introduced an aggressive modernization plan for public health, which included changes to the provincial cost-sharing formula. These changes placed additional financial burdens on municipalities with many Ontario health units beginning to implement or needing to consider staffing reductions in 2019-2020.

The effects of widespread reductions in public health resources would have been catastrophic in the face of the emerging pandemic. Even with current funding, the ability for public health units to meet deliverables across all standards was significantly challenged throughout the pandemic. (1)

While COVID-19 pandemic response efforts will eventually wind down, we urge the government to commit to a robust, sustainable, and locally driven public health system, in which we are adequately equipped to deal with urgent issues including pandemics and impacts of climate change.

CALLS TO ACTION

- Increase and sustain funding to public health units and community health systems to ensure implementation of essential health promotion and protection activities including population health assessment, health equity, emergency management, chronic disease prevention, food safety, healthy environments, healthy growth and development, immunization, infectious communicable diseases prevention and control, oral health, safe water, school health, and substance misuse prevention
- Commit to supporting and enabling public health units and their leadership to exercise independence and autonomy to address the risks, needs and conditions impacting the health of Ontarians at local and regional levels
- Engage public health professionals at all levels and ensure their perspectives are represented in post pandemic planning, to address lessons learned



RESTORE AND STRENGTHEN THE PUBLIC HEALTH WORKFORCE

Public health staff and management were at the forefront of the pandemic response. They displayed agility to meet changing directives, worked tirelessly over long hours to meet growing demands, and faced unpredictable situations as well as risks of infection for themselves and their loved ones.

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.

During the COVID-19 pandemic, several areas of the program standards, particularly those pertaining to chronic disease prevention, well-being and school health standards, were paused or reduced as the majority of local public health personnel (74% on average in 2020 and 78% on average in 2021) were diverted to the COVID-19 response. (1)

Funding and workforce planning is needed to ensure a resilient public health sector that can continue to meet growing demands that future pandemics may present and protect the important work mandated by the public health standards in the face of emergent priorities. This includes adequate resourcing for a thriving public health workforce with specialized areas of expertise and competency, dedicated staff focused on core public health standards, and opportunities for professional growth and development.

CALLS TO ACTION

- Ensure funding for capacity building and workforce planning that supports the recruitment and retention of expertly qualified public health professionals
- Ensure funding for surge capacity that supports resiliency of the public health workforce allowing for increased demands while maintaining program delivery across the standards
- Begin the process of collaborative federal, provincial and territorial public health human resources planning, as described in Building the Public Health Workforce for the 21st Century: a Pan-Canadian Framework For Public Health Human Resources Planning
- Respond to recommendations by the Ontario Medical Association around learnings from past outbreaks that emphasizes the critical role of the medical officer of health and ensures enforcement of legislation stipulating that only properly credentialed and qualified individuals hold this office

RE-ESTABLISH THE PUBLIC'S CONFIDENCE IN CREDIBLE SOURCES OF PUBLIC HEALTH ADVICE

The pandemic created unprecedented challenges for community and public health professionals whose role (in part) was to communicate public health messages to promote compliance with protective measures aimed at helping reduce the spread of infection. However, due to the unexpected duration of the pandemic, conflicting medical guidance, backtracking of guidelines and mixed messages, the publics' trust in these messages (and the messengers) has wavered.

Public trust during the COVID-19 pandemic was positively associated with the compliance of the general public to adopt personal protective measures. (2) More importantly, professional trust (defined as the willingness of a person to rely on the skills and abilities of experts) was seen as having a significant role in promoting policy compliance as the public strongly needed to know how to accurately protect themselves from trusted sources. (2)

Trust in public health messaging cannot be understated as it lays the foundation for the adoption of behaviours that promote the health and well-being of individuals and communities. Trust in public health messaging leads to lower rates of communicable and non-communicable diseases, fewer injuries and other negative mental, physical and social consequences.

Importantly, trust in public health professionals (and messaging) can be rehabilitated through accountability, transparency, and proper communication from trusted sources. (3)

CALLS TO ACTION

- Employ strategies that enhance trust of public health professionals when designing interventions for preventable diseases
- Commit to supporting public health messaging that is coordinated and consistent with public health authorities in Ontario
- Communicate with increased transparency and accountability. People trust leaders who are candid when something goes wrong, who admit not having all the answers, and who respect people enough to tell them what they need to hear, not what they want to hear.

ADVANCE RACIAL AND HEALTH EQUITY

Canada remains a nation where a person's colour, religion, culture or ethnic origin are determinants of health that result in inequities in social inclusion, economic outcomes, personal health, as well as access to and quality of health and social services. (4) Government and non-governmental systems impose barriers on those in need which limits their ability to obtain the services and benefits that are more easily available to most Canadians. (4) Steps must be taken to eliminate these systemic barriers, at national and provincial levels.

According to Public Health Ontario during the second wave of the pandemic, cases from neighbourhoods in Ontario with the highest rates of ethnic diversity were four times more likely to be hospitalized, four times more likely to be admitted to an intensive care unit and two times more likely to experience a fatal outcome from COVID-19 compared to Ontario's least diverse neighbourhoods. (5)

Poverty and low income are leading contributors to poor health outcomes, underscored by social injustice, inequity and disempowerment. Poor health and well-being are symptoms of an inequitable society and while integrating the social determinants in health promotion has been a challenge, it is important to persevere as this is a crucial step towards dealing with the "causes of the causes". (6) There is an urgency to act to map out how health promotion will contribute to addressing poverty in society.

CALLS TO ACTION

- Commit to the safe collection and use of socio-demographic and race-based data to understand fully who is facing disproportionately negative health outcomes, so that appropriate actions can be taken in collaboration with impacted communities
- Commit to the following recommendations in OPHA's Position Statement and Resolution on Anti-Racism:
  - Apply a racial equity and Indigenous equity lens across all public health projects and programs, not only for those that explicitly tackle anti-racism and anti-Indigenous racism, and to continue to promote and support the use of an anti-racism and anti-Indigenous racism lens in other parts of the health system
  - Increase funding, resources, and fair compensation for anti-racism and anti-Indigenous racism work in public health, including job positions, committees, and anti-racism/anti-Indigenous racism/anti-oppression training
  - Develop capacity to translate and apply anti-racism and anti-Indigenous racism research/knowledge gathering activities in ways that will improve the health of racialized and Indigenous people
  - Advocate and build capacity for an intersectional approach to health equity
  - Implement equitable hiring practices, foster culturally safe workplaces, and create diverse staff teams that reflect the communities they serve

ADDRESS THE HEALTH IMPACTS OF CLIMATE CHANGE

A healthy planet is critical for people to be healthy. 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) Climate change will continue to affect everyone in Ontario, but those already experiencing inequities will be disproportionately impacted.

Now is the time to 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. For example, the transportation sector is the second leading source of climate emissions in Canada (8) and an area of opportunity for significant health benefits.

Actions to reduce emissions in the transportation sector has both climate and health co-benefits by reducing greenhouse gas emissions and by reducing exposure to traffic-related air pollution – and by reducing inequities. 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 pollution (9), 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)

Responses require investments that integrate planetary, societal, community and individual health and well-being, as well as changes in social structures to support people to take control of their lives and health. Fundamental redirection of societal values and action consistent with the 2030 Agenda for Sustainable Development are required. (11)

CALLS TO ACTION

- Reduce emissions from transportation by investing in compact and complete communities, public transit, infrastructure for active and sustainable transportation, and zero-emission vehicles
- Invest in building retrofits as an area of opportunity that can achieve greenhouse gas reductions and improve indoor air quality while also holding the potential for job creation and energy equity
- Invest in renewable energy
- Integrate public health considerations and health equity into all climate change policies, programs and planning
- Address the need for more data on climate risks and inequities to better communicate risk and raise awareness of the urgent need for climate action and protect those most at risk

DEVELOP AND IMPLEMENT A COMPREHENSIVE CHRONIC DISEASE PREVENTION STRATEGY

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. (12) 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. (13)

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, the Institute for Clinical Evaluative Sciences (ICES), largely due to Ontario's comprehensive tobacco control strategy. (14) Dr. Manuel concluded that further savings could be achieved through investing in additional prevention strategies that target tobacco use, unhealthy eating, physical inactivity, alcohol misuse, mental health and reducing social inequities.

OPHA and others, including Ontario's auditor general in 2017, have urged provincial governments to invest in a chronic disease prevention strategy. (15) 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. (16)

OPHA was founded in 1949 by health proponents who wanted to see an increased emphasis on preventative medicine. To this day, the need for increased focus on prevention is largely unmet. 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 societal outcomes and cost savings within the health care system through investments in prevention.

CALLS TO ACTION

- Safeguard and increase investments in health promotion strategies and agencies which contribute to chronic disease prevention and mental health promotion
- Develop a chronic disease prevention council
- Develop a provincial chronic disease prevention strategy

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