



INFORMATION REPORT

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: June 18, 2012	
SUBJECT/REPORT NO: Chief Medical Officer of Health 2010 Annual Report (BOH12011) (City Wide)	
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Council Direction: N/A

Information:

The intent of this report is to:

Provide a high-level summary of the 2010 CMOH Report on Healthy Public Policy and its relevance to improving health and preventing chronic disease in the City of Hamilton.

Summary:

Although most conversations about health tend to focus on health care and access to services, the Chief Medical Officer of Health of Ontario (CMOH) suggests there is much more to health than health care services. Access to services is only one factor contributing to health and well-being. Hamiltonians' health is more strongly influenced by social and economic conditions (e.g., income, education, employment/working conditions, and healthy child development)¹ and behavioural risk factors (physical inactivity, unhealthy eating, tobacco use and exposure, and alcohol consumption).² Consequently, the solutions to many health problems lie outside of the traditional health care system. The CMOH highlights one important solution: healthy public policy, with its two main goals of preventing illness and injury, and reducing health inequities.¹

There is a significant opportunity to improve people's health in Hamilton through healthy public policy at the local level that addresses the structural and environmental threats to

health, including the social determinants of health.³ Although 75% of factors that determine health are related to socio-economic factors, only 20% of health care spending in Canada is related to these socio-economic factors.¹ Healthy public policy promotes societal productivity and has positive long-term economic impacts on the community.⁴ It also creates the conditions where people can choose healthy behaviours and thereby prevent chronic diseases such as cancer and heart disease.

Council, together with Public Health Services' (PHS) and City staff, are making progress in developing healthy public policies that promote the health of individuals and our community as a whole. Recent examples include the Smoke-free Parks and Recreation Properties By-law, the Baby Friendly Initiative, as well as the Transit Oriented Development Guidelines and Housing and Homeless Action Plan. Further progress will be made through several initiatives that are part of the 2012-15 Council Strategic Plan.

Setting targets and public accountability is also an important component of healthy public policy. It is essential to set clear goals and targets for improvement, including issues of public health relevance, such as tobacco use, physical inactivity, and alcohol consumption. Effective policy initiatives also include determining more broadly the most relevant health indicators for our community, setting goals and monitoring progress on improvement, as well as fostering collaboration across sectors and City Departments.¹

Background:

Dr. Arlene King, Ontario's CMOH, provided her 2010 Annual Report to the Legislative Assembly of Ontario in December 2011. This report highlights the importance of shifting the focus to health promotion and prevention as opposed to health care. Dr. King indicates that municipalities, including local Boards of Health, have a critical role to play in preventing illness and disease, particularly through the development of healthy public policy.

Factors Influencing Health

A wide variety of factors impact the health and level of chronic disease among individuals, families, and neighbourhoods in Hamilton. Chronic diseases account for 79% of deaths in Ontario and are the leading cause of death in the province.² However, chronic diseases are largely preventable by modifying the following risk factors: tobacco use and exposure, alcohol consumption, unhealthy eating, and physical inactivity.² In 2010, approximately 19% of Hamilton residents 12 years of age and older report that they smoke cigarettes either daily or occasionally.⁵ According to surveys, 22% of Ontario adult respondents exceeded Low Risk Drinking Guidelines⁶ with 35% of Hamilton residents reporting binge drinking in the past 12 months.⁷ About half of Ontarians 12 years and older are inactive during their leisure time and more than half do not consume enough fruits and vegetables.²

In addition to behavioural risk factors, persistent health inequities put some individuals, families, and neighbourhoods at greater risk of illness and disease, including chronic diseases.² The following determinants are understood to be the most influential determinants of health: income and social status; education and literacy; employment/working conditions; and healthy child development.¹ Access to health services has been identified as a determinant of health by the Public Health Agency of Canada but has less of an impact on health than other social determinants.¹ There is a significant opportunity to prevent chronic diseases in Hamilton by addressing behavioural risk factors along with persistent health inequities and the social determinants of health mentioned above. Healthy public policy creates the environment that makes it possible to successfully implement other health promotion strategies (e.g., create supportive environments, develop personal skills, strengthen community action, re-orient health services).⁴

What is Healthy Public Policy?

According to the World Health Organization, healthy public policy “combines diverse but complementary approaches including legislation, fiscal measures, taxation, and organizational change. It is coordinated action that leads to health, income, and social policies that foster greater equity.”⁸ The main goals are prevention of illness and injuries, and reducing health inequities.¹ Healthy public policy has an important role in addressing the social determinants of health and behavioural risk factors that lead to chronic disease.

Healthy public policy, as opposed to health policy, is concerned with the role of government and the public sector in creating supportive economic, social, and physical environments for health.³ Cooperation and collaboration between health and other sectors of government is a key component of healthy public policy because the causes of poor health often lie outside the health sector.³

The development of healthy public policy is just as important at the local level as it is at the national and provincial levels.⁴ Hamilton’s Board of Health together with Public Health Services’ (PHS) staff have been making strides in developing healthy public policies over the past few years.

Opportunities for Healthy Public Policy in Hamilton

The Board of Health has adopted several healthy public policies that are currently being implemented. For example:

- 1) *Prohibiting Smoking Within City Parks and Recreation Properties Bylaw #11-080*: This recently enacted bylaw will contribute to the improved health of residents and thereby the wider community in the following ways: protecting the public from second-hand smoke; promoting healthy lifestyles; reducing cigarette butt litter and

its associated harmful effects; positive role-modeling for children and youth; and encouraging people to quit smoking.

- 2) *Mandatory Food Handler Certification By-law*: All high and medium risk food premises in Hamilton are required to have a certified food handler working in a supervisory capacity during all hours. Research shows that food premises with trained staff are better at complying with safe food handling and sanitation practices, reducing the risk of food-borne illness in the community.
- 3) *Baby Friendly Initiative*: This evidence-based global program improves breastfeeding outcomes for mothers and babies by implementing practices that protect, promote, and support breastfeeding. Breastfeeding has a mediating effect on the determinants of health and reduces health inequities. The City Senior Management Team and Board of Health have supported PHS in pursuing this designation on behalf of the City of Hamilton.

Healthy public policies have also been developed by other city departments. For example:

- 1) *Transit Oriented Development Guidelines and City Wide Corridor Planning Guidelines*: These guidelines, along with other recent planning reports, provide direction to promote more compact, walkable, and pedestrian-oriented communities.
- 2) *Closed Landfill Monitoring*: Monitoring programs are in place to prevent potentially toxic liquids (leachate), explosive gases etc. from entering the natural environment or private property, thereby protecting human health.
- 3) *Housing and Homeless Action Plan*: The Action Plan addresses homelessness and works to increase access to affordable housing for low and moderate income households. It is a ten year plan with strategies designed to help ensure everyone in Hamilton has a home.

There remain further opportunities to build on these successes and continue to develop healthy public policies within PHS and other City departments that will both promote and protect the health of Hamilton residents. Some of these opportunities have been included in Council's 2012-15 Strategic Plan, including the development of neighbourhood plans, development of a plan to prevent childhood obesity, and development of a land acquisition strategy to increase parkland. Setting targets within each of these will help to further strengthen these policy approaches, for example a reduction of childhood obesity by 20%.

The Importance of Healthy Public Policy

Healthy public policy can be viewed as a mechanism for addressing structural and environmental threats to health including the determinants of health. Policies can both protect health and help individuals to make healthy choices by removing barriers so they can take action to improve their health.³

There are long-term economic benefits of moving forward with healthy public policy initiatives in the short-term.⁴ When policies address social justice and access issues, they raise overall societal productivity both socially and economically.⁴ In Ontario, poverty costs approximately \$32 billion to \$38 billion per year.⁹ Although much of this cost is borne by the lowest income households, for each Ontario household the cost of poverty is about \$2300 a year.⁹ Addressing the inequalities between socially and educationally disadvantaged people and more advantaged people has positive economic impacts on the entire population since the health of individuals is very closely linked with the health of neighbourhoods and the larger community.¹⁰

The large and ever increasing burden of chronic disease has tremendous costs on the health care system. Today, health care accounts for 42% of provincial spending. If healthy public policy approaches are not taken, health spending would grow to 70% of the provincial budget by 2024, not to mention the continued toll of ill health and early deaths.¹¹ As well, when individuals are ill, they, along with their families and caregivers, may place additional pressures on businesses and the local economy through a loss in productivity. Since most chronic diseases are preventable, it follows that increased spending on the social determinants of health, along with health promotion and prevention will save money in the future. A wide variety of health promotion interventions, including public policy, have been proven to be cost-effective.¹¹ Using healthy public policy to address the social determinants of health and root causes of poverty as well as behavioural risk factors (i.e., tobacco, alcohol consumption, unhealthy eating, and physical inactivity) can have a significant impact on the health, productivity, and prosperity of Hamiltonians.

Next Steps

The CMOH recommends a variety of strategies for moving forward with healthy public policy that apply to both the province and municipalities. In Hamilton, there remain opportunities to continue to ensure policies are based on research, evidence, and evaluations. Further, effective policy approaches need to involve setting clear goals and targets for issues of public health importance, including tobacco use, physical inactivity, obesity, and alcohol consumption, as well as determining and monitoring relevant health indicators, and fostering collaboration across sectors and departments.¹

Public accountability is an important component of healthy public policy. “Governments and all other controllers of resources are ultimately accountable to their people for the health consequences of their policies, or lack of policies.”⁴ As an initial step, the Board of Health entered into an Accountability Agreement with the Province that sets targets for selected health issues. Further indicator development will continue in the areas of chronic disease and family health. Developing healthy public policies, especially related to the four behavioural risk factors mentioned above would contribute towards meeting the accountability agreement performance indicator targets for 2013 and beyond.

Collaboration between City departments and across a variety of sectors, including health, education, transportation, community design, food and agriculture, and housing and social services will be key to bringing about change.¹⁰

References:

¹ King, A. (2011). *Health, not health care – changing the conversation. 2010 annual report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario*. Toronto, ON: Queen's Printer for Ontario.

² Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario) (2012). *Taking action to prevent chronic disease: Recommendations for a healthier Ontario*. Toronto, ON: Queen's Printer for Ontario.

³ Green, J., & Tones, K. (2010). *Health promotion: Planning and strategies* (2nd ed.). London: SAGE Publications.

⁴ World Health Organization (1988). *Adelaide recommendations on healthy public policy*. Retrieved from <http://www.who.int/healthpromotion/conferences/previous/adelaide/en/index1.html>

⁵ Ontario Tobacco Research Unit (2011). *Smoke-free Ontario strategy evaluation report*. Retrieved from <http://www.otru.org/pdf/mr2011/Strategy%20Evaluation%20Report%202011.pdf>

⁶ Ialomiteanu, A. R., Adlaf, E. M., Mann, R. E., & Rehm, J. (2011). *CAMH Monitor eReport: Addiction and mental health indicators among Ontario adults, 1977 – 2009*. Toronto, ON: Centre for Addiction and Mental Health.

⁷ Shubair, M., & Edgar, K. (2007). *Epidemiological needs assessment report for the tier one – service delivery model within the Healthy Living Division's SAVIP and School Programs*. Hamilton, ON: Applied Research and Evaluation Branch, City of Hamilton.

⁸ World Health Organization (1986). *Ottawa charter for health promotion*. Retrieved from http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

⁹ Laurie, N. (2008). *The cost of poverty: An analysis of the economic cost of poverty in Ontario*. Toronto, ON: Ontario Association of Food Banks.

¹⁰ Koh, H. K., Piotrowski, J. J., Kumanyika, S., & Fielding, J. E. (2011). *Healthy people: A 2020 vision for the social determinants approach*. *Health Education & Behavior*, 38(6), 551 – 557.

¹¹ Ministry of Health & Long Term Care (2012). *Ontario's Action Plan For Health Care*. Retrieved from http://health.gov.on.ca/en/ms/ecfa/healthy_change/