



MEMORANDUM

TO: Board of Health Members, Dr. Kieran Moore, MOH

FROM: Susan Stewart, Director, Chronic Disease & Injury Prevention Division
Kris Millan, Director, Family Health Division

DATE: May 22, 2019

SUBJECT: Health Promotion as a Core Function of Public Health

There has been a recent flurry of media attention on public health in Ontario in response to announced changes to the public health system including decreased funding, a change in how public health units are funded, and the transition of 35 public health units to ten regional public health entities. In this media maelstrom, there has been recognition of the importance of public health and the programs and services it provides; however, the current media rhetoric regarding the benefits of public health is almost exclusively focused on the health protection and disease prevention mandates of public health agencies (e.g., preventing and mitigating infectious diseases such as measles and SARS). While these are critical aspects of the work public health provides to our communities, the Provincial Government has been silent on the importance of health promotion as a core function of public health. Furthermore, when health promotion work is mentioned, the Government of Ontario has noted that the Ministry of Health and Long-Term Care will assume centralized lifestyle messages or has noted that the work (e.g., a study of energy drinks or bike lanes) is not where public health should invest its resources. This is worrisome.

Health promotion is more than just crafting messages and making posters. It is the methodical and scientific application of a comprehensive approach to address health issues. Components of health promotion include strengthening community action, developing personal skills, creating supportive environments, building healthy public policy, and re-orienting the health care system.¹ Health promotion, when used with fidelity, has demonstrated success. Tobacco is a great example of a health promotion success story. While most people would agree that the policy and taxation levers used by the federal and provincial governments are responsible for the dramatic and sustained drop in smoking rates, it is the work of health promotion that enabled those tools to be created and enacted. It was through successful knowledge translation activities informing the general public of the evidence that smoking causes lung cancer, the evaluation of prevention and cessation programs, and community action and advocacy from non-smokers—all the result of health promotion—that put tobacco on the public's agenda.² Once tobacco was on the public's agenda, and recognized as a health hazard, policies were implemented, and continue to be implemented to this day, to protect the public from the harms of tobacco use. Clearly, health promotion is an effective tool to improve the health of the population.

Furthermore, effective health promotion is needed now more than ever as communities across Ontario grapple with the epidemic of chronic diseases. In Ontario, chronic diseases are the leading cause of disability and death and account for nearly 80% of all deaths.^{3,4} With a rapidly aging population, the prevalence of chronic diseases is expected to rise along with a significant associated financial toll on the provincial health care budget. Health care costs in Ontario are projected to account for 70 percent of the provincial budget by 2022 and 80 percent by 2030,^{4,5} making the prevention of chronic diseases a health and financial priority.

Medical Officers of Health -- highly trained and trusted professionals with the expertise to address health threats in their communities -- are well-positioned to determine effective strategies to address common risk factors for chronic disease (i.e., tobacco use, alcohol use, unhealthy eating and physical inactivity) and other factors that impact health such as early childhood development, mental health and the social determinants of health. Medical Officers of Health must be afforded the full slate of public health tools to protect and promote the health of their communities.

Health protection, disease prevention and health promotion are equally important and core functions of public health. Having a well-resourced public health system with the tools required to address both acute and chronic health threats is the best chance that Ontario has to make our health care system sustainable, to end hallway medicine, and to protect what matters most – health.

Recommendation:

THAT the KFL&A Board of Health strongly urge the Government of Ontario to maintain the current health promotion mandate of local public health units;

THAT the KFL&A Board of Health ask the Government of Ontario to consult with Medical Officers of Health across Ontario should they consider any changes to the health promotion mandate and/or functions of local public health units or future public health entities;

AND FURTHER THAT correspondence be sent to:

- 1) Honourable Christine Elliot, Provincial Minister of Health and Long-term Care, Deputy Premier
- 2) Honourable Doug Ford, Premier of Ontario
- 3) Ian Arthur, MPP Kingston and the Islands
- 4) Randy Hillier, MPP Lanark-Frontenac-Kingston
- 5) Daryl Kramp, MPP Hastings-Lennox and Addington
- 6) Loretta Ryan, Association of Local Public Health Agencies
- 7) Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-term Care
- 8) Dr. Chris Mackie, Chair, Council of Medical Officers of Ontario
- 9) Susan Stewart, Chair, Ontario Chronic Disease Prevention Managers in Public Health
- 10) Ontario Boards of Health
- 11) Monika Turner, Director of Policy, Association of Municipalities of Ontario

-
- ¹ World Health Organization. (1986). Ottawa Charter for Health Promotion: First International Conference on Health Promotion, Ottawa, 21 November 1986
https://www.healthpromotion.org.au/images/ottawa_charter_hp.pdf. Accessed May 9, 2019.
 - ² Centre for Disease Control. (1999). Achievements in Public Health, 1900-1999: Tobacco Use – United States, 1900-1999. *Morbidity and Mortality Weekly*, 48(43): 986-993.
 - ³ Cancer Care Ontario. Chronic Disease Prevention Strategy 2015-2020:
<https://www.ccohealth.ca/sites/CCOHealth/files/assets/ChronicDiseasePreventionStrategy.pdf>. Accessed May 9, 2019.
 - ⁴ Ontario Chronic Disease prevention Alliance (2018). Prevention matters: Why Ontario needs a chronic disease prevention strategy. Toronto, ON: OCDPA.
<https://www.ocdpa.ca/sites/default/files/Prevention%20Matters%20May%2022%202018.pdf>. Accessed May 9, 2019.
 - ⁵ Zegarac G. Food and Health – Advancing the Policy Agenda. 2010.
https://www.ivey.uwo.ca/cmsmedia/202508/food_and_health_finalreport.pdf Accessed May 9, 2019.