



White Paper on  
the Value of

*Local* **Health  
Promotion**

in Ontario

September 2023

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ONTARIO



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# Acknowledgements

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Health Promotion Ontario (HPO) is the united voice of professionals who practice health promotion across Ontario. HPO seeks to advance the critical importance of health promotion and its practice. Members of HPO work in a variety of settings across Ontario including public health units, community health centres, non-profit organizations, and NGOs. While the membership of HPO is broad, this paper focuses on those who work in health promotion in local public health units across Ontario.

# Executive Summary

This White Paper demonstrates the value of a strong investment in local health promotion, delivered by Ontario public health units (PHUs), and how maintaining the breadth and scope of health promotion work outlined in the Ontario Public Health Standards can be an effective strategy in addressing Ontario's healthcare crisis. Not only does health promotion yield significant returns on investment, but it is also the most viable strategy for ensuring resilience and preparedness for future pandemics and emergencies.

- Ontario is currently facing competing crises, including a healthcare crisis, an opioid epidemic, and crises related to mental health, homelessness, and climate change.
- Health promotion, a core pillar of effective public health action (1), prevents disease, injury, and poor health outcomes by addressing the factors that shape health, healthy communities, and healthy populations. It is a cost-effective, evidence-driven strategy that helps to mitigate these and other crises.
- Health promotion offers returns on investment in both the short- and long-term through the prevention of disease, injury, and poor health outcomes (2–38). A recent systematic review of 52 studies found that local level health promotion interventions have a return on investment of 4:1, while larger-scale, upstream interventions at a national level yield even larger returns (2).
- Health promotion provides value to the healthcare system, as it reduces the burden of disease and injury for which people need treatment. As such, health promotion efforts help minimize hospital overcrowding and patient wait times, and end hallway healthcare in Ontario (39). It also improves the health of populations, reduces health inequities, and strengthens local readiness for future threats.
- The sustained pause in health promotion work due to COVID-19 (such as programming related to healthy eating, physical activity, oral health, mental health, and substance use) has and will continue to have a significant and measurable effect on the health of Ontarians in the years to come, including reduced quality and quantity of life and increased healthcare costs (40). This impact must be remediated, as any delays in addressing this work will magnify poor health outcomes and inequities.
- Health promotion is a multi-faceted approach that is used *locally* to support healthy behaviours and healthy communities through:
  - building healthy public policies,
  - creating supportive environments,
  - strengthening community action,
  - developing personal skills,
  - and reorienting health services (for a health system that not only treats illness but also enhances health).
- Local initiatives are developed with an understanding of the local population and context. Health promotion efforts also forge strong links with the social service system. Given that most of what determines people's health is outside of the healthcare system, these partnerships are critical to keeping people healthy. Furthermore, these bridges to sectors outside of health allow for the application of a health equity lens to best support the populations most at risk for poor health outcomes.





## Background and Issue

Local public health plays a critical role within the healthcare system. Public health interventions are successful at preventing and mitigating poor health outcomes. However, prevention is often invisible, as people cannot see what did not take place, such as deaths due to second-hand smoke exposure. It is only when emergencies such as SARS and COVID-19 occur that the critical role of public health units (PHUs) in protecting the health of populations is made apparent. Notably, responses to such events are dominated by the disease prevention and health protection functions of public health; however, health promotion can be leveraged to enhance responses to emergencies and other crises, in addition to strengthening local resilience to future threats.

Concentrating public health investment in disease prevention and health protection initiatives at the expense of health promotion can worsen health inequities and increase the burden of disease and poor health on an already overloaded healthcare system, as demonstrated during the COVID-19 pandemic. Throughout the pandemic, poor health and health inequities worsened. This means that certain groups of people, defined either by their social, economic, or geographic circumstances experienced different health outcomes. In Ontario, the highest case counts of COVID-19 infections throughout the first three waves were reported in neighbourhoods with the highest material deprivation (41). Those living in these neighbourhoods were also 2.7 times more likely to be hospitalized or admitted to the ICU, and 2.9 times more likely to die from the disease (41). Additionally, Ontario's opioid-related deaths increased 79% between February 2020 and December 2020, more than doubling among people experiencing homelessness (42). Throughout the pandemic, food insecurity also increased, especially among low-income households and households with children (43). There was also a deterioration in physical activity levels and mental health, and an increase in sedentary behaviour (44–49). Such outcomes highlight the toll that the pandemic had on the health of Ontarians, above and beyond COVID-19 itself.



During COVID-19, many of the Ontario Public Health Standards (OPHS) with a focus on health promotion had a much lower completion rate by local PHUs compared to Standards that focus on infectious and communicable disease prevention and health protection (40). Emerging from the COVID-19 pandemic, this sustained pause in health promotion work has had both significant and measurable effects on the health of Ontarians, as programming related to areas such as healthy eating and physical activity, oral health, mental health, and substance use were deferred (40). Any further delays in addressing this work will magnify poor health outcomes and inequities, including reduced quality and quantity of life and increased healthcare costs (40). As the province is facing a healthcare crisis due to overcrowding and understaffing, the magnification of negative health outcomes due to paused health promotion work could further exacerbate the issues facing our healthcare system now and into the future. That is why health promotion is so critically important. It is proven to offer significant benefits and cost-savings for the government (2), with increased returns on investment and population health benefits for local community-based initiatives. Benefits only increase as health promotion work is scaled up (e.g., provincially, or nationally) (2).

It is also important to note that Ontario is not only facing a healthcare crisis, but multiple competing crises. The province must also address the ongoing opioid epidemic, and crises related to mental health, homelessness, and climate change. We know that local populations have better outcomes during crises when they start from a place of good health and favourable social conditions. This has been identified as one of the key pillars of public health preparedness highlighted in the most recent annual report from the Chief Medical Officer of Health (50).



As most of our health is determined by factors outside of the healthcare system, it is critical to work with other sectors such as education and social services. Health promotion personnel within public health are uniquely positioned to work with these partners to reduce health inequities, improve health outcomes, and build local resilience (50). Such work is instrumental in addressing the complex issues the province currently faces, while better supporting populations to respond and adapt to emergencies in the future.

# Value of Health Promotion

## Upstream versus Downstream Prevention

Opportunities for prevention range from upstream to downstream, where upstream approaches address the root causes of disease and mortality, while downstream approaches address early detection of disease and disease management. Health promotion is an upstream approach and aims to prevent people from acquiring a disease or significantly delaying its onset (e.g., preventing the development of type 2 diabetes by improving physical activity and healthy eating among children and adolescents) (51). This can result in fewer people developing a disease and therefore lower healthcare utilization, especially among traditionally high-cost healthcare users (52). Additionally, upstream prevention reduces vulnerabilities and increases the resilience of populations and individuals when they face emergencies and crises, creating multi-generational impacts through the reduction of experiences such as childhood trauma, and averting lifelong impacts through the prevention of risk-taking behaviours. Please see Box 1 for an illustrative example of downstream versus upstream prevention.

### Box 1. Downstream to Upstream Prevention

Prevention Focus	Type of Prevention	Population Targeted	Health Impact	Healthcare System Impact
 Downstream	Tertiary	Individuals who have developed a disease	Prevents current diseases from worsening and/or decreases risk of future complications <b>Type 2 Diabetes Example:</b> insulin injections	<b>Smallest impact</b> Individuals still require healthcare services, but more intensive treatments may be avoided
	Secondary	Individuals at risk of developing a disease	Detects disease including before disease symptoms are noticeable <b>Type 2 Diabetes Example:</b> Glycated hemoglobin (A1C) blood test to diagnose prediabetes and diabetes	<b>Larger impact</b> Individuals still require healthcare services, but more intensive treatments may be avoided
 Upstream	Primary	Populations	Prevents diseases from developing or significantly delays disease onset <b>Type 2 Diabetes Example:</b> Developing healthy eating policies in childcare settings, schools, and recreation centres	<b>Largest impact</b> Significantly reduces the number of people who require treatment for the disease

Downstream, or more individual-level, prevention efforts typically receive more attention and therefore more funding than upstream, population-based interventions. Downstream interventions have been effective, to a point, at reducing the need for more expensive healthcare measures to manage disease in a stressed healthcare system; however, as they do not significantly reduce the amount of disease in populations, their overall effect on reducing healthcare costs and utilization is small. To reduce the burden of disease on the healthcare system and economy, minimize hospital overcrowding, and end hallway healthcare in Ontario, more robust upstream efforts are critical moving forward (39). For an example of the effectiveness of downstream and upstream initiatives, please refer to Box 2.

## Box 2. Effectiveness of Downstream vs Upstream Prevention

### Upstream Prevention

#### **Primary Prevention**

Reduction of modifiable risk factors (e.g., commercial tobacco, alcohol, physical inactivity, unhealthy eating)

- ~65-90% decrease in CVD incidence (39)
- ~90-94% decrease in first myocardial infarction (39)

### Downstream Prevention

#### **Secondary prevention**

Statin prescriptions for people with dyslipidemia

- 15-20% decrease in CVD mortality (53)

#### **Tertiary prevention**

Congestive heart failure discharge programs

- 60% decrease in hospital readmissions (54)





## Moving Beyond Prevention

Good health is good for people, for the economy, and for the healthcare system. In fact, health promotion is one of the most viable strategies that we have to sustain our healthcare system and will only become more important as our population continues to grow and age.

Effective health promotion practice attends to the factors that shape health, healthy behaviours, and healthy communities, and has been recognized for its value by international leaders such as the World Health Organization (WHO). Health promotion is a multi-faceted approach that prevents disease and injury and enhances health. It is a core function of public health (1) whose success lies in its use of multiple strategies at once, at multiple levels (55–57). Such approaches, as highlighted in the *Ottawa Charter for Health Promotion* (henceforth referred to as the *Ottawa Charter*), include (58):

- Build healthy public policies—across multiple levels of government.
- Create supportive environments—at individual, organizational, societal, and structural levels that are safe, stimulating, satisfying, and enjoyable.
- Strengthen community action—by empowering people to have ownership and control over their own health and wellbeing.
- Develop personal skills—to enable people to make healthy choices.
- Reorient health services—for a health system that not only treats illness but also enhances health.

Research confirms the importance of using multiple health promotion strategies together to achieve optimal health outcomes (5–7,14,20,28,29,32,55,59) and local experiences reinforce this. For example, drug strategies across Ontario PHUs are supporting a comprehensive response to the opioid epidemic, demonstrating health promotion in action as they work to prevent or delay the onset of high-risk substance use, reduce illness and injury, and enhance the health of people who use drugs.

This is achieved by supporting education of lower-risk substance use particularly among youth (build personal skills); working across sectors to reduce stigma in the community (create supportive environments) and in healthcare services people access (reorient health services); collaborating with community experts to help develop, implement, and evaluate the health promotion response (strengthen community action); and supporting the government’s initiatives to increase access to Naloxone within local settings for overdose prevention (build healthy public policy).

As the government rolls out its Chronic Disease Prevention Strategy, it can also leverage the work already happening at local PHUs. For example, PHUs are using multiple health promotion strategies to help prevent the development of diabetes among their populations. Strategies include the promotion of new food guides (build personal skills), helping to develop school healthy eating policies (create supportive environments), promoting Exercise is Medicine among healthcare providers (reorient health services), and engaging with municipalities to support health promoting design (build healthy public policy).

The *Ottawa Charter* provides a foundation and framework for health promotion that has continued to evolve since 1986 in response to a growing understanding of the determinants of health, shifts in population demographics, and new and re-emerging health issues. Since the *Ottawa Charter’s* development, nine additional Global Health Promotion conferences have helped health promotion strategies adapt to the challenges of our changing world. Such adaptations include supporting the health of women, improving health literacy, positioning health promotion within globalization and urbanization, promoting health within the UN Sustainable Development Goals, and addressing the link between environmental health and human health (60–62).



## Impact of Health Promotion on the Healthcare System

Health promotion makes economic sense, with costs to implement interventions consistently less than the costs to treat and manage the conditions they help prevent—from diabetes, cancer, and oral diseases to mental illness, severe injury, and substance use disorder. In other words, health promotion not only saves money but prevents illness and injury while helping people and populations thrive.

Measuring the cost-effectiveness of health promotion work is challenging and should be done more regularly (16,21,22,31,63); however, it is evident that many health promotion initiatives have a significant return on investment at both local and larger scales (2–4). These interventions take place in a variety of settings such as community (5–8,11–13,64), schools (12,14–19), and clinical settings (6,7,20,21). While most interventions take place outside of the healthcare system, it is this system that benefits in terms of cost saving and reduced utilization—including acute, primary, and long-term care, and the mental healthcare system. These provincial level financial gains strongly justify a corresponding provincial level investment in health promotion.

Local level public health promotion interventions have a return on investment of four, where every dollar invested yields a return of four dollars, plus the original investment. Larger-scale, upstream interventions at a national level have yielded even larger returns (2).

Several studies have demonstrated cost-effectiveness across many areas of health, from changing behaviours such as healthy eating, physical activity, and substance use to outcomes such as preventing injuries and improving oral health. For examples of cost-effectiveness of health promotion interventions across health topics, please refer to Table 1.

**Table 1. Cost-effectiveness of Health Promotion Initiatives**

Health Topic	Cost-effectiveness
<b>Active Transportation</b>	Increasing active travel in urban England and Wales was projected to save the National Health Service £17 billion in 2010 prices through reductions in the prevalence of type 2 diabetes, dementia, ischaemic heart disease, cardiovascular disease, and cancer (23).
<b>Healthy Eating</b>	Changing or banning TV advertising for energy-dense, nutrient-poor food and beverages aimed at children and youth in the United States and Australia have shown to be either cost-savings or cost-effective, with savings calculated to be between \$264 and \$332 million in 2016 USD (24).
<b>Injury Prevention</b>	Recreation studies related to injury prevention programming for cycling and swimming have found costs for each head injury avoided to be between \$3109 to \$228 197 (USD); costs per hospitalization avoided to be \$3526 to \$872 794 (USD); and cost per life saved/death avoided to be \$3531 to \$103 518 154 (USD) (22).
<b>Mental Health</b>	There is strong evidence for return on investment of mental health promotion initiatives in children and adolescents (25,38). Preventing conduct disorders and depression through social and emotional learning programs and anti-bullying programs have the potential to save between £14.35 and £48.3 per every £1 expenditure in the medium (2-5 years) or long-term (6+ years) (38). Parenting programs, suicide awareness and prevention, and general health promotion in schools have also shown promising returns on investment (25).
<b>Oral Health</b>	Oral health promotion programs in children have been shown to be cost-effective. For example, a systematic review indicated that 97% of oral health promotion programs in children and youth were cost saving, with reductions in dental treatment expenses for parents and institutions. (26).
<b>Physical Activity</b>	Incorporation of movement and activity programming into American schools, after school and early years programs has demonstrated healthcare cost savings over 10 years between \$4 million to \$185 million (USD). One program was also determined to be cost saving in general, with projections to prevent >109 000 cases of childhood obesity in 2025, with a projected net cost of negative \$4.6 billion (USD) (19). Mass media campaigns to promote physical activity in Australia have also successfully averted 23 000 Disability Adjusted Life Years (DALYs) and saved \$430 million (AUD) (27).
<b>Substance Use</b>	Overdose Education and Naloxone Distribution programs have been shown to be cost-effective even under markedly conservative circumstances where the cost of naloxone rises and rates of opioid overdose decrease (9). In North Carolina, every dollar invested in Naloxone distribution saved approximately \$665 to \$2742 (USD) through the avoidance of 255 opioid overdose deaths between 2015-2016 (10).

Health promotion interventions have demonstrated cost-effectiveness across the lifespan, from childhood and adolescence (12,14–16,19,22,26,28–30), to adulthood (29,31) and older adulthood (5,32–34), and across all action areas of the *Ottawa Charter*. They also encompass both targeted and universal interventions, dependent on the desired health outcome (4,28,29,35). Targeted interventions benefit specific population groups such as people living with a disease (24), or people at increased risk of disease such as those with pre-diabetes (36) or those who use substances (37). Universal programs such as community water fluoridation can also improve population health while reducing health inequities among low-income populations (65).

Benefits from health promotion interventions are significant in terms of local health and capacity, diseases avoided, and reduced utilization and costs to the healthcare system. Due to their comprehensive nature and focus on multi-faceted approaches, they take time to achieve their outcomes. Timelines for returns on investment for health promotion initiatives can vary (12,28), from quick returns within five years (e.g., active transportation, heat wave plans, family support projects) to longer-term gains over five or more years (e.g., preschool programs, alcohol minimum price) (66). The health, social, and economic outcomes, however, are worth the longer time horizons, and are less costly than the alternative of treating health problems once they occur (66).

“Prevention is – on the whole – cost-effective, with a number of interventions providing quick returns that can be balanced by investments for longer-term benefits. The alternative of treating the consequences is likely to be unnecessarily costly and unsustainable over time, which risks reducing both quality of and access to care and increasing health inequalities, with a knock-on effect on the overall economy” (66).

## Impact of Local Health Promotion Initiatives

In addition to making economic sense, health promotion also improves the health and quality of life of populations and increases local capacity. The health of a population is largely determined outside of the healthcare system; therefore, achieving improved population-level health outcomes and enhancing local strengths requires partnerships with sectors outside of this system. Health promoters are skilled at intersectoral work with social services, local governments, the education and private sectors, and community groups. This collaboration is a strength of health promotion in local PHUs and a significant factor contributing to the sustained effectiveness of this upstream approach.

Locally, PHUs across Ontario provide leadership and support to committees and working groups, provide high-quality evidence and expert review for policies and projects, engage in relationship building, and can mobilize populations and partners to achieve robust outcomes (67). Health promotion is also well-positioned at the local level to collaborate with Indigenous communities and other equity-deserving groups, based on the principles of trust and self-determination, to help support their health and well-being.

Health promotion initiatives should be tailored to the local population and context, using a health equity lens and local knowledge to support populations most at risk for poor health outcomes. Health promoters in local PHUs have the requisite understanding of and leadership on local issues, strong relationships across sectors, and ability to link sectors and tailor resources to fit local contexts, making them invaluable in effective health promotion work.

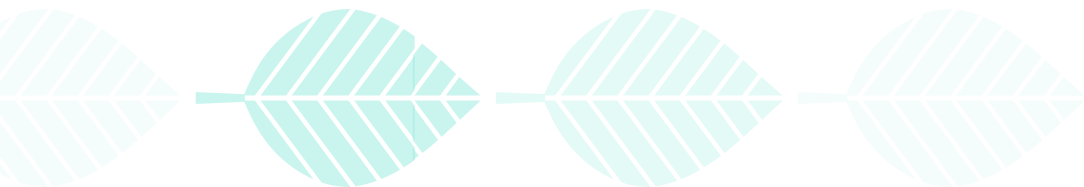
### **Examples of the local impact of health promotion**

An environmental scan of health promotion initiatives was conducted by Health Promotion Ontario (HPO), collecting submissions from PHUs across the province. Additionally, recent Ontario case studies and those included in a 2011 seminal report from the Canadian Health Association for Sustainability and Equity (CHASE) were scanned to supplement PHU submissions. The supplemental material from CHASE describes the foundational built environment work that PHUs have and continue to engage in. These examples highlight not only the significant impact that health promotion has on local populations, but also the importance of PHUs in facilitating partnerships and incorporating health equity into planning and programming, which result in overall health system cost-savings.

Results have been synthesized below based on the action areas highlighted in the *Ottawa Charter* (58).

### **Build Healthy Public Policy**

It is well known that policies within and beyond the health sector influence population health. Recent literature has shown that smoking prevention policies among youth are cost-effective, with great potential to decrease disease burden and increase quality of life (15). Policies related to healthy eating and access to healthy foods have also demonstrated improvements in dietary outcomes such as increased fruit and vegetable intake, purchase of healthier foods, and reductions in the consumption of low nutrient dense foods (68). PHUs engage in different avenues of healthy public policy work, across multiple health topics and levels of government, and often coordinate with diverse partners to ensure a Health in All Policies approach.





### **Box 3. Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health's Radon Testing Study**

Radon is the leading cause of lung cancer among non-smokers in Canada, but there is low awareness of radon as a health risk. In 2018/2019, KFL&A Public Health conducted a radon testing study in the region to gain insight on radon levels locally, finding that over 21% of homes tested above Health Canada's radon guidelines of 200 Bq/M<sup>3</sup>. When using the WHO's guideline of 100 Bq/M<sup>3</sup>, the study found that 52% of eligible households exceeded these radon guidelines. KFL&A Public Health collectively brought together representatives from Health Canada and municipalities after results were known, to increase awareness of the health risks of radon and effective risk mitigation. Consequently, all municipalities in the KFL&A Region updated their building codes in 2019 to require soil and gas measures in new houses and additions to mitigate radon risk.

### **Municipal Planning Documents**

Consultation on municipal planning documents is one key focus of health promotion work locally. PHUs provide high-quality evidence and expert review to support planners' work on Official Plans, Cycling and Transportation Master Plans, climate and environmental-related plans, Recreation Master Plans, and Local Food Action Plans, to name only a few. Such work ensures local health and wellbeing are considered in these policies.

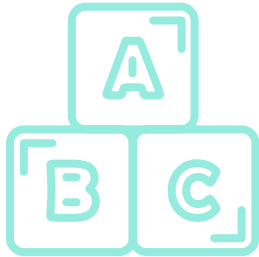
PHUs have been successful in working with planning staff in urban, rural, and remote settings to incorporate stronger language and policy statements in planning documents on local issues spanning various health topics, including but not limited to:

- ultraviolet radiation (UVR) and extreme heat through shade structures and tree maintenance (69,70) or heat mitigation measures based on the location of urban heat islands (70);
- physical activity, diabetes prevention, and active transportation through walkability, complete streets, and transit recommendations (69,71,72);
- injury prevention through traffic calming and pedestrian streetscape provisions (69,71,72);
- and climate change and environmental health through sustainable mobility, urban forestry, and adaptation strategies (69,71).

### **Cancer Prevention Policies**

PHUs have developed successful policies to help reduce exposure to chemicals and radiation known to cause cancer, thereby mitigating risk of future disease occurrence. Grey Bruce Public Health (69), and Hamilton Public Health Services helped develop policies to promote tobacco and smoke-free outdoor recreation spaces (Grey Bruce Public Health), post-secondary institutions (Hamilton Public Health Services), and multi-unit housing (Hamilton Public Health Services in collaboration with the Central West TCAN). York Region Public Health and Kingston, Frontenac and Lennox & Addington Public Health were also instrumental in the development of policies related to UVR and radon mitigation. Such policies significantly mitigate the exposure of local populations to harmful second-hand and third-hand smoke, radon, and ultraviolet radiation. Box 3 provides a local example.





#### **Box 4. Ottawa Public Health (OPH)'s *Healthy Eating and Active Living Guidelines***

The first five years of life are a critical time for growth and development, including healthy eating and active living (HEAL). Childcare centres were targeted by OPH as a key strategy to promote HEAL and prevent the continuation of increasing trends in childhood overweight and obesity. The development and implementation of the guidelines involved two project advisory groups consisting of childcare staff and supervisors, OPH, and the City of Ottawa Parks, Recreation and Cultural Services Department. Additionally, workshops and ongoing consultation with a Registered Dietitian, two training sessions for childcare staff, a Fundamental Movement Skills Training Certification, and resources for HEAL implementation were provided. The guidelines and associated initiatives led to a 50% increase in childcare sites offering 120 minutes/day of physical activity, a 20% decrease in sites allowing toddlers to spend >15 minutes sitting, and a just under 15% increase in the number of sites reporting no screen time among children. Healthy eating best practices also improved, at no additional costs to childcare centres.

#### **Create Supportive Environments**

Making the healthy choice the easy choice is a key health promotion approach that aims to influence the environments in which people are born, grow, work, live, play, and age and can have profound impacts on population health. Health promotion professionals in local PHUs are also uniquely situated within Ontario to act as leaders in this field, providing a conduit between the healthcare system and other settings to achieve optimal health outcomes.

PHUs consistently create supportive environments through local partnerships and initiatives (69). This has included working with local partners and the Ontario Ministry of Transportation to successfully provide cycling lanes along highway 6 of Manitoulin Island (Public Health Sudbury & Districts) (69); developing a designated bike route in Brighton through the Walkable and Bikeable Community Committee (Haliburton, Kawartha, Pine Ridge District Health Unit) (69); or addressing food security and access to healthy foods through community gardens, neighbourhood markets, partnerships with local farms (Region of Waterloo Public Health, Toronto Public Health, York Region Public Health) (69), or through collaborative work with schools (Toronto Public Health), childcare settings (Thunder Bay District Health Unit and Ottawa Public Health), and recreation centres (Thunder Bay District Health Unit). It is also important to note that several community-based food access initiatives were targeted to those from equity-deserving populations such as those living on low income or neighbourhoods with a large percentage of new immigrants (69).

Additionally, work done by Grey Bruce Public Health and KFL&A Public Health led to library lending programs in their respective communities for bicycle helmets and radon tests, contributing to injury prevention and radon exposure mitigation for lower income populations. An example of the impact of health promotion via supportive environments is provided in Box 4.



### **Box 5. Toronto Public Health (TPH)'s Investment in Youth Engagement (IYE) Initiative**

In response to survey data indicating that approximately a fifth to a quarter of Toronto secondary students reported risky drinking, drug use, and having been bullied in the past 12 months, in addition to low rates of fruit and vegetable consumption and physical activity levels, TPH developed the IYE initiative. This youth-driven initiative was established by TPH to support local youth engagement and health promotion work and to create opportunities for youth to develop leadership skills to make healthy choices. Between 2016/2017 the IYE led to several positive outcomes, including improved physical activity, mental wellness, health knowledge, civic participation, knowledge about the community, confidence and trust in community leaders, interest in helping others, optimism about the future, self-efficacy, and reduced likeliness to use tobacco and alcohol compared to youth outside the IYE program.

### **Strengthen Community Action**

Supporting and empowering people to have ownership over their health and wellbeing is a powerful action area, with far reaching implications for health. Interventions that are developed with local populations have been shown to decrease hospital admissions and mortality rates, reduce clinical symptoms related to chronic diseases, and improve quality of life and behavioural risk factors such as physical activity (73).

Halton Region Public Health, Region of Waterloo Public Health, and Niagara Region Public Health were involved in the Walk-On Program. These PHUs worked with community groups to help organize information sessions and workshops, resulting in reports that then assisted community partners, such as municipal decision-makers, to identify improvements in the local built environment that should be prioritized for planning, fundraising, and budgeting.

Additionally, Toronto Public Health leverages community action on healthy eating, including their Investment in Youth Engagement (IYE) Initiative and their Simple Steps to Leading Healthy Eating Programs (SSLHEP) and associated Leading Healthy Eating Program grants. All initiatives reported benefits to health and wellbeing, through increased healthy eating knowledge, behaviours, and cooking skills, and ultimately improved health and wellbeing outcomes for Toronto youth. For more detailed information on the IYE initiative and its subsequent successes locally, please refer to Box 5.



## Develop Personal Skills

Health promotion involves providing information, education, and skill-building so that people can make healthy choices and have more control over their health and their environments. Personal skill development is often the first aspect of health promotion that is thought of, as such initiatives are more public facing and far reaching than other action areas (e.g., a communication campaign versus updates to policy documents).

Although this action area is critical to health promotion through increased knowledge and confidence to engage in behaviours conducive to good health, such initiatives are most effective when implemented alongside or in response to other action areas (55). For example, radon information sessions and campaigns were provided to the public in KFL&A in response to KFL&A Public Health's Radon Testing Study, and alongside initiatives to provide free radon tests to the public (creating supportive environments) and update building codes in the area to support radon mitigation in all future builds (building healthy public policy). This also demonstrates PHU's ability to connect with multiple partners for the provision of comprehensive service support to move forward with health initiatives at the local level.

Multiple PHUs have evaluated personal skill development initiatives, primarily because such programs are easier to evaluate than larger scale programs with longer time horizons and multiple influencing variables. Four evaluations highlighted the impacts of social media campaigns on knowledge, attitudes, and future use related to tobacco, tobacco and vaping, vaping and cannabis, and alcohol. Often, these campaigns involved regional collaboration through multiple Tobacco Control Area Network partners, and were targeted at either youth or young adults most at risk for substance use. A wide range of positive impacts were reported among local populations, including decreased susceptibility to experimentation, increased intentions to quit, and increased knowledge or awareness of substance use harms.

Three PHUs also examined the effect of educational workshops, in-services, or classes on personal skill development for healthy eating (Thunder Bay District Health Unit), pregnancy/parenting (Toronto Public Health), and youth mental health promotion (Ottawa Public Health), while Ottawa Public Health also reported on the success of an exercise program alongside information sessions and take-home resources on falls prevention among seniors. All programs produced positive results for their respective target audiences and health topics and across their respective settings. Such results included improvements in knowledge, confidence, skills, and intentions to continue health behaviours. For an example, please refer to Box 6.



### **Box 6. Thunder Bay District Health Unit (TBDHU)'s *Paint your Plate Program***

TBDHU's *Paint your Plate Program* was a pilot intervention developed to support healthy childcare nutrition environments in Thunder Bay and was made possible by the existing positive relationship between TBDHU and the pilot childcare centre. The program included *Rainbow Food Explorer* workshops for children and cooking workshops for parents, alongside elements conducive to creating supportive environments, including preschool educator training, nutrition sessions among childcare centre staff, and healthy menu planning with childcare centre cooks. The workshops were successful in improving children's willingness to try or explore new foods, and in increasing parents' likeliness at using workshop recipes at home for their families.

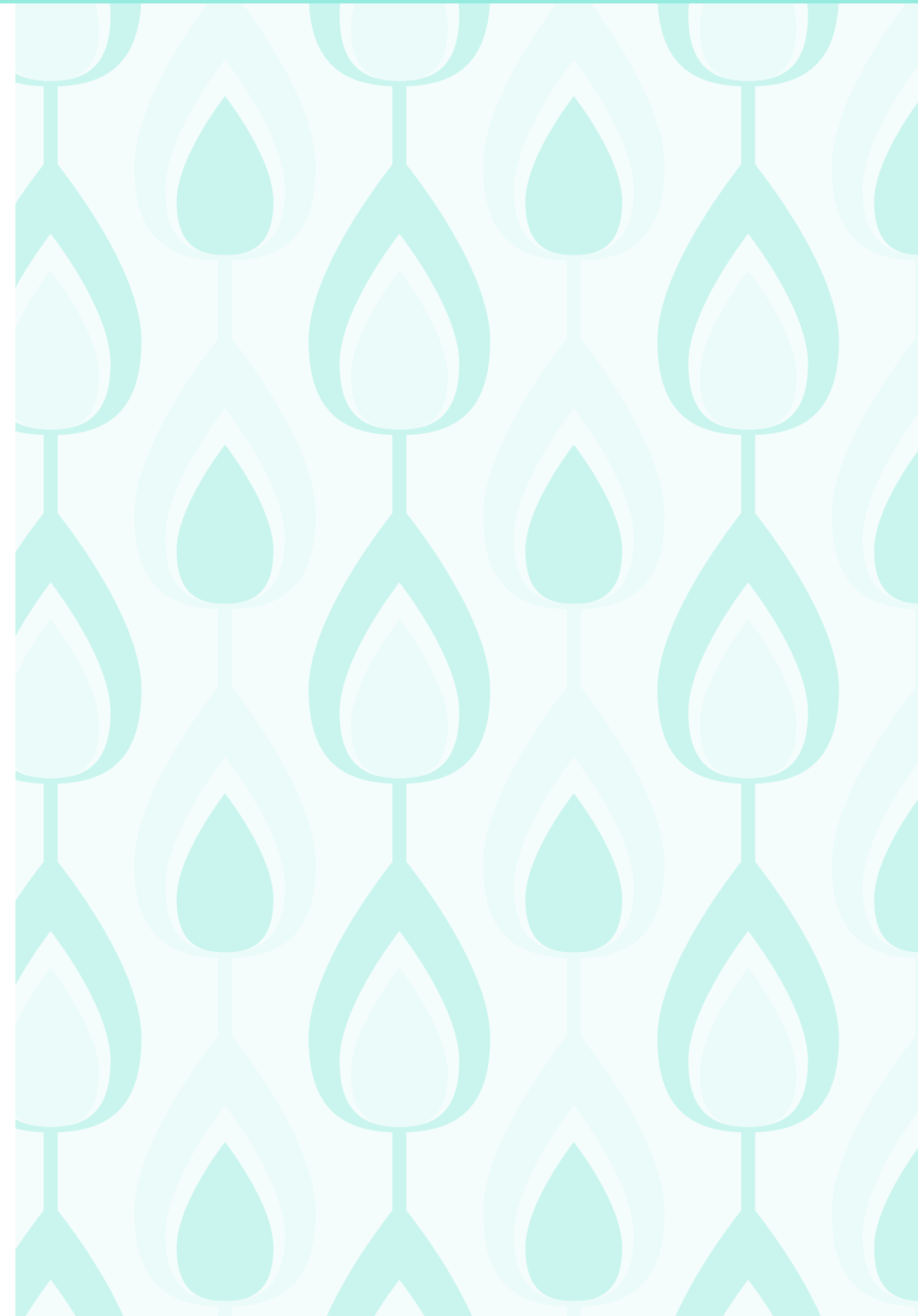
## **Reorient Health Services**

Reorienting health services to focus on a collaborative, more upstream definition of health is needed to improve population health outcomes. Often, this involves working across and between sectors to promote health. Linking patients who have entered the primary care system with community and volunteer services through a process known as social prescribing has shown success in terms of mental and physical health in addition to empowering people to take action to improve their own health and wellbeing (74).

Toronto Public Health provides an excellent example of this cross-disciplinary work in the province, through their Check it Out Pilot Program, a child health screening program implemented in priority neighbourhoods in Toronto. Eight community partners developed an equity-based approach to child health screening, with representatives from the healthcare, education, child protection, immigration, and special needs sectors. Representatives provided families with children aged 0-4 years access to 12 health and development screens in one central location over one to three days. The program received positive feedback from parents and partners, had high attendance rates of approximately 80%, and resulted in referrals for 31-43% of screenings, with 55% of parents receiving follow-up on their referral.

The comprehensive nature and focus of health promotion initiatives on building healthy public policies, creating supportive environments, strengthening community action, developing personal skills, and re-orienting health services produces significant benefits in terms of local health and capacity, diseases avoided, and reduced utilization and costs to the healthcare system, in addition to significant returns on investment.

Local populations need tailored, local solutions that span sectors within and beyond healthcare, and health promotion professionals in local PHUs are qualified and uniquely positioned to provide such solutions.





## Recommendation

HPO recommends strong investment in local health promotion delivered by Ontario PHUs by maintaining the current breadth and scope of health promotion work outlined in the Ontario Public Health Standards to ensure that health promotion is prioritized on an ongoing basis to prepare for and respond to current and future crises.

## Conclusion

The many strained and struggling pieces of today's healthcare world need solutions. While the healthcare system in Ontario excels at detecting, diagnosing, treating, and managing diseases and injuries, health promotion prevents diseases and injuries. Health promotion is a necessary strategy for a robust and sustainable healthcare system.

In addition to offering significant benefits to the healthcare system, health promotion also has far reaching impacts on society, more broadly. It is uniquely positioned to integrate the healthcare system with other sectors, such as the social service sector. By doing so, health promotion can address inequities that lead to poor health outcomes.

Health promotion is a cost-effective, well researched, and evidence-driven solution to the many competing crises facing Ontarians.

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