



# Ontario Public Health Standards

## Presentation by Ministry of Health Promotion

November 13, 2008

# Purpose

- Highlight Ontario Government and MHP priorities and the implications for MHP-related standards;
- Identify changes from 1997 guidelines and new requirements; and
- Outline next steps and opportunities for closer collaboration.

# Ontario Public Health Standards and MHP Approaches

New standards reflect MHP approaches to health promotion as they:

- build on Ottawa Charter Strategies;
- assess the role of the determinants of health;
- reflect provincial frameworks and priorities;
- call for partnership and integration across settings and risk factors;
- target priority populations, different settings and action across the life span; and
- require using surveillance and evidence to inform action.

# MHP Approach - Ottawa Charter

Build on Ottawa Charter strategies:

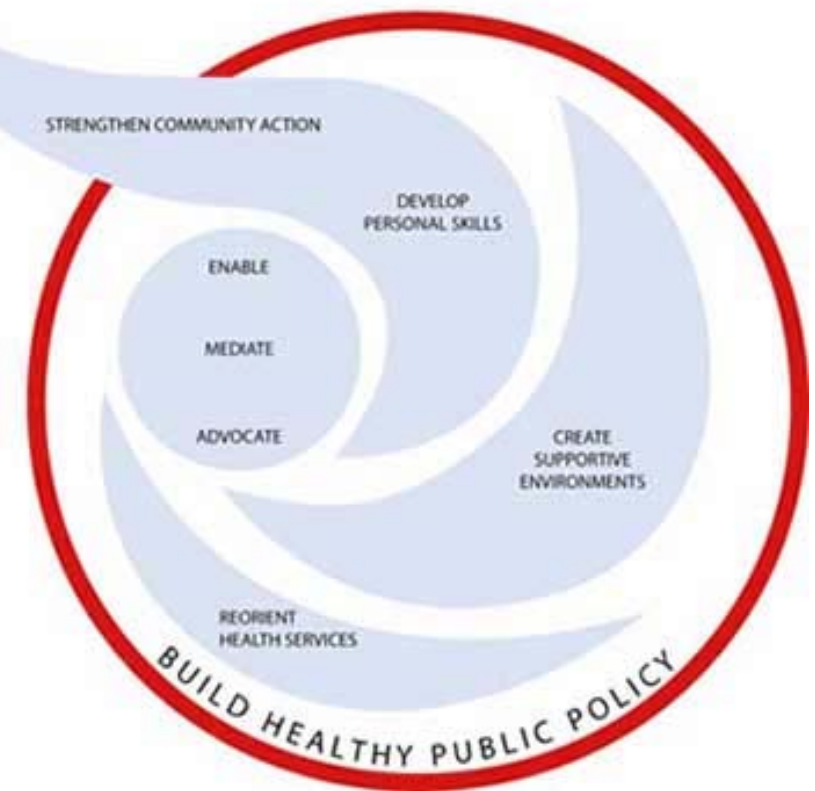
Strengthen Community Action

Develop Personal Skills

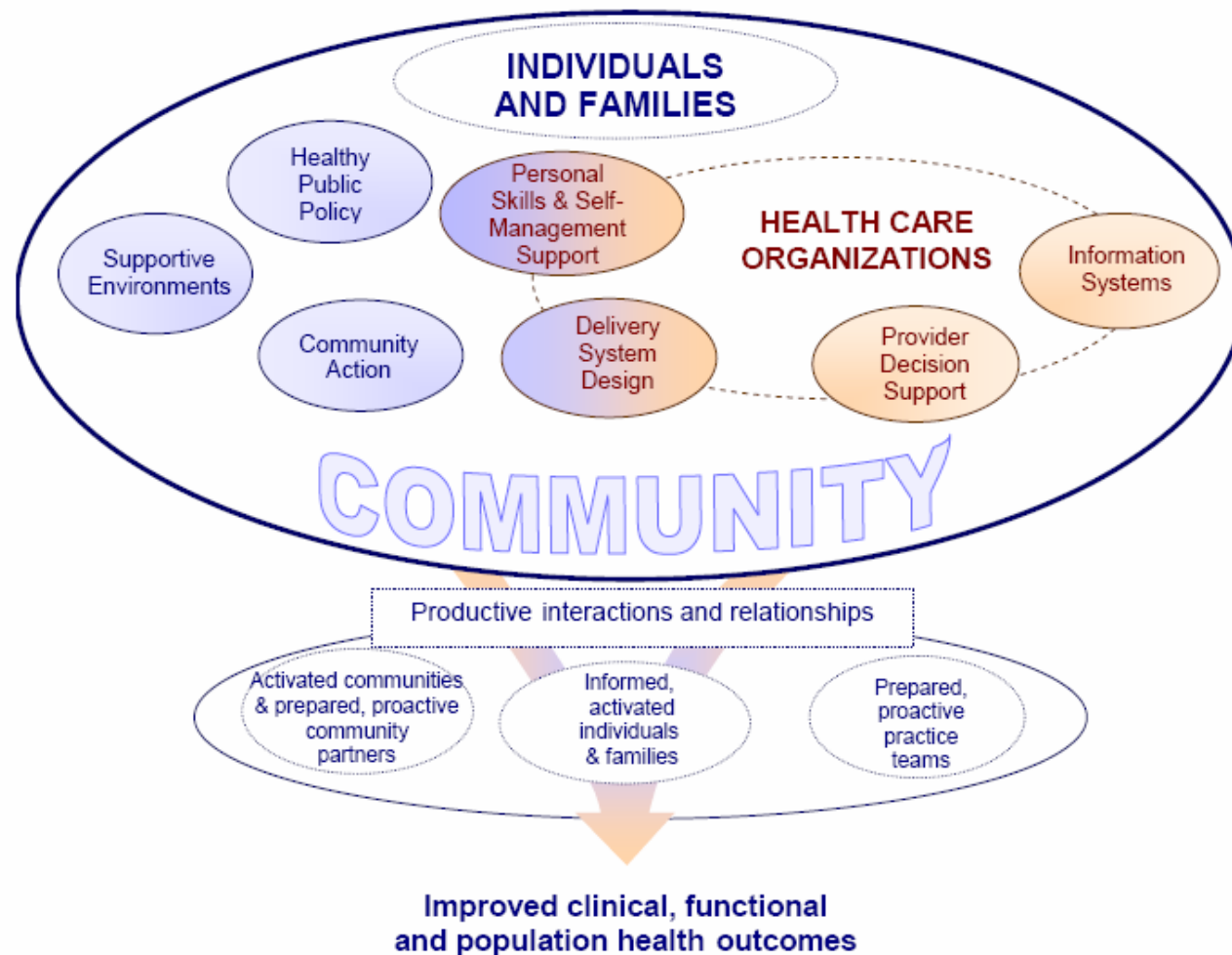
Create Supportive Environments

Reorient Health Services

Build Healthy Public Policy

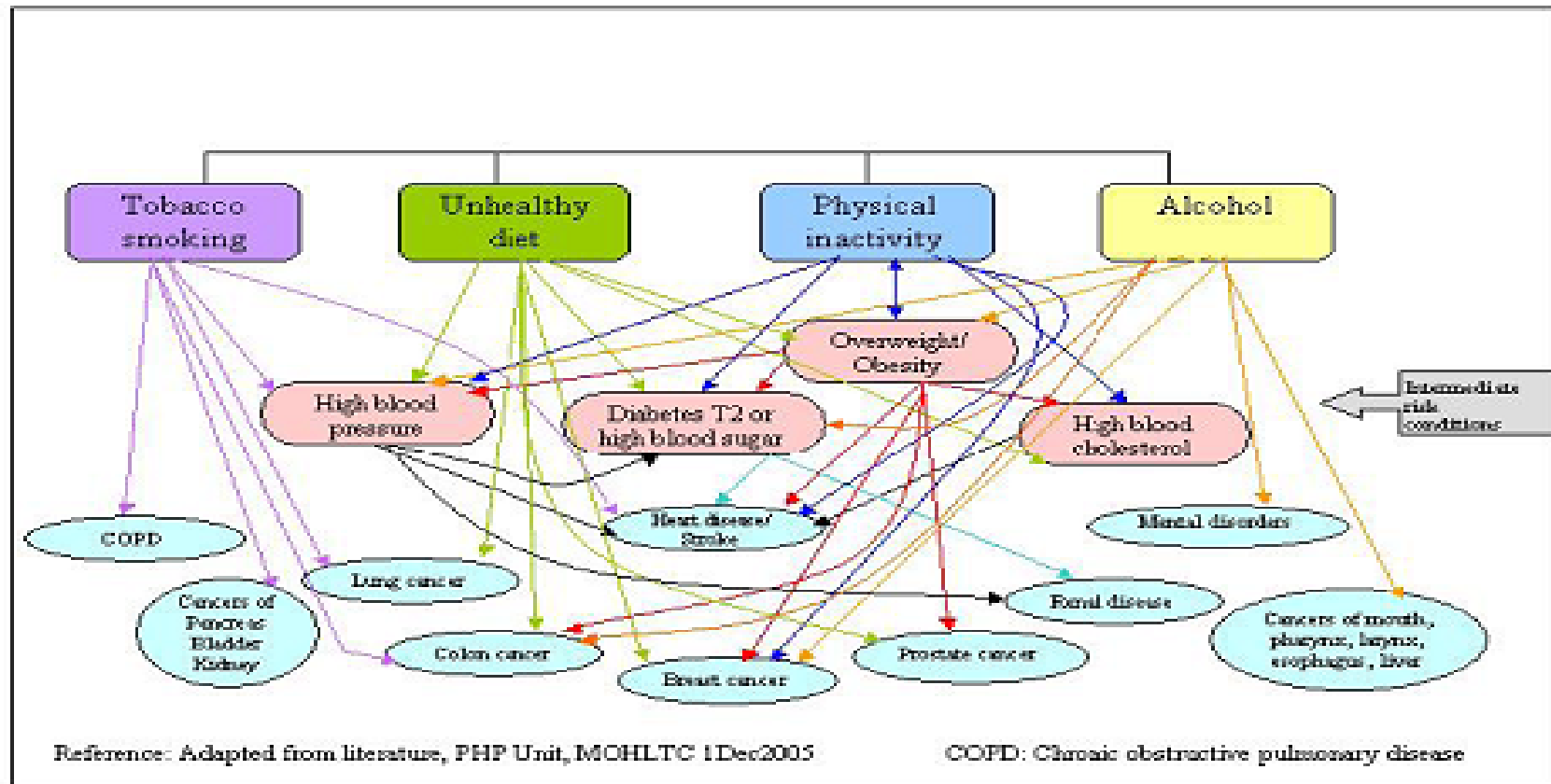


# Ontario's Chronic Disease Prevention and Management Framework



# An Integrated Approach to Chronic Disease Prevention

## Chronic Disease Risk Factors are Common to Many Conditions



# Standards / Protocols Supported by MHP

The following standards are supported by MHP:

## Chronic Disease Prevention;

- Nutritious Food Basket Protocol
- Tobacco Compliance Protocol

## Prevention of Injury and Substance Misuse

## Reproductive Health

## Child Health

- Children in Need of Treatment (CINOT) Protocol
- Oral Health Assessment and Surveillance Protocol
- Preventative Oral Health Services Protocol
- Monitoring of Community Water Fluoride Levels Protocol

MHP also supports PHUs through other activities (e.g. Smoke-Free Ontario, the Ontario Heart Health Program, Ontario Health Promotion Resource System).

# Links between OHPS and Government/MHP Priorities

Standards support such key government priorities as:

- Chronic Disease Prevention and Management / Diabetes Strategy;
- healthy eating and active living;
- student success/healthy schools ;
- tobacco control;
- cancer screening;
- poverty reduction, including dental health;
- healthy child development and resiliency;
- health system transformation; and
- keeping people healthy and safe.

# Chronic Disease Prevention

**Goal:** To reduce the burden of preventable chronic diseases of public health importance.

**Key Areas:**

- healthy eating;
- healthy weights;
- comprehensive tobacco control;
- physical activity;
- alcohol use;
- cancer prevention; and
- exposure to ultraviolet radiation.

# Chronic Disease Prevention

## Key Changes:

- more emphasis on policy and environmental change vs health education; and
- removal of training of health professionals.

## Key Strategies:

- healthy policies in food premises, policies and programs in schools and workplaces;
- municipal health promoting policies in the recreational and built environment;
- monitoring food affordability through Nutritious Food Basket Protocol;
- strengthening capacity of community partners to develop programs;
- food skills and health eating practices for priority populations;
- provision of tobacco cessation for priority populations;
- promote with partners screening programs;
- local communication campaigns; and
- enforcement of Smoke-Free Ontario Act.

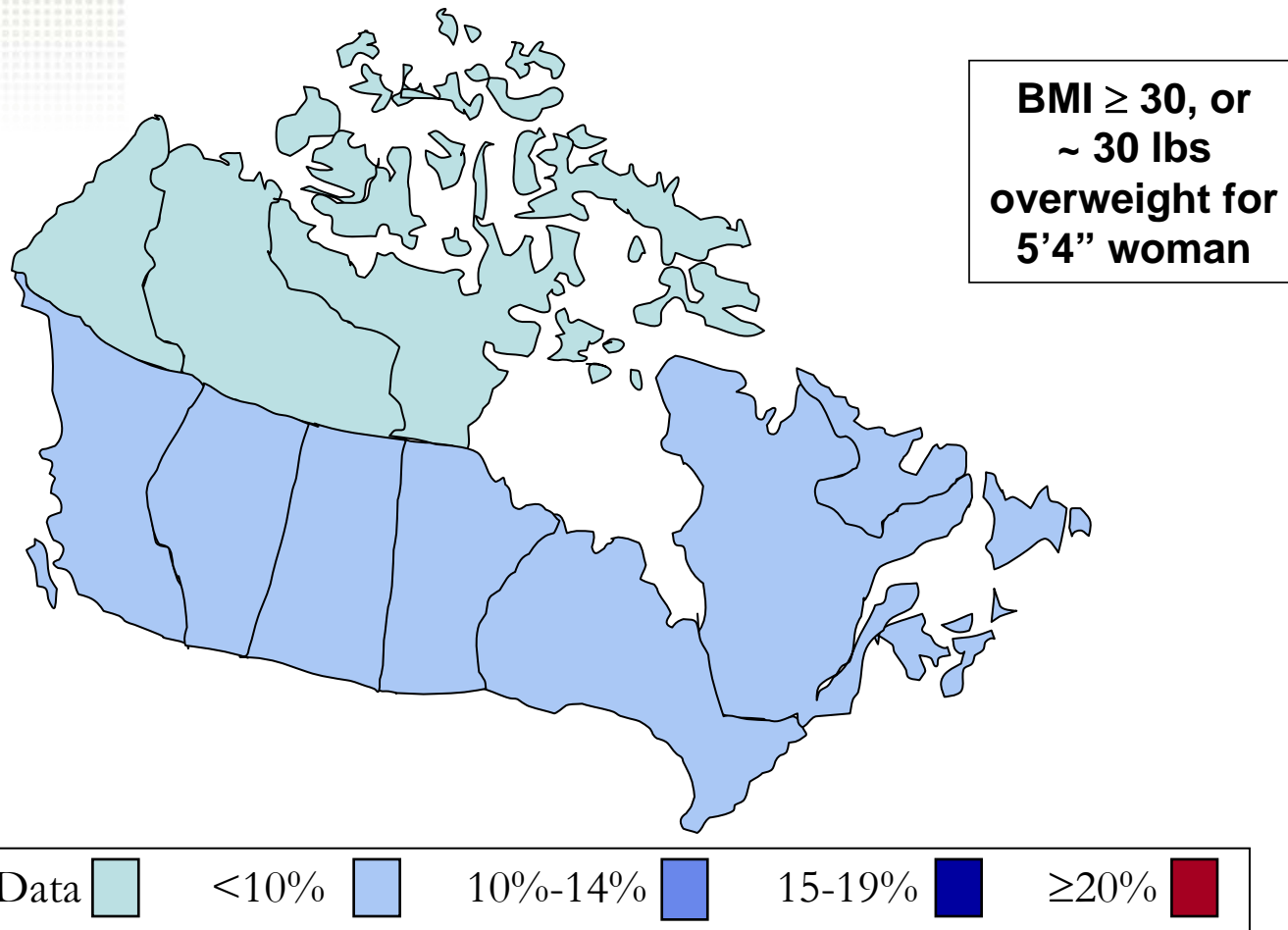
# Chronic Disease Prevention - Obesity

*"This government is planning to invest \$10 million annually in a childhood obesity strategy to encourage children to eat healthy and be physically active."*

-2008 Ontario Budget

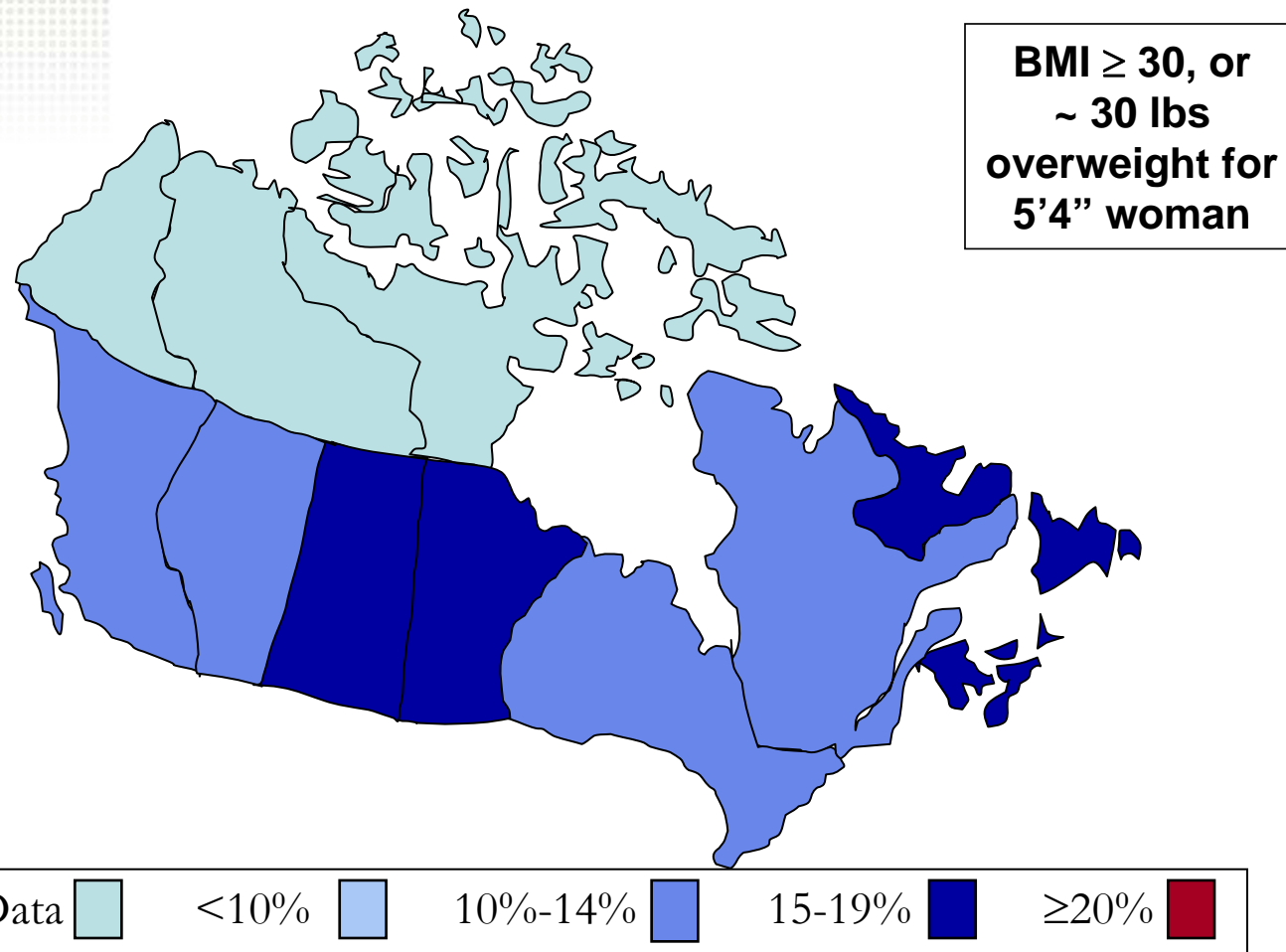


# Obesity Trends\* Among Canadian Adults - HPS, 1985



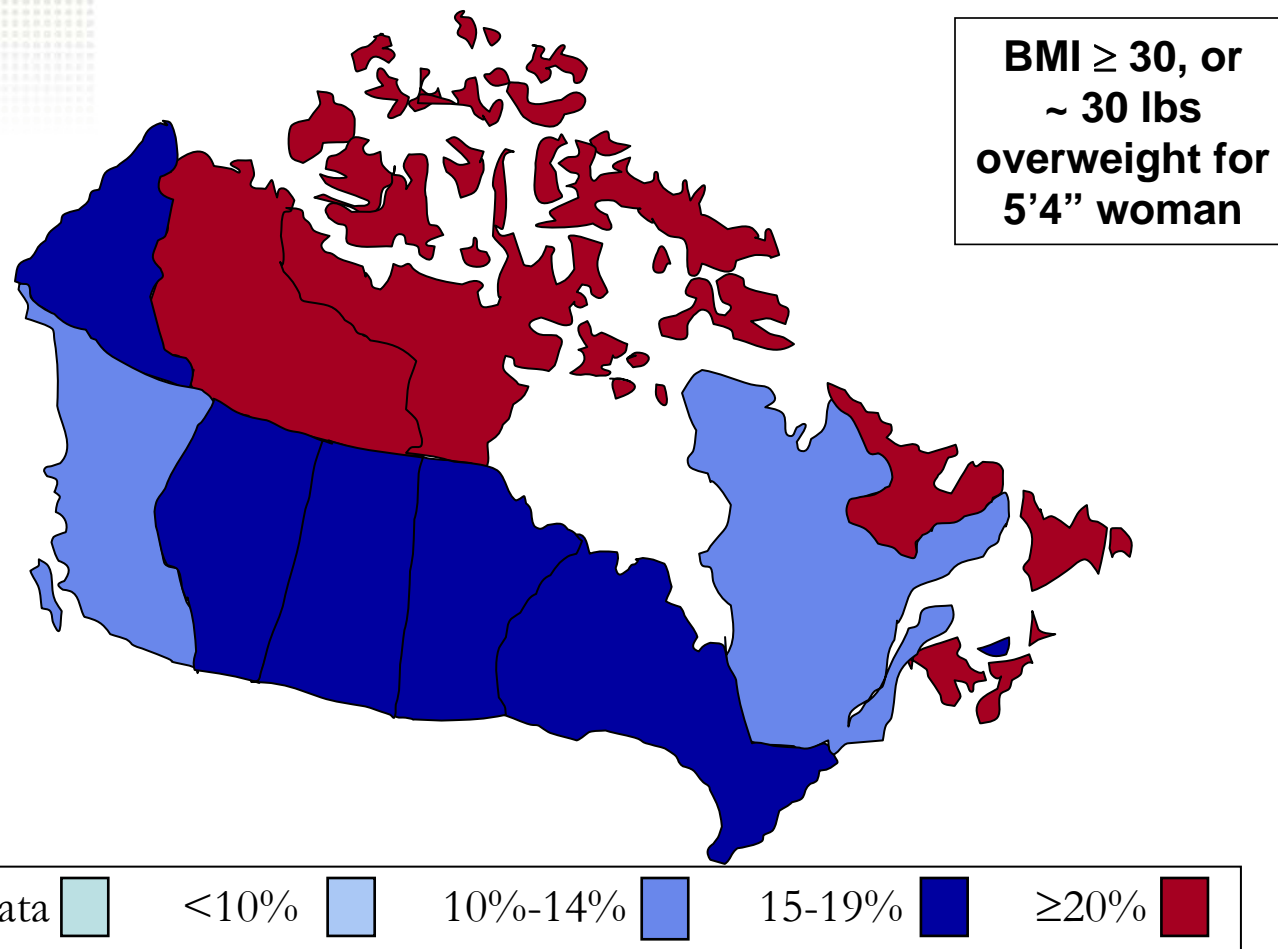
Source: Katzmarzyk PT. *Can Med Assoc J* 2002;166:1039-1040.

# Obesity Trends\* Among Canadian Adults - NPHS, 1994



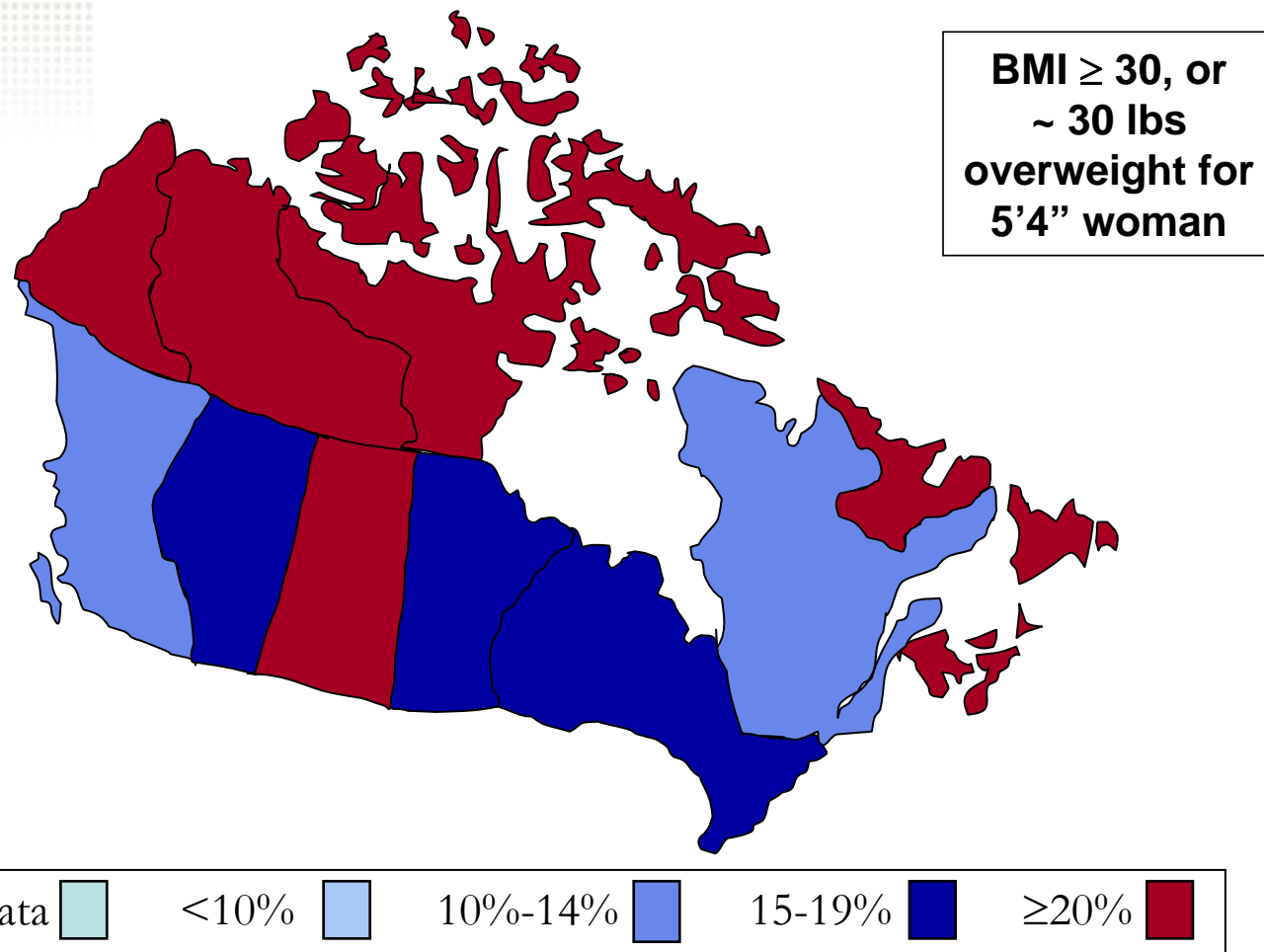
Source: Katzmarzyk PT. *Can Med Assoc J* 2002;166:1039-1040.

# Obesity Trends\* Among Canadian Adults - CCHS, 2000



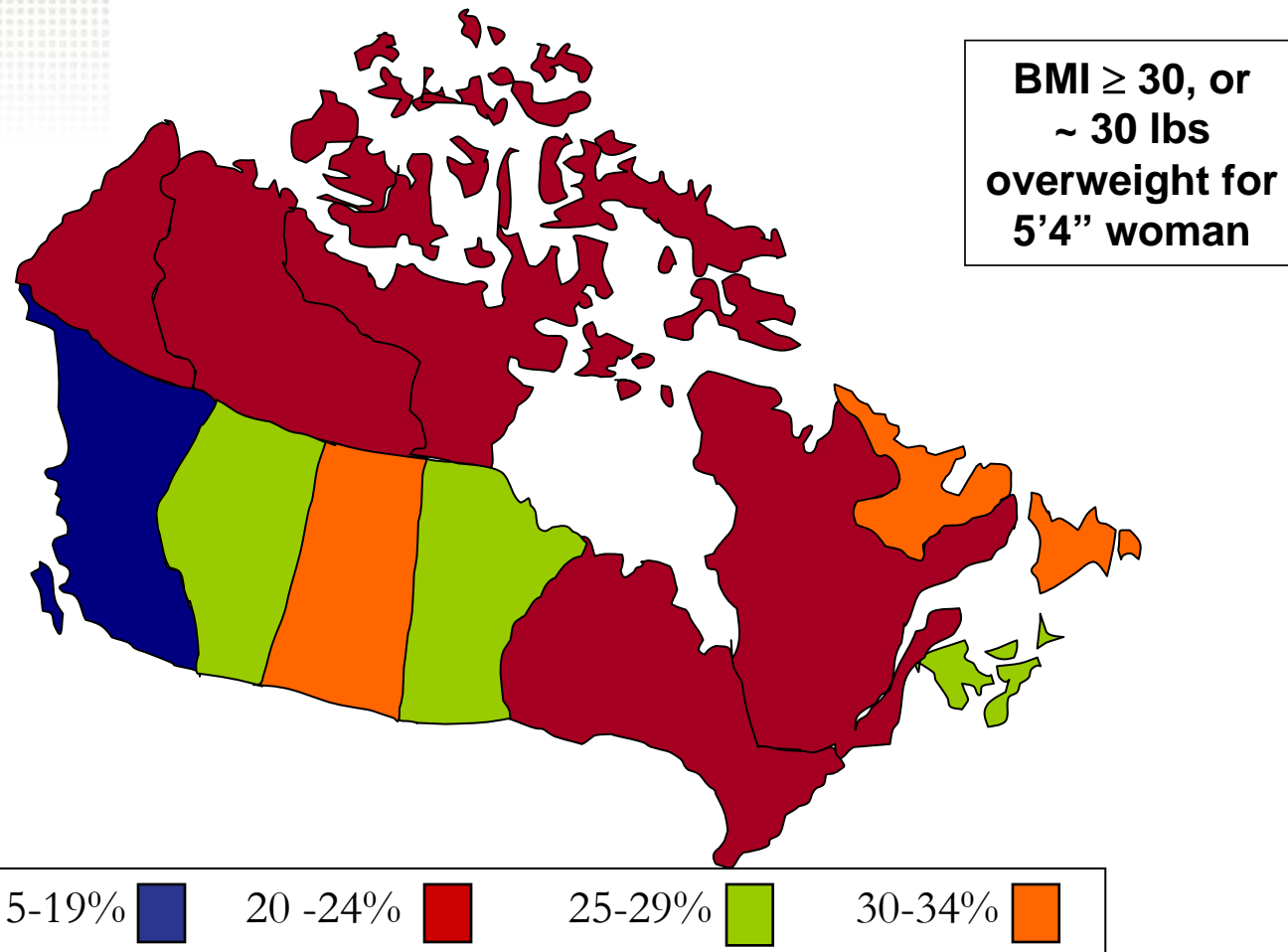
Source: P.T. Katzmarzyk, Unpublished Results. Data from: Statistics Canada. *Health Indicators*, May, 2002.

# Obesity Trends\* Among Canadian Adults - CCHS, 2003



Source: Statistics Canada. *Health Indicators*, May, 2002.

# Obesity Trends\* Among Canadian Adults - CCHS, 2002 & 2004



Provinces = CCHS 2004 (measured) / Territories = CCHS 2002 (self-reported)

Data from: Statistics Canada.

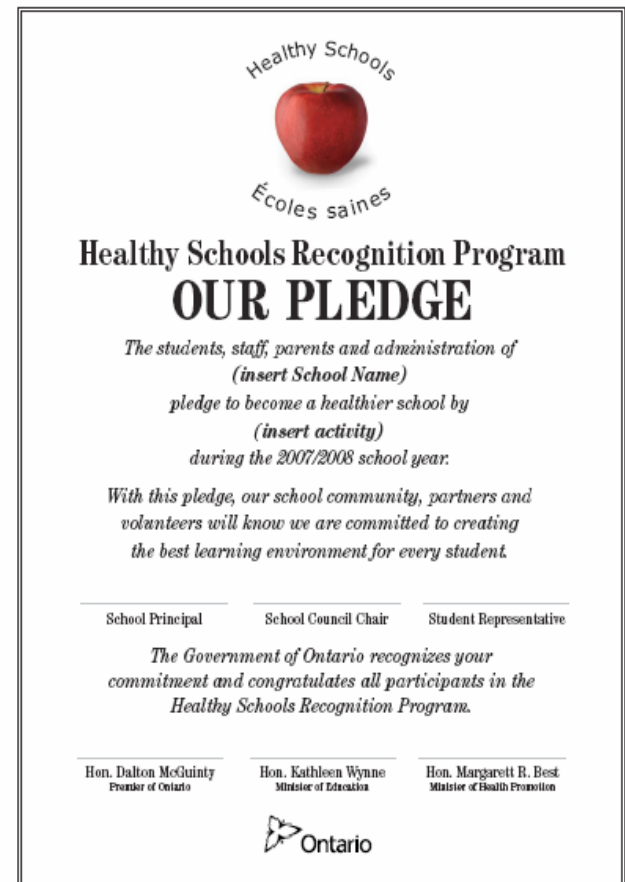
# Healthy Eating and Physical Activity

MHP assessing opportunities to advance the goals of its 2006 HEAL Strategy. For example:

- making healthy choices easier in communities through workplaces, schools, recreation centres and restaurants - especially for priority populations;
- transforming the Ontario Heart Health Program to expand community partnerships, promote local/provincial joint planning and policy change; and
- understanding attitudes and behaviours to design more effective social marketing and public education campaigns.

# Building Healthy Schools

- Healthy Foods for Healthy Schools Act (Bill 8)
- Nutritional Guidelines for Schools
- Healthy Schools Recognition Program
- Foundations for Healthy Schools Framework
- Healthy Schools Working Table
- F/P/T Joint Consortium on School Health



# Making Healthy Choices Easier

- MHP is assessing ways to make healthier choices easier by building on existing initiatives and developing new ones.
- EatRight Ontario will continue to be promoted as a nutrition resource for Ontarians, health professionals, schools, workplaces etc.
- MHP is currently assessing the future of the EatSmart! Program.



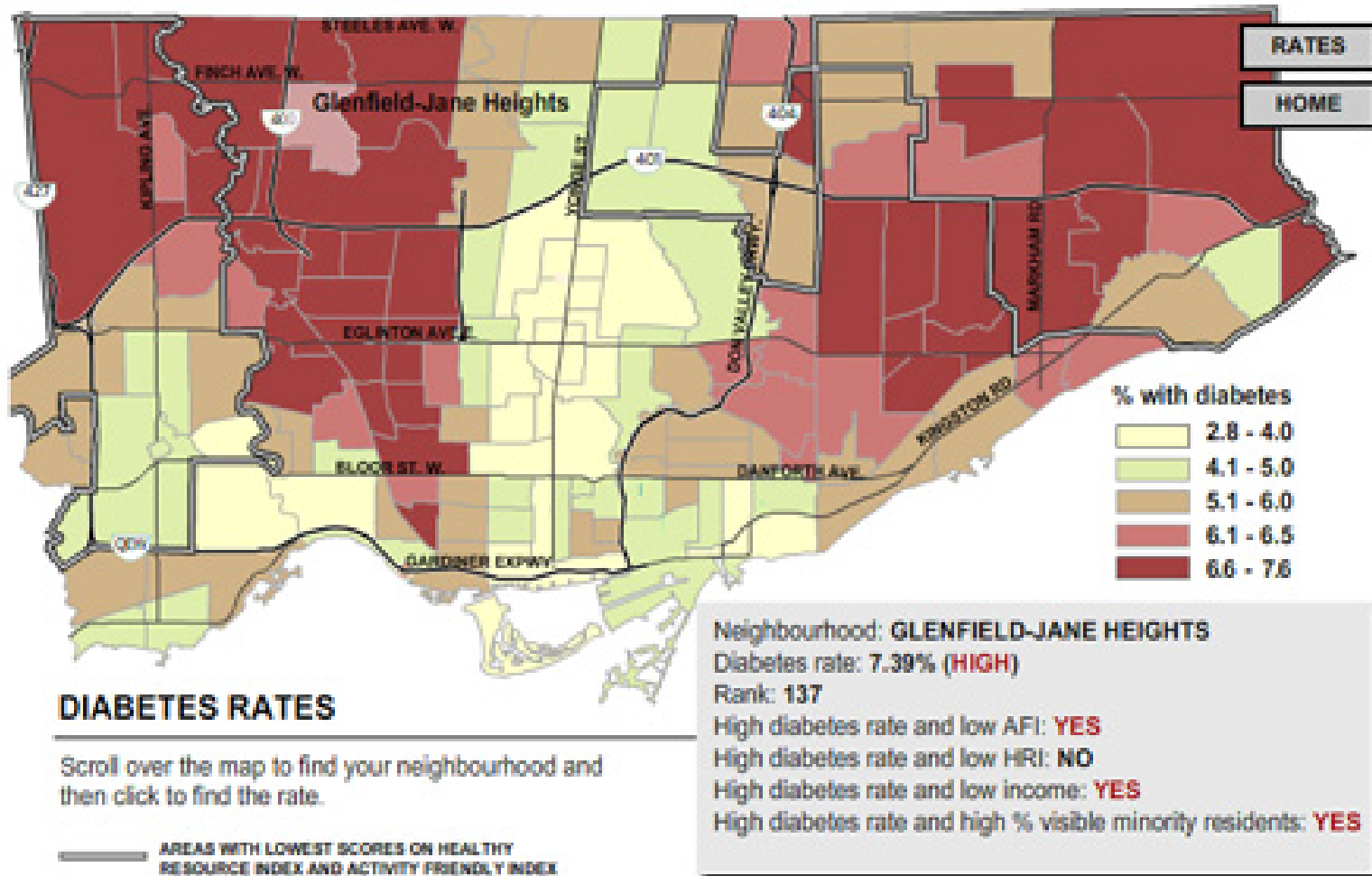
# Diabetes Prevention

*“While it’s important to treat illness when it occurs, its even better to prevent it...And we need to do more to help the one in three Ontarians living with a chronic illness. Over the next four years, we plan to launch a battle against such illnesses, starting with diabetes.”*

- 2008 Ontario Budget

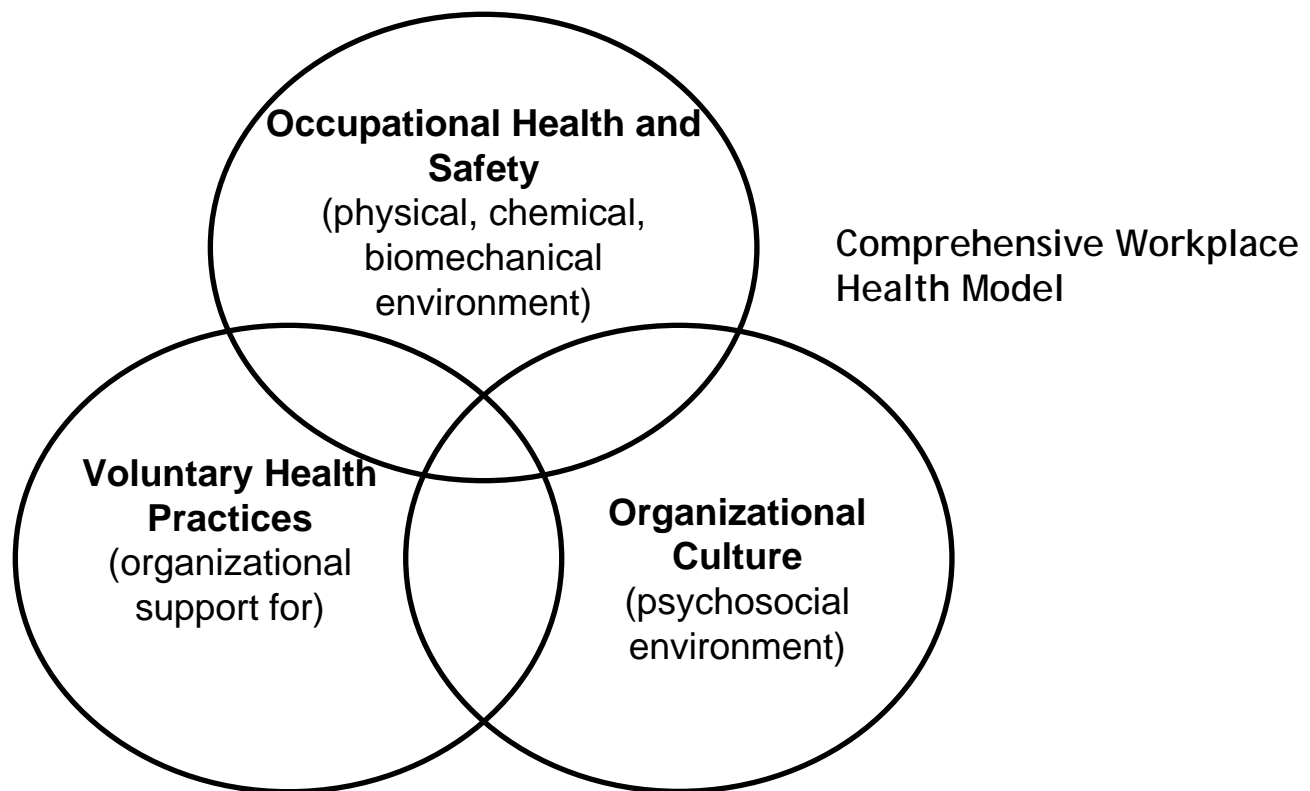
- MHP’s Diabetes prevention initiatives aims to reduce diabetes in high risk communities through targeted interventions in communities, workplaces and hospitals.
- Communications campaign and provincial resources to reinforce local programming.

# Targeting Priority Populations Across The Life Span



# Encouraging Healthy Workplaces

- MHP is partnering with others to advance a comprehensive model for Workplace Health



# Tobacco Control: Legislative Authority

- ***Health Protection and Promotion Act***
  - Public Health Standards and Tobacco Compliance Protocol
- ***Smoke-Free Ontario Act*** (May 31, 2006).
  - Prohibits smoking in workplaces and enclosed public places
  - Prohibits the display of tobacco products as of May 31, 2008
  - SFO Amendment Act prohibits smoking in motor vehicles with children under 16 present (proclamation is January 21/09)

# Comprehensive Tobacco Control (CTC) *Overview*

The OPHS reflects *comprehensive tobacco control* to eliminate tobacco-related illness and death.

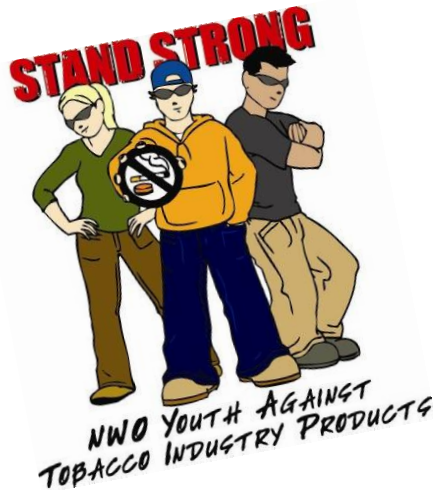
## ***Pillars:***

- **Prevention** – Preventing children, youth and young adults from starting to smoke/use commercial tobacco products.
- **Cessation** – Motivating and supporting people to quit smoking/tobacco use.
- **Protection** – Eliminating exposure to second-hand smoke and youth access to tobacco products.

## ***Supported by:***

- Public education/social marketing; evaluation/research; training; coordinated planning; stakeholder collaboration; technical assistance and knowledge sharing.

# Significant progress has been achieved



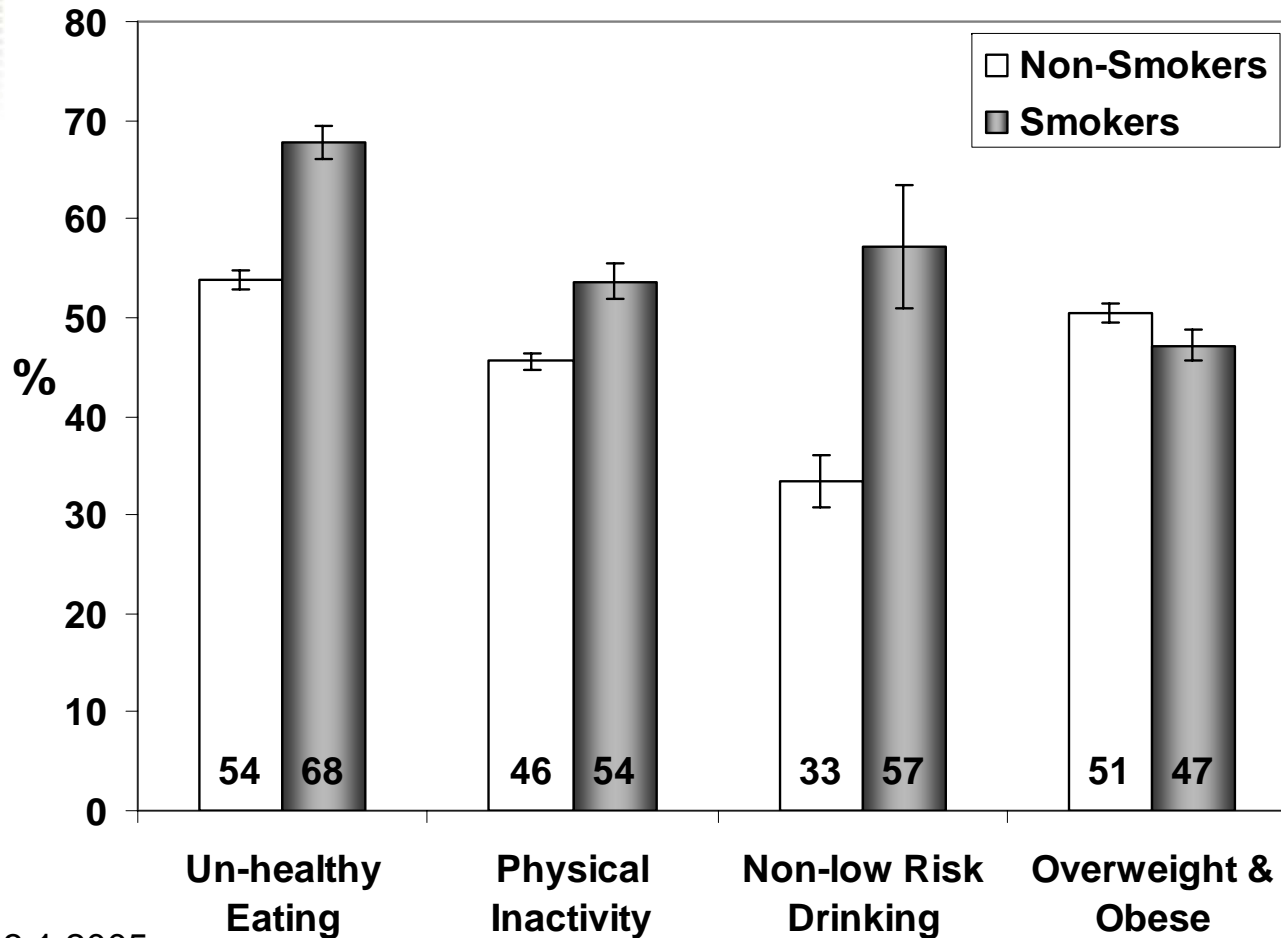
- *Smoke-Free Ontario Act* - enclosed public places & workplaces are smoke-free
- More Ontarians have access to evidence-based smoking cessation programs
- Tobacco consumption & prevalence have steadily declined until recently, with evening out of prevalence rates.
- Tobacco consumption targets (20% reduction by 2007) have been exceeded, although smoking prevalence has evened out at 18% of population.
- More school-aged youth have never smoked.

# Impact of Tobacco-use in Ontario

Tobacco Control is required as:

- there are 1.9 + million smokers in Ontario;
- tobacco is responsible for 13,000 avoidable premature deaths;
- approximately 20% of premature deaths (before age 70) in 2002;
- 187,000 children/youth under 18 years of age will die prematurely of a tobacco related disease;
- tobacco is a major cause of cancer, cardiovascular disease, and chronic obstructive lung disease;
- there are \$6.1 billion in direct health care and indirect costs to society; and
- the tobacco industry has renewed marketing efforts and introduction of new tobacco products (e.g., smokeless/chew).

# Life style risk factors by smoking status, Ontario, 2005



Source: CCHS 3.1 2005

**A BETTER IMPULSE BUY,  
DON'T YOU THINK?**



**SAY GOODBYE TO POWERWALLS...  
MAY 31!**



This message was brought to you by Knot in my Life



# Cancer Prevention

*“\$154 million over the next three years to build on the Province’s cancer screening program to increase early detection and treatment of breast, cervical and colorectal cancers.”*

- 2008 Ontario Budget

- MOHLTC funds the Colorectal and Breast Screening Programs, managed by Cancer Care Ontario.
- By 2010, MOHLTC aims to have 40% of the eligible population screened for Colorectal Cancer, and 70% of the eligible population screened for Breast Cancer.
- MOHLTC is collaborating with CCO to develop an integrated approach to cancer screening in Ontario.

# Prevention of Injury and Substance Misuse

**Goal:** To reduce the frequency, severity, and impact of preventable injury and of substance misuse.

## **Key Areas:**

- alcohol and other substances;
- falls across the life span;
- road and off-road safety; and
- other areas of public health importance.

# Prevention of Injury and Substance Misuse

## Key Changes:

- preventing falls across the life span vs only the elderly; and
- responding to local issues (suicide, drowning, playground safety)

## Key Strategies:

- healthy public policies and programs;
- safe and supportive environments;
- capacity of priority populations;
- collaborating with partners, promoting access to resources, skill building, sharing best practices;
- public awareness, communication campaigns; and
- working with enforcement agencies re: uptake of current legislation.

# Injury Prevention Statistics

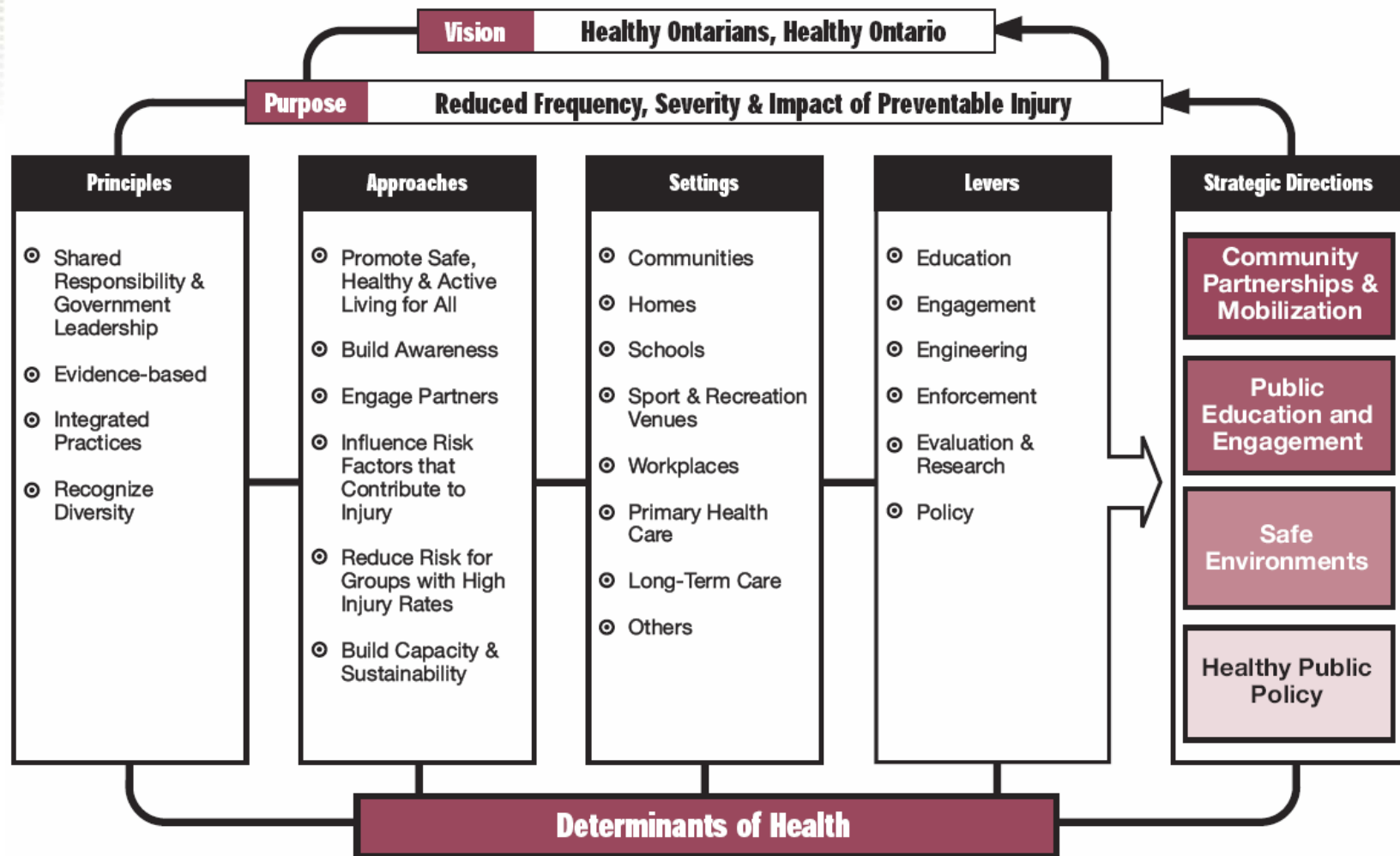
- Most injuries are predictable and preventable.
- Unintentional and intentional injuries cost Ontarians more than \$5.7B annually.
- More than 1.2 million injury-related Emergency Department (ED) visits and over 62,000 injury-related hospitalizations in one year.
- Approximately 1 in 4 ED visits is injury-related, and among children aged 10-14 years, the frequency increased to almost 1 in 2.

# Injury Prevention - Community Partnerships

MHP's priorities have included:

- Launching *Ontario's Injury Prevention Strategy* in August 2007 to coordinate injury prevention efforts across the province;
- Developing the IP strategy in consultation with representatives from public health, injury prevention NGOs, OPHA, and lead trauma hospitals;
- Supporting network of injury prevention managers in public health and the services of the Ontario Injury Prevention Resource Centre; and
- Collaborating with key provincial ministries (e.g. Ministry of Transportation on road safety).

# MHP's Injury Prevention Framework



# Family Health – Child and Reproductive

**Goals:** To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.

To enable all children to attain and sustain optimal health and developmental potential.

## Key Areas:

- preconception health;
- healthy pregnancies;
- preparation for parenting;
- positive parenting;
- breastfeeding;
- healthy family dynamics;
- healthy eating, healthy weights and physical activity;
- growth and development; and
- oral health.

# Family Health – Child and Reproductive

## Key Changes:

- removal of training of health care professionals;
- addition of Healthy Babies, Healthy Children Protocol guidelines;
- extends to preparation for parenthood;
- outreach to vulnerable groups; and
- surveillance through new dental software.

## Key Strategies:

- dental screening of school children;
- healthy policies and supportive environments;
- behaviour change resources and programs;
- public awareness/communication strategies;
- consultation, assessment and referral;
- outreach to priority populations to link to services;
- screening tools for families re: child health;
- provide Healthy Babies, Healthy Children and CINOT;
- preventative oral health services; and
- review fluoride levels in drinking water.

# MHP Priorities: Oral Health

*“In January 2009, Children In Need of Treatment Program (CINOT) will be expanded to include children in low-income families until their eighteenth birthday.”*

-Ontario Budget 2008

- Collaborate with PHUs on this expansion.
- Implement new Oral Health Information Support System.
- Emphasize prevention, including scaling.

# Integration of Family Health With Other Standards

Implementation of the Family Health standards require strong links with other program standards to achieve common goals.

## Examples:

- Breastfeeding -> Chronic Disease Prevention
- Preconception Health -> Sexual Health, Tobacco Control
- Growth and Development -> Injury Prevention

# MHP's Next Steps

Hosting workshops to:

- situate the OPHS within the provincial landscape;
- provide a range of activities to guide the implementation of the MHP standards; and
- discuss implementation opportunities, challenges and necessary supports.

Engaging public health leaders to develop guidance documents;

Strengthening communication and collaboration with public health leaders; and

Transforming the Ontario Health Promotion Resource System to support health promoters.