

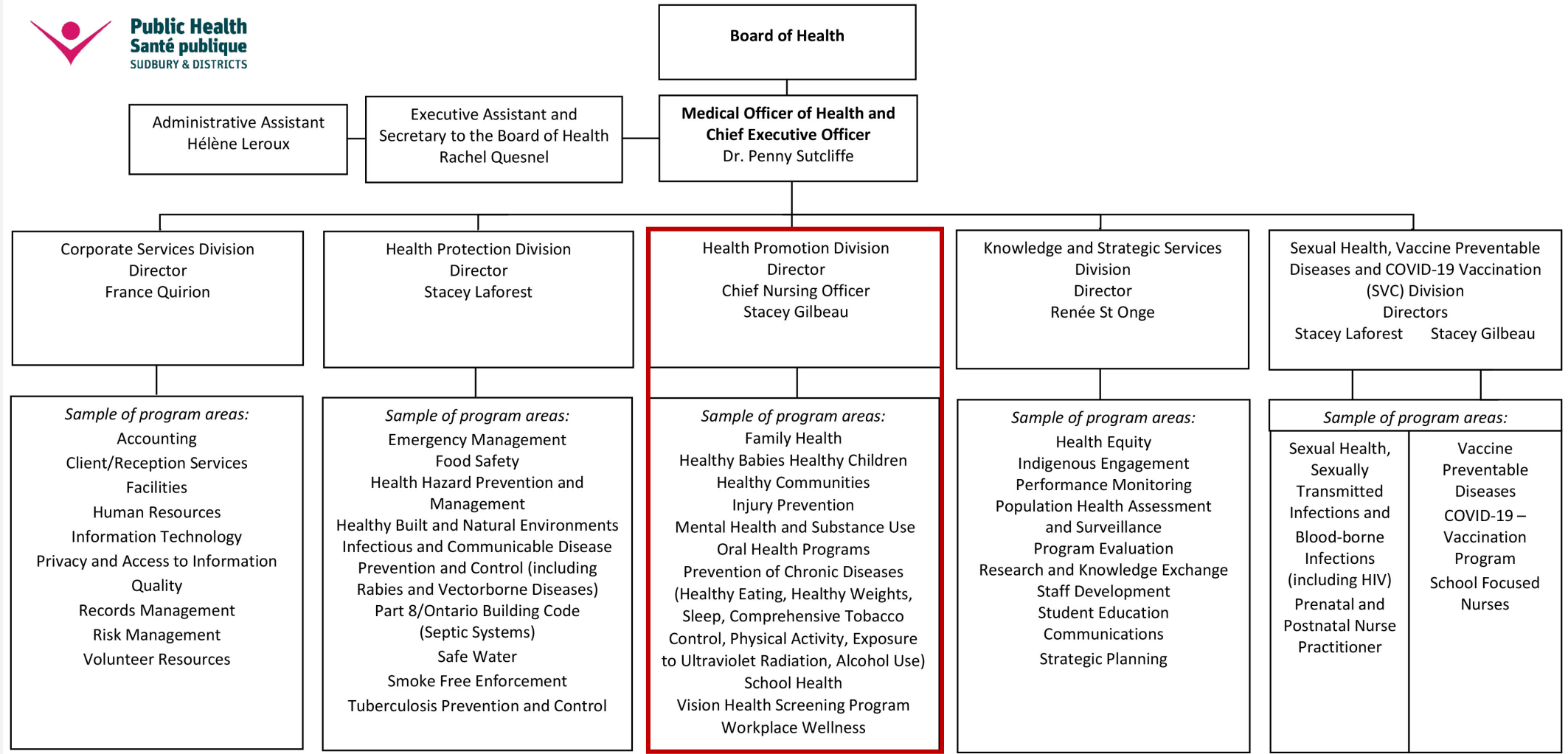
Public Health Strengthening and Chronic Disease Prevention

Stacey Gilbeau, Director, Health Promotion Division
and Chief Nursing Officer

Thursday, October 19, 2023



Public Health
Santé publique
SUDBURY & DISTRICTS



R: June 8, 2023

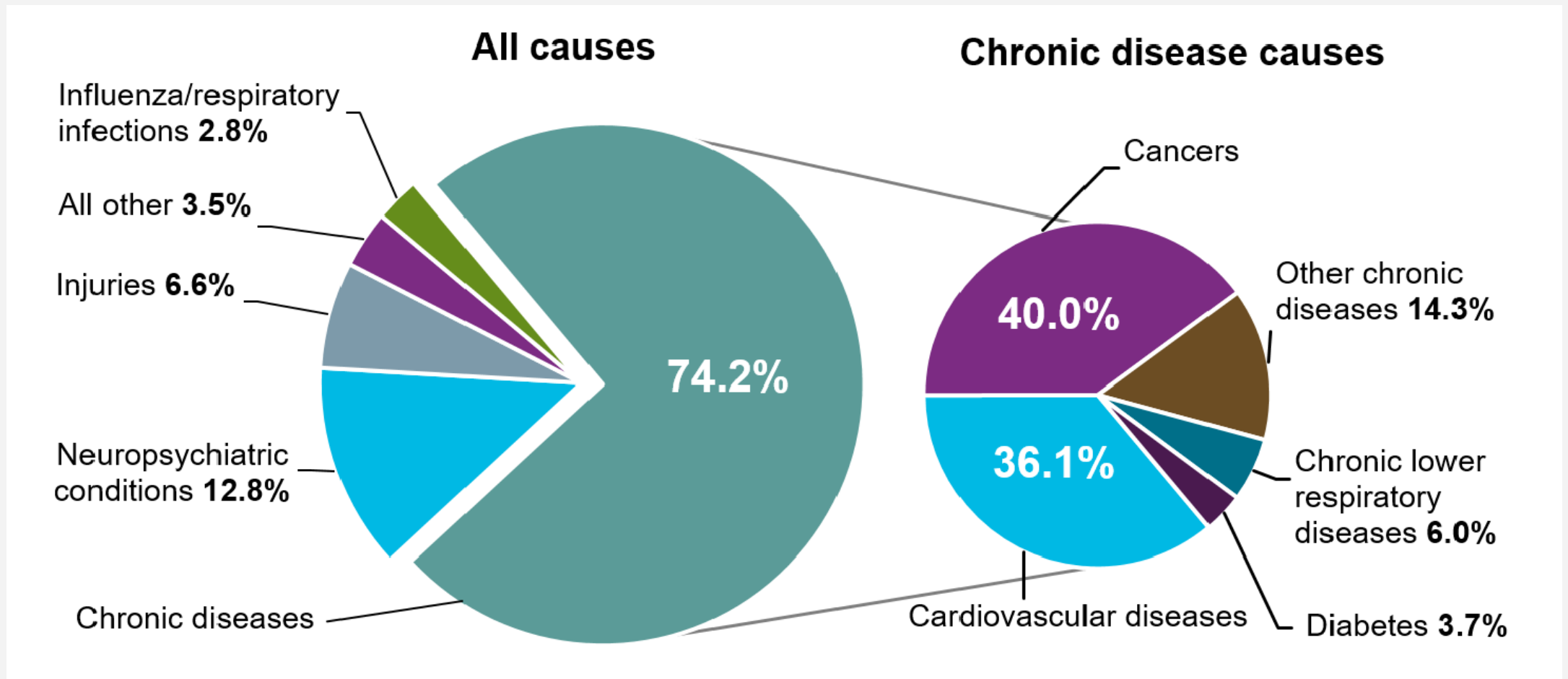
What is killing us (*the most*)?

- COVID-19
- Blue-green algae
- Unsafe food
- Vaccine preventable diseases (e.g. measles, meningitis)
- Toxic drugs
- Chronic diseases (e.g. cancers, heart disease, lung diseases, diabetes)
- Income and education levels
- PowerPoint presentations ...

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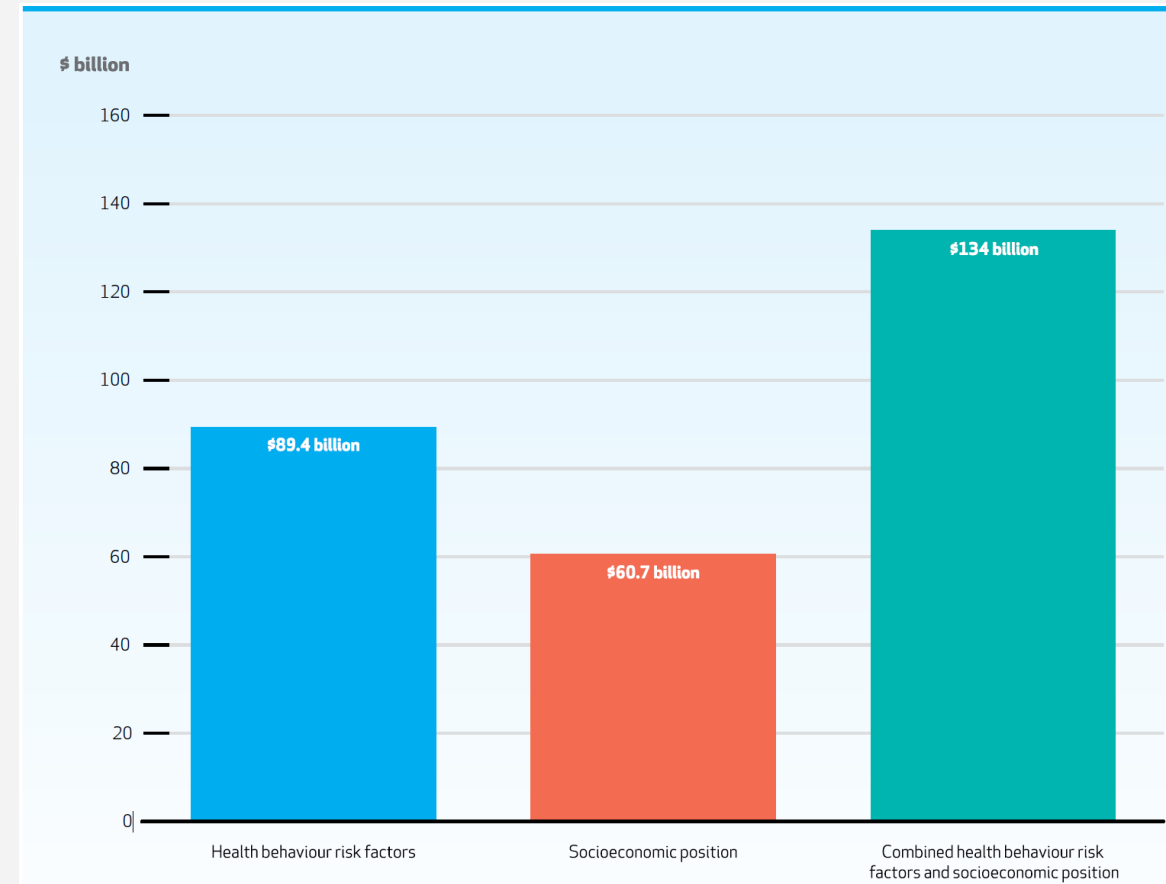
Causes of death in Ontario, 2015



Source: https://www.publichealthontario.ca/-/media/Documents/C/2019/cdburden-report.pdf?rev=fbf6ca2fc4534442adee001f92cb4fcf&sc_lang=en

Ontario Health Care* Costs

- More than \$89.4 billion or 22% of health care costs were attributed to the four health behaviours that cause chronic disease over a 10-year period.
 - Physical activity 53% | Smoking 41% | Diet 5% | Alcohol 1%
- Lower socioeconomic position accounted for \$60.7 billion or 15% of all costs over 10 years.
- Together, unhealthy behaviours and socioeconomic position contributed to a burden of \$134 billion in health care costs over 10 years, or 37% of Ontario's health care costs.
 - *Mostly hospital care, community care, and drugs

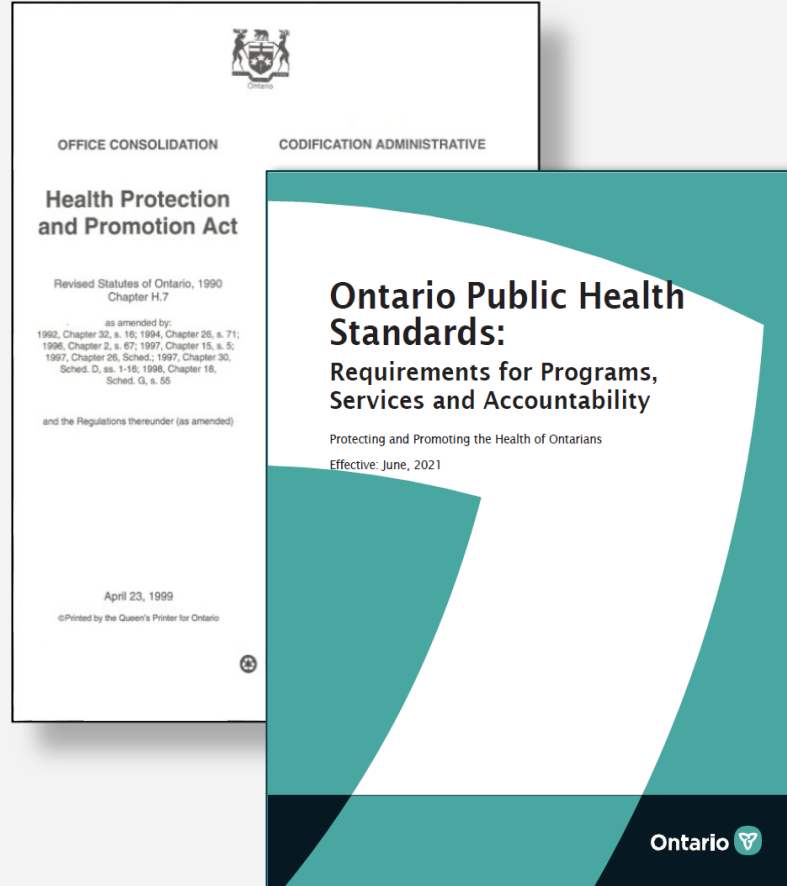


Source 2016: <https://www.ices.on.ca/wp-content/uploads/2023/06/Full-Report-18.pdf>

Bottom Line

- We cannot ignore chronic diseases.
 - They are killing us.
 - They are costing us.
 - They are (largely) preventable.

What is the role of boards of health in chronic disease prevention?



Foundational Standards

1. Population Health Assessment
2. Health Equity
3. Effective Public Health Practice
4. Emergency Management

Program Standards

1. Chronic Disease Prevention and Well-Being
2. Food Safety
3. Healthy Environments
4. Healthy Growth and Development
5. Immunization
6. Infectious/Communicable Disease Prevention and Control
7. Safe Water
8. School Health
9. Substance Use and Injury Prevention

Not all Program Standards are created equal

Health Promotion

- Supported by “directional” **Guidelines**
- Provide direction on how to **approach** requirements
- The **need** for programs and services should be **assessed** in the same way across all boards
- Allows for “**standardized flexibility**” based on local analyses and situation assessments

Health Protection

- Supported by “prescriptive” **Protocols**
- Provide direction on how to **operationalize** requirements
- The **delivery** of programs and services should be the same across all boards of health
- Requires “**standardized**” programs

For example: A tale of two standards

Chronic Disease Prevention Standard - Requirements (*excerpts*)

- Implement a program using a *comprehensive health promotion approach* that addresses chronic disease to reduce the burden of illness, informed by:
 - Assessment of risk/protective factors
 - Consultation with partners
 - Assessment of existing programs
 - Assessment of local needs
 - Evidence of effectiveness
 - Consider the following topics ***based on an assessment of local needs***: built environment, healthy eating, healthy sexuality, mental health, oral health, physical activity, sleep, substance use, UV exposure.
 - Evidence of the effectiveness of the interventions.

Food Safety Standard - Requirements (*excerpts*)

- Provide all the components of the Food Safety Program in accordance with the *Protocol*
 - Inventory of all food premises
 - Annual site inspection
 - Routine inspections according to minimum schedule and according to prescribed components
 - Investigate and inspect complaints
 - On-call system 24/7

Local chronic disease prevention

- Surveillance data
- Environmental scans
- Practice guidelines
- Municipal or school board policies
- Research findings
- Anecdotal information
- Funding sources



Source: National Collaborating Centre for Methods and Tools

Board of Health responsibilities – bottom line

- The Board must deliver programs and services to prevent chronic disease and promote well-being.
 - Programs must respond to local needs and capacities.
 - Programs must be based on evidence and in partnership.
 - Our services are potentially *infinite* but must fit within *finite* resources.

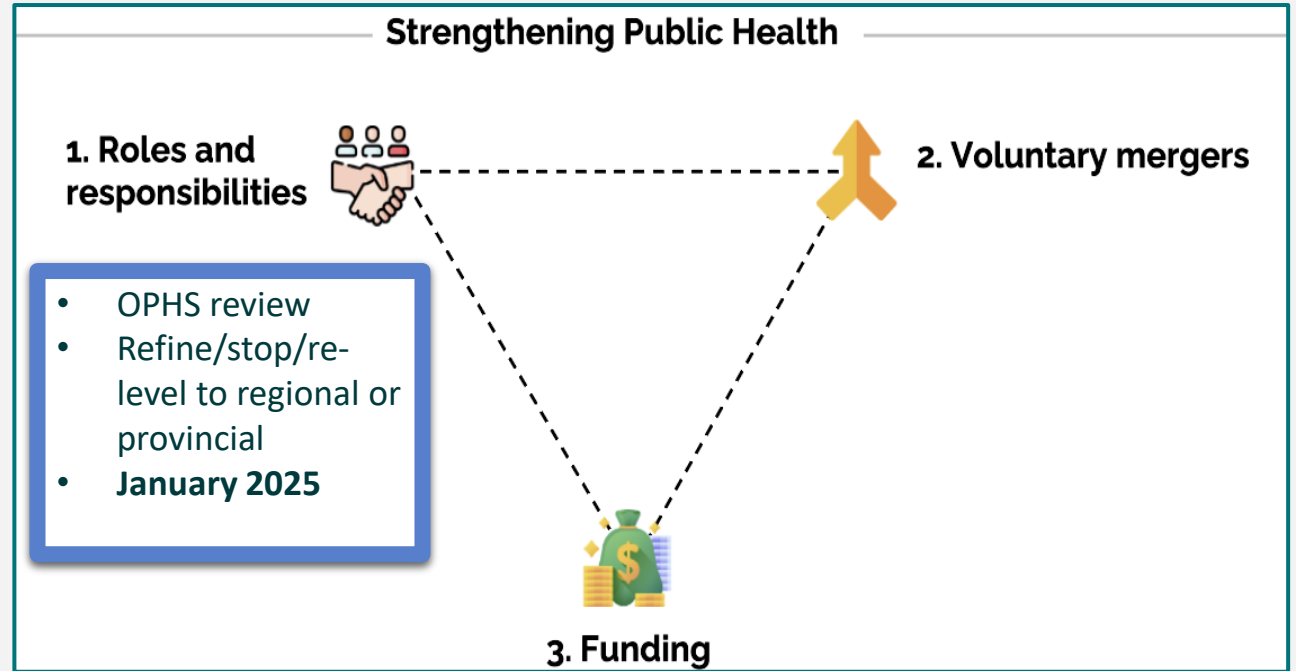
System Changes

Public Health Strengthening

- Roles and responsibilities review

Health System Changes

- Ontario Health Mandate
- Ontario Health Teams



Ontario Health Mandate Letter

Integrate a disease prevention lens to all clinical activities and continue to partner with public health in prevention and population health strategies.

Complete development and proceed with implementation of a chronic disease strategy in partnership with public health, addressing prevention, management and treatment, with an initial focus on diabetes, and aligned with the existing Indigenous diabetes strategy, in accordance with Ministry direction and approvals.

Moving Forward

- That the Board of Health receive this presentation as background context for today's motion:

“Urge all health system actors to remain committed to maintaining appropriate investments in health promotion and chronic disease prevention, while ensuring health risks associated with health protection work are managed”.



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