



OCDPA

Ontario Chronic Disease Prevention Alliance

**High-risk drinking, unhealthy eating, physical inactivity and tobacco use:
Learning about generic policy opportunities and challenges from four major risk
factors for chronic disease**

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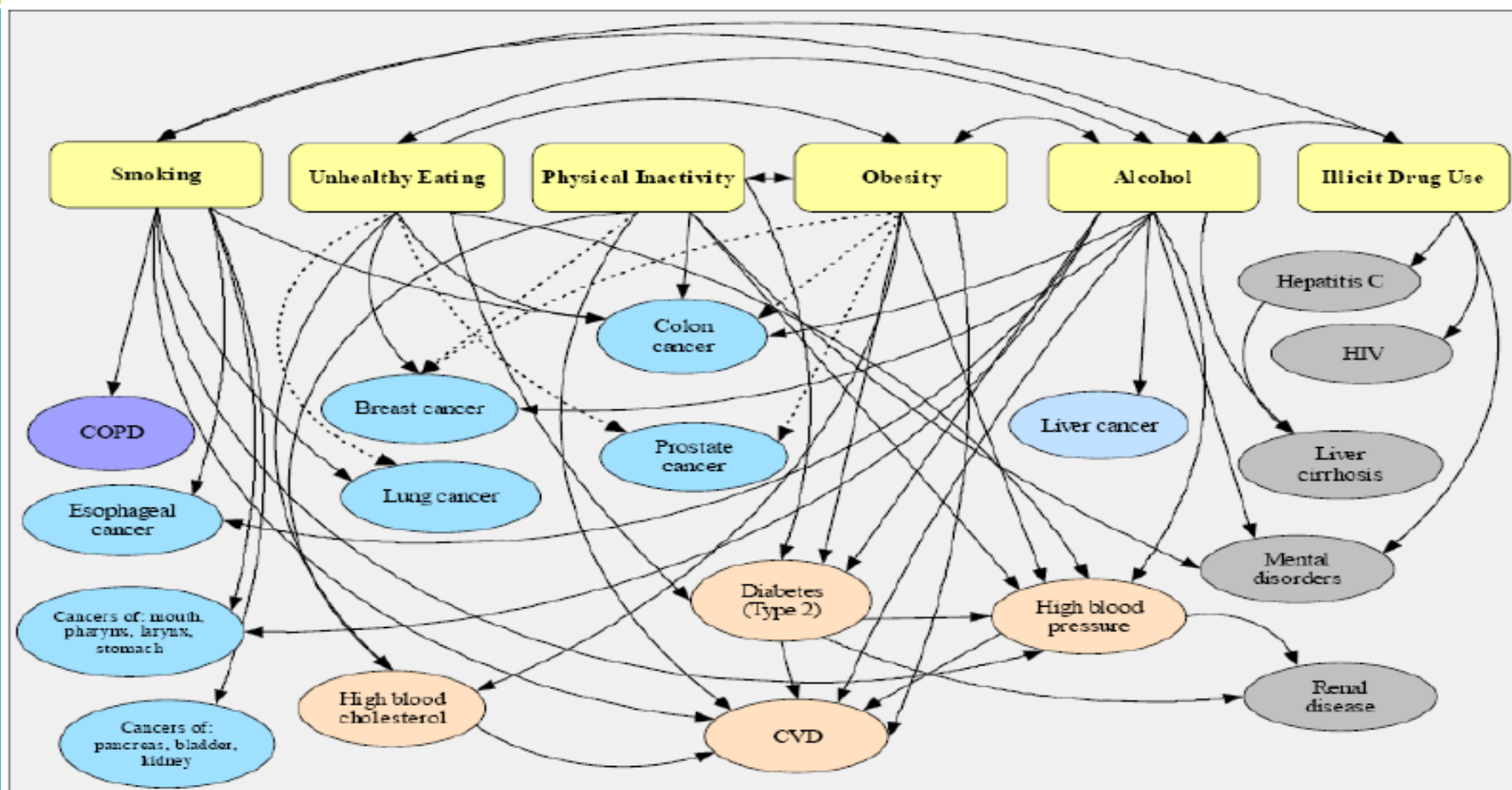
Chronic Diseases in Ontario

- Based on self-reports, about one in three Ontarians of all ages have one or more chronic diseases. Of these, approximately 55% have diagnoses of two or more chronic diseases
- For those over the age of 65 across Canada, about 80 percent have one chronic disease, and of those, about 70 percent suffer from two or more chronic diseases.
- At least 60 percent of Ontario's health-care costs are due to chronic diseases.

Ontario Health Quality Council Report (2007)

- Investing in prevention could save Ontario \$350 million in hospital costs alone.

Multiple Risk Factors and Chronic Disease



Note: Alcohol has also a protective effect for CVDs among women and men 45 years and older, depending on the pattern of drinking; the link to diabetes also depends on volume and patterns of drinking.

Source: E. Haydon, M. Roerecke, N. Giesbrecht, J. Rehm & M. Kobus-Matthews. 2005

Ontario Public Health Standards, April 2008 (draft)

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

Societal Outcomes

- *An increased proportion of the population lives, works, plays, and learns in healthy environments that contribute to chronic disease prevention*

Board of Health Outcomes

- *Policy makers have the information required to enable them to amend current policies or develop new policies that would have an impact on the prevention of chronic diseases*

Ontario Public Health Standards April 08 (draft)

Health Promotion and Policy Development

Board of Health shall:

- work with different settings, using a comprehensive health promotion approach to (influence or build) capacity to (develop and implement) healthy policies and (create or enhance) environmental supports / changes to address...*
- increase the capacity of community partners to coordinate and develop programs and services ...*

Why focus on learnings across risk factors?

- Growing research base supports cross-application
- Builds on a systems approach to chronic disease prevention
- Supports a comprehensive approach to chronic disease prevention policy making and public health practice
- Is an opportunity to test/apply ‘successful’ strategies
- Reduces competition for resources and finite amount of attention amongst individual risk factors/diseases
- May be economical and cost-effective
- It just makes sense!

Generic Policies and their Application

	Pricing	Density	Promotion	Pop'n Control	Messages
Tobacco	<ul style="list-style-type: none"> • Taxation 	<ul style="list-style-type: none"> • Enforcing contraband • Power walls 	<ul style="list-style-type: none"> • Restrictions on advertising and sponsorship 	<ul style="list-style-type: none"> • Age restrictions • Outlet restrictions 	<ul style="list-style-type: none"> • Warning labels
Alcohol	<ul style="list-style-type: none"> • Taxation 	<ul style="list-style-type: none"> • Sales restricted through licensing • Outlet restrictions 	<ul style="list-style-type: none"> • Restrictions on type, place and content of advertisement 	<ul style="list-style-type: none"> • Age, Time and serving restrictions • Outlet restrictions 	<ul style="list-style-type: none"> • Warning labels
Nutrition	<p><u>Unhealthy Foods</u></p> <ul style="list-style-type: none"> • Taxation <p><u>Healthy Foods</u></p> <ul style="list-style-type: none"> • Subsidies 	<ul style="list-style-type: none"> • Power walls • Vendors <p>• Planning / Zoning</p> <p>• Gardens, stores, markets, etc.</p>	<p><u>Unhealthy Foods</u></p> <ul style="list-style-type: none"> • Advertising restrictions <p><u>Healthy Foods</u></p> <ul style="list-style-type: none"> • Social Marketing and promotion 	<p><u>Unhealthy Foods</u></p> <ul style="list-style-type: none"> • Restrictions (i.e. school policies) <p><u>Healthy Food</u></p> <p>Markets, food skills preparation</p>	<ul style="list-style-type: none"> • Point of Sale messages • Point of Purchase messages • Food Labels
Physical Activity	<p><u>Sedentary Items</u></p> <ul style="list-style-type: none"> • Taxation <p><u>Active Living</u></p> <ul style="list-style-type: none"> • Subsidies • Org. Benefits • Incentives 	<p><u>Sedentary Items</u></p> <ul style="list-style-type: none"> • Sales restrictions <p><u>Active Living</u></p> <ul style="list-style-type: none"> • Planning/Zoning • Alternate usage opportunities 	<ul style="list-style-type: none"> • Advertising restrictions on sedentary items (children) • Social marketing and promotion of active living and recreation 	<p><u>Sedentary Items</u></p> <ul style="list-style-type: none"> • Restrictions • Outlet restrictions <p><u>Mandatory PA</u></p> <ul style="list-style-type: none"> • School guidelines • F&V programs 	<ul style="list-style-type: none"> • Active route signage (i.e. stairs, walking trails, etc.)

Learnings Across Risk Factors

Key lessons and successes in applying a ‘learnings’ perspective to multiple risk factors

1. Address the issue of individual responsibility vs. collective or environmental action (“Healthy choices need to be the easy choices”)
2. Evidence of harm / benefit is essential, but not sufficient to motivate policy change
3. The more comprehensive the approach, the greater the outcome and impact
4. Fully implement interventions known to be effective

Learnings Across Risk Factors

5. Broad-based, well networked, vertical and horizontal coalitions are key (private/public)
6. Change is slow -- tobacco control took decades of effort led by media savvy and politically astute leaders
7. Leadership and its support is essential
8. Modest, well-spent funds can have great impact, but clear vision and goals are needed to make funding sustainable

Learnings Across Risk Factors

8. Must not allow complacency that past actions will serve well in the future to 'sabotage' efforts
9. 'Rules of engagement' with the industries need to be different & continually reviewed
10. Build synergies among risk factors rather than competing for attention and funding

Yach et al. (2005)

Economos et al (2001)

An Ounce of Prevention...

AN OUNCE
OF PREVENTION COULD
SAVE ONTARIO OVER
\$350,000,000
ANNUALLY.



ONTARIO NEEDS A CHRONIC DISEASE PREVENTION SYSTEM.



AN OUNCE
OF PREVENTION
IS WORTH
everything
TO THE
NEXT GENERATION.



THE ONTARIO CHRONIC DISEASE
PREVENTION ALLIANCE IS THE
COLLECTIVE VOICE ON EFFECTIVE
CHRONIC DISEASE PREVENTION
POLICY AND PROGRAMMING.



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Presentation Citations

Haydon E, Roerecke M, Giesbrecht N, Rehm J, Kobus-Matthews M, prepared for the OCDPA and OPHA. (2005). *Chronic Disease in Ontario and Canada: Determinants, Risk Factors and Prevention Priorities*. http://www.ocdpa.on.ca/rpt_ChronicDiseaseOntario.htm

Ontario Health Quality Council (2007). *Q Monitor: 2007 Report on Ontario's Health System*. http://ohqc.ca/pdfs/final_ohqc_report_2007.pdf

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Economos CD, Brownson RC, DeAngelis MS, Novelli P, Forstar SB, Foreman CT, Gregsen J, Kumanyika SK, Pato RR, for the Partnership to Promote Healthy Eating and Active Living Workgroup (2001). **What lessons have been learned from other attempts to guide social change?** *Nutrition Reviews*. 59 (3 Pt II): 540-556



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