



SUBMISSION TO THE
MINISTRY OF FINANCE

2016 PRE-BUDGET CONSULTATIONS

SUBMITTED BY:

BARB WILLET, EXECUTIVE DIRECTOR

HEALTH NEXUS

JANUARY 27, 2016

Introduction

Health Nexus is pleased to provide input to the 2016 pre-budget consultations being undertaken by Ontario's Ministry of Finance. The Ministry of Finance's consultation process is crucial in ensuring that Ontarians from all walks of life have an opportunity to share their ideas on, and to shape, the government's budgetary direction for the upcoming year.

In its 2015 budget, the government laid out a blueprint to create a fair society for all Ontarians.

Health Nexus would like to commend the government for its commitment to invest in programs and services that help ensure Ontarians have the support they need to realize their full potential. A critical component of that commitment is a safe and efficient health care system.

Health care spending in Ontario remains the largest government expenditure. As Ontario's population continues to grow and age, the government has taken, and continues to take, significant steps towards building a sustainable health care system that puts patients at its centre. The recently released *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario* sets the stage for a very important dialogue on improving health equity and addressing the social determinants of health.

With this in mind, Health Nexus is putting forward pre-budget advice that aims to build on the government's commitment to building a sustainable health care system through a focus on preventing illness.

Specifically, we are suggesting, that the government:

1. Continue to build on its work to promote greater collaboration across Ministries and build upon these initiatives to create a formal and sustained government-wide Health in All Policies approach to foster greater collaboration across sectors to address the social determinants of health and improve health equity.
2. Maintain and strengthen its investment in health promotion. Broadly speaking, this government should invest in programs that represent an upstream approach to addressing Ontario's health needs, including programs aimed at supporting maternal health and early childhood development.
3. Leverage the expertise of Ontario's [Health Promotion Resource Centres](#) as it works to strengthen patient-centred health care in Ontario.

About Health Nexus

Currently celebrating our 30th anniversary, Health Nexus is a bilingual leader in health promotion that supports individuals, organizations and communities build their capacity to implement health promotion

strategies that address the broad determinants of health and enhance community well-being. Equity, inclusion, engagement and resilience are the touchstones of all our work.

With a proven track record in community engagement, Health Nexus is a leader in partnership development across sectors. We work with individuals and organizations to identify common interests, connect them to resources, information and supports, and facilitate the development of creative solutions. Health Nexus has decades of experience in facilitating connections between health care stakeholders and collaborators across a range of sectors that impact underlying determinants of health. We help break down silos and bridge across sectors.

Putting evidence into practice, we work both independently and in collaboration with partners and experts to develop multi-media resources, *how-to* guides, best practices and tip sheets, on a broad range of health promotion topics including community engagement, health equity, chronic disease prevention and working with minority and vulnerable populations.

The [Best Start Resource Centre](#), a key program of Health Nexus, provides information and resources for health service providers and parents on a broad range of preconception, prenatal and child health promotion topics, including resources that promote breastfeeding and provide strategies to address the barriers to breastfeeding among populations with low breastfeeding rates. Through our Best Start Resource Centre, Health Nexus is recognized for its leadership role in championing breastfeeding and its lifelong benefits.

Health in All Policies

Traditionally, it has been challenging to quantify the budgetary impact of health promotion initiatives; however, the 2015 Canadian Institute for Health Information (CIHI) Technical Report on *Trends in Income-Related Health Inequities* offers a means of establishing the health care cost of failing to address the social determinants of health.

According to the CIHI report, “Canada has made little progress in closing the gap between the health of richer and poorer Canadians.”¹ In fact, CIHI findings suggest that the gap between the health of richer and poorer Canadians has largely persisted or even widened over the last ten years.

CIHI estimates that if Canadians in the bottom four income levels experienced the same indicator rate as those in the highest income level, there would be:

- 1 million fewer households with food insecurity in 2011-2012;
- 4,200 fewer small for gestational age births in 2011;
- 580,700 fewer women with obesity in 2013;
- 300 fewer infant deaths in 2011;
- 1,656,400 fewer Canadians smoking in 2013; and

¹ <https://www.cihi.ca/en/factors-influencing-health/health-inequalities/richer-poorer-in-sickness-and-in-health> accessed January 12, 2016

- 673,700 fewer Canadians living with diabetes in 2013.²

The adoption of a Health in All Policies approach would create mechanisms to foster greater multisector collaboration and systemically address the health implications of policy decisions across different sectors that influence health. Health equity within Ontario depends upon a Health in All Policies approach.

Health Nexus would like to commend the efforts of the government to strengthen inter-ministerial collaboration. The government's Poverty Reduction Strategy, *Realizing Our Potential, Ontario's Poverty Reduction Strategy* as well as the work to develop a policy for community hubs are noteworthy examples of this government's commitment to addressing the social determinants of health.

Premier Wynne's mandate letters set a clear framework for greater collaboration across Ministries and represent the first steps towards a Health in All Policies approach.

Health Nexus believes that this government must continue to build upon these initiatives to create a formal and sustained government-wide Health in All Policies approach to improve population health through cross-sectorial and coordinated policy initiatives.

Maintain and strengthen investment in health promotion

With Ontario's rapidly growing and aging population, health care remains a key priority. In order to ensure a sustainable health care system for generations to come, the government has committed to "putting patients first"³.

Health is about more than health care. Good health starts where we live, work and play. It is about creating vibrant and inclusive communities where people of all ages can grow and thrive.

Health promotion goes beyond health education and social marketing to enable individuals to increase control over, and to improve their health.⁴ Health promotion represents an "upstream" approach to addressing Ontario's health needs.

Investing in health promotion and disease prevention makes good fiscal sense. Every dollar invested in promoting healthy eating and physical activity saves six dollars in the cost of caring for individuals with chronic disease.⁵ Given the potential for significant cost savings, investing in upstream interventions will play a crucial role in ensuring health system sustainability.

² November 2015 Canadian Institute for Health Information Technical Report: *Trends in Income-Related Health Inequities in Canada*

³ *Patients First: Action Plan for Health Care*. Ministry of Health and Long-Term Care. 2015

⁴ Ottawa Charter for Health Promotion <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

⁵ Trust for America's Health. (2008). *Prevention for a Healthier America: Investments In Disease Prevention Yield Significant Savings, Stronger Communities*.

The value of upstream intervention in improving the health of all Ontarians

1. Supporting Preconception and Prenatal Health

Health care costs in Ontario are disproportionately driven by “heavy users”. Among children the top one per cent and five per cent of users account for 38 per cent and 59 per cent of expenditures respectively⁶.

The data from the Institute of Clinical and Evaluative Sciences identified low birth weight/premature birth as one of the top five reasons for hospitalization among the top one per cent of users in children. The high cost of neonatal care suggests that interventions are best carried out “upstream” to address the various risk factors for premature birth, including poor maternal nutrition, obesity and stressful life events.

2. Early Childhood Development: Giving Children the Best Start in Life

According to Statistics Canada, using World Health Organization guidelines, close to one third of Canadians between the ages of five and 17 were classified as overweight or obese. Research has consistently demonstrated an increased risk of overweight or obese youth becoming overweight or obese adults.⁷ If current trends persist, by 2040 up to 70 per cent of today’s children will be overweight or obese adults.⁸ Unhealthy weights in adults have been linked to a wide variety of health concerns including increased risk of heart disease, cancer, strokes, psychosocial problems and type 2 diabetes. Obesity places a large economic burden on Canadians. In 2006, obesity accounted for \$3.9 billion in direct health care costs and a further \$3.2 million in indirect costs.⁹

The underlying causes for the growth in unhealthy weights among children are complex, including both biological and social factors. Addressing these causes requires action across sectors.

Through the *Ontario’s Healthy Kids Strategy*, the government has begun its work to deal with some of the root causes of childhood obesity; however, success depends on a substantial and sustained investment.

Leveraging Ontario’s Health Promotion Resource Centres as part of “putting patients first”

According to the Senate Subcommittee on Population Health,¹⁰ only 25 per cent of the population’s health outcomes are attributable to the health care system. In fact, half of all health incomes can be

⁶ Woodchis, W.P. *et al.* A 3year study of high-cost users of health care. Canadian Medical Association Journal. 2016

⁷ Singh, A.S., *et al.* Tracking of childhood overweight into adulthood: a systematic review of literature. Obesity Review. 2008. 9(5): 474-488.

⁸ Le Petit, C. & Berthelot, J.M. Obesity : A Growing Issues. Statistics Canada catalogue no 82-618-MWE2005003

⁹ Janssen, I. *The public health burden of obesity in Canada.* Canadian Journal of Diabetes 2013. 37(2): 90-96.

¹⁰ Standing Senate Committee on Social Affairs, Science and Technology, Final Report of Senate Subcommittee on Population Health, “A Healthy, Productive Canada: A Determinant of Health Approach,” June 2009

explained by socio-economic factors such as education and income and a further 10 per cent by the physical environment.

The 2012 Commission on the Reform of Ontario's Public Services suggested that "strategic education interventions may be more effective in reducing future health care costs than investments in hospitals today."¹¹

The Ottawa Charter for Health Promotion recognizes the impact of influences outside of health care that effect on population health, and identifies eight fundamental conditions and resources for health:

- peace;
- shelter;
- education;
- food;
- income;
- a stable eco-system;
- sustainable resources; and
- social justice and equity.

Furthermore, the Ottawa Charter states that "the prerequisites and prospects for health cannot be ensured by the health sector alone."

As the Ministry of Health and Long-Term Care moves forward through the next phase of its plan to "put patients first," it cannot address population and public health alone.

Ontario's health promotion resource centres have the experience and expertise required build and nurture collaborative relationships across sectors; engage diverse cultural communities and marginalized populations; and increase local capacity to provide better care, closer to home. They are poised to work collaboratively across the many diverse sectors that impact on the health of all Ontarians.

Ontario's health promotion resource centres provide the training, tools, and field support required to ensure effective, evidence-based responses to health promotion priorities.

Health promotion resource centres in action

[The Best Start Resource Centre](#)

The Best Start Resource Centre, a key Health Nexus program, supports health care and other service providers working in the fields of preconception and prenatal health as well as early child development.

¹¹ Commission on the Reform of Ontario's Public Service (2012) *Public Service for Ontarians: A Path to Sustainability and Excellence*.

The work of the Best Start Resource Centre supports a wide range of government initiatives including the Healthy Kids Strategy and addressing Fetal Alcohol Spectrum Disorder. We are committed to providing children with the healthiest start in life.

Best Start Resource Centre addresses a wide range of factors related to health and development in young children, for example maternal health, early childhood development and breastfeeding.

Already, the government has made a number of critical investments to enhance provincial breastfeeding support including the expansion of breastfeeding supports from Telehealth Ontario, targeted supports to increase breastfeeding in communities with low rates through the Best Start Resource Centre and the [Baby Friendly Initiative \(BFI\) Strategy for Ontario](#). Lead by the Toronto East Health Network, and in partnership with the Best Start Resource Centre, the BFI Strategy will play a crucial role in helping families provide their infants with a sound nutritional start.

The Best Start Resource Centre provides resources that promote breastfeeding and provide strategies to address the barriers to breastfeeding among populations with low breastfeeding rates.

Breastmilk offers the most complete form of nutrition for infants and has been shown to promote healthy brain development, boost immunity, decrease the risk of sudden infant death syndrome (SIDS) and reduce lifetime risk for obesity (a major risk factor for the development of chronic disease).

[HC Link](#)

HC Link is a collaborative of three partner organizations, Health Nexus, Ontario Healthy Communities Coalition and Parent Action on Drugs, which supports community groups, organizations and partnerships in Ontario to build healthy communities. With a focus on the development of conditions that contribute to healthy communities and the prevention of chronic disease, HC Link offers a variety of services designed to enhance skills and knowledge. In addition to the support and services we provide in French, HC Link also works with Francophone and Anglophone groups and organizations to build their capacity to deliver French services and engage meaningfully with Francophone communities.

The Healthy Kids Community Challenge launched in 2014 in 45 Ontario communities. The program, a key part of *Ontario's Healthy Kids Strategy*, brings together community stakeholders across a range of sectors to deliver programs and activities that promote children's health and encourage the development of healthy habits that last a lifetime.

HC Link, in partnership with three other health promotion resource centres, is providing communities with the supports they require in order to implement programs under the Healthy Kids Community Challenge. HC Link provides a range of capacity building services to community organizations participating in the Healthy Kids Community Challenge. Supports include facilitating partnership development and collaboration; and creating peer sharing opportunities to allow disparate communities leverage best practices, innovations and learnings of others.

Summary of Recommendations

To recap, Health Nexus is calling on the Ontario government to insert the following commitments into its 2016 Budget:

1. Continue to build on its work to promote greater collaboration across Ministries and build upon these initiatives to create a formal and sustained government-wide Health in All Policies approach to foster greater collaboration across sectors to address the social determinants of health and improve health equity.
2. Maintain and strengthen its investment in health promotion. Broadly speaking, this government should invest in programs that represent an upstream approach to addressing Ontario's health needs, including programs aimed at supporting maternal health and early childhood development.
3. Leverage the expertise of Ontario's Health Promotion Resource Centres as it works to strengthen patient-centred health care in Ontario.

Conclusion

Health Nexus appreciates the opportunity to provide input through this submission on the 2016 Ontario budget. As a bilingual organization with 30 years of experience building and nurturing collaborative relationships across sectors, Health Nexus has a unique and important perspective on the impact of the government's budgetary policy on population health. Health Nexus is committed to supporting the development of healthy, equitable and inclusive communities and we look forward to working with your government to achieve this.

For more information, please contact:

Barb Willet
Executive Director
Health Nexus
180 Dundas Street West, Suite 301
Toronto, Ontario, M5G 1Z8
Tel: 416.408.2249
Email: b.willet@healthnexus.ca