



## Public Health: Chronic Disease Prevention

### 2017 Value-for-Money Audit

#### Why We Did This Audit

- Ontario's 36 public health units deliver chronic disease prevention programs and services to their local populations. The public health units are mostly funded by the Ministry of Health and Long-Term Care (Ministry) and local municipalities.
- In 2016/17, the Ministry spent about \$190 million, or about 16% of total public health spending, on promoting healthy living and preventing chronic diseases. Other public health spending includes funding for immunization, food premises and tobacco retailers inspections, and infectious disease prevention.

#### Why It Matters

- The prevalence of chronic diseases in Ontario is rising—between 2003 and 2013, for example, the number of diabetes cases rose by 65%, cancer by 44% and high blood pressure by 42%.
- Most chronic diseases are preventable, or their onset can be delayed, by modifying risk factors such as physical inactivity, smoking, and unhealthy eating.
- Chronic diseases have a significant impact on health-care spending. The Ministry estimated that major chronic diseases and injuries accounted for over 30% of direct, attributable health-care costs in Ontario.

#### What We Found

- Ontario has no overarching policy framework on chronic disease prevention to guide overall program planning, development and continual evaluation. As well, the Province does not have a comprehensive approach for assessing the public health impact when legislation and policies are being developed.
- The Ministry has developed comprehensive policies and provided dedicated funding to support tobacco control, which is one of the major contributors to chronic diseases. However, this has not fully been done on other important contributors to chronic diseases, such as physical inactivity, poor diet and heavy drinking. According to a 2016 Institute for Clinical Evaluative Sciences report, physical inactivity accounted for the highest health-care spending at 12.8%, 9.9% to smoking, 1.2% to diet, and 0.3% to alcohol. Being overweight or obese has been identified as a major contributor to chronic disease, such as diabetes.
- Ontario's 36 public health units each independently undertake research on health promotion and develop local solutions. We noted significant duplication of effort as a result. Similarly, the Ministry does not require public health units to use any established program evaluation methodology, resulting in each unit conducting evaluations differently. In addition, not all public health units evaluated the results of their programs.
- The Ministry has not established specific standards on how much epidemiological work the public health units have to undertake for chronic disease prevention, or assess whether certain analyses could be better conducted centrally.
- Each public health unit is required under the Ontario Public Health Standards to individually obtain epidemiological data to study the patterns, causes and effects of health and disease within their respective population. All public health units do not have the same amount of resources to dedicate to this process. During our audit, they indicated there is likely benefit to a more co-ordinated approach that could result in this work being conducted more efficiently and cost-effectively.
- The lack of co-ordination at the provincial level to help deliver public-health programs and services at the local level in schools has limited the public health units' ability to influence healthy behaviours in young children. As a result, units spend resources persuading schools to participate in effective public health programs instead of on actual service delivery.
- To ensure public health funding is distributed based on need, and to reduce funding inequities among public health units, the Ministry began in 2015 to apply a public health unit funding model developed two years earlier. In 2015, the Ministry estimated that it could take another 10 years to ensure funding is more equitably allocated to all public health units under this model.
- Provincial funding for public health units is not approved until the last quarter in the year. Based on our survey of medical officers of health and CEOs at public health units, 80% identified timeliness of funding approvals is a problem. It is challenging for them to plan programs and services not knowing how much funding their public health units will receive.

## **Conclusion**

- The Ministry does not have the processes and systems in place to ensure that the public health units are planning and delivering chronic disease prevention programs and services in a cost-effective manner.
- The Ministry has not sufficiently supported co-ordination among the public health units that would help them plan and deliver programs more efficiently.
- Further, the Ministry does not guide public health units on a methodology to evaluate their programs as to whether those programs have been effective in reducing the cost burden on the health-care system and improving population health outcomes.

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