

Prevention System Quality Index: Health Equity

A companion to 2016 Prevention System Quality Index:
Monitoring Ontario's Efforts in Cancer Prevention

Prevention System Quality Index: Health Equity reports from a health equity perspective on four risk factors for cancer and other chronic diseases—tobacco use, alcohol consumption, unhealthy eating and physical inactivity.

Many populations in Ontario facing health inequities experience shorter overall life expectancies, and higher incidence and mortality rates for certain cancers.

This report describes the distribution of cancer risk factors in the Ontario population, and how system-level policies and programs with the potential to reduce cancer risk factors can affect groups facing health inequities. It discusses the current status of policies and programs in Ontario, as well as opportunities to reduce cancer risk factors in populations with health inequities.

The main findings show that populations facing health inequities have a higher prevalence of certain cancer risk factors and fare worse on several indicators that measure policy and program effects. Comprehensive strategies implemented across sectors at multiple levels, and include universal and targeted policies and programs are required to reduce risk factor prevalence in the population as a whole and in populations facing health inequities. Better data are needed to understand the cancer risk of populations with health inequities,

and to monitor the effects of policies and programs on these populations over time.

What is health equity?

Health equity is achieved when everyone can reach their full health potential no matter where they live, what they have or who they are. Health inequities are differences in health that are systematic, avoidable and unfair. People facing health inequities have greater health risks and poorer health outcomes.

First Nations, Inuit and Métis populations

A major focus of the report is First Nations, Inuit and Métis who face health inequities rooted in colonialism, racism and social exclusion. First Nations, Inuit and Métis populations have a higher prevalence of several cancer risk factors, higher cancer mortality rates, rising rates of cancer incidence and poorer cancer survival than non-Aboriginal Ontarians. This report highlights recommendations for First Nations, Inuit and Métis populations from Cancer Care Ontario's *Path to Prevention — Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis* report.

The full 2018 PSQI: Health Equity report can be found at cancercareontario.ca/PSQI.



Commercial tobacco

Indicator findings: key differences in tobacco use

More likely to smoke:

- Lower income or education
- Rural or northern areas
- Gay, lesbian or bisexual
- Some blue collar occupations

More likely to be exposed to second-hand smoke in vehicles or homes:

- Adolescents in lower income or education households
- Adolescents in northern areas

Less likely to quit smoking long term:

- Lower income or education
- Some blue collar occupations
- Identify as Black

Ontario has made significant progress in reducing tobacco use through Smoke-Free Ontario, but many groups facing health inequities continue to smoke at much higher rates than the rest of the population. Universal and targeted interventions are needed to further reduce tobacco use.

Highlights of findings, and policy and program opportunities include:

Increase the price of tobacco through taxes

Increasing tobacco prices reduces smoking more than any other policy intervention, especially in groups with low socio-economic status. Ontario has the second-lowest retail price of cigarettes in Canada and its tobacco taxes are only 65 percent of the total retail price; the World Health Organization recommends a minimum of 75 percent.

Develop policies that prohibit smoking in multi-unit housing, with a focus on social housing

Residents of multi-unit housing are more likely to be exposed to second-hand smoke; residents of social housing are particularly vulnerable.

Of the 12 largest local housing corporations (social housing providers), only five have a policy prohibiting smoking in residential units.

Ensure sustained funding for smoking cessation interventions, including pharmacotherapy, for populations facing health inequities

Tailored interventions and free pharmacotherapy, such as nicotine replacement therapy, can increase smoking cessation in populations facing health inequities. The Ontario government currently funds many smoking cessation programs and is planning a coordinated cessation system, with a focus on priority populations.

First Nations, Inuit and Métis populations

First Nations, Inuit and Métis populations have higher smoking rates, and Inuit and Métis people are more likely to be exposed to second-hand smoke than non-Aboriginal Ontarians.

Recommended policies and programs:

- Develop and implement a coordinated plan to prevent commercial tobacco use among First Nations, Inuit and Métis children and youth.
- Establish commercial tobacco cessation programs and services in First Nations, Inuit and Métis communities.
- Support the development of resources to address second- and third-hand smoke.
- Support community-initiated and managed tobacco control measures, while respecting First Nations' rights.



Alcohol

Indicator findings: key differences in alcohol consumption

At similar and lower levels of drinking, groups with low socio-economic status experience more alcohol-related harms than those with high socio-economic status.

Binge drinkers more likely to binge drink frequently (once a week or more):

- Lower income or education

Ontario has many elements of a strong alcohol control system, but there are opportunities to strengthen policies and programs as part of a cross-sectoral, comprehensive provincial alcohol control strategy.

Highlights of findings, and policy and program opportunities include:

Increase the minimum price of alcohol in off-premises outlets

Increasing the price of alcoholic beverages results in lower alcohol consumption in heavy drinkers, especially in low-income populations. In Ontario, current minimum prices are not high enough to appreciably reduce alcohol consumption at the population level.

Reduce alcohol availability by limiting the density of alcohol outlets

An increase in the availability of alcohol outlets in neighbourhoods with lower socio-economic status has been associated with increases in heavy drinking or alcohol-related harms in several jurisdictions. Some municipalities in Ontario have implemented zoning bylaws to reduce clustering of alcohol outlets, but a provincial policy limiting the density of alcohol outlets is not in place.



Healthy eating

Increase access to government-funded alcohol treatment services, especially for populations facing health inequities

Many Canadians with at-risk drinking and alcohol use disorders experience barriers accessing appropriate treatment due to limited availability of services, stigma towards alcohol use disorders and financial difficulties.

Ontario has a Mental Health and Addictions Strategy that includes goals to identify mental health and addictions problems, and to provide timely, high-quality, integrated, person-directed health and other human services.

First Nations, Inuit and Métis populations

On-reserve First Nations adults and Inuit adults living in Inuit Nunangat (traditional Inuit homeland) are more likely to abstain from alcohol than non-Aboriginal Ontarians; however, First Nations, Inuit living in Inuit Nunangat and Métis populations have higher rates of binge drinking than non-Aboriginal Ontarians.

Recommended policies and programs:

- Ensure that culturally acceptable and relevant alcohol prevention and treatment programs for First Nations, Inuit and Métis peoples are available.
- Broaden the impact of alcohol intervention strategies.
- Incorporate alcohol interventions into existing tobacco control initiatives.

Indicator findings: key differences in healthy eating

Less likely to consume vegetables and fruit:

- Lower income or education
- Food insecure

More likely to be food insecure:

- Households with lower income

The high rates of food insecurity in low-income households and high prevalence of inadequate vegetable and fruit consumption in Ontario adults, especially those with low income and education, indicate the need for a provincial strategy, such as the Ontario Food and Nutrition Strategy, which was developed by organizations with a role in food systems and health.

Highlights of findings, and policy and program opportunities include:

Develop and implement the provincial Food Security Strategy

Ontario's Food Security Strategy, which aims to empower communities, integrate food initiatives, address income and drive innovation, is currently being developed. In Ontario, there are several community-based food programs, such as community food centres and the Student Nutrition Program that should also continue to be supported.

Continue to implement poverty reduction policies

Poverty reduction policies, such as raising the minimum wage and social assistance benefits, have been shown to reduce household food insecurity in Canada. Ontario has a Poverty Reduction Strategy (2014–2019) that includes increasing the minimum wage, a basic income pilot project and increasing funding for affordable housing.

Support tailored and economically accessible food literacy programs in communities

Food literacy programs may increase healthy eating in adults and children. In Ontario, there is little provincial coordination of food literacy programs and the school curriculum does not require practical food skills.

Improve the food environment through strategies such as land use planning, tax incentives, re-zoning, taxes on sweetened beverages and food labelling

Changes to the food environment, including the types of foods available from food retailers, the effects of pricing or taxation policies on food purchasing behaviours and environmental cues that prompt food choices, can improve healthy eating. In Ontario, policies and programs to increase the availability of healthy food mainly occur at the local level. Ontario's Healthy Menu Choices Act, 2015 requires menu labelling for restaurants and other food service providers with 20 or more locations.

First Nations, Inuit and Métis populations

First Nations adults on- and off-reserve have higher rates of inadequate vegetable and fruit consumption than non-Aboriginal Ontarians. First Nations adults are more likely to live in a food insecure household than non-Aboriginal Ontarians. Métis households also have higher rates of food insecurity. Inuit have lower rates of food security than non-Aboriginal Ontarians.

Recommended policies and programs:

- Develop an Indigenous food and nutrition strategy.
- Reduce barriers that prevent access to healthy foods for First Nations, Inuit and Métis.
- Address environmental issues for Indigenous foods.
- Develop traditional food and nutrition skills.



Physical activity

Indicator findings: key differences in physical activity

More likely to be inactive during leisure time:

- Adults and adolescents with lower household income or education
- Immigrant adults
- Non-white adults and adolescents
- Adolescent girls

Grade 10 to 12 students less likely to enrol in health and physical education courses:

- Girls
- Boys at schools in lower income neighbourhoods

A comprehensive provincial physical activity strategy is needed to increase physical activity and reduce sedentary behaviour in the Ontario population, including in groups facing health inequities.

Highlights of findings, and policy and program opportunities include:

Develop interventions that increase active transportation, with a focus on health equity

The built environment has an impact on active transportation, which is an important contributor to physical activity. In Ontario, the Provincial Policy Statement does not address equity in active transportation or public transit planning. The province recently announced funding for school-based active transportation initiatives.

Require a health and physical education credit in each year of secondary school and ensure equitable physical activity opportunities

Participation in health and physical education can increase physical activity levels in adolescents. In Ontario, high school students are required to take only one health and physical

education course, and boys attending schools in lower income neighbourhoods are less likely to enrol in non-compulsory courses than boys attending schools in higher income neighbourhoods.

Create provincial funding and guidelines to help municipalities make sport and recreation activities accessible to residents with low incomes

Tailored community-based physical activity programs and facilities can increase physical activity levels in populations facing health inequities. In Ontario, some municipalities and organizations offer subsidized or no-cost recreational programming, but this subsidization is not consistently available across the province.

First Nations, Inuit and Métis populations

On-reserve First Nations adults have higher rates of physical inactivity than non-Aboriginal Ontarians.

Recommended policies and programs:

- Work with First Nations, Inuit and Métis to create safe places for physical activity.
- Develop a strategy to promote equity in physical activity infrastructure for First Nations, Inuit and Métis.
- Address the socio-economic barriers to physical activity for First Nations, Inuit and Métis.
- Build and disseminate a knowledge base around physical activity interventions in First Nations, Inuit and Métis communities.



Cancer Care Ontario

The full 2018 Prevention System Quality Index: Health Equity report can be found at cancercareontario.ca/PSQI.

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