



Cancer Care Ontario

Prevention System Quality Index: Health Equity

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



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Overview

- Introduction
 - About the *Prevention System Quality Index: Health Equity* report
- Highlights of findings and opportunities
- Focus on First Nations, Inuit and Métis
- Conclusion

Prevention System Quality Index

- Monitors population-level policies and programs that can reduce cancer risk in Ontario
- Identifies opportunities to strengthen systems for cancer prevention
- Aims to inform policy and program planning by governments, public health and other stakeholders for cancer prevention across all sectors

Prevention System Quality Index: Health Equity

- Companion to 2016 Prevention System Quality Index
- Reports on tobacco use, alcohol consumption, unhealthy eating and physical inactivity with socio-demographic analyses
- Major focus is First Nations, Inuit and Métis peoples in Ontario



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Path to Prevention

Recommendations for
Reducing Chronic
Disease in First Nations,
Inuit and Métis



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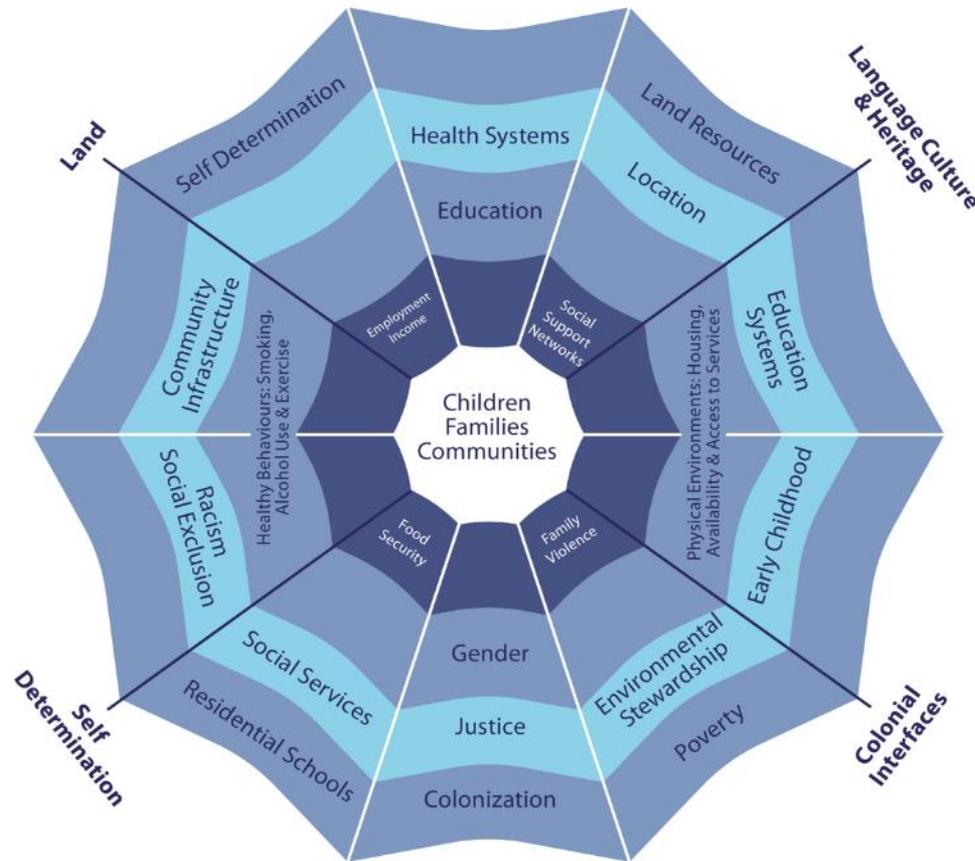
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What is health equity?

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 Quality Ontario)

Health inequities are differences in health that are systematic, avoidable and unfair. People facing health inequities have greater health risks and poorer health outcomes. (World Health Organization)

Web of Being: Social determinants and Indigenous people's health



SOURCE: Dr. Margo Greenwood, National Collaborating Centre for Aboriginal Health (NCCA) 2009.

Commercial tobacco

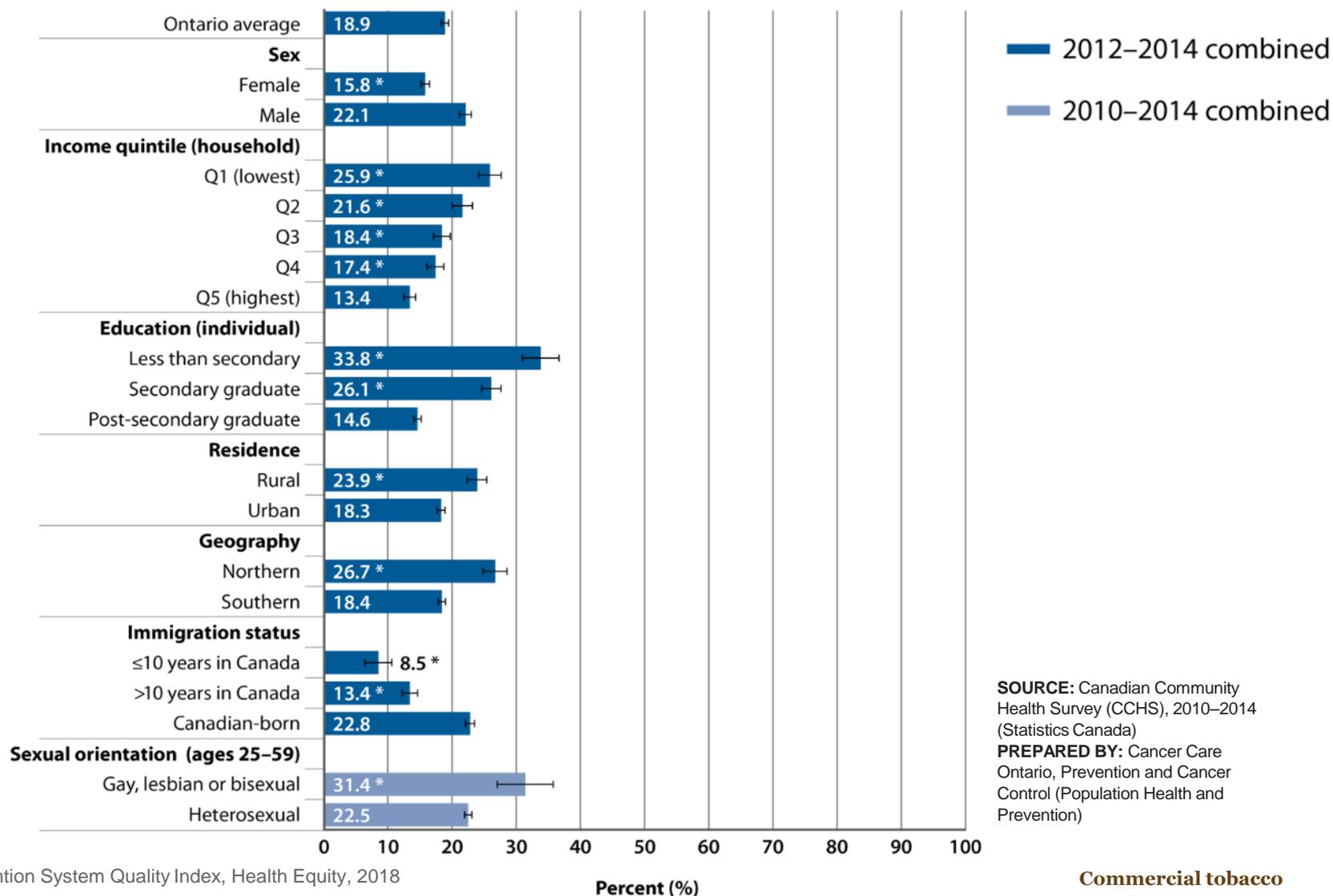


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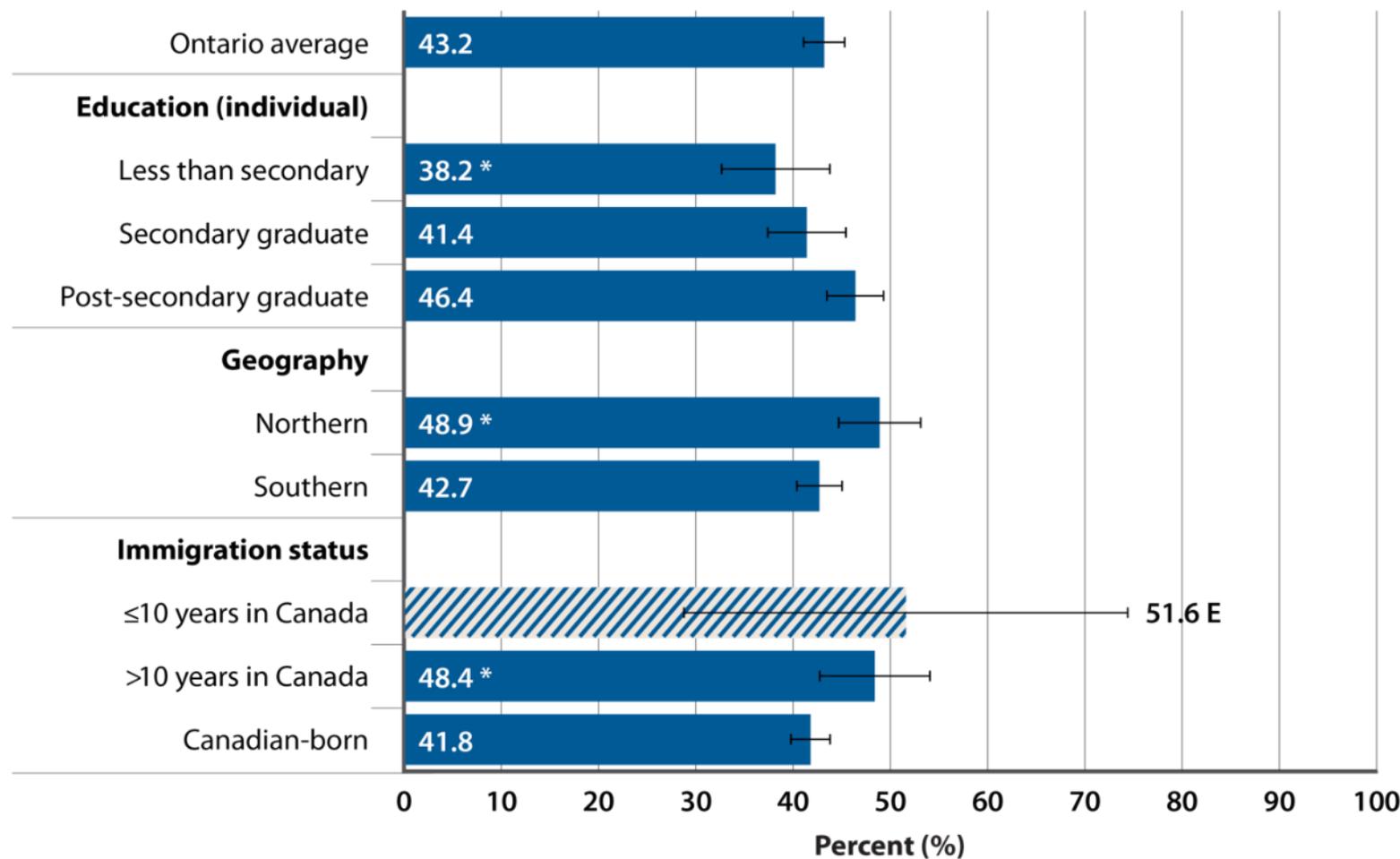


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Percentage of adults (age 25+) reporting current smoking, by selected socio-demographic factors, Ontario, 2010–2014 combined



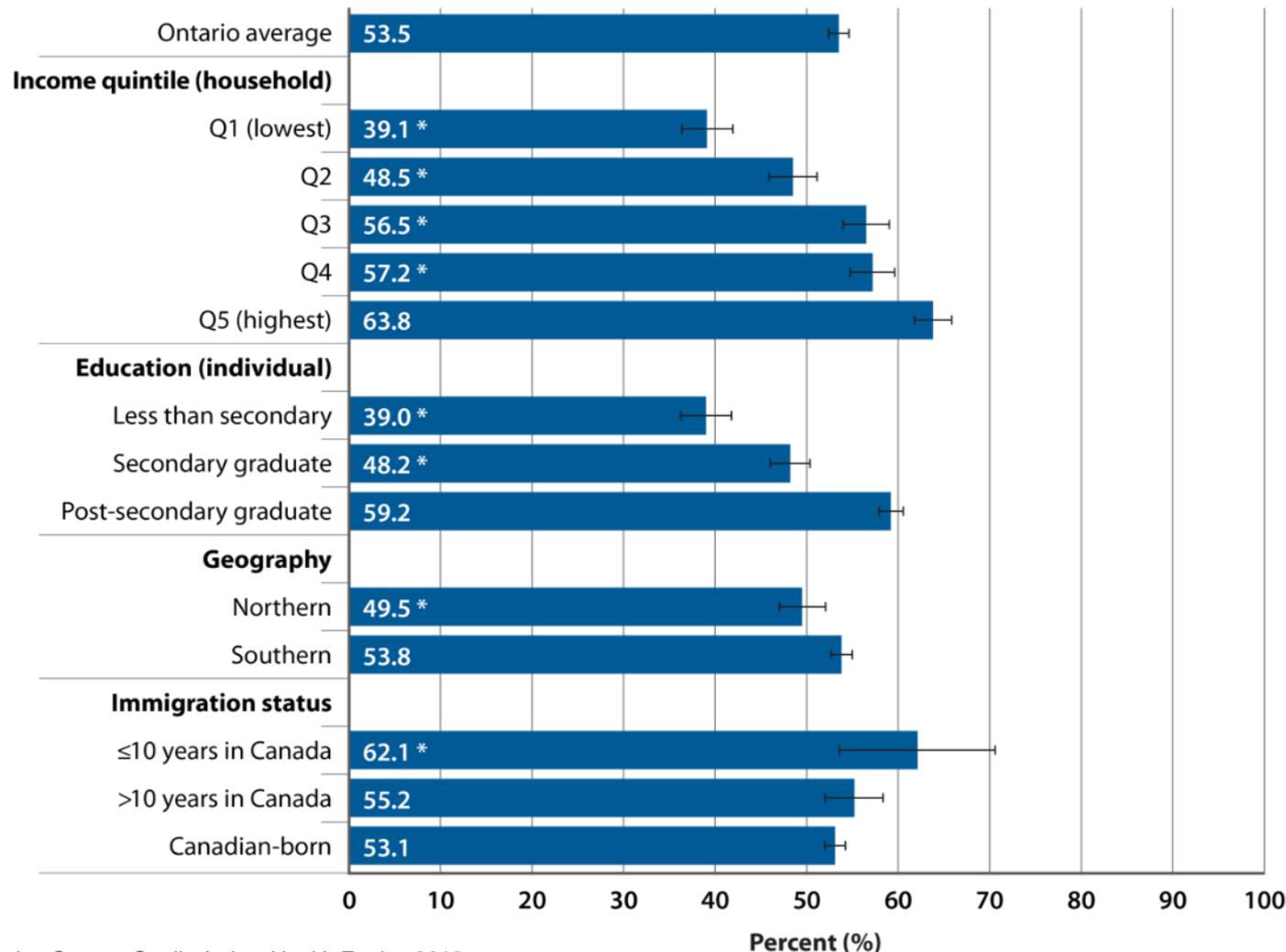
Percentage of current smokers (age 25+) who have tried to quit for at least 24 hours in the past 12 months, by selected socio-demographic factors, Ontario, 2013–2014 combined



SOURCE: Canadian Community Health Survey (CCHS), 2013–2014 (Statistics Canada)

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Percentage of ever-smoking adults (age 25+) who quit smoking completely at least 1 year ago, by selected socio-demographic factors, Ontario, 2012–2014 combined



SOURCE: Canadian Community Health Survey (CCHS), 2012–2014 (Statistics Canada)
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Smoke-free policies in social housing providers in Ontario, as of May 2017

Local housing corporation	Number of residents (approximate)	Has the local housing corporation implemented a smoke-free policy?
Toronto Community Housing Corporation	110,000	No
Ottawa Community Housing Corporation	32,000	Yes: Ottawa Community Housing No-Smoking Policy. Effective May 31, 2014.
Peel Housing Corporation (operating as Peel Living)	15,600	No
CityHousing Hamilton	15,000	No
Windsor Essex Community Housing Corporation	12,000	Yes (as of February 2018): Windsor Essex Community Housing Corporation Smoke-Free Policy. Effective January 1, 2018.
Waterloo Region Housing	7,500	Yes: Waterloo Region Housing Smoke-Free Policy. Effective April 1, 2010.
London and Middlesex Housing Corporation	5,000	No
Niagara Regional Housing	5,000	No
The District of Thunder Bay Social Services Administration Board	5,000	Yes: The District of Thunder Bay Social Services Administration Board Housing Services Smoke-Free Policy. Effective September 1, 2015.
Greater Sudbury Housing Corporation	4,500	No
Housing York Inc.	4,000	Yes: Smoke-Free Policy for Housing York Inc. Effective November 1, 2014.
Halton Community Housing Corporation	3,600	No

SOURCES: Local housing corporations

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Risk of commercial tobacco use in First Nations, Métis and Inuit

Indicator		Population				
		First Nations on-reserve	First Nations off-reserve	Métis	Inuit living in Nunangat	Inuit living outside Nunangat
Current smoking		↑	↑	↑	↑	↑
Second-hand smoke exposure	Home and vehicles		—	↑	↑	↑
	Public places		—	—		



Significantly higher risk than non-Aboriginal Ontarians



Similar level of risk to non-Aboriginal Ontarians (i.e., no significant difference)



Data not available

Policy and program opportunities

- Increase tax on commercial tobacco
- Implement smoke-free policies in multi-unit housing, especially social housing
- Sustain funding for smoking cessation supports for populations facing health inequities

Path to Prevention recommendations

- Coordinated plan for First Nations, Inuit and Métis children and youth
- Commercial tobacco cessation programs and services in First Nations, Inuit and Métis communities
- Development of resources to address second- and third-hand smoke
- Community-initiated and managed tobacco control measures, respecting First Nations' rights

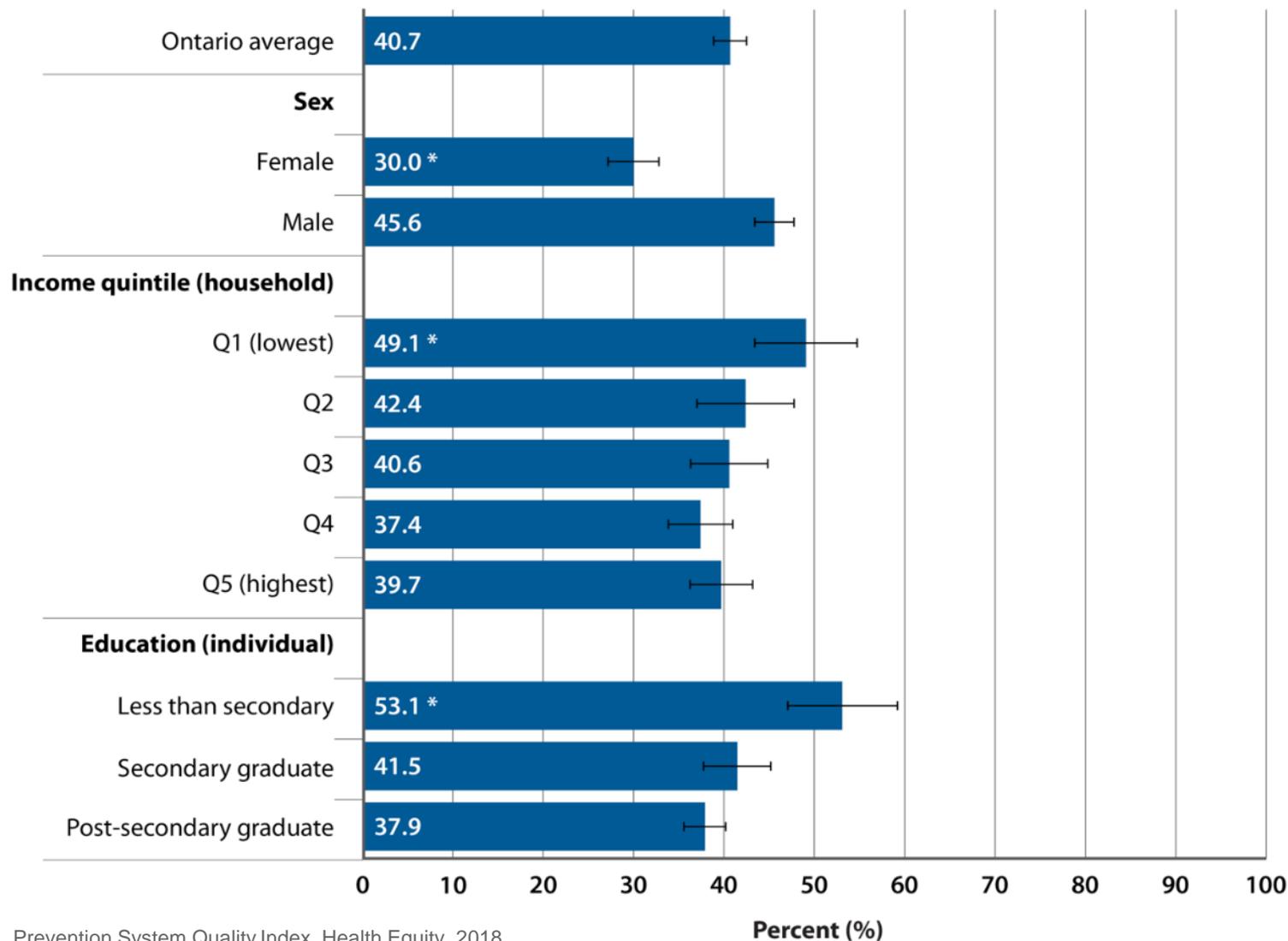
Alcohol



Research on alcohol consumption in lower socio-economic status groups

- **The alcohol-harm paradox**
 - At similar and lower levels of drinking, groups with lower socio-economic status experience more harms
- **Drinking patterns**
 - Groups with lower income less likely to exceed limits for cancer prevention and less likely to binge drink
 - In those who drink, groups with lower socio-economic status have heavier drinking patterns

Percentage of adult binge drinkers (age 25+) who reported binge drinking once a week or more, by selected socio-demographic factors, Ontario, 2012–2014 combined



SOURCE: Canadian Community Health Survey (CCHS), 2012–2014 (Statistics Canada)
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Risk of alcohol consumption in First Nations, Métis and Inuit

Indicator	Population				
	First Nations on-reserve	First Nations off-reserve	Métis	Inuit living in Nunangat	Inuit living outside Nunangat
Binge drinking	↑	↑	↑	↑	—

↑ Significantly higher risk than non-Aboriginal Ontarians

— Similar level of risk to non-Aboriginal Ontarians (i.e., no significant difference)

■ Data not available

Policy and program opportunities

- Increase minimum price
- Limit density of alcohol outlets
- Increase access to alcohol treatment services

Path to Prevention recommendations

- Culturally acceptable and relevant alcohol prevention and treatment programs for First Nations, Inuit and Métis peoples
- Broaden impact of alcohol intervention strategies
- Incorporate alcohol interventions into existing tobacco control initiatives

Healthy eating

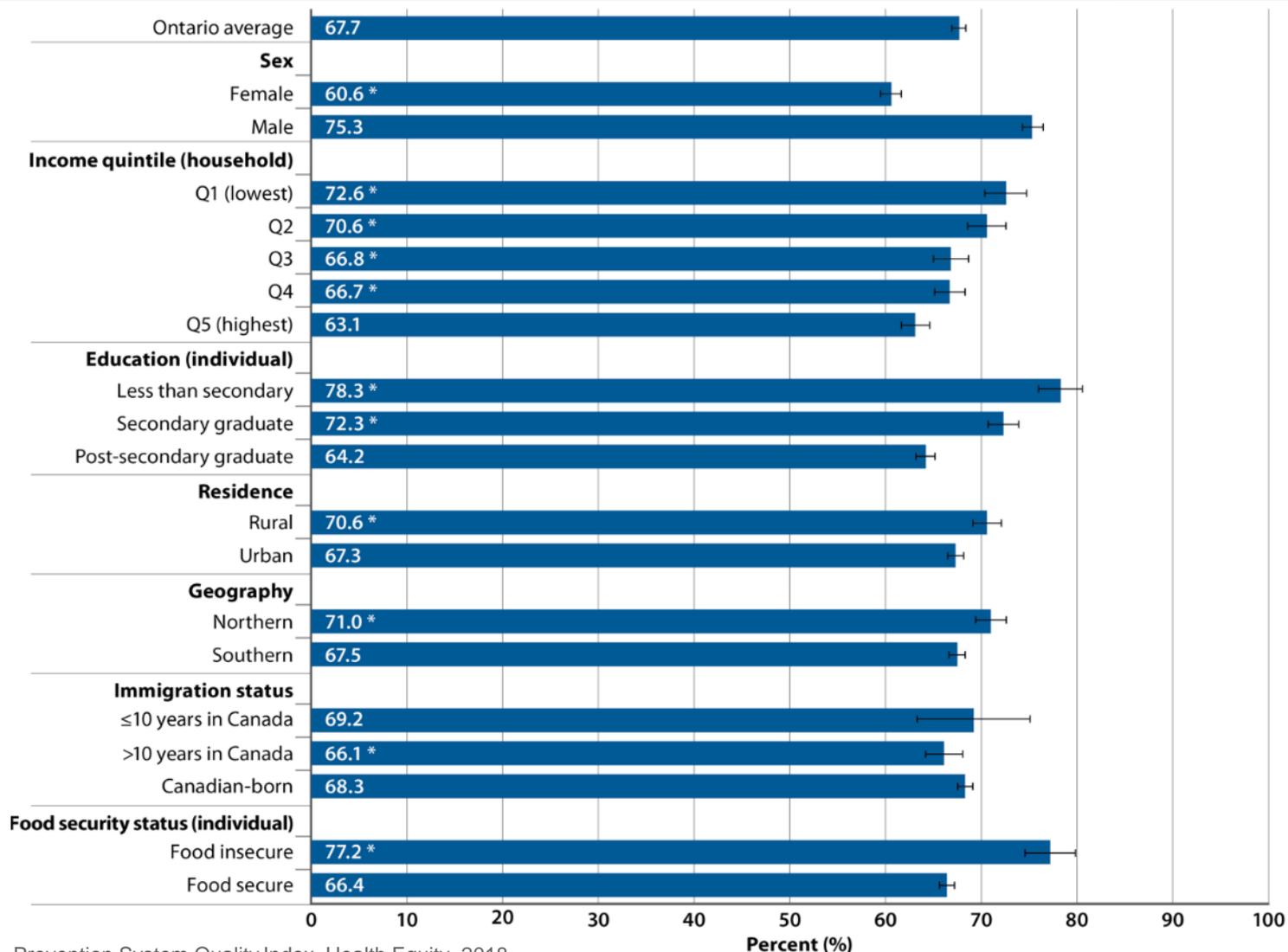


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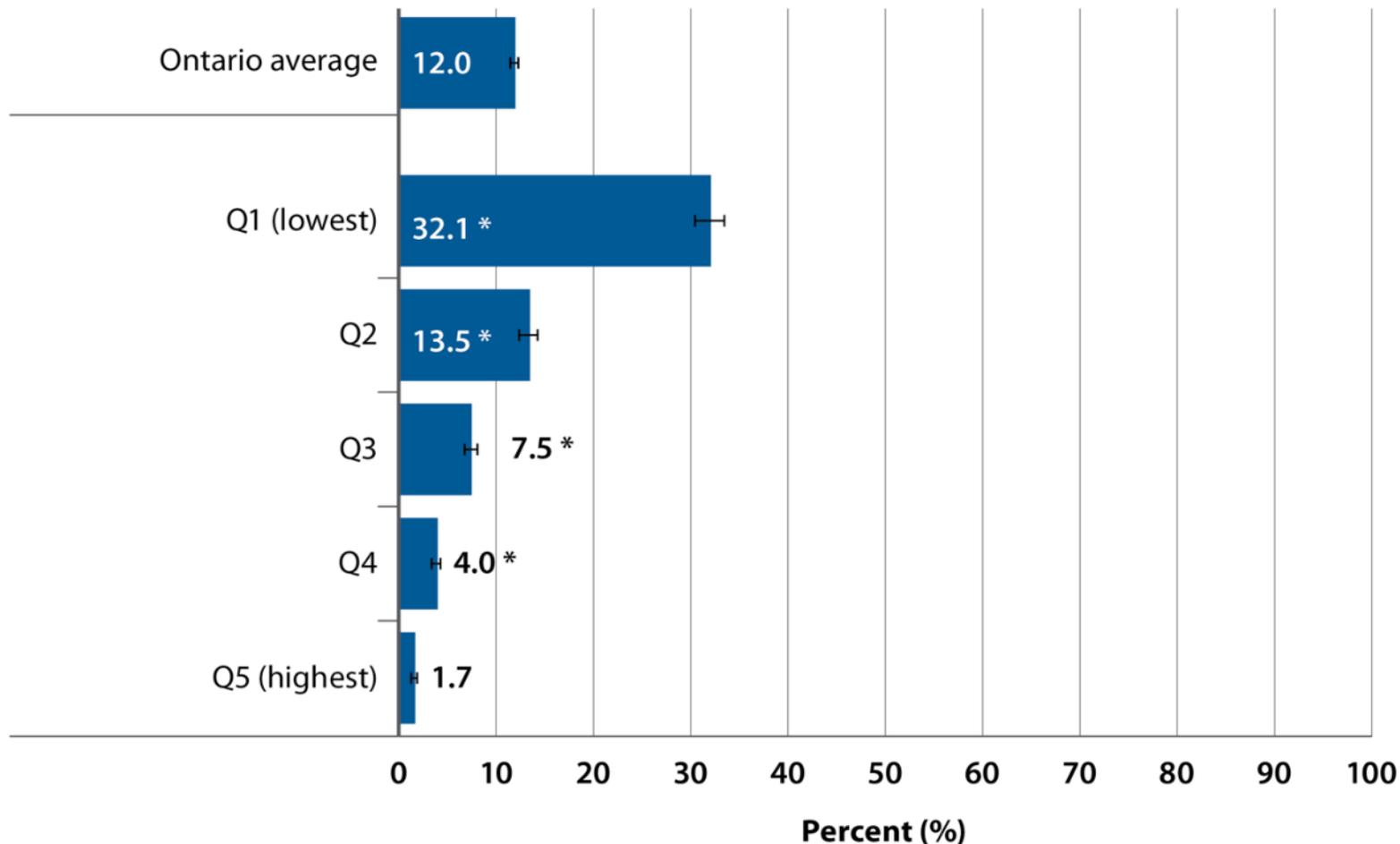
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Percentage of adults (age 25+) reporting inadequate vegetable and fruit consumption, by selected socio-demographic factors, Ontario, 2012–2014 combined



SOURCE: Canadian Community Health Survey (CCHS), 2012–2014 (Statistics Canada)
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Percentage of Ontario households that were food insecure (marginal, moderate or severe), by household income quintile, 2012–2014 combined



SOURCE: Canadian Community Health Survey (CCHS), 2012–2014 (Statistics Canada)
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Risk of unhealthy eating in First Nations, Métis and Inuit

Indicator	Population				
	First Nations on-reserve	First Nations off-reserve	Métis	Inuit living in Nunangat	Inuit living outside Nunangat
Inadequate vegetable and fruit consumption	↑	↑	—		
Household food insecurity	↑	↑	↑	↑ ₁	↑ ₁

1. As measured by lower food security.

↑ Significantly higher risk than non-Aboriginal Ontarians

— Similar level of risk to non-Aboriginal Ontarians (i.e., no significant difference)

■ Data not available

Policy and program opportunities

- Food Security Strategy for Ontario
- Poverty reduction policies
- Community-based food literacy programs
- Food environment and taxation strategies

Path to Prevention recommendations

- 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

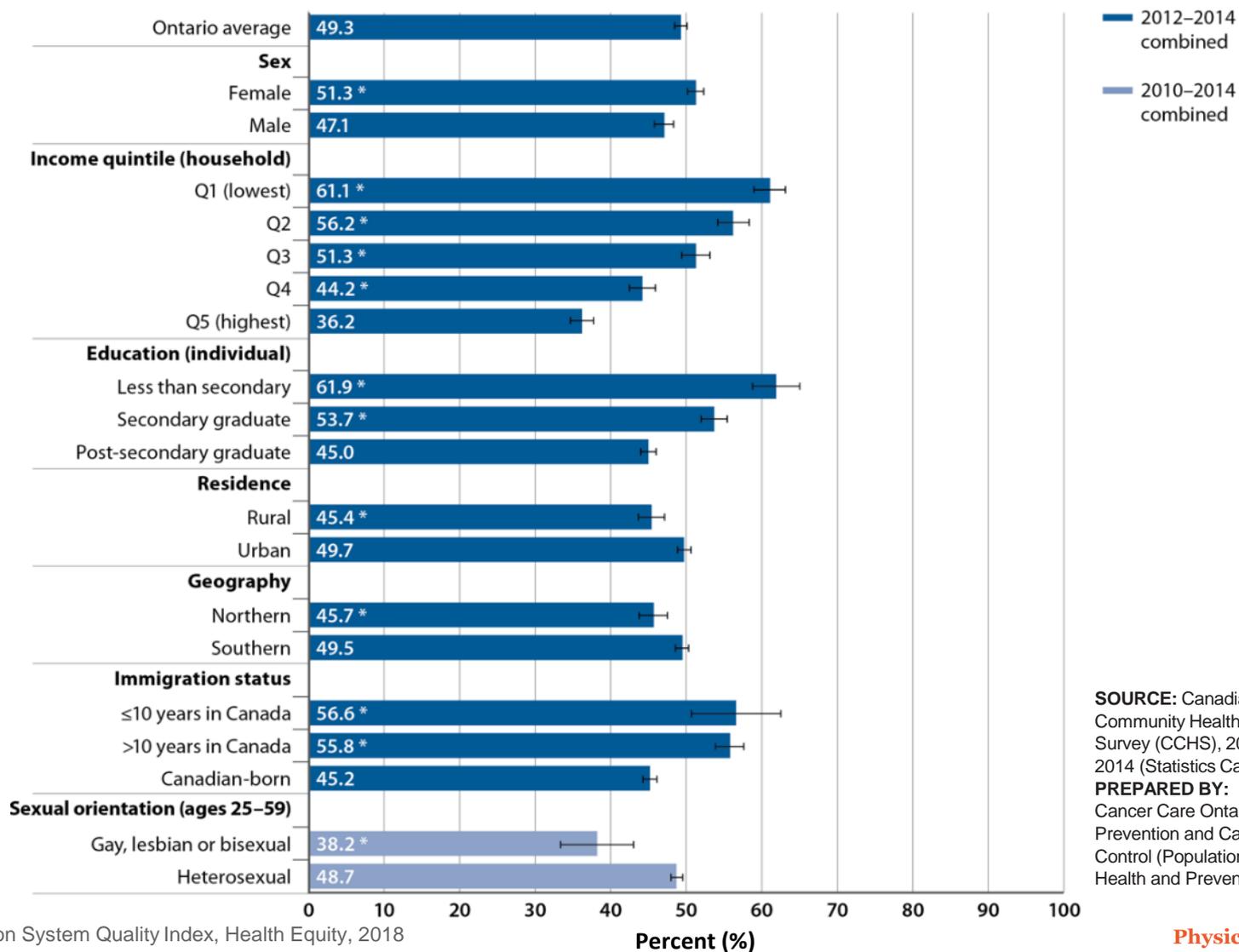


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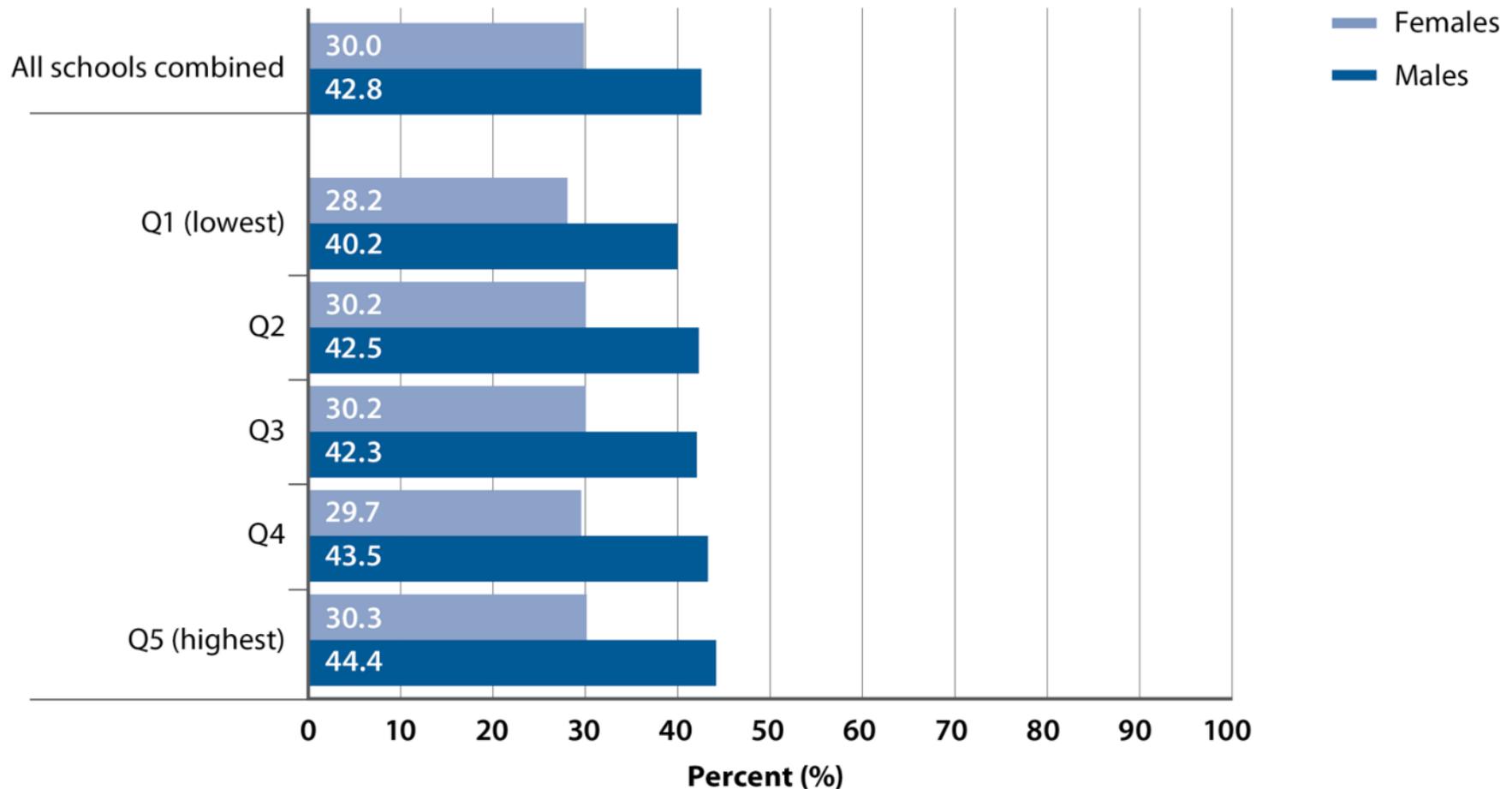
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Percentage of adults (age 25+) reporting that they were not moderately active or active during leisure time, by selected socio-demographic factors, Ontario, 2010–2014 combined



SOURCE: Canadian Community Health Survey (CCHS), 2010–2014 (Statistics Canada)
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Percentage of students (Grades 10–12) in publicly funded secondary schools who earned a credit in 1 or more health and physical education course, by sex and median income of school neighbourhood, Ontario, 2013/2014 school year



SOURCES: Ontario School Information System, 2013/14 (Ministry of Education); Census of Population, 2011 (Statistics Canada)
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Risk of physical inactivity in First Nations, Inuit and Métis

Indicator	Population				
	First Nations on-reserve	First Nations off-reserve	Métis	Inuit living in Nunangat	Inuit living outside Nunangat
Physically inactive	↑	—	—	■	■

- ↑ Significantly higher risk than non-Aboriginal Ontarians
- Similar level of risk to non-Aboriginal Ontarians (i.e., no significant difference)
- Data not available

Policy and program opportunities

- Active transportation interventions, with a focus on health equity
- Required health and physical education credit in each year of secondary school
- Provincial funding and guidelines to help municipalities make sport and recreation activities accessible to residents with low incomes

Path to Prevention recommendations

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

Overall findings and opportunities

- Populations facing health inequities have a higher prevalence of certain cancer risk factors and fare worse on several policy and program indicators
- Comprehensive strategies implemented across sectors, including universal and targeted policies and programs are required
- Better data are needed to understand cancer risk of populations with health inequities and to monitor effects of policies and programs over time

First Nations, Inuit and Métis findings and opportunities

- First Nations, Inuit and Métis populations have a higher prevalence of several behavioural risk factors than non-Aboriginal Ontarians
- Culturally relevant policies and programs that are developed together with First Nations, Inuit and Métis communities are required to reduce risk factors and health inequities

Thank you

For further questions or comments, please contact:

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Acknowledgments

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- Scott Leatherdale, School of Public Health and Health Systems, University of Waterloo
- David Mowat, Canadian Partnership Against Cancer
- Michelle Rand, Cancer Care Ontario
- Benjamin Rempel, Public Health Ontario
- Susan Stewart, Kingston, Frontenac and Lennox & Addington Public Health

Prevention System Quality Index: Health Equity Expert Panel

- Michael Chaiton, Ontario Tobacco Research Unit, University of Toronto
- Chantal Lalonde, Ontario Society of Physical Activity Promoters in Public Health and Eastern Ontario Health Unit
- Virginia McFarland, Grey Bruce Health Unit
- Leia Minaker, School of Planning, University of Waterloo
- Sara Mison, Ophea
- Erin Pichora, Canadian Institute for Health Information
- Steven Savvaidis, Program Training and Consultation Centre, Cancer Care Ontario

Expert Panel (cont'd)

- Ketan Shankardass, Wilfrid Laurier University and St. Michael's Hospital
- Lisa Simon, Simcoe Muskoka District Health Unit
- Brendan Smith, Public Health Ontario
- Justin Thielman, Public Health Ontario
- Ashley Wettlaufer, Centre for Addiction and Mental Health
- Tracy Woloshyn, Ontario Society of Nutrition Professionals in Public Health and York Region Public Health

First Nations, Inuit and Métis

- Chiefs of Ontario
- Members of the Joint Cancer Care Ontario Aboriginal Cancer Committee: Nishnawbe Aski Nation; Association of Iroquois and Allied Indians; Union of Ontario Indians – Anishinabek Nation; Grand Council Treaty #3; Independent First Nations; Tungasuvvingat Inuit; Métis Nation of Ontario; Ontario Native Women's Association; Ontario Federation of Indigenous Friendship Centres; Aboriginal Health Access Centres; Knowledge Keepers and Elders; Canadian Cancer Society; and CCO Regional Primary Care Lead.

Questions