

August 14, 2009

Ms. Angela Longo
Deputy Minister
Ministry of Health Promotion
777 Bay Street, 18th Floor
Toronto, Ontario M7A 1S5

Dear Ms. Longo

Re: Healthy Communities and Tobacco Control

On Behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing to urge you to consider a strategy to bridge gaps that have opened up as a result of recent policy decisions by your Ministry, related to the New Directions in Tobacco Control and Healthy Communities Approach initiatives.

While there is much to applaud in the proposed elements of both of these programs, the current reality is that they are still under development and until they are formally and completely rolled out, the programs that they are meant to replace should continue to operate to address ongoing public health needs in Ontario's communities. The significant funding cuts to the Smoke Free Ontario Strategy (SFOS), including an immediate end to funding for Ontario's Youth Action Alliances, an extremely successful program aimed at steering young Ontarians away from tobacco, are a worrisome set back for tobacco control in Ontario.

While we wholeheartedly support the Ministry of Health Promotion's general aim to address multiple risk factors to health, the intent of the Youth Engagement Strategy and the intent to refresh the Smoke Free Ontario Strategy, we believe that the leap of faith that public health and tobacco control stakeholders are being asked to take at the moment is too broad.

The steady decline in tobacco use has stopped, with one in five Ontarians – almost 2.5 million - still smoking. Tobacco is a risk factor unlike any others, and requires very specific interventions - the evidence on this is extensive and very clear. Reducing the focus on tobacco-specific health promotion and protection interventions is very likely to contribute to a resurgence of tobacco use.

We believe that although measurable and verifiable progress has been made through the SFOS, a 20% smoking rate proves that the battle is far from over. The cuts to the SFOS are premature and will almost certainly weaken the foundation that has been laid down by its accomplishments to date. Our members expressed their concerns about this in the form of the attached Resolution (A09-3, *Continued Investment in SFOS*), passed at our June 2009 AGM.

It is worth noting that several of Ontario's boards of health regard their Youth Action Alliances as critical enough to their tobacco control efforts that they have asked their obligated municipalities to assume the provincial share of funding for YAAs. Others have asked for small funding extensions from the province to deliver stripped down versions of the programs. Such requests should not have been necessary.

In order to bridge the gap that has been created by cuts to existing programs before new ones are ready, alPHa is urging the Ministry of Health Promotion to reinstate funding to 2008-2009 levels until the elements and costs of the proposed 'New Directions in Tobacco Control' are clearly defined and the implications of the new approach to healthy communities have been successfully articulated to stakeholders. This must at the very least mean restoration of funding for Youth Action Alliances until the new Youth Engagement Strategy is ready to roll out, and stakeholders are satisfied that it will match or exceed the achievements of the current YAAs where tobacco is the issue.

We are also urging you not to lose sight of tobacco's unique status as a health risk. Tobacco control and public health experts need to be reassured that it will continue to be treated as such, with a clear and evidence-based policy statement on how the proposed multi-risk factor approach to chronic disease will build on the achievements in tobacco use reduction, including ongoing evaluation of its success in doing so.

alPHa remains committed to working with you to develop the very promising initiatives that your Ministry is proposing. We believe that they contain the basis for successful health promotion strategies in Ontario and, with proper consultation and evaluation will no doubt lead to improvements in health throughout the province.

In the meantime, we must ensure that programs with similar aims are allowed to continue, so that momentum is sustained and the knowledge that has been gained during their operation can be properly applied to the new ones.

We would be happy to meet with you to discuss specific details regarding any of the steps proposed above.

Sincerely,



Valerie Sterling
President

Copy: Hon. Dalton McGuinty, Premier of Ontario
Hon. Dwight Duncan, Minister of Finance
Hon. Margaret Best, Minister of Health Promotion
Hon. David Caplan, Minister of Health and Long-Term Care
Dr. Arlene King, Chief Medical Officer of Health
Dr. Françoise Bouchard, Associate Chief Medical Officer of Health (Health Promotion)
Hon. Chris Bentley, Attorney General
Michael Perley, Director, Ontario Campaign for Action on Tobacco
Dr. George Pasut, Co-chair, Tobacco Strategy Advisory Group
Jean Lam, Co-chair, Tobacco Strategy Advisory Group

Encl.

alPHa RESOLUTION A09-3

- TITLE:** Continued Investment in Smoke-Free Ontario Strategy
- SPONSOR:** Simcoe Muskoka District Health Unit
- WHEREAS** Tobacco use remains the single largest cause of preventable disease and contributes to the premature death of 13,000 Ontarians annually; and
- WHEREAS** Although tobacco use has declined in Ontario over the last decade¹ (25% in 2000/01 versus 21% in 2007), representing 175,000 fewer smokers in the province, most recently this decline has not continued;² and
- WHEREAS** The Ontario Government has made a significant annual investment of \$60 million in the Smoke-Free Ontario Strategy through the Ministry of Health Promotion since 2005, which has led to many gains in tobacco control in the past 4 years; and
- WHEREAS** This commitment has enabled public health units, in partnership with community and provincial tobacco control stakeholders, to plan, implement and evaluate comprehensive tobacco control initiatives and this multifaceted strategy has been effectively targeting prevention, protection (including enforcement) and cessation; and
- WHEREAS** The Smoke-Free Ontario Strategy has provided a unique opportunity for Ontario's youth, particularly through the health unit-based Youth Action Alliances, to play a significant role within their communities and schools to prevent youth smoking and protect youth from secondhand smoke; and
- WHEREAS** In 2007/08, the Ontario Ministry of Health Promotion investment in comprehensive tobacco control under the Smoke-Free Ontario strategy corresponded to per capita funding of \$4.69; significantly lower than the recommended investment level from the US Academy of Sciences' Institute of Medicine (2007) of \$15-\$20 per capita to adequately sustain a comprehensive tobacco control program; and
- WHEREAS** Health units have been informed through a May 29, 2009 letter from the Ministry of Health Promotion that funding for Youth Action Alliances and high school grants is to be discontinued, and significant reductions are planned for other components of funding under the Smoke-Free Ontario Strategy; and
- WHEREAS** Evidence from the experience in the United States indicated that funding for tobacco programs was highly effective in reducing tobacco use, and also showed that reductions in tobacco funding resulted in slowed or reversed progress within

1 Ontario Tobacco Research Unit. *Indicators of Smoke-Free Ontario Progress*. [Special Reports: Monitoring and Evaluation Series, 2006-2007 (Vol. 13, No. 2)]. Toronto, ON: Ontario Tobacco Research Unit; 2008a.

2 CCHS 2000/01 and 2007 (from the Canadian Socio-economic Information Management System [CANSIM])

months;³4 and

WHEREAS To maintain the benefits from past efforts and investments, it is critical that Ontario sustain, and potentially increase the support for comprehensive tobacco control efforts.

NOW THEREFORE BE IT RESOLVED that aPHa urge the Premier of Ontario, and the Minister of Health Promotion (Margarett Best), Minister of Health and Long-Term Care (David Caplan), Office of The Attorney General (Chris Bentley) and the Minister of Finance and Revenue (Dwight Duncan) to commit to the goal of preserving and enhancing reductions in tobacco use, and to this end to reinstate funding to 2008-2009 levels and in addition, enhance funding for comprehensive tobacco control efforts in Ontario.

AND FURTHERMORE BE IT RESOLVED that aPHa advocate for the Smoke-Free Ontario Strategy to continue to include and further enhance the role of youth within health units as a key component of prevention programming, with a planned evaluation.

AND FURTHERMORE BE IT RESOLVED that aPHa communicate with and engage other provincial associations and organizations with a concern for public health to support the importance of reinstating and enhancing funding for comprehensive tobacco control efforts in order to preserve and enhance the gains made to date.

ACTION FROM CONFERENCE:

Moved: J. Pfaff (Simcoe Muskoka)
Seconded: B. Hughes (Timiskaming)

Resolution CARRIED AS AMENDED

³ Ontario Tobacco Research Unit. *OTRU Update: Effects of Funding Cuts to Tobacco Control Programs*. Toronto, ON: Ontario Tobacco Research Unit; 2008b.

⁴ Hotgrave, DR, Wunderring, KA, Vallone, DM Heaton, CG. Cost-Utility Analysis of the National truth Campaign to Prevent Youth Smoking. *Am J Preventive Medicine* 2009.01.020