

Media Backgrounder: 2016 Prevention System Quality Index

About the report

The *2016 Prevention System Quality Index: Monitoring Ontario's Efforts in Cancer Prevention* is Cancer Care Ontario's second report on indicators of system-level policies and programs that can reduce cancer risk factors and exposures in the population. The report aims to provide evidence and data that will help policy-makers, policy-influencers and program planners in governments, non-governmental organizations and public health units implement cancer prevention initiatives in Ontario.

This year's Prevention System Quality Index reports on 21 policy and program measures related to tobacco, alcohol, healthy eating, physical activity, ultraviolet radiation, environmental carcinogens (radon and fine particulate matter), occupational carcinogens (formaldehyde and nickel) and infectious agents (human papillomavirus and hepatitis B).

Cancer risk factors and exposures in Ontario

Cancer is the leading cause of death in Ontario. It is estimated that 40 to 50 per cent of cancers could be prevented by eliminating known lifestyle, occupational and environmental risk factors.

In Ontario, four cancer risk factors are regularly tracked: smoking, alcohol consumption, physical inactivity, and inadequate vegetable and fruit consumption. With the exception of smoking, which has been a major focus of government strategy and legislation, the proportion of the population with these risk factors has not changed substantially over the past decade, highlighting the need for stronger prevention policies and programs.

Key statistics for Ontario

- The percentage of adults who smoked daily or occasionally decreased from 22.7 per cent in 2003 to 18.7 per cent in 2014.
- The percentage of adults who were physically inactive during leisure time decreased slightly from 51.1 per cent in 2003 to 48.5 per cent in 2014.
- The percentage of adults who, on average, drank more alcohol than the recommended daily limits for cancer prevention (i.e., more than one drink a day for women and more than two drinks a day for men) was 8.2 per cent in 2014, a number that has remained stable since 2003.
- The percentage of adults age 18 and older with inadequate vegetable and fruit consumption (i.e., ate vegetables and fruit fewer than five times per day) increased from 63.8 per cent in 2003 to 66.1 per cent in 2014.

Key findings and opportunities in the report

Tobacco:

- Approximately 30 per cent of cancer deaths are caused by tobacco smoking. Increasing tobacco taxes has the greatest impact of any policy on reducing tobacco use in the population. As of April 2016, Ontario had the second lowest tobacco tax rate in Canada, which was 65 per cent of the average total tobacco retail price. A substantial increase in taxes on tobacco is needed for Ontario to reach or exceed 75 per cent, the minimum tax level recommended by the World Health Organization to reduce smoking.

Alcohol:

- Each year, an estimated 1,000 to 3,000 new cancer cases in Ontario are caused by alcohol consumption. Privatizing alcohol outlets and increasing the physical availability of alcohol may increase alcohol consumption in the population. Additional privatization of alcohol sales and increased availability of alcohol should be limited, and their impact on alcohol consumption in Ontario should be continuously monitored at the local and provincial levels.

Healthy eating:

- There is evidence that increased consumption of foods containing dietary fibre reduces the risk of colorectal cancer, and that eating non-starchy vegetables and fruit probably reduces the risk of some cancers. Adults and some children who can't afford nutritious food tend to eat significantly fewer servings of vegetables and fruit than those who can afford nutritious food. In 2014, 11.9 per cent of households in Ontario had poor access to nutritious food due to a lack of financial resources (referred to as food insecurity), and access worsened for some households from 2005 to 2014. Increases in the general minimum wage, social assistance and the employment insurance benefit, as well as implementing other poverty reduction policies, could help increase access to nutritious food.

Physical activity:

- Physical activity reduces the risk of colon cancer, and probably reduces the risk of post-menopausal breast cancer and endometrial cancer. People who use active transportation (walking and bicycling) have higher overall physical activity levels. Active transportation is used in about one fifth of trips taken to or from work by adults in the Greater Golden Horseshoe regions, which encompass over 60 per cent of Ontario's population. Active transportation can be used as the only mode of transportation or it can be used to connect to or from public transportation. For work-related commutes, most of the active transportation trips are taken to or from public transit, suggesting that public transit is an important contributor to physical activity.

Ultraviolet radiation:

- Ultraviolet radiation (UVR) from the sun and UVR-emitting tanning devices is the cause of most skin cancers. In 2014, there were an estimated 39,400 cases of skin cancer in Ontario, making it the most common type of cancer. Shade provided by built structures and tree canopies can protect people from UVR exposure more effectively than sunscreen. As of March 2016, three local municipalities with a population of 100,000 or more—Ajax, Kitchener and Waterloo—have strong shade policies. The guidelines that these municipalities follow when evaluating plans for developing or redeveloping sites state that shade should be provided for a broad range of municipally and privately owned sites.

Environmental carcinogens:

- Environmental carcinogens include physical and chemical agents that people are exposed to in their surroundings that increase the risk of developing cancer. Exposure to radon, a naturally occurring radioactive gas, is an established cause of lung cancer. An estimated 1,310 new cancer cases diagnosed in Ontario each year result from the inhalation of radon in indoor air. Approximately one quarter of homes surveyed in Ontario have radon concentrations greater than or equal to 100 Bq/m³, the average annual radon concentration at which the World Health Organization recommends remedial action. High radon concentrations in Ontario homes can be reduced by including radon prevention measures as part of a mandatory building code for new houses or major renovations, and by testing and undertaking remediation in existing homes.

Occupational carcinogens:

- Occupational cancer is the leading cause of work-related deaths in Ontario. Asbestos causes mesothelioma, as well as cancers of the lung, larynx and ovary. Approximately 52,000 workers in Ontario are exposed to asbestos in the workplace. Canada still imports asbestos and asbestos-containing materials, and these products continue to be used in Ontario. The federal government recently announced its commitment to banning asbestos in Canada. Currently, most occupational exposure to asbestos occurs when asbestos-containing materials in older buildings or other products deteriorate or are disturbed during maintenance, repair or remediation. Government policies in Ontario aim to reduce occupational exposure to asbestos, and include measures such as occupational exposure limits, worker training and an asbestos register. One further measure the Ontario government could take is to expand Ontario's asbestos register to collect data on all workers who may have been exposed to this carcinogen and to identify asbestos-containing public buildings.

Infectious agents:

- In Ontario, human papillomavirus (HPV) is estimated to cause 1,090 new cancers each year. Population-based vaccination programs can prevent HPV infections. In 2007, Ontario introduced a publicly funded school-based HPV vaccination program for girls in Grade 8. At the end of the 2012/13 school year, the vaccination coverage for the school-based HPV vaccination program in Grade 8 girls in Ontario was 80.2 per cent. As of September 2016, boys also receive the HPV vaccine as part of the school-based vaccination program and the timing of the vaccine administration changes from Grade 8 to Grade 7, which may increase vaccination coverage.

A full copy of the 2016 Prevention System Quality Index report is available at cancercare.on.ca/psqi.

[*Path to Prevention— Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis*](#), a report recently published by Cancer Care Ontario, provides the Government of Ontario with evidence-based policy recommendations to reduce exposure to the four key chronic disease risk factors in Aboriginal communities: commercial tobacco use; alcohol consumption, physical inactivity and unhealthy eating.

About Cancer Care Ontario:

Cancer Care Ontario plays an important role in equipping health professionals, organizations and policy-makers with the most up-to-date cancer knowledge and tools to prevent cancer and deliver high-quality patient care.

It does this by collecting and analyzing data about cancer services and combining it with evidence and research that is shared with the healthcare community in the form of guidelines and standards. It also monitors and measures the performance of the cancer system, and oversees a funding and governance model that ties funding to performance, making healthcare providers more accountable and ensuring value for investments in the system.

Cancer Care Ontario actively engages people with cancer and their families in the design, delivery and evaluation of Ontario's cancer system, and works to improve the performance of Ontario's cancer system by driving quality, accountability, innovation and value.

For more information, please contact:

Cancer Care Ontario

Phone: 1.855.460.2646

Email: media@cancercare.on.ca

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