

## Media Backgrounder

### Prevention System Quality Index: Health Equity

#### About the report

The [Prevention System Quality Index: Health Equity](#) report follows the [2016 Prevention System Quality Index](#). The report focuses on four risk factors for cancer – tobacco use, alcohol consumption, unhealthy eating and physical inactivity – using a health equity perspective. A major focus of the report is on First Nations, Inuit and Métis in Ontario, who face health inequities rooted in colonialism, racism and social exclusion.

Cancer Care Ontario's Prevention System Quality Index monitors system-level policies and programs that can reduce the prevalence of cancer risk factors and exposures in Ontario and identifies opportunities to strengthen the cancer prevention system. It aims to inform work by public health experts, policy-makers, policy-influencers and program planners in governments, non-governmental organizations and local public health agencies across all sectors.

#### Health equity and cancer risk factors

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 experiencing health inequities have greater health risks and poorer health outcomes.

Health inequities arise from social inequities, including those related to income, education, residence, gender, race, sexual orientation, mental health and disabilities. Many Ontarians facing health inequities have higher rates of some cancer risk factors, are more likely to get certain cancers and are less likely to survive them. First Nations, Inuit and Métis peoples, in particular, face unique health challenges and have poorer health outcomes than the non-Aboriginal population, including higher age-standardized cancer mortality (death) rates, rising rates of cancer incidence (new cases) and poorer cancer survival.

Cancer is the leading cause of death in Ontario. It is estimated that 40 to 50 percent of cancers could be prevented by eliminating known lifestyle, occupational and environmental risk factors. Reducing the prevalence of common risk factors for chronic diseases will improve the overall health of Ontarians, including populations facing health inequities.

To improve the health of Ontarians overall and to reduce health inequities in Ontario, a combination of universal and targeted policies and programs are needed at multiple levels (e.g., national, provincial, local) and across sectors.

#### Key findings and opportunities in the report

##### Commercial tobacco:

- Many groups facing health inequities, such as people with low income or less education, continue to smoke at much higher rates than the rest of the population. During 2012–2014, 26 percent of adults in the lowest income group smoked, which was the highest smoking rate across all income groups. Adults who had not completed high school were more than twice as likely as adults who had completed post-secondary education to smoke.
- Exposure to second-hand smoke was also higher in groups with lower income or less education, especially for adolescents. If all adolescents in Ontario had the same exposure to second-hand smoke at home as adolescents in the highest income group during 2012–2014, it is estimated that the percentage of adolescents regularly exposed to second-hand smoke at home could be

reduced by over 50 percent. This percentage represents an average of about 50,000 fewer adolescents exposed to second-hand smoke at home per year in Ontario.

- Residents of multi-unit housing (e.g., apartment buildings) are more likely to be exposed to second-hand smoke. Residents living in social housing are particularly vulnerable to second-hand smoke entering their home because their income, employment status, age, disabilities or chronic illnesses may restrict their ability to move. Of the 12 largest local housing corporations in Ontario, only five – Ottawa Community Housing Corporation, Windsor Essex Community Housing Corporation, Waterloo Region Housing, The District of Thunder Bay Social Services Administration Board and Housing York Inc. – have smoke-free policies that prohibit smoking in residential units. Tenants who signed their lease before the policy's implementation are exempt from the policy, as long as they continue to live in the same unit.
- As part of a comprehensive tobacco control strategy, policies prohibiting smoking in multi-unit housing should be considered, with a focus on social housing.

### **Alcohol:**

- 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. In addition, in people who drink, groups with lower socio-economic status are more likely to engage in heavier drinking, including binge drinking, which may also contribute to increased alcohol-related harms.
- In some jurisdictions, an increase in the availability of alcohol outlets in neighbourhoods with lower socio-economic status has been associated with an increase in heavy drinking or alcohol-related harms.
- Ontario has many elements of a strong alcohol control system, such as minimum prices for alcoholic beverages, but there are opportunities to strengthen its policies and programs as part of a cross-sectoral, comprehensive provincial alcohol control strategy, including reducing alcohol availability by limiting the density of alcohol outlets.

### **Healthy eating:**

- During 2012–2014, Ontario households in the lowest income group were almost 19 times more likely to experience food insecurity (i.e., poor access to nutritious food because of limited household financial resources) than households in the highest income group (32 percent vs. 2 percent).
- Poverty reduction policies, such as increasing the minimum wage and social assistance benefits, have been shown to reduce household food insecurity in Canada. The Ontario government is encouraged to continue to develop and ensure implementation of the provincial Food Security Strategy. Continued implementation of the provincial government's poverty reduction policies, including increasing the minimum wage, increasing social assistance benefits and evaluating the impact of the basic income pilot project, can begin to address the serious problem of food insecurity.

### **Physical activity:**

- During 2012–2014, Ontario adults and adolescents with lower income or less education were more likely to be physically inactive during leisure time. Leisure-time physical activity accounts for only a small portion of total daily physical activity levels. However, due to limited data, physical activity for transportation or at work are not examined in this report. Better quality data are required to measure multiple types of physical activity, which would allow a more accurate representation of overall physical activity in Ontario and of differences across sub-populations.
- 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.

### **First Nations, Inuit and Métis:**

- 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.
- 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.
- 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.
- On-reserve First Nations adults have higher rates of physical inactivity than non-Aboriginal Ontarians.
- Culturally relevant policies and programs that are developed together with First Nations, Inuit and Métis communities are required to reduce cancer risk factors and health inequities. Cancer Care Ontario's [\*Path to Prevention – Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis\*](#) report makes recommendations for policies and programs that address the unique needs of First Nations, Inuit and Métis populations, and these are highlighted in the *Prevention System Quality Index: Health Equity* report.

A full copy of the Prevention System Quality Index: Health Equity report is available at [www.cancercareontario.ca/PSQI](http://www.cancercareontario.ca/PSQI).

### **About Cancer Care Ontario:**

Cancer Care Ontario equips 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.

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