



Our future health built with care

# CHRONIC DISEASE PREVENTION STRATEGY

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2015 – 2020

# about CCO

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An agency of the Ministry of Health and Long-Term Care, CCO is the Ontario government's principal advisor on cancer and chronic kidney disease care, as well as access to care for key health services.

It is guided by a mission that together we will improve the performance of our health systems in Ontario by driving quality, accountability, innovation and value.

CCO houses both Cancer Care Ontario and the Ontario Renal Network, which leverage CCO's infrastructure, assets and models to improve the province's health systems for cancer and chronic kidney disease. It also directs and oversees healthcare funds for hospitals and other cancer and chronic kidney disease care providers, enabling them to deliver high-quality, timely services and improved access to care.

# CCO guiding principles

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- The people of Ontario are at the core of everything we do and every decision we make.
- We are transparent in sharing performance-related information, and we foster a culture of open communication with colleagues, partners and the public.
- We ensure fairness across regions in Ontario in the development of strong provincial health systems.
- We make decisions and provide advice based on the best available evidence.
- We consult widely, share openly, and collaborate actively to achieve our goals.





The development of CCO's Chronic Disease Prevention Strategy was led by the Prevention and Cancer Control portfolio's Population Health and Prevention unit in consultation with key chronic disease prevention stakeholders, such as the Ministry of Health and Long-Term Care, various government agencies, not-for-profit health organizations, health professionals, researchers and public health experts. The strategy builds on CCO's programs, resources and expertise by incorporating current and planned prevention initiatives, research, risk factor surveillance and cancer screening programs.

The development and execution of this strategy is an objective of the Ontario Cancer Plan IV, which is CCO's roadmap for the way cancer services will be developed and delivered until 2019. This strategy also reflects and supports the Ontario Renal Plan II, CCO's Corporate

Strategy and the Ontario government's overall healthcare priorities as set out in Patients First: Action Plan for Health Care. In addition, the strategy supports the recommendations jointly put forth by Cancer Care Ontario and Public Health Ontario in the Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario report.

CCO and its partners recognize that prevention is the key to the sustainability of the healthcare system and are working together to create a healthier future for everyone in Ontario. I look forward to seeing the positive contributions that CCO will make with its partners to improve the health of Ontarians.

*Linda Rabeneck*

Linda Rabeneck, MD MPH FRCPC  
Vice-President, Prevention and Cancer Control, CCO

*Chronic diseases are the leading cause of death and disability in Ontario, and account for the majority of healthcare costs in the province.*

**M**any chronic diseases, including as many as half of all cancers, can be prevented by reducing or eliminating risk factors, such as smoking, physical inactivity and unhealthy eating, treating comorbidities or underlying diseases (for instance, infectious diseases) and through early detection and screening.

The CCO Chronic Disease Prevention Strategy provides a comprehensive plan for the way CCO will work with its partners to reduce new cases of major chronic diseases by decreasing the number of people with modifiable risk factors. The strategy's goals focus on promoting the development of coordinated policies and programs that support the health of the population as a whole, and improving the health of disadvantaged groups by helping to foster healthy environments, healthy lifestyles and cancer screening. It also aims to improve the long-term outcomes of cancer survivors and people living with cancer or other chronic disease.

# The 2015-2020 CCO Chronic Disease Prevention Strategy at a glance

**CCO VISION:** Working together to create the best health systems in the world

**CCO MISSION:** Together, we will improve the performance of our health system by driving quality, accountability, innovation and value.

**CCO CORPORATE STRATEGY FOCUS:** Prevention of chronic disease—develop evidence-based recommendations and initiatives with our partners that promote and support action on chronic-disease prevention.

**CCO VALUES:** Accountability, Integrity, Partnerships, United Purpose.

## CCO CHRONIC DISEASE PREVENTION STRATEGY

### GOAL 1:

CCO works with its partners to champion chronic disease prevention in Ontario.

### GOAL 2:

CCO promotes chronic disease prevention policies and programs.

### GOAL 3:

CCO undertakes primary, secondary and tertiary prevention.

### GOAL 4:

CCO informs chronic disease prevention through research and population health assessment and surveillance.

## STRATEGIC PRIORITIES

**1.1** Establish complementary priorities and roles with Ontario's chronic disease prevention leadership.

**1.2** Work with partners to strengthen Ontario's chronic disease prevention system.

**1.3** Engage multiple sectors and levels of government to promote a health in all policies approach to chronic disease prevention.

**2.1** Provide advice to government and prevention partners on chronic disease prevention.

**2.2** Promote policies and programs that increase health equity.

**2.3** Monitor the impact of provincial-level policies and programs on chronic disease risk factors.

**2.4** Support the development and implementation of provincial-level prevention strategies.

**3.1** Ensure prevention is integrated into relevant CCO programs.

**3.2** Expand screening and early detection programs.

**3.3** Increase access to screening and early detection programs.

**3.4** Provide the public with information and tools to reduce their risk of cancer.

**4.1** Conduct and support etiologic, prevention and screening research.

**4.2** Optimize CCO's data holdings and data infrastructure to support research and surveillance.

**4.3** Provide risk factor, screening and disease surveillance information, including information on health inequities.

**4.4** Produce and disseminate high quality knowledge products that inform chronic disease prevention.



the Institute for Clinical Evaluative Sciences showed that reductions in behavioural risk factors (smoking, alcohol, physical inactivity, and unhealthy eating) resulted in a 1.9 percent decrease in healthcare costs in Ontario from 2004 to 2013.<sup>8</sup> This translates to \$4.9 billion in savings overall, resulting mostly from a decrease in smoking. This work is a good example of the progress that can be achieved in population health through population-level initiatives that are consistently sustained. Tobacco control is an area that has received significant policy attention, as well as funding to support programming at local and provincial levels through the Smoke-Free Ontario Strategy.

As the Ontario government's primary advisor on cancer and chronic renal disease, CCO has a key role to play in the prevention of chronic disease. CCO's expertise in

research, program design and implementation and policy analysis can provide evidence to support Ontario's prevention interventions. This expertise allows CCO to identify priority areas for intervention and monitor progress in prevention initiatives.

To reduce exposure to modifiable risk factors for chronic disease in Ontario, the province's prevention efforts need to be cross-sectoral, more integrated, and better coordinated. CCO needs to engage its many partners with their diverse specializations and constituencies and apply lessons learned through ongoing work in cancer system improvements. High-level commitment to cooperation will help set shared priorities and promote coordination of efforts at all levels of the chronic disease prevention system.

CCO's Chronic Disease Prevention Strategy strives to strengthen CCO's contribution to chronic disease prevention through a variety of measures. These measures aim to ensure that healthy people stay healthy; disease can be detected and treated early; and when people develop a chronic disease, the progression, recurrence or the development of other chronic conditions are prevented. The strategy centres around four main goals, all rooted in evidence:

- CCO works with its partners to champion chronic disease prevention in Ontario;
- CCO promotes chronic disease prevention policies and programs;
- CCO undertakes primary, secondary and tertiary prevention; and
- CCO informs chronic disease prevention through research and population health assessment and surveillance.

**C**hronic diseases, including cancers, cardiovascular disease, chronic respiratory diseases, diabetes, and chronic kidney disease, place a large burden on the Ontario population. In 2011, chronic diseases accounted for nearly 80% of all deaths in the province, with cancer and cardiovascular disease accounting for the majority of these.<sup>1</sup> In addition to mortality, chronic diseases also have a major impact on morbidity and quality of life, negatively affecting individuals as well as the economy, communities, and society in general.<sup>2</sup>

A large proportion of chronic diseases, however, can be prevented by addressing exposure to modifiable risk factors. An estimated 40 to 50 percent of all new cancer cases, for example, can be prevented by reducing exposure to several behavioural, occupational and environmental risk factors.<sup>3,4,5</sup> Since chronic diseases share many of the same risk factors (e.g., tobacco, alcohol, physical inactivity, unhealthy eating, and air pollution) efforts to address these risk factors will have positive impact on chronic disease burden overall.

Evidence suggests that implementing health-promoting policies and programs that modify the economic, physical, and social environments that influence health-related behaviours and exposure to other chronic disease risk factors (e.g., occupations), are more effective than are individual interventions in creating change at the population level.<sup>6,7</sup>

Reductions in Ontarians exposure to modifiable risk factors and exposures can also reduce health care costs. A recent study by





# GOAL 1:

## CCO works with its partners to champion chronic disease prevention in Ontario

Ontario is fortunate to have many organizations working in chronic disease prevention. This diversity enables the development and implementation of many initiatives directed at different diseases and risk factors. Coordination and common priorities can make all of the work across these organizations more effective.

Reducing the burden of chronic disease in Ontario requires leadership and a comprehensive, integrated and sustained approach. CCO will engage Ontario's leaders in chronic disease prevention, including the Ontario Ministry of Health and Long-Term Care, Public Health Ontario, the Council of Ontario Medical Officers of Health, the Association of Local Public Health Agencies and the Ontario Chronic Disease Prevention Alliance, to establish complementary roles and priorities that will advance chronic disease prevention in the province. The CCO Chronic Disease Prevention Advisory Committee, composed of leaders in public health and chronic disease prevention, not-for-profit health organizations, health professionals and researchers, will ensure that CCO is working to achieve this Strategy in alignment with chronic disease prevention partners and initiatives in Ontario.

While the health care sector plays an important role in chronic disease prevention, some key players and policies rest largely outside the health care sector and across different levels of government. CCO promotes a whole-of-government and

health in all policies approach that takes into account the health impacts of all government funding, policies, initiatives, programs and services, regardless of their sector of origin. CCO will work closely with its partners in chronic disease prevention and with government across ministries to encourage timely and coordinated action in creating policies, programs and services across sectors that are in line with reducing chronic disease risk in the population.

A multi-sectoral coordinated approach includes the development of multi-faceted risk factor reduction strategies, such as the Smoke-Free Ontario Strategy and the recently released Ontario Food and Nutrition Strategy (OFNS). CCO played a leading role in the development of the OFNS, which brought together diverse partners from the food, agriculture, nutrition and health sectors to agree on a common and cross-sectoral strategy that improves food access and nutrition in Ontario. Furthermore, CCO has with its partners published the report titled Path to Prevention—Recommendations for Reducing Chronic Disease in First Nations, Inuit and Métis, which provides recommendations for strategies, policies and initiatives needed to address the many health challenges and high burden of chronic diseases faced by First Nations, Inuit and Métis communities. CCO will explore and facilitate other opportunities for system partners to collaborate in identifying common priorities, while recognizing that each partner plays a unique role in the prevention system.

### Strategic Priorities

- 1.1** Establish complementary priorities and roles with Ontario's chronic disease prevention leadership.
- 1.2** Work with partners to strengthen Ontario's chronic disease prevention system.
- 1.3** Engage multiple sectors and levels of government to promote a health in all policies approach to chronic disease prevention.



## GOAL 2:

### CCO promotes chronic disease prevention policies and programs

Policies and programs developed in Ontario and elsewhere have been shown to have an impact on the prevalence of chronic disease risk factors in the population. CCO will therefore continue to promote these kinds of policies and programs to government and its partners, such as has been done through the report it published with Public Health Ontario in 2012, *Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario*.

Socially and economically vulnerable groups, and individuals residing in rural and remote areas are disproportionately exposed to certain risk factors for cancer and chronic diseases. CCO will strive to assess the health equity impacts of policies and programs, and suggest meaningful, evidence-based opportunities to decrease chronic disease risk factor prevalence in these groups.

First Nations, Inuit and Métis peoples are a distinct constitutionally recognized peoples with Aboriginal and Treaty Rights. The social determinants of Aboriginal health affect the physical, emotional, mental and spiritual health of First Nations, Inuit and Métis peoples. CCO will continue to address health inequities faced by First Nations, Inuit and Métis people through formalized relationship protocols and engagement with communities and organizations to implement the recommendations in the Path to Prevention.

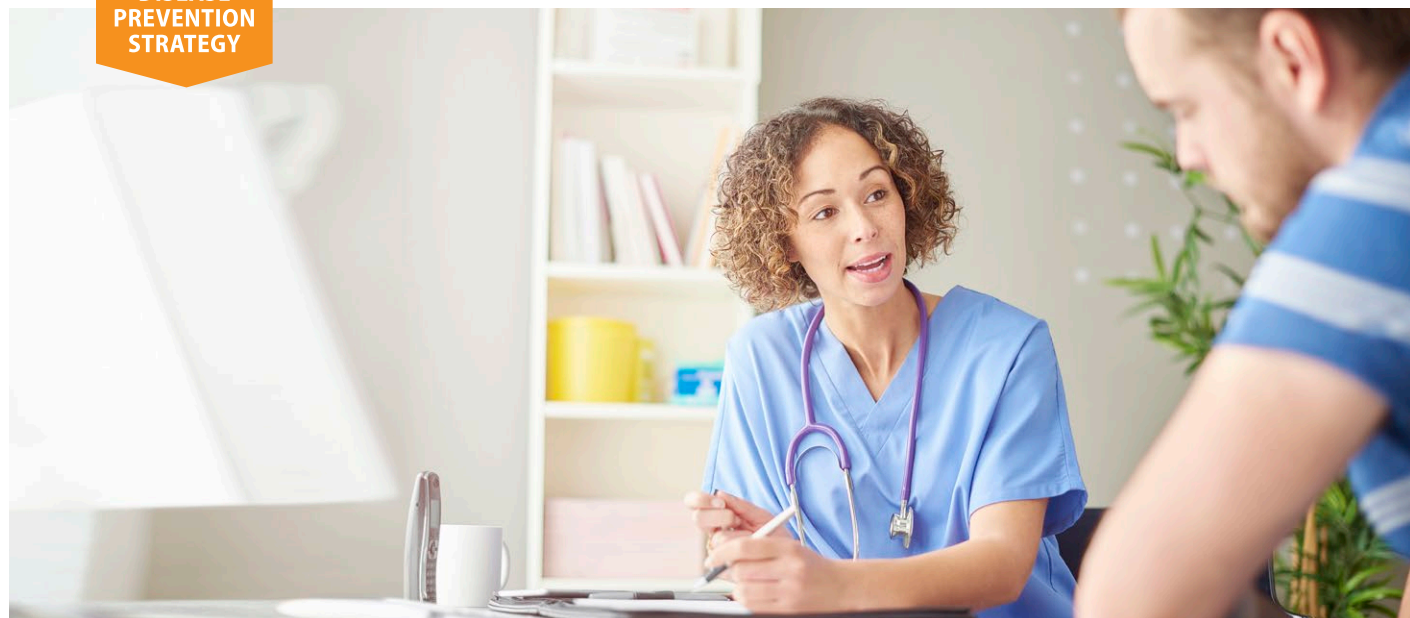
A high-quality prevention system in Ontario will require routine monitoring. CCO will continue to promote change through quality measurement by monitoring the impact of system-level policies and programs on chronic disease risk factors through resources such as the Prevention System Quality Index. CCO will disseminate the results of this monitoring to prevention partners, such as the Ontario government, to support continual system improvement.

CCO will also continue to support the development and delivery of provincial-level strategies and programs aimed at chronic disease prevention. Multi-pronged provincial-level strategies that are appropriately developed and supported, such as the Smoke-Free Ontario Strategy, can achieve great levels of success. These efforts show that government leadership through funding, policies, programs, regulations and legislation can have a significant impact on reducing disease risk. CCO supports the Smoke-Free Ontario Strategy through the work of the Program Training and Consultation Centre (PTCC). PTCC is a resource centre that provides training and technical assistance to health professionals working in tobacco control in Ontario.

### Strategic Priorities

- 2.1 Provide advice to government and prevention partners on chronic disease prevention.
- 2.2 Promote policies and programs that increase health equity.
- 2.3 Monitor the impact of provincial-level policies and programs on chronic disease risk factors.
- 2.4 Support the development and implementation of provincial-level prevention strategies.





## GOAL 3:

### CCO undertakes primary, secondary and tertiary prevention.

Primary prevention aims to prevent disease occurrence by reducing the exposure to risk factors and secondary prevention aims to detect disease early to improve outcomes through early detection, and through screening (testing people with no symptoms). Tertiary prevention aims to lessen the effects of disease, slow disease progression and reduce the risk of recurrence.

CCO will identify, support and expand prevention activities along this prevention continuum, with a focus on working with diverse partners, such as those in public health, cancer screening, primary care, the Regional Cancer Programs, the Regional Chronic Kidney Disease programs and other key health organizations. CCO's work with Ontario's Regional Cancer Programs ensures that all cancer patients are screened for tobacco use, and offered appropriate supports to help them quit smoking.

CCO will also help implement prevention at the local level by engaging providers who work directly with the Ontario population. An example of such prevention activities is the Aboriginal Tobacco Program, which

leads work directly with First Nations, Inuit and Métis to provide culturally appropriate messaging on prevention, protection and cessation of commercial tobacco.

CCO plans, implements and evaluates the province's three organized cancer screening programs: the Ontario Breast Screening Program, the Ontario Cervical Screening Program and ColonCancerCheck. CCO is committed to adopting evidence-based innovative approaches to screening and expanding screening programs, such as the Lung Cancer Screening Pilot for People at High Risk. CCO is also exploring opportunities to integrate primary prevention into screening encounters, such as letters to patients.

High participation and retention are essential for achieving population-level benefits in any screening program. Despite universal health insurance coverage and the existence of these programs, certain sub-populations experience barriers to screening and are under-screened. CCO is committed to increasing participation in the screening programs, particularly in these under-screened populations.

In addition, CCO has a role to play in the development, implementation and evaluation of initiatives that address primary, secondary and tertiary prevention. Examples include educating the public about individual risk for specific cancers and steps that can be taken to reduce that risk, as well as supporting people with cancer and their families or caregivers to help them reduce unhealthy behaviours. These actions empower Ontarians to reduce their own risk of disease and disease progression.

### Strategic Priorities

- 3.1** Ensure prevention is integrated into relevant CCO programs.
- 3.2** Expand screening and early detection programs.
- 3.3** Increase access to screening and early detection programs.
- 3.4** Provide the public with information and tools to reduce their risk of cancer.



## GOAL 4:

### CCO informs chronic disease prevention through research and population health assessment and surveillance.

Effective reduction of the risk factors and exposures common to cancer and several chronic diseases requires the generation, dissemination and implementation of high-quality evidence.

CCO will continue to conduct and support important population-based research on the causes of various diseases, risk factor exposures and the outcome of policy and program implementation. This kind of research involves identifying new risk factors and carcinogens, developing new methodologies for studying cancer and chronic diseases, and testing interventions to assess their effectiveness. CCO is, for instance, a partner in the Occupational Cancer Research Centre. The first of its kind in Canada, the Occupational Cancer Research Centre works to identify, prevent and ultimately eliminate Ontarians' exposure to cancer-causing substances in the workplace.

Surveillance is also an important part of CCO's Chronic Disease Prevention Strategy. Surveillance that is aimed at tracking the distribution of cancer, as well as the prevalence and patterns of chronic disease risk factors and social determinants of health, is critical to understanding where prevention efforts are needed. As a designated entity under the Personal Health Information Protection Act, CCO can facilitate linkages across databases to help foster sophisticated, innovative cancer and chronic disease surveillance and research. For instance, the Indian Registration System-Ontario Cancer Registry linkage was initiated to develop an understanding of the burden of cancer on status First Nations. CCO will continue to conduct surveillance on the population of Ontario and specific sub-populations, for example, occupational cohorts.

CCO is experienced in generating resources that describe the prevalence of modifiable risk factors and system-level initiatives designed to reduce risk factors in the Ontario population. CCO will continue to develop tools that inform these initiatives and will undertake new efforts to disseminate this information to key partners and the public.

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### Strategic Priorities

- 4.1 Conduct and support etiologic, prevention and screening research.
- 4.2 Optimize CCO's data holdings and data infrastructure to support research and surveillance.
- 4.3 Provide risk factor, screening and disease surveillance information, including information on health inequities.
- 4.4 Produce and disseminate high quality knowledge products that inform chronic disease prevention.





# conclusion

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The CCO Chronic Disease Prevention Strategy sets out an ambitious and comprehensive 5 year plan. CCO looks forward to working with its partners on these important goals. CCO is committed to reporting on its progress. The first CCO Chronic Disease Prevention Strategy Progress Report will be available in early 2018.

CCO welcomes the opportunity to work in partnership with others on chronic disease prevention. Feel free to contact CCO at:

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# references

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- <sup>1.</sup> Ontario Mortality Data, 2011, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date extracted: 2017 June 28.
- <sup>2.</sup> Patra J, Popova S, Rehm J, Bondy S, Flint R, Giesbrechts N. Economic cost of chronic disease in Canada 1995–2003. Toronto: Ontario Chronic Disease Prevention Alliance; 2007.
- <sup>3.</sup> Danaei G, Vander Hoorn S, Lopez AD, Murray CJ, Ezzati M, Comparative Risk Assessment Collaborating Group. Causes of cancer in the world: comparative risk assessment of nine behavioural and environmental risk factors. *Lancet*. 2005;366(9499):1784-93.
- <sup>4.</sup> Parkin DM, Boyd L, Walker LC. 16. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. *Br J Cancer*. 2011;105 Suppl 2:S77-81.
- <sup>5.</sup> Colditz GA, Wolin KY, Gehlert S. Applying what we know to accelerate cancer prevention. *Sci Transl Med*. 2012;4(127):127rv4.
- <sup>6.</sup> Bronwson RC, Baker EA, Novick LF. Community-based prevention: programs that work. Gaithersburg (MD): Aspen Publishers; 1999.
- <sup>7.</sup> Green L, Kreuter MW. Health program planning: an educational and ecological approach. 4th ed. Boston: McGraw-Hill; 2005.
- <sup>8.</sup> Manuel DG, Perez R, Bennett C, Laporte A, Wilton AS, Gandhi S, et al. A \$4.9 billion decrease in health care expenditure: the ten-year impact of improving smoking, alcohol, diet and physical activity in Ontario. Toronto: Institute for Clinical Evaluative Sciences; 2016.



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