



# News Release

For Immediate Release

December 6, 2017

## Success of Public Health Programs in Preventing Chronic Diseases Unknown: Auditor General

(TORONTO) The Province does not know whether Ontario's 36 public health units are making progress in the fight against preventable chronic diseases, Auditor General Bonnie Lysyk says in her *2017 Annual Report*, tabled today in the Legislative Assembly. Ontario has no overarching chronic disease prevention strategy to guide overall program planning and development.

"The Province spends an average of \$1 billion a year on public health, including about \$190 million on preventing chronic diseases, but it does not measure the performance of public health units in this area," Lysyk said after her Report was tabled. "As a result, we don't really know how effective the units have been in this area."

The audit found that although the Ministry of Health and Long-Term Care (Ministry) has made progress in reducing smoking, a chronic disease risk factor, more work is needed to address the other risk factors such as physical inactivity, unhealthy eating and heavy drinking.

A 2016 research report from the Ontario-based Institute for Clinical Evaluative Sciences, says that four modifiable risk factors that contribute to chronic diseases—physical inactivity, smoking, unhealthy eating and excessive alcohol consumption—cost Ontario almost \$90 billion in health-care costs between 2004 and 2013. One of public health's functions is to prevent chronic diseases, such as cardiovascular and respiratory diseases, cancer and diabetes. In Ontario, the number of people living with these diseases has been rising.

Other findings of the audit include:

- Current provincial performance indicators do not fully measure public health units' performance in preventing chronic diseases and promoting health. At some public health units, program evaluations were not performed to determine whether their programs had a positive impact.
- Public health units have undertaken research and developed local solutions independently, resulting in significant duplication of effort and instances of variation in the depth of the research and type of information gathered.
- Public health units have not all been able to access complete and current epidemiological data to study the patterns, causes and effects of health and disease within populations. Even in instances where the data is available, some public health units did not have the required time and/or staff expertise to review and analyze it.
- The ability of public health units to influence healthy behaviours among children is limited by a lack of coordination at the provincial level between the Ministry of Education and the Ministry of Health and Long-Term Care. As a result, the units spend resources on persuading schools to participate in health programming rather than on actual service delivery.

- Provincial funding for public health units is not approved until the last quarter of the year. A survey of Medical Officers of Health and CEOs at public health units noted that 80% of the respondents identified that timeliness of funding approvals poses a problem to them for program planning

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