

Preventative measures:

A strategic plan to reduce chronic diseases in York Region

Public Health Branch Baseline Indicator Report
Healthy Living Division 2015-2018



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York Region Health Connection

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Accessible Format

A copy of this document is available in accessible format upon request. For further information, please contact:
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York Region Chronic Disease Prevention Strategy: Defining success

The *Chronic Disease Prevention Strategy Action Report 2012*¹ provides leadership and direction for a collaborative and targeted strategy for York Region Public Health's Healthy Living Division. The action report outlines the strategic framework, objectives and short and long-term action recommendations to guide future planning. The primary objective is to build engagement from regional groups with a role in chronic disease prevention to support an environment of health promotion for York Region residents. This recommended baseline indicator report will assist in the achievement of this objective.

Indicator areas help determine course of action

Quantitative and qualitative baseline measures can assess movement towards a desired result and assist in decision making and action planning.² The baseline measures presented in this report are based on population level indicators and were identified through the review of available public health unit surveillance data, provincial reports and data collected from program areas in the Healthy Living Division.

Turning the curve

"Turning the curve" refers to the community's ability to improve well-being.^{2,3} The Ontario Public Health Standards⁴ specify mandatory health programs and services to be delivered by boards of health. The goal of the Chronic Disease Prevention standard is to reduce the burden of preventable chronic diseases of public health importance.⁴ Chronic diseases of public health importance include cardiovascular diseases, cancer, respiratory diseases and type two diabetes. Clinical risk factors for chronic diseases include, but are not limited to, poor diet, obesity, tobacco use, physical inactivity, alcohol misuse and exposure to ultraviolet radiation.⁴ The societal outcomes from the Chronic Disease Prevention standard have informed the community results of the strategic plan, which include:

- Residents live, work, play and learn in healthy environments
- Residents practice skills and behaviours to reduce risks of chronic diseases
- Community partners deliver integrated and comprehensive programs
- Community partners have the capacity to address chronic disease risk factors⁴

The information presented in this report was used by the Healthy Living Division to identify individual and collective actions that would work to achieve the above community results. Moving forward, community stakeholders from all sectors will continue to engage in "turning the curve" discussions with the Healthy Living Division to further identify and implement actions to flatten, slow or turn the curves in more positive directions.^{2,3}



Social determinants of health

Health is complex and influenced by a variety of nonmedical factors such as income, social status, education, employment, social environments, gender and culture, which are referred to as the social determinants of health.⁵ Research done at international, national, provincial and regional levels shows a strong connection between socioeconomic conditions and chronic diseases.⁶ People who experience low socioeconomic disadvantage are at greater risk of developing chronic conditions. Alternatively, those with chronic disease are more likely to become susceptible to socioeconomic disadvantage through disability, loss of income and social supports.⁶ As such, consideration of the social determinants of health has been included in the priorities for action presented in this report.

How to use this report

This report is intended to be used as an internal planning document as well as a tool for community discussion and action. Data presented was current as of November 4, 2014.

The report is broken down into the following sections:

Community results: outline the societal outcomes in the Ontario Public Health Standards⁴ and define the conditions of well-being to be achieved

Current experience: provides the story behind the baseline data to shape an understanding of the community and the present-day circumstances

Priorities for action: serve as a bridge between the experience and the indicator

Strategic directions: describe the conditions needed to achieve each community result

Indicator areas and baseline measures: quantify the current experience and can be used to forecast the direction if nothing is done differently. These areas and measures also help to determine the actions needed to “turn the curve” in a more positive direction²

Data development agenda: a prioritized list of new or improved data that is needed³



Community result number one:

Residents live, work, play and learn in healthy environments

The current experience

Food insecurity

Individual and household food insecurity, defined as “the inadequate or insecure access to adequate food due to financial constraints” is an urgent public health challenge and an important social determinant of health affecting 11.6 per cent, or 571,300 households, in Ontario.⁷ Teens and adults in food insecure households eat fewer fruits and vegetables, and milk products. They are also at a higher risk of inadequate intakes of several key nutrients such as protein, vitamin A, folate and other B vitamins, magnesium, phosphorus and zinc.⁷

Physical activity

Physical activity directly benefits a person’s physical and mental health. People who exercise regularly are less susceptible to a number of chronic health conditions.⁸ Healthy community design, where planning prioritizes walking and cycling, has been demonstrated to support residents’ health.⁹ Currently, cars are the primary transportation for 69 per cent of York Region residents; only four per cent of residents primarily walk or cycle.¹⁰ Walking to school contributes to the recommended 60 minutes of daily physical activity for children and youth.⁹ However, rates of walking for the school journey have decreased by close to 50 per cent over the last few decades. Over the same period of time, the number of children driven to school in a personal vehicle has risen from 13 to 41 per cent across Canada.¹¹ Parents cite time constraints, convenience, weather, distance from the school and concerns about safety as factors in their decision to drive their children to school.¹¹ As a result, the School Travel Planning process was created to address barriers affecting active travel to school with consideration to issues of physical and mental health and well-being, safety, the environment, community connectedness, and the cost and benefits.¹²

Healthy school policies

York Region uses the evidence-based Comprehensive School Health approach, an internationally-recognized style for building healthy school communities.¹³ Integrating this approach has been well received by York Region school board partners and has prompted boards to create and implement Healthy School policies. Students are encouraged to be active representatives on Healthy School committees and a part of Healthy School student clubs.



Priorities for action

- Promote health at each age and stage of life, focusing first on children and youth
- Participate in multi-sectoral partnerships to raise awareness about the prevalence and serious health implications of food insecurity and physical inactivity
- Use the “Nutritious Food Basket” data to illustrate the effect of a limited income on a healthy diet
- Partner with key stakeholders to plan and design community infrastructure to support walking and cycling, as well as adapt/develop awareness-raising activities, education, and programs that encourage walking, cycling, and other forms of active transportation
- Provide support to municipalities who are pursuing a Walk Friendly Ontario or Bicycle Friendly Community designation
- Continue to engage with school boards, community stakeholders, police, municipal and regional partners to address the physical and social barriers to active school travel and work collectively towards increasing active and sustainable school transportation rates
- Continue to use a Comprehensive School Health approach for building healthy school communities in partnership with school boards
- Implement the revised Ministry of Education: Foundations for a Healthy School document, focusing on physical activity, healthy eating, personal safety and injury prevention, growth and development, mental health and substance use, addiction and related behaviours
- Continue to offer Healthy School Grants to provide sustainable school-wide activities
- Continue to provide Active Tools for Schools, Peer Leadership for Active Youth, Pause to Play, active school travel/active and safe routes to school, daily physical activity and health, and physical education curriculum
- Support youth engagement through active representation on Healthy School committees and through Healthy School student clubs
- Promote strategies to engage in safe play, sports and physical activity such as playground, cycling and pedestrian safety, as well as concussion awareness and prevention
- Promote strategies for healthy aging and encourage seniors to participate in physical activity



Strategic direction	Indicator areas	Why this indicator area is important
Residents have equitable access to safe, culturally acceptable, affordable and nutritious foods and beverages	Proportion of York Region households who are food insecure	People in food insecure households experience compromised food intakes, eating fewer than the recommended number of servings of vegetables and fruit and milk products. They are at higher risk of inadequate intakes of several key nutrients and chronic diseases such as diabetes, hypertension, fibromyalgia and heart disease.
Residents have safe, barrier-free access to active transportation, recreation and natural environments	Proportion of population (12 and over) who are active or moderately active during leisure time	A physically active lifestyle among the population will substantially reduce the burden of disease, death, and disability in York Region and Ontario. This indicator is a high priority in the province.
	Proportion of municipalities adopting operational policies that reflect the School Travel Planning approach	This indicator measures one component of a larger strategy to address declining rates of walking to school, barriers to active transportation and works towards enhancing active travel infrastructure that benefits everyone.
	Proportion of children ages 11 to 13 who walk or cycle to school in York Region Number of kilometres of cycling facilities in York Region	This indicator contributes to children/youth achieving their daily physical activity requirements. Expanding current cycling infrastructure within our communities provides various travel mode options and encourages active forms of transportation.
School communities utilize a Comprehensive School Health approach	Proportion of schools that implement Comprehensive School Health programs/initiatives	A healthy school can have a great impact on a student's life by balancing nutrition, physical activity and overall mental health and well-being.

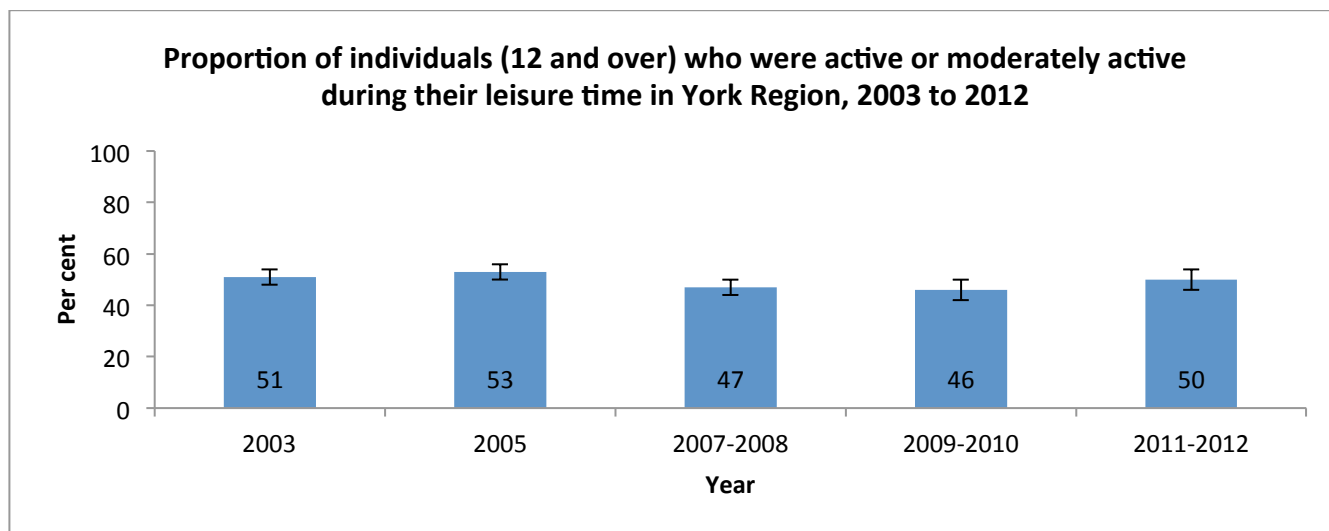


Baseline measure: *Proportion of York Region households who are food insecure*

In 2011 to 2012, 4 (±1) per cent of York Region households reported being food insecure, similar to 2007 to 2008 and 2009 to 2010 percentages.¹⁴

Baseline measure: *Proportion of population (12 and over) who are active or moderately active during leisure time*

In 2011 to 2012, 50 (±4) per cent of individuals were active or moderately active during their leisure time and the proportion stays similar over time.¹⁵



Data Source: Canadian Community Health Survey, 2003 to 2012, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.

· Canadian Community Health Survey data underrepresents food insecurity in York Region because random digit dialing does not reach individuals who do not have landlines. As well, certain populations at high risk of income-related food insecurity such as the homeless, on-reserve Aboriginals, and those living in remote and isolated communities are not included in the survey. The result is that the prevalence of income-related household food insecurity is underestimated. *Statistics Canada. Canadian Community Health Survey Annual Component. User guide 2012 and 2011-2012 Microdata files. Ottawa (ON): Statistics Canada. 2013*



Baseline measure: *Proportion of municipalities adopting operational policies that reflect the School Travel Planning approach*

Since the release of the School Travel Planning in York Region council report⁹, one municipality (11 per cent) has developed and implemented a School Travel Planning report and policy document in 2013.

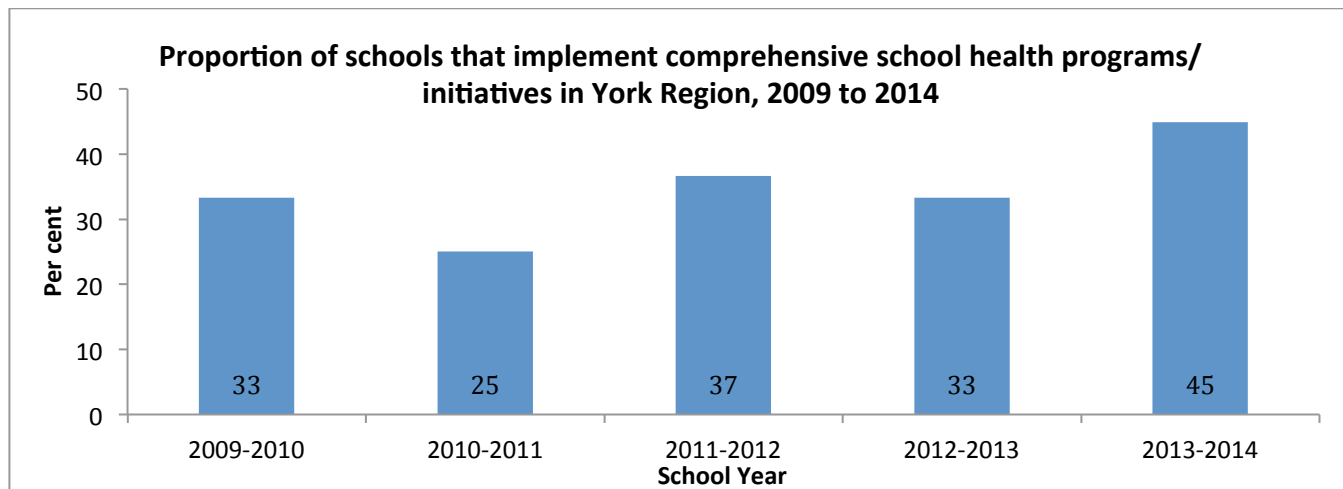
Baseline measure: *Proportion of children ages 11 to 13 who walk or cycle to school in York Region*

Transportation Tomorrow Survey data from 2011 indicates that only 36 per cent of 11 to 13 year olds in York Region walk or cycle to school.¹⁰ Fewer children in York Region in this age category walk or cycle to school compared to children in the Greater Toronto and Hamilton Area.

Baseline measure: *Number of kilometres of cycling facilities in York Region*

In 2013, there were 524 kilometres of cycling facilities in York Region. There is a multi-phased plan to expand the Regional cycling network in the coming decade.¹⁶

Baseline measure: *Proportion of schools that implement comprehensive School Health programs/initiatives*



Data development agenda:

- Physical activity levels for children aged four to 13 years
- Active transportation to school for children aged four to 13 years



Community result number two:

Residents practice skills and behaviours to reduce risks of chronic diseases

The current experience

Vegetable and fruit and breakfast consumption

In 2011 to 2012, only 38 per cent of York Region youth ate vegetables and fruits five times daily. This has not changed significantly from 2007, but has decreased significantly from 2005 when it was 51 per cent.¹⁵ A number of contributing factors have been documented to affect the intake of vegetables and fruit. Aggressive marketing of competing foods and beverages to youth, busier schedules and competing priorities make planning to eat vegetables and fruits a challenge.^{17, 18} In 2013, 55 per cent of York Region youth ate breakfast at least five times in the last five school days. This is similar to Ontario's results (53 per cent).¹⁹ A variety of factors may contribute to this scenario including inadequate role-modeling from parents or caregivers, inadequate food skills, families' different morning schedules, and concerns about body image and weight.^{20, 21}

Alcohol consumption

Alcohol contributes not only to health-related consequences such as disease and injury, but also to social problems for individuals, families, workplaces and communities. Alcohol is a causal factor in at least 60 types of diseases and injuries.²² The negative consequences of alcohol impact not only those who consume alcohol, but also those around them.²³ In York Region, approximately one in five report drinking above the recommended low-risk alcohol drinking guidelines.²⁴ Also, the percentage of individuals who reported heavy drinking (drinking five or more drinks on one occasion) increased from 17.3 per cent in 2010 to 19.0 per cent in 2011.²⁵

Physical activity

Physical activity is one of the most important ways to ensure children and youth reach their full potential. Daily light-intensity and moderate-to-vigorous-intensity physical activity is linked to reducing cardiovascular risk factors and enhancing positive health outcomes. Physical activity has also been shown to have a positive association with academic performance in children and youth. Despite the benefits, only five per cent of Canadian children and youth are getting enough physical activity.²⁶

Increasing awareness for screening and the Ontario Cancer Screening Guidelines

In Ontario, there are programs that provide guidelines for when and how to be screened for breast, cervical and colon cancers. There have been a number of campaigns and initiatives implemented provincially and regionally to increase awareness of the importance of screening and the Ontario Cancer Screening Guidelines. Initiatives have included: working in collaboration with community



partners; providing education and resources to health care providers; and addressing barriers to cancer screening for low or never-screened populations. York Region screening rates are higher than provincial rates; however, they are lower than provincial targets. There are still many residents who would benefit from regular cancer screening.

Priorities for action

- Encourage parents, caregivers and teachers in schools to role-model eating fruits and vegetables, and breakfast
- Promote more food literacy education in the curriculum and school nutrition programs
- Minimize alcohol-related harm by educating and advocating pricing and taxation, access and availability, and marketing/advertising
- Work within a coalition to identify, implement and support effective initiatives to eradicate impaired driving
- Partner with schools and school boards to empower school staff and students to create and implement alcohol and drug awareness initiatives
- Promote education, prevention and screening for Fetal Alcohol Spectrum Disorder (FASD)
- Provide healthcare and service providers with information and education about screening and using brief intervention as a best practice to decrease harm among those who are drinking at risky levels
- Provide education to parents to promote active and unstructured play
- Make sure early childcare educators, daycare operators and after-school program providers understand and value the role of physical activity (active free-play, structured activities) and have the capacity to implement physical activity programs
- Partner with local parks and recreation departments for physical activity for children and youth best practices
- Build awareness and promote cancer screening guidelines through campaigns, displays, workshops and resource distributions with specific attention to low and never-screened populations
- Participate in the Central Local Health Integration Network (LHIN) Regional Cancer Program Prevention and Screening Subcommittee and the Greater Toronto Area Cancer Prevention and Screening Network

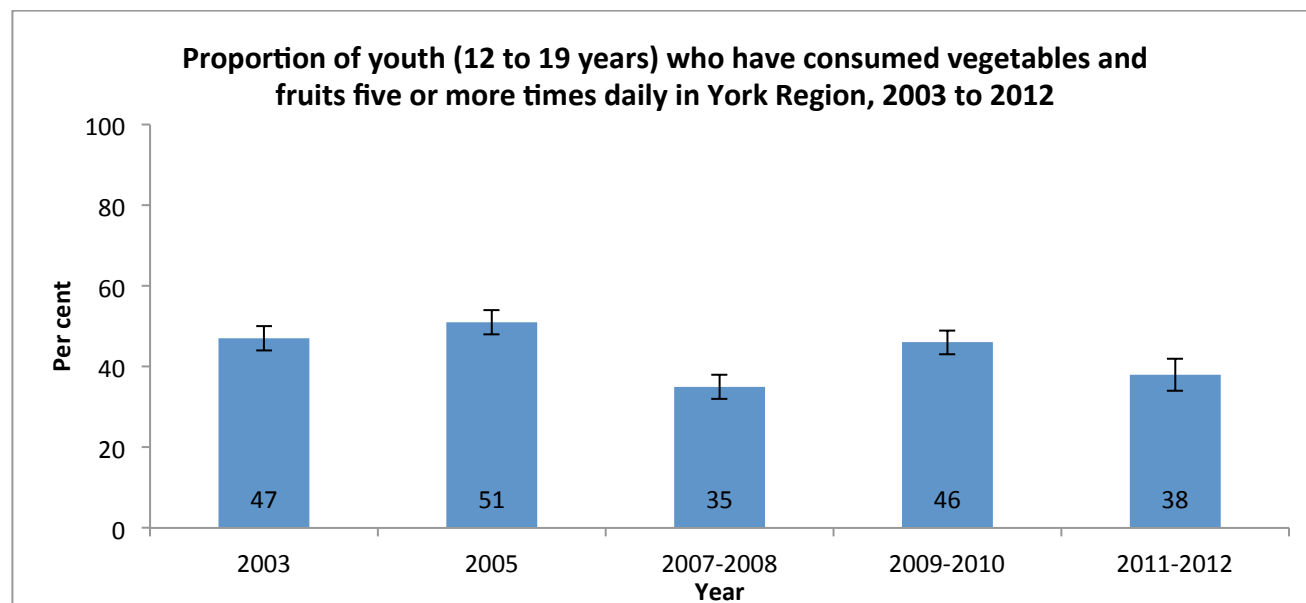


Strategic direction	Indicator areas	Why this indicator area is important
Residents have access to nutrition and food literacy programming	Proportion of population (aged 12 to 19) who consumed vegetables and fruits five or more times daily	Vegetable and fruit consumption is linked to the prevention of disease. Well-nourished students are better learners and less likely to disrupt the class.
	Proportion of students (grades nine to 12) who ate breakfast five times in the last five school days	Breakfast consumption may help to reduce the risk for obesity and unhealthy eating patterns. The early years are the best time to form lifelong healthy eating habits.
Residents have access to early identification and intervention for risky drinking	Proportion of population (12 and over) who reported drinking five or more drinks on at least one occasion per month during the past 12 months	Alcohol impacts health at every age and stage across ones lifespan; is a leading risk factor for chronic diseases; and a contributing factor in many incidents of injury and violence.
Children and youth have opportunities to participate in physical activity	Proportion of students who report being physically active at least 60 minutes per day every day in the past seven days	Daily physical activity reduces chronic disease risk factors for children and youth. There is a positive association between physical activity and academic performance in children and youth.
Residents engage in cancer prevention and screening behaviours	Proportion of women (50 to 69 years) reporting having a screening mammogram in the past two years	Screening for breast, cervical and colorectal cancer saves lives. Cancer screening can detect pre-cancerous changes or cancer at an early stage when it is less likely to have spread; there are more treatment options; a better chance of successful treatment and ultimately a better outcome.
	Proportion of women (20 to 69 years), excluding those having had a hysterectomy, who report having been screened for cervical cancer in the past three years	
	Proportion of adults (50 to 74 years) who report having a screening Fecal Occult Blood Test (FOBT) in the previous two years	



Baseline measure: *Proportion of population (aged 12 to 19) who consumed vegetables and fruits five or more times daily*

The proportion of youth who have consumed vegetables and fruits five or more times daily varies between 35 to 51 per cent from 2003 to 2012.



Data Source: Canadian Community Health Survey, 2003 to 2012, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.

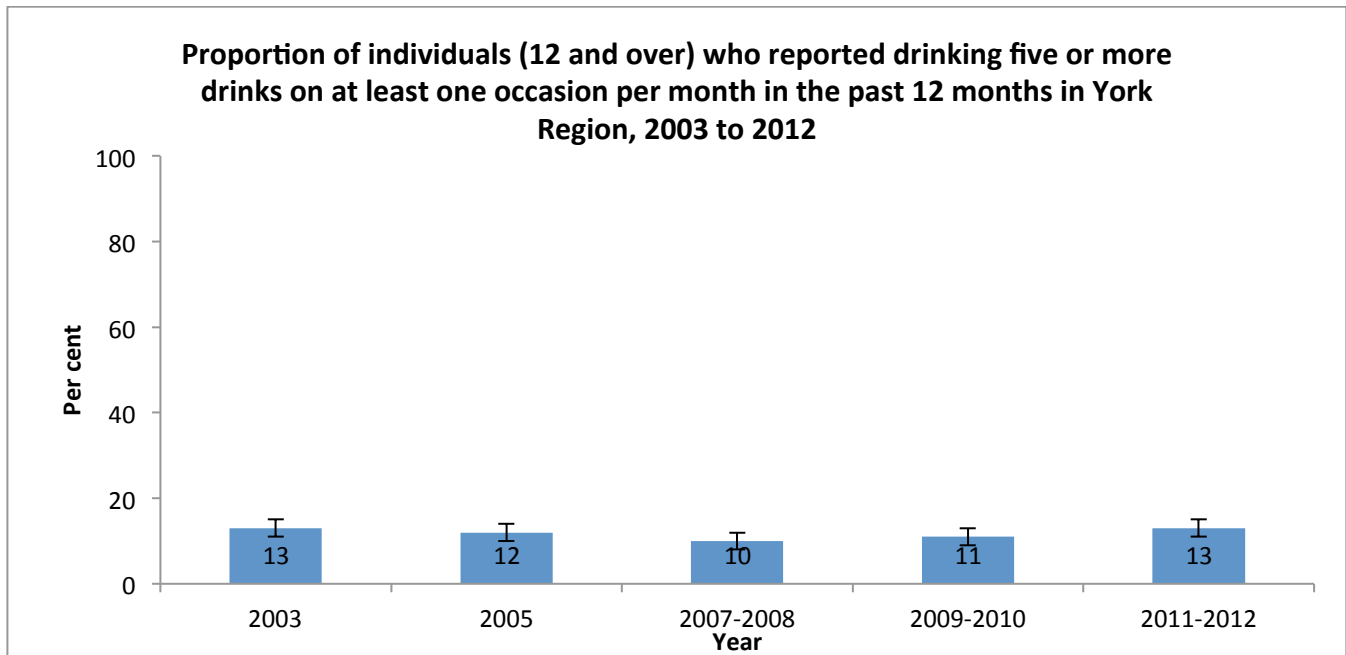
Baseline measure: *Proportion of students (grades nine to 12) who ate breakfast five times in the last five school days*

Over half (55 (±5) per cent) of students in 2013 reported that they ate breakfast every school day in the last five school days prior to the survey, similar to the 2011 and 2009 percentages.¹⁹

Baseline measure: *Proportion of population (12 and over) who reported drinking five or more drinks on at least one occasion per month during the past 12 months*

In 2011 to 2012, 13 (±3) per cent of individuals reported drinking five or more drinks on at least one occasion per month in the past 12 months and the proportion stays similar over time.





Data Source: Canadian Community Health Survey, 2003 to 2012, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.

Baseline measure: *Proportion of the population 19 and over that exceed the low-risk alcohol drinking guidelines #1 and/or #2*

In 2011 to 2012, 23 (± 3) per cent of York Region adults (19 and over) exceeded the low-risk alcohol drinking guidelines, similar to the 2009 to 2010 percentages.²⁴

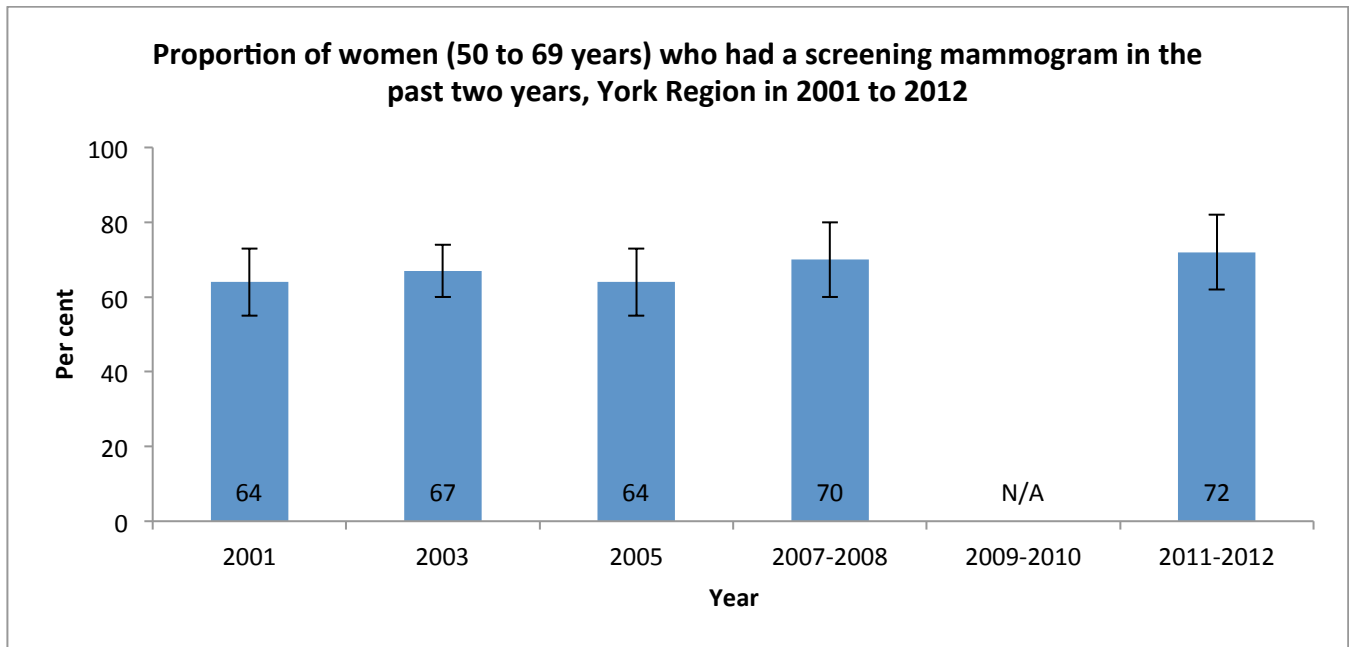
Baseline measure: *Proportion of students who report being physical active at least 60 minutes per day every day in the past seven days*

19 (± 5) per cent of students in 2013 reported being physically active at least 60 minutes every day in the past seven days, similar to the 2011 percentage.¹⁹

Baseline measure: *Proportion of women (50 to 69 years) reporting having a screening mammogram in the past two years*

The proportion of women who have a screening mammogram in the past two years remains stable from 2011 to 2012.





Data Source: Canadian Community Health Survey, 2001 to 2012, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.

Baseline measure: *Proportion of women (20 to 69 years), excluding those having had a hysterectomy, who report having been screened for cervical cancer in the past three years*

The proportion of women who have been screened for cervical cancer in the past three years remains stable from 2001 to 2012.

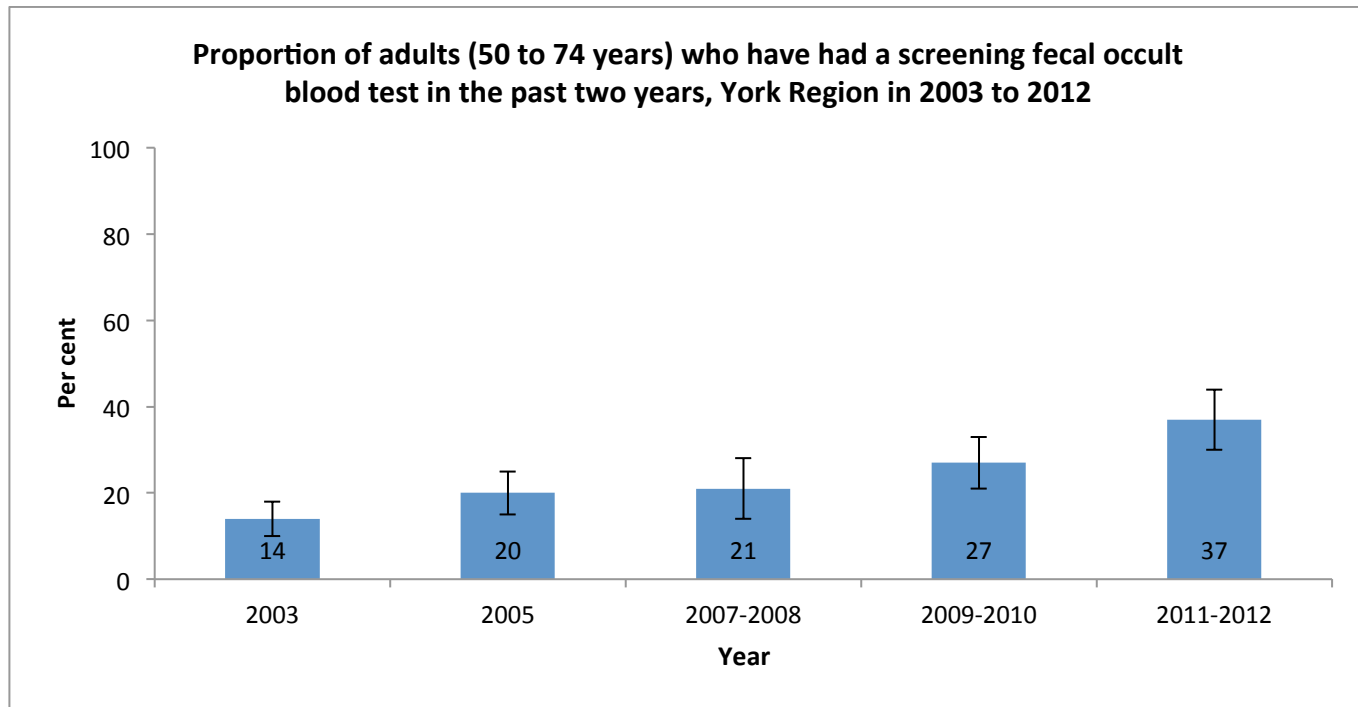


Data Source: Canadian Community Health Survey, 2001 to 2012, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.



Baseline measure: *Proportion of adults (50 to 74 years) who report having a screening Fecal Occult Blood Test (FOBT) in the previous two years*

The proportion of adults who have had a screening FOBT in the past two years has significantly increased from 2003 to 2011 to 2012.



Data Source: Canadian Community Health Survey, 2003 to 2012, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.

Data development agenda:

- Percentage of children (two to 11 years old) who consume the recommended number of fruit and vegetable servings, and milk and alternative servings
- Percentage of pregnant women whose gestational weight gain is within recommended ranges



Community result number three:

Community partners deliver integrated and comprehensive programs

The current experience

Raise the Bar

Young children's energy and nutrient intakes are essential to support normal growth and development and to prevent acute nutrition problems, such as iron-deficiency anemia and dental caries. Healthy eating patterns can also help to promote learning and academic success and reduce the risk of chronic diseases, including cardiovascular disease, type two diabetes, cancer, obesity and osteoporosis.²⁷ In 2010, Raise the Bar, an accreditation program using bronze, silver and gold achievement levels, was initiated by and for licensed child care centres to voluntarily improve quality of care at centres in York Region. Using Raise the Bar helps to measure improvement regarding the food environment at child care centres.

York Region Food for Learning

York Region Food for Learning is a diverse community partnership that supports student nourishment programs which enhance learning and health. Student nutrition programs are part of the whole school approach to creating a healthy school nutrition environment. This means that everyone in the school, from teachers to parents, work together to ensure students receive the same messages about healthy eating wherever lessons are taught and food is served.²⁸ York Region Food for Learning provides expertise, funding and resources to develop and sustain breakfast and snack programs. The proportion of schools participating in the program from 2010 to 2014 has increased steadily.

Walk Friendly Ontario and Bicycle Friendly Community designations

A built environment that supports safe, sustainable, and accessible opportunities for walking and cycling within our communities' benefits everyone.²⁹ Local municipalities are encouraged to strive towards achieving Walk Friendly Ontario and Bicycle Friendly Community designations. Walk Friendly Ontario and Bicycle Friendly Communities programs encourage municipalities to create and improve spaces for walking and bicycling. By participating in the process, communities can benchmark existing conditions, set targets for improving walkability and support for bicycling within their communities.^{30,}

³¹



Mental health and well-being

Healthy emotional and social development lays the foundation for mental health and resilience in childhood and throughout life. As such, mental health promotion is increasingly being recognized as a priority area for action.³² In York Region, the rate of mental illness emergency room visits for five to 19 year olds has increased significantly from 2009 to 2013.^{33,34} Three possible reasons for the increase could include:

1. A rise in those suffering from mental illness
2. Increased willingness to seek treatment
3. Population growth

School-based mental health promotion programs are most effective when they are integrated into Comprehensive School Health initiatives that reach all students and include an emphasis on well-being, building resilience, and reducing bullying and stigma.³²

Priorities for action

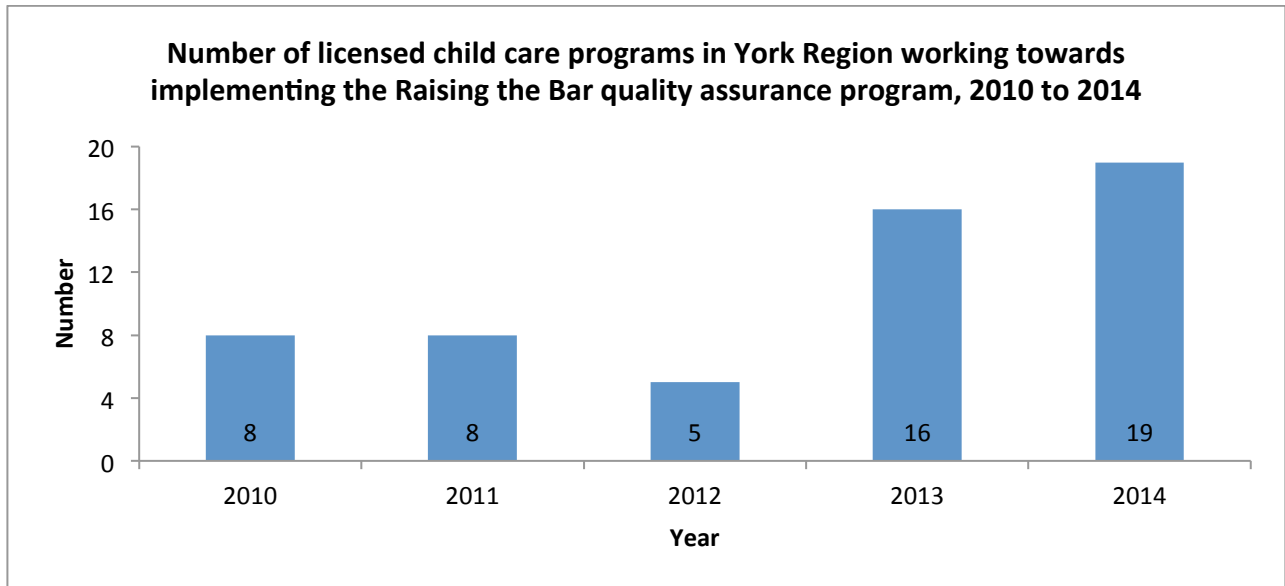
- Continue to raise awareness of the Raising the Bar quality assurance program through presentations and support centres as they implement Raising the Bar
- Seek funding to hire a coordinator to continue to advance the Raising the Bar program
- Work with stakeholders to promote and maintain sustainability of student nutrition programs with policy development, advocacy, increased funding and education
- Continue to provide consultation and support to municipalities interested in enhancing walking and cycling infrastructure
- Continue to pursue and address mental health and resiliency, such as assisting schools to make the connection between positive mental health and program resources
- Continue to use opportunities to create and maintain partnerships with community stakeholders devoted to positive mental health and well-being



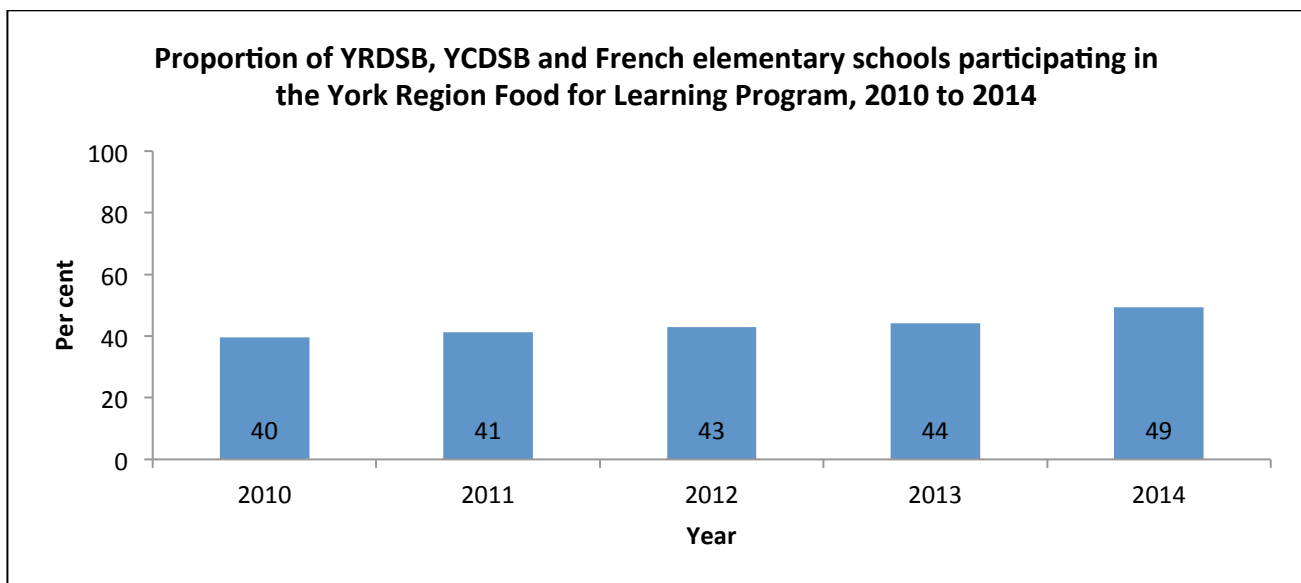
Strategic direction	Indicator areas	Why this indicator area is important
Community partners implement programs and policies that address the physical and social aspects of residents' environments	Proportion of child care programs in York Region working towards implementing the Raising the Bar quality assurance program	Measure improvement of the food environment at child care centres, via Raising the Bar's healthy eating policy and procedures.
	<p>Proportion of York Region District School Board (YRDSB) and York Catholic District School Board (YCDSB) and French elementary schools participating in the York Region Food for Learning Program</p> <p>Proportion of York Region District School Board (YRDSB) and York Catholic District School Board (YCDSB) and French secondary schools participating in the York Region Food for Learning Program</p>	Student nutrition programs in schools contribute to a positive social environment, student academic performance, health and well-being.
	Number, type and level of Walk Friendly Ontario and Bicycle Friendly Community designations received by our local municipalities	Connects and aligns the <i>number of kilometres of cycling facilities</i> indicator and sets the stage for continuing to bring public health to the planning table.
Community partners integrate resiliency factors into their programs for children and youth	Proportion of youth (12 to 19 years) who report very good or excellent mental health	A self-report indicator for mental health and well-being in youth will provide a snapshot of how youth rate their mental health and well-being.
	Rate of mental illness emergency rooms visits in York Region ages five to 19 years	Identify the burden of mental illness in youth.



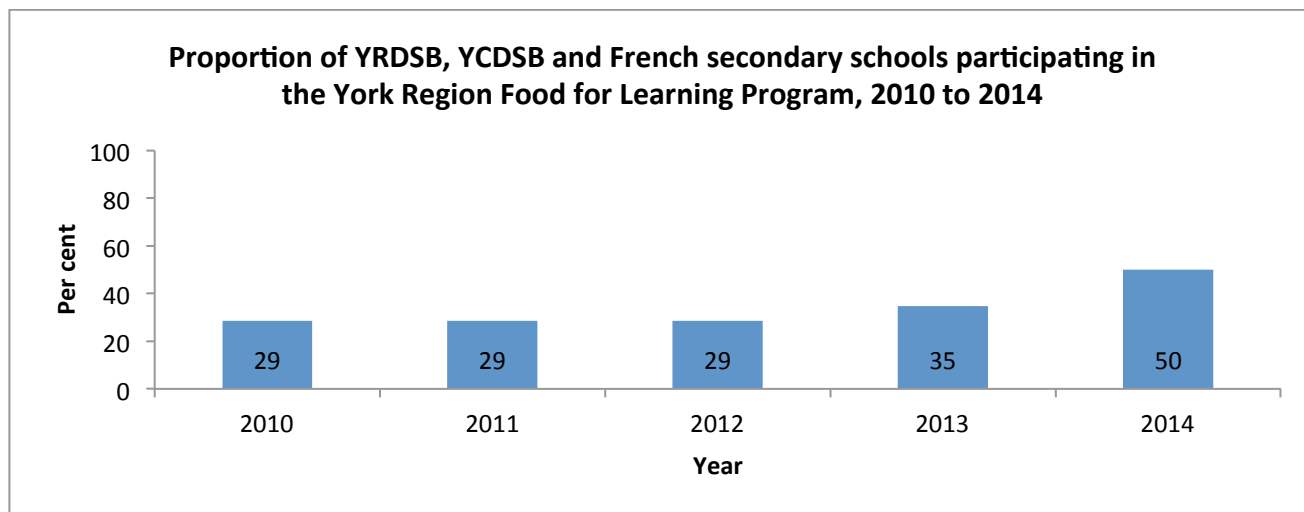
Baseline measure: Number of child care programs in York Region working towards implementing the Raising the Bar quality assurance program



Baseline measure: Proportion of YRDSB, YCDSB and French elementary schools participating in the York Region Food for Learning Program



Baseline measure: *Proportion of YRDSB, YCDSB and French secondary schools participating in the York Region Food for Learning Program*

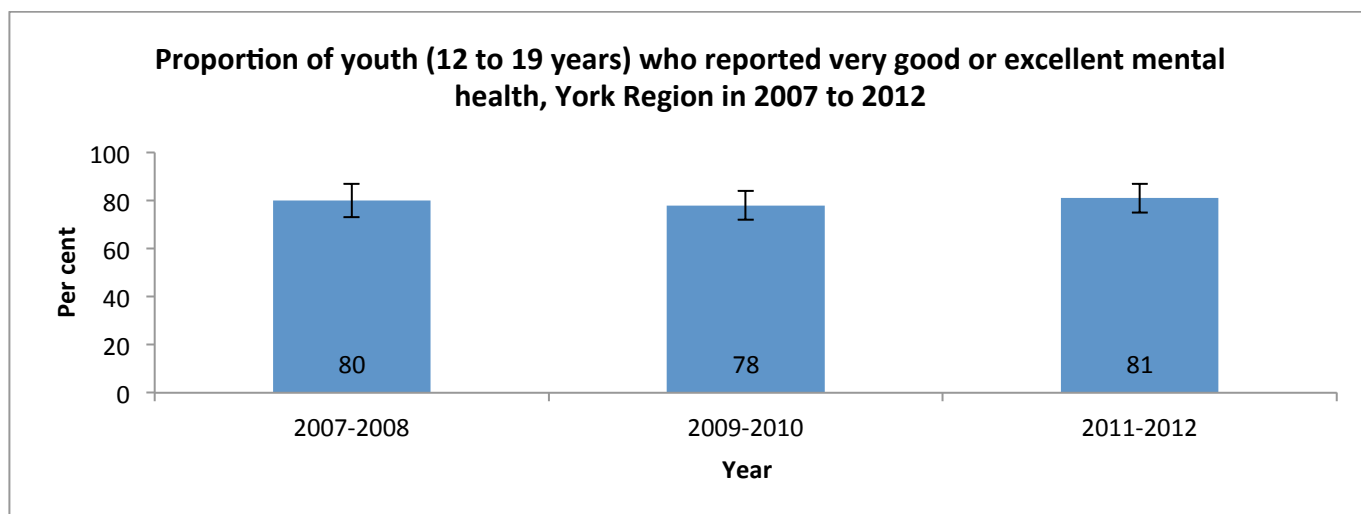


Baseline measure: *Number, type and level of Walk Friendly Ontario and Bicycle Friendly Community designations received by our local municipalities*

In York Region, seven Walk Friendly Ontario/Bicycle Friendly Community designations have been received by our local municipalities; two bronze level and two honourable mentions for Bicycle Friendly Community, and one bronze level and two honourable mentions for Walk Friendly Ontario.

Baseline measure: *Proportion of youth (12 to 19 years) who report very good or excellent mental health*

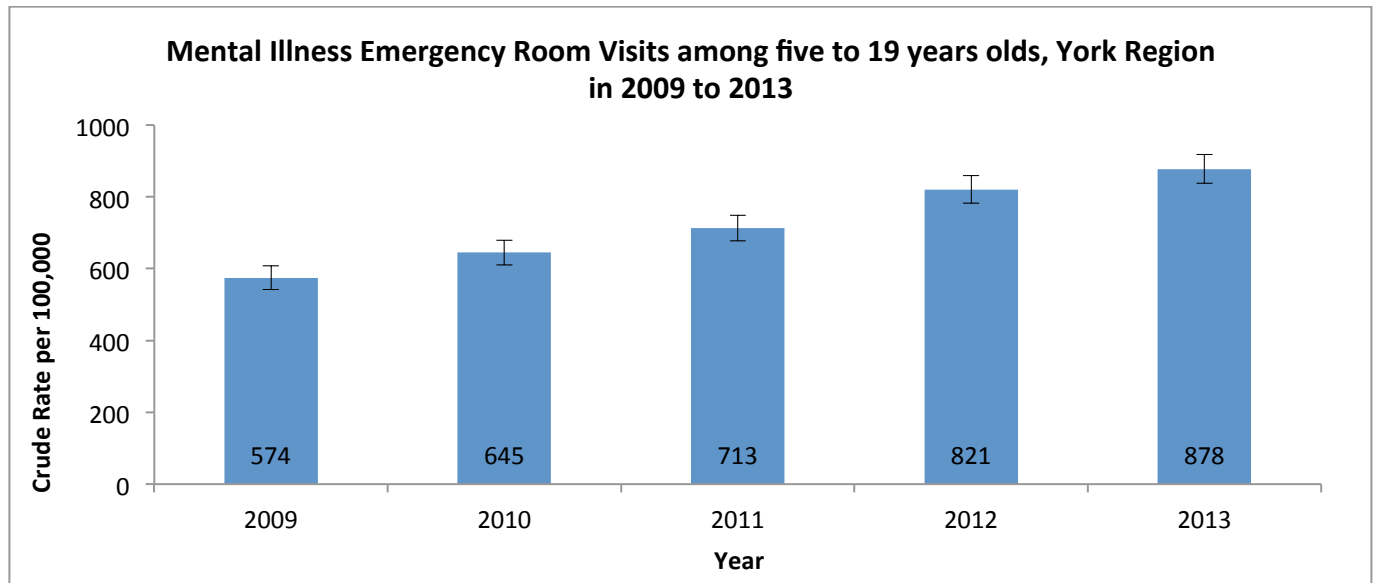
The proportion of youth who reported very good or excellent mental health has remained stable from 2007 to 2012.



Data Source: Canadian Community Health Survey, 2007 to 2012, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.

Baseline measure: *Rate of mental illness emergency room visits in York Region ages five to 19 years*

The rate of mental illness emergency room visits for five to 19 year olds has increased significantly from 2009 to 2013.



Data Source: Ambulatory Visit Data 2009-2013 (Calendar Year), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: 2014-08-15 AND Population Estimates 2009-2013, Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: 2014-08-15.

Data development agenda:

- Age Friendly Communities designations across York Region
- Density of alcohol outlets per capita
- Number of municipalities and community partners that prohibit commercial marketing to children under the age of 12
- Number of municipalities and community partners that implement nutrition standards for all food and beverages sold
- Policy progression on evidence-based interventions to reduce alcohol-related harm
- Mental health indicators for child and youth



Community result number four:

Community partners have the capacity to address chronic disease risk factors

The current experience

Smoking

The majority of smokers want to quit, however, only a few will succeed without repeated attempts.³⁵ Comprehensive approaches to tobacco cessation are most effective when including group and individual counselling, Brief Contact Interventions, referral to Smokers' Helpline, nicotine replacement therapy distribution, provision of self-help resources and tailored supports for diverse populations.³⁶ Access to affordable smoking cessation counseling and to low or no cost nicotine replacement therapy is limited.³⁶ In February 2011, a report on Smoke-Free Outdoor Recreational Spaces was circulated at Regional Council to all nine municipalities to consider implementing a smoke-free bylaw for outdoor recreational spaces.³⁷ Since then, six York Region municipalities have adopted smoke-free bylaws and policy, laying the ground work for the Ontario government's 2015 amendment to the *Smoke-free Ontario Act* to include children's playgrounds and publicly owned sport fields and surfaces. In addition, starting in 2005, York Region Smoke-free Ontario Grants, Tobacco-Free Living Services has had a Youth Engagement Coordinator applying Youth Engagement Principles to build the capacity of youth and youth serving organizations to deliver tobacco-use prevention initiatives. The goal of this work is to contribute to increasing the proportion of York Region youth ages 12 to 18 who report that they have never smoked a whole cigarette.

Food charter

A food charter is a statement of values and principles intended to guide community organizations and individual community members toward a unified vision for a healthy food system – linking community action and policy.³⁸ The York Region Food Charter is rooted in five priority areas:

1. Economic opportunities
2. Environmental sustainability
3. Health and well-being
4. Social justice and equity
5. Education and skills

In 2013, the York Region Food Charter Working Group began deputations to gain support and endorsement of the York Region Food Charter.



Priorities for action

- Collaborate with community partners and organizations to increase access to affordable and comprehensive tobacco cessation supports
- Inform the public and stakeholders of the benefits of smoke-free outdoor spaces
- Implement and support initiatives for the prevention of tobacco experimentation and use among children, youth and young adults
- Continue to engage with the community about the Food Charter through consultations, such as on-line surveys, community forums and community events
- Continue to support community groups in developing and implementing community gardens
- Engage more community members to become involved in deputations, seek funding support for consultation fees and travel costs to do the deputations, and implement Food Charter activities



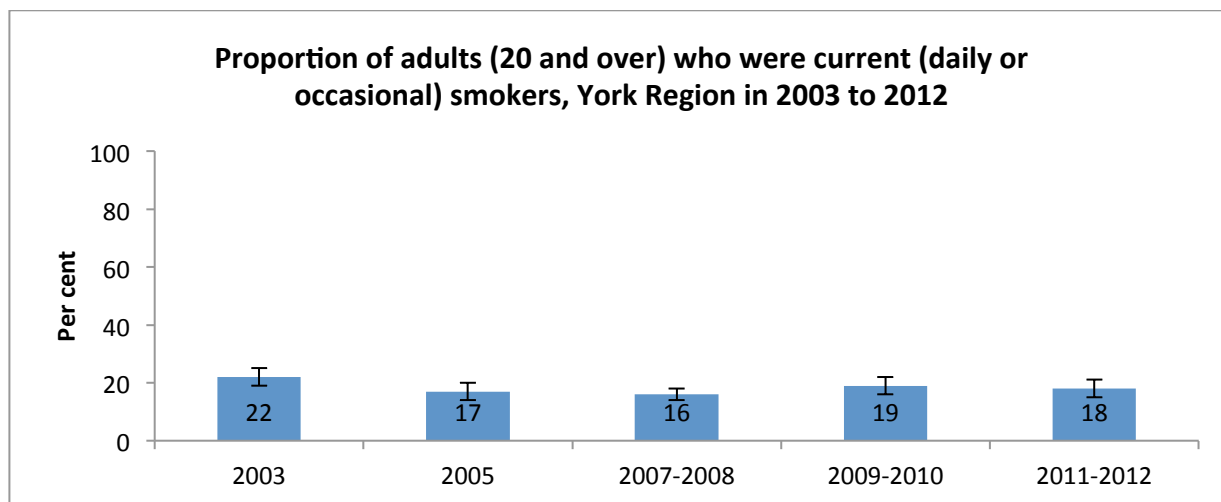
Strategic direction	Indicator areas	Why this indicator area is important
Residents have access to tobacco cessation supports	Proportion of students who report they attempted to quit in the last 12 months	Tobacco use is the leading cause of preventable illness and death in Ontario. It kills 13,000 people a year. Tobacco-related disease costs Ontario's healthcare system \$1.93 billion in direct health care each year.
	Proportion of adults (20 and over) who are current (i.e., daily, occasional) cigarette smokers	
Municipalities provide residents with access to smoke-free outdoor spaces	Proportion of municipalities that adopt smoke-free outdoor space by-laws and policies	Smoke-free outdoor spaces help to: prevent second-hand smoke exposure; promote positive role modeling for children and youth; de-normalize the use of tobacco; support those attempting to quit and reduce the environmental impact of cigarette butt litter.
Youth-serving community partners incorporate tobacco use prevention strategies in their programs	Proportion of youth (12 to 18 years) who never smoked a whole cigarette in their life	Delaying the age when youth first begin to experiment with tobacco can reduce the risk of transitioning to regular or daily tobacco use.
York Region, its municipalities and community partners use the York Region Food Charter to guide policy development	Number of community partners who support the York Region Food Charter	The York Region Food Charter promotes a system from farm to plate that provides access to local, affordable and nutritious food. The charter is a vision of thriving urban and rural communities where residents, businesses and governments are creating a resilient food system. A healthy food system will enhance health, provide economic opportunities, contribute to a sustainable environment, support equity and social justice, and provide education and food skills.



Baseline measure: *Proportion of students who report they attempted to quit in the last 12 months*

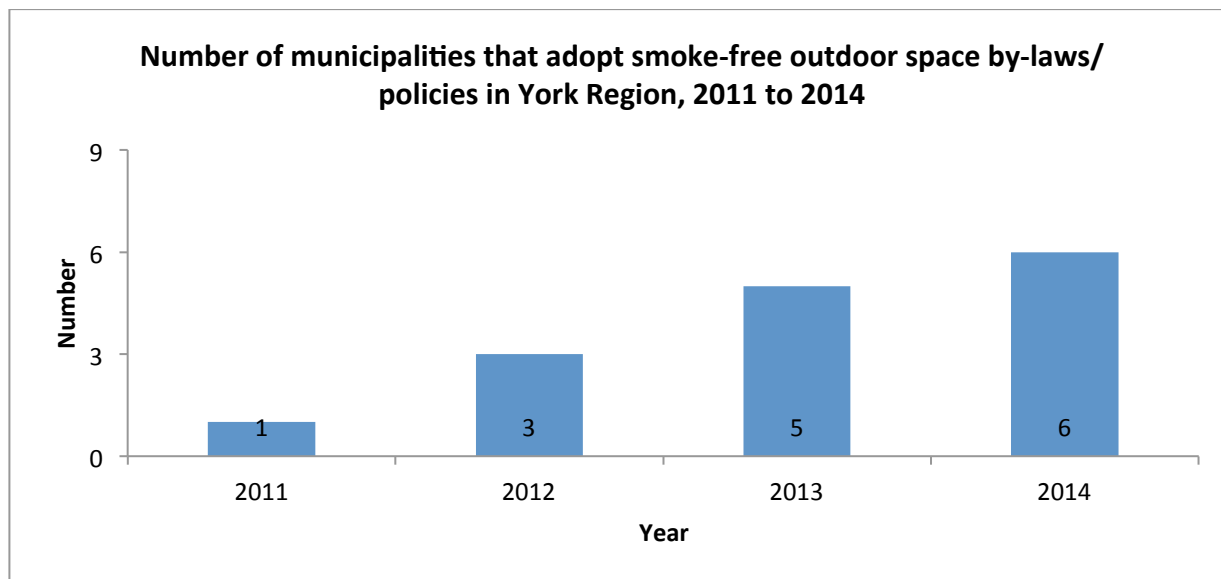
7 (±3) per cent of students in 2013 tried to quit smoking cigarettes in the last 12 months.¹⁹

Baseline measure: *Proportion of adults (20 and over) who are current (i.e., daily, occasional) cigarette smokers*



Data Source: Canadian Community Health Survey, 2003 to 2012, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.

Baseline measure: *Number of municipalities that adopt smoke-free outdoor space by-laws/policies*

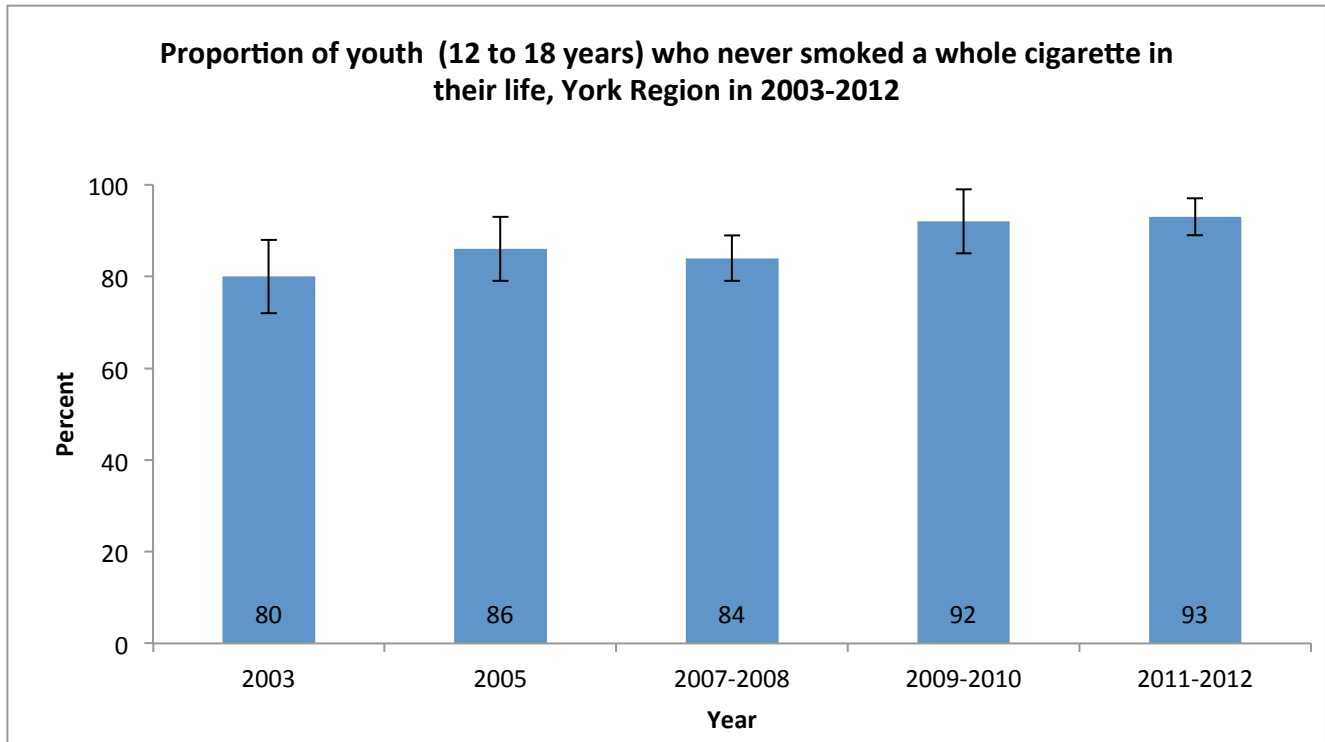


· Indicates a high amount of variability with this estimate.



Baseline measure: *Proportion of youth (12 to 18 years) who never smoked a whole cigarette in their life*

The proportion of youth who never smoked a whole cigarette in their life increased significantly from 2003 to 2012.



Data Source: Canadian Community Health Survey, 2003 to 2012, Statistics Canada, Ontario Share File, Ontario Ministry of Health and Long-Term Care.

Baseline measure: *Number of community partners who support the York Region Food Charter*

The number of community partners who support the York Region Food Charter increased from three in 2013 to eight in 2014.

Data development agenda:

- Percentage of primary care providers providing cessation services



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