

FACT SHEET:

Impact of Healthy Public Policy

October 2019



What is healthy public policy?

Public policy can be defined as “a strategic action led by a public authority in order to limit or increase the presence of certain phenomena within the population.”¹ When public policy takes into consideration the health and equity impacts, this is referred to as healthy public policy. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives.² Healthy public policy is a fundamental tool to improve the public’s health.

Why are municipalities so important to healthy public policy?

When municipalities make decisions, whether about housing, transportation, recreation, or land use planning, almost all have a direct impact on the health of residents.³ This means that municipalities are well positioned to develop policies that are responsive to community-level issues. For example, municipal policies and bylaws to set maximum speed limits is a transportation related issue, but has a direct impact on the safety of road users and ultimately road-related injury and death rates in a community. Municipal governments often implement policies on a local scale, which can be piloted and evaluated, and then later passed provincially for the benefit of larger populations. An example of this is smoke-free places bylaws that many municipalities in Ontario passed in the 1990’s only later to be applied provincially through the Smoke-free Ontario Act in 2006.⁴

What are some examples of effective healthy public policy?

Pasteurized Milk

In 1893, Nathan Strauss in New York showed that pasteurization of milk saved lives, which led to the introduction of laws regulating the pasteurization of milk. In just one year, the infant mortality rate in New York dropped from 41% (i.e. almost one in two babies dying) to 19% (1898).

Back in Ontario, with help from community activists like the Women’s Institutes, local boards of health and their municipalities started introducing by-laws (to pasteurize milk), one by one. In 1915, the City of Toronto passed a by-law, and by 1934, there were 20 municipalities in Ontario that had similar by-laws. By the time the Province passed its legislation in 1938, there were already 50 municipalities with by-laws in place that made pasteurization of milk compulsory. By this time, 25% of all food and waterborne outbreaks were related to milk. In fact, in Canada from 1912 to 1938 (the year that Ontario passed legislation to make milk pasteurization compulsory), there were 900 milk related illnesses and 700 deaths. Almost 10% of the TB cases in children under 14 years of age were related to milk. This serves as an early example of how Ontario depends on local boards of health and their municipalities as a proactive and timely strategy to identify and respond to emerging public health threats.

Smoke-Free Public Spaces and Tobacco Use Prevention

Municipalities began introducing by-laws to prohibit smoking in public places, such as restaurants and bars, many years before Ontario introduced the Smoke Free Ontario Act in 2006. This is true for the City and County of Peterborough where smoke-free bylaws were introduced in 1997 and 2003,^{5,6} respectively, which is many years before the same level of protection was given to all Ontario residents.⁷ In the instance of the City bylaw, local residents received nine years of additional protection from second-hand smoke in public places compared to residents in other jurisdictions in Ontario. The development of these local bylaws were initiated by the Medical Officer of Health presenting evidence of the health impacts of tobacco use and second-hand smoke exposure to local municipal councils. With this evidence, local councils were able to act to save lives. Since the inception of these bylaws, local rates of involuntary exposure to second-hand smoke have dropped. For example, between 2003/2004 and 2013/2014, there was a significant increase in

Peterborough in the proportion people who reported that there was no one who smoked in the home from 77.7% to 89.3%.⁸ Like smoking in the home, there have been increases over the last decade in the proportion of Peterborough residents who report not being exposed to secondhand smoke in a private vehicle, from 88.9% in 2003/2004 to 93.3% in 2013/2014.⁸

Healthy Community Design

An important tool at the disposal of municipal governments is the community design abilities afforded to them by their planning powers. High-quality built and natural environments can improve population health in several ways, including encouraging people to be physically active, creating opportunities for social interaction, providing access to green spaces, and minimizing exposure to air pollution and other pollutants.⁹ An example of this is the City of Peterborough's Sidewalk Strategic Plan. For many years new subdivisions in the City were built without pedestrian amenities such as sidewalks. Less pedestrian amenities can result in residents walking less, including less children walking to school.¹⁰ To address the gap in sidewalk infrastructure, the City of Peterborough past a Sidewalk Strategic Plan in 2008. The purpose of the Sidewalk Strategic Plan is to create a process to prioritize the provision of new sidewalks within the City of Peterborough. Since the implementation of the Plan, 28.3 km of new sidewalks have been constructed representing more than half of the highest priorities areas that needed sidewalks in the City.¹¹

Why are public health units involved in advocacy?

“Advocacy is a critical population health strategy that emphasizes collective action to effect systemic change.”¹² It focuses on changing upstream factors that determine one's health, such as housing, income, and employment that typically fall outside of the health care sector. This means that advocacy is often a key ingredient needed to achieve healthy public policy change. To that end, advocacy is one of three basic health promotion actions identified in the Ottawa Charter¹³ and one of four public health roles identified by the National Collaborating Centre for Determinants of Health to improve health equity.¹⁴ It has been an important part of many public health achievements over the past 100 years¹⁵ and is listed as a core competency of Canadian public health practice.¹⁶



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- ¹³ World Health Organization. (1986). Ottawa Charter for Health Promotion: an international conference on health promotion. Retrieved from: <http://www.phac-aspc.gc.ca/ph-sp/docs/charter-chartre/pdf/charter.pdf> [accessed on Oct 15, 2019]
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