

alPHA's members are
the public health units
in Ontario.

March 17, 2017

UPDATED

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Society of
Nutrition Professionals
in Public Health

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division
Ministry of Health and Long-Term Care
10th Floor, 80 Grosvenor Street,
Toronto, Ontario M7A 2C4

Dear Roselle,

Re: Public Health Programs and Services Consultation

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHA), I am writing today to provide our initial feedback on the *Standards for Public Health Programs and Services Consultation Document* that was released for comment on February 17.

We recognize that a great deal of work went into this review, and appreciate the fact that many of our members were directly involved in the development of the revised Standards for Public Health. We are also pleased with the decision to hold regional consultations and hope that the feedback that you receive from our members as part of these will be carefully considered, as our members will be more likely to provide more detailed operational feedback not covered here. Finally, we are most appreciative of the extension to the original April 3 deadline to accommodate a more thorough consideration of the document.

Our response as an Association is based primarily on what we heard at the 2017 alPHA Winter Symposium and follow-up discussions during meetings of our Council of Ontario Medical Officers of Health (COMOH) and Boards of Health Sections as well as the alPHA Executive Committee and Board of Directors since that time.

We understand that the intent of the present consultation is to gather feedback on operational considerations and implementation requirements and supports. We expect that the most useful feedback on these will be heard as part of the regional consultations that will take place later this month, as staff and managers who are most familiar with the various programs and services are in the best position to provide the required analysis and advice.

Indeed, a recurring theme that we have heard from our members during and following our February symposium is that it will be difficult to fully assess the operational implications of the revised standards before more clarity on the more specific expectations are available. We are given to understand that these will emerge with the development of protocols, guidance documents and annual service plan template, and we would appreciate assurances that the field will be fully involved in this process so that we can answer the operational and implementation questions as they arise.

Similarly, the importance of examining the existing and potential capacity, resource and funding issues cannot be overstated. These have been at the forefront of our discussions of the revised standards so far, and the expectations will need to be more clearly understood before an assessment of the capacity to meet them can be properly carried out.

The above uncertainties notwithstanding, we already have significant concerns about capacity in light of our escalating struggles to meet our existing mandate and respond to local needs with constrained budgets. These struggles will only intensify with the new program and process obligations that are laid out in the revised standards and the continued implementation of the public health funding formula.

We have, for example, communicated on several occasions as part of our feedback on the Patients First initiative that increasing engagement with the health care sector carries with it significant resource implications. Assisting with the planning of health care delivery services is a new application of public health's expertise in population health assessment, which requires different analytical approaches and is in addition to the applications that we will be expected to continue.

Even if this and the various other added requirements are offset by the subtraction or consolidation of others, there will be resource implications related to adapting our service delivery processes to the shifts in expectations, including retraining staff for new obligations, re-allocating resources and developing outreach and negotiation strategies for programs that we are no longer expected to provide directly but are still expected to ensure are available. New administrative requirements such as developing annual public health service plans and individualized programs of public health interventions will also entail significant additional consideration.

We also have some concerns about the much less prescriptive approach to the health promotion standards. Although we are very receptive to the greater latitude to tailor health promotion / chronic disease prevention programs via local public health "intervention plans", we see a potential risk to their effectiveness and sustainability in the current fiscal climate. If available resources remain static (as they have now for two years in most cases), meeting the more explicit health protection requirements on an ongoing basis will almost certainly erode the resources left over for the delivery of effective tailored health promotion programs and services over time. We recommend that there be mechanisms developed to mitigate this risk and protect our critical work in the more flexible areas of the standards.

As we observed above, there is still much that has not yet been defined within the new standards, and there are additional uncertainties about the outcomes of the correlated health system transformation processes. We do see this as an important opportunity to answer questions and address concerns, and it will be exceedingly important that these processes (including but not limited to the Expert Panel on Public Health, the Public Health-Local Health Integration Network Work Stream, the new Accountability Framework) are appropriately bridged to ensure that we have the information we need to guide us through the transformation process. We would appreciate assurances that we will be full participants in ensuring that these processes and their products serve the best interests for effective health protection and promotion throughout the province.

It is important to note that the above points are reflective of the collective discussions that our members have had in the short time since the release of the consultation document. The emergence of other questions and concerns as the revised Standards are more closely examined are a near-certainty, and we hope that you will remain open to discussing them – including feedback on content - in the months leading to the January 2018 implementation.

In closing, we recognize that having such explicit and comprehensive public health standards is unusual in Canada and we are grateful to have a strong foundation for the practice of public health in Ontario. We thank you for the opportunity to assist in further strengthening Ontario's public health system to most effectively protect and promote the health of all Ontarians.

Yours sincerely,

A handwritten signature in cursive script, reading "Carmen McGregor". The ink is grey and the signature is fluid and connected.

Carmen McGregor
alPHa Vice-President

COPY: Dr. David Williams, Chief Medical Officer of Health
Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation, Ministry of Health and Long-Term Care
Dr. Bob Bell, Deputy Minister of Health and Long-Term Care, Ministry of Health and Long-Term Care