Office of the County Warden
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July 14, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins:

Re: Patients First Discussion Paper

At its meeting of June 1, 2016, the County of Lambton Board of Health considered the attached correspondence from Dr. Valerie Jaeger, President, Association of Local Public Health Agencies (alPHa) dated February 29, 2016, a response from Dr. Eric Hoskins dated April 20, 2016 and a further response from Dr. Valerie Jaeger dated April 28, 2016 regarding *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario.*

The County of Lambton Board of Health passed the following motion:

> *#3: McGugan/Gillis: That correspondence PH 06-14-16 be supported by the Board of Health.*
>
> *Carried.*

The Board of Health supports the recommendations from alPHa as outlined in the attached letter dated February 29, 2016. The Board requests the Ministry of Health and Long-Term Care to include the alPHa recommendations in any implementation of the *Patients First* proposal.

Thank you for your consideration.

Sincerely,

Warden Bev MacDougall
Chair, County of Lambton Board of Health

cc: Bob Bailey, MPP, Sarnia-Lambton
Monte McNaughton, MPP, Lambton-Kent-Middlesex
Linda Stewart, Executive Direction, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Sudit Ranade, Medical Officer of Health
Andrew Taylor, General Manager, Public Health Services Division

alPHa
Association of Local PUBLIC HEALTH Agencies

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E-mail: info@alphaweb.org

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

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

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2C4

April 28, 2016

Dear Minister Hoskins:

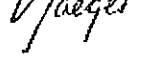
Thank you for your letter dated April 20, 2016. I am pleased to note that we are in agreement about the positive contributions local public health units can make in working with Local Health Integration Networks (LHINs) to facilitate and support better health and wellness outcomes for all Ontarians.

From a public health perspective, we appreciate the direction to expand the focus of LHIN planning to include population health. However, as we noted in our letter to you dated February 29, 2016, LHINs are one of the many partners with whom public health works to keep people healthy. In the absence of more detailed information, we remain concerned about the form that "integration" and "formal linkages" may take.

We wish to reiterate that alPHa's member Medical Officers of Health, Boards of Health and Affiliate organizations are concerned that some of the *Patients First* proposals regarding local public health may have unintended consequences. These consequences include an erosion of the public health system's capacity to improve the health of Ontarians through our intersectoral work on the determinants of health. We also reiterate alPHa's position, based on experience in jurisdictions elsewhere that the aims of public health are best served by Boards of Health that are truly independent, with funding and accountability flowing directly from the Ministry. alPHa's concerns are more fully expressed in our attached letter and your office has received numerous letters and resolutions from individual Boards of Health expressing similar concerns.

We are committed to finding win-wins so that Ontarians can continue to benefit from a strong and effective public health system while knowing that a quality health care system is there for them when they need it.

Sincerely,



Dr. Valerie Jaeger,
President

Copy: Dr. David Williams, Chief Medical Officer of Health
Dr. Bob Bell, Deputy Minister of Health and Long-Term Care
Sharon Lee Smith, Associate Deputy Minister of Health and Long-Term Care
Nancy Naylor, Associate Deputy Minister of Health and Long-Term Care
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Board of Health Chairs
Medical Officers of Health
Ontario MPPs

Attachment

Ministry of Health and Long-Term Care
Office of the Minister
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel. 416 327-4300
Fax 416 326-1571
www.ontario.ca/health

Ministère de la Santé et des Soins de longue durée
Bureau du ministre
Édifice Hepburn, 10e étage
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Toronto ON M7A 2C4
Tél. 416 327-4300
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HLTC2976IT-2016-61

April 20, 2016

To: Boards of Health and Medical Officers of Health

Ontario is committed to developing a health-care system that puts patients first. This includes keeping people healthy and reducing inequities in health.

As Minister of Health and Long-Term Care and as a public health doctor, I know the integral role that public health units (PHUs) play in protecting and promoting the health of Ontarians. My priority is to elevate this role and ensure that your expertise in population health and prevention is incorporated into planning across our health-care system, end-to-end.

Over the past decade, Ontario's health-care system has improved significantly. We have reduced wait times for surgery, increased the number of Ontarians who have a primary health-care provider and expanded services for Ontarians at home and in their communities. But we can do more to put patients first.

When we established our Local Health Integration Networks (LHINs) a decade ago, they brought planning and decision-making to the local community moving these functions which had been centralized in the ministry for years. But primary care and public health, two parts of the system most critical to keeping people healthy, were left out. Accordingly, in December I introduced proposals to truly integrate the health-care system, using a population health and health equity approach to health system planning and service delivery across the continuum of care so that Ontarians have access to the services they need, no matter where they live.

This integration can facilitate and support better health and wellness outcomes for all Ontarians and thereby improve the quality and sustainability of the health-care system. However, to achieve the full potential of the integration it will require the expertise of the public health sector.

The formal linkages we propose between PHUs and LHINs will ensure that Medical Officers of Health (MOHs) and other public health professionals are part of planning and decision making at the local level and that local population and public health priorities inform health-care system planning, funding and delivery. My intent and focus of establishing formal linkages between our LHINs and PHUs is this: to further empower and engage our public health professionals - our experts in the social determinants of health, in health equity and in population health - to positively influence and help guide our planning and delivery of services across the health care system. We need this expertise and influence to build a better health care system.

The Discussion Paper has generated significant commentary and feedback. I have also heard the concerns raised that emphasize the importance that funds for public health be protected and dedicated exclusively for use by our public health units. I want to assure you that my ministry and I fully agree on this point.

I am pleased that the Association of Local Public Health Agencies (alPHa) has recognized the opportunity presented by our proposals as indicated in its press release of December 17, 2015. There is a strong role for local public health included in our proposals, and the essential leadership provided by you with regards to population health and health equity will be an important element in supporting the extension of this approach across the rest of the health system.

I look forward to the continued participation of the public health sector in our exciting system transformation.

Yours sincerely,

Original signed by

Dr. Eric Hoskins
Minister

alPHa
Association of Local
PUBLIC HEALTH
Agencies

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alPHa's members are the 36 public health units in Ontario.

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Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

ANDSOOHA - Public Health Nursing Management

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 Society of Nutrition Professionals in Public Health

February 29, 2016

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Hoskins:

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations, the Association of Local Public Health Agencies (alPHa) is pleased to provide comment on the Ministry of Health and Long-Term Care discussion paper, *Patients First: A Proposal to Strengthen Patient-Centred Health Care in Ontario*. We received and reviewed the paper with much interest and anticipation. There is much to consider from a local public health perspective. We offer our preliminary comments herein and will be very pleased to engage further as the government's work progresses to strengthen patient-centred health care in Ontario.

We note the fact that how a "problem" is defined will greatly inform the solutions that are considered.

Patients First conceptualizes the problem as that of reducing gaps and inequities in care and strengthening patient-centred care. One solution to this problem is to better integrate population health within the health system, specifically through establishing closer linkages between LHINs and public health units. We are aware of recent work exploring the use of the population health approach in health system planning (CIHI 2014) and appreciate the merits of this work in contributing to health system sustainability. Further, we believe that local public health has valuable expertise to offer in this area. Indeed this approach is one of the five actions for health promotion as set out in the 1986 Ottawa Charter for Health Promotion.

A wider problem is improving and supporting the health and health equity of Ontarians which is effectively the mandate of the Ontario public health system. A solution to this problem would be to support and strengthen the public health system which works on all five Ottawa Charter actions for health promotion. The public health system understands that although access to a quality health care system is a determinant of individual and population health, it is a relatively minor determinant as compared with social and economic circumstances that create opportunities for health, mediated by factors such as education, food security, physical activity opportunities, social networks, effective coping strategies, etc. The public health system is that part of the overall health system that is specifically mandated to work with both health and non-health sector partners to act on these determinants and create opportunities for health for all.

We are concerned that some of the *Patients First* proposals regarding public health may have the unintended consequence of eroding the capacity of the public health system to improve the health of Ontarians through our intersectoral work on the determinants of health.

At the same time, we firmly hold that public health can assist in reorienting the health care system and see this as a valuable contribution of public health to the problems of health care system sustainability as set out in *Patients First*. We also hold that health care system sustainability is achieved by ensuring a strong public health system that can stem the tide of need; focusing on healthy people first.

In the recommendations that follow, we list and briefly describe what we present are the conditions necessary to achieve both. That is, to ensure that public health is able to contribute to the reorientation of the health care system so that population and public health priorities inform health care planning, funding and delivery, while at the same time protecting public health's ability to work upstream to promote and protect the health of all Ontarians.

Recommendations

1. **Funding and Accountability –** Provincial Public Health Funding and Accountability Agreements (PHFAA) must continue to be directly negotiated between local boards of health and the MOHLTC.
   a. A direct relationship mitigates against the threat of resource reallocation (financial and functional) to the acute care system as has been evidenced in the experience of other regions with integrated health systems.
   b. The direct relationship ensures that common Ministry principles and standards are upheld and implemented for all boards, further ensuring that all Ontarians benefit equitably from the public health system.
   c. The direct relationship with the Ministry is needed to maintain the independent voice of public health at LHIN tables; otherwise public health would be advising on health resource allocation and also be a resource recipient.

2. **Independent Voice of Boards of Health –** Boards of health must be maintained as defined in the Health Protection and Promotion Act, directly accountable to the Minister of Health.
   a. Boards of health must continue as entities with an independent voice with roles and responsibilities as set out in statute, standards and accountability agreements.
   b. Municipal representation on boards of health ensures invaluable connections with decision makers and staff in non-health sectors where there is scope of authority over key determinants of health (e.g. bylaws, built environment, social services, child care, planning, long term care, drinking water, recreational facilities, first responders, etc.).
   c. For certain boards of health (e.g. single tier and regional boards), local government is the de facto board of health, creating governance issues if required to report to an appointed LHIN board.
   d. Ways to strengthen boards of health should be explored; this should form part of the work of the Expert Panel following the report of the Institute on Governance (IOG).

3. **Integration of Local Population and Public Health Planning with Other Health Services** – The Ontario Public Health Standards and Ontario Organizational Standards, as required, should be modified to require boards of health to align their work and ensure that population and public health priorities inform LHIN health planning, funding and delivery. Reciprocal amendments should be made to the LHIN legislation (or other mandate documents as appropriate) to require LHIN boards to ensure that population and public health priorities inform LHIN health planning, funding and delivery. alPHa looks forward to participating in the following activities.
   a. Identification of the enabling policies and structures to ensure an effective relationship between the medical officer of health and LHIN leadership.
   b. The identification of the resources and funding required for public health to effectively engage in this work.

4. **Process for Determining Respective Roles** – The respective roles of local public health and LHINs (and other system players involved with population and public health including the Population and Public Health Division, MOHLTC, the Capacity Planning and LHIN Support, Health Analytics Branch, MOHLTC and Public Health Ontario) must be determined through a transparent, inclusive and deliberative process that is informed by evidence. We maintain that this is a key role of the proposed Expert Panel.
   a. It must be recognized that the work for public health as described in *Patients First* is additional to public health's core functions and mandate and the related resources must be identified to accommodate this work to ensure that public health capacity to promote and protect health and improve health equity is not eroded.
   b. There is an important distinction between providing population health information and translating this information into planning, funding and delivery decisions for acute care and other downstream services. It should not be assumed that the latter is a public health competency.

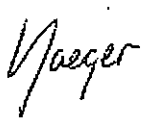
5. **Geographic Boundaries** – LHIN boundaries should be re-configured to align with municipal, local public health, education and social service boundaries to support their relationships with local public health and population health and health care system planning.

Local public health appreciates that a population health approach to health system planning is an emerging paradigm that may contribute to the sustainability of the health care system. Local public health also agrees with the *Patients First* discussion document that the public health system has expertise that may support such a reorientation of the health care system. Simply put, however, we must ensure that this "fix" to the health care system does not "break" the public health system.

We are committed to engaging in a thoughtful change management process with you that minimizes system disruption, mitigates risks associated with system instability and fosters balance between the systems intended to treat illness and the systems intended to prevent disease and promote health. To this end, we look forward to ongoing dialogue with government on the issues addressed in this letter. We trust that this will take place in many ways, including our participation in the proposed Expert Panel. We remain available for further consultation and are eager to pursue next steps.

In closing, I would reiterate that we are committed to finding win-wins so that Ontarians can continue to benefit from a strong and effective public health system while knowing that a quality health care system is there for them when they need it.

Sincerely,



Dr. Valerie Jaeger,
President

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