

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



October 17, 2017

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 July 20, 2017, you released the report of the Expert Panel (EP) on Public Health, Public Health within an Integrated Health System. This report fulfills part of the proposal introduced in your Patients First discussion paper [2015] “to appoint an Expert Panel to advise on opportunities to deepen the partnership between LHINs and local public health units, and how to further improve public health capacity and delivery” [p20]. We thank you, and the EP members, for the completion of this effort and for making the recommendations public for consultation in a timely manner.

The Association of Local Public Health Agencies (alPHa) is the non-profit organization that provides support to the 36 local public health agencies (boards of health and public health units) in Ontario to promote a strong, effective and efficient public health system in the province. alPHa brings together the senior leadership of local public health (LPH), including board of health members, medical and associate medical officers of health, and senior managers in each of the public health disciplines – nursing, inspection, nutrition, dentistry, health promotion, epidemiology and business administration.

As such, alPHa is the collective voice of the organizations and professional leadership that are subject to the EP recommendations. It is with this lens that we have reviewed the recommendations of the EP and have surveyed our member boards of health for input. While alPHa will provide comment from a system level perspective, we expect that the Association’s sections, affiliates and member boards of health will provide feedback from their own perspectives.

Our members have been consistent and clear that the mandates of LPH and healthcare are and should remain separate and distinct. Irrespective of the influence of local circumstances, we are collectively concerned that the attempt to align these mandates to the degree recommended by the EP will be to the detriment of our ability to promote and protect health at the community level. We are not starting with a blank slate in Ontario. The LPH system has many strengths that we believe would be eroded by the EP proposals. We urge that the following overarching concerns be carefully considered as part of any analysis for potential implementation.

- 1. System disruption.** The magnitude of the changes recommended is significant and careful feasibility studies need to be conducted to ensure that the benefits to the effectiveness of the LPH system outweigh the costs. The EP proposes an 'end state' for LPH that will require major disruption of every facet of the system, from governance to program delivery. With so many details yet to be mapped out and given the complexity of on-the-ground implementation, we cannot support the proposed changes. We are not convinced that the EP recommendations are the only or best way forward.
- 2. Fit with the work of LPH.** Local public health distinguishes itself from the healthcare system (i.e., hospitals, home care, family physicians, medical specialists, etc.) in that LPH focuses on the primary prevention of illness and injury and the promotion of public policies that impact the health of the general population. A population health approach seeks to improve the health of the entire population and reduce health inequities among certain groups in the population. This helps individuals, groups, and communities to have a fair chance to reach their full health potential. This also prevents disadvantage by social, economic, or environmental conditions.

The work of LPH is largely focused upstream, using a population health approach as articulated in the Ontario Public Health Standards. Upstream work includes working with healthcare and non-healthcare sectors to advocate, design, implement and evaluate policies and programs that prevent diseases and their risk factors and promote and protect health, before people become patients in the first place. Bringing the LPH population health lens to healthcare service planning and delivery will certainly have a positive impact on the health system, but, healthcare is a relatively minor factor in what makes populations healthy or unhealthy. Addressing the social determinants of health through a collaborative upstream approach yields a much greater return on investment and widespread gains in the health outcomes of Ontario's population. Health, rather than healthcare, is our mandate and it is difficult for us to see the benefit to the aims of LPH of closer alignment with the healthcare system to the degree recommended by the EP. Realigning the boundaries of public health units with those of LHINs places stronger emphasis on the relationship with healthcare than existing relationships that promote health and fall within municipal boundaries such as housing, employment, planning and school boards. We cannot support the goal of better integration with the healthcare system if it comes at the expense of the structures that support upstream work that is most effectively done in collaboration at the local level with sectors outside of healthcare.

- 3. Meeting local needs.** Again, using a population health approach, much of the work of LPH is accomplished through partnerships with local governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that instill and habituate healthy behaviours. Local public health has a strong vision for the health of all Ontarians that encompasses providing the best opportunities for health considering the broad spectrum of what is known to cause the best conditions for health, i.e., the social determinants of health. From that perspective, aLPHa has already expressed support, with caveats regarding LPH capacity, for the proposal in Patients First that recommends better integration of population health within the health system. We do

see value in formalizing working linkages between LHINs and LPH, as we believe that they will help to build on existing successful collaborations in addition to ensuring that population and public health priorities inform health planning, funding and delivery. We already know that a rigid or one-size-fits-all approach will not equitably meet the needs of Ontarians in all parts of the province and will not permit the public health system to leverage the diversity of systems, organizations and services in different parts of the province. This is one of the strengths of our system, and we recommend the identification and focused examination of areas of the province where needs are not being met through current structures, so that tailored strategies can be developed to enhance capacity.

- 4. Local public health capacity.** LPH capacity for most public health units has been steadily eroding over years of no increases in Ministry-approved budgets. The implementation of the new Standards for Public Health Programs and Services, new Accountability Framework, and new requirements under the *Patients First Act, 2016* are expected to stretch LPH capacity even further, and we believe that it will not withstand the large-scale system disruption proposed by the EP. We note that, while more is being asked of LPH, the budgeted amount for the Population and Public Health Division that provides LPH with most of its funding decreased by .42 percent from the previous year in the 2017-18 budget that gave an overall increase of 3.62 percent to the Ministry of Health and Long-Term Care (MOHLTC).

Given the concerns that we have expressed about the massive systemic change proposed by the EP aimed at fostering LPH-LHIN collaboration, we would like to propose that the work of the Public Health Work Stream that was established to define the formal relationship between LHIN Chief Executive Officers (CEOs) and LPH Medical Officers of Health (MOH) under the *Patients First Act, 2016* be allowed to further develop as an alternative solution.

While the EP focused on a 'ideal' end state with little consideration of implementation challenges [implementation was not within the EP's mandate], the work of the Public Health Work Stream resulted in proposed frameworks for LPH and LHIN engagement that were developed considering the current structure and organization of both LPH and LHINs. The mandate of the Work Stream was to define the parameters for engagement and the set of actions required of LHIN CEOs and LPH MOHs to support local health planning and service delivery decision-making, including definition of specific processes and structures to be established. Upon completion of this work, the Population and Public Health Division surveyed MOHs regarding the recommendations presented in the *Report Back from the Public Health Work Stream*. At present, we are awaiting the publication of the survey results and an open and transparent discussion of the results with government representatives.

We suggest that the desired outcomes for a strong public health sector in an integrated health system stated in the EP Report may better be achieved through focusing on the frameworks proposed by the Work Stream as well as the results of research, such as the locally driven collaborative project, *Patients First – Public Health Units and LHINs working together for population health*.

In closing, we recommend that the initiatives underway including the new Standards for Public Health Programs and Services, new Accountability Framework, and findings of the Public Health Work Stream and other provincial and national actions in progress be implemented and evaluated before the EP recommendations are given further consideration.

We look forward to further consultation and transparent discussion of the way forward. aPHa will continue to provide comment as the work underway evolves and becomes public.

Yours truly,

A handwritten signature in blue ink that reads "Carmen McGregor". The signature is written in a cursive, flowing style.

Carmen McGregor,  
President

Copy: Dr. Bob Bell, Deputy Minister  
Sharon Lee Smith, Associate Deputy Minister  
Roselle Martino, Assistant Deputy Minister,  
Dr. David Williams, Chief Medical Officer of Health  
Dr. Peter Donnelly, President and CEO, Public Health Ontario  
Pat Vanini, Executive Director, AMO  
Ulli S. Watkiss, City Clerk, City of Toronto  
Giuliana Carbone, Deputy City Manager, City of Toronto  
Boards of Health (Chair, Medical Officer of Health and CEO)