alPHa
Association of Local PUBLIC HEALTH Agencies

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 Dietitians in Public Health

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Chief Medical Officer of Health
Ministry of Health
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Via e-mail: ophs.protocols.moh@ontario.ca

June 20, 2024

Dear Dr. Moore:

Re: Ontario Public Health Standards Review 2024

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Associations, I am writing today to provide our initial feedback on the Draft Ontario Public Health Standards (OPHS) released on May 22, 2024. Given's alPHa's role and mandate, our comments will be at the system level as our members will be providing more detailed comments through your e-survey.

To start with, we and our members are pleased to see some of the needed systemic changes in the draft 2024 OPHS that reflect the best public health practices including:

- An emphasis on Indigenous Health, and Truth and Reconciliation, notably engagement with First Nations and other Indigenous communities:
- Greater emphasis on health equity throughout the standards;
- Emphasis on engagement of priority populations and those with lived experience; and
- An emphasis on primordial prevention in the Comprehensive Health Promotion standard/protocol.

We recognize the great work effort that has gone into updating the draft 2024 OPHS and we note a number of structural changes to the draft document itself. We see that guideline content under the draft 2024 OPHS are to be discontinued or included in existing/new protocols or reference documents. We look forward to future consultation on any revised protocols or new reference documents that are not included in this phase of the OPHS consultation process.

It was stated in the OPHS Review: Consultation Primer that Strengthening Accountability element under the Public Health Accountability Framework is not included in this phase of the OPHS consultation process. It would appear that the draft OPHS Foundational standards did not include the previous 2018 requirement for a BOH Annual Service Plan and a Budget Submission. Many use the Annual Service Plan as an organizing mechanism for program planning over the multitude of standards.

It was said at the recent alPHa conference that further engagement on the Accountability Framework would be coming shortly. It is hoped that all these streams of provincial public health work are coordinated and reviewed from a cumulative impact perspective on local public health agencies (LPHA).

With respect to the draft Population Health Assessment Standard, there are a number of recommendations we have that would improve the clarity and local ability to employ this standard effectively:

- Replace the broad references to "data" and "information" with more specific terms such as "local epidemiology" and "evidence" to better align with the standard's requirements;
- Add in the first requirement that "the Board of Health shall have access to and use local population assessment and surveillance". Without this clarification, LPHAs may not be able access provincial or federal population health surveillance systems, tools and products where available.
- Consider the reinstatement of the 2018 PHAS Protocol requirement that "the board of health shall produce information products to communicate population health assessment and surveillance results". This is needed to be able to meet the requirements embedded throughout many draft program standards and needs to be stated explicitly.

The draft Health Equity standard has been greatly expanded with new elements included such as "the social and structural determinants of health", much greater clarity on the engagement and relationship building with Indigenous Communities and Organizations, and the inclusion of a "Health in All Policies" approach in the development and promotion of health public policies. Many of our members already employ a "Health in All Policies" approach and this inclusion to the Draft 2024 OPHS is timely. It would be of great assistance that staff training and resources are made available by the province so that each LPHA does not have to search or create their own. Common language, approaches and policies would assist greatly in consistency and application in this foundational standard.

It is noted that the Draft Relationship with Indigenous Communities Protocol is still under development as the Ministry is still in the process of receiving feedback from all partners. The draft protocol is a thoughtful approach to developing and maintaining relationships with Indigenous Communities and Organizations while respecting their self-determination of which type of engagement and/or partnership they wish to have with the public health unit. Our members look forward to receiving more information in the forthcoming Relationship with Indigenous Communities Toolkit. Building staff knowledge and skills for these complex and critical activities will take time and funding to be able to do well. Additionally, Indigenous communities and representatives will also require new capacity funding to be able to engage to the degree they deem desirable.

Emergency Management now being a stand-alone standard makes sense given the last several years' experience and learnings with the COVID-19 pandemic. It has been greatly expanded in both the Program Outcomes and its Requirements from the 2018 standard under the Foundational Standards. It is more explicit in the Board of Health's (BOH) responsibilities in order to be fully prepared for future public health emergencies while working in coordination and collaboration with health sector and community partners, including municipal governments.

It is understood that local public health may not be able to control or manage an emergency, however need to be prepared and able to effectively respond including the mitigation of population health impacts. Now that the draft Emergency Management is outside of the Foundational Standards, it should be explicitly stated that it includes the Relationship with Indigenous Communities Protocol.

Understanding that "primordial prevention" refers to avoiding the development of health risk factors in the first place while primary prevention is about treating risk factors to prevent disease, makes the choice of this framing in the draft 2024 Comprehensive Health Promotion Standard very fitting. It would

be important to emphasize prevention at various life stages so consideration should be given to adding "primary" and "secondary" prevention with the focus on primordial prevention within the OPHS. Although many areas of health promotion strategies are listed in the first program outcome for the draft Comprehensive Health Promotion Standard, oral health is not listed even though it is expressly part of the requirements. We would ask that oral health is explicitly included in the first Program Outcome.

It truly is a comprehensive health promotion standard that incorporates the full range of public health activities to develop and implement such strategies. It is both flexible for its process design which is dependent on community needs while being quite broad in how it should be done through community partners engagement. It would be beneficial to add a direct reference to the role of public health in schools recognizing that schools are not mandated to work with public health. It needs to be recognized that collaboration, coordination and partnerships are a two-way activity.

Provincial coordination and alignment are critical between provincial ministries (i.e. Ministry of Health, Ministry of Education, Ministry of Children, Community and Social Services) in order to achieve population health objectives through systems level efficiencies and opportunities. The performance indicators for this draft Standard will need to mirror its breadth and what public health is actually accountable for as opposed to only being able to influence.

It is appreciated that new flexibility with respect to providing, in collaboration with community partners, visual health support services but not requiring the delivery of visual health support services, is provided in the draft 2024 OPHS. That said, it has been suggested by many that any reference to vision service navigation should be removed and re-leveled as there are more appropriate associations and provincial ministries that could provide this service more appropriately.

With respect to the draft 2024 Immunization Standard, there are a couple of requirements that bear high-level comments. Understand that the Immunization of School Pupils Act states that the reporting of immunization information is to the Medical Officer of Health, rather than the Board of Health. However, it is still the BOH who is the accountable body (as noted in the Consultation Primer for Specific Organizations) to ensure that all the standards are complied with so we would ask that this requirement is made consistent with your stated approach. Further, the Board of Health, and by extension all its staff including the Medical Officer of Health, must comply with all provincial legislation and regulations, therefore it is somewhat puzzling why the MOH's compliance with the Immunization of School Pupils Act, is identified on its own.

Our remarks on the new requirement for the BOH to utilize vaccine program delivery information systems designated by the ministry is framed in the context of the forthcoming Public Health Digital Platform. We understand that the vision for this platform is to be a combination of interconnected digital products and infrastructure to streamline public health operations. Given this direction, we have the following information management system recommendations:

- All centralized data and information systems must meet provincial and local needs which will require a broad, deep and on-ongoing engagement process by the province with LPHAs, health care providers and their representative associations
- There needs to be a centralized immunization information system that all health care providers, including public health, use and that the two current distribution channels for vaccines need to be part of this centralized immunization information system
- A successful centralized immunization information systems will require full implementation funding with on-going training, resources and support

- There needs to be full discussions on data-sharing governance and data-ownership principles in order to develop a consensus-informed agreement between parties
- There needs to be centralized and integrated data-sharing, including provincial data sharing agreements such as between the Ministries of Health and Education

The draft 2024 Substance Use Prevention and Harm Reduction Standard does provide more clarity on the BOH's responsibilities with respect to the development and implementation of a comprehensive substance use strategy to reduce harms in the population served. However, it needs be emphasized that the BOH cannot be solely responsible for providing increased access to services and supports that reduce harms associated with substance use in the Program Outcomes. Substance use services are primarily provided by the health care system which public health can influence but cannot direct. This will need to be read in concert with the new standard requirement calls for the "coordination of initiatives, programs, services, and policies with community, regional, and provincial partners to build on community assets, enhance access to and effectiveness of program and services, and promote regional harmonization".

These new requirements are particularly resource intensive and will require additional supports and human resources such as each LPHA to have a dedicated Drug Strategy Coordinator. Further there will need to be a dedicated funding model to support the remuneration and meaningful inclusion of those with lived experience into the planning, implementation and evaluation of a comprehensive substance use strategy.

The enhanced use of risk-based assessment to inform public health activities is welcome. Members would like this expanded to include inspection frequencies for recreational water (spas/pools/etc.) and low-risk food safety inspections. It is also suggested that beach water sampling could be removed as a public health responsibility given the risk analysis related to the burden of disease.
There are a number of new requirements in the draft 2024 OPHS to regional harmonization, provincial coordination and strengthening collective action. A key question that arises is whether this coordination and regional harmonization be driven by the province or will it be driven by each BOH dependent on its population health assessment and surveillance data? Prior to the draft 2024 OPHS being finalized, it would be prudent to consider this together in better detail to make sure that there is agreed-upon alignment with respect to both local and provincial expectations.

An overall observation is that the draft 2024 Ontario Public Health Standards are much more intensive and action-oriented than the previous 2018 OPHS. They are likely to take more effort and resources from our members' staff to achieve. The few 2018 OPHS activities that have been removed do not balance with the greater work intensity and workload observed in the draft 2024 OPHS. The draft 2024 OPHS directs BOH to "engage", "co-design", "collaborate" and work in partnership rather than the common direction to "consult" or "inform" in the 2018 OPHS.

Although this is the preferred mode of public health work, it will take additional staff time and focus not only develop, but maintain, respectful working relationships with health sector partners, community partners, Indigenous communities and municipal officials to achieve the program outcomes while delivering successfully on the new draft requirements. We would ask that this more active, mandated OPHS work is fully considered in the upcoming public health funding review as well as annual budgetary processes.

In closing, we recognize that having extensive public health standards is unusual in Canada and the public we both serve benefits from having a strong foundation for the collective practice of public health

in Ontario. Thank you for the opportunity to work together to strengthen Ontario's public health system.

Yours sincerely,

Trudy Sachowski
alPHa Chair

COPY: Deborah Richardson, Deputy Minister, Ministry of Health
Elizabeth Walker, Executive Lead, Office of the CMOH, Public Health

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.