

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

April 3, 2018

Hon. Charles Sousa
Minister of Finance
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Sousa,

Re: Ontario Budget 2018

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to congratulate you on the release of this year's Ontario Budget, "*A Plan for Care and Opportunity*" and to provide some initial feedback on its content.

We agree with the observation in your speech that a balanced budget is a means to an end, and that it has provided an important opportunity to build on the investments that have been made to improve economic growth and to ensure fair distribution of its benefits. Health Equity is the foundation of the programs and services that local public health agencies deliver, and its strength depends on an equitable society.

We therefore appreciate the strong focus on priority and vulnerable populations (seniors, Indigenous, homeless, children with developmental disabilities etc.) that appears throughout this year's budget papers.

We also appreciate the actions that are being taken in areas that are not part of local public health's direct mandate, but have demonstrable impacts on population health, such as climate change, public transit, community hubs, and access to quality education. Our members have a keen interest in all of these as determinants of health and will have important contributions to make.

Although this year's budget does not specifically mention Ontario's unique and valuable public health system, we welcome the opportunity to comment on several items that are well-aligned with our interests if not directly related to public health's mandate. Several alPHa Resolutions that are related to this year's Budget announcements are referred to by number and attached for your further consideration.

Better Health Care for Everyone in Ontario

As part of the additional investment of \$5 Billion over three years into health care, we are very supportive of the expansions to OHIP+ to include seniors starting in August 2019. This is well-aligned with alPHa's call upon the Government of Canada and the Province of Ontario to move forward with the development and implementation of a national, universal pharmacare program (*Resolution A15-2*). We recognize Ontario's leadership and hope that the tangible steps being taken here will be replicated across Canada in the near future.

We also support the principles of a new Ontario Drug and Dental Program for the 1 in 4 working-age Ontarians (and 60% of seniors) who do not have access to extended health benefits through employers or government programs. This is aligned with our previously-stated support for universal pharmacare as well as our call for a provincially funded oral health program for low-income adults and seniors in Ontario. To be clear, we also view the latter as but one step in the right direction, as alPHA has also called upon the federal government to develop a National Oral Health Strategy that includes universal access of both preventative and treatment services to all Canadians (*Resolutions A17-1 and A05-5*).

The three-year, \$5M investment in the implementation of Rowan's Law, which will establish requirements for concussion management for amateur competitive athletes, was also most welcome by our members. alPHA expressed its strong support for this initiative to the Minister of Culture, Tourism and Sport via correspondence in October 2017 (*letter attached*).

Expanding Access to Mental Health and Addictions Services

We agree completely that there is “no health without mental health” and applaud the Province's commitment to ensuring access to care and supports for people living with mental illness and / or substance abuse disorders. As you are aware, Mental Health Promotion is now a required consideration for local public health under the revised Ontario Public Health Standards in the areas of Chronic Disease Prevention, Healthy Growth and Development, Substance Use and School Health. We therefore look forward to being directly involved in the development of the integrated, high quality mental health and addictions system that has been promised, as well as facilitating the implementation of the “Budget Talks” pilot, which will provide up to five Public Health Units with funding for “initiatives that promote mental health, including assistance for those who are underhoused and living in rural and remote regions” (Budget Papers, p.20).

We will of course also continue to play our roles in supporting the provincial Strategy to Prevent Opioid Addiction and Overdose, with thanks for the additional staff resources already assigned to us to support local responses including naloxone distribution.

Making Child Care More Accessible and Affordable

Although affordable and accessible child care is not directly associated with the core mandate of public health, the importance of a “best start” in life cannot be overstated. There are many facets to promoting the health, development and wellbeing of all families with young children, and this initiative will address many of them (early learning opportunities and income security to name but two). We are therefore extremely pleased with this announcement.

alPHA has been vocal in its support for healthy public policy aimed at early childhood development and has been equally vocal about its members' commitment to doing the work that supports it (*Resolution A11-8*). Beyond the obligations set out under the Healthy Growth and Development Ontario Public Health Standard, we are ardent advocates of measures that support its goals.

Growing the Economy and Creating Good Jobs

This chapter's focus is on job creation and skills development to service a strong economy. We appreciate the mention of a focus on well-being, equity and new approaches to learning (Budget Papers, p. 77), which promises to strengthen programs that improve students' cognitive, emotional, social and physical development. This is an important continuation of healthy growth and development, and

measures to improve the quality of and access to education – a key determinant of health – are always welcome.

This section however also contains a pledge that we find extremely worrisome. There is a brief reference to the “development of a new multi-year strategy for beverage alcohol industry growth” (budget papers, p. 95), and we remind you that such growth is in fact in direct conflict with public health’s obligations to prevent substance use (including alcohol) and reduce associated harms.

The negative social and health consequences of increasing access to beverage alcohol are well documented, and as your Government continues to actively support the growth of this industry we are becoming increasingly discouraged and disappointed in its failure to produce the Ontario Alcohol Strategy that was announced in December of 2016. I have attached a recent letter that outlines our concerns in more detail.

Fairness and Opportunity through Partnerships

As public health practitioners, we understand the value of partnerships and collaboration, and we are pleased to see that this understanding is reflected in this year’s budget.

Working with Indigenous partners is a priority for us, and we are pleased that the new Health Equity Public Health Standard includes direction on engaging with Indigenous communities, as our desire to address their severe health inequities has now been formalized. We look forward to opportunities to work together on this and appreciate the commitment to engagement that is demonstrated throughout the budget document.

Reference is also made in this chapter to the implementation of cannabis legalization, which includes a pledge to “provide public health units with support and resources to help address local needs related to cannabis legalization” (Budget Papers, p. 270). We of course welcome further discussions on this as the health protection, health promotion and enforcement implications for our members become clearer.

Taxation

We are supportive of the immediate tax increase on tobacco amounting to \$4 per carton of cigarettes. Taxation has been clearly demonstrated as one of the most effective means of reducing tobacco initiation and use, and we applaud your Government’s ongoing commitment to Smoke-Free Ontario.

In closing, aPHa’s members are supportive of many of the initiatives that are introduced or reinforced in the 2018 Budget, and we hope that the foregoing is an effective reminder that the programs and services that are delivered through Ontario’s Boards of Health are well-aligned with government priorities. We hope that you will give the various positions that we have shared with you careful consideration as the work begins on implementing your Plan for Care and Opportunity.

Yours sincerely,

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

Carmen McGregor,
aPHa President

COPY: Hon. Kathleen Wynne, Premier of Ontario
Hon Helena Jaczek, Minister of Health and Long-Term Care
Dr. Bob Bell, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care, Population and Public Health Division

TITLE: National Universal Pharmacare Program

SPONSOR: Haliburton Kawartha Pine Ridge District Health Unit

WHEREAS the World Health Organization's Right to Health, which includes essential drugs in the core content of minimum rights and the state is obligated to fulfill the rights; and

WHEREAS in 1964 a national universal pharmacare program to cover the costs of outpatient prescription medications was recommended be included in the national Medicare system by the Royal Commission on Health Services; in 1997 the National Forum on Health recommended a universal first dollar pharmacare program; and in 2002 the Romanow Commission recommended catastrophic drug coverage as a first step towards a pharmacare program and still the Government of Canada has not included pharmacare under the *Canada Health Act*; and

WHEREAS Canada is the only Organization for Economic Co-operation and Development (OECD) country with a universal public health care system that does not provide coverage for prescription medications; and

WHEREAS Canadians pay among the highest per capita spending on prescription drugs of the OECD countries; and

WHEREAS the ability to fill a prescription for medication depends on whether and to what extent a person has access to either a private or public insurance plan or if an individual is able to pay out of pocket if a person has no insurance plan; and

WHEREAS 1 in 10 Canadians are unable to fill a prescription because of cost, which in turn compromises the ability to reach optimal level of health and can drive up health care costs in other areas including more physician visits and hospitalizations; and

WHEREAS the current system is a combination of private and public insurance plans that are expensive, not sustainable and inequitable; and

WHEREAS the Government of Canada has a responsibility under the *Canada Health Act* to protect, promote and restore physical and mental well-being of persons and enable reasonable access to health care services without causing barriers, including financial barriers; and

WHEREAS a national, universal pharmacare program would enable all Canadians access to quality, safe and cost effective medications, improve health outcomes and generate cost savings;

continued

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Canada and the Province of Ontario to move forward with the development and implementation of a national, universal pharmacare program;

AND FURTHER that the Association of Local Public Health Agencies (alPHa) advises the Prime Minister of Canada of this resolution and copies the Ministers of Finance Canada and Health Canada, the Chief Public Health Officer, Leader of the Opposition, Leader of the Liberal Party, Premier of Ontario, Ministers of Finance and Health and Long-Term Care and the Chief Medical Officer of Health and the Council of the Federation;

AND FURTHER that the following organizations be copied and asked for their support: Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association, Canadian Life and Health Insurance Association, Ontario Medical Association, and the Registered Nurses Association of Ontario.

ACTION FROM CONFERENCE:

Resolution CARRIED AS AMENDED

alPHa RESOLUTION A17-1

TITLE: Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors

SPONSOR: Chatham-Kent Public Health Unit & Porcupine Health Unit

WHEREAS the relationship between poor oral health and poor overall health and social well-being is well established; and

WHEREAS dental care is excluded from the Ontario Health Insurance Program; and

WHEREAS one-third of Ontario workers do not have employee health benefits; and

WHEREAS 13.9% of the Ontario population, live in low income; and

WHEREAS the burden of poor oral health is greater in marginalized populations; and

WHEREAS financial barriers prevent many marginalized and low-income adults from accessing preventive and acute dental care; and

WHEREAS Over 60,000 visits to emergency departments across Ontario in 2015 were due to oral health concerns (Ontario Oral Health Alliance, 2017), as acute health care services are often the only remaining option for treatment of complications from lack of dental care; and

WHEREAS an estimated \$38M is spent in the acute care medical system for these complications without addressing their underlying causes; and

WHEREAS the majority of these acute dental complications are avoidable with timely preventive care such as cleanings and fluoride treatments by dental hygienists, as well as fillings and extractions; and

WHEREAS the Ontario Liberals made provision of oral health services to low-income Ontarians a key plank in its 2007 election platform; and

WHEREAS the 2014 Ontario Budget included the provision of dental benefits to all low-income workers by 2025 as part of its 10-year economic plan; and

WHEREAS alPHa believes that the ongoing exclusion of low-income adults from publicly-funded oral health treatment and prevention services creates health inequities and is contrary to the original intent of the Government's 2007 promise;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) call upon the Ministry of Health and Long-Term Care (MOHLTC) to immediately begin the process to develop standards for preventative and restorative oral health care and implement a provincially funded oral health program for low-income adults and seniors in Ontario well before the proposed 2025 timeline.

ACTION FROM CONFERENCE: Resolution CARRIED

2005 alPHa Resolution A05-5

TITLE **Access to Dental Care**

SPONSOR: Ontario Association of Public Health Dentistry

WHEREAS dental care is not an included service under the publicly funded medical care system and must be financed by individual Canadians;

WHEREAS low income (lower socio economic) individuals tend to suffer higher rates of dental disease and decay;

WHEREAS the current system of publicly funded dental programs varies from community to community, but is very limited for low income families and adults who do not typically have access to private dental benefits packages;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) supports the action of the Federation of Canadian Municipalities and calls on the Government of Canada, in consultation with Provincial, Territorial and Local Governments, to develop a comprehensive National Oral Health Strategy that would have, as its goal, providing universal access of both preventive and treatment services to all Canadians.

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Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Society of
Nutrition Professionals
in Public Health

Hon. Eleanor McMahon
Minister of Tourism, Culture and Sport
9th Floor, Hearst Block
900 Bay Street
Toronto, Ontario M7A 2E1

October 6 2017

Dear Minister McMahon,

Re: Report from Advisory Panel on Concussion Safety

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 express our support for the implementation of the recommendations of the Rowan's Law Advisory Panel on Concussion Safety.

Under the Ontario Public Health Chronic Disease and Injury Prevention Standard, our members are required to take actions to reduce the incidence and severity of injuries and injury-related hospitalizations, disabilities, and deaths. This includes direction to influence the development of healthy public policy.

On September 29 2017, alPHa's Board of Directors reviewed the Advisory Panel's recommendations, and strongly endorsed their implementation. We were very pleased to note that you have already pledged to take comprehensive action to improve safety in sport for students and amateur athletes based on the Panel's report.

We look forward to providing input to the development of healthy public policy aimed at preventing concussions and to making our own contributions as part of our mandate in preventing injuries in our communities.

Yours sincerely,



Carment McGregor,
alPHa President

COPY: Hon. Eric Hoskins, Minister of Health and Long-Term Care
Hon. Mitzie Hunter, Minister of Education
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care,
Population and Public Health Division

TITLE: Public Health Supporting Early Learning and Care

SPONSOR: alPHa Board of Directors

WHEREAS the report “With our Best Future in Mind” (Charles E. Pascal, 2009) has been provided to the Premier of Ontario and provides recommendations on early childhood development in Ontario; and

WHEREAS supporting families and healthy early childhood development is a core part of the mandate of public health; and

WHEREAS public health work is driven by the population health approach; and

WHEREAS the evidence supports investing in early childhood development as a strategy to enable health and resilience throughout life; and

WHEREAS high quality early childhood interventions are extremely cost effective with significant societal returns on investment; and

WHEREAS achieving a politically sustainable system to support early childhood development will require support from decision-makers and the general public across the political spectrum; and

WHEREAS local public health has a unique role in early childhood development as a community agency that can take early learning and development beyond the walls of centres to reach the most vulnerable children and their families in their preferred setting; and

WHEREAS both local and provincial public health agencies have a key role to play in guiding the overall approach to supporting early childhood development; and

WHEREAS a comprehensive approach to early childhood development needs to include core services for all children and families, locally adapted services to address community context and intensive services to address the individual needs of the most vulnerable children and families; and

WHEREAS local and provincial public health agencies should continue to work with partners to clearly define better outcome measures and disseminate information about progress toward early childhood development goals more broadly;

NOW THEREFORE BE IT RESOLVED that alPHa will actively engage in advocacy to strengthen public health programs to support families and healthy early childhood development;

AND FURTHER that alPHa will forward this resolution to the Ministry of Health and Long-Term Care, Ministry of Children and Youth Services, Ministry of Health Promotion and Sport, Ministry of Education, the Chief Medical Officer of Health and the Early Learning Advisor and in addition alPHa encourages all member agencies to transfer knowledge and information to decision-makers and the general public about the value of supporting early childhood development and the importance of adequate investment in early childhood development;

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Ontario Society of
Nutrition Professionals
in Public Health

Hon Kathleen O. Wynne
Room 281, Main Legislative Building,
Queen's Park
Toronto, Ontario M7A 1A1
Dear Premier Wynne,

July 21 2017

Re: Provincial Alcohol Strategy

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 request an update on your December 21 2016 announcement of a comprehensive Provincial Alcohol Strategy.

alPHa first called upon the Government of Ontario to develop a province-wide alcohol strategy in 2011 (see alPHa Resolution A11-1, attached), and we were very pleased to hear of your intention to answer that call, especially in light of the numerous and substantial changes that are being made to alcohol policy in Ontario.

Since that time, the most significant announcements from the Government of Ontario related to alcohol have been about the further expansion of access through increased availability of wine and beer in grocery stores. We find this troubling in the absence of any further news on the promised Provincial Strategy.

We have expressed our concerns about the negative social and health consequences of increasing access to beverage alcohol on many occasions in the past, and have been very clear that due consideration of the social responsibility imperative must be given alongside the economic drivers.

We do appreciate the commitment to ensuring that beverage alcohol is sold in a socially responsible way through strict rules about sales areas, limits on hours and package sizes and rigorous training for staff. But this is only a small part of what is required for a truly socially responsible system of beverage alcohol retail.

With your pledge to develop a Provincial Alcohol Strategy, we were reassured that some of the presumed impacts of increasing alcohol availability would be mitigated, as its "four pillars" basis (promotion and prevention, social responsibility, harm reduction and treatment) is well aligned with the approach to substance use and addictions that is favoured by public health.

We shall continue to carry out our duties under the Ontario Public Health Standards to evaluate the impacts of alcohol consumption and develop health promotion and protection strategies to prevent them. In the meantime, we would welcome more information on the implementation of the promised Provincial Alcohol Strategy.

Sincerely,

A handwritten signature in blue ink that reads "Carmen McGregor". The signature is fluid and cursive, with the first name "Carmen" and last name "McGregor" clearly legible.

Carmen McGregor
aPHa President

COPY: Hon. Eric Hoskins, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Roselle Martino, Assistant Deputy Minister, Population and Public Health Division, Ministry of
Health and Long-Term Care

Encl.

TITLE: Conduct a Formal Review and Impact Analysis of the Health and Economic Effects of Alcohol in Ontario and Thereafter Develop a Provincial Alcohol Strategy

SPONSOR: Middlesex-London Board of Health

WHEREAS There is a well-established association between easy access to alcohol and overall rates of consumption and damage from alcohol; and (Barbor et al., 2010)

WHEREAS Ontario has a significant portion of the population drinking alcohol (81.5%), exceeding the low risk drinking guidelines (23.4%), consuming 5 or more drinks on a single occasion weekly (11.2%), and reporting hazardous or harmful drinking (15.6%); and (CAMH Monitor)

WHEREAS Ontario youth (grades 9-12) have concerning levels of alcohol consumption with 69.4% having drunk in the past year, 32.9% binge drinking (5 or more drinks), and 27.5% of students reporting drinking at a hazardous level; and (OSDUHS Report)

WHEREAS Each year alcohol puts this province in a \$456 million deficit due to direct costs related to healthcare and enforcement; and (G. Thomas, CCSA)

WHEREAS Billions of dollars are spent each year in Canada on indirect costs associated with alcohol use (illness, disability, and death) including lost productivity in the workplace and home; and (The Costs of Sub Abuse in CAN, 2002)

WHEREAS Nearly half of all deaths attributable to alcohol are from injuries including unintentional injuries (drowning, burns, poisoning and falls) and intentional injuries (deliberate acts of violence against oneself or others); and (WHO – Alcohol and Injury in EDs, 2007)

WHEREAS Regulating the physical availability of alcohol is one of the top alcohol policy practices in reducing harm; and (Barbor et al., 2010)

WHEREAS The World Health Organization (WHO, 2011) has indicated that alcohol is the world's third largest risk factor for disease burden and that the harmful use of alcohol results in approximately 2.5 million deaths each year. Alcohol is associated with increased levels of health and social costs in Ontario and is causally related to over 65 medical conditions;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) petition the Ontario government to conduct a formal review and impact analysis of the health and economic effects of alcohol in Ontario and develop a provincial Alcohol Strategy.