The Honourable Roselle Martino  
Assistant Deputy Minister  
Population and Public Health Division  
Ontario Ministry of Health and Long-Term Care  
10th Floor  
80 Grosvenor Street  
Toronto ON M7A 2C4  
Email: PHTransformation@ontario.ca

April 21, 2017

Dear Deputy Minister:

The Canadian Institute of Public Health Inspectors, Ontario Branch (CIPHI ON) values the opportunity to provide input on the Standards for Public Health Programs and Services: Consultation Document which was released for comment on February 17, 2017. These Standards are of utmost importance to public health units in Ontario and the dedicated public health inspectors who work within them.

The Canadian Institute of Public Health Inspectors is a non-profit organization representing over 700 Environmental Health Professionals across Canada, that exists to protect the health of Canadians and advance the profession, science and field of environmental public health through certification, advocacy, education and setting standards.

Public Health Inspectors (PHIs) are an integral component of the local public health unit workforce. PHIs are engaged daily with the local population to deliver public health programs and services under the Ontario Public Health Standards (OPHS), specifically Program Standards of Environmental Health, Emergency Preparedness, and Infectious Diseases.

PHIs, work collaboratively with local business operators, community organizations, municipalities, advisory boards and coalitions etc., to:

- Prevent burden of illness on the health care system
- Protect and advocate for the protection of public health and
- Promote environmental public health messages

Within the province of Ontario, PHIs are responsible for:

- Reducing the burden of food-borne illness through the investigation of suspected and confirmed food-borne illnesses and inspection of food premises
- Reducing the burden of water-borne illness related to drinking water and injury related to recreational water use through the inspection of small drinking water systems, and recreational water facilities
- Preventing and reducing the burden of infectious diseases on the health care system through effective outbreak management, inspections of various care settings and personal services establishments
- Increasing awareness of infection prevention and control practices
- Investigating possible human exposures to animals suspected of having rabies
• Preventing or reducing the burden of illness from health hazards in the physical environment
• Conducting risk assessments
• Addressing non-compliance with the Health Protection and Promotion Act (HPPA) with its related regulations and to taking enforcement action where a health hazards exists and may pose a risk to human health

The Canadian Institute of Public Health Inspectors Ontario Branch supports and applauds the use of Social Determinants of Health and evidence-based decision making in creating policies and programming. Our organization is pleased to provide the following comments and response based on feedback provided by our Executive Committee and working groups.

• The simplification of the document to one set of program outcomes, rather than the societal vs BOH outcomes from the previous document, has improved the readability and applicability of the document.
• Overall, training, the development of protocols and guidance documents, will be required; and will be particularly critical for new content such as emerging health hazards, built environment and climate change.
• It is positive to see the addition of a broader definition of health to clearly articulate that mental and social well-being and quality of life are key factors for population health.
• There is increased emphasis throughout the document on “evidence based” development and delivery of programs and actions taken in the community. While conceptually this is positive, health unit epidemiological capacity varies. The MOHLTC and PHO will be looked to for support to health units. Further discussion and guidance is needed on the rigor of evidence used and the implications of a lack of a robust body of evidence for new and emerging issues/interventions.
• The section on Standardization and Variability recognizes that the needs of health units across the province are variable and provides for flexibility in programming to address the needs of “local” populations, however this may have resource and capacity implications related to the effective assessment of local needs.
• Further cementing the recognition that health units vary in their needs, this concept is carried into the Population and Health Assessment Program Outcomes providing for the ability to reallocate resources to reflect public health priorities.
• The Health Equity standard identifies building relationships with Indigenous communities. Additional guidance documents are needed to clarify program expectations and limitations. Consultation with the various agencies and levels of government which currently engage with Indigenous communities will be critical in the development of protocols and guidance documents. MOUs may be required to clarify and strengthen roles and relationships. Support from PHO will be needed to provide a supporting evidence base to guide local programming.
• Although the concept of enhanced partnerships for research is positive, this may have resource implications, particularly for small health units who lack capacity to effectively engage in these partner relations.

In addition to the above, the current draft Standards, have presented our organization some concerns requiring some clarification. They are as follows:
• Implementation Requirements
  ▪ Disclosure programs across all program areas would require some type of standardization tool for consistency
  ▪ General foundational and program standards in need of clarification from MOHLTC
    a. Food Safety- Food Handler Training “access” for food handlers: what defines access?
    b. Emergency Preparedness and Response
    c. Healthy Environments/Health Hazard Protocol- healthy “natural built” environments: what does this include?

• Operational Impacts
  ▪ Funding- due to increase in disclosure programs across all program areas, will this be accomplished with current resources or will resources increase?
  ▪ PHI capacity for increased program implementation and enforcement
  ▪ Guidance documents for new programs, training for PHIs re: new programs

• Implications to public health programming
  ▪ Clarification on how this will impact current PHI roles in terms of responsibility for program implementation and enforcement

Furthermore, we would like to continue providing comment on the following:

Emergency Preparedness, Response and Recovery
• It is very encouraging to note that the Emergency Preparedness references the readiness not only to respond to emergencies but to recover from the event. This is an important in recognition of the staffing and resources aspect of dealing with emergency planning and response.
• The anticipated MOHLTC policy and expectations are needed to support this foundational standard. The resource implications of these documents are unknown at this time.

Healthy Environments
• The title of the Healthy Environments standard is more reflective of the full scope of programming.
• The Healthy Environments standard has a significant change in potential scope due to enhanced aspects related to climate change, inclusion of built environment and application of health hazard definition to risk assessments/investigations. The increased scope will have implications on programming, practice and capacity.
• The standard speaks to responding to and preventing public health risks from health hazards, however the concepts of risk assessment and management have been dropped from the standard and, therefore, should be clearly articulated in the supporting protocol(s).
• The concept of advocacy for healthy public policy is particularly significant for public health programming related to climate change and built environment, however this is not addressed in the Healthy Environments
standard. It is strongly recommended that advocacy for healthy public policy is clearly articulated in the protocols.

- Programming related to vector borne disease has both environmental and infectious disease components. A protocol is needed under the Healthy Environments standard with content and guidance for the environmental surveillance component as well as to address the mandated risk assessments under O.Reg 199/03. Guidelines to support risk communication are also needed to support this program area.

- It is unclear if the inspection of recreational camps is captured within the proposed Healthy Environments standard. Protocols to provide guidance, particularly with new legislation, are needed to support this inspection mandate.

- Guidelines and reference documents are needed to support inspections roles in non-regulated facilities.

**Safe Water**

- Protocols and guidance documents are needed to build capacity to meet the new requirements for monitoring and responding to fluoride exceedances as this was formerly in the Oral Health standard.

- It is strongly recommended that Safe Water protocols and guidance documents recognize the role of public health to "influence healthy public policy" related to safe water. There is significant opportunity for public health to engage with stakeholders in policy advocacy / development to protect and promote the safety and security of both drinking water supplies and recreational water.

- Guidelines and reference documents are needed to support evidence based activities to address emerging issues, new technologies, and best practices related to beach management.

In conclusion, the Canadian Institute of Public Health Inspectors Ontario Branch would like to thank you for the opportunity to provide input on your consultation document. We also commend the Ministry for their efforts in establishing a Standard that works toward transformational change in public health for the province and improving the health of all Ontarians.

We look forward to opportunities where our organization can continue to collaborate with you through the implementation of the new Standards and development of associated protocols.

Sincerely,

Raymond C. Ramdayal, MASc, BASc, COHS, CPHI(C), Postgrad Cert Eng.
President
Canadian Institute of Public Health Inspectors (Ontario Branch) Inc.
Health Protection: Cornerstone of Public Health
Promotion et Protection de la Santé: Fondement de la Santé Publique

cc:  Linda Stewart, Executive Director, alPHa
    Steven Rebellato, President, Association of Supervisors of Public Health Inspectors Ontario
    Ian Culbert, Executive Director, Canadian Public Health Association
    Pegeen Walsh, Executive Director, Ontario Public Health Association
    Ann Thomas, Canadian Institute of Public Health Inspectors, National Branch