April 18, 2017

Ms. Roselle Martino
Assistant Deputy Minister
Population and Public Health Division
Ministry of Health and Long-Term Care
10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Ms. Martino:

RE: Modernized Standards for Public Health Programs and Services

On behalf of the Halton Region Health Department, I am writing to provide our feedback on the Standards for Public Health Programs and Services Consultation Document released for comment on February 17, 2017. We appreciate the work that has gone into the development of the Consultation Document as well as the opportunity to provide feedback. We hope that there will be opportunities for further consultation in the months ahead as you develop the protocols, guidance documents and service plan tools and templates.

In the absence of these additional components, it is difficult for us to fully assess the implications and requirements of the new standards but we have provided a preliminary assessment below. Additional specific comments appear in the attached appendix.

**Less prescribed services, but increased demand**
While many Health Protection requirements are specified in the Consultation Document, a number of other former requirements, especially related to Health Promotion, are less prescribed. We appreciate the intended flexibility but worry that it may result in service and program erosion in the context of constrained budgets: Precedence will always have to be given to fulfilling specified requirements and meeting the many new expectations, such as for program planning, the Annual Service Plan, quality initiatives and other requirements to be included in the new Public Health Accountability Framework. We believe that strategies to mitigate this risk of erosion need to be incorporated into the standards to avoid unintended consequences of negatively affecting population health outcomes.

**Capacity**
As we understand it, the requirement to tailor programs and services to meet local context and the needs of priority populations, through the use of detailed population...
health based analysis, signals a paradigm shift – from prescribed outcome-based program delivery to outcome based program selection, where desired outcomes determine the intervention. Such a shift would require additional time prior to fully implementing the revised standards to allow for a comprehensive assessment and potential realignment of public health programs with this new approach. In addition, such a change may require substantial training for staff. Increasing engagement with the health care sector and LHINs and assisting with the planning of health care delivery services is a new component that will further tax already constrained resources. This, along with the other requirements in the Consultation Document, such as those related to quality improvement and accountability as well as those yet to be defined, will have capacity, resourcing and funding implications. These potentially far reaching implications cannot be properly assessed until the Ministry provides further information, such as details around vision screening and the new protocol documents. Timing around the release of the new protocols and guidelines (e.g., released all at once or staggered) will also have an impact on capacity and ability to properly structure any organizational changes.

Transition period
Given the nature and scope of the changes outlined in the Consultation Document, it will be important for the Ministry to plan for an appropriate transition period. There will be both time required and costs incurred by Public Health Units related to retraining of staff, possible changes to staff mix should we need to shift resources, labour relations considerations and possible wind down and start-up costs to be in implementation mode with the new standards.

Centralized supports and tools
The Consultation Document refers to a number of tools and resources available to support decision-makers in making evidence-informed decisions. It also requires that Boards of Health submit an Annual Service Plan, ensure a culture of quality and continuous self-improvement, and collaborate with Local Health Integration Networks, among other requirements. It would be helpful if the tools, templates and resources related to the standards could be available centrally, perhaps through Public Health Ontario (PHO). Provincial coordination of health promotion campaigns would help make optimal use of available resources. Having support through dissemination and coordination of some standard tools, best practices and templates that build on these resources would avoid having multiple Public Health Units invest limited resources in developing these locally. In addition, centralized supports, resources and training will be necessary to ensure health units can build consistent capacity in terms of program planning and evaluation. There is also a need for a provincially supported population health survey where data is granular enough to allow for analysis of data at a neighbourhood level.
In addition to our feedback, the Halton Region Health Department supports the letter responding to the Consultation Document that was issued by the Association of Local Public Health Agencies on March 17, 2017. Thank you for the opportunity to share our thoughts. We look forward to working together with you towards our shared goal of achieving the best possible health for all.

Sincerely,

[Signature]

Dr. Daniela Kempkens
Acting Medical Officer of Health
ext. 7806
Daniela.Kempkens@halton.ca

cc Gary Carr, Halton Regional Chair, Halton Region
   Ted Arnott, MPP, Wellington-Halton Hills
   Hon. Kevin Flynn, MPP, Oakville
   Hon. Eleanor McMahon, MPP, Burlington
   Hon. Indira Naidoo-Harris, MPP, Halton
   Linda Stewart, Executive Director, Association of Local Public Health Agencies (aLPHA)
   Lynn Dollin, President, Association of Municipalities of Ontario (AMO)
Appendix: Additional Feedback Related to the Modernized Standards for Public Health Programs and Services

Definitions required for:
- engagement
- collaboration
- youth
- emerging adult-to-be
- minimum level of service
- "or information" in accordance with the Drinking Water Protocol (page 20, requirement #11)
- physical, natural, built environment
- program and population health outcomes: need to distinguish between the two or make program outcomes true program outcomes (e.g., for Health Equity and Chronic Disease outcomes: jurisdiction, influence, ability to change)

Recommend guidance documents to support the response and recovery components of the Emergency Preparedness, Response, and Recovery Standard.

Chronic Diseases and Injury Prevention, Wellness and Substance Misuse
- What is the intention behind including Oral Health on the list of expectations (2d) (page 23)? Is it for the adult component only as the child health component may be included in the School Health Standard?
- Why is reference to the Nutritious Food Basket not included in this Standard?
- The Ontario Tobacco Strategy and cessation efforts are not reflected in the standards. Without these, how can smoking and tobacco goals be achieved?
- Recommend guidance document for built environment.

Healthy Environments
- Do all of the topics listed in 4c (page 28) need to be addressed? Or could they be considered based on an assessment of local needs?

Health Equity
- Reconsider the sentence: "It is important to acknowledge that as part of this relationship building, First Nations in Ontario believe that Canada, as a Treaty partner, also has an obligation to continue to contribute to the improvement of health care and health outcomes for their communities.” It could be offensive to indigenous communities as currently drafted.

Healthy Growth and Development
- The Healthy Babies Healthy Children Program is chronically underfunded and Public Health Units are having difficulty meeting today’s requirements with current resources. Additional funding will be required to comply with the new
standards. Perhaps this program could be funded through the Ministry of Health and Long-Term Care rather than the Ministry of Children and Youth Services to streamline reporting and reduce complexity.

- Sleep and oral health should be added to the list of topics for consideration in (2 d) (page 30).

Immunization
- The requirement to conduct epidemiological analysis of surveillance data for adverse events following immunization (2) (page 32) falls outside the scope of local public health data analysis and should be removed. This analysis is already done on a provincial and federal level.

Infectious and Communicable Diseases Prevention and Control/School Health
- How will the mandates across ministries/LHINs be aligned, e.g., the Ministry of Education needs to mandate the work of schools to align with School Health Standards.
- What are the expectations of primary care providers? (5) (page 36). "The board of health shall collaborate with health care providers and community partners, including school boards, to create supportive environments to promote healthy sexual practices\textsuperscript{15} and access to sexual health services and harm reduction programs and services for priority populations." Suggest that this requirement be moved to School Health.

Program Planning, Evaluation, and Evidence-Informed Decision-Making
- More explicit direction around program evaluation is needed. Consider removing the text within the brackets. (3) (page 18) "The board of health shall consider the need for program evaluation (e.g., when new interventions are developed or implemented, or when there is evidence of unexpected operational issues or program results, to understand the linkages between inputs, activities, outputs and outcomes) and conduct program evaluation where required".
- How will the Ministry monitor the standards to see how effective they are? What will the indicators be? Will there be written commitment of goals achieved? How will the indicators be established?