



October 31, 2017

Hon. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, 80 Grosvenor St.
Toronto, ON M7A 2C4

**Re: OMSSA Response to Public Health within an Integrated Health System
Report of the Minister's Expert Panel on Public Health released June 9, 2017**

Dear Minister Hoskins,

Established in 1950, the Ontario Municipal Social Services Association (OMSSA) is a non-profit organization whose members are the 47 Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs) across Ontario. We support leadership in integrated human services through strong local service system management in all municipalities.

OMSSA members are disappointed that local public health units, service managers and municipalities have not been widely consulted prior to the writing of the Expert Panel's report. The Expert Panel was formed in January and most of our membership has not been consulted until now and provided with an opportunity to highlight the good work they are doing in public health.

OMSSA urges the government to not move forward with the Expert Panel's recommendations and support the existing local public health units in achieving their mandates. Poverty, education, housing, inequality and individual behaviors are the single most significant factors affecting Ontarians health, however the benefits of local municipal integration in addressing all aspects of public health is absent.

There is not enough evidence provided to support the recommendations and there is concern about disrupting the entire provincial public health system with the proposed changes at this

time. The financial impact of adopting the recommendations on municipalities or the province has not been considered in detail. It is unclear how the recommendations would improve programs and services or better health outcomes for patients and populations currently served by their local public health units. Geographical challenges, less accountability and a potential disconnect with local needs could result if the recommendations are adopted. The recommendations would add more unnecessary bureaucracy that puts more distance between residents and public health decisions affecting them and their family members.

Replacing locally elected officials with provincial appointments would reduce the local voice on public health issues if the recommendations proceed as proposed. The LHINs and CCACs have had mixed results when compared to the local public health units. More evidence is required on how the proposed model will provide desired outcomes prior to disrupting the public health system with the governance proposed in the recommendations. There is an opportunity to better collaborate with the LHINs and health system outside of the proposed recommendations.

The role of public health is to serve people in our communities, so that they do not become patients in hospitals or other health institutions. Public health planning and activities focus primarily on the “upstream” prevention of illness in populations. Many of these prevention activities align with human services and municipal services including housing, child care, long-term care, paramedic services, public transit, police services, diversity and inclusion, income supports and economic development.

The majority of OMSSA members have strong working relationships and integration with their local public health units, jointly moving forward goals including accountability, addressing capacity, improving equity, supporting integration and leveraging significant expertise stated as goals in the report.

Healthy Smiles, dental screening and smoking cessation are examples of some of the collaboration in the City of Ottawa where the public health unit is not housed internally but where there are strong local ties.

Other service managers such as Waterloo, York and Toronto have public health housed as a department within the municipality. In Peel, it is part of the health services department. As a result, like all other regional departments it is governed by locally elected politicians and allows for local input and control over local public health issues. The York Region integrated human services model is unique in the province. Of the 14 public health units that are integrated into municipalities, the Region is the only one where public health is integrated into a department responsible for the full range of social and health services. Hamilton will soon integrate its public health unit. In Kenora, the DSSAB and the Public Health Unit have patterned to end homelessness, given that homelessness is not healthcare’s problem, it is society’s.

The current model has provided good value and high-quality services for citizens and is able to best address and respond to unique local needs. The recommendations of the Expert Panel

would set these efforts backwards by negatively impacting operations and disrupting local partnerships formed.

Public health units have many important responsibilities. They include:

- inspecting restaurants to make ensure safe food handling practices are followed
- regulating childhood immunization records
- investigating environmental health hazards
- controlling and tracking communicable diseases
- ensuring beaches are safe for swimmers from contaminations such as E. coli bacteria.
- promoting physical activity and healthy lifestyle choices such as smoking cessation
- promoting cancer screening for early detection
- planning for emergencies
- tracking and preventing infectious diseases such as tuberculosis, AIDS, rabies and sexually transmitted infections.

The report provides no evidence on how these services would be improved or delivered more efficiently should the Expert Panel's recommendations be adopted. There is much evidence that these services are performing well under the current system.

After consulting with our members, OMSSA found current relationships between service managers and their Local Health Integration Networks (LHINs) have been inconsistent across the province. Some have engaged with their LHINs, have a good relationship and have collaborated on common projects. Others have had difficulty engaging, face geographical challenges in terms of distance or have seen an inequality in funding by the LHINs.

The LHINs also are transitioning to absorb the work of CCACs. The timing is not right for further drastic changes to the system. Local public health units know and understand the communities they serve and are best situated to address the needs of the populations within their borders because they are accessible locally. They collaborate with the municipalities and form key partnerships within the communities they serve.

Health units experiencing ongoing capacity issues and demonstrating the need for consolidation should be provided with resources, support, and guidance to do so. Any amalgamations should be voluntary and based on the best interests of those impacted. **Public health is a municipal responsibility and the positive work of municipalities in public health should be considered and respected.**

Public Health units have a responsibility for protecting and promoting the health of its local community. It must not lose its local or community focus. Service managers are working towards human services integration. Public health has a role to play in those efforts and extensive work has already been done integrating public health and human services locally for many municipalities.

The proposed changes would be a setback to those efforts and for many of our members, would reverse decades of positive work. Forcing health units to report to a regional Board of Health strips the local leadership of the ability to meet local needs in a way the community desires those needs to be met. By removing public health oversight and governance from the local community it further silos public health from the local community health, education, and social services networks. **OMSSA supports public health governed by locally elected and accountable boards.**

Creating coverage in larger geographic areas may help create critical mass, however, integration will be challenging in northern, rural and remote areas given smaller, spread out populations. Although one of the guiding principles of the Expert Panel's report is to maintain and enhance local relationships, history has demonstrated that moving towards any type of regionalized structure impacts the close relationships that municipalities and other community partners have with public health.

In the North, large geographical areas would be unmanageable and this will have a negative impact on taking care of local needs. Addressing the social determinants of health is best done locally to achieve the best outcomes for everyone. 14 Regional Boards of Health coupled with the disintegration of 36 Local Boards of Health cannot be considered without further discussion on municipal representation and financial responsibilities at this regional level. Serious concerns have been expressed by municipalities where public health is embedded into their organizational structures as they would be most impacted by the recommendations if implemented.

The City of Toronto would see public health management split into three separate geographical zones responsible for public health. The Region of Peel would be split into two geographical zones under the recommendations proposed by the Expert Panel on Public Health. Both Toronto and Peel prefer a single geographical zone for each of their jurisdictions that incorporates their geographical boundaries. Working with multiple Chief Executive Officers in the proposed health regions would have a negative impact on collaboration and create problems within the current organizational structure. There are also concerns around cost sharing as municipalities are a funding partner and not a stakeholder in public health. Local voices at the decision-making table cannot be lost.

About 60 per cent of health outcomes result from social, economic and environmental factors, many of which fall under municipal jurisdiction while the Health Care System accounts for just 25 per cent according to findings from York Region. The City of Toronto has made similar findings and notes the increase in Canadian (and Ontario) life expectancy over the past 30 years as a result of public health policy and health promotion efforts.

Further consultation is required to ensure there are no unintended consequences that will negatively impact the system. The provincial government is encouraged to wait until the forthcoming new Provincial Standards for Public Health Programs and Services, the new

Accountability Framework, and new requirements under the Patient's First Act, 2016, are implemented. Further, promising practices from the Public Health Work Stream framework must be explored before considering implementation of the Expert Panel recommendations.

OMSSA supports the Association of Local Public Health Agencies and the Council for Medical Officers of Health, in recommending that the Expert Panel report be further assessed, with the potential for new models and options to be explored that would better protect the mandate of public health while improving the capacity of the public health sector and its ability to collaborate with the LHINS.

OMSSA supports and endorses the positions of the Association of Municipalities in Ontario (AMO), City of Toronto, Chatham-Kent Public Health, Ottawa Public Health, Region of Durham and the Region of York. We also support resolutions passed by elected municipal Councils in Ontario related to this issue. **OMSSA urges the government to defer any of the Expert Panel's recommendations for the public health system until further consultation is considered and other models explored. A clear majority of our membership is opposed to the recommendations presented in the Expert Panel's report. To bring about the change set out in the Patients First: Action Plan for Health Care, we need real infrastructure investments and Provincial policy that will support individuals and communities across Ontario, with full awareness of the difference between rural and urban communities.**

Thank you for considering the OMSSA submission on the Expert Panel on Public Health's report. We hope to consult and collaborate on future changes to the public health system that may have an impact on our membership.

Sincerely,

Darryl Wolk
Policy Analyst
Ontario Municipal Social Services Association
P: 647.385.6537 | E: dwalk@omssa.com
Website: www.omssa.com