



**Ontario Public Health Association**  
l'Association pour la santé publique de l'Ontario  
Established/Établi 1949

The mission of OPHA is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

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**Constituent Societies**

ANDSOOHA – Public Health Nursing  
Management in Ontario

Association of Ontario  
Health Centres

Association of Public Health  
Epidemiologists in Ontario

Association of Supervisors of Public  
Health Inspectors of Ontario

Canadian Institute of Public Health  
Inspectors (Ontario Branch)

Community Health Nurses' Initiatives  
Group (RNAO)

Health Promotion Ontario:  
Public Health

Ontario Association of Public Health  
Dentistry

Ontario Society of Nutrition Professionals  
in Public Health

Public Health Research, Education and  
Development (PHRED) Program

Charitable Registration  
Number 11924 8771 RR0001

Trevor Day  
Committee Clerk  
Standing Committee on Social Policy  
Room 1405, Whitney Block  
Queen's Park,  
Toronto, ON M7A 1A2

April 24, 2007

**Re: Bill 171, Health System Improvements Act,  
2007**

Dear Mr. Day:

On behalf of the Ontario Public Health Association (OPHA), I would like to thank you for the opportunity to comment on *Bill 171, Health System Improvements Act, 2007*. In particular, OPHA is interested in addressing *Schedule D, Health Protection And Promotion Act, Ontario Water Resources Act And Safe Drinking Water Act, 2002* and *Schedule K, Ontario Agency For Health Protection And Promotion Act, 2006*. The OPHA is a voluntary, non-profit charitable organization of individuals and ten Constituent Societies from various sectors and disciplines that have an interest in improving the health of the people of Ontario.

*Schedule D, Health Protection And Promotion Act,  
Ontario Water Resources Act And Safe Drinking Water  
Act, 2002*

As we have previously stated, OPHA is supportive of transferring the oversight of the five categories of small drinking water systems from the Ministry of Environment to the Ministry of Health and Long-Term Care (MOHLTC) provided that adequate funding, laboratory and technical support (including IT) and clear regulations and standards related to the construction and operation of small water systems are provided by the MOHLTC.

Specific comments include:

- It appears that, based on the outcome of the risk assessment, public health inspectors will have considerable authority and latitude to establish requirements beyond the minimum. To maximize consistency, clear regulations, guidelines and protocols must be developed in consultation with health unit staff, and in-depth training of health unit inspectors must be arranged and financially supported by the MOHLTC.
- Technical assistance and advice from MOHLTC staff must be readily available to health unit staff delivering the small drinking water system program.
- MOHLTC laboratory services, including bacteriological and health-based chemical parameters like nitrate, should be available to all health units for audit samples of small drinking water systems.
- The MOE will need to provide health unit access to database information concerning water well records and the Drinking Water Information System (DWIS) data.
- The need to fully inform small drinking water system operators of the new requirements is imperative for a smooth transition. To that end, we recommend that the MOHLTC should develop an information package regarding the new regulatory requirements.
- Small drinking water system operators can currently submit samples for bacteriological analysis through the health unit. Chemical testing is not available. Laboratory capacity to continue this approach in light of standards for regular sample submission must be assessed and clear direction provided to system operators and health units.

*Schedule K, Ontario Agency For Health Protection And Promotion Act, 2006*

Overall, OPHA is supportive of the manner in which the new Agency is set out in the Act, and believes that this Agency will provide valuable scientific and technical support to those who work in public health throughout the province.

Specific comments include:

- OPHA agrees that the role of the Chief Medical Officer of Health (CMOH) as a non-voting member of the Agency Board and as a member of the Strategic Planning Committee will ensure a strong relationship between the MOHLTC, the Ministry of Health Promotion, and the Agency. OPHA further concurs that the CMOH be vested with the authority to mobilize the Agency's resources to assist in addressing urgent and emergent issues, and thus should not be allowed to vote at Board meetings in order to ensure a degree of separation.
- In OPHA's consultative report to the Agency Implementation Task Force (November 2005), we stated:

OPHA is pleased about the breadth of the program areas to be covered by the Agency, in particular health promotion, disease and injury prevention and environmental health. It is concerning, however, that the important program areas of family health, reproductive health and child health will get lost unless they are explicitly identified in the above categories.

These areas of growth and development were not, in fact, explicitly identified in the Act, and OPHA must restate our concern about what this will mean for those who deliver these essential programs, and for those who benefit from them.

- In Part II, Section 6, the Act states that "The objects of the Corporation are... (b) to develop, disseminate and advance public health knowledge and best practices and research in the areas of infectious diseases, health promotion, chronic diseases, injury prevention, and environmental health;" OPHA believes that the determinants of health should be enshrined in the Act by adding the following statement to this sub-section: "...and the influence of the determinants of health."
- In Part II, Section 6, another object is "(d) to develop, collect, use, analyse and disclose data, including surveillance and epidemiological data, across sectors, including human health, environmental, animal and agricultural sectors, in a manner that informs and enhances public health planning, evaluation and action". OPHA believes that while these sectors are important and should be included, there are several key sectors missing,

including education, social services, transportation and children and youth services.

We thank you again for this opportunity to participate in the legislative process. OPHA looks forward to working with the new Agency as it undertakes the challenge of enhancing and enriching public health in Ontario.

Sincerely,

A handwritten signature in black ink that reads "Garry Aslanyan". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Dr. Garry Aslanyan  
President

cc: Honourable Dalton McGuinty, Premier  
Honourable George Smitherman, Minister of Health and Long-Term Care  
Honourable Jim Watson, Minister of Health Promotion  
Dr. George Pasut, Acting Chief Medical Officer of Health