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Constituent Societies

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

Ontario Association of Public Health Dentistry

Ontario Society of Nutrition Professionals in Public Health

The Ontario Association of Public Health Nursing Leaders

Charitable Registration Number 11924 8771 RR0001 May 10, 2017

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

Re: 2015 CMOH Annual Report- *Mapping Wellness: Ontario's Route to Healthier Communities*

On behalf of the members of the Ontario Public Health Association (OPHA) and its Constituent Societies, I am writing to convey our support for the important recommendations communicated by the Chief Medical Officer of Health in his recent 2015 CMOH Annual Report.

The report makes a strong case for the use of local data in public health to map community wellness and invest in health strategies more efficiently. The report also describes the current challenges faced by public health units in being able to access relevant, timely, consistent, accurate, and affordable data. Access to strong local population health data is currently beyond reach for many public health units. However, for those that have been able to access such data, their examples provide a clear and compelling demonstration of how good local data can impact population health more effectively and mobilize communities through improved access to meaningful information.

OPHA applauds the report's approach to better understanding our communities with a more consistent use of local population health data. These messages are timely and well suited to realize policy directions emphasized under the *Patients First Act, 2016*. By supporting the use of locally informed data in public health, the Ministry of Health and Long-Term Care will help to reinforce the foundations of successful working relationships that combine public health expertise with the functions of LHINs in health services. These collaborations in many cases are already underway; though in their current work under the population health assessment, the need has been identified to obtain more granular data for a stronger understanding of priority neighbourhoods. This can be achieved through larger data sets that extend beyond the current survey data. Furthermore, the consistent use of accessible local data will facilitate stronger collaboration and opportunities to expand on relationships between public health units and LHINs.

We were encouraged to see that the importance of local population health data was included in the 2017 Ontario Budget with its reference to LHINs starting to work "through smaller sub-regions to ensure that individual communities' health needs are better identified and addressed". This part of the budget reinforces how analyzing health data according to much smaller sub-regions will be important for "planning and performance improvement in Ontario's diverse communities". As public health units with access to local data are already taking this approach, we support LHINs in their expanding mandate, and emphasize that consistent use of quality locally-driven health information will be instrumental.

OPHA advocates for the use of a health equity lens in all aspects of health policy. The recommendations as made by the Chief Medical Officer of Health in the 2015 CMOH Annual Report are important steps in being able to assess and report on health inequities that exist community by community. With more knowledge about such inequities, public health units will be better equipped to target health issues unique to their populations and work to eliminate unjust differences in health that are born of social determinants.

Given the critical role that timely and accurate data plays in promoting healthy communities, we urge you to ensure the needed resources and collaborative leadership are in place so that the four part strategy outlined by Ontario's Chief Medical Officer of Health can be realized. OPHA's members, constituent societies and workgroups would be pleased to contribute in areas where our networks and expertise would be valuable.

Sincerely,

Ellen Wodchis

Ellen Wodchis President

C.c. Dr. David Williams, Ontario's Chief Medical Officer of Health Ms. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division