

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.

154 Pearl Street Suite 200 Toronto, ON M5H 1L3

Tel: (416) 367-3313 Fax: (416) 367-2844 E-mail: admin@opha.on.ca

www.opha.on.ca

PresidentKaren Ellis

E-mail: president@opha.on.ca

Executive Director

Pegeen Walsh E-mail: pwalsh@opha.on.ca

Constituent Societies

OPHNL – Ontario Public Health Nursing Leaders

Alliance for Healthier Canadians

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 Dietitians in Public Health

Association of Public Health Epidemiologists

Ontario Society of Physical Activity Promoters in Public Health

Charitable Registration Number 11924 8771 RR0001 Health Protection and Surveillance Policy and Programs Branch Office of the Chief Medical Officer of Health, Public Health Ministry of Health 393 University Avenue, Suite 2100 Toronto, ON M7A 2S1Canada

June 21, 2020

Re: Proposed Changes to Regulation 569 (Reports) under the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. (Proposal #20-HLTC031)

Dear Dr. Williams,

I am writing on behalf of the members of the Ontario Public Health Association to indicate our support for the Ministry of Health's proposed amendments to Paragraph 11 of Section 5 of the Reports Regulation that would require information on race, income level, language, and household size for individuals who test positive for a novel coronavirus, including COVID-19 be collected. OPHA also recommends that information about disability also be added to this list as a requirement.

By adding disability to this list of required areas for standardized provincial wide data collection (i.e. race, income, language, and household size) for cases of COVID-19, a more complete picture can be provided of who is being affected by COVID-19 and more effective public health practices and interventions can be designed and implemented in response to COVID-19.

Collecting such data, including on disability, is a critical step to promoting health equity and understanding trends and those who may be vulnerable. The more that data related to those affected by COVID-19 can be analyzed, the better we will be able to surface the differences between groups within the larger community. As noted by the Canadian Institute for Health Information, "measuring inequalities in health and health care is a key step in identifying differences that may be considered unfair or unjust and that can be acted on to improve health equity in Canada.... addressing inequity starts with the data."

Those with disabilities are often among the poorest and most marginalised in any community. By having such disaggregated data, the province and local health units will be able to better plan and design appropriate interventions which can help to detect the virus and prevent and ensure those with disabilities are not overlooked. Our colleagues at Sudbury District Health Unit have been examining this issue more closely and can offer advice as to effective ways to collect such data among this population group.

Thank you for your consideration.

Yours sincerely,

Pegeen Walsh, Executive Director

Ontario Public Health Association

References:

Canadian Institute for Health Information. Pan-Canadian Dialogue to Advance the Measurement of Equity in Health Care: Proceedings Report. Ottawa, ON: CIHI; 2016

Disability: Refers to whether an individual has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and is considered to be at a disadvantage. Disability may be captured by functional status, activities of daily living score or specific disability category (e.g., physical disability, learning disability). (From CIHI)