



Alliance for Healthier Communities  
Alliance pour des communautés en santé



March 6, 2019

Hon. Christine Elliott  
Minister of Health and Long-Term Care  
Ministry of Health and Long-Term Care  
80 Grosvenor Street, Hepburn Block 10th Floor  
Toronto, ON M7A 2C4

Dear Minister Elliott,

Thank you for the opportunity to respond to the *People's Health Care Act, 2019*. We share your interest in strengthening Ontario's health care system and promoting a patient centred approach. We offer the following amendments to support these goals as well as promote a more cost-effective and fair approach for all the people of Ontario. Our amendments are based on advancing a health system that recognizes the myriad of factors that promote health and wellbeing beyond care and treatment.

First, we were pleased to see Ontario's diversity recognized in the preamble to this Bill, and the Bill's specific recognition of the unique needs and realities of Indigenous and Francophone people living in Ontario. The data shows that there is unequal access to health care and worse health outcomes for specific groups and communities in Ontario: Indigenous people, Francophones, people living on low incomes, people with disabilities and mental health issues, racialized people, new immigrants, people in rural and remote areas, and people who are LGBTQ. For example, black populations face higher risk for particular health issues, including diabetes, heart disease, HIV/AIDs and certain cancers. They also face multiple barriers accessing health services including cost, racism, socio-cultural and linguistic barriers, and lack of cultural competency among providers.

To further support this government's desire to serve all Ontarians across diverse geographies and populations, the Bill should be strengthened to ensure that the new Ontario Health Agency and Ontario Health Teams are mandated to promote equal access to health care, the highest attainable standard of health and wellbeing, and are held accountable for collecting the data to measure progress to ensure seamless and integrated care for people living with social and medical complexity.

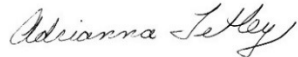
Second, we acknowledge efforts to better integrate primary care and community-based health and social services. To further support this government's desire to end hallway medicine and ensure integrated care, the Bill should also include explicit reference to health promotion. The evidence shows that 5% of Ontario's population requires 70% of health care funding. Many of these people live in poverty and are socially isolated. A focus on health promotion and disease prevention has been demonstrated to have major impacts in reducing hospital utilization rates and costs. For example, Dr. Doug Manuel's 2016 study, [The Ten-Year Impact of Improving Smoking, Alcohol, Diet and Physical Activity in Ontario](#), identified a \$4.9B savings in health care costs mainly from health promotion strategies such as Smoke-free Ontario. He concluded that strategies that also address the social determinants of health can reap even

further savings, noting that the prevention premium represents an “overlooked opportunity for a sustainable health care system.”

Specific proposed amendments to support these aims are included in the attached appendix. We would value the opportunity to discuss our proposals further with you and/or members of your team.

Thank you for your consideration.

Sincerely,



Adrianna Tetley  
Chief Executive Officer  
Alliance for Healthier Communities



Pegeen Walsh, Executive Director  
Ontario Public Health Association

Cc:

Heather Watt, Chief of Staff, Minister of Health and Long-Term Care

Laurel Brazill, Director of Stakeholder Relations, Chief of Staff, Minister of Health and Long-Term Care

Melanie Fraser, Associate Deputy Minister, Health Services

Tim Hadwen, Assistant Deputy Minister, Community, Mental Health and Addictions and French Language Services Division

Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division

Dr. David Williams, Chief Medical Officer of Health

### Proposed Amendments to Bill 74: The People's Health Care Act, 2019

#### 1. ADD TO PREAMBLE:

The people of Ontario and their government:

Believe that everyone living in Ontario should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

Acknowledge that health promotion and prevention are key to sustainable health systems.

#### 2. ADD TO PART 1.1, INTERPRETATION

**Health** is the highest attainable state of physical, mental and social well-being, including the ability to adapt and self-manage in the face of social, physical, and emotional challenge; it is not merely the absence of disease or infirmity;

**Health promotion** is the process of enabling people to increase control over, and to improve, their health.

**Specific outcomes for diverse communities** is the avoidable, unfair, or remediable differences in health outcomes and health access among individuals or groups of people, whether they are defined socially, economically, demographically or geographically or by other means of stratification.

#### 3. ADD TO PART 2.6, OBJECTS OF THE AGENCY

(b) (ix) the development and implementation of strategies and accountability and reporting mechanisms for health promotion and prevention;

(b) (x) the development and implementation of strategies and accountability and reporting mechanisms to reduce the avoidable and remediable differences in health outcomes and health access between groups of people in Ontario;

(h) to respect the diversity of communities, including but not limited to Indigenous and Francophone populations, in the planning, design, delivery and evaluation of services;

#### 4. ADD TO PART VII, REGULATIONS

Section 48 (g) requiring a health service provider, integrated care delivery system, or other person or entity that receives funding from the Agenda under section 21 to institute a system for collecting socio-demographic and race-based data in order to be able to report on progress toward specific outcomes for the diverse communities in Ontario.

Section 48 (h) requiring a health service provider, integrated care delivery system, or other person or entity that receives funding from the Agenda under section 21 to institute an accountability and quality improvement plan for health promotion and the prevention of chronic disease and injury.