



Association of Ontario Health Centres  
Community-governed primary health care  
Association des centres de santé de l'Ontario  
Soins de santé primaires gérés par la communauté



Hon. Eric Hoskins  
Minister of Health and Long-Term Care  
10<sup>th</sup> Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, Ontario M7A 2C4

September 27, 2016

Dear Minister Hoskins,

We are encouraged by your vision under *Patients First* of shifting our health system to one that places a greater emphasis on health equity, keeping people well and recognizing the important role played by the social determinants of health. In keeping with this vision, we ask that you consider adding some amendments to the *Patient First Act* before it is re-tabled in the legislature to ensure that these ideas become an integral part of the transformation agenda.

Specifically, we are recommending that a definition of health, health equity and health promotion be included in the objects of this legislation. In addition, we recommend that these concepts also be embedded in the various mechanisms and tools used to implement the Act (e.g. accountability agreements, reporting mechanisms and performance indicators).

The amendments identified below can build the foundation needed across the health system to create a culture of health and wellbeing, reduce inequities and help achieve your ministry's goal of "improved planning and delivery of health care, improve health outcomes and better managed health system costs over time". We recognize the urgency and complexity involved in transforming health care. However, without a system that has as its foundation a commitment to tackling the root causes of poor health and embracing multi-sectoral approaches, it will be challenging to achieve significant health improvements and health care savings over the long term.

While health promotion is a significant component of public health's mandate, having this concept embedded in legislation and accountability mechanisms ensures a strong foundation across the health continuum and underscores the significant roles that other parts of the health system, can and do play, especially in community health centres and primary care. For example, health promotion is one of the pillars of your ministry's Chronic Disease Prevention and Management Framework and is also embedded in the work of mental health and addictions and other community based services.

The *Patients First Act* and the related changes create an opportunity to embrace a broader vision of health and re-orient health services as was envisioned over 30 years ago in the Ottawa Charter of Health Promotion and subsequent seminal reports and documents.

Too often current approaches inadvertently and needlessly result in many health complications. The good news is that even small investments in health promotion can result in significant reductions in hospital utilization rates and costs and more importantly improved health. In addition, Dr. Doug Manuel's recent study<sup>1</sup>, "*\$4.9 billion decrease in health care expenditure: The Ten-Year Impact of Improving Smoking, Alcohol, Diet and Physical Activity in Ontario*", showed that comprehensive population level strategies that work across the health continuum, such as Smoke-free Ontario can lead to even more significant savings.

Consequently, we recommend the amendments as listed in Appendix A be made to the *Patients First Act* in order to anchor this legislation in the key concepts that reflect recent evidence about the factors that influence individual and community health and wellbeing.

We welcome the opportunity to meet with you and/or members of your team to discuss our recommendations as well as ways we can collaborate on achieving our shared goal of a more equitable and sustainable health system that improves health outcomes for all. We will be contacting your office shortly to discuss the timing for such a discussion. In the interim, please don't hesitate to contact me or my colleagues at [adrianna@aohc.org](mailto:adrianna@aohc.org). To arrange a meeting please copy [corinne@aohc.org](mailto:corinne@aohc.org).

Thank you for your consideration,



Adrianna Tetley, Chief Executive Officer  
Association of Ontario Health Centres



Pegeen Walsh, Executive Director  
Ontario Public Health Association

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<sup>1</sup> [http://www.ices.on.ca/~media/Files/Atlases-Reports/2016/The-Ten-Year-Impact-of-Improving-Smoking-Alcohol-Diet-and-Physical-Activity-in-Ontario/ICES119\\_Helica-CReport\\_jp\\_ms\\_16.ashx](http://www.ices.on.ca/~media/Files/Atlases-Reports/2016/The-Ten-Year-Impact-of-Improving-Smoking-Alcohol-Diet-and-Physical-Activity-in-Ontario/ICES119_Helica-CReport_jp_ms_16.ashx)

- c.c. Derrick Araneda, Minister's office Chief of Staff
- Jesse Rosenberg, Minister's office Director of Policy
- Tim Hadwen, ADM, System Accountability and Performance Division
- Roselle Martino, ADM, Population and Public Health
- Nancy Naylor, Associate Deputy Minister, Delivery and Implementation

## Appendix A Proposed Amendments to Patients First Act

1. That Section 5 of the Local Health System Integration Act be amended by adding the following object:
  - a) To develop and implement health promotion strategies in primary health care and community based services;
2. That the Definitions in the Act be broadened to include:
  - a) The World Health Organization's **definition of health**: *"a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity."*
  - b) The Ottawa Charter's **definition of health promotion**: *"health promotion is the process of enabling people to increase control over, and to improve their health. This process is based on the understanding that social conditions and personal actions both determine health. Hence, health promotion activities move beyond disease prevention and health education to address social change, institutional change and community change in addition to changes in personal behaviours."*
  - c) The Ministry of Health and Long-term Care's **definition of health equity**: *"Health equity works to reduce or eliminate socially structured differentials in health outcomes and builds on broader ideas about fairness, social justice, and civil society. It recognizes that health inequities or disparities are differences in health outcomes that are avoidable, unfair and systemically related to social inequality and marginalization."*
3. That the Ministry/LHIN Accountability Agreements include the responsibility of the LHINs to reduce health inequities and develop and fund health promotion programs, recognizing the key role played by the determinants of health.