

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

Association of Ontario Health Centres (AOHC)

Association of Public Health Epidemiologists in Ontario (APHEO)

Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)

Canadian Institute of Public Health Inspectors (Ontario Branch) (CIPHIO)

Community Health Nurses' Initiatives Group (RNAO)

Health Promotion Ontario (HPO)

Ontario Association of Public Health Dentistry (OAPHD)

Ontario Society of Nutrition Professionals in Public Health (OSNPPH)

The Ontario Association of Public Health Nursing Leaders, (OAPHNL)

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Director, Accountability and Liaison Branch Population and Public Health Division Ontario Ministry of Health and Long-Term Care Suite 2100, 393 University Avenue Toronto, ON M5G 1E6

Dear Ms. Walker

On behalf of the Ontario Public Health Association (OPHA), I am writing to provide feedback on the Ministry's Accountability Framework and Organizational Requirements Consultation Document.

First, we 'd like to commend you and your colleagues for developing this document which so succinctly outlines the new requirements for Boards of Health. While we recognize that not all these requirements are new, it's helpful to have them consolidated in one clear framework. Together, they provide an important foundation for promoting good governance, effective management practices as well as appropriate and modern comptrollership. We were especially pleased to see the increased emphasis on areas such as:

- transparency and public reporting
- client feedback and stakeholder engagement
- strategic planning
- continuous quality improvement
- human resource planning, especially leadership development
- addressing health inequities
- engagement with indigenous communities

We believe these are critical aspects to strengthen the work of public health. We were encouraged to see these amongst other expectations being mandated through the framework. We have had a chance to discuss these new requirements with many of our members and wanted to convey some of the feedback we received.

The key concerns raised by our members relate to capacity, timelines, tools and measurement. These concerns are outlined in more detail below.

- **Capacity:** Our members' sense is that these new requirements will require more time and effort from health units than in the past and they are concerned about having the capacity to meet these increased demands. In addition, new tools and training will be needed; the various aspects that are under development make it hard for members to fully assess the impact of these requirements. Having a forum for ongoing dialogue to review unanticipated issues would be helpful. Members also noted the challenges in accessing the needed local population health data (e.g. on local priority populations groups), which is not captured by many of the existing survey tools. They request the provision of provincial support.
- **Tools:** Members saw the value in having common tools that simplified their ability to report to the Ministry. For example, having common language and tools to measure client and community related experiences would be helpful along with drawing on the experiences of Health Quality Ontario. Members also recognized the challenges that can arise with using IT platforms to capture data in new areas and stressed the importance of pre-testing new tools to ensure reliability and ease of use.
- **Timeliness:** Members stressed the importance of receiving any new tools and templates on a timely basis as some health units are already working on their plans for next year. They were concerned about when these tools and templates would be available and having to redo their plans to fit into new Ministry templates.
- Measuring SDOH and community development: Members are seeking clarity on the approaches to collecting and reporting data in areas such as the social determinants of health and reducing health inequities. As much of the work in these areas involves building relationships and engaging priority populations, it will be important to capture both qualitative as well as quantitative data and recognize the time required to effect change. Members of the alPHa-OPHA Health Equity Workgroup, for example, would value being involved in identifying and developing any new tools, templates and/or indicators.

Again, we applaud you for the thoughtful work that you and your colleagues have been leading and welcome the opportunity to work together to strengthen public health and health system transformation in Ontario.

Sincerely,

P. Wash

Pegeen Walsh Executive Director

Cc. Ms. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division