



**Ontario Public Health Association**

**l'Association pour la santé publique de l'Ontario**

Established/Établi 1949

**Presentation to Ontario's  
Standing Committee on the  
Legislative Assembly**

***Bill 41, Patients First***

***November 21, 2016***

## Opening Remarks

Thank you for the opportunity to appear before your committee. My name is Pegeen Walsh and I am the Executive Director of the Ontario Public Health Association.

Our non-profit, non-partisan association brings together those committed to improving people's health from the public and community health, academic, voluntary and private sector. Many of our members, be they public health nurses, inspectors, nutritionists, doctors, planners, health promoters, epidemiologists or environmental health managers are working on the front lines to protect and improve public health in their communities.

The Ontario Public Health Association has been championing prevention, health promotion and protection since its creation over 67 years ago. As such, we were encouraged when the Minister tabled this legislation and spoke about the need to “push further towards a wellness approach to the delivery of health services”, doing so in “an equitable way, in a way which reflects population health needs and impacts social determinants of health.”<sup>1</sup>

In keeping with this vision, we urge your committee to consider some amendments to the Patient First Act to ensure that these goals become an integral part of a transformation agenda. Allow me to describe the three areas where we're recommending changes and the rationale. Our proposed changes would see a broader definition of health, a stronger emphasis on health promotion across the health system and the adoption of a health in all policies approach.

### Embed Health Promotion Across the Health System

Thirty years ago today, Canada hosted an international gathering that led to the creation of the World Health Organization's Ottawa Charter for Health Promotion<sup>2</sup> - a charter outlining the actions needed to achieve Health for All. Since that time, the evidence has been mounting - investments in health promotion can result in significant reductions in hospital use and costs and, more importantly, improved health. For example, Dr. Doug Manuel's recent study on “The Ten-Year Impact of Improving Smoking, Alcohol, Diet and Physical Activity in Ontario”<sup>3</sup>, showed that comprehensive population level strategies that work across the health continuum, such as Smoke-free Ontario can lead to significant savings. In this case, a \$4.9 billion decrease in health care expenditures over ten years.

Patients First creates an opportunity to embrace a broader vision of health and re-orient health services as was envisioned over 30 years ago with the Ottawa Charter and subsequent seminal reports. That is why we are recommending that the Act be amended by adding the following object to the role of Local Health Integration Networks: *to advance a range of interventions that address health promotion and prevention, through planning and funding health promotion services that address the social determinants of health and support community development.*

Responsibility for health promotion in health services needs to be shared among individuals, community groups, health professionals, health service institutions and government, creating a health care system which contributes to the pursuit of health. While the health of the population is determined in large part by factors operating beyond health care, the health system has an important role to identify health and health inequity issues, the determinants of these, and strategies that can be taken by the health system as well as others to make Ontario's population the healthiest in the world.

### **Add Definitions for Health, Health Promotion and Health Equity**

We were pleased to see that this version of the legislation refers to the role of Local Health Integration Networks related to health equity. We recommend that definitions for health, health promotion and health equity be included in the objects of this legislation as well as the various mechanisms and tools used to implement it (e.g. accountability agreements, reporting mechanisms and performance indicators). Having these definitions included better reflects recent evidence about the factors that influence health and wellbeing. We have included in our appendix the definitions that are used by the World Health Organization, in Ottawa Charter and the Ministry of Health and Long-term Care respectively.

### **Adopt a Health in all Policies Approach**

Lastly, we know that health is so much more than hospitals and doctors, diet and exercise. Most of our health is influenced by factors that lie outside the health system, hence the need for a whole of government approach, commonly referred to as health-in-all-policies.

We recommend that Patients First give the Minister of Health the power to require that other provincial government policies and initiatives that could have a significant impact on health be assessed for their health and health equity implications – will they improve health outcomes or have unintended negative health consequences – will they contribute to reducing health care costs or increasing them. Various jurisdictions outside of Canada are embracing such an approach and in Quebec they have been leaders in adopting such legislation.

### **Conclusion**

We believe our recommendations are patients-centred, will serve patients well, promote public health, and can contribute to the sustainability of our health system. With an aging population, increasing costs of new medical technologies and growing rates of chronic disease, a health system that does not have prevention and health promotion at its foundation and tackle the underlying causes of poor health will not be sustainable.

Our proposed amendments aim at building a foundation across the health system to create a culture of health and wellbeing, reduce inequities and contribute to better planning and delivery



of health care, improve health outcomes and better managed health system costs. We welcome the opportunity to work with legislators on achieving our shared goal of a more equitable and sustainable health system that improves health outcomes for all.

Thank you for giving me the opportunity to convey the ideas and concerns of our members.

Pegeen Walsh  
Executive Director  
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## About OPHA

*Created in 1949, the Ontario Public Health Association (OPHA) is a non-partisan, non-profit organization that brings together a broad spectrum of groups and individuals concerned about people's health. OPHA's members come from various backgrounds and sectors - from the various disciplines in public health, health care, academic, non-profit to the private sector. They are united by OPHA's mission of providing leadership on issues affecting the public's health and strengthening the impact of people, who are active in public and community health throughout Ontario. This mission is achieved through professional development, information and analysis on issues effecting community and public health, access to multidisciplinary networks, advocacy on health public policy and the provision of expertise and consultation.*

*OPHA members have been leading change in their communities on a wide range of issues - tobacco control, poverty reduction, diabetes prevention, increased access to oral health care, immunization, supporting children and families, food security, healthy eating and nutrition, climate change and designing walkable communities, among others.*

## References:

1. Official Records for 19 October 2016, Ontario Legislative Assembly. Retrieved from: [http://www.ontla.on.ca/web/house-proceedings/house\\_detail.do?Date=2016-10-19&Parl=41&Sess=2&locale=en](http://www.ontla.on.ca/web/house-proceedings/house_detail.do?Date=2016-10-19&Parl=41&Sess=2&locale=en)
2. World Health Organization's Ottawa Charter for Health Promotion. Retrieved from: <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
3. Manuel DG, Perez R, Bennett C, Laporte A, Wilton AS, Gandhi S, Yates EA, Henry DA. April 2016. *A \$4.9 Billion Decrease in Health Care Expenditure: The Ten-Year Impact of Improving Smoking, Alcohol, Diet and Physical Activity in Ontario*. Retrieved from; <http://www.ices.on.ca/Publications/Atlases-and-Reports/2016/A-4-9-Billion-Dollar-Decrease-in-Health-Care-Expenditure>

## Appendix A: Definitions

OPHA recommends 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
- 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."

