

June 20, 2019

Honourable Christine Elliott
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block
10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
Sent via email: christine.elliott@pc.ola.org

Dear Minister Elliott:

RE: Health Promotion as a Core Function of Public Health

At its meeting held on June 20, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence from The Kingston, Frontenac and Lennox & Addington Public Health Unit regarding health promotion as a core function of public health.

The core functions of public health, as outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, include assessment and surveillance, health promotion and policy development, health protection, disease prevention, and emergency management. Boards of health are responsible for programs and services within these core functions.

Programs supported through the core function of health promotion and policy development have recently been publicly highlighted by the Government as areas where public health should not be investing its resources. These examples have included studies on energy drinks and bike lane development.

Health promotion is the process of enabling people to increase control over and improve their health (World Health Organization). The components of health promotion include strengthening community action, developing personal skills, creating supportive environments, building healthy public policy and re-orienting health services. Health promotion within public health has played a significant role in improving health outcomes among Ontarians over many years, an example of this is the *Smoke-Free Ontario Act, 2017*. Policy development, advocacy, and community action were all health promotion tools used in the development of the Act. The same tools are used in addressing the dietary factors leading to the consumption of energy drinks and developing local active transportation initiatives.

Health promotion and policy development are as equally important as health protection and disease prevention within the public health system.

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At its June 20, 2019 meeting, the Board of Health endorsed the recommendations made by Kingston, Frontenac, and Lennox & Addington Public Health (attached) and supported the mandate/function of health promotion and policy development as stated in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.

We appreciate your support of this important public health issue.

BOARD OF HEALTH FOR HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT



Cammie Jaquays, Chair, Board of Health

CJ/aa

Cc (via email) : Honourable Doug Ford, Premier
Dr. David Williams, Chief Medical Officer of Health
Dr. Paul Roumeliotis, Chair, Council of Medical Officers of Health
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Health Promotion Ontario (HPO)
Association of Municipalities of Ontario (AMO)

Attachment



May 23, 2019

VIA: Electronic Mail (christine.elliott@pc.ola.org)

Honourable Christine Elliott
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block
10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

RE: Health Promotion as a Core Function of Public Health

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its May 22, 2019 meeting:

THAT the KFL&A Board of Health strongly urge the Government of Ontario to maintain the current health promotion mandate of local public health units; and

THAT the KFL&A Board of Health ask the Government of Ontario to consult with Medical Officers of Health across Ontario should they consider any changes to the health promotion mandate and/or functions of local public health units or future public health entities.

There has been a recent flurry of media attention on public health in Ontario in response to announced changes to the public health system including decreased funding, a change in how public health units are funded, and the transition of 35 public health units to ten regional public health entities. In this media maelstrom, there has been recognition of the importance of public health and the programs and services it provides; however, the current media rhetoric regarding the benefits of public health is almost exclusively focused on the health protection and disease prevention mandates of public health agencies (e.g., preventing and mitigating infectious diseases such as measles and SARS). While these are critical aspects of the work public health provides to our communities, the Provincial Government has been silent on the importance of health promotion as a core function of public health. Furthermore, when health promotion work is mentioned, the Government of Ontario has noted that the Ministry of Health and Long-Term Care will assume centralized lifestyle messages or has noted that the work (e.g., a study of energy drinks or bike lanes) is not where public health should invest its resources. This is worrisome.

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Kingston, Frontenac and Lennox & Addington Public Health

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Health promotion is more than just crafting messages and making posters. It is the methodical and scientific application of a comprehensive approach to address health issues. Components of health promotion include strengthening community action, developing personal skills, creating supportive environments, building healthy public policy, and re-orienting the health care system. Health promotion, when used with fidelity, has demonstrated great success. Tobacco is a great example of a health promotion success story. While most people would agree that the policy and taxation levers used by the federal and provincial governments are responsible for the dramatic and sustained drop in smoking rates, it is the work of health promotion that enabled those tools to be created and enacted. It was through successful knowledge translation activities informing the general public of the evidence that smoking causes lung cancer, the evaluation of prevention and cessation programs, and community action and advocacy from non-smokers—all the result of health promotion—that put tobacco on the public’s agenda. Once tobacco was on the public’s agenda, and recognized as a health hazard, policies were implemented, and continue to be implemented to this day, to protect the public from the harms of tobacco use. Clearly, health promotion is an effective tool to improve the health of the population.

Furthermore, effective health promotion is needed now more than ever as communities across Ontario grapple with the epidemic of chronic diseases. In Ontario, chronic diseases are the leading cause of disability and death and account for nearly 80% of all deaths. With a rapidly aging population, the prevalence of chronic diseases is expected to rise along with a significant associated financial toll on the provincial health care budget. Health care costs in Ontario are projected to account for 70 percent of the provincial budget by 2022 and 80 percent by 2030, making the prevention of chronic diseases a health and financial priority.

Medical Officers of Health – highly trained and trusted professionals with the expertise to address health threats in their communities – are well-positioned to determine effective strategies to address common risk factors for chronic disease (i.e., tobacco use, alcohol use, unhealthy eating and physical inactivity) and other factors that impact health such as early childhood development, mental health and the social determinants of health. Medical Officers of Health must be afforded the full slate of public health tools to protect and promote the health of their communities.

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*Honourable Christine Elliott
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Letter Continued. . .*

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Health protection, disease prevention and health promotion are equally important and core functions of public health. Having a well-resourced public health system with the tools required to address both acute and chronic health threats is the best chance that Ontario has to make our health care system sustainable, to end hallway medicine, and to protect what matters most – health.

Yours truly,

A handwritten signature in blue ink that reads "Denis Doyle".

Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Doug Ford, Premier
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Dr. David Williams, Chief Medical Officer of Canada
Dr. Chris Mackie, Chair, Council of Medical Officers of Health
Susan Stewart, Chair, Ontario Chronic Disease Prevention Managers in Public Health
Monika Turner, Director of Policy, Association of Municipalities of Ontario
Ontario Boards of Health

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