

Ministry of Health
and Long-Term Care

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Ms. Linda Stewart
Executive Director
Association of Local Public Health Agencies
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3

Dear Ms. ~~Stewart~~: *Linda*

Thank you for informing the Ministry of Health and Long-Term Care of the six resolutions that were passed at the Association of Local Public Health Agencies (alPHa) 2011 Annual General Meeting. The ministry is grateful for the work of alPHa and the member Medical Officers of Health and Boards of Health in addressing important health care issues. I am pleased to have the opportunity to respond to the alPHa resolutions that relate to my ministry.

Resolution A11-4 – Promoting Public Health in Ontario.

The ministry supports the objective of ensuring that the members of the public, potential partners and policy-makers fully understand the term “public health”. Within the context of the communications objectives of the government and the ministry, and the current fiscal environment, we will continue to explore initiatives to meet this objective.

I am, however, very pleased to have this opportunity to congratulate the members of alPHa on the excellent work that has been done in website development for public health units across the province. These sites are very effective in explaining the role of each unit, describing the services available and informing the public of topical issues facing the province and/or the community.

Resolution A11-5 – Reducing Barriers to the Provision of Public Health Services to Ontario First Nations

The ministry is committed to strengthening relationships with First Nations communities to improve health outcomes. Along with the former Ministry of Health Promotion and Sport, the Ministry of Health and Long-Term Care hosted a First Nations Public Health Dialogue on March 21-22, 2011 with Medical Officers of Health and Chairs of Boards of Health to identify

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the key opportunities and challenges in moving forward to improve the delivery of public health services to Ontario First Nations communities and local engagement.

We have also established a Trilateral First Nations Health Senior Officials Committee to strengthen provincial, federal and First Nations relations and improve health outcomes for First Nations people living on-reserve. The committee oversees activities in the mutually identified priority areas of mental health and addictions, diabetes, public health, and data management.

The public health work underway as part of this committee is focussed on improving public health services on-reserve, with an emphasis on resolving jurisdictional issues, building and/or enhancing partnerships with public health units and developing creative approaches for remote communities. Issues regarding the establishment of a Section 50 agreement between a First Nations community and a local Board of Health/public health unit may be considered as part of these discussions.

In addition, as you are aware, we are currently undertaking a review of public health funding with a view of increasing funding equity. One of the factors being considered for inclusion in the proposed funding model is the proportion of high-need populations, such as Aboriginal communities. It is not expected that this funding review will result in a greater allocation for public health units, rather that the implementation will, over time, address historical funding inequities.

Resolution A11-6 – Inclusion of Health Care Worker Influenza Immunization Rates in Acute Care Facilities as an Indicator of Patient Safety.

Both federal and provincial expert groups highly recommend that health care workers be vaccinated with influenza vaccine on an annual basis to protect both themselves and those for whom they care, while recognizing that Ontario health care workers have the right to refuse influenza vaccination as all immunization programs are voluntary. This ministry, however, continues to support the statement made by the National Advisory Committee on Immunization regarding the immunization of health care workers with influenza vaccine and, through the Universal Influenza Immunization Program (UIIP), the ministry provides educational materials regarding the importance of receiving influenza vaccine. These educational materials may be found at www.ontario.ca/flu.

The ministry does collect healthcare worker influenza immunization rates that have been published in the Ontario Influenza Bulletin and the Health Analytical Branch of the ministry is responsible for Patient Safety Indicators. While there are currently no plans to include employee vaccination rates in ministry publicly reported patient safety indicators, we are

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reviewing our patient safety strategy in light of the ministry's focus on implementing the *Excellent Care for All Act* and in defining the role of Health Quality Ontario in advancing the quality and safety agenda.

Resolution A11-7 – Eligibility into Perpetuity for HPV, HBV and Tdap Vaccines:

Under the current immunization program guidelines for the human papillomavirus (HPV) vaccine, eligible females can receive the publicly funded HPV vaccine in the Grade 8 school year or before the first day of Grade 9. Since this school-based program consists of three doses over a 10-month period, one school year, females who have received at least one dose of the three dose HPV vaccination series in their Grade 8 year or before the first day of Grade 9 may complete the series during their Grade 9 year as part of the publicly funded program.

In addition, the hepatitis B vaccine (HBV) is publicly funded for all eligible grade 7 students. The school-based HBV program consists of two-doses over one school year and any eligible grade 7 student who missed one or both doses of HBV can complete their series by the end of Grade 8.

I'd like to inform you that, in collaboration with Public Health Ontario, the ministry is currently evaluating the HPV and HBV immunization programs. A review of scientific information, as well as cost effectiveness, will be undertaken prior to any policy decisions being made about changes to HPV and HBV program eligibility.

With regard to the Tdap vaccine, since 2003 children that have completed their primary series with tetanus, diphtheria and acellular pertussis (DTaP) are eligible to receive a booster dose of tetanus, diphtheria and acellular pertussis (Tdap) vaccine between 14 to 16 years of age, with eligibility until 18 years of age. In addition, unimmunized children/adolescents between 7 to 17 years of age are eligible to receive three doses of Tdap vaccine. As of August 8, 2011, the program has been expanded so that all adults 19 to 64 years of age who have never received the Tdap vaccine are also eligible to receive one lifetime publicly funded dose of the vaccine.

Resolution A11-9 – Removal of “No Access of Dental Benefits” Eligibility Criterion for the Healthy Smiles Ontario (HSO) Program.

The Healthy Smiles Ontario (HSO) program is currently in its first year of operation and program enrolment is on target with the expectations of a new program. At full capacity, Healthy Smiles Ontario is estimated to serve 130,000 children and youth from households

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with an Adjusted Family Net Income (AFNI) of \$20,000 a year or below. The AFNI threshold is a recognized measure for low-income which aligns with the maximum benefit for the Ontario Child Benefit Program, an existing government income-based program. The ministry adopted this measure as the financial eligibility criteria because it was the most streamlined approach and could be easily adopted and administered by local public health units.

I am pleased to assure you that the ministry will be closely monitoring the HSO program to ensure that the reach of the program is maximized.

Again, thank you for the information on the six resolutions that were passed at aPHa's 2011 AGM. I look forward to continue working collaboratively with the association on these important matters and other healthcare initiatives to improve the health of Ontarians

Sincerely,

A handwritten signature in black ink that reads "Deb Matthews". The signature is written in a cursive, flowing style.

Deb Matthews
Minister

c: Premier Dalton McGuinty
Hon. Kathleen Wynne, Minister of Aboriginal Affairs
Hon. Eric Hoskins, Minister of Children and Youth Services
Dr. Arlene King, Chief Medical Officer of Health