

# DISCUSSION PAPER: PUBLIC HEALTH MODERNIZATION

*Recommendations from the  
Leeds, Grenville and Lanark District Health Unit  
February 2020*



## Working Together

The Leeds, Grenville and Lanark District Health Unit is committed to working with the Ministry of Health, Public Health Ontario, its fellow local public health agencies, community partners, and members of the public to enhance the current public health system in Ontario.

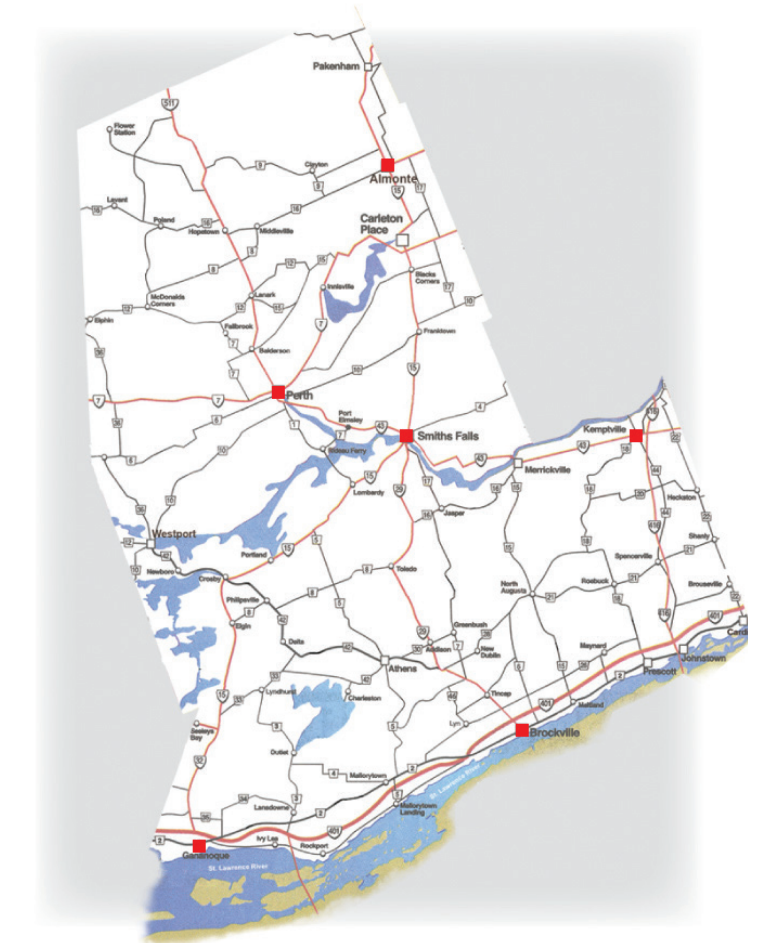
The Ministry of Health's November 2019 Discussion Paper: *Public Health Modernization* identified provincial concerns related to insufficient capacity, misalignment of health, social, and other services, duplication of effort and inconsistent priority setting in local public health agencies, as well as interest in improving Francophone services and engagement with Indigenous Peoples.

This report includes recommendations of the Leeds, Grenville and Lanark District Health Unit to address the Ministry of Health's concerns listed above. We think that these recommendations will enhance the ability and strength of the current public health system to improve the health of the population.

We look forward to the next phase of this collaborative journey.

Paula Stewart MD, FRCPC  
Medical Officer of Health /CEO

Doug Malanka  
Board Chair



169,244 people and 6,419 km<sup>2</sup> according to 2016 Census

*Leeds, Grenville and Lanark are located on the traditional territory of Algonquin and Haudenosaunee Peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role of treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.*

## Public Health Modernization

Ontario local public health units play a crucial role in ensuring the safety, health and wellbeing of Ontario communities and their residents. Public Health employees work daily as Public Health Units work diligently and professionally to protect our communities from illnesses and promote health and wellbeing. These services are centred on Ontario's Public Health Standards and ensure that our population remains healthy, and does not end up requiring costly care and treatment in hospital emergency rooms and wards. The health needs of Ontarians are variable and preserving local partnerships with municipalities, health services, community partners, education, and the social service sector agencies is essential to ensuring the effectiveness of public health programs.

The Board of Health welcomes the Ministry of Health's consultation to realize the provincial vision for Public Health Modernization which includes a coordinated public health sector that is nimble, resilient, efficient, and responsive to the province's evolving health with:

- Meaningful municipal engagement;
- A more efficient public health system;
- Stronger public health collaboration with the health care system; and
- Sustained focus on effective public health protection, promotion, and prevention;
- Greater coordination within public health and between local public health agencies and health care;
- Greater consistency in public health programs and services; and
- Increased system capacity.

The Board of Health also agrees that more work can be done on the following areas of concern identified in the 2017 Report on Public Health: Chronic Disease Prevention from the Ontario Auditor General<sup>1</sup>:

- Greater strategic direction and oversight from the province on chronic disease prevention;
- Enhanced coordination among provincial ministries;
- Adequate capacity in all health units for chronic disease prevention;
- Enhanced coordination among health units to reduce duplication;
- Sufficient technical and scientific advice available to health units; and
- Greater emphasis on performance measurement and program evaluation.

## Principles for Public Health Modernization

The Leeds, Grenville and Lanark District Health Unit Board of Health identified the following key principles related to public health modernization.

- 1 Appropriate municipal role in governance** – The public expects that their municipal tax dollars are overseen by the municipal politicians they elect. For the municipal public health investment, this currently occurs through representatives from obligated municipalities on the Board of Health. It is important that obligated municipalities continue to have a significant governance role.
- 2 No loss of service to our community** – Local public health program and services must be maintained so that local public health needs are responded to by building on local assets and partnerships.
- 3 Meaningful involvement in planning** – The needs and assets of the Leeds, Grenville and Lanark communities are considered in the planning of any public health programs and services for the community.
- 4 Integrity of the Health Unit** - The Health Unit functions as a unit and service and programs will be difficult to maintain if the health unit is divided.
- 5 Like Health Unit Populations Grouped Together** – Collaboration will be more effective and efficient if the populations are similar among the health units in the Regional Public Health Entity.
- 6 Effective administration services** – All administration services be at the same quality or better than currently exist in the Health Unit.

The Board of Health also supports the November 2019 Statement of Principles for Public Health Modernization from the Association of Local Public Health Agencies (ALPHA).

[https://cdn.ymaws.com/www.alphaweb.org/resource/collection/FA7C5E7F-BA8C-4D15-9650-39628888027E/alpha\\_Letter\\_PH\\_Principles\\_151119.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/FA7C5E7F-BA8C-4D15-9650-39628888027E/alpha_Letter_PH_Principles_151119.pdf)

<sup>1</sup>AG report

## Recommendations

The Leeds, Grenville and Lanark District Health Unit undertook a formal consultation process with Board of Health members, management and staff to discuss the *Discussion Paper: Public Health Modernization*. Sixty-two individuals participated in one of two forums held on January 8 and 9, 2020. A few others participated by survey, and discussions were also held with key partners.

The following recommendations support enhancing the abilities of local public health agencies to deliver quality programs and services that would improve health and prevent health problems.

- ▶ **Priority setting with both provincial and local perspective:** Some public health issues are common across public health units, while others vary in permeation or context. Priority setting across the province would thus be best served by a balance of provincial and local determination. The public health system would benefit from the continued support of provincial public health standards (i.e. Ontario Public Health Standards) that provide provincial direction while allowing for adaptation of programs and services to meet locally identified needs, through application of the foundational principles of need, impact, capacity and partnerships. Public Health Ontario could facilitate local priority setting through data collection and analysis, literature reviews, research, and coordination of collaboration among health units with similar identified needs. Public health priority setting should not be completed in isolation from other fields, but rather could reflect consistent health-related mandates across Provincial Ministries.
- ▶ **Recognize urban and rural differences:** It is important to consider differences in need and capacity between urban and rural communities when collecting data, setting priorities, and adapting resources and program implementation strategies for these communities. Rural representation could be considered in health data collection, such as through oversampling methods. Decision-making regarding program and service priorities and implementation strategies could be a local responsibility to ensure that local need and capacity are considered, thereby increasing the likelihood of success. Facilitated collaborations between public health units should respect urban and rural differences.
- ▶ **Local relationships supported:** The success of many public health interventions is dependent upon the development of strong relationships with local partnering agencies and with community members. Front-line client service must remain locally provided, and may include the assignment of dedicated public health providers to specific areas (e.g. a school, a municipality, etc.). Local public health units could ensure adequate visibility and representation within communities, and engage in opportunities to build relationships with Indigenous communities and other locally-identified priority populations.
- ▶ **Coordination across provincial Ministries:** Public health interventions will be most effective when messaging and other strategies are consistent across health-related provincial Ministries. Examples include the Ministries of Health; Education; Agriculture, Food and Rural Affairs; Attorney General; Children, Community and Social Services; Indigenous Affairs; Municipal Affairs and Housing; Seniors and Accessibility; and Transportation. Mandates of various Provincial Ministries could be reviewed to ensure that they are congruent and share similar desired outcomes. Collaboration between Ministries would be enhanced through the use of a consistent platform for data sharing and analysis, and through an online portal that enables communication and sharing of ideas.

- ▶ **Public health and primary care system coordination:** Efficiency and effectiveness of public health practice requires upstream interventions to address the social determinants of health and risk factors for disease. This can be facilitated through embedding the principles of public health into existing and emerging primary care systems. Local public health could be involved in the planning and implementation of Ontario Health Teams, to allow integration of health promotion and prevention strategies into the delivery of primary care. Technology could be leveraged to allow for efficiencies in providing collaborative preventive care, such as through automatic reporting of immunizations to local public health units.
- ▶ **Coordinated resource development, research, and training:** Many public health issues are common across health units and would benefit from regional or central coordination of activities. Some services could be shared regionally among public health units, such as those found in the Foundational Standard (i.e. epidemiology, continuous quality improvement, and communications), procurement, and other financial services. Regional sharing of services could be modeled after the sharing of library services that is currently being coordinated by Public Health Ontario. Mechanisms could be developed to coordinate the sharing of resources and activities between public health units, including resurrection and expansion of Public Health Ontario's Locally Driven Collaborative Projects (LDCP) program. For topics that affect a majority of public health units, provincial (i.e. Public Health Ontario) support of research, public health workforce development, training, and resource and guideline development would reduce duplication of effort and improve consistency in messaging. Resurrection of the former provincial resource centres would help to address this need.
- ▶ **Coordinated training and professional development:** A strong public health system is supported by skilled public health providers who are able to respond quickly and effectively to ongoing and emerging public health issues. Central development and coordination of training programs could be considered for topics that affect several public health units, which would decrease duplication of effort and improve capacity and consistency across regions. In particular, provincial coordination of training programs could be provided for programs and services that are mandated by the Ontario Public Health Standards. Routine cross-training practices at local public health units would improve overall capacity. Increased collaboration between provincial entities (i.e. Public Health Ontario) and local public health units would allow for bilateral professional development opportunities that could strengthen service provision by all those involved.
- ▶ **Adequate stable funding:** Capacity for local public health programs and services is highly dependent on adequate funding from both obligated municipalities and the province. The recent change in the provincial/municipal funding ratio for mandatory programs from 2019 to 2020 from 75/25 to 70/30 and from 100% provincial to 70/30 for allied programs has had a major impact on local obligated municipalities. It will be very difficult to absorb any further increase, and their strong preference is to have the province revert to the 2019 funding ratio.

## Enhancing the Organization of the Ontario Public Health System

The Leeds, Grenville and Lanark District Health Unit Board of Health would like to suggest the following organizational proposal to enhance an Ontario Public Health System that builds on the strengths of the existing system, and adds structures and processes to support capacity, build effective relationships with the health and social services systems, avoid duplication, and improve effective and consistent priority setting. This proposal builds on ideas generated at a meeting held in July 2019 with small urban/rural health units in Eastern Ontario and CAO's from Counties of Eastern Ontario, a meeting of Medical Officers of Health held in Kingston in December 2019, along with ideas discussed at the Health Unit Consultation Forums.

The proposed Enhanced Ontario Public Health System (Figure 1) would have local, regional and provincial components:

### Local

Municipalities would continue to have a strong governance role through local Boards of Health with local community representation. The Board would continue to report to the Ministry of Health and would be accountable for any direction regarding priorities set by the Ministry. A full-time Medical Officer of Health would remain responsible for implementing the Ontario Public Health Standards at the local level.

Health Units would arrange for shared services to support capacity and avoid duplication. Existing partnerships with the health care system, Boards of Education, Municipalities, social services, networks and coalitions would continue and be expanded with a particular focus on Ontario Health Teams.

### Regional

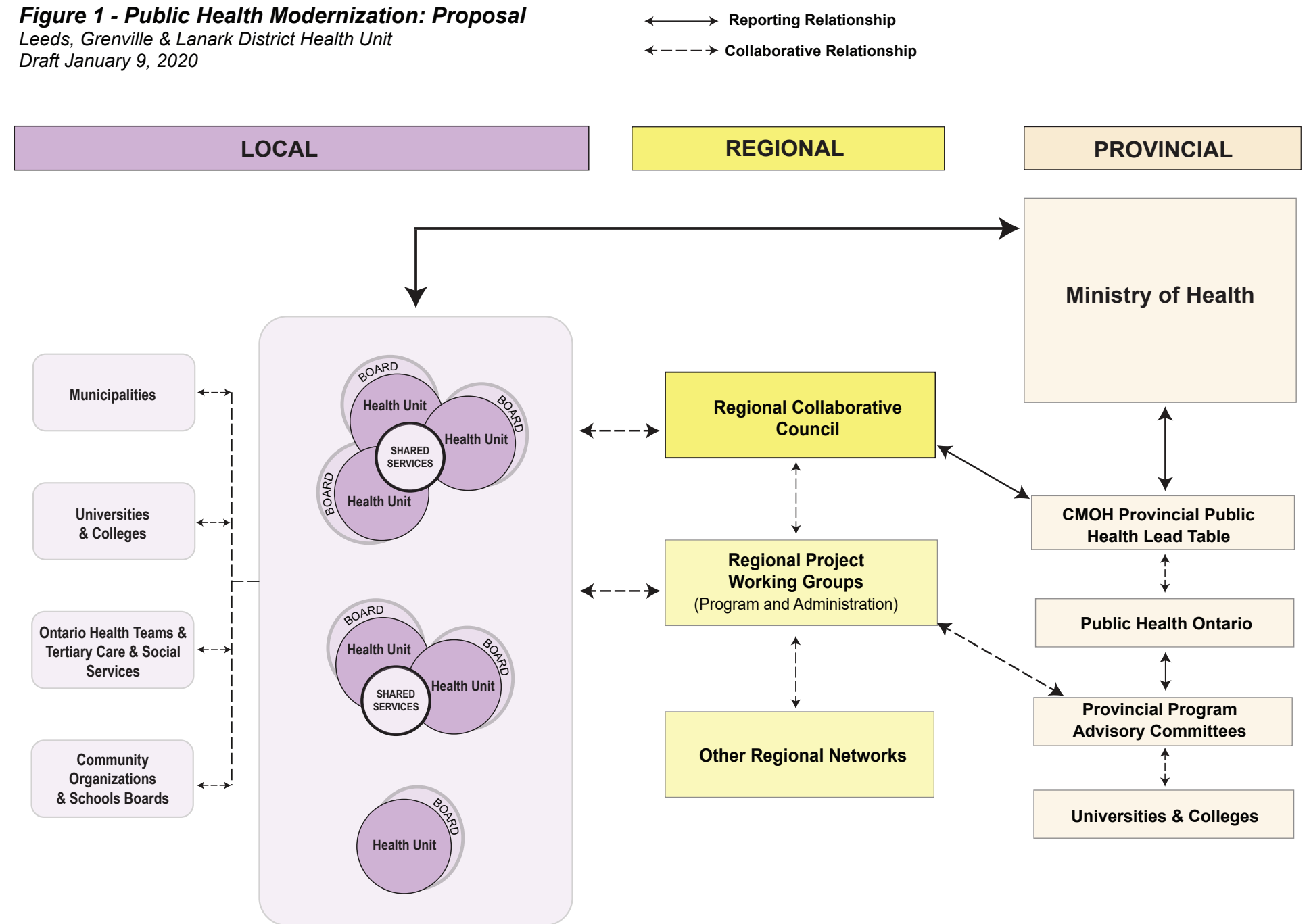
A network of Public Health Regional Collaborative Councils (RCC) (see details below) would be created across the province to facilitate health units working together and provide a mechanism for effective collaboration with the Chief Medical Officer of Health and the Ministry of Health. The RCC would be a vehicle for sharing information and would form working groups for specific administrative or program priorities jointly agreed to by some or all of the health units in the region. Associate MOH's and other senior leaders with specific content expertise would be leaders or participants on the working groups. These working groups build on the current experience of the East region for collaboration across health units. See more detail below.

### Provincial

A CMOH Provincial Public Health Lead Table led by Dr. David Williams, CMOH, with representatives from each RCC would discuss priorities, coordinate provincial surveillance and program initiatives, provide input into provincial policy development, and provide input into federal public health initiatives.

Public Health Ontario would support Program Advisory Committees (like PIDAC) that would include subject matter expertise from PHO and local public health agencies to assist Public Health Ontario with the review and synthesis of evidence on public health topics, create guidelines and medical directives, education and training materials, and program resources for local public health agencies.

**Figure 1 - Public Health Modernization: Proposal**  
Leeds, Grenville & Lanark District Health Unit  
Draft January 9, 2020



## Public Health Regional Collaborative Council: Initial Ideas

### Purpose

The purpose of the Public Health Regional Collaborative Council (RCC) is to:

- Provide a formal structure and process for the Health Units in a region to identify, implement and evaluate initiatives to improve the efficiency and effectiveness of public health programs and services.
- Provide a mechanism for the Representatives from each RCC and the Chief Medical Officer of Health to collaborate on priority setting and support provincially-led initiatives through the CMOH Provincial Public Health Lead Table.

The RCC is built on the Collective Impact Framework which many health units use to effectively collaborate with local partners. The Framework contains “five core conditions including the development of a common agenda; using shared measurement to understand progress; building on mutually reinforcing activities; engaging in continuous communications and providing a backbone to move the work forward.” <http://www.tamarackcommunity.ca/collectiveimpact>

Using the Collective Impact Framework the Public Health Regional Collaborative Councils will facilitate meeting the ministry requirements for the modernization of public health in Ontario<sup>2</sup>

- Enhance system capacity;
- Guide the implementation of provincial priorities and develop regional priorities for collaborative work;
- Increase coordination and collaboration and decrease duplication;
- Increase responsiveness to provincial public health direction and priorities;
- Strong centralized evidence functions to support health system planning;
- Evidence-based public health interventions – improved ability to prevent infectious and communicable diseases; and
- Ability to coordinate with new Ontario Health Teams.

### Composition

Membership on the Public Health Regional Collaborative Councils includes all Health Units in a defined geographic region:

- All Medical Officers of Health
- Representatives from the Corporate Service Directors
- Representatives from the Program Directors
- Others to be determined
- Rotating Executive Support

The Chair and Vice-Chair are elected by the Council itself. It meets twice a year and sets up effective communication systems with all Health Units. A consensus approach will be used to establish and build on priorities identified by each of the partner Health Units.

### Local and Provincial Reporting

Medical Officers of Health report to their Boards of Health on the work of the Council and ask for the Board’s input into priorities for the year and report on work completed.

Two representatives from each Regional Collaborative Council are selected each year to attend the CMOH Provincial Public Health Lead Table led by Dr. David Williams and report back to the Council.

### Working Groups

The Council sets up working groups to implement the priority work of the Council including priorities from the Provincial Lead Table. This builds on the current collaborative work across programs in the region. Each working group has a lead Health Unit that volunteers to coordinate the work. Participating Health Units contribute in-kind or provide other resources to support the work. Senior staff/management staff participate on the working groups.

