A consultative report from the OPHA and its constituent societies to the Capacity Review Committee

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OPHA believes that Operation Health Protection is needed to build on the infrastructure already present in Ontario, to strengthen the local, regional and provincial levels of the health system, and to engage the practitioners who are prepared to make necessary changes to improve the public health system and the health of the population. We applaud the MOHLTC for taking this brave step.

OPHA and its Constituent Societies jointly developed the recommendations presented in this report. They were informed by the recommendations in aIPHa Moving Ahead Together: a Position Paper of The Association of Local Public Health Agencies, August 2005 (aIPHa synopsis), the Report of the Agency Implementation Task Force Part I, the Interim Report for the Capacity Review Committee (interim Capacity Review report), and several reports from specific societies.

The results of the consultation and joint discussions are presented below and summarized here.

**Governance and Structure**

No matter which governance model is chosen, OPHA would like to recommend that more attention be paid to governance tools and supports, for example accountability, training and composition of the Boards of Health. It is also important that the Boards of Health are structured in such a way as to be independent of political influence.

**Funding**

To maintain local input and support for public health, some local funding is desired and overall the level of funding needs to be increased for the public health system.

**System Accountabilities**

Accountability needs to be enhanced at all levels of the system. The draft performance management system outlined in the interim Capacity Review report is a good first step in making the system accountable.

**Human Resources**

It is anticipated that the Ministry of Health and Long-Term Care will take the lead in developing a long term public health human resource strategy. The strategy, built on the foundation of common core competencies for public health professionals would ensure implementation, evaluation and sustainability.

**Research and Knowledge Transfer and Exchange**

OPHA would like an integrated research and accountability framework, application of knowledge such as that demonstrated by the Ontario Health Promotion Resource System (OHPRS), and integration between the PHREDS and the field. OPHA and the PHREDS need to be partners with the new Public Health Agency for Ontario regarding research and knowledge transfer.
Executive Summary

Primary Health Care

OPHA and its Constituent Societies see the value and importance in working closely with the Local Health Integration Networks (LHINs) for a seamless health system.

With these recommendations, OPHA is attempting to contribute to a unified voice throughout Ontario, to clarify an overall vision of the health system, and to recommend a way through a complex transition. We understand that change management is generally difficult because of ingrained modes of operations, but we contend that the overall health system will be strengthened through all our Constituent Societies and through the system of public health units.
The Ontario Public Health Association and its Constituent Societies represent public health professionals from across the province who are committed to the health of all Ontarians.

The mission of the Ontario Public Health Association 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.

OPHA believes that Operation Health Protection is needed to build on the infrastructure already present in Ontario, to strengthen the local, regional and provincial levels of the health system, and to engage the practitioners who are prepared to make necessary changes to improve the public health system and the health of the population. We applaud the MOHLTC for taking this brave step.

OPHA members and Constituent Societies believe that our input to this process is vital because public health:

• is essential to promote and protect the health of the population and adds value to the health care system.
• has a strong, flexible infrastructure which can respond quickly to future threats.
• has provincial, regional and local strength which can respond to emergencies and reduce risks and liabilities.
• is prepared for and committed to overall health system transformation.

Over the past three years active media interest has created the false impression that public health has been infused with new funds and is well resourced at this time. This false assumption has increased the need to manage public expectations about public health and to work together as provincial, regional and local organizations with common interests and messages.
The OPHA Constituent Societies regularly discuss and advocate on issues facing the public health system in Ontario.

The diversity of OPHA’s Constituent Societies and work groups puts us in a unique position to act as a model that encourages partnership, dialogue and consensus building beyond discipline-specific interests (Ref. AITF p. 10 #2.4). Our unique configuration also puts us in a position to help develop a common language for use by all components of the health system (Ref. AITF p. 10 under 2.3).

All of these societies, in addition to representatives of OPHA, participated on the Reference Panel for the Capacity Review Commission. OPHA also participated in the Reference Panel for the Agency Implementation Task Force. Some of OPHA’s Constituent Societies are also members of alPHa as part of public health management, and gave early input directly or through the alPHa synopsis of recommendations.

There have been, however, many important changes in the Ministry of Health and Long-Term Care since that original input. Therefore, OPHA convened a recent discussion with its Constituent Societies on October 21, 2005. The recommendations in this document from that discussion utilized all the following sources and organizations:

- Association of Local Public Health Agencies (synopsis of alPHa constituent societies);
- Council of Medical Officers of Health (COMOH);
- Association of Ontario Public Health Business Administrators (AOPHBA);
- Association of Local Public Health Agencies (alPHa);
- Association of Public Health Epidemiologists (APHEO);
- Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO);
- Canadian Institute of Public Health Inspectors (Ontario Branch) Inc. (CIPHI-O);
- Ontario Association of Public Health Dentistry (OAPHD);
- Ontario Society of Nutrition Professionals in Public Health (OSNPPH);
- Association of Nursing Directors and Supervisors of Ontario Health Associations (ANDSOOHA);
- Community Health Nurses Initiative Group/ Registered Nurses Association of Ontario (CHNIG/RNAO);
- Health Promotion Ontario (HPO. Ph);
- Public Health Education, Research and Development (PHRED).
At the October 21st meeting, twenty-two people representing many of OPHA’s Constituent Societies discussed the recommendations previously made by the above groups, the recently announced reorganization of the Public Health Division of the MOHLTC, the Report of the Agency Implementation Task Force Part 1, and the Capacity Review process to date. The six categories used by the Capacity Review Committee were also used to structure our overall recommendations. We reviewed the recommendations from the other submissions to the MOHLTC and then added to those recommendations, creating a systems perspective. The six categories are:

1. Governance and Structure
2. Public Health Funding
3. Public Health System Accountability
4. Public Health Human Resources
5. Research and Knowledge Transfer
6. Primary Health Care

Although participants in the meeting discussed the entire public health system, for the purpose of meaningful feedback this document separates the recommendations pertaining to Capacity Review from those pertaining to the new Public Health Agency for Ontario. Comments and concerns regarding the developments at the MOHLTC will be made separately.

The recommendations made at the October 21st meeting were then presented to the OPHA Board of Directors who made the decision that the Capacity Review Committee Interim Report would be considered in this current final version of OPHA’s recommendations. All OPHA Board members, OPHA staff and October 21st participants from Constituent Societies were given an opportunity to comment on the draft recommendations after they reviewed the Capacity Review Committee Interim Report to ensure that key questions and issues in that document were addressed. These were then collated and edited and the final document presented to the OPHA Executive Committee for final approval before submission.

The recommendations in this document are relevant to the public health Capacity Review process and are intended to be concrete and specific for ease of implementation and measurement.
Questions from the Capacity Review Interim Report

Would Ontario benefit from moving to a single model of governance in public health?
What is the appropriate role for municipalities?
How do we better support Boards of Health in the future?
How should Ontario’s public health system be structured?
What is capacity? Define critical mass.
What factors should Ontario consider in reconfiguring public health units?

OPHA believes that the principles supporting the foundations of public health are different than the principles underlying the LHIN model. Public health units do not have the same catchment areas as hospitals. Public health has many partners and aligns with municipal and educational systems which are as important as those of the health care system. Building on alPHa and COMOH recommendations, we feel strongly that public health must remain autonomous from but linked to LHINs.

Provincial public health program standards driven by MOHLTC and the new Public Health Agency for Ontario will become increasingly necessary. But it has proven unrealistic to direct municipalities to provide major funding for public health, especially when driven by provincial standards.

There are currently a number of different public health governance models in Ontario. There are a number of Boards of Health that do not have the required composition of board members. In addition, several health units do not have adequate resources to meet minimum mandatory program standards. The solution requires recognizing problems and making recommendations aimed at improving board accountability. If the principles of effective governance are applied, there could be a viable alternative to a single model. In addition to municipalities as key partners, the governance structure must be strengthened in consideration of and with linkages to LHINs and the primary health care sector.

In defining capacity and critical mass an additional important factor for consideration is the changing human resources demographics that affect recruitment and retention. Planning for improvements in “capacity” and “critical mass” requires a strong relationship to labour unions and professional associations in order to support and strengthen capacity and critical mass.

The issue of the qualifications of the Chief Executive Officer (CEO) of a health unit was raised during our deliberations. OPHA believes that the knowledge and skill of medical officers of health are vital for effective public health programming but that these are not the same skills required to be the CEO of a health unit. What is of importance is that the CEO have significant knowledge of both public health and health administration. This combination could be found in public health professionals other than medical officers of health. There should be flexibility in who the CEO would be. The medical officer of health should not be precluded from serving as the CEO of a health unit, should he/she possess the necessary administrative skills and is able to provide the medical direction and support required for public health programming. However, OPHA does not believe that it should be mandated that the CEO of a health unit be the medical officer of health.
RECOMMENDATIONS

1. Reduce the number of health units and realign health unit boundaries based on the following principles of:
   - optimizing human and financial resources.
   - ensuring equitable availability of essential public health expertise.
   - reaching technical capacity for full local delivery of public health services in all parts of the province.
   - addressing unique local needs and characteristics to ensure effective and efficient service delivery.

2. Require that Board of Health members are knowledgeable about and have a strong commitment to public health and are accountable for decisions within their mandate. Provide orientation supports for Board of Health members to ensure that they are aware of the impacts of their decisions.

3. Establish an appropriate oversight mechanism to ensure that the desired parameters for selection of board members have been fulfilled. Develop a uniform way to identify the composition of Boards of Health.

4. Protect MOHs and local Boards of Health from political influence.

5. Permit some flexibility in qualifications of the Chief Executive Officer of a health unit. The position should be skill-based and not necessarily restricted to the medical officer of health.
“The following three principles should be incorporated into the overall structure of public health funding:
• Core Services. Fund a set of core public health services that apply across the province.
• Local Needs. Fund health units to determine and address community-specific public health needs.
• Multi-year Funding. Develop a three-year needs-based funding framework for health units.

Where the provincial government funds a public health program 100 percent, administrative costs must be included.

Continue the current direction of Operation Health Protection to achieve a provincial/municipal funding split of 75% / 25% by 2007/08.”

– alPHA synopsis

Questions from the Capacity Review Interim Report
Would multi-year funding resolve the problems with funding?
What incentives for accountability reporting would ensure that deadlines are met?
What guidelines would be required for use of an operating reserve?
What would health units like to see in a capital funding program?
What are the advantages and disadvantages of 75% and 100% provincial funding?

OPHA supports the recommendation for funding outlined in Operation Health Protection – 75%/25% provincial/municipal funding formula, but would support 100% provincial funding for emerging and emergent issues. Building on alPHA recommendations, we are proposing approaches and actions to ensure that funding is well-targeted and sustainable.

The proposed 75%/25% provincial/municipal funding formula was designed to increase the overall funding to public health while maintaining a municipal commitment to community public health. This split in funding acknowledges that local programming can be funded by local dollars.

An issue of concern is that the creation of the Ministry of Health Promotion did not bring any new dollars into the system but rather moved programs from the Public Health Division. There is concern that a focus on family and child health will be reduced, with serious negative consequences. In another example, though environmental health is on the agenda for both the Agency and MOHLTC, it is not clear how this focus will be funded as current resources would be insufficient to address a greater emphasis on environmental health.

Funding dedicated to addressing the determinants of health needs to be added as a guiding principle. Public health needs to provide leadership in this area in health care, and needs dollars to support these advocacy activities.

NGO’s such as OPHA whose primary function is to support public health practice should obtain core funding for important roles they play in the public health system.
RECOMMENDATIONS

6. Fund core services for local public health: 75%/25% provincial / municipal funding of provincially mandated public health programs, including all administrative costs.

7. Fund service to meet local needs: 75%/ 25% funding to determine and address local needs with demonstrable population health impacts and effective public health interventions.

8. Establish multi-year funding: predictable public health funding increases over a minimum 3-year horizon so that rational program planning and service improvement can occur.

9. Provide 100% adequate and sustainable provincial funding of emergent public health issues or concerns as determined by Ministers of Health and Long-Term Care, Health Promotion and Child and Youth Services.

10. Ensure that as the province increases its contribution from 50% to 75%, municipalities are required to maintain their total dollar contribution at the same level at a minimum. That way, the extra funds from the province will enhance public health capacity.

11. Establish adequate core funding for public health NGO’s such as OPHA to acknowledge their important role in ensuring the capacity within public health.

12. Capital funds should be available to all health units.

13. Boards of Health need to be independent of municipal and regional government influence and must be allowed and required to carry an adequate reserve fund as per good governance practice.
Questions from the Capacity Review Interim Report

Is there a role for a balanced scorecard?

OPHA is highly supportive of provincial standards and believes that provincial mandatory program standards and accreditation standards need to be updated. The performance management system proposed in the Capacity Review Committee Interim Report is an excellent framework and we support its implementation.

Past accountability mechanisms have either been absent or focused on compliance utilizing unvalidated testing tools (e.g. MPIQ) and not on performance measurement and outcomes. Although limited, past accountability has been directed at the local health unit level with limited accountability for the provincial component of public health. In addition, accountability information has only been shared within the public health system, rather than shared with the public.

All standards should have a local measurement and implementation component with a dual function: the data collected for measurement / evaluation can be used for decision making at the local level; and secondly, when this data is summarized, it can be used for decision-making at the provincial level. While we recognize the importance of provincial programs, we also strongly support locally developed and implemented programs to address the unique local community context and public health needs. In addition to provincial program standards for local implementation and accountability measures, there should be mechanisms to include accountability indicators for locally developed and implemented programs to meet local needs.

The performance management system needs to support and integrate professional standards and establish and develop best practices. An accountability structure also needs to include not only process outcomes but health outcomes.

A balanced score card can be an effective tool to measure health outcomes at a system and population level and will put us in line with the rest of the health care system accountability mechanisms. It is a helpful accountability instrument which can be used to facilitate improvements on service quality and effectiveness. Consideration for use of a public health focused balanced scorecard is needed. The task of measuring and reporting should be a shared responsibility and should include the new Public Health Agency for Ontario, OPHA, alPHa, OCCHA, and the Ministries of Health and Long-Term Care and Health Promotion.

“That the Government of Ontario establish a process to develop a broad set of population health goals, with requirements and standards that bind all government ministries and government-funded agencies, that are comprehensive, complementary and effective in promoting and protecting the health of Ontario residents.”

– alPHa

“The development of a compulsory, multi-dimensional accountability framework for public health units that:
• Holds local Boards of Health accountable for those activities and outcomes for which they can be held solely accountable
• Ensures that basic financial controls are in place
• Includes the performance of board governance functions
• Includes a periodic, independent audit or accreditation of local public health system performance
• Uses data and information that are simple to retrieve and preferably available from local management and information systems.”

– COMOH

“The development of clear performance expectations for the provincial level of the public health system and an open and transparent process to assess its performance.”

– COMOH
RECOMMENDATIONS

14. Establish population health goals, requirements and mandatory standards in collaboration with PHAC that bind all government ministries (MOHLTC, MCYS, MHP) and government funded agencies and are based on the best available evidence and changing demographics.

15. Implement a compulsory multi-dimensional accountability framework for provincial and local public health to include:

- Accountability for processes and outcomes for which each sector is solely accountable.
- Accountability for activities where joint actions are required for outcomes (e.g. joint accountability with school boards for implementation of health promotion/disease prevention standards within the school system).
- Accountability for financial controls.
- Accountability for board governance.
- Accountability that is transparent.

16. Discontinue the MPIQ and develop new input, process and outcome indicators with standardized definitions, strategies and tools for documentation and data collection and provide guidelines for consistent interpretation of the information collected. This program implementation accountability process should be peer reviewed, evaluated and have a mechanism for constant upgrading of the system.

17. Develop and implement standardized data collection tools that are part of the everyday work of the local health unit in collaboration with the Centre for Public Health Methodologies and Tool Development in Ontario (Ref. CRC p. 5). The new Public Health Agency for Ontario would be responsible to develop the tools and MOHLTC would be responsible for funding and supporting the data collection mechanisms with the local public health agency being responsible for collecting the data. The tools should be developed to support both local and provincial decision-making.

18. Resources (including human and financial) must be in place locally and provincially to support and implement the accountability system.

19. All local health units must be accredited by an independent body such as OCCHA. The MOHLTC should establish the requirements with support from the new Public Health Agency for Ontario as necessary.

20. A balanced scorecard or similar assessment mechanism should be developed and implemented to provide an integrated and comprehensive description of public health system performance by the MOHLTC, Public Health Agency and all PHU’s, and which is arms length from all three, e.g. OPHA.

21. The MOHLTC must conduct regular audits of public health unit programs and finances.

22. Corrective action plus access to peer support for health units which do not meet audit requirements or other accountability standards must be taken.
Questions from the Capacity Review Interim Report

What strategies should Ontario use to enhance the public health workforce?

OPHA believes that the human resource issues require short, medium and long-term plans and actions. Building on aPha recommendations we are proposing approaches and action to improve public health human resources infrastructure.

This includes a framework for consistency across the public health system (provincially and locally) that should be linked to the federal Public Health Human Resources Strategy.

The MOHLTC would take the lead in developing the long-term public health human resource strategy for Ontario in partnerships with the new Public Health Agency, academia, OPHA, aPhA, and all the public health professional associations. The strategy, built on the foundation of common core competencies for public health professionals would identify roles for these same partners to ensure effective implementation, evaluation and sustainability.

We recognize the immediate need to address the current shortages among most public health professions. This requires a coordinated approach involving representation from all stakeholders. Each discipline-specific association needs to be included and funded to develop and implement discipline-specific actions. OPHA needs to be funded to provide a coordination and secretariat role for this work. This would support immediate action, common strategies, economy of scale and coordination of effort.

To ensure an effective and competent public health workforce we need to identify the required composition and levels for public health units. Since this needs to be enforceable, legislation should be enacted to allow for monitoring and enforcement of the current and future identified composition of public health units. The public health human resource strategy is a provincial responsibility at the MOHLTC/MHP level, but should include or link with NGOs and should link with the federal PHHR strategy.

“The development of a strategy to address the immediate shortages of medical officers of health and public health dentists, epidemiologists, promoters, inspectors, nurses, and nutritionists.

The development of a comprehensive, long-term recruitment strategy that includes promoting public health service as an attractive career choice. This strategy should include input from institutions with a public health curriculum, the Ministries of Education and Training, Colleges and Universities, and aPhA and its Affiliate organizations.

The development of strategies to provide or facilitate the provision of ongoing education for public health staff and training opportunities for students including, but not limited to, job placements, secondments, tuition-for-guaranteed service arrangements and paid practicums.

The Ministry of Health and Long Term Care, in consultation with local public health agencies and relevant associations, must clearly determine core competencies, appropriate remuneration, and ideal numbers for public health staff to carry out public health services mandated by the province as well as those deemed necessary or desirable for a community by its board of health.”

- aPhA synopsis
RECOMMENDATIONS

23. In the short term, establish a multidisciplinary work group with representation from all professional associations to design an immediate strategy to address current human resource shortages. Build on existing networks with a coordinated effort and the economy of scale of one secretariat. OPHA could be the secretariat to develop and implement common strategies. "Named weeks" would be used as opportunities.

24. For the medium term, amend the Health Promotion and Protection Act to require local Public health agencies to comply with determined staffing levels and composition.

25. Over the long term, define the core organizational competencies required at a PHU level to meet the MHPSPG, and the staffing required to meet these competencies. Develop and implement an encompassing public health human resource strategy consisting of the following components:

   • Appropriate composition, numbers and levels of staffing of PHUs at the local level. An appropriate balance of complementary roles at the Agency and local level is needed.

   • Education and recruitment strategy reflective of competencies at three levels: core, discipline and role competencies for health unit personnel (management and staff). Legislation is needed requiring local PHUs to adhere to identified staffing levels.

   • Retention and support strategies including compensation, work environment, professional development, job satisfaction, advancement opportunities and professional leadership designates.

   • Creation of discipline-specific leaders at the Ministry (HP and MOHLTC) as well as mechanisms to foster discipline-specific and interdisciplinary, professional practice locally.
Questions from the Capacity Review Interim Report

How should research and knowledge transfer and exchange be strengthened?
What role should the Public Health Agency of Ontario play?
What role should the PHRED program play?
What role should public health units play?

OPHA believes that the aim of research and knowledge transfer is effective programs that demonstrate positive impact at the local level. Building on recommendations from several organizations, we are proposing a practical research capacity and knowledge exchange system that makes a difference provincially and locally.

We are very encouraged by the Agency Implementation Task Force recommendations for applied research capacity. The aim is effective programs through evidence and evaluation, and the capacity to summarize evidence for use, locally and provincially, in decision making for program adjustments.

However, applied public health research at the broad provincial level requires research capacity at the local level and the ability to use the research results for decision making at the local level. PHREDs could be the link between local public health research and the provincial Agency. Feedback loops would be established to ensure that information from the field and learnings at the province are exchanged in a timely manner, allowing for all to have consistent and current information. In turn, this would lead to informed decision making at both the local and provincial levels. This raises issues of public health human resources and the lack of qualified personnel, especially if local skilled personnel are recruited to the new Public Health Agency for Ontario.

While PHRED has a clear research role, others have also contributed to the practical development of Knowledge Exchange processes and frameworks. Two such examples exist at OPHA: first, the Heart Health Resource Centre’s project to disseminate evidence-based best practices in chronic disease prevention using a Knowledge Exchange framework and, second, the Ontario Chronic Disease Prevention Alliance’s role in developing a Knowledge Exchange framework which could be adopted by all local and provincial groups involved in chronic disease prevention.

We believe that OPHA, which is provincial in scope, can play a key role in knowledge uptake and utilization…the brokerage role in the Knowledge Exchange process. We can have a clear role in supporting the implementation of provincial programs, assisting health unit program staff to adopt and implement best practices/evidence-based programs and supporting the ongoing evaluation and assessment of programs to ensure positive impacts and outcomes.

The new Public Health Agency for Ontario “recognizes that there are multiple factors contributing to a disparity in health status…” (Ref. AITF p. 19). OPHA’s positions on various components of the determinants of health reflect those same guiding principles.
RECOMMENDATIONS

Develop an integrated research and accountability framework that builds on respective strengths at the provincial, regional and local level. Provincial includes OPHA, academic institutions, research institutions, the new Public Health Agency for Ontario, and MOHLTC. The integrative framework is the iterative, evaluation process loop.

26. A network linking researchers and practitioners needs to be created. OPHA has demonstrated success in organizing and supporting networks and is well-positioned to undertake this role. Staff from local public health units should be included in a network of researchers and practitioners that is developed and coordinated by the Agency.

27. Increase the number of PHREDs, establish a critical mass of staff and skills in all PHREDS and provide 100% provincial funding including administrative costs to these PHREDs so that the system can effectively meet regional and provincial needs. Consider the network of PHREDs to be responsible for a cluster of health units so that all health units have equal accessibility to PHRED capacity.

28. Carefully consider the knowledge exchange function that has been undertaken by some members of the OHPRS and build on existing capacity. OPHA supports the recommended external evaluation of the OHPRS and recommends that this review should consider alignment of the role of the OHPRS with that of the Agency in knowledge exchange. The review should also consider effective and efficient provision of current OHPRS capacity building support and continuing education in alignment with the MOHLTC mandate for professional development.

29. OPHA applauds the CRC’s call for multi-year planning. We know successful health promotion strategies must be multi-pronged and require adequate time to gather outcome evidence of effectiveness and efficiency. (Ref. CRC p. 23)
OPHA believes that clarity is needed regarding the respective roles of the two components of the publicly funded health care system: public health and illness care. Building on the aPHA recommendations, we are proposing approaches that will increase the understanding and the synergy between public health and primary health care.

The LHINs are the MOHLTC’s approach to enhance the coordination and efficiency of the illness care system. In parallel, the public health system is also undergoing a fundamental structural change while the core business remains the same.

This is the first time that both the illness care and the public health system are changing with this magnitude simultaneously. Because of this, there is an unprecedented opportunity to inform the understanding and relationship between the primary health care and public health system.

Our recommendations strengthen the synergistic capacity in health promotion and disease prevention transfer of knowledge and research.

**RECOMMENDATION**

30. Establish formal partnership agreements (not integration) between public health (PH), LHIN and primary health care (PHC). Specifically, this would include:

- MOHLTC and MHP interministerial integration of health promotion, disease prevention and health protection between public health and other health care sectors.
- Formal partnership between local public health units and primary health care structures including the Family Health Network, Community Health Centres, Community Care Access Centres, and health service organizations.
- Formal linkages between Agency CEO and LHIN CEOs.
- Utilization of NGOs such as OPHA through its projects to bridge public health and LHINS and primary health care in the areas of research and knowledge transfer.