



Ontario Public Health Association  
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**Submission on Public Health  
Modernization from the  
Ontario Public Health  
Association**

**March 31, 2020**

## **Overview of OPHA's Key Recommendations**

### **1. Creating a Systems Approach to Public Health:**

*Strengthen Ontario's Public Health System through Creating Mechanisms for Joint Planning, Priority Setting, Collaboration and Tracking Progress*

### **2. Enhancing Capacity:**

*Leverage the Expertise and Resources of Existing Provincial Public Health Networks and Associations. Create a Provincial Public Health Human Resources Strategy.*

### **3. Provincial and Local Roles and Responsibilities:**

*Create Collaborative Mechanisms to Identify and Shape Provincial and Local Roles and Responsibilities.*

### **4. The Role of Public Health Ontario (PHO):**

*Enhance PHO's funding to strengthen its capacity to support local public health in the delivery of the Ontario Public Health Standards.*

### **5. Voluntary Mergers of Public Health Agencies:**

*Support voluntary mergers by interested municipalities and local public health agencies and build on lessons learned from recent mergers.*

### **6. Governance:**

*Maintain the mandate, independence, leadership role and authority of Ontario's Medical Officers of Health. Ensure boards of health: are accountable to their local communities; have strong representation from municipal and community leaders; and can act independently and practice good governance.*

### **7. Strengthening Relationships with the Health Care and Other Sectors:**

*Adopt a Health in all Policies approach that creates shared goals and targets and identifies each agency's roles and shared responsibility to achieve them.*

**8. Financial Arrangements:**

*Support a 75%-25% cost-sharing formula with municipalities, maintain 100% provincially funded programs, provide an inflationary and need-based increase to public health agencies' base funding and create a task force to advise on any further changes to financial arrangements following the completion of Public Health Modernization.*

**9. Promoting Health Equity:**

*Track Progress toward Eliminating Health Inequities and Make Ontario the Healthiest Province in Canada for All.*

**Truth and Reconciliation with Indigenous Communities:**

*Ask Indigenous people and their representatives how they want to engage with public health on its modernization efforts.*

**Public Health and Francophone Communities:**

*Consult with those health units that have a bilingual policy to share best practices; facilitate the sharing of French language materials; identify activities which could be more efficiently delivered at the provincial level to address Francophone needs; support capacity building and French language training; provide additional funding to health units who are in designated French-language areas; and support consistent access to interpretation and translation services across Ontario.*

**10. Ideas for Improving Service Delivery, System Sustainability and Innovation:**

*Support public health training, continuous quality improvement, leadership development, create an on line innovation hub where practitioners can post examples of both evidence based and leading edge practices; and permit public health agencies to create foundations to support special initiatives.*

***Appendix A: Example of Collaborative Mechanisms***

***Appendix B: References***

## Overview

The Ontario Public Health Association (OPHA) has prepared this submission in response to the Ontario Ministry of Health's consultations on ways to update and improve public health to ensure public health services continue to meet the evolving needs of Ontarians. This submission is based on feedback and suggestions received from our individual members, Board of Directors and constituent societies.

OPHA's recommendations are premised on the belief that changes are more feasible when they build on the strengths that already exist and involve those working at the local level, from all disciplines and levels of public health from the front line, to management and those engaged in governance.

### 1. Creating a Systems Approach to Public Health

#### **Recommendation:**

#### ***Strengthen Ontario's Public Health System through Creating Mechanisms for Joint Planning, Priority Setting, Collaboration and Tracking Progress***

OPHA members recognize that public health units in Ontario could contribute more to improving population health and have a greater impact if they operated more as a unified system. Using a systems approach would mean public health agencies would more formally interact with each other, be interdependent and work regularly together to achieve shared SMART goals (Specific, Measurable, Achievable, Realistic, and Timely).

While Ontario's provincial and local public health agencies, associations and networks reflect aspects of a system, OPHA offers a number of recommendations aimed at shifting these agencies towards more of a unified system.

To be an effective system, provincial and local public health agencies/units would require:

- joint planning to develop shared provincial goals and targets and joint strategies and projects to achieve them, not only across public health units but with health care agencies (e.g. hospitals, family health teams, community health centres) and other sectors (e.g. education, social services);
- new mechanisms to facilitate stronger connections with other parts of the health system, especially primary care, along with shared responsibility and accountability to achieve common goals;
- collaborative networks to support planning, priority setting, problem solving, knowledge exchange and communication and tracking progress:

- the creation of coordinating tables across public health entities, for example, in chronic disease risk factors or other areas of provincial priority;
- using existing networks and associations to support this shared priority setting (e.g. OPHA workgroups, constituent societies/discipline associations, Tobacco Control Area Networks (TCANs));
- an accountability mechanism that prioritizes cross-health unit collaboration:
  - current Annual Service Plan templates could describe shared priority setting across public health units; language in the Ontario Public Health Standards could be updated to prioritize cross-health unit collaboration in priority areas for the province (e.g. tobacco cessation, harm reduction from opioid, prevention of diabetes);
- Public Health Ontario providing the needed technical support, data, information and knowledge to inform public health practice;
- the creation of a provincial public health human resource strategy; and
- the creation of provincial public health digital systems, including use of new technologies to support public health interventions.

The ministry can draw on the lessons learned from models that have promoted a systems approach to effect change. Ontario's initial tobacco control strategy, for example, was based on a system design with provincial goals, a cross government approach to healthy public policy and collaborative efforts across the public health sector on communication, capacity building, research, evaluation and monitoring. It included planning and coordination mechanisms at provincial, regional and local levels.

Embracing a systems approach is critical to leveraging the role public health can play in reducing hallway healthcare. Public health is well positioned to support the ministry's goal of creating "a strong, sustainable foundation for our health system" through its role in:

- keeping people safe from infectious disease and environmental hazards;
- keeping people healthy, living as long as possible in good health, out of the health care system and contributing to Ontario's prosperity;
- reducing the inequities in health outcomes;
- collaborating across sectors at the local level to support healthy communities; and
- maintaining the delivery of essential public health services.

As over 40% of health is attributed to areas beyond health care services, a strengthened public health system would not only interface with other parts of the health system but strengthen its collaborative work with various sectors for collective impact. Be it social services, planning, education, housing or other sectors, public health would continue to build strategic partnerships to tackle the critical factors (i.e. the determinants of health) that influence Ontarians' health and wellbeing.

## 2. Enhancing Capacity

### **Recommendation:**

#### ***Leverage the Expertise and Resources of Existing Provincial Public Health Networks and Associations and Workgroups.***

A number of collaborative mechanisms exist at the provincial level be they networks, associations or workgroups that could support joint planning, priority setting, knowledge exchange, problem solving and tracking progress.

OPHA urges the ministry to build on the expertise and networks of provincial agencies and associations and explore how these channels can be used to promote stronger alignment of efforts, pooling of resources and promote better consistency and equity of service delivery across the province.

Examples of these collaborative mechanisms and approaches that have created efficiencies, reduced duplication and improved service delivery are described in Appendix A. To capitalize on these existing collaborative mechanisms, the Ministry of Health would need to:

- identify provincial leads within the Ministry for each of the areas under the standards;
- encourage regular communication with these networks, especially in areas where such provincial leadership is lacking (e.g. chronic disease prevention, climate change and health) to set shared goals, develop joint plans, identify gaps and opportunities, and resources needed in order to provide a more coordinated response to sector and community needs; and
- consider providing some financial support to facilitate the work of these networks.

### **Recommendation:**

#### ***Create a Provincial Public Health Human Resources Strategy***

While Ontario provides health human resource planning to support the health care system, support is lacking for the public health sector. Public health could benefit from having a centralized group, be it at the ministry or at Ontario Health, to develop a provincial public health human resources strategy. Such a group could be responsible for:

- developing an overall strategic framework for the planning of public health human resources to support Ontario's public health agencies in recruiting and retaining a highly skilled and competent workforce;
- undertaking regular analysis of the size, distribution and composition of the public health workforce to identify gaps and needs of various disciplines;
- mapping out supports needed for public health professionals from their entry into the workforce (e.g. preparation, education, recruitment, availability), their performance (e.g.

competency, life-long learning), retention (e.g. compensation, mentorship and leadership development) to their exit (e.g. managing attrition);

- collaborating with public health associations on workforce training to ensure public health professionals are prepared to meet present and future needs as well as ongoing training of public health professionals to ensure consistent delivery of services as a result of regulatory changes;
- create standardized competencies for common positions for job descriptions; and
- support recruitment by creating pools of pre-qualified candidates that public health agencies could draw from as needed.

As noted by the Canadian Public Health Association, “We also need to match the resources we have to the policy agendas we are talking about. We talk about improving population health, moving to more disease prevention and so on, yet we’re utilizing most of our health care providers in the disease management basket, rather than looking at which of our health care providers really could add and advance the health promotion agenda, the population focus, and so on.” *Dr. Jeanne Besner Chair, Health Council of Canada in her presentation to the Standing Committee on Health, Evidence related to health human resources. April 23, 2009*

### **3. Provincial and Local Roles and Responsibilities**

#### **Recommendation:**

#### ***Create Collaborative Mechanisms to Identify Provincial and Local Roles and Responsibilities***

OPHA members recognize that there are some areas that could benefit from being either better coordinated and/or led at the provincial level in collaboration with local agencies. Such provincial leadership could help promote greater consistency across the province, in particular in areas of enforcement of the Health Protection and Promotion Act. However, our members emphasize that for changes to be effective, new mechanisms would be needed to ensure programs or services delivered provincially are developed collaboratively with ongoing local input to ensure they are informed by those closest to the field.

#### **Possible Areas for Provincial Leadership**

Some of the areas that members thought could benefit from being developed collaboratively at the provincial level include:

- Surveillance and research:
  - develop public health indicators that are coordinated provincially with support at the local level for administration;
  - work with public health entities to provide epidemiological analysis or assistance to all public health units to support local population health assessments;

- undertake research and review of literature in pertinent areas; and
- promote public health research ethics.
  
- Sharing of resources:
  - create a centralized resource centre where public health units can access topic-specific resources to highlight opportunities for collaboration and avoid duplication of resources; and
  - build on existing resource hubs (e.g. OPHA's Nutrition Connections, Best Start).
  
- Some library services:
  - allow access to a centralized holding of databases, provincially electronic archived local documents to better enable sharing of best practices and evidence.
  
- Medication distribution:
  - support vaccine and sexually transmitted infection medication purchase and distribution (i.e., Toronto model through Ontario Government Pharmaceutical and Medical Supply Service).
  
- Campaigns and resources:
  - promotional materials, print and electronic documents, and templates with the ability to customize to meet local needs
  
- Systems approach to health unit training and capacity building:
  - provide provincial training to promote consistent application and enforcement of regulations as recommended by the Office of the Auditor General of Ontario's (OAGO) report on Food Safety Inspection and maintain clear expectations and staff competencies; and
  - collaborate with constituent societies and provincial associations on their provincial forums and workshops.
  
- Streamlined, centrally coordinated inspection/disclosure systems:
  - streamline provincial inspection/disclosure systems, as recommended by the OAGO, to allow the public to search for the inspection history of any premises and have a consistent representation of the condition of the premises, regardless of the location in the province. Such an approach would ensure that health units with limited resources or IT capacity and are unable to build their own web interface / platform, would meet the requirements of the Ontario Public Health Standards and ensure consistency in its application.
  - create a common and centralized environmental health inspection documentation and disclosure interface available to all health units. This would ensure efficiencies are met with regards to licensing fees, IT support, and lengthy RFP purchasing processes which can be a barrier for smaller health units.



## **Local Level Functions:**

OPHA members emphasized that local public health agencies are best placed to undertake the following:

- plan and deliver programs and services at the local level that respond to community needs;
- build relationships and maintain strong partnerships with municipalities and local community stakeholders be they in the health care sector (e.g. primary care, hospitals) local government (e.g. planning, social services, recreation), education or environmental sector;
- collect public health and surveillance data at the local level, undertake monitoring and generate evidence and best practices; and
- provide advice on the design and implementation of provincial initiatives to ensure they respond to local needs.

Strong partnerships at the local level are a must for successful public health practice. Some examples include:

- gaining support from recreational departments to offer healthy snacks in recreational facilities and protect green spaces;
- adding the requirement for health assessments to official municipal plans;
- collaborating with local planners to add bike lanes to municipal roads;
- influencing local transportation departments to add speed limits to reduce injuries;
- partnering with local public works departments on climate adaptation and mitigation plans;
- working with local emergency management officials on issues such as including heat/cold responses and responses to emergency events, outbreak management, flooding and adverse drinking water incidents; and
- liaising with local police, social services by public health inspectors and social determinants of health staff on housing issues to improve health outcomes for members of vulnerable populations.

## **4. The Role of Public Health Ontario**

### **Recommendation:**

***Enhance PHO's funding to cover all the requirements under its mandate and the Ontario Public Health Standards.***

OPHA members were supportive of the mandate of Public Health Ontario and value the various roles it plays from providing:

- public health agencies with the timely and credible data, analysis and scientific research they need to inform their work;
- resources, guidance documents and best practices, training and program evaluation to support effective public health practice;
- public health laboratory services to respond to routine sampling and environmental hazards/outbreak investigations;
- a vital link to national and international information sources and connections;
- technical expertise to the Ministry of Health to shape healthy public policy; and
- strategy design by facilitating and brokering communication between the government and the local level.

However, OPHA members recognize that while PHO has the capability to support local public health units in the areas related to the Ontario Public Health Standards, it is often lacking the capacity to fulfil all aspects of its mandate due to limited and, more recently, reduced funding. OPHA members believe that PHO's mandate should not only be maintained but include additional resources over time to cover all the requirements under its mandate and the Ontario Agency for Health Protection and Promotion Act, especially in health promotion, disease, substance and injury prevention (e.g. chronic disease prevention and child health). Various health promotion areas have been under resourced compared to health protection areas. PHO could also take on some of the capacity building that has been lost due to the dismantling of the previously ministry funded health promotion resource centres.

OPHA calls on the Ministry to ensure that PHO is provided with predictable and long-term funding in order to be responsive to local issues raised by health units, including community environmental hazard concerns, outbreak coordination activities and laboratory services for efficient outbreak detection and management. Further support in laboratory services are required with regards to access to chemical/substance testing (such as THC/CBD, lead, etc.) in food and water; or as new and emerging demands require.

On the surveillance side, OPHA members call on the ministry to provide PHO with dedicated staff, such as regional teams of epidemiologists, to support local public health agencies across the province, especially those who have comparable regions. PHO epidemiologists could also liaise with regional offices of Ontario Health, emergency services and others to ensure efficiencies across health sub-sectors.

PHO should also create new mechanisms that could provide it with regular input from local public health units as it determines its priorities and activities, similar to processes used during the “Locally Determined Collaborative Project” research initiatives.

## 5. Voluntary Mergers of Public Health Agencies

### **Recommendation:**

*Support mergers by interested municipalities and local public health agencies and build on lessons learned from recent mergers.*

OPHA members recognize that there can be benefits to merging some smaller health units to enhance their capacity and strengthen their impact. However, OPHA has concluded that such mergers will be more successful when they are identified as a need by Boards of Health, Health Units and community stakeholders rather than being imposed by the Ministry.

OPHA was pleased to be able to assist with two recent mergers (i.e. Elgin St. Thomas and Oxford County health units and Huron County and Perth District Health units) by partnering with the firm that was selected to assist with these mergers. OPHA recommends that the ministry build on the experience of these recent mergers. Rather than interested municipalities each undertaking an RFP process, it may be helpful to create a provincial led “Merger-Support Team”, comprised of experienced consultants, OPHA and Ministry of Health and/or others, that can assist given the similar types of knowledge, skills and expertise required. This team could provide support to interested Board of Health and Health Units and in areas such as project planning and management, legislative changes, integration of IT services, administrative policies, accommodation and finances, organizational design, human resource management, program integration and change management.

The recent mergers that led to the creation of Southwestern Public Health and Huron Perth Public Health shared some similar features and lessons learned that should be kept in mind in considering additional mergers:

- municipal leaders initiated the merger process as they saw it as a means to strengthen public health capacity and better serve their communities;
- the merged health units shared many similar stakeholders (e.g. hospitals, school boards) who also saw the benefits of merging;
- the focus of the mergers was on strengthening the health units, enhancing their capacity and creating efficiencies over time rather than as a cost cutting exercise;
- there was extensive employee engagement and a collaborative approach to shaping change, especially related to roles and responsibilities and creating a new corporate culture;
- regular communication occurred with key stakeholders; and
- funding was provided by the ministry to support outside planning, facilitation and implementation of this change management process.

In making decisions about any future mergers, OPHA recommends that the ministry be guided by the following:

- apply evidence to set minimum and maximum populations served (e.g. minimum 300,000 people);
- provide dedicated funding to support the merger process and the related costs;
- invite municipal leaders with smaller health unit catchment areas (e.g. less than 300,000) to consider mergers and offer one time funding to support this process;
- ensure newly formed health units are grouped together where communities share similar characteristics and interests (e.g. rural vs. urban);
- ensure new boundaries will result in new entities with enhanced capacity (e.g. for communications, epidemiology, surge/emergency response, leadership, retention and recruitment);
- set boundaries that build on community needs and assets vs. healthcare catchment areas and group together regions that have similar geography, culture and demographics, align with municipal and other key partner boundaries;
- allow for adequate local involvement, including participation of First Nations;
- consider lessons learned from existing mergers (e.g. Southwestern, Huron-Perth) and employ change management best practices; and
- promote a collaborative approach to any organizational changes rather than forcing mergers upon unwilling communities and municipal leaders.

The 2017 Expert Panel on Public Health noted that, “Given the complex nature of municipal government (i.e., upper tier, lower tier, independent), it may be helpful to engage consultants with a strong track record in change management to help with transition planning.”

## **6. Governance**

### **Recommendation:**

***Maintain the mandate, independence, leadership role and authority of Ontario’s Medical Officers of Health.***

OPHA members felt strongly that the mandate of Ontario’s Medical Officers of Health (MOH) as outlined in the Health Protection and Promotion Act needs to be protected so that MOHs maintain their independence, leadership role and authority. That being said, OPHA also recognizes that health units require leaders with business acumen capable of overseeing the complex range of requirements of modern health units (e.g. stakeholder relations, finance and HR management, Governance, administering public health programs).

OPHA recommends that the Ministry of Health identify the needed minimum qualifications and experience requirements for those leading health units. Local boards of health can then decide whether they want to adopt a blended model (e.g. hire a MOH/Chief Executive Officer (CEO)) or separate these roles and hire a MOH and a CEO.

**Recommendation:**

***Ensure boards of health are accountable to their local communities, have strong representation from municipal and community leaders, can act independently and practice good governance.***

OPHA members see the value in having highly engaged and knowledgeable boards of health that reflect the diversity and are well attuned to the needs of their local communities. In considering any changes, OPHA recommends that boards of health:

- maintain strong local connections, allow for regular input from local partners and promote effective involvement of municipalities and the leveraging of their resources and influence;
- are accountable to their local communities and have strong representation from municipal leaders;
- are able to act independently whether or not they are part of a municipal structure; and
- have the knowledge and skills need to exercise proper oversight of the financial and program affairs of their local public health agency.

OPHA urges the Ministry of Health to support provincially developed and led board training covering areas such as: population health and public health; best practices in good governance, mandate, roles and responsibilities; and conflicts of interests. In addition, the ministry needs to consult with Indigenous leaders on how they want to be involved in any new governance structures and the best approach for building on existing relationships and creating new ones.

## **7. Strengthening Relationships Across the Health System**

**Recommendation:**

***Adopt a Health in all Policies approach that creates shared goals and targets and identifies each agency's roles and shared responsibility to achieve them.***

OPHA members recognize that strong partnerships are needed at the local level to promote successful public health practice, be it with primary care or hospitals, municipal planning, social services, recreation departments, the education sector or environmental agencies.

Across the health sector, local public health agencies already have a myriad of relationships with health care partners from collaborating with community health centres on oral health services, family health teams on maternal health, to hospitals on falls prevention. Local public health agencies also have connections with social services and other sectors and have collaborated effectively on a range of health, social and environmental issues ranging from opioid strategies, tobacco and vaping by-law development, promoting school health, creating age-friendly built environments, supporting health protective bylaws such as pesticides bans and anti-idling, to

conducting climate change and health vulnerability and adaptation assessments. These relationships provide a starting point for further planning and collaboration.

Some of the additional supports that could be helpful in promoting greater collaboration across the health system include:

- having the Ministry of Health develop a population health strategy with broad goals and targets and a vision as to the distinct roles of various parts of the health system and how they work together to achieve this vision to promote collaboration and break down silos;
  - the new Ontario Health Agency could set provincial population health goals and indicators that promote alignment of efforts across the health system (e.g. reduction of type 2 diabetes, smoking rates and falls among seniors, increasing physical activity and health eating);
- creating new communication tools and mechanisms that promote greater knowledge exchange and collaboration at the regional and provincial level (e.g. webinars, newsletters, ministry updates, and regional forums);
- supporting provincial led communities-of-practice where they are lacking (e.g. health promotion and disease prevention) to engage health care and other professionals;
- supporting health units' capacity to engage the health care sector and other local partners in climate and health vulnerability assessments and adaptation planning. Given the impact associated with climate change on public health programming, the healthcare system and the health of Ontarians, presently, and in the future, engagement and collaboration through public health units is critical; and
- ensuring representation from public health within new Ontario Health Teams and other collaborative health care tables.

OPHA members emphasized that a critical step for enhancing such collaboration is to increase knowledge, awareness and recognition of the role public health plays in reducing demand on the health care system and contributing to health care savings. (e.g. by reducing incidence of disease and illness). Support for more engagement with public health could be achieved by stressing the link between healthy populations and a healthy economy, and the economic costs of people being unhealthy.

OPHA recommends that to achieve more coordination and alignment at the provincial level across social and other sectors, the Ministry of Health should work with its ministry colleagues to:

- embed the requirement for alignment of efforts in each sector's mandate (e.g. public health and education) so that it's no longer solely in public health's mandate to collaborate;
- create shared goals and responsibility for achieving them as well as a clear definition of roles and responsibilities; and

- Adopt a Health in All Policies approach among provincial ministries to strengthen population health through public policy decisions.

## **8. Financial Arrangements**

*OPHA recommends that:*

- *a 75%-25% cost-sharing formula with municipalities be supported;*
- *100% provincially funded programs be maintained;*
- *an inflationary increase be provided to public health agencies' base funding; and*
- *a task force be created to advise on any further changes to financial arrangements following the completion of Public Health Modernization.*

OPHA members noted that some health units may face challenges of insufficient capacity that is not just a result of their size, but also as a result of insufficient funding. They emphasized that amalgamation on its own won't necessarily solve these problems. The 2017 Expert Panel on Public Health concluded that as the ministry considered changes to public health, it will "need to re-visit funding constructs in order to implement the recommendations."

Health unit budgets have stagnated for many years while other parts of the health system have received increases. OPHA recommends that the province increase its base funding to public health as well as ensure that the mitigation funding being providing in 2020 be assured in 2021, 2022 and 2023. By being able to do three year projections, health units will be able to be more efficient in their use of resources.

As noted by the 2017 Exert Panel on Public Health, OPHA recommends that a task force of public health business managers, ministry staff and others be created to advise on developing a predictable, need-based funding model that ensures health units are adequately resourced to address all of the requirements in the OPHS, deliver on mandated programs and meet community needs.

OPHA also urges the ministry to continue to support those areas that are 100% funded and not download these costs onto the municipal level. Such funding provides an effective vehicle for advancing provincial priorities (e.g. tobacco control, dental health, nursing leadership, social determinants of health) and should continue to be used selectively.

Lastly, in considering whether to remove any local public health agencies from within their municipal structure, the ministry should do an analysis to assess the loss of in-kind support provided in a range of areas (e.g. legal, IT, HR, accommodation services) as these in kind contributions would not only be difficult to replace, but would significantly increase costs to the Ministry if new infrastructure supports were required for these public health units. Consultation with the impacted municipalities and public health units would also be necessary.



## **9. Promoting Health Equity**

OPHA believes that all people, individuals, groups and communities, need to have a fair chance at reaching their full health potential and not be disadvantaged by social, economic and environmental conditions. Our members recognize that various groups face significant health equity gaps, especially Indigenous people, Black and racialized people; low income people; people who use drugs; and people from Two-spirit, lesbian, gay, transgender and queer communities.

Through its mandate under the Ontario Public Health Standards, local public health agencies play a critical role in collaborating with community partners to promote health equity and act as broker between health and other sectors. As noted by our colleagues at the Alliance for Healthier Communities, public health needs to be adequately resourced to collect, use and report on disaggregated sociodemographic and race-based at the population level, particularly for populations facing demonstrated barriers; it needs to maintain its role as a broker to mobilize and collaborate with other sectors to address the social and environmental determinants of health and the local conditions that are contributing to inequities.

The approaches used and services delivered need to be customized by health units to respond to the diversity of their communities, be they addressing the needs of rural, northern or intensely urbanized communities, immigrant, refugees or newcomer communities, those that are homeless or living in poverty.

With Ontario's increasingly diverse population, having mechanisms that facilitate the sharing of knowledge and best practices in serving Ontario's diverse population groups and reducing disparities is invaluable. OPHA recommends the ministry continue to connect with and support networks such as the alpha-OPHA Health Equity Workgroup, Social Determinants of Health Public Health Nurses Network and the Ministry of Health led Health Equity Teleconference Series. These forums create efficiencies by making it easier for staff to keep abreast of provincial developments, identify program and training needs and work together to address them.

### **Truth and Reconciliation with Indigenous Communities**

*OPHA recommends that the ministry ask Indigenous people and their representatives how they want to engage with public health on its modernization efforts.*

OPHA members acknowledge the resiliency, strengths and contributions of Indigenous people and their communities while also recognizing the health inequities that exist as a result of colonization and an array of public policies and practices.

Consequently, we urge the government to make reconciliation with Indigenous communities on and off-reserve a priority. In alignment with the recommendations of the Truth and Reconciliation's Calls to Actions, OPHA's members urge the ministry to ensure Indigenous



leaders are the drivers of any changes effecting them and respect their request to have a nation-to-nation relationship and be self-determining, controlling their own affairs.

To ensure public health representatives are well equipped to partner with Indigenous leaders and their communities, OPHA recommends that the ministry:

- lead a provincially coordinated public health response to the Truth and Reconciliation Commission’s Calls to Action;
- provide anti-oppression and Indigenous cultural safety and cultural competency/cultural humility training to public health professionals;
- provide funding so public health agencies can access Indigenous knowledge keepers and leaders; and
- incorporate an Indigenous cultural safety lens to its planning and practices.

## **Public Health and Francophone Communities**

OPHA members are committed to supporting the public health needs of Ontario’s francophone communities. However, health units do not receive additional funding or resource to serve clients and partners in French. Some suggestions that could help facilitate this work include:

- facilitate the sharing of French language materials among those health units mandated to produce them with those who are not to make them more easily accessible by all health units;
- identify activities which could be more efficiently delivered at the provincial level to address Francophone needs (e.g. access to electronic resources);
- support capacity building and French language training so that health units can work with French language communities and deliver services in French;
- provide additional funding to health units who are in designated French-language areas to be able to provide tools, services in French and cover translation costs;
- support consistent access to interpretation and translation services across Ontario municipalities; and
- consult with those health units that have a bilingual policy to share best practices and explore ways to strengthen capacity in this area (e.g. recruitment, incentives, French language training).

OPHA members also recognize how critical it is to be able to offer services and resources in a range of languages and would value mechanisms that would facilitate the sharing of such materials as well as additional funding to support interpretation and translation services to support Ontario’s increasingly diverse population.

## **10. Ideas for Improving Service Delivery, System Sustainability and Innovation**

OPHA members offered a number of additional ideas for improving service delivery, system sustainability and innovation which included:

- subsidize public health training in Lean Sigma and continuous quality improvement, as was done for their health care counterparts, and create a community of practice to support cost-efficient practices;
- support leadership development consistent with what is provided by the Ministry of Health for those in health care;
  - support OPHA`s proposal for an Ontario Public Health Leadership Institute, as exists in the United States, to encourage adoption of latest leadership and management approaches and, promote innovation and a leadership network;
- create an on line innovation hub where practitioners can post examples of both evidence based and leading edge practices; and
- permit public health agencies to create foundations, as exist in the hospital sector, to support special initiatives.

## **Conclusion**

As we've outlined in this submission, there are numerous networks that have evolved to respond to the sector's changing needs and significant opportunities for the ministry to tap into what is often an unrecognized infrastructure and strengthen it. Through greater planning, communication, collaboration and investment, the ministry can advance its goals of reducing duplication, creating efficiencies and more consistent service delivery.

While some health unit mergers may be part of the solution, OPHA believes that across the board structural changes and reduced provincial funding are not the answer. Such changes will unnecessarily divert energy, time and resources away from building healthier communities, especially at a time when the province is dealing with and later recovering from the impact of COVID-19. As noted earlier by the Association of Municipalities of Ontario, "current funding direction and pressures are a key dis-enabler to positive change and modernization". Consequently, it would be prudent for the ministry to delay any discussions with municipalities' about funding and separate these discussions from those about restructuring and other changes.

Given the critical role that public health has played in tackling COVID-19, it would seem unwise to proceed within the next year with the proposed financial, organizational and other possible changes being considered for 2020-21 and beyond. The public health sector will need time to regroup, prepare for a possible recurrence of the virus in the winter of 2020 and assess

what measures are most urgently needed to ensure public health and other health care providers are well prepared for any future pandemic.

Once the timing is appropriate, OPHA encourages the Ministry to continue to provide consistent and clear messaging be it about the outcome of these consultations, the timing and plans for any future changes and to provide boards of health, health units and provincial organizations the opportunity to continue to respond and be engaged with the ministry in shaping any new directions.

OPHA has a 70 year track record of enhancing public health policy and practice. We have shown leadership on public health issues and enhanced the capacity of those in public and community health. As a self-sustaining registered charity with a diverse and multi-sectoral membership, OPHA is uniquely placed to effect change. Being at arms-length, able to form alliances, tap into the expertise of our workgroups and constituent societies and generate revenue from various sources allows OPHA to be nimble and responsive.

OPHA appreciates the opportunity to offer a number of recommendations and suggestions to strengthen public health in Ontario. When the timing is right, we would welcome the opportunity to explore with the ministry and other sector colleagues how to work together to implement these ideas. We invite the ministry to benefit from the expertise of our members, constituent societies and networks to leverage these resources to advance public health in Ontario.

## Appendix A

### Examples of Collaborative Mechanisms

Outlined below are examples of collaborative mechanisms and approaches that have created efficiencies, reduced duplication and improved service delivery.

- the Tobacco Control Area Networks (TCAN) have supported regional coordination of resources and activities that have advanced the province's tobacco control plans:
  - regional TCAN coordinators were able to pool resources to support youth prevention activities thus enhancing local capacity and reducing duplication;
- OPHA's constituent societies:
  - The Ontario Dietitians in Public Health have collaborated across health units to create guidance document to support their work with child care providers thus avoiding duplication of effort and better serving their clients;
  - The Ontario Association of Public Health Dentistry brought their members together to plan the effective implementation of the new Oral Health Program for Low Income Seniors and jointly convey their needs and suggestions to the province creating efficiencies in planning and service delivery;
  - The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) has developed recommended approaches to complex regulatory interpretation dilemmas experienced by public health inspectors, such as dealing with farmers markets and special events. These recommendations have helped provide clarity and consistency in interpreting and applying changes to legislation and regulations;
  - The Canadian Institute of Public Health Inspectors (Ontario Branch) hosts annual conferences, workshops and seminars to keep members abreast of legislation and emerging health protection/environmental health issues (e.g. food safety, water quality, housing, personal service settings, risk communication).
- OPHA's workgroups:
  - The Association of Local Public Health Agencies (alPHA)-OPHA Joint Health Equity Workgroup collaborated with the Association of Public Health Epidemiologists in Ontario to create a common set of indicators to guide local work in health equity;
  - The Build Environment Workgroup collaborated with the Public Health Agency of Canada and Ontario Professional Planners Institute to create an online learning program that has benefited over 1,800 public health and planning professionals to promote healthier communities;
  - The Environmental Health Workgroup is collaborating on ways to communicate the health impacts of climate change with support from some private foundations.

- The Reproductive Health Work Group is partnering with physicians to enhance preconception health care;
- The Alcohol Workgroup created a resource kit to support municipalities in better understanding the implications of provincial changes to alcohol sales and effective measures for reducing the potential harms;
- The Cannabis Task Force hosted a fall forum shortly after cannabis legalization to promote knowledge exchange;
- The Breastfeeding Network's Informed Decision-Making and Infant Feeding paper highlighted guidelines to support health care providers in empowering parents and caregivers to make informed decisions about infant feeding;
- The New Professionals Network hosted career planning workshops and networking events and webinars to provide students and new professionals with greater access to support and advice from seasoned professionals.
- OPHA's Nutrition Connections:
  - This centre has secured multi-year private funding to build capacity on food literacy across the health, social services and education continuum;
  - It provides knowledge exchange, collaboration and training through workshops, webinars, podcasts and forums, an on line database of some 300 evidence based resources on nutrition policies and programs and evidence briefs and reports.
- Public Health Ontario's Locally Driven Collaborative projects have brought public health units together to develop and run research projects on issues of shared interest related to the Ontario Public Health Standards;
- The Social Determinants of Health Public Health Nurses Network support knowledge exchange and best practices in addressing SDOH;
- The Ontario Chronic Disease Prevention Alliance brings together 21 health organizations to promote integrated action and collaboration on chronic disease prevention;
- Public Health Ontario's Regional Infection Control Networks disseminate guidance, resources and tools, support the implementation of best practice and facilitate collaboration across health units.

## Appendix B: References

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