

Ministry of Health

Discussion Paper: Public Health Modernization

November 2019

Purpose

At the Ministry of Health, we are committed to ending hallway health care and ensuring the people of Ontario have access to high quality services, both now and in the future. To meet this goal, changes are needed to create strong, sustainable foundations for our health system. As an integral part of this system, we need to consider how we are delivering public health services to ensure these services continue to meet the evolving needs of people across Ontario.

Following the introduction of the government's proposals, we clearly heard and responded to the need for more extensive consultations across the province on how best to move forward. This discussion paper is intended to frame a meaningful conversation on how we can update and improve public health in Ontario. We are asking for your input and advice on specific key issues for the sector, both through the responses to the questions posed in this paper and in upcoming in-person consultations with public health and municipal stakeholders.

We look forward to hearing from you.

Introduction

The Ontario government is transforming the whole health care system to improve patient experience and strengthen local services. This means a connected health care system through the establishment of Ontario Health Teams, and a new model to integrate care and funding that will connect health care providers and services focused on patients and families in the community. These changes will strengthen local services, making it easier for patients to navigate the system and transition among providers. Changes will also include the integration of multiple provincial agencies into a single agency – Ontario Health – to provide a central point of accountability and oversight for the health care system.

While the broader health care system undergoes transformation, a clear opportunity has emerged to transform and strengthen the role of public health as a foundational partner in improving the health of all Ontarians.

This comes at a time when there are many challenges facing today's world that require a coordinated public health sector that is resilient and responsive to the province's evolving health needs. This includes the unpredictable nature of infectious diseases that seldom respects geographic boundaries, recognition that disease risk factors are related to a multitude of social conditions, and the rise of unprecedented emergencies such as opioids, vaping and vaccine hesitancy. A modernized public health system that is not only well-coordinated, but also integrated with other sectors, is imperative to addressing these challenges.

As we transform and strengthen the role of public health, we will work toward the following outcomes:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and disease prevention; and
- Improved public health delivery and the sustainability of the system.

As the system modernizes, it is also important that the strengths of public health are harnessed as they are critical elements to the success of a modern public health system. Key strengths of the current public health sector include a focus on health protection, health promotion, and health equity, as well as its local presence, relationship with municipalities, highly trained workforce, relationships outside the health care system, and an in-depth understanding of, and capacity to, assess population-level health. Public health can broker relationships among health care, social services, municipal governments, and other sectors to create healthier communities. We will maintain and expand these key strengths.

Public Health in Ontario

The work of public health is focused on the health of populations and is embedded in the daily lives of the people of Ontario. Public health interventions have made the food we eat

safer, protected us from infectious diseases and environmental threats to health, and created healthier environments to support and inform choices about risks, including those related to tobacco and alcohol. Public health interventions and initiatives also impact communities by developing policies to support healthier built environments, promoting social conditions that improve health, and responding to public health emergencies.

Our public health system reflects the diversity of Ontario's population. Boards of health serve populations large and small, in urban and rural settings. Each board of health has responsibility for delivering local public health programs and services within its geographic borders, defined in legislation as the "health unit." Most boards of health follow geographic boundaries aligned with municipal borders. There are currently 35 boards of health, far more than any other province in the country. For example, public health in British Columbia is delivered by five regional health authorities, and by 18 Regional Public Health Authorities in Quebec. The size of populations served by Ontario's boards of health ranges from less than 34,000 to almost 3,000,000.

The majority of boards of health in Ontario have an autonomous governance structure, meaning they are an independent corporation separate from any municipal organization. There are four other board of health governance models currently operating in Ontario, each of which have varying degrees of connection with their local municipal organization. Of the 35 current public health units, the majority have Medical Officers of Health (MOH) who also hold a Chief Executive Officer (CEO) role, while a number have a designated CEO position that is separate from the MOH.

Public Health Ontario is a key partner in the public health system. It provides scientific and technical advice and support directly to public health units and the Ministry of Health, and it conducts over 5 million public health laboratory tests for public health units, hospitals, and physicians every year.

Key Challenges

The public health system is at the frontline of delivering programs and services that keep Ontarians healthy and addressing emerging threats to the population's health. Building on the findings from several reports over the past 20 years, including Ontario's independent Auditor General, there are a number of critical challenges in the public health sector (see

section "Learning from Past Reports" for more information). The following sections identify these key challenges and include:

- Insufficient capacity;
- Misalignment of health, social, and other services;
- Duplication of effort; and
- Inconsistent priority setting.

Insufficient Capacity

Current State

All of the reports have noted that the capacity of public health units varies significantly across the province. Some boards of health have had well-documented challenges in recruiting and retaining skilled public health personnel, both in leadership and in front-line staff. This means that some public health units do not have sufficient human resources to deliver the full scope of the Ontario Public Health Standards, which are the mandated public health programs and services that public health units are required to deliver, such as food safety, infectious and communicable disease prevention and control, healthy growth and development, immunization, safe water, school health, chronic disease prevention as well as monitoring population health data and managing outbreaks. For example, in 2017 the Auditor General reported that some public health units do not have the required time and/or staff expertise to review and analyze epidemiological data and some were not evaluating or measuring the effectiveness of new programs. Both activities are requirements in the Ontario Public Health Standards. This has resulted in **inequities** across the province with some Ontarians not receiving the same public health programs and services as others. It also means **parts of the province are vulnerable** when the public health unit is called on to prevent and prepare for public health threats and emergencies.

Some public health units are too small to have the minimum amount of resources, expertise and capacity needed to deliver all programs and services (critical mass) and to meet unexpected surges in demand (surge capacity). Every public health unit needs specialized staff that perform specific duties, often to fulfill statutory requirements, including epidemiology and data analysis and emergency preparedness and coordination. Public health units also need program teams that are large enough to allow for surge capacity, coverage for vacancies and vacations, development opportunities, and an adequate mix of skill sets and experiences. Some public health units are lacking these core capacity needs.

Strengths to Build On

Despite these challenges, individuals working in public health deliver core programs and services every day, and prepare for and respond to emerging threats. This is accomplished because of some of the sector's key strengths, including leveraging **strong local relationships and partnerships** that allows the work of public health to be based in and responsive to the needs of their communities. But there are opportunities to address the variations of capacity in the province that would help public health units provide a more nimble response to emerging threats and emergencies, bolster the public health workforce to meet the evolving health needs of the province and improve public health service delivery for Ontarians.

Questions for Discussion

- What is currently working well in the public health sector?
- What are some changes that could be considered to address the variability in capacity in the current public health sector?
- What changes to the structure and organization of public health should be considered to address these challenges?

Misalignment of Health, Social, and Other Services

Current State

It has also been well documented that there are **barriers to collaborating effectively** among public health, health care and social services. This locks the value of public health away in siloes and makes the work of public health harder to do by impeding progress on key public health goals. Much of what affects the health of Ontarians depends on factors outside the health sector – housing, education, working conditions and the environment all play a role. Public health units must engage with these areas to make progress on improving population health, while also playing an active role in the health system by providing immunizations, delivering sexual health services and case management and contact tracing for infectious diseases, to name a few. Furthermore, public health's prevention focus complements the functions of the health care system and has the ability to stop patients from entering the health care system in the first place, which is critical for ending hallway health care. In the current organization and structure of the public health sector, fostering action on shared goals across sectors, such as disease prevention and

health promotion, requires significant effort and resources. If action is not taken to break down these siloes, there is concern that opportunities to improve the health of Ontarians will be missed.

Strengths to Build On

Despite these challenges, one of the public health sector's strengths is as a **broker between the health system and social services**, to support individuals and communities as they engage across sectors. Public health's understanding of local health needs can help **identify top priorities for the health system** while at the same time informing health policies and services. These collaborative relationships also lend themselves to the integration of health protection and promotion interventions that can be delivered in other sectors to improve population health. These are significant opportunities that can be harnessed through the modernization of the public health sector.

Questions for Discussion

- What has been successful in the current system to foster collaboration among public health, the health sector and social services?
- How could a modernized public health system become more connected to the health care system or social services?
- What are some examples of effective collaborations among public health, health services and social services?

Duplication of Effort

Current State

Within the public health system there is duplication, unnecessary redundancies, inconsistencies and lack of coordination. For example, there is currently a disconnect amongst evidence products, policy and delivery among public health units. In 2017, the Auditor General reported that public health units are **poorly coordinated and duplicating work**. It notes, "significant inefficiencies exist across the public health units because there are limited formal systems in place to co-ordinate their activities and share best practices." Many public health units reported independently conducting research, obtaining data and reviewing the same evidence and best practices on various health promotion programs as

other public health units. Research and evidence activities that are not locally specific are being duplicated at multiple public health units when there are opportunities to leverage others in undertaking and sharing this work. As well, public health units tend to work individually to develop systems to collect data and the type of data collected differs, which is not conducive to being compared among public health units. Similar duplication was also found in the development of chronic disease programming and campaigns.

Strengths to Build On

One of the strengths of the public health sector is its **expertise in population health assessment, data and analytics** related to population level health. The public health sector provides critical information on the state of the population's health and on the health status and needs of local communities. Addressing the duplication and lack of coordination can strengthen research capacity, knowledge exchange and shared priority setting among public health units. Research, evidence and program development are all critically important to the work of public health. However, these activities can be better organized and coordinated so that information is shared among public health units and effort is not duplicated across the system, while also creating more bandwidth for individual health units to concentrate on localized research projects. There are also opportunities to leverage technology for more efficient and effective information sharing and service provision.

Questions for Discussion

- What functions of public health units should be local and why?
- What population health assessments, data and analytics are helpful to drive local improvements?
- What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?
- What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?
- Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

Inconsistent Priority Setting

Current State

At a time when there are critical public health challenges that are facing Ontario, there are inconsistencies across the province in how priorities are set and decisions made regarding public health programs and services. To address these issues, public health units need to be aligned with one another and focused in their response. Meanwhile, individual public health units must also be responsive to their own local needs and issues. The variation in public health unit's governance and leadership models may contribute to inconsistent priority setting. There are five governance models in the current system, which means that the **balance of local needs and system priorities for decision making is different across the province**. This can make it hard for the sector to take collective action on public health issues that span the province. The variation in leadership models also means that organizational decision making and accountability within public health units is inconsistent, which presents challenges in how public health units collaborate among themselves and other sectors to address societal challenges that impact population health.

Strengths to Build On

Public health units are **embedded in their local communities** and deeply aware of the issues and opportunities that can affect their population's health. This is one of the key assets of public health. As the public health sector modernizes, it needs to be grounded in strong leadership and governance structures that preserve the local relationship and expertise of the public health units. In addition, there may be opportunities to shift responsibility for certain public health activities, programs and service delivery to different organizations within the system, particularly those that address province-wide issues.

Questions for Discussion

- What processes and structures are currently in place that promote shared priority setting across public health units?
- What should the role of Public Health Ontario be in informing and coordinating provincial priorities?
- What models of leadership and governance can promote consistent priority setting?

Figure 1: Overview of the current challenges and path to a modern public health system.

	Current Challenges	What We Want to Achieve
Insufficient Capacity	<p>Challenges retaining and recruiting skilled public health personnel resulting in inequities in service delivery across Ontario</p> <p>Insufficient critical mass and surge capacity in some smaller public health units resulting in lack of capacity for public health response</p>	<p>Highly-skilled public health workforce and improved access to professional resources available in all parts of Ontario</p> <p>Nimble response to emerging public health threats and emergencies</p>
Misalignment	Instances of misalignment with the broader health system and social services resulting in added complexity for collaboration and missed opportunities	Continuous local collaboration with health and social services to improve population health
Duplication of Effort	Duplication and lack of coordination resulting in disconnect between evidence products, policy and delivery	Strengthened research capacity, knowledge exchange and common evidence base to support shared priority setting
Inconsistent Priority Setting	Inconsistencies in priority setting and decision making across the province	Strong accountability, leadership, and governance capacity that balances local needs and system priorities
Leverage Existing Strengths		
<ul style="list-style-type: none"> • Focus on health protection, health promotion and health equity • Local presence and relationships with municipalities • A highly trained workforce • In-depth understanding of population level health • Collaborative relationships outside the health care system 		

Indigenous and First Nation Communities

The Indigenous population in Ontario is comprised of the First Nations, Métis and Inuit peoples who may live on and off reserve, in urban, rural and remote areas, each with their own histories, languages, cultures, organizational approaches and jurisdictional realities. Both the provincial and federal governments provide public health services to Indigenous People in Ontario, including First Nations. Provincially, boards of health are required to engage in public health practice that results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.

It has been widely recognized that Indigenous communities in Ontario (including First Nations peoples living on and off-reserve, Metis and Inuit) do not experience the same level of health status as other populations in Ontario. Historically, relationships between Indigenous communities/organizations and boards of health have varied across the province, and jurisdictional responsibilities split between the federal and provincial governments, as well as differing interpretations of the legislative responsibility of health units to form relationships with Indigenous communities and organizations, have complicated the effective delivery of public health services.

To improve the access issues currently experienced, it is fundamental to recognize that the approach to Indigenous engagement will differ across the province and within communities, depending on local culture and demographics, proposed initiatives and existing relationships. Recently, developing relationships with Indigenous communities and organizations in a culturally safe and meaningful way was added as a requirement for boards of health in the Ontario Public Health Standards. This requirement is further supported by The Relationship with Indigenous Communities Guideline, 2018 which was developed in partnership with Indigenous organizations, and provides information to support and/or build these partnerships.

There are several examples of existing initiatives where Indigenous communities and organizations have been establishing integrated public health service delivery models and/or moving towards achieving greater control and decision-making on how public health services and programs are delivered and by whom. There are also currently three formal agreements in place in the province where First Nation communities have agreed to

purchase services from their local public health unit (as per section 50, under the *Health Protection and Promotion Act*).

Any changes made to modernize public health across Ontario must build on these initiatives and consider ways of enhancing opportunities for partnerships in a meaningful and respectful way.

Questions for Discussion

- What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?
- Are there opportunities to strengthen Indigenous representation and decision-making within the public health sector?

Francophone Communities

While the French Language Services Act (FLSA) does not currently apply to boards of health, the Ontario Public Health Standards address the needs of the Francophone populations and state that “boards of health should bear in mind that in keeping with the FLSA, services in French should be made available to French-speaking Ontarians located in designated areas.” The Ontario Public Health Standards also require boards of health to consider the needs of priority populations in the planning, delivery and evaluation of public health programs and services.

Question for Discussion

- What has been successful in the current system in considering the needs of Francophone populations in planning, delivery and evaluation of public health programs and services?
- What improvements could be made to public health service delivery in French to Francophone communities?

Learning from Past Reports

The issues outlined above (among others) have been identified and considered by many reports, some of which are listed in Table 1 below. These reports have consistently called for significant reforms to public health to strengthen the sector. Most recently in 2017, the Minister's Expert Panel on Public Health was asked to provide advice on changes to the structure, organization and governance of public health to address the lack of integration of public health with the broader health sector and improve public health capacity and delivery. Prior to this, a series of reports following both Walkerton and SARS identified critical challenges in the sector that were seen to contribute to these crises. These reports raised common issues such as a lack of capacity and critical mass, structural governance challenges and skills gaps in boards of health, misalignment of public health with other health and social services, as well as challenges with the public health workforce, including with recruitment, retention and leadership, among others. The table below outlines select findings identified in the reports that persist today, and the recommendations that were provided.

Table 1: Findings and recommendations of previous reports

Report	Findings	Recommendations
Ontario Auditor General Report (2017)	<ul style="list-style-type: none"> • Inefficiencies as a result of duplication of effort and inconsistencies among public health units, particularly related to research and program development • Lack of epidemiological and evaluation capacity in some public health units 	<ul style="list-style-type: none"> • Develop a central approach to update, co-ordinate and share research and best practices • Evaluate feasibility of centralizing epidemiological expertise

Report	Findings	Recommendations
Minister's Expert Panel on Public Health (2017)	<ul style="list-style-type: none"> • Lack of critical mass and surge capacity and challenges recruiting and retaining public health personnel, causing inequities in service delivery • Lack of capacity of smaller health units • Wide variety of governance models, gaps in skills on some boards of health, and challenges with provincial and municipal appointments • Lack of mechanisms to coordinate across public health units and work within the health sector 	<ul style="list-style-type: none"> • Establish fewer regional public health entities • Establish autonomous boards of health to have a consistent, independent governance structure • Establish regional public health entities with one CEO, a regional MOH, and senior public health leaders; maintain local delivery with a local MOH
Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee (2006)	<ul style="list-style-type: none"> • A need to strengthen the critical capacity of public health units • A need to ensure quality governance with a province-wide public health system • A need to revitalize the public health work force, including related to recruitment, retention, and leadership 	<ul style="list-style-type: none"> • Amalgamate certain public health units to achieve critical mass and strengthen public health capacity • Establish autonomous, locally-based boards of health that focus primarily on the delivery of public health programs and services • MOHs should be able to serve as CEOs of public health units; did not reach consensus on whether the role of CEO should be assumed by non-MOHs.

Report	Findings	Recommendations
The SARS Commission: Volume 5 SARS and Public Health Legislation, Second Interim Report (2005)	<ul style="list-style-type: none"> • Weak governance structures and practices in local boards of health • Medical Officers of Health require independence from political and bureaucratic pressures 	<ul style="list-style-type: none"> • Establish qualifications for board membership, including demonstrated experience or interest in public health and board members should reflect the community to be served. • Amend legislation to state that the MOH is the CEO of the public health unit.
Reports of the Ontario Expert Panel on SARS and Infectious Disease Control (2003, 2004)	<ul style="list-style-type: none"> • Lack of capacity and critical mass in smaller public health units • Misalignment of public health with other health and social sector boundaries 	<ul style="list-style-type: none"> • Consolidate the number of public health units while retaining local presence.

While a number of reports have made recommendations on these issues, there is a need to consider the challenges and potential solutions in the current context.

Questions for Discussion

- What improvements to the structure and organization of public health should be considered to address these challenges?
- What about the current public health system should be retained as the sector is modernized?
- What else should be considered as the public health sector is modernized?

Your Feedback

With the release of this paper, we are renewing our consultation process to discuss the way forward on modernizing the public health sector. We hope to receive your input on the questions in this paper. Feedback can be submitted by [completing our survey](#). The submission deadline is March 31, 2020.

We will also be conducting in-person consultation sessions where we look forward to continuing the conversation about how we build a modernized public health sector.