

Ministry of Health and Long-Term Care Initial Report on Public Health

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SUMMARY

In August 2009, the Ministry of Health and Long-Term Care released its Initial Report on Public Health. The report provides a snapshot of the current state of public health in Ontario and examines public health as a system at both the provincial and local levels. Health unit profiles, indicators and case studies are included.

While the data presented in the report does not directly address the Ontario Public Health Standards (OPHS), it does provide an initial baseline to compare health units and signals the Ministry's move toward a performance management system for public health.

Financial Impact

There are no financial impacts arising from the adoption of this report.

ISSUE BACKGROUND

To support the renewal of Ontario's public health system, the Ministry of Health and Long-Term Care is developing a performance management system that will address local and provincial performance, accountability and sustainability.

As a first step toward a new performance management system, the Public Health Division has produced the Initial Report on Public Health. The report is a snapshot of Ontario's public health sector. It provides an overview of the scope of public health and profiles local public health programs and service delivery. While the report is not a performance

assessment report per se, it does provide a status update on a range of indicators related to public health practice.

COMMENTS

The Initial Report on Public Health includes:

- health unit profiles
- indicators for population health
- indicators related to governance and accountability

Data are presented for each of Ontario's 36 health units. The health unit profiles section includes data on population demographics, institutions and administration. It describes the local service delivery environment for each public health unit and provides context for the indicator data which in turn, reflect the current state of Ontario's public health system. Since the development of the report began prior to the implementation of the OPHS, the indicators do not link directly with requirements or outcomes in the standards¹.

Health Unit Profiles

Health unit data are presented by peer groups in order to allow for easy and relevant comparison. Toronto is the largest city in Canada with a population that represents approximately one-fifth of the province's population. As a result, it is the only health unit not grouped with peers that have similar social, demographic and economic characteristics. Other distinguishing features about Toronto (based on 2006 data) include:

- the highest proportion of immigrants in Ontario (50%)
- the highest proportion of the population spending 30% or more of total household income on shelter expenses (housing affordability) in Ontario (36.5%)
- the highest proportion of young people in low income households in Ontario (25.4%)
- the highest proportion of the population in Ontario speaking neither English nor French (5.3%)
- and in 2007, the largest birth cohort in Ontario (31,581 newborns)

In addition, in 2008, Toronto had the highest number of long-term care facilities (86 or 11% of Ontario's total), licensed day nurseries (924 or 20% of Ontario's total), personal service settings (approximately 3,469 or 19% of Ontario's total), schools (808 or 16% of Ontario's total) and food premises (13,367 or 18% of Ontario's total in 2006).

Toronto's semi-autonomous Board of Health governance model that includes both City Council and citizen representation, was another unique feature among health units in the province.

Population Health Indicators

The most notable of these indicators show that in 2007, Toronto ranked well in terms of:

- smoking prevalence (18% compared to Ontario's best of 16%)
- adult heavy drinking (28% compared to Ontario's best of 24%)
- healthy body mass index (55% - best in Ontario)

Conversely, Toronto ranked unfavourably in terms of:

- active or moderate physical activity (43% - worst in Ontario)

It is important to note that these data represent only one dimension of health status (ie. comparisons based on place). Trends over time and sub-population analysis (for example age, ethno-racial, and income characteristics) should also be considered when assessing population health status. As is the case with most indicators, readers are advised that they should be aware of the indicator definitions and corresponding limitations in the data. These are provided in the report's appendices.

Governance and Accountability Indicators

In 2008, Toronto ranked favourably in terms of:

- having recently assessed it's population's familiarity with public health unit programs and services (tied with 13 other health units for most recent (2008) in Ontario)
- having issued an up to date health status report that considered health inequities (tied with 17 other health units for most recent (2008) in Ontario)

In addition, the status of Toronto Public Health's (TPH's) strategic plan, emergency response plan test, Medical Officer of Health's (MOH) performance evaluation, MOH reporting to the Board of Health and Board member orientation, were all noted as being current or complete.

Conversely, Toronto ranked unfavourably in it's expenditures on staff training and development (0.2% of total budget which ranked second lowest in the provincial range of 1.7% to 0.1%).

In addition to the indicators, a number of selected case studies were highlighted. The Toronto Cancer Prevention Coalition which was established in 1998 by TPH and its community partners, was chosen for profiling in the report. The Board of Health policy statement on shade (2007) was also included in this case study.

Conclusion

The report suggests that under a new performance management system, the public health system will need to work together to identify current performance levels, explore ways to achieve more with the same resources, and use continuous quality improvement methods to support change. It concludes that “Moving from a compliance framework to a performance management framework does not necessarily require new resources; what is most fundamental is a shift in thinking and in organizational culture to support continuous quality improvement”².

TPH has initiated a number of actions that help the organization support continuous quality improvement (CQI) now and into the future. Some of these include:

- Renewal of the TPH Strategic Plan
- Compliance assessment with the new public health standards
- Creation of an organizational performance management framework
- The establishment of dedicated performance management staff in key program areas

The need to demonstrate program effectiveness and cost efficiency is driving the development of performance measures in all parts of the health system. In the public health sector, boards of health are now accountable for outcomes identified in the Ontario Public Health Standards. The release of the Initial Report on Public Health signals the move to a performance management framework for those outcomes. Indicators for tracking those outcomes are under development. The report states that consensus building among public health professionals will be needed to ensure “that the right things are being measured, in the right ways, for the right purpose”.

TPH staff have been invited to share their knowledge and experience in the area of performance management and indicators with officials of the Ministry of Health and Long-Term Care. This dialogue will continue as the Ministry moves forward with the development of a new provincial system that will strengthen accountability within the public health system.

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ATTACHMENTS

Initial Report on Public Health:
http://www.health.gov.on.ca/english/public/pub/pubhealth/init_report/pdfs/initial_rep_on_public_health_rep_20090821.pdf

REFERENCES

¹ http://www.health.gov.on.ca/english/public/pub/pubhealth/init_report/index.html

² Ministry of Health and Long-Term Care. Initial Report on Public Health 2009. Toronto, ON: Queen's Printer for Ontario; 2009.