

Ministry of Health Consultation on Public Health

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November 2019

- Ministry of Health announced a consultation with stakeholders to inform the review of Public Health
- Ministry released a report for consultation “Public Health Modernization”

Purpose

- To update on the consultation
- To provide information for consideration in response

1. November 2019 to approximately February 2020
2. Consultation
 - Meeting - February 10, 2020, TBC
 - Survey - 21 online questions, open until Feb 10/20
3. Survey response input gathered
 - Workshop December 2019
 - Summaries of workshop and internal staff survey
 - Staff submissions as teams, through professional associations and through individual responses to the provincial survey questions

A series of previous reports have reviewed Public Health:

2004-2005 Interim and Final reports on SARS

2006 Capacity Review

2009 Chief Medical Officer Report on H1N1

2017 Expert Panel on Public Health

2019 Public Health Modernization

Titles:

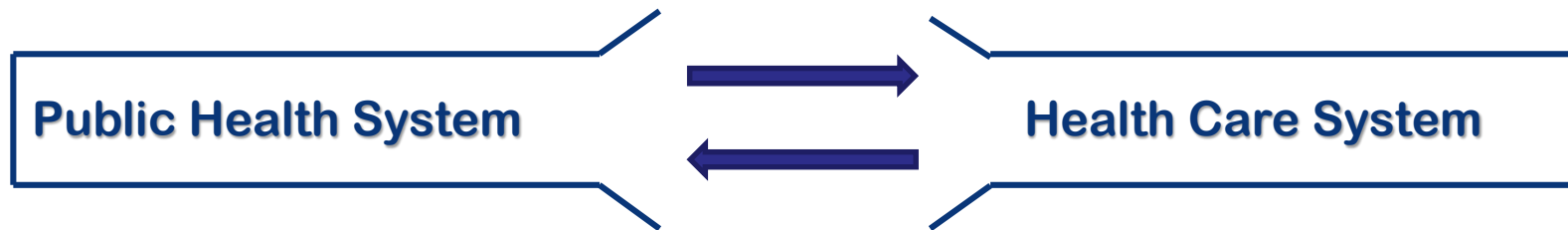
“Revitalizing Ontario’s Public Health Capacity”

“Renewal of Public Health”

“A Plan of Action”

A review of these reports identified 2 main areas of recommendation:

1. Public Health as a System
2. Principles and characteristics of a strong functioning Public Health System



Whole Population

Core Functions:

1. Population Health Assessment
2. Health Surveillance
3. Disease & Injury Prevention
4. Health Promotion
5. Health Protection (some individual clinical treatment)
6. Emergency Preparedness & Response

Individual

Diagnosis, Treatment & Counselling

**Public
Health
System**

- Health Care System
- Municipal Government
 - Social Services
 - Housing
 - Emergency Services
 - Bylaw, Licensing
 - Planning
 - Transportation
 - Parks and Recreation
- Community Organizations
- Community Leaders, Networks
- Schools, Daycare, Police, etc.

Public Health System

Interventions:

Client = Large population

- Provision of information and education
- Skill development
- Regulation, policy development
- Clinical prevention, select treatment
- Inspection

Health Care System

Interventions:

Client = Individual receiving direct clinical healthcare service

Interventions

- Practitioners adapt a provincial standard to a local context working with:
 - Local leaders from other sectors
 - Community organizations
 - Local and field data and published evidence to ensure effective delivery
- Publically reported as Public Health is a Public Institution and must hold Board meetings that are open to the public

Provincial Role

Public Health Ontario Role

Field Role

- Need individual accountability for role
- Need joint accountability for the system to function well as a whole
- Need performance measures for roles and the system.
- Need provincial and field experts to jointly develop goals and for expert adaptation to local circumstances to ensure effective results
- Because of local context and emerging issues achieving standards is dependent on field expertise
- And a working relationship between province and the field based on mutual respect and shared responsibility for the public's health

Principles & Characteristics of a Strong Public Health System

1. Public Health recognized as a system

Defined as a collection of,
inter-related
inter-dependent players
who work together to achieve a common goal.

Principles & Characteristics of a Strong Public Health System

2. Mechanism for System Planning (WHAT- goals vs priorities)
 - That is responsive to emerging issues identified by field and province
 - That is based on well developed provincial and local data and published evidence

E.g. in Quebec

10-year Provincial Plan

Jointly developed province & field

Regional
Response

Regional
Response

Regional
Response

Regional Plans developed in response to Provincial Plan that commit resources to local implementation

3. Mechanism for System and Local Interventions (HOW)
 - That prioritizes an evidence review for an issue done well, once
 - That coordinates testing of an intervention centrally or by a Health Unit to be “scaled up” across the province
 - That coordinates implementation among Health Units for a staged response (E.g. municipal tobacco bylaw, provincial tobacco legalization development)

4. Established Working Arrangements with Stakeholders (HOW)
 - That use local knowledge in program development
 - That use local networks in program implementation

5. Sufficient Expert Workforce (WHO)

- That are subject matter experts and who have the skills to adapt provincial standards to a local context
- That exist in a critical mass to be functional given the Health Unit population or are available through an expertise sharing agreement

6. Knowledge to Practice, Practice to Knowledge Function

- That provides “practice relevant research” to use in local program development
- That keeps pace with a rapidly changing environment (E.g. new disease, changes in vaping use, etc.)

7. Stable Predictable Funding

8. Public Accountability

- Where Boards of Health comprised of members who represent local, municipal and provincial perspectives, are well-oriented to public health as a system
- Where public accountability exists for individual roles played by province and field as well as for how well we work together to create a functional public health system and consequently how well we promote and protect the public's health

- All of the previous reports on Public Health envisioned some form of revitalization
- Some of their recommendations have been implemented, e.g. public health agencies - Public Health Ontario and Public Health Agency of Canada
- This provincial consultation offers us the opportunity to realize more of the recommendations identified by leaders in the field
- The most important message is to recognize Public Health as a system with unique functions for the delivery of population health in a strong revitalized public health sector