

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
10 February 2020 / 10 février 2020**

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**Submitted by
Soumis par:**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2020-OPH-KPQ-0001

**SUBJECT: PUBLIC HEALTH MODERNIZATION – UPDATE ON OTTAWA PUBLIC
HEALTH'S SUBMISSIONS IN RESPONSE TO PROVINCIAL
CONSULTATIONS**

**OBJET: MODERNISATION DE LA SANTÉ PUBLIQUE – MISE À JOUR
CONCERNANT LES SOUMISSIONS DE SANTÉ PUBLIQUE OTTAWA
DANS LE CADRE DES CONSULTATIONS PROVINCIALES**

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit:

- 1. Receive this update for information; and**
- 2. Approve that, in response to the Ontario Ministerial consultations on public health modernization, the Medical Officer of Health provide submissions that are consistent with the approach described in this report.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa :

- 1. prenne connaissance de cette mise à jour à titre d'information; et**
- 2. approuve que, dans le cadre des consultations ministérielles du gouvernement de l'Ontario sur la modernisation de la santé publique, la Médecin chef en santé publique fournisse des soumissions conformes à l'approche décrite dans ce rapport.**

BACKGROUND

The Ontario government is developing a transformational plan to improve the province's health system. While the broader health system undergoes change, the government has identified an opportunity to transform and strengthen the role of public health and emergency health services as key partners in improving the health of Ontarians.

In releasing its 2019 Budget, the Province of Ontario announced plans to amalgamate 35 local public health units into 10 regional health entities with regional boards of health. The government most recently indicated that the future number of health units and boards of health was flexible, and that further consultation was required prior to any final decisions on public health modernization and regionalization.

On October 10, 2019, the province appointed Jim Pine, Chief Administrative Officer of the County of Hastings and former member of the Board of Directors of the Association of Municipalities of Ontario, to serve as advisor for renewed consultations on modernization.

On November 18, 2019, the Ontario Ministry of Health launched provide-wide consultations on modernizing public health and emergency health services. Public health units, municipalities and stakeholders were invited to provide their feedback in response to the questions the Province of Ontario posed through a discussion paper ([*Discussion Paper: Public Health Modernization*](#)) via an on-line survey and in-person consultation sessions. The survey submission deadline is February 10, 2020.

Ottawa Public Health (OPH) was invited to an in-person consultation meeting, scheduled for February 4, 2020, however on January 29, 2020, the Ontario Ministry of Health advised they were postponing these consultations in light of the situation with 2019-nCoV (Novel Coronavirus) and in recognition of the need for readiness planning

by both public health and emergency health services personnel. As of the writing of this report, a new date has not been determined for the in-person consultation.

In announcing these consultations, Mr. Pine was joined by Ms. Alison Blair, Assistant Deputy Minister of Emergency Health Services and Executive Lead on public health modernization, and Dr. David Williams, Chief Medical Officer of Health. Together, this team has been supporting the consultations with the public health and emergency health services sectors in order to make recommendations to the Ministry by late winter or early spring 2020.

Though the consultation process involves the modernization of both public health and emergency health services, this report focuses on considerations for the public health sector.

DISCUSSION

Ontario's public health system has unique strengths not experienced in other jurisdictions, such as strong connections to municipal governments and local roots for inter-sectoral action that reflect the diverse needs found across the province.

Public health programs and services address and aim to improve health by influencing a population's health via social and physical environments where people work, live and play. Around the world, a strong public health system is recognized as essential to the population's health with its measures substantially increasing residents' life expectancy and quality of life. Furthermore, a wide variety of public health approaches can greatly reduce health care costs and thereby increase the financial sustainability of the health care system (Conference Board of Canada 2016).

The Government of Ontario is seeking feedback on the current challenges it sees in public health and is asking for suggestions on a path forward to modernize the system as it relates to:

- 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 Public Health Units;
- Unlocking and promoting leading innovative practices and key strengths from across the province;
- Better and deeper relationships with primary care and the broader health care system.

OPH welcomes the opportunity to provide insight on the areas the health unit believes will help address these challenges. The following is a summary of the solutions being put forward by OPH in response to the consultation process and the Province's request for feedback and ideas on public health modernization. It builds on the key messages presented to the Ottawa Board of Health at its meeting of December 9, 2019 and on the principles of maintaining and building upon strengths and not attempting to correct what is already working well.

OPH envisions a public health system that benefits fully from a connection to municipalities

One of OPH's greatest strengths is its connection to the City of Ottawa, which benefits both the residents of Ottawa and Ottawa Public Health (OPH).

OPH efficiently accesses a range of administrative services through seamless integration with the City of Ottawa. These administrative supports represent approximately \$8M annually of in-kind services from the City, including: facilities and property management, human resources, financial and legal services, and competitive procurement services. It also includes corporate information technology services, which is being leveraged to support OPH's ongoing initiative of digital integration through an electronic public health record management system.

In addition to this financial efficiency, being co-located with the municipality supports strategic alignment and close working relationships with city departments to help improve the health and well-being of Ottawa's residents. For example, immunization clinics are co-located with other City services; OPH coordinates well-water testing with rural Councillors' offices; and OPH integrates health considerations and promoting population health with the City of Ottawa's initiatives.

The vast majority of the City's strategic initiatives support a thriving, livable city, and are aligned with OPH's priority of building healthier communities; this leads to strong collaboration at multiple levels. For example, OPH is working closely with the City of Ottawa on projects like the new Official Plan, the new Community Safety and Wellbeing Plan, and supporting priority communities through an integrated approach with the Community and Social Services Department and Ottawa Police Service.

Maintaining OPH's strong connection and relationship with the City of Ottawa is key to OPH's strength and ability to support residents with programs, services, and policy and partnership approaches.

Ottawa has not only the above benefits of a close municipal relationship with the City of Ottawa but also a semi-autonomous Board of Health that enables the strategy of the organization to be set by members focused on their health mandate. OPH and the population benefit from a Board of Health that includes community members with relevant health expertise, appointed by a City Council that knows the health needs of the community and the perspectives and expertise of members required to address them.

The semi-autonomous Board of Health in Ottawa was established after public consultations that supported the model and experience has validated the benefits for increasing visibility and credibility of the public health unit to facilitate its work as well as advancing health policy and strategy. The *City of Ottawa Act* includes language that, while establishing a semi-autonomous Board of Health, maintains that the employees for the Board of Health shall be provided by the City of Ottawa. This legislative model may be useful for other jurisdictions seeking to move to a semi-autonomous Board of Health without causing costly disruptions in employment relationships with cities or regions.

OPH envisions a public health system that enables public health to be delivered locally and supported provincially

Public health needs, within a population, change and evolve and public health units must know and align with the local community to respond with relevant initiatives. The delivery of public health programs and services, and partnerships and policy approaches, at the local level, enable a workforce that can best identify and meet local health needs and one that is ready to respond to urgent concerns in an appropriate way.

Following internal consultations, OPH employees identified programs and services that could be better delivered or more greatly supported at the provincial or regional level, to minimize duplication and provide greater consistency across public health units, freeing up resources to reinvest in addressing the growing needs of residents with local programs and services. For example:

- Establish shared provincial priorities, set up leadership and reference work groups at the regional/provincial level to identify common goals and evidence-informed practices and work through challenging topics, and facilitate supports to manage implementation of priority initiatives;
- Build on central supports for research and literature reviews;

- Create content and messaging for education campaigns that are for legislated or province-wide issues once, for use or adaptation province-wide;
- Support electronic public health record (EPHR) development and rollout;
- For all programs and services maintained as Standards, establish virtual communities of practice and technology support for more collaboration between public health units, potentially supported by Public Health Ontario, to extend best practices and leverage efficiencies;
- Advance a provincial immunization records system or enhance existing records (e.g. using CANImmunize) in order to reduce errors in self-reporting and support adequate immunization coverage.

OPH envisions a public health system that facilitates collaboration within regions and across sectors

OPH brings significant strengths to the public health sector in Ontario and can extend support for the planning, development, and delivery of services through collaboration with other public health units. OPH already works with other health units in Ontario to provide access to expertise, such as epidemiology and communications work.

Likewise, there are strengths to be drawn from the specific areas of expertise that have developed in different parts of the province, whether in rural, mixed, or urban areas.

Collaboration could extend access to administrative, technical and professional support, augment capacity of practitioners, and build on leading practices across the province. The proposed collaboration could take the form of joint planning, mentorship, or purchase-of-service and other formal agreements across health units.

This model is already occurring with varying degrees of formality in the Eastern Ontario area where smaller health units either access or purchase services from OPH, such as for foundational standards work on communications approaches, Indigenous health and population health assessments and surveillance, and related to operational issues such as overdose prevention and response, infectious disease follow-up, and emergency preparedness and response.

The work of public health for many of these areas is inter-sectoral in nature.

OPH envisions a public health system that drives prevention across the health system

Population health management is the best approach to help people of all ages and backgrounds to live longer in good health and to help cope with unmanaged patient demand and limited health system resources. The public health system has an important role in improving health outcomes and reducing the demands placed on hospitals, primary care providers, and emergency services.

Public health units can assist primary care providers and the emerging Ontario Health Teams in keeping the population healthy and preventing the need for treatment services. Public health units can drive prevention within the healthcare system and bring health status information, facilitation skills and networks to the table to promote goals and approaches that will improve the health of the population.

OPH has been involved in all four (4) Ontario Health Team (OHT) applications in Ottawa. OPH sees this as an excellent opportunity to work together with our community to improve, promote, and protect the health and well-being of the people of Ottawa.

Unique contributions that OPH can make to OHTs include:

- Population health assessment and surveillance - ensure understanding of the needs of the attributable populations of the OHTs thus reducing health inequities;
- Build promotion and prevention capacity and services across the lifespan;
- Inform and support health emergency management; and
- Promote health communications and community/client engagement about health.

Next Steps

The Medical Officer of Health will provide oral and written submissions to the Province consistent with the approach described in this report.

Following these formal submissions, OPH will maintain its engagement efforts with the Province by continuing to meet with government officials to ensure Ottawa's messages in support of a strong public health system are heard.

RURAL IMPLICATIONS

The ultimate vision for public health modernization is increased capacity in rural areas and greater collaboration amongst public health units. OPH's close partnerships and collaborations with smaller, rural units in areas such as epidemiology and

communications will strengthen and better serve both the rural health units and their residents. OPH can function as a hub to support or extend capacity for a wide range of public health practice in rural communities.

CONSULTATION

In order to provide a comprehensive written response to the Ministry's consultation ([Discussion Paper: Public Health Modernization](#)), OPH launched an online public health modernization community conversation on [Engage Ottawa](#), which ran from December 3, 2019 to January 15, 2020. Residents and stakeholders were invited to provide feedback on how to shape and improve public health services to better protect and promote the health of our community.

There were a total of 1,023 visits to the modernization page of Engage Ottawa. 386 individuals chose to reach deeper into the Engage Ottawa site to learn more, while 102 residents responded to questions. Respondents mostly focused on sharing their personal experiences and identifying communities they felt faced the greatest challenges.

Comments showed that most respondents were pleased with their prior experiences with OPH but would like to see more digitization where appropriate. The majority of respondents felt that OPH should increase focus on vulnerable communities with greater attention to individuals experiencing poverty. Collectively, many noted that going forward, OPH should focus more intently on the determinants of health, built environment, and the environment. The top six programs with which respondents associated OPH were: immunization (55), sexual health (29), disease prevention (27), outbreak management (25), restaurant inspections (24), and mental health promotion (18).

In preparation for Ministry of Health consultations on public health modernization, OPH also heard the perspectives of various partners who shared their support for OPH's collaborative work and expressed the importance of ensuring public health is able to plan, adapt and respond to local needs.

From Francophone partners and Francophone-serving organizations in our community, OPH heard appreciation for the health unit's leadership in championing French language services, and its collaboration with a wide-range of community partners, including the Réseau des services de santé en français de l'Est de l'Ontario – the regional French language health planning entity.

OPH heard that the public health system would benefit from more formal relationships with regional French language health planning entities to better identify health priorities and support broad community engagement. The delivery of messaging to Francophone communities would also benefit from centralizing the coordination and development of resources.

OPH has reached out to Indigenous partners and their feedback is expected to be included in advance of the Board of Health meeting date.

An internal OPH employee survey was also conducted, seeking thoughts and feedback on OPH's vision for the future of public health. Ninety OPH employees responded and on average, 90% agreed with the four key messages outlining OPH's vision of a public health system that; benefits from a connection to municipalities; enables public health to be delivered locally and supported provincially; facilitates collaborations within communities, regions and sectors; and drives prevention across the health system.

LEGAL IMPLICATIONS

There are no legal impediments to approving this report's recommendations.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no direct financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

DISPOSITION

The Medical Officer of Health will make oral and written submissions in accordance with this report.