May 1, 2020

Mr. Jim Pine  
Advisor, Ministry of Health  
Public Health Consultation  
c/o pinej@hastingscounty.com

Dear Mr. Pine,

RE: Public Health Modernization Consultation

Thank you for providing the Association of Ontario Public Health Business Administrators (AOPHBA) with the opportunity to respond to the discussion paper, *The Modernization of Public Health in Ontario*, released in November 2019. You will find our comments organized by themed areas below. In addition to sharing these recommendations, our Executive Committee would welcome the opportunity to meet with the appropriate Ministry representatives to discuss detailed specific actions required to meet the broader objectives. The membership and leaders within AOPHBA have extensive and unique knowledge and competencies that can help inform specific strategies and support implementation.

**Funding of Public Health**

AOPHBA acknowledges that there is a capacity issue within the public health system, especially among smaller health units. Structural solutions, such as amalgamations, can help address these concerns, but more comprehensive changes are required to ensure that the total funding envelope for public health is adequate, stable, predictable and protected. A modernized approach to funding is welcomed, but this process should be carried out separately, and subsequent to, completion of the delivery system review, to ensure discussions and decisions are focused on the right objectives.

Given the above position, we would suggest some key principles that need to be considered in a funding model review. First, with a continued cost-shared arrangement, we believe it is important that the Health Protection and Promotion Act (HPPA) language be retained with respect to the requirement for obligated municipalities to fund minimum levels of service delivery. Municipalities should not be given the ability to “opt out” of core, mandated programs. Any formula developed to determine the allocation of funding grants from the province needs to consider fixed and variable costs and the many factors that impact operational costs for all health units, including but not limited to geography and demographics. Historically, we have not been successful in establishing effective tools and need to ensure the system developed is based on evidence and that it will not lead to negative unintended consequences.
The development of a modernized funding system for public health needs to look beyond funding amounts and address some of the historical challenges faced by local public health agencies. To facilitate effective planning, we recommend a multi-year funding model that permits carry over of unspent funds and more flexibility to move funds between funding silos. In addition, funding approvals must be provided in a timelier manner. The Annual Service Plan and Accountability Framework have created a mechanism for strengthened transparency and confidence in value for expenditures and should be enhanced to achieve these objectives in any future model.

Lastly, as the shift to a modernized system is implemented, adequate financial support and time is required to achieve the desired goals. Past experience has taught us that it takes time and money to save time and money. Human and fiscal resources will be required to support amalgamation processes, including redesign of management structures, integration of contracts, harmonization of policies and procedures, establishing new collective agreements and creating a new unified organizational culture.

**Role Clarity**

We would encourage the province to recognize the importance of clarifying public health roles at the provincial, regional and local level. At the provincial level, we would encourage and support leadership and standardization in such areas as foundational standards, quality assurance, health equity training, information technology systems, high level program evaluations and public policy issues. We would recommend that a provincial approach be created for the identification of priorities and related health promotion activities to achieve a coordinated, consistent approach across the province. In this model, implementation of the provincial directions would be at the local level and would leverage local community groups and provide a local public health context to promotional campaigns and messaging.

At a regional level, we would recommend that key administrative and program support functions be coordinated and standardized throughout the region. This could include functions like ethics support, data sharing agreements, translation, accessibility and privacy policies and procedures, procurement, training and medical directives. These broad-based approaches could be achieved on a regional basis using a standardized format for shared service agreements.

The significant value of the local context in public health cannot be overlooked in these recommendations. It is important that functions considered “back office” be recognized as fundamental and having a direct connection to work at the local level. We would recommend that activities such as strategic planning, emergency measures, labour relations, and communications be maintained at the local level to maximize the effectiveness of public health initiatives. Essentially, we are recommending a model where more work would be designed at the provincial level and tailored locally. This approach will improve the coordination of services, reduce duplication of efforts, and increase efficiencies.
Health Unit Size, Amalgamation Approach & Shared Services

Currently there are 34 health units in the province with populations ranging from less than 34,000 to more than 3 Million. In addition, there is significant variability in geographic size. Some Health Units in Northern Ontario serve relatively small populations spread across very large and in some cases remote geographic areas. These variations result in some health units not having the critical mass that ensures the availability of resources to fulfill the day-to-day requirements or the surge capacity to respond to increased periods of demand. There are associated challenges including attracting and maintaining a skilled workforce, achieving and maintaining compliance with provincial standards/requirements and addressing inefficiencies. Reducing the total number of health units through voluntary amalgamation has significant potential to address the issue of critical mass and should also result in additional efficiencies and increased capacity within the overall sector. The long-term goal of reducing the number of health units should be to ensure stability and efficiency in each individual health unit and the overall public health sector.

The province should work to create an environment where those health units that do not currently have the necessary critical mass are encouraged to work together and voluntarily join together through amalgamations such as those recently accomplished in Huron-Perth and Southwestern. In order to do this, the province would need to ensure the availability of multi-year transition funding and could also consider creating transition teams to support participating health units during these periods of change. Availability of additional funding and resources will help to ensure that the day to day business of public health continues uninterrupted while the complex transitions associated with amalgamations are being planned and implemented. This will be critical for successfully moving the system from its current status to the new vision for Public Health within a transformed overall health system. There is little to be gained by forcing large scale amalgamations for public health units that are not experiencing issues with critical mass. In fact, there may be detrimental impacts including significant cost increases associated with harmonizing compensation/benefit structures, collective agreements and pay equity plans and erosion of local engagement and commitment.

Additionally, shared services models may present opportunities to increase efficiencies and effectiveness when individual health units without critical mass come together to collectively purchase/implement a service or system. For example, neighbouring health units or regions could benefit from collaborations in areas such as privacy, health information management systems, human resources and payroll systems etc. As above, it would be helpful for the province to enable interested health units to implement shared service arrangements through the availability of one-time transition funding.
Governance and Leadership Models

We are not aware of any evidence to support the need for a common governance/structure for public health units in the province. The government should reconsider any plans to force a “one-size fits all” approach to governance and structure for Public Health Units in Ontario. Instead, priorities should be established, and actions taken in Health Units/areas of the province where there are identified or known concerns or alternatively where existing Boards of Health are interested in voluntarily exploring a different governance structure. In Health Units where issues do not exist, changes in structure and governance should not be imposed; doing so would be unnecessarily disruptive and a significant waste of scarce money and resources within the system.

Public Health Units in the province of Ontario are complex, multimillion-dollar organizations; it is critical that competent and effective leadership teams exist in order to maximize effectiveness and efficiency on an organizational basis as well as sector wide. It is our position once again that a “one-size fits all” approach is not necessarily the best approach; we believe there are a variety of successful models in place across the province. The key is to ensure that there is role clarity and that collectively the senior leadership team has the necessary combination of skills, knowledge, expertise and capacity to lead the organization effectively. It can not and should not be assumed that every qualified Medical Officer of Health has the comprehensive business acumen to provide the administrative/organizational leadership and oversight of these complex organizations in addition to having the necessary medical/scientific expertise to fulfill what should be their primary role. The province must establish minimum qualifications and experience requirements to ensure competencies in chief executive/administrative roles. Only if a Medical Officer of Health meets those minimum requirements and has the capacity to fulfill both roles, should a model with dual MOH/CEO roles be endorsed by the province. Further, under the leadership of the former provincial government, the defined role of Business Administrator was removed from the requirements of public health units for reasons that are unknown to this group. This Business Administrator function continues to exist because it is needed to effectively run public health unit business and as such, this required function should be reinstated. It should be the decision of each local public health unit to determine if they wish to have that function as part of the CEO role or separate from the CEO/MOH combined role.

Technology

Information Technology infrastructure will be critical in supporting any proposed mergers within the public health sector. Government investment is required in developing a universal IT infrastructure that not only improves connectivity amongst the various health units within the province but also interfaces with the larger healthcare sector as a whole. Utilizing common critical platforms to improve data standardization and reducing duplication of data entry will improve efficiencies. Investment in IT solutions should occur in conjunction with any strategic system changes and be aligned with the Government’s vision as to how data will be shared amongst all healthcare providers within Ontario. Exercising systems changes prior to IT
integration poses a significant risk to the public health sector. Without connectivity and standardization, it will be difficult for merged public health units to deliver consistent programs and services to the citizens of Ontario.

A clear commitment by the Government to leverage technology will help to improve governance processes, most notably electronic voting at board of health meetings. With health units possibly serving a larger geographical area, boards of health will have to meet virtually more frequently. Given current limitations of electronic voting in the Municipal Act, legislative changes will be required to foster a more nimble and practical means of governing public health units. Modernizing service delivery and governance processes by leveraging technology provides an opportunity to ensure the people of Ontario have access to high quality public health services now and in the future. Information Technology solutions serve as the foundation in any public health modernization plan.

Conclusion

On behalf of our membership, I thank you for this opportunity to provide input. We look forward to the opportunity to provide additional detail and clarifications and to support you and your colleagues through the modernization process and achieving the goal of an improved public health system.

Sincerely,

Cynthia St. John
President
Association of Ontario Public Health Business Administrators (AOPHBA)

c. AOPHBA Membership in Ontario’s Public Health Units