Association of Local Public Health Agencies Response to

Revitalizing Ontario’s Public Health Capacity:
The Final Report of the
Capacity Review Committee, May 2006

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SUMMARY OF RECOMMENDATIONS

1. **alPHa recommends** that the province move forward to expeditiously develop a comprehensive strategy to revitalize the public health work force in partnership with local stakeholders, based on the CRC recommendations, that includes a detailed assessment of the financial and other supportive requirements.

2. **alPHa recommends** that the government implement the CRC recommendations to develop tools and standards for a comprehensive and integrated organizational and programmatic performance management system to strengthen accountability and support continuous quality improvement.

3. **alPHa recommends** that the government give very careful consideration to and engage local authorities in further discussions of the ideal characteristics of Boards of Health and the “enablers” listed in the CRC report in section 5.1 to ensure that the implementation of the recommendations for enhanced governance results in the ideals of
   - Skills-based representation Boards of Health
   - Maintaining political engagement to avoid marginalization and foster partnerships
   - Specialized and devoted focus on public health
   - Dedication and non-transferability of health unit resources
   - Accountability independent of any structure other than the Board of Health

4. **alPHa recommends** that the government pay particular heed to CRC recommendation 23, that it establish a collaborative process to continue to refine the budget allocation mechanism in the context of the other recommendations in this section, in order to ensure that the concerns raised above are fully addressed.

5. **alPHa recommends** that the rationale for proposed amalgamations be fully explained with evidence of how they are to lead to improved capacity, that the process be transparent, consultative and fully resourced, and that Board of Health members and health unit leadership and staff implicated in amalgamation have the opportunity to challenge, debate and influence the final decision on scope, elements and timing of health unit configuration.

6. **alPHa recommends** that the government devise a comprehensive and collaborative process that links the CRC recommendations with those of the Agency Implementation Task Force that will provide ongoing support for a fully integrated network of research and knowledge exchange that in turn provides evidence and advice on best practices for a system of effective public health decision-making that is known for excellence and is continuously improving.

7. **alPHa recommends** that the government use the CRC recommendations as a basis to establish supportive mechanisms to facilitate these partnerships, as well as strengthen its own capacity for strong central public health leadership, including integration across Ministries with public health and determinants of health mandates.

8. **alPHa recommends** that the government establish a collaborative and dedicated process that analyzes the public health needs of Aboriginal, First Nations, Metis and Inuit communities and individuals living off reserve, with a view to ensuring that health units have adequate resources to provide the same level of service to them as is available to all other residents of their communities.
INTRODUCTION

In 2004, the Ontario Government introduced Operation Health Protection, a plan to rebuild the province’s public health system, in the wake of several comprehensive assessments that concluded that decades of neglect had left it broken and unable to provide the services so vital to preserving health. Several of the initiatives in Operation Health Protection have been successfully implemented and have resulted in strong investments in the public health system in Ontario.

Ontario’s health units have been called the backbone of this system. Their mandate is to improve population health through health promotion and protection, disease prevention and surveillance. As part of Operation Health Protection, the recently completed Capacity Review has identified strengths upon which to build as well as weaknesses requiring remediation in Ontario’s 36 public health units. The final report of the Capacity Review Committee, Revitalizing Ontario’s Public Health Capacity, contains 50 recommendations in seven key areas for the strengthening of local public health structures and resources.

Most of the recommendations echo alPHa’s positions in areas of human resources, adequate and predictable funding, quality governance, and improvements to performance management. Most of them also reflect the specific advice that alPHa provided to the Capacity Review Committee (CRC) through several opportunities for input.

The CRC has done an admirable job of synthesizing the input that it received, recognizing that there are firmly held and often contrasting views within the public health system on the best approach to making progress in several areas. As alPHa itself represents a diversity of professional disciplines that work in disparate geographical and political structures serving a variety of communities, these differences of opinion are familiar.

It is important to state unequivocally that these differences of opinion do not apply to the CRC’s Vision for a more integrated, efficient and effective public health system. Each chapter of the CRC report begins with a “Vision” statement of what specific aspects of public health will look like in 2010 following the implementation of the proposed changes. Our members may disagree on the specifics of some of these changes, but the “Visions” are undisputed. They are ideals for excellence in professionalism, preparedness, effectiveness, innovation, integration and sustainability that provide the best possible and most equitable protection of the health of the residents of Ontario’s diverse communities. They must be constantly kept in mind as the CRC recommendations are translated into government policy.

Following the release of the report, alPHa’s members agreed that a careful examination of the report’s content would be undertaken in order to formulate a detailed response that makes clear statements about areas of consensus as well as those for which we believe further discussions may be required. Members were given several opportunities to discuss the report through dedicated teleconferences, (including question and answer sessions with the CRC Chair and Vice-chair), a written survey, separate face-to-face meetings of alPHa’s Council of Medical Officers of Health Section, Board of Health Section and Affiliate organizations, as well as a facilitated CRC forum for all members at the June alPHa Conference.

These discussions served to identify key areas of consensus, including those where alPHa could play a strong leadership role. They also helped to identify the more controversial recommendations that would benefit from further examination and alPHa input to building acceptable public health policy around them. It should be noted that, while the survey results
provided high level opinions from alPHa’s members, they will not be discussed in any depth in this response.

A. General Response:

In general, the feedback received by alPHa from its members has indicated strong support for the principles and vision of the CRC Final Report, though many questions remain about the proposed means to achieve them. As the planning for the implementation of the CRC recommendations moves forward, clarity regarding processes and the timing of action plans will be important to ensure the buy in of key stakeholders.

Many expressed concern regarding the number of ‘unknowns’ related to the implementation and eventual impact of the recommendations. In general, alPHa members continued to have many unanswered questions about process, and wanted more clarity on who will be making what decisions. alPHa members made it very clear that the government needs to develop a comprehensive and transparent action plan that itemizes how and when change will be achieved, as well as identifies opportunities for further consultation and input.

There was also a general sentiment expressed about the need to raise public awareness regarding the impact of public health issues, and that the process of public health renewal should engage the public in a more significant way. Public awareness and understanding about the impact of public health in their communities is a key component of successful public policy, and a key component in the development of a stronger public health workforce.

On the whole, alPHa members are supportive of the idea of Provincial Standards, as long as they include sufficient flexibility to support local needs. It was emphasized that a ‘one-size-fits-all’ approach will not work and agreed that it is critical for local Boards of Health to retain sufficient latitude and authority to enable them to respond to local health needs.

There was also strong support for the development of comprehensive and transparent performance evaluation processes, as well as tools and standards to improve accountability. There was strong recognition of the need to revise the program and service standards against which performance will be measured.

Most consistently mentioned throughout the discussions of all topics covered in the CRC report was the issue of resources. The report does make specific recommendations in the areas of human resources and stable and predictable funding, but these are presented as features of a transformed, strong and sustainable public health system. It will be the province’s responsibility to give thorough consideration of the financial, human and administrative resources required to undertake the transformations to achieve that strong and sustainable public health system.

The CRC has made it very clear that each of its 50 recommendations is interrelated and the effectiveness of each depends on the implementation of the others. Despite reservations on some of the specific recommendations, alPHa’s members strongly agree that selective government action on the topic areas will do little to achieve the goals of public health system revitalization.

B. Responses to Key Theme Areas of the CRC Report

The following is a summary of areas that have strong support from alPHa’s members. In general, we will not repeat the CRC recommendations or their rationale and the content of the CRC
Report should be considered sufficient to illustrate alPHa’s views on these areas. Where appropriate, additional considerations, concerns or questions of clarity are reported, but these do not represent substantial disagreements with the recommendations. It has been organized to reflect the 7 priority areas for action identified in the CRC Final Report, referenced by chapter. alPHa has added an eighth topic area that members agreed was a significant omission in the CRC report – public health services for Aboriginal, First Nations, Metis and Inuit communities and individuals living off reserve.

**CRC Ch. 3  STRENGTHENING THE PUBLIC HEALTH WORK FORCE**

There was no argument that a comprehensive strategy to revitalize the public health workforce is urgently needed. The CRC Report provides a clear picture of the current situation and makes some innovative recommendations on how to address it. Some are immediate, but most require a long-term vision and commitment. Their success will depend on parallel consideration of the financial resources required for things such as improving salaries and supporting training programs.

For example, alPHa’s survey responses indicated notable reservations about CRC recommendation 8 for more competitive compensation for MOHs and AMOHs. During face-to-face discussion of the recommendation, it became clear that these reservations had little to do with the ideal of improving compensation, but rather with the potential financial impact on health units if their resources remain limited.

Questions were also raised about the appropriate scale to be used to measure competitiveness (relative cost of living; similar professions; similar health units). In short, there was consensus that competitive salaries are essential to the revitalization of the workforce, but further discussion is required to settle questions about definitions, measurements and methods of achievement.

There was also some discussion of CRC recommendation 4 regarding the directive to appoint a senior nurse leader in each health unit. An argument was made that general strong and effective leadership at the management level would overcome many of the difficulties that the directive was meant to address. ANDSOOHA (alPHa’s Nursing Management affiliate) supports this recommendation due to the large number of health unit nursing staff and their broad range of duties, and encourages a similar leadership model for the other public health disciplines. The principal reservations on this recommendation were again based in the difficulties of recruiting and maintaining such a position, and not the ideal of the position itself.

**alPHa therefore recommends** that the province move forward to expeditiously develop a comprehensive strategy to revitalize the public health work force in partnership with local stakeholders, based on the CRC recommendations, that includes a detailed assessment of the financial and other supportive requirements.

**CRC Ch. 4  ACCOUNTABILITY AND PERFORMANCE MEASUREMENTS**

There was strong agreement throughout alPHa on the need for clear performance and accountability standards. alPHa members recognized the need to make public health more accountable and transparent to the people of Ontario. Investments in effective data recording and reporting systems were singled out as a very important consideration for demonstrating
accountability through a comprehensive performance management system. No exceptions regarding this priority area were raised.

**alPHA therefore recommends** that the government implement the CRC recommendations to develop tools and standards for a comprehensive and integrated organizational and programmatic performance management system to strengthen accountability and support continuous quality improvement.

**CRC Ch. 5.1 QUALITY GOVERNANCE PROVINCE WIDE**

alPHA strongly agrees with the principle that Boards of Health must be able to act in the service of public health goals without interference from other political or economic interests. There is also strong support for the principle that community-based decision-making should be the foundation of Board of Health policy, supported by the idea of increasing community representation and moving away from the current system of provincial appointments. There are, however, some significant differences of opinion about whether the CRC proposals for degree of autonomy and Board composition are the right means to ensure quality governance.

The CRC recommendation 19 states that health units should be governed by autonomous, locally-based Boards of Health that should focus primarily on the delivery of public health programs and services. The data from alPHA’s survey suggests that there is strong support for this recommendation in its entirety, but there are some alPHA members that interpreted autonomy as a removal of Boards of Health from local political structures and minimizing the influence of elected officials in their proceedings. It should be noted that the strongest support for Board of Health autonomy came from the large majority of Ontario’s Boards of Health that are already autonomous, while respondents from integrated (i.e., regional/single-tier structures) were strongly in favour of maintaining integration with local political structures.

Representatives from regional/single tier structures with integrated Boards of Health argued that removal of Boards of Health from these governance structures would marginalize them further, impede access to ancillary municipal resources (HR, legal, etc.) and remove opportunities to influence political decisions from a public health perspective.

CRC recommendation 21 (equal balance between municipal and community representation on a Board of Health) was another area of notable disagreement. The principle of increasing community representation while maintaining the presence of locally elected officials was universally accepted, but Board of Health Section members maintained that the municipally-elected or appointed members should remain in the majority while Medical Officers of Health believe that they should be in the minority.

The former argument is based on the responsibility of municipally-elected officials for stewardship of their ratepayers’ taxes as well as an increased emphasis on determinants of health, which depend strongly on engagement of many decision-making branches of local government.

The latter argument is based on the idea that municipal officials who are members of Boards of Health can have a conflict of interest in being responsible also for municipal budgets that fund public health programs. The argument is also based on the idea that majority representation is not consistent with municipalities’ minority share of the funding responsibility for public health.

Finally, some reservations were expressed about the process for selecting community representatives suggesting that political influence or favoritism could interfere. It will be
important to ensure that the proposed process for selecting community representatives is transparent, accessible to the general public and ensures that the most qualified individuals are chosen.

In general, aPHa members would like further discussion to reach agreement on the ‘right balance’ of municipal and community representation, and to more clearly define the distinction between the two terms.

**aPHa therefore recommends** that the government give very careful consideration to and engage local authorities in further discussions of the ideal characteristics of Boards of Health and the “enablers” listed in the CRC report in section 5.1 to ensure that the implementation of the recommendations for enhanced governance results in the ideals of:

- Skills-based representation Boards of Health
- Maintaining political engagement to avoid marginalization and foster partnerships
- Specialized and devoted focus on public health
- Dedication and non-transferability of health unit resources
- Accountability independent of any structure other than the Board of Health

**CRC Ch. 5.2 STABLE AND PREDICTABLE FUNDING**

aPHa’s members are unanimous in their desire for stable and predictable funding, with a strong majority in favour of increasing the provincial share of public health funding to 75%, while maintaining full funding for 100% funded programs. There was also positive support for the recommendation to implement 3-year rolling budget forecasts, with 10 years for capital. However, many questions remain about whether or not the CRC recommendations on the subject are sufficient to achieve substantial stability or predictability.

CRC recommendation 22 proposes shifting the responsibility for budget approvals from the local level to the province, following collaboration with local partners to refine the allocation process under the proposals of recommendation 23.

Members expressed concerns that such a shift may not solve the following ongoing problems.

- timing of allocations: significant delays in the receipt of approvals for the provincial portion of health unit budgets results in significant delays in operationalizing services identified within them
- the historical failure of the province to account for additional administrative and other costs in providing “100% provincially funded” programs
- the ongoing difficulty that many Boards of Health face in securing full funding from all sources to fully implement their mandates as well as additional programs and services demanded by local circumstances

Concerns were also raised about the potential reduction of the authority of local Boards of Health to determine the structure and nature of their programs, and about the absence of an explicit legal obligation in the HPPA for the province to provide its share.

This was identified as an area that aPHa will continue to examine carefully to ensure that the implementation of these CRC recommendations would in fact fully involve both funding partners and that they will result in not only stability and predictability, but also sufficiency and equity.
alPHa therefore recommends that the government pay particular heed to CRC recommendation 23, that it establish a collaborative process to continue to refine the budget allocation mechanism in the context of the other recommendations in this section, in order to ensure that the concerns raised above are fully addressed.

**CRC Ch. 6  BUILDING STRONGER HEALTH UNITS**

There is strong agreement that ‘critical capacity’ needs to be achieved, that each health unit should have a full-time Medical Officer of Health and at least one Associate MOH, and that grants to unorganized territories must be increased.

This section contained what was arguably the most contentious issue during alPHa’s discussions of the report, that of the Medical Officer of Health serving as CEO of the health unit. alPHa’s Council of Ontario Medical Officers of Health (COMOH) is unanimous and unwavering in the belief that the MOH must be legally and explicitly identified as the CEO of the health unit to ensure that his or her legislated authority matches his or her legislated responsibility. This issue is treated in more detail in COMOH’s response to the CRC Report, which was submitted to the Minister in June 2006, and is available at www.alphaweb.org/docs/lib_008774808.pdf.

CRC recommendation 29 proposes amalgamations of specified health units as a means to achieve critical capacity. alPHa’s survey data do indicate support for amalgamations, but it must be noted that the support came largely from health units not included on the list of proposed mergers and opposition was common from those that were. There was also widespread discomfort with the lack of information about the rationale behind the proposed mergers.

As the issue was further discussed, there was more appetite for mergers when the idea of more flexibility and local discretion was introduced and unanimous agreement that any costs must be 100% funded by province. On this point, a representative from a recently amalgamated health unit cautioned that “100%” must be very clearly defined, as there are ongoing harmonization and base-budget costs long after the structural merger has been completed.

This was identified as another area where widespread support existed for the ideal (i.e., achieving critical capacity) with significant apprehension (but not outright rejection) of the proposed means to reach it. alPHa will continue to analyze this issue, receive feedback from its members and provide advice to the government in order to ensure that the transformations occur through a fully collaborative and fully resourced process that truly results in improved capacity.

Members suggested that transparency and open collaboration would be necessary to establish an environment of trust prior to such undertakings, that the process should not be rushed, and that valuable lessons learned from previous amalgamations should be shared.

alPHa therefore recommends that the rationale for proposed amalgamations be fully explained with evidence of how they are to lead to improved capacity, that the process be transparent, consultative and fully resourced, and that Board of Health members and health unit leadership and staff implicated in amalgamation have the opportunity to challenge, debate and influence the final decision on scope, elements and timing of health unit configuration.
CRC Ch. 7  RESEARCH AND KNOWLEDGE EXCHANGE

This was another area of strong agreement, with recognition that the parallel implementation of the Agency Implementation Task Force recommendations (for a new Ontario Agency for Health Protection and Promotion) would have a significant bearing. In the interim, several members called for a strengthening of CRC recommendation 39, 100% provincial funding for the existing Public Health Research, Education and Development (PHRED) program, to ensure that total program funding is increased and that the PHRED mission can be fulfilled.

alPHa therefore recommends that the government devise a comprehensive and collaborative process that links the CRC recommendations with those of the Agency Implementation Task Force that will provide ongoing support for a fully integrated network of research and knowledge exchange that in turn provides evidence and advice on best practices for a system of effective public health decision-making that is known for excellence and is continuously improving.

CRC Ch. 8  STRATEGIC PARTNERSHIPS

This was another area of strong agreement across alPHa member constituencies. There was strong support for collaboration with primary health care leaders, academic and community organizations and others identified within the CRC report. Partnerships were seen as an important way to inform joint planning and priority setting mechanisms, as well as to foster new and innovative partnerships and manage important health data to support a truly integrated health system.

alPHa therefore recommends that the government use the CRC recommendations as a basis to establish supportive mechanisms to facilitate these partnerships, as well as strengthen its own capacity for strong central public health leadership, including integration across Ministries with public health and determinants of health mandates.

FIRST NATIONS HEALTH

Following the release of the CRC Final Report, it was noted that it contained no mention of the need to address inadequacies and inequities in the provision of public health services specific to the needs of Aboriginal, First Nations, Metis and Inuit communities and individuals living off reserve, as distinct from the services that are supported by grants for unorganized territories.

alPHa acknowledges that there are significant obstacles to tackling this issue, and many of them are external to the public health system. They include questions of jurisdiction, perceived responsibility and cost.

The intricacies of this issue will require significant further analysis, but alPHa is strongly committed to the principle that critical capacity must include support for public health units to address the ongoing and considerable inequity of public health services in these communities, in order to ensure that public health standards are equally applied to all residents of the province.
alPHa therefore recommends that the government establish a collaborative and dedicated process that analyzes the public health needs of Aboriginal, First Nations, Metis and Inuit communities and individuals living off reserve, with a view to ensuring that health units have adequate resources to provide the same level of service to them as is available to all other residents of their communities.

C. alPHa’s Role

alPHa is well-positioned to play a major role in a number of the CRC recommendations. We would like to work with the Public Health Division to determine the most appropriate ways to move key recommendations forward.

alPHa has already developed a number of proposals for projects that would achieve a number of the recommendations in the CRC Final Report. These proposals focus on:

1. The development of core competencies for leadership positions in public health units. This includes the creation of education and professional development programs to ensure the competencies are supported on an on-going basis through established educational institutions.

2. The development of a process for the orientation, training and support of Boards of Health regarding their responsibilities, planning, and governance functions.

3. The development of a strategic plan for public health staff recruitment and retention.

4. The development of a human resources database that can be used for health unit human resources planning across the province.

The following represents a very preliminary list of potential areas in which alPHa can play an important role in assisting the province as it acts on the recommendations of the CRC.

- Support and promote the need for public health system transformation in parallel with the positive transformations taking place in the larger health care system.

- Ensure public health transformation supports the planning currently underway in the Province’s new 14 Local Health Integration Networks.

- Assist with developing and communicating messages to the public health field about processes and timing of the government’s action plan to implement the recommendations.

- Facilitate certain elements of the implementation phase of the CRC recommendations, including facilitation of ongoing consultation with public health units and supporting effective communication to share progress reports, useful advice, lessons learned and success stories with public health units across the province.

- Assist in analysis, determination and communication of the full financial, human and administrative costs involved in implementation of the CRC recommendations.

- Leadership on the development and implementation of a process to strengthen public engagement and awareness in the renewal of public health at the local community level.
• Determination of the level and characteristics of local flexibility and decision-making that needs to be retained to ensure Boards of Health can continue to meet community needs and effectively fulfill their role.

• Leadership in developing supports for Boards of Health to ensure improved recruitment processes, orientation of members, and on-going development.

• Assist with defining the elements of a transparent, consultative and fully resourced process to support amalgamation that incorporates the opportunity for Board of Health members and staff implicated in amalgamations to challenge, debate, and influence the final decision on scope, elements and timing of health unit configuration.

• Cooperation in the collaborative discussions among funding partners to refine the financial framework that incorporates a budget approval and allocation process and lays the groundwork for a stable and predictable funding environment.

• Provision of leadership to address inadequacies and inequities in the provision of public health services specific to the needs of Aboriginal, First Nations, Metis and Inuit communities and individuals living off reserve.

• Collaboration with the Ministry to develop shared accountability standards and performance measures.

• Participation in the development of a data collection system and reporting mechanisms.

CONCLUSION

The importance of a strong public health system cannot be overstated. We have learned some very difficult but valuable lessons over the past six years, most notably from the tragic outbreaks of E. Coli in Walkerton in 2000 and SARS in the Greater Toronto Area in 2003. These lessons have been well documented in several comprehensive assessments of the public health system, and we now have before us the foundation for the development of a process that will allow us to apply what we have learned. The vision described in the Final Report of the Capacity Review Committee is strongly supported by alPHA’s member public health units. The changes required to achieve this vision are substantial and will require a great deal of commitment throughout the public health system to bring them to fruition.

This will be a challenging process, and there will not always be agreement on how to proceed. However, alPHA is prepared to be a full partner with the Ontario Government as it leads the way forward. alPHA’s members look forward to contributing their public health expertise and local knowledge in the development of a strong, sustainable, responsive and integrated system of effective health promotion and disease prevention programs and services. Acting on the recommendations of this report will demonstrate the Province of Ontario’s strong commitment to the healthy future of all Ontarians.