Submission to the Ontario Ministry of Health’s Discussion Paper: Public Health Modernization

March 30, 2020

Introduction

On behalf of the board and staff of Huron Perth Public Health (HPPH), thank you for this opportunity to provide feedback as you consider the modernization of Ontario’s public health system. We are particularly pleased to respond with our unique perspective from the recent merger of the Perth District Health Unit and Huron County Health Unit; learnings we know will be valuable to the province’s planning.

Before directly responding to your consultation questions, it is important to start by stating that any changes to Ontario’s public health system must be evidence-based, and must be undertaken, firstly, to strengthen and enhance capacity in public health programs and services, and thereby improve population health in all of Ontario’s communities.

Effective public health practice provides the opportunity to reduce hallway medicine and reduce the cost burden on the healthcare system. Conversely, cuts to public health programs and services are a false economy that may result in increased healthcare costs.

For example, through the prevention or even delay in the onset of chronic disease by addressing the four most common risk factors, public health strategies have the potential to save significant healthcare costs. A 2016 study by ICES demonstrated that the premium derived from improved health behaviours led to a 1.9% reduction in health care expenditures, estimated at $4.9 billion, over the 10-year period from 2004 to 2013, even while the population was growing and aging. “We are not aware of other health interventions or strategies that have led to as large a reduction in expenditure as those reported in this study.”\(^1\)

There are many other examples of public health strategies that both improve the health of the entire population and keep people out of the healthcare system. However, the main goal of public health is to reflect the value society puts on health: to improve health and wellbeing, and to reduce health inequalities.

We make several recommendations in the following paper based on our unique merger experience. Some of our responses also echo or highlight thoughts and recommendations from several other reports, including the 2017 Annual Report of the Office of the Auditor General of Ontario: Chronic Disease Prevention, the Thunder Bay District Health Unit Response to MOH Public Health Consultation, and the alPHA Report on Public Health & EHS Modernization.
INSUFFICIENT CAPACITY: What is currently working well in the public health sector?

HPPH RESPONSE:
The public health system in Ontario is currently functioning with three components that each play an important role.

- Local public health agencies have in-depth knowledge of local resources and priorities, and strong relationships with key local partners/stakeholders such as municipalities and school boards to facilitate the delivery of local public health programs and services. Ontario’s public health system recognizes the strength of local programming that takes into account local needs and resources and capitalizes on municipal input, while delivering on provincial directions. While the government is transforming the health care system to improve patient experience and strengthen local services, it is equally important to strengthen local public health services, and maintain local accountability and stability.
- The Ministry of Health (MOH) provides funding to ensure that no communities are left behind, and a clear and consistent high-level mandate that also allows for local tailoring through the Ontario Public Health Standards, Requirements for Programs, Services, and Accountability (OPHS).
- Public Health Ontario (PHO) provides the scientific and technical support to ensure that Ontario’s public health system is grounded in the best available evidence, and supported by modern and up-to-date lab services. PHO provides scientific and technical advice and support to clients working in government, public health, health care, and related sectors. PHO increases capacity of small health units to access scientific evidence and reduces duplication in every health unit attempting to develop the science, evidence, research.

INSUFFICIENT CAPACITY: What are some changes that could be considered to address the variability in capacity in the current public health sector? What changes to the structure and organization of public health should be considered to address these challenges?

HPPH RESPONSE AND RECOMMENDATIONS:

Mergers may be a good option in some circumstances.
- Mergers that are voluntary and smart that include consideration of population, geography/density, and municipal alignment.
- Mergers where there is evidence that they will enhance local public health programs and services. Mergers that are undertaken for the right reasons (e.g. improved service and capacity in aligned communities) may be part of a solution to address limited capacity in Ontario’s public health sector, by achieving critical mass while still maintaining local relationships with municipalities, school boards and other community agencies.
• It is not a given that mergers will enhance capacity and/or save money, and it is important to consider the increased complexity of mergers involving health agencies that are embedded into municipal structures, and mergers involving larger populations and/or geography, while also understanding the costs of ‘not doing this right’. It is important to weigh potential benefits against costs in short and long term. As an illustration, HPPH tracked almost 6000 hours of staff time directed to merger activities from May 2018 to January 30, 2020.
• There is time to plan and implement mergers effectively.
• Provincial supports (financial, legal, and administrative) must be provided during any mergers. It is critical that there are additional supports from the Ministry for one-time costs, changes to Municipal Act to allow for BOHs to meet from a distance, and a high level road map with key milestones and accountability to the Ministry would clearly equalize expectations of partners ensure that work stays on target to meet legal requirements in the HPPA.
• Robust change management must be employed, in order to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

Our Merger Experience and Learnings
The Huron County Health Unit and Perth District Health Unit completed another merger milestone on January 1, 2020, legally becoming Huron Perth Public Health (HPPH), and we have many lessons learned that we can share. It is important to not underestimate the challenges associated with a merger, which include the cost, the effort, the myriad of details, the influence of culture and the period of time that it will take to actually be fully integrated. In the case of the HPPH merger, additional challenges arose from the fact that the HCHU employees were actually employees of Huron County as the health unit was not autonomous; there is more complexity involved when a merger involves a health unit that is not autonomous. As of November 30, 2019, the number of hours devoted to merger work for HPPH is 6230 (equivalent to 3.4 FTE). This includes staff time from former HCHU, former PDHU and ISN Technologies (an IT systems integration company, who assisted with the data extraction).

Some of the factors to enable successful mergers include:

1. There must be good reason to merge and this must be clearly articulated by the leadership including the boards and the senior leadership teams. In the case of HPPH, the boards recognized that, as two small health units serving very similar and aligned municipalities, a merger had the potential to enhance capacity and improve programs and services. Cost savings were never a driver. We are expecting some increased complexity due to the larger geography, and some increased mileage costs. However, we believe that the benefits derived from the combining of staff working together with common partners and stakeholders will be greater than the costs. We have also invested in technology solutions to allow for digital meetings of teams to mitigate the additional mileage.
2. There was a history of prior collaboration between HCHU and PDHU with established **mutual respect and trust**, particularly at the program level, as both health units worked together with the same school boards, CAS, and other community working groups and tables.

3. **A Transition Team** was formed which consisted of an equal number of senior staff and board representatives from each health unit. The Transition team further established working groups to lead the work of merging various aspects of the organization (such as legal, HR, program).

4. **A long runway** for planning. HPPH had the opportunity to plan well because we had time to define a clear and thorough long term work plan.

5. The Transition team developed a **robust communications** plan which included that key messages were developed for staff and boards after every Transition Team and Working Group meeting, and posted to a portal along with other important documents as they were developed (for example, the Organizational Chart). A commitment to timely and transparent communications was an important component of Change Management, as it reduced staff anxiety, thereby reducing employee frustration, lower productivity, absenteeism and increased employee turnover rate.

6. **Staff engagement** was a foundational priority for the HPPH merger. It takes more time and effort, but has ensured that decisions include staff knowledge from the front line to the senior leadership team. This is particularly true with regard to the unique Program Planning review process we established to bring together programs and services across our communities.

7. The Transition team engaged a **third party consultant**, which not only acted as a Project Co-ordinator (alleviating some of the additional work required of staff), but also facilitated difficult conversations. This was critical to ensuring that the collaborative culture was maintained during the merger.

8. Our merger was **supported by the province** with a one-time grant to cover the one-time costs associated with amalgamation.

In all cases, the goal of any merger should be to improve the effective and efficient local delivery of evidence-based public health programs and services. The process undertaken to complete such a merger is also critical. It is relatively simple to create a legal entity. It is much more challenging and critical to create a functional entity that can move forward with the mandate of local public health. It is important that the MOH, if it moves forward with mergers, supports a collaborative process that allows for a level playing field and opportunity for municipalities to find common ground; creating new entities that are able to immediately take advantage of increased capacity due to a merger.
While we recognize that the work of our merger is not finished on January 1, 2020, we are confident that the process we have followed, and recommend above, has increased the likelihood of a successful merger, freeing staff to move forward with the work of public health with greater shared capacity.

- **Carefully Integrate Appropriate Back Office Functions/Shared Services and/or a Regional Merger**
  
  - There may be opportunity for **carefully considered back-office integrations** to enhance capacity in some regions. This would need to balance the potential benefits with the challenges, and keep in mind that public health is delivered in the community. This could be one way to enhance capacity by sharing aspects of planning, communications, epidemiology/surveillance, finance, organizational policy, continuing professional development, and health education. However, even with regionalization of some functions, there will be need for capacity at the local level. For example, local agencies will still be required to have capacity with regard to Emergency Response, local priority populations, and comprehensive health promotion that must be done at the local level such as community policy and supportive environment work.
  
  - In any such regional integrations, there would continue to be a need for local public health agency sites that maintain connections with local municipalities and local partners, and implement local public health programs and services.
  
  - The regional governance structure should continue to consist of municipal representatives from across the region, especially given the larger funding responsibility in the new cost-share formula. In many regions, there would need to be consideration given to changing the *Municipal Act*, to allow for electronic participation to count toward quorum in board meetings, and to allow for electronic participation in closed meetings, given the large geography and dangers of winter weather. Regional senior leadership including the regional MOH would liaise with the CMOH and MOH.
  
  - There are other ways to **share resources** and improve capacity across a region. For example, *The Shared Library Services Partnership* (SLSP) provides Ontario public health units without an in-house library with access to up-to-date information and scientific resources. The SLSP is designed to support and strengthen relationships and promote knowledge exchange among public health units. Four existing health unit libraries (“hub health units”) currently provide services to health units without in-house libraries (“client health units”). The partnership relies on supports and resources from across Ontario’s public health library system, including PHO Library Services and the Ontario Public Health Libraries Association (OPHLA).
  
  - Legal advice is a possible example where health units could **pool resources**. Health units that are part of a municipal structure often turn to municipal lawyers. Some larger health units have their own legal counsel. Smaller health units often seek legal advice on an as-needed basis. Ultimately, there may be 34 separate legal opinions on the same public health matter (such as
the review of a data sharing agreement or the interpretation of a section of a regulation). There may be ways to develop shared legal support partnerships in some regions.

- There may also be additional opportunity to leverage shared supply chain management, although public health unit budgets are generally mostly dedicated to human resources and very lean on supplies. However, as an example, some health units participate in shared purchasing of contraception.

- **Support Provincial Groups**

  There are other provincial groups that support and improve local effectiveness.

  - OPHA provides leadership on issues affecting the health of the public. It represents the collective interests of its members including individual practitioners and constituent societies representing discipline specific front liner staff and public health management staff. OPHA provides professional development, information and analysis on issues effecting community and public health, access to multidisciplinary networks, and advocacy on health public policy and the provision of expertise and consultation.

  - alPHA provides leadership to boards of health and health units. It advises and lends expertise on governance, administration and management of health units, improving a BOH efficiency and effectiveness. It also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system.

  - Communities of practice and provincial networks, such as the SDOH Nurses’ Community of Practice, Ontario Public Health Evaluators Network and Ontario Communicators in Public Health provide essential peer support and reduce duplication through sharing of resources and materials developed. It is also a way for smaller health units to connect and be supported by larger health units with more resources.

**MISALIGNMENT OF HEALTH, SOCIAL, AND OTHER SERVICES:** What has been successful in the current system to foster collaboration among public health, the health sector and social services?

**HPPH RESPONSE:**

The Ontario Public Health Standards (OPHS) require that local public health agencies work in collaboration with partners and stakeholders to achieve their mandate. For example, “The board of health shall engage in multi-sectoral collaboration with municipalities, LHINs, and other relevant stakeholders” in decreasing health inequities. When health and social services sectors are not required
to collaborate with public health, and their capacity is limited, it can be challenging to establish effective working relationships. It would be beneficial if such an understanding between public health and other relevant stakeholders were mutual.

Successful collaboration in Huron and Perth has been enabled by the long history of established relationships in our rural communities. It is routine practice for public health and providers of health and social services to reach out to one another when planning local programs and services. Additionally, public health brings strength in community engagement and development and collaboration.

Currently HPPH is a participant in the planning for the Huron Perth Ontario Health Team, one of the first 24 teams in the province to implement a new model of organizing and delivering health care. HPPH will continue to provide knowledge and skills with respect to population health data, upstream risk factor data, skills in community engagement, and primary prevention.

**MISALIGNMENT OF HEALTH, SOCIAL, AND OTHER SERVICES:** How could a modernized public health system become more connected to the healthcare system or social services?

**HPPH RESPONSE and RECOMMENDATIONS:**

1. The MOH should collaborate and coordinate with other ministries to develop a comprehensive long term vision for the public health system, such as in British Columbia’s Guiding Framework for Public Health (2017).

2. The MOH could lead a *Health in All Policies*, whole-of-government approach to assessing the public health impact of legislation and policy development.

3. The MOH facilitate supportive technology such as immunization registry.

4. It is necessary to allocate sufficient resources, including skilled time, to the work of coordination and integration. The health system in our region is dealing with acute pressures; it can be a challenge for local public health to bring upstream agenda to local tables that do not have sufficient capacity.

**MISALIGNMENT OF HEALTH, SOCIAL, AND OTHER SERVICES:** What are some examples of effective collaborations among public health, health services and social services?

**HPPH RESPONSE:**

Locally, public health in Huron and Perth has long participated in collaborations of the health care and social services systems, including, as examples:
• Huron Perth Area Providers Table; a forum for providers such as hospitals, Long-Term Care Facilities, community support services, mental health addictions services, family health teams and others to regularly meet, share information and identify local needs
• Huron Perth Sub-Region Integration Table: a LHIN initiative intended to create shared capacity, and coordinate, standardize and integrate care among hospitals, Long Term Care Facilities, community support services, mental health addictions services, family health teams and others
• Huron Perth Health Links: a local partnership of health care providers, community and social services organizations, that coordinates patient-centred care planning
• Perth Emergency Planning for Human Health Emergencies (PEP): to provide a forum for health care and social service providers and municipal emergency planners, and Huron County neighbours, to discuss emergency preparedness for a range of significant health events
• Opioid Strategy Community Partnerships
• Kids First – a coalition of service providers focused on youth well being
• Poverty to Prosperity – an anti-poverty coalition

DUPLICATION OF EFFORT: What functions of public health units should be local and why?

HPPH RESPONSE and RECOMMENDATIONS:

1. The local public health governance body must be autonomous, have a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources. The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and/or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area’s socio-demographic characteristics and understanding of the purpose of public health.

2. The leadership role of the local Medical Officer of Health (MOH), as currently defined in the Health Protection and Promotion Act, must be preserved with no degradation of MOH independence, leadership or authority, in order to ensure an independent voice on local public health issues, and in order to maximise use of the public health physician’s broad knowledge, skills and experience at the local level. The local MOH must be directly accountable to the board of health, and must have control of public health staff and resources to meet community needs.

DUPLICATION OF EFFORT: What population health assessments, data and analytics are helpful to drive local improvements? What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?
HPPH RESPONSE:

- The primary challenge for smaller health units is the lack of drilled down data at the community level that is available, often due to smaller numbers and the combining of data. We also struggle with having data specific to rural areas.
- The Association of Public Health Epidemiologists of Ontario is a critical network that ensures knowledge exchange of work in population health assessments. Smaller networks, such as the one that includes smaller, rural health units has also been a significant source of support for us.
- Locally Driven Collaborative Projects (LDCPs) have been very helpful at reducing duplication and effective at knowledge exchange. The quality of the work over the past several years has been excellent, with the outcomes being used at local level decision making (e.g. Mental Health Promotion, Food Skills Literacy).

DUPLICATION OF EFFORT: What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?

HPPH RESPONSE and RECOMMENDATIONS:

It is important that roles and responsibilities, both at the local level and/or regional level, and at the provincial level, are clearly defined. Some roles that may be situated at the provincial level include planning, communications, epidemiology/surveillance, finance, policy, and health education. However, even with centralization of functions such as surveillance, communications and health education, there will be need for capacity at the local and/or regional level. For example, active transportation and opioid programs require local surveillance and/or local messaging that may not be addressed by central capacity. This is also true for local priority populations. In trying to separate central from local functions, there is a danger of fragmentation of public health functions with subsequent oversight by non-public health directors/leaders, and erosion of the public health mandate.

1. The Chief Medical Officer of Health should continue to provide public health leadership to the field, and should continue to communicate directly to the public regarding urgent and emergency public health matters. It is imperative that the Chief Medical Officer of Health continue to:
   - Provide public health leadership to the public-health sector
   - Identify and assess risk and opportunities for improving public health in Ontario
   - Communicate directly with the public regarding public health matters such as the risk of the Zika virus to Ontarians
   - Report annually to the Legislature on the state of provincial public health.
   - Additionally, we feel it is critical that the CMOH role be autonomous and at arm's length to ministry.
2. The MOH should coordinate with other ministries to develop a long-term vision for public health, ensure stable funding, retain the OPHS and continue to establish performance indicators and targets related to the OPHS, and lead province-wide health education campaigns with options for local tailoring. We recommend that the MOH:

- Ensure predictable, protected and sufficient funding, including 3-year rolling forecasts and 10-year capital costs forecasts.
- Retain the OPHS as the foundational basis for local planning and budgeting for public health programs and services.
- Develop comprehensive provincial approaches that include evaluation of public health programs (e.g. chronic disease prevention), as well as developing a comprehensive approach to assess the public health impact of legislation and policy development.
- Collaborate and coordinate with other ministries to develop a comprehensive long term vision for the public health system, such as in British Columbia’s Guiding Framework for Public Health (2017), as well as a Health in All Policies, whole-of-government approach to assessing the public health impact of legislation and policy development.
- Continue to establish performance indicators and targets for local public health agencies, linked to the Ontario Public Health Standards, for public health units.
- Use the expertise of communicators in public health in the field and develop communications creatives for provincial campaigns (e.g. vaping, seniors oral health) which can be tailored at the local level to ensure images and language are appropriate. This health education is only one aspect of health promotion, and the other aspects need to be developed and delivered at the local level (supportive environments, local community policy etc.).

3. Public Health Ontario should continue to provide scientific and technical support to the field and to operate public health laboratories. We recommend that Public Health Ontario:

- Continue to provide scientific and technical advice and support activities, such as population health assessment, public health research, epidemiology, and program planning and evaluation.
- Continue to operate the province’s public health laboratories which offer services including clinical and environmental testing, bioterrorism testing, and evaluation of new laboratory technologies and methodologies.
- Identify other areas in which relevant data is not consistently available to all public health units, such as data on children and youth, and develop and implement a process to collect such data.
- Define and identify the benefits and limitations of various economic evaluation methods in the context of public health for local public health agencies to then complete economic evaluations at program levels.

DUPLICATION OF EFFORT: Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

HPPH RESPONSE and RECOMMENDATIONS:
1. We recommend that the province, together with the public health sector, lead the development of a **digital strategy for public health**, with sufficient resources to support aligned and necessary information systems, that facilitates the incorporation of public health information from individual clients into a provincial Electronic Health Record (EHR), and that includes appropriate consultation. The Council of Ontario Medical Officers of Health (COMOH) Digital Health Committee, which has been working since 2017, provided a collective written response to the consultation on Public Health Modernization which can be found here: [https://cdn.ymaws.com/www.alphaweb.org/resource/collection/FA7C5E7F-BA8C-4D15-9650-39628888027E/alPHA_Letter_EMR_280619.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/collection/FA7C5E7F-BA8C-4D15-9650-39628888027E/alPHA_Letter_EMR_280619.pdf)

**INCONSISTENT PRIORITY SETTING: What processes and structures are currently in place that promote shared priority setting across public health units?**

**HPPH RESPONSE:**

- Consistency is good in OPHS. Inconsistency is good when tailoring to address local priority needs.
- The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, which provide the public health mandate at a high level should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.
- Public Health Ontario’s knowledge products situational assessments, literature searches, evidence-informed decision making tools/priorizing tools promote a common approach to priority setting.

**INCONSISTENT PRIORITY SETTING: What should the role of Public Health Ontario be in informing and coordinating provincial priorities?**

**HPPH RESPONSE and RECOMMENDATIONS:**

1. Public Health Ontario should continue as the **independent scientific and technical lead** in the province. PHO should continue to provide support to local public health agencies with regard to population health assessment, public health research, epidemiology, and program planning and evaluation. PHO should expand on its data products (situational assessments, literature searches, evidence-informed decision-making tools/priorizing tools), and thereby strengthen its role in informing and coordinating provincial priorities.
INCONSISTENT PRIORITY SETTING: What models of leadership and governance can promote consistent priority setting?

HPPH RESPONSE and RECOMMENDATIONS:

- We recommend that **boards be autonomous** with a specialized and devoted focus on public health and with sole oversight of dedicated and non-transferable public health resources. Boards which are autonomous and with a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources are best placed to promote consistent priority setting. The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and/or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area’s socio-demographic characteristics and understanding of the purpose of public health. Local agencies can ensure that provincial and/or regional strategies can be adapted at the local level and implemented in a way that meets local needs.

- We recommend that the **local MOH must be independent**, and must report directly to the board of health, and must be responsible for the allocation and control of public health staff and resources.

INDIGENOUS AND FIRST NATION COMMUNITIES: What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations? Are there opportunities to strengthen Indigenous representation and decision-making within the public health sector?

HPPH RESPONSE and RECOMMENDATIONS:

- The Ontario Public Health Standards, which require that boards of health engage with Indigenous communities, provide direction through the **Relationship with Indigenous Communities Guideline, 2018** to undertake this work. Some health units already have successfully developed relationships and formal or informal agreements and **best practices should be shared across the field**.

HPPH is early in the process of understanding our responsibilities under the **Truth and Reconciliation Committee Report**, and of seeking ways to engage Indigenous people within our boundaries, led by an internal Indigenous Cultural Working Group. We have completed some staff training on Cultural Humility and Indigenous History, and plan to continue. There are several good resources to support such training. We are working on developing better local data to guide our next steps.
FRANCOPHONE COMMUNITIES: What has been successful in the current system in considering the needs of Francophone populations in planning, delivery and evaluation of public health programs and services? What improvements could be made to public health service delivery in French to Francophone communities?

HPPH RESPONSE:
There are few Francophones in Huron and Perth; only 315 residents list French as their first official language in Huron\(^2\), 355 in Perth\(^2\), and only 10 list French as the only official language spoken at home in each of Huron and Perth. The Francophone population is not a priority population in for HPPH, and so we have no expertise in this regard. Our Anabaptist communities are a priority that require significant resources.

LEARNING FROM PAST REPORTS: What improvements to the structure and organization of public health should be considered to address these challenges? What about the current public health system should be retained as the sector is modernized? What else should be considered as the public health sector is modernized?

HPPH RESPONSE and RECOMMENDATIONS:

- Ontario’s public health system must remain financially and administratively separate and distinct from the health care system to avoid degradation of the public health system.
- The total funding envelope must be stable, predictable, protected and sufficient for the full delivery of all public health programs and services.
- Any change must be predicated on evidence-based conclusions that it will demonstrably improve the capacity to deliver public health programs and services to the residents of that area.
- Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

Conclusion

The goal of any changes should be to strengthen population health in Ontario through a properly resourced sector with clearly defined roles at the provincial and local level. In such a system, local public health agencies will reflect the geographical, demographic and social makeup of the communities they serve, and will have the capacity to efficiently and equitably deliver both universal public health programs and services and those targeted at priority populations. Local public health agencies will benefit from strong provincial supports, including a robust Ontario Agency for Health Protection and
Promotion (Public Health Ontario) and a robust and independent Office of the Chief Medical Officer of Health.

Such a system will help relieve the stress on the acute healthcare system by keeping Ontarians healthier and out of hospitals. Additionally, the expertise and skills of Ontario’s public health sector can be utilized by decision makers across sectors to ensure that health and health equity are assessed and addressed in all public policy.
References:

