February 3, 2020

Mr. Jim Pine  
Special Advisor, Public Health and Paramedic Modernization  
c/o Minister of Health  
10th Floor, 80 Grosvenor Street  
Toronto, ON M7A 2C4

Dear Mr. Pine,

Re: The Region of Peel’s Response to the Provincial Public Health Transformation Consultation

On behalf of the Region of Peel, and its Board of Health, I first want to thank you for the opportunity to inform the public health modernization consultation. I would also like to thank you for hosting a consultation meeting in Peel on January 8, 2020. Further, please be advised that the following resolution was approved at the January 23, 2020 Regional Council meeting:

That the report from the Acting Commissioner of Health Services and the Medical Officer of Health, titled “The Region of Peel’s Response to the Provincial Public Health Transformation Consultation”, be endorsed;

And further, that the submission, incorporating Regional Council as the Board of Health input as directed, be sent to the Assistant Deputy Minister and Executive Lead for Public Health and Paramedic Transformation, the Special Advisor, Public Health and Paramedic Modernization, and the Chief Medical Officer of Health, as the Region of Peel’s official response to the Provincial consultation regarding the public health transformation in Ontario.

In addition to the attached Region of Peel response, I also want to share some additional considerations related to your questions during the consultation meeting on January 8, 2020:

(1) Jurisdictional size and public health performance: a literature review\(^1\) conducted by Region of Peel staff found several studies showing that public health organizations with larger jurisdictions performed better than smaller ones. While many studies were not specific about relative sizes, a cross-sectional study of 285 public health systems across

---

\(^1\) Region of Peel-Public Health: Structure of public health: A literature review. Mississauga, ON: Region of Peel-Public Health; 2019. This review can be accessed here:  

nando.iannicca@peelregion.ca  
peelregion.ca
seven states in the United States suggested that there was not enough evidence of further benefits beyond 500,000 residents for most public health functions. A key point to consider is that this American study assessed public health systems which are structured differently than the Ontario context, which does not allow us to determine the benefits of integration of single entities with regional and municipal systems. As stated in our detailed response, in Peel, Public Health is part of the Region of Peel, and its integration with Regional municipal services enables excellent standards of performance that have been proven to benefit the health of our residents.

(2) **Boundaries and rural issues:** research also indicates that effective partnerships between local, city and regional tiers of government are required for cities to have an impact on population health. City governments and their partners are well positioned to coordinate cross sectoral activities; create an environment that fosters innovation; mobilize communities to pursue citizen-led improvement; and use regulatory levers and planning powers to create health promoting environments. However, there is a lack of research on small and rural public health departments. Smaller health systems may benefit from combining their resources and operations with those from neighbouring small health systems.

We look forward to hearing the findings from the public health modernization consultations.

Sincerely,

Nando Iannicca,
Regional Chair and CEO, Region of Peel

CC: Helen Angus, Deputy Minister, Ministry of Health
Alison Blair, Assistant Deputy Minister and Executive Lead for Public Health and Paramedic Modernization, Ministry of Health
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health
Dianne Alexander, Director, Office of the Chief Medical Officer of Health, Ministry of Health

---


Region of Peel’s Detailed Response to the Ontario Public Health Sector Modernization

This document outlines the Region of Peel’s recommendations in response to the Ministry’s consultation on public health modernization. Region of Peel and Peel Public Health welcome the opportunity to contribute to the consultation as an avenue to support the achievement of the public health system outcomes identified by the Province:

- 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 local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and disease prevention; and
- Improved public health delivery and the sustainability of the system.

Eight recommendations in response to the consultation questions around the current challenges in the public health system have been made. These were developed through reviews of the evidence and the practice experiences of senior public health leaders and Board of Health members:

- **Capacity:**
  1. Peel Public Health become one of the regional public health entities in Ontario given the Region of Peel’s geographic size and population.
  2. Ensure sufficient public health funding to meet community needs.
- **Alignment of Health, Social and Other Services:**
  3. Leverage existing integration with local and regional services to maximize opportunities for collaboration.
- **Clarity and Alignment of Roles and Responsibilities:**
  4. Maintain the mandate and core functions of local public health as described in the Ontario Public Health Standards.
  5. Ensure public health remains responsive to local community needs.
  6. Improve Provincial coordination, program direction and technical support to increase alignment and capacity across public health entities in Ontario.
- **Governance, Leadership and Priority Setting:**
  7. Maintain Peel Regional Council as the Board of Health for Peel.
  8. Preserve the role of the local Medical Officer of Health as described in the current *Health Protection and Promotion Act*, with no degradation of independence, leadership or authority.
Theme 1: Insufficient Capacity

The Board of Health and Medical Officer of Health agree that sufficient capacity, including resources and staff skill sets, are key to a strong public health sector that will improve the health of the population and decrease health disparities.

Regional Council resolutions related to this theme include:

(1) Peel Public Health become one of the regional public health entities in Ontario given the Region of Peel’s geographic size and population (June 27, 2019- REPORT: Public Health Restructuring in Peel; and RESOLUTION 2019-646).

(2) Ensure predictable and sufficient funding for all public health entities (May 9, 2019- REPORT: Modernization of Ontario Public Health Units in the 2019 Ontario Budget).

1. What is currently working well in the public health sector?

Key messages:
- Considering increasing jurisdiction size of smaller health units to obtain at least 100,000, while maintaining capacity in entities such as Peel Public Health, already with the critical mass to ensure performance and surge capacity.
- Developing a Provincial public health human resources strategy to enable a skilled and competent public health workforce.

Supporting information:
Some key success factors can be identified in the current public health sector, including having a critical mass to meet surge capacity and workforce capacity and ability to make evidence-informed decisions:

- **Public health units need to have a critical mass to meet surge capacity.** Peel Public Health is a high-performing public health unit, with a critical mass to enable surge capacity for health emergencies, and the right mix of staff to effectively deliver programs and policies. Peel Public Health currently serves a population of 1.4 million residents, with expected growth to 1.8 million by 2031. Synthesized evidence on public health capacity\(^1\) indicates that public health organizations perform better when (1) their jurisdictional size is large enough to provide essential services (usually populations greater than 100,000), with no clear benefits beyond 500,000 residents; and (2) they have more staff and a diverse skilled workforce resulting in better public health performance.

While Peel Public Health has benefited from its size and population, as identified in the literature, there are also risks if a larger public health entity is created. For instance, if the size of a public health entity is too large, risks include: 1) not being able to understand and meet local public health needs; 2) loss of local capacity and local public health visibility; 3) reduced responsiveness to emerging local health issues and local public health emergencies; and 4) erosion of strong local partnerships. The size, diversity and growth rate of Peel’s population requires a planning and delivery lens that could be threatened in a larger regional entity.

• **Workforce capacity and ability to make evidence-informed decisions.** Peel Public Health has developed a deliberate, phased approach to promote workforce capacity and institutional ability to use evidence-based decision making that maximizes the use of stretched resources and is responsive to the needs of a rapidly growing and diverse population. In 2009, Peel Public Health identified workforce development and evidence-based practice as priorities in its 2009-2019 Strategic Plan. An organization-wide strategic workforce development program was instituted based on theory, evidence and data. Workforce development combines three approaches:
  i. Workforce planning (e.g. identification of recruitment and student placement priorities, team needs for new skills and knowledge, and development of succession planning initiatives).
  ii. Human resources management (e.g. adequate job descriptions and new staff orientation).
  iii. Capacity development (e.g. intensive training and staff support for evidence-based practices). Evidence-based practices incorporate clear prompts and protocols for decisions that need to be informed by evidence.

Peel Public Health has strategically hired and trained staff who have the analytical capacity to support decision-making at the local level; particularly the ability to analyze health status data (e.g., health analysts and epidemiologists) and the ability to develop and evaluate interventions (evaluation specialists, research and policy analysts, health promoters). Staff who support these functions are key to responding to Peel’s local health priorities.

Further details on Peel Public Health’s workforce development process were published in 2017 in the Canadian Journal of Public Health. The identification of Effective Public Health Practice as a priority in the 2020-2029 Peel Public Health Strategic Plan ensures continuity and continued improvement in this process.

2. **What are some changes that could be considered to address the variability in capacity in the current public health sector?**

**Key messages:**
- Considering differential approaches to public health entity size based on the literature (i.e., large health units, such as Peel could see performance decreases with an increase in jurisdictional size, while some smaller health units could see increased performance).
- Sufficiently funding public health entities to ensure the ability to deliver on mandated programs and services to meet community needs.
- Developing a provincial public health human resources strategy to enable a skilled and competent public health workforce.

**Supporting information:**
Peel Public Health conducted a 2019 review of research literature to identify components of public health organization or structure contribute to public health performance. Key findings include:

---


• **Jurisdictional size predicts public health performance.** As identified above, when public health organizations serve a larger population, they have increased capacity to provide essential services. However, one study that assessed optimal size identified public health performance could decline beyond a population size larger than 500,000 people. Measurement of performance, quality improvement initiatives and evaluation will be essential following any changes to the public health system.

• **Per capita funding and public health expenditures predict public health performance.** Both expenditures per capita and expenditures per staff full-time equivalents are associated with improved public health performance.

• **Workforce size and composition are associated with public health performance.** Specifically, a public health workforce with a high proportion of staff relative to the size of the population served is associated with better performance for most essential services. A workforce with a mix of disciplines and diverse experience and training is also positively associated with performance.

• **A skilled and competent workforce is essential to the performance of public health organizations.** Providing staff with opportunities for professional development and access to technical assistance are considered high priorities. The importance of a skilled and competent workforce has also been highlighted in a number of reports, including the 2006 Final Report of the Capacity Review Committee, which recommended the development of a Provincial public health human resources strategy.³

• **Organizational culture can support public health performance.** Organizational culture was identified as a high priority element of structural capacity that can influence public health performance. In the local context, this is very important to ensure that Peel Public Health’s evidence-based and high-performing culture in maintained.

• **Interorganizational relationships can support public health performance.** Involving outside organizations in the planning and provision of public health services is associated with improved public health performance. This includes municipalities, schools, hospitals, social services, community organizations, businesses, law enforcement and academic organizations.

3. **What changes to the structure and organization of public health should be considered to address these challenges?**

**Key messages:**
- Considering differential approaches to public health entity size based on the literature (i.e., large health units, such as Peel could see performance decreases with an increase in jurisdictional size, while some smaller health units could see increased performance).
- Sufficiently funding public health entities to ensure the ability to deliver on mandated programs and services to meet community needs
- Developing a provincial public health human resources strategy to enable a skilled and competent public health workforce.

**Supporting information:**
Two suggested approaches to address these capacity challenges:

• **Ensure sufficient funding to enhance the capacity of the public health system.** Sufficient funding needs to be ensured to guarantee public health entities have enough capacity to answer to Provincial and local priorities. A recent review of research shows that every dollar invested in public health programming saves eight dollars of avoided health and social care costs. Overall funding for local public health should be adequate to achieve the mandate and enable communities to thrive. Cost-sharing between the Province and municipalities should be achieved in a way that meets community needs and minimizes the burden on the local taxpayer. In Peel, Region of Peel has historically paid more than 25 per cent of public health costs to offset the underfunding from the Province and meet community needs. Additional Provincial funding will be required for transition costs if Peel Public Health is required to separate from its current Regional base.

• **Develop a Provincial Public Health Human Resource Strategy.** As early as 2006, the Capacity Review Committee recommended the development of complementary Provincial and local human resources strategy for public health. While the Ontario Public Health Standards, 2018, already mandate local public health to have a human resource strategy, there is more than could be done at the Provincial level. Areas in which the Province can support local public health include: marketing, professional development initiatives, centralized workforce database, recruitment and retention supports, and adoption of Canadian Public Health Competencies. This strategy should be interdisciplinary as increasingly local public health benefits from a mixture of disciplines and professions to tackle the complexity of public health issues.

Theme 3 (Duplication), question 4, provides some specific recommendations in terms of other areas that would benefit from increased Provincial coordination, such as a repository for evidence and best practices, and coordination for emergency planning on large-scale outbreaks or natural disasters.

---

Theme 2: Misalignment of health, social and other services

The Board of Health and Medical Officer of Health agree that improved alignment in areas of shared mandate with health, social and other services provide opportunities to strengthen the public health system. At the same time, the unique role of the public health system in terms of mandate, and upstream approach which addresses structural and individual determinants of health must be maintained through work with partners in the health care, social services and other sectors.

Regional Council resolutions related to this theme include:

1. What has been successful in the current system to foster collaboration among public health, the health sector and social services?

Key messages:

- Maintaining public health’s unique role, including mandate, and upstream approach which addresses structural and individual determinants of health through a variety of approaches and partnerships.
- Involving stakeholders, including municipalities, schools, hospitals, social services, community organizations, businesses, law enforcement and academic organizations.
- Sharing similar boundaries and catchment areas (e.g., school boards, municipalities).
- Collaborating on health and social issues (e.g., Peel Opioid Strategy; tobacco and vaping by-law development; age-friendly built environments).

Supporting information:

Inter-organizational relationships, collaboration, and partnerships are all essential components of a strong and effective public health system. Strong collaboration with local municipalities, schools and school boards, health system partners, and community organizations helps improve the residents’ population health. Below are the factors that have fostered successful collaborations in Peel.

- **Involving stakeholders** — such as schools, hospitals, social services, community organizations, businesses, law enforcement and academic organizations — in the planning and provision of public health services is associated with improved public health performance, as shown in the literature.\(^5\)\(^6\) Peel Public Health examples include input into partners’ strategic plans; Peel Opioid strategy; Healthy Development Assessment for

---


planning proposals in municipalities; healthy eating and physical literacy for early childhood education students and in EarlyON centres.

- **Sharing similar boundaries and catchment areas** to other health and social service organizations making it is easier to:
  - Maintain strong collaborations with local municipalities, three public school boards and over 400 schools and three school boards, health system partners, and innumerable community organizations—all of whom are working together to improve the health outcomes of Peel residents.
  - Remain responsive to local public health priorities (e.g., Peel’s large immigrant population, higher risk of diabetes’ and travel-related diseases, and high tuberculosis rate) through targeted and tailored programs and services (e.g., Healthy Communities Initiative to reduce diabetes risk factors).

- **Maintaining the Ontario Public Health Standards’ mandate**, which allows and encourages public health units to work with the community partners necessary to promote health and prevent disease. Local public health has a unique mandate not fulfilled by any other organization at the local level. Only public health focuses on upstream population-level approaches to prevent injuries and illnesses before they occur.

2. How could a modernized public health system become more connected to the healthcare system or social services?

**Key messages:**

- Engaging in Ontario Health Teams and other shared tables.
- Mandating other provincially funded partners to work with public health (e.g., school boards).
- Adopting Health in All Policies at Provincial ministries and collaborating to improve population health through policy decisions.

**Supporting information:**

Public Health is connected to the health care system through common projects, mandates, and service delivery to improve population health outcomes. For example, the Region of Peel has been involved in the planning and application for the new Brampton/Etobicoke and Area and Mississauga Ontario Health teams. The public health role in Ontario Health Teams could include population health assessment and surveillance, addressing health inequities, health emergency planning, and over the longer term increased integration of clinical services (e.g., sexual health clinics, breastfeeding). Strong relationships between Ontario Health Teams and the public health sector will help to ensure health equity and the population health perspective remain a key component in health system planning.

Stronger collaborations could be facilitated if other health, education and social sector organizations were also mandated to work with public health (e.g., school boards). The Ontario Public Health Standards provides public health with the mandate to work with community

---

7 Diabetes Population Risk Tool (DPoRT), 2013/2014. Prepared by the Population Health Assessment Team (Office of the Medical Officer of Health, Region of Peel), in collaboration with Dr. Laura Rosella and Public Health Ontario.

partners to promote health and prevent disease, but community partners are not similarly mandated which can cause barriers to collaboration.

Similarly, a modernized public health system should facilitate inter-ministerial collaboration on complex health issues (e.g., those that intersect health, education, housing, and other community and social services). Often these ministries work in silos and have projects that would benefit from public health expertise, partnership and collaboration. Consideration should be given to adopting a Health in All Policies approach at the Provincial level to facilitate inter-ministerial collaboration and support the public health sector. Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.

3. What are some examples of effective collaborations among public health, health services and social services?

Examples of effective collaboration between our public health unit and organizations in the health and social service sector include:

- **Project Now (Mississauga).** Goal is zero suicides in children and youth in 10 years. Last year, mental health challenges led more than 1,100 children and youth to the emergency department at just one of Peel’s local hospitals. Peel Public Health collaborated with the Government of Ontario, Dufferin-Peel Catholic District School Board, Peel Children’s Centre, Peel District School Board, and Trillium Health Partners to create Project Now, which fosters hope and resiliency; works with children, youth and families to create a coordinated system of support that meets their needs; and builds community connections to make transitions seamless for children, youth, families, and support networks. This initiative is planned to scale-up to all of Peel in future years.

- **Healthy Community Initiative (HCI) (Brampton).** This initiative was co-led by the Region of Peel-Public Health, Central West Local Health Integration Network and the William Osler Health Centre (hospital). HCI brings together community partners from across sectors (i.e., key community leaders, elected officials, hospitals) in various settings (i.e., schools, faith communities, workplaces, recreation and built environment) to create supportive environments and policies that foster positive health behaviours aimed at reducing the burden of diabetes in Brampton. A new governance structure for this project is being developed as the LHINs are being amalgamated into Ontario Health. A similar initiative is currently under development in Mississauga.

- **Peel Food Charter.** The Peel Food Security Task Force aims to create a just, sustainable and secure food system in Peel. The working group is comprised of representatives from the Region of Peel (Health Services, Human Services, and Integrated Planning), external health agencies, social service agencies, environmental organizations, agricultural sector and the charitable food sector. Peel Public Health staff along with these partners serve as advisors and participants of the Peel Food Action Council.

- **Vision Zero.** To prevent injury and deaths related to road accidents, Peel Public Health and Region of Peel-Public Works developed a Road Safety Strategic Plan in consultation with local municipalities, Peel Regional Police, the Caledon detachment of the Ontario Provincial Police, and other road safety stakeholders. Vision Zero’s 5-year goal is a 10 per cent reduction in fatal and injury motor vehicle collisions on Regional roads by 2022.

- **Public Health and Transportation Collective.** Public Health collaborates with the Region of Peel-Public Works department including transportation planning, development services...
and integrated planning and growth management on initiatives related to health and the built environment. A formal collaborative was formed to identify shared outcomes and advance the partnership across four themes: Staff Culture and Workforce Enablement; Measuring and Reporting; Human Behaviour, and Mobility and the Built Environment. In addition to project-based partnerships, a formal group of planning directors and managers meet monthly to discuss Regional planning matters and serves as a forum to share information, identify areas of collaboration and network.

- **Regional Quality Table.** Peel Public Health collaborated with the Regional Quality Table at the then Central West Local Health Integration Network to provide a public health lens to Health Quality Ontario’s Quality Standard on Chronic Obstructive Pulmonary Disease, as an example of how population health approaches can enhance both clinical care and population health. As a clinical guideline, the Quality Standard was lacking a population health approach, as it focused mainly on interventions that had an individual impact. We revised existing statements within the Quality Standard and added new statements in order to shift the focus from the individual level to the population level. The Health Impact Pyramid\(^9\) was used to frame this work so our health sector partners would understand that interventions with the greatest potential impact include those at the population health level rather than individual clinical interventions.

- **Sheridan College and EarlyON centres.** Peel Public Health continues to collaborate with Sheridan College’s early childhood educator program and EarlyON centres to develop healthy menus and build capacity for physical literacy in childcare settings.

- **Air quality and climate change.** Peel Public Health works with the Region of Peel Office of Energy Management and Climate Change, Environment Canada, and academics to develop air quality modelling and update the climate risk assessment. This work advances improving air quality and mitigating and preparing for climate change in the region.

- **Universal influenza immunization program.** Peel Public Health worked with school boards, Trillium Health Partners, and “For Jude For Everyone” (community-based organization) to increase shared messaging and reach promoting the seasonal influenza immunization program.

---

**Theme 3: Duplication of Efforts**

The Board of Health and Medical Officer of Health agree that duplication of efforts should be avoided. Importantly, the unique role of public health should be maintained (e.g., health promotion in public health differs from health promotion in primary care). Additionally, it should be recognized that communities may have unique needs that a single approach cannot meet (e.g., Peel has 52% immigrants and cultural competency in program and service delivery is essential).

**Regional Council resolutions related to this theme include:**

1. **Maintain the mandate and core functions of local public health, as described in the Ontario Public Health Standards, 2018, which complement the health care system** (May 9, 2019- REPORT: Modernization of Ontario Public Health Units In The 2019 Ontario Budget).

2. **Ensure public health remains responsive to local community needs** (May 9, 2019- REPORT: Modernization of Ontario Public Health Units in the 2019 Ontario Budget).

**1. What functions of public health should be local and why?**

**Key messages:**

- Continuing local presence for programs and services to meet community needs and work with local partners (includes program planning, program and service delivery). Understanding of local context, ability to respond in a timely fashion, and local relationships are key to success in all of these areas.
  - Population health assessment and surveillance to ensure programs and services are informed by local data and responsive to local need.
  - Health protection (case management, inspections and enforcement, health hazards and communicable disease/outbreak investigations, vaccine records and immunization services)
  - Health promotion (sexual health, infant feeding, screening programs, settings-based programs (schools, workplaces, faith centres, communities)
  - Health emergency planning
- The Province or Public Health Ontario taking leadership in some areas to support capacity, reduce duplication and improve consistency across programs and public health units.
  - Vaccine and sexually transmitted infection medication distribution (i.e., Toronto model through OGPMS).
  - Provincial-level data analytics that local health units often use for comparator purposes; standardization of methods would need to be developed to ensure comparability (Public Health Ontario).
  - Public health research ethics (Public Health Ontario already supports some ethics review functions).
  - Public health human resources strategy, including standardized competencies for common positions for job descriptions.
  - Some library services (e.g., centralized holdings of databases, creation of provincial electronic archive of local documents to better enable sharing of best practices and evidence) (Public Health Ontario).

**Supporting information:**
Local public health has a unique mandate not fulfilled by any other organization at the local level. Only public health focuses on upstream population-level approaches to prevent injuries and illnesses before they occur. Lessons from history show that when the public health system is weakened, serious consequences arise. After the Walkerton E. coli contamination in 2000 and SARS outbreak in 2003, many expert reports highlighted the need for a strong and independent public health sector.\textsuperscript{10, 11}

Local public health has a unique mandate not fulfilled by any other organization at the local level. It keeps people healthy and out of overcrowded hospitals. It has multiple invisible benefits, including a great return on investment. And it has a special role in helping everyone have a fair chance to live a healthy life.

Communities have unique sets of health issues that require tailored local responses and coordination. In Peel there are unique factors that exemplify a need to understand and tailor interventions at the local level:

1. In Peel, 52 per cent of the population are immigrants which is almost double the provincial proportion.\textsuperscript{12} Some are at higher risk of diabetes\textsuperscript{13} and travel-related diseases.\textsuperscript{8}

2. Peel has the second highest tuberculosis (TB) rate in the province.\textsuperscript{8} Active TB costs $47,000 to treat but, if the infection is detected early, disease can be prevented for only $1,000.\textsuperscript{14}

3. Peel’s rate of type 2 diabetes is higher than Ontario and continues to rise.\textsuperscript{8} Between 2013/2014 and 2023/2024, there will be over 100,000 new cases of diabetes in Peel, resulting in close to $700M in health care costs over that decade.\textsuperscript{7} This disease costs $80,000 per person over a lifetime.\textsuperscript{15, 16} With 63 per cent of our adult population being overweight or obese and 74 per cent considered physically inactive,\textsuperscript{17} rates of diabetes and other chronic diseases are expected to remain high or rise.

An important component of being responsive to local community needs is local public health capacity to engage community members in assessing, planning, implementing, and evaluating solutions to health issues that affect them. Local public health plays a key role in ensuring there are avenues and opportunities for community engagement to better understand the unique needs of priority populations and root causes of health disparities.


\textsuperscript{13} Institute for Clinical Evaluative Sciences, Diabetes Data, 1996-2015.


\textsuperscript{15} Bilandzic A, Rosella L. The cost of diabetes in Canada over 10 years: Applying attributable health care costs to a diabetes incidence prediction model. Health Promot Chron. 2017; 37(2).


\textsuperscript{17} Canadian Community Health Survey Share File, Statistics Canada. Ontario Ministry of Health and Long-Term Care.
Strong local collaborative engagement and partnerships are essential to respond to public health emergencies and address complex public health issues. Public health emergencies, such as SARS and pandemic influenza H1N1, demonstrate that local investments are needed to ensure clear coordination among hospitals, health care providers, and government.4,18 Beyond emergencies, strong collaboration is essential to tackle complex health issues, such as diabetes.

Given that much of our health is determined by social factors such as housing, income, education, and employment, local public health plays a key role in linking and collaborating across sectors to promote health and prevent disease and develop healthy public policy at the municipal and community level. Public health makes the health connection to communities vulnerable to poverty and hazards in the environment. For example, public health’s air quality modelling program is used to proactively influence local land use and transportation decisions. Local public health is also playing a key leadership and cross-sector coordination role in ensuring effective local responses to the current opioid overdose crisis.

Ensure capacity at the local level and corresponding Provincial supports to fulfill these functions.
Local public health must have the capacity and capabilities to understand local needs and context to inform local public health priorities and to ensure public health interventions are appropriate for the local population. A fulsome understanding of local needs adds value and helps inform provincial priority setting, decision making, and healthy public policy. Local public health must also have the capacity and flexibility to modify interventions as needed to meet local needs. “Moving the needle” on complex health issues requires keen local insight, solid knowledge of health behaviour and illness prevention, combined with strong local partnerships.

2. What population health assessments, data and analytics are helpful to drive local improvements?

Key message:

- Understanding of the local context assists with interpretation of data and subsequent action. Local analyses help identify health issues that might not be identified at a provincial level.

Supporting information:

Data analysis at the provincial and local level are both helpful. However, local analyses help identify health issues that might not be identified at a provincial level. Analyses at the provincial level assess overall rates often without the sub-group analyses required to identify local disparities. Epidemiologists and analysts that are employed and situated locally are better able to contextualize and disseminate data and information in an actionable way.19

---

18 National Advisory Committee on SARS and Public Health. Learning from SARS: Renewal of Public Health in Canada.
Examples of population health assessments, data and analytics that have identified local health issues include:

- The identification of high rates of imported communicable diseases through international travel and migration (e.g., tuberculosis, typhoid fever, carbapenemase-producing Enterobacteriaceae).
- The analysis of the Ontario Student Drug Use and Health Survey to identify priority areas for both Peel Public Health and Peel school boards.
- The regular monitoring of communicable and infectious disease data to identify temporal and/or geographic clusters or outbreaks.
- The development of a Tobacco Health Status Report to identify areas of focus for an organizational strategic priority.

Data also inform the effective delivery of Provincially-mandated programs within a local context. Examples of this type of analytical work include:

- The analysis of vaccine distribution and return data to inform vaccine wastage-reduction strategies at the provider level.
- The analysis of Healthy Babies, Healthy Children program screening data to identify risk and protective factors most associated with enrollment in the program following in-depth assessment. This led to local program changes that increased the efficiency of the screening process.
- The use of data to enhance service provision and decision-making with the broader health sector (e.g., acute care surge planning for local hospitals, population health planning with the former Local Health Integration Networks).

3. What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?

Key messages:

- Improving Provincial coordination, program direction and technical support to increase alignment and capacity across public health entities in Ontario (e.g., central repository for research and database of evidence-based public health interventions).
- Enabling effective collaborations between researchers and the public health sector (e.g., develop standardized data-sharing agreements for public health units and major academic institutions, centralized and efficient research ethics review, provision of grants for public health research meaningful to the province and local public health entities).
- Developing continuing professional education for public health professionals aligned with the public health core competencies and sustain learnings through communities of practice.
- Developing a provincial public health human resources strategy which includes a diverse skill set to address the scope of professions needed to improve population health.

Supporting information:
Strengthened research and knowledge translation capacity within the public health sector can be achieved with effective collaborations; enhanced training opportunities; diversification of the Public Health workforce; and sustainable province-wide infrastructure:

**Effective collaborations between researchers and the public health sector.** Universities and colleges need to be incentivized to conduct research that is directly applicable to public health at the provincial and local level. Examples of government actions in this area may include: provision of grants for researchers who demonstrate meaningful engagement with public health partners; provision of end-of-grant funding for knowledge translation activities to public health audiences; specific funding opportunities for post-graduate students who conduct their research studies within the public health sector.

Adequate Provincial funding is needed to allow practitioners to attend topic-specific scientific conferences to engage with researchers and learn about emerging areas of research and practice. Development of continuing professional education for public health professionals aligned with the public health core competencies would also sustain public health’s highly skilled workforce.

A province-wide network of community-based researchers available to collaborate with public health would facilitate research that addresses local needs/context. This network should include those in research organizations outside universities and colleges.

At the local level, the government should support an effective community of practice between public health units and Public Health Ontario related to local research. These groups would provide a mechanism to share high quality resources, build capacity through shared training opportunities and facilitate discussions related to research priorities. The government should ensure that there is an appropriate allocation of human resources to administer the community of practice to ensure that it is sustainable over time and doesn’t burden public health units with additional administration duties.

**Enhanced training opportunities for public health practitioners across their careers.** To build research and knowledge translation capacity, the government should ensure that research methods and knowledge translation training is enhanced within post-secondary Public Health program curriculum (e.g., MPH programs).

To support the application of research into evidence-based public health programs and services, the government should support the creation of a practitioner-researcher mentoring programs (e.g., similar to the Canadian Foundation for Healthcare Improvement’s Executive Training – EXTRA program).

For those practitioners within the workforce, the government should work with knowledge translation experts (such as those at SickKids and St. Michael’s Hospital) to develop specialized knowledge translation certificate programs that have a non-clinical, public health focus.

**Diversification of the Public Health workforce.** To improve the health status of the population, public health needs to draw on the knowledge, skills and research base from many disciplines. The government should encourage the diversification of the public health workforce.

---

in terms of academic background and perspective (e.g., quantitative and qualitative methods, other fields of study such as computer science, engineering, planning).

At the local level, the government should provide funding for specific research and knowledge translation positions within public health units, similar to the Chief Nursing Officer or SDOH nurse roles that currently exist.

**Sustainable province-wide infrastructure.** All public health units require access to high quality, published evidence to design and implement effective, evidence-based programs and services. This requires increased access to published literature through expanded library services, including access to relevant databases and a wide range of academic journals.

The government should expand the role of Public Health Ontario to include support for effective public health practice methods development at local level (similar to the current Ethics Services).

To reduce duplication of effort across the province, the government should leverage technology to create a centralized repository of evidence products (e.g., research reviews, local research projects, knowledge products). In addition, the government should ensure that there is adequate, sustained support for other existing repositories that provide access to public health relevant research (e.g., Health Evidence’s repository of pre-appraised evidence).

More fulsome suggestions to improve shared priority setting can be found in Theme Four. Shared priority setting for public health would be strengthened with:

- Strong Provincial mandate to identify priorities based on evidence (including health status data, community needs, research, political preferences);
- Transparent and accountable processes for prioritization, including clear role delineation between planning partners;
- Inclusion of perspective of relevant partners and stakeholders including the local community;
- Adequate human resources to ensure timely identification of priorities;
- Appropriate timelines for action on priority areas; and
- Flexibility to ensure local priorities are addressed.

4. **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?**

**Key messages:**

- Developing Provincial Leadership on surveillance and population health assessment, technical direction, emergency management, healthy policy development and chronic disease prevention coordination.

**Supporting information:**

Suggested areas that could be strengthened if coordinated at the provincial level, either by the Ministry or by Public Health Ontario, include:
Leadership on Surveillance and Population Health Assessment. The Province would be best positioned to provide leadership and coordination on data standards and best practices for digital solutions with local input. Additionally, a Provincial lead on socio-demographic data collection standards (as the Ontario Anti-Racism Directorate does for other sectors) would provide valuable information for local decision-making. Most analyses should remain local but some surveillance planning (e.g., acquiring data, setting up data sharing agreements) could be done centrally. Local analytics support is always strongest when it is well embedded within programs areas and the work and priorities are well understood.

A Provincial system for coordinated collection of risk factor information at the local level funded by the Province (e.g., Ontario Student Drug Use and Health Survey) and support for national surveys being capable of providing valid regional estimates (e.g., Canadian Community Health Survey) would be beneficial to local health units.

Currently, Public Health Ontario provides data for some indicators at the local level, which should continue. To further enhance local work, it would be beneficial to have a full repository of key health indicators at the provincial level.

Local public health continues to provide in-kind support for the continued development and creation of Association of Public Health Epidemiologists in Ontario (APHEO) Core Indicators. It would be helpful to have this led by the Province or at least supported by the Province as all public health units benefit from this work.

Centralized Repository of Research. Several rapid reviews conducted by Peel are relevant to other health units, however, centralizing the whole function would create a bottleneck since topics that aren’t universally relevant across health units (but may be high local priorities) would drop to the bottom of the list. We suggest a centralized searchable repository of research reviews conducted (or in progress) by the Province/health units. A process for health units to include relevant research review topics for the Province to do on the Provincial workplan should support this repository. Peel has one such example for Peel Public Health products that could contribute to a provincial model.

Emergency Management. There is an opportunity for a greater degree of Provincial coordination and direction for emergency management. There are common issues/hazards where Provincial resources could be allocated to planning, e.g., natural disasters, large-scale outbreaks. The current Provincial pandemic plan, Ontario Health Plan for an Influenza Pandemic, provides guidance that is utilized by all health units and could be the model for further centrally developed plans.

The existence of centrally created high-level guidance and resources that in the midst of a response, health units can quickly access and use, e.g., forest fire evacuation in summer 2019, would support more consistent, rapid responses to large scale events impacting multiple areas.

Better Provincial coordination, program direction and technical guidelines. Public health’s function could be strengthened by having either the Provincial government or Public Health Ontario (1) facilitate collaboration through a centralized repository of best practices and evidence-based interventions and (2) provide leadership across public health entities on strategic initiatives.

Local public health would benefit from a coordinated resource sharing process of best practices and effective public health. Similar to a central repository for research, an evidence-based
public health intervention database would offer all public health units an easily accessible resource to support learning, sharing, and scale up, where appropriate. Examples of multiple areas of action that could benefit from better Provincial coordination and direction are health promotion, mental health, health equity, substance use, built environments, and health communities, among others.

Provincially led, large scale, coordinated interventions would reduce duplication across health units. For instance, in public communications campaigns, Ontario residents would benefit from consistent messaging that local health units can tailor as needed. Central coordination of campaigns on common health issues or emerging issues (e.g., opioids, vaping, healthy eating) would ensure consistent messaging. Local health units would still have a vital role in developing messaging targeted at priority populations.

**Healthy Public Policy Development.** Public policies are an important lever in supporting and promoting population health. Currently, local public health plays a key role in leading and supporting the development of healthy public policies at the municipal and community level. Local public health also completes analyses of the impact and implementation considerations of Provincial public policies and often supports evaluation of policy outcomes. Policy development could be strengthened by ensuring there is a clear and deliberate process for local public health entities and involvement in the development of Provincial public health policies. A fulsome understanding of local needs and context adds value and helps inform Provincial priority setting, decision making, and healthy public policy. Also, a “health in all policies” approach to policy development would help facilitate coordinated action across government ministries and departments and over time across sectors to ensure public policies protect and promote health.

**Develop a Provincial Chronic Disease Prevention Strategy.** Ontario needs an overarching chronic disease prevention strategy to guide overall program planning and development, as identified in the 2017 Ontario Auditor General report. The 2019 Ontario Auditor General report identifies that the Ministry is working towards a strategy to be released in 2020. This is positive as a Provincial strategy should include setting measurable goals on population health, along with timelines, defined actions and parties involved to achieve these goals. For example, The Smoke-free Ontario Strategy is a comprehensive tobacco control program with a broad coalition of partners, funded by the Province, that has resulted in a common vision, with policies and interventions implemented across the Province to successfully prevent and reduce tobacco use.

5. **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?**

**Key messages:**

- Sharing provincial leadership on procurement, data standards, and interoperability for digital solutions among the Province, Public Health Ontario and local public health.

---


Supporting information:

Shared Provincial leadership on procurement, data standards, and interoperability among the Province, Public Health Ontario and local public health through groups such as the COMOH Digital Health committee would avoid duplication of efforts and establish pathways for data sharing.

Interoperability is a major concern for public health agencies. Local public health agencies have been slowly adopting electronic medical record (EMR) solutions in the sector and finding ways to coordinate towards a fewer number of digital solutions. However, coordinated procurement without Provincial leadership and resources has proven extremely challenging, given the independent procurement processes and funding options. Provincial resources and guidance for procurement is essential to support greater alignment and to rationalize costs.

Technology solutions may help overcome some interoperability barriers presented by the variety of EMR systems and Provincial repositories. Provincial IT integration work could reduce duplicate documentation and reporting in both local EMRs and Provincial repositories.

Provincial leadership is essential to advance data standards and common best practices needed for interoperability. For example, there is a need for the integration of Provincial IT assets, such as the Provincial client registry, Provincial provider registry and Ontario Laboratory Information System (OLIS) with mandated public health information systems. This integration would support data quality in provincial reporting as well as information-sharing between different local public health agencies.

Interoperability and data standards for information exchange with health care stakeholders should also be considered. A central agency such as the Digital Services unit of Ontario Health (formerly eHealth Ontario) would help accelerate the appropriate inclusion of public health information, such as immunizations or clinic visit outcomes, into a clients’ provincial electronic health record. ConnectingOntario may be an avenue to explore. Further, public health agencies would have a platform to receive information from primary care and the broader health care system.

Innovative technology solutions for emerging applications such as communication with clients and their circle of care (through texting, social media, self-scheduling, private lab results, etc.) requires forums for consideration of common tools, standards for data, and use and options for spread and scale. These forums for discussion and decisions would need to consider dedicated resources to ensure subject matter expertise and time is accounted for.

Update the Personal Health Information Protection Act to enable public health entities to better communicate with clients and service delivery partners, and clearly allow the use of the Ontario Health Card Number as a unique identifier for client records (single client, single record) when it is not required for OHIP-billed services. This will decrease the risk of error (e.g., medication or immunization errors in clinical settings) and allow for provincial data linkage in administrative databases.
Theme 4: Inconsistent priority setting

The Board of Health and Medical Officer of Health support development of priorities that are clearly aligned and responsive to local community needs. Provincial priorities are important to consider but cannot account for local unique needs and context. For example, chronic disease prevention might be a general provincial priority, but addressing healthy active living would be more important than tobacco for Peel.

Regional Council resolutions related to this theme include:

1. Maintain the mandate and core functions of local public health as described in the Ontario Public Health Standards, 2018 (May 9, 2019- REPORT: Modernization of Ontario Public Health Units In The 2019 Ontario Budget).

2. Ensure strong municipal representation on the Board of Health is proportional and accountable to the residents served (June 27, 2019- REPORT: Public Health Restructuring in Peel; and RESOLUTION 2019-646).

1. What processes and structures are currently in place that promote shared priority setting across public health units?

Key messages:

- Fostering structured relationships, collaboration on mutual projects, and effective communication mechanisms, which will help develop strong linkages between all health system partners to promote shared priority setting (e.g., alPHa, TCANs).
- Enabling accountability mechanisms that are meaningful and support collaboration (e.g., current Annual Service Plan templates could be made more flexible to better describe shared priority setting across public health units; updating language in the OPHS to prioritize cross-health unit collaboration in priority areas for the Province).

Supporting information:

The Ministry should give consideration to strengthening current processes already in place that support consistent accountability across public health sector. Examples include: Board of Health training and orientation, legislation, and Ontario Public Health Standards and Accountability Frameworks.

- Board of Health is oriented to Public Health’s requirements and its accountability frameworks through training by health units, as well as training and resources from other municipal and public health organizations such as AMO and alPHa. Standardized guidance documents and training approaches would enable consistency across Boards.
- The Health Protection and Promotion Act allows the Ministry to publish standards and guidelines for provision of mandatory health programs and enables consistency across public health units. In some areas, better guidance documents, particularly related to accountability, would support consistency across health units.
- The Ministry’s Accountability Framework as outlined in the Ontario Public Health Standards, 2018, clearly outlines the work of Public Health, Public Health accountability and organizational requirements, program outcomes and contributions to population health outcomes, as well as disclosure and reporting requirements. The Accountability Framework is supported by several documents, including an annual performance report, annual service plan and budget submission, and a strategic plan. The development of
better performance measures in consultation with local public health entities is an opportunity to improve accountability.

- Strong provincial mandate to identify priorities based on evidence (including health status data, community needs, research, political preferences). Some health units may not have workforce capacity and institutional ability to use evidence-based decision making. Mandate and resources would support consistency across health units and support timely identification of priorities.
- All public health units are mandated to have a strategic plan. Being able to share planning documents, along with other evidence, through a centralized repository will support the identification of common challenges across Ontario communities that would benefit from public health expertise and collaboration.

Structured relationships, collaboration on mutual projects, and effective communication mechanisms will help develop strong linkages between all health system partners to promote shared priority setting. Strong working relationships, effective communication mechanisms, and undertaking shared projects and activities between health units and municipalities, other health organizations, and the Province/Public Health Ontario has also been recommended to support shared priority setting. The Expert Panel report indicated that structured relationships will be necessary between all health system partners to develop strong linkages between disease prevention, health promotion and care, maximizing system efficiencies and supporting a fully integrated health system.

Structured relationships and system partners already in place supporting shared priority setting locally and across health units include:

- Tobacco Control Area Networks (TCANs). The Province has provided funding for coordinating tables such as the TCANS. TCANS are regional groupings of public health units that have a mandate to provide leadership, coordination and collaborative opportunities related to all components of the Smoke Free Ontario Strategy. One of the more important roles the TCANs play is to plan and execute large regional projects and coordinate regional media activities.
- The Council of Ontario Medical Officers of Canada (COMOH). COMOH members meet regularly to identify priority areas in public health and public health systems. The Digital Health Committee for example, has objectives related to identifying priority areas for collaboration and information sharing for public health information systems (e.g., emergency medical records, Ontario’s digital assets, data-sharing infrastructure). Work groups meet regularly with MOHTLC and Public Health Ontario representatives, along with other MOHs and public health staff across the province to achieve their objectives.
- Association of Local Public Health Agencies (alPHA) and the Ontario Public Health Association are two membership-based organizations that advise, support and lend expertise to members on the governance, administration and management of health units. These organizations coordinate multidisciplinary networks and planning tables for

---

areas as diverse as alcohol, built environment, disease prevention, environmental health, and health equity.

These organizations and structured partnerships provide opportunities to do collective decision-making and priority setting across the different sectors who share common goals.

2. What should the role of Public Health Ontario be in informing and coordinating Provincial priorities?

Key messages:

- Developing evidence-based Provincial health promotion and disease prevention strategies in provincial priority areas that leverage multiple levels of action for specific health issues.
- Developing and sharing resources, guidance documents and best practices for effective public health.
- Supporting professional coordinating tables for risk factors across public health entities.
- Working with public health entities to provide epidemiological analyses or assistance to all public health units in a way that supports local population health assessments.

Supporting information:

In Theme Three (Duplication of Effort), Question 4 already provides some recommendations for areas that would benefit from Provincial level coordination. Public Health Ontario can support these areas, with particular attention to:

- **Developing Provincial health promotion and disease prevention strategies that leverage multiple levels of action for specific health issues.** In the case of chronic disease prevention, the the Auditor General’s 2017 report on chronic disease prevention in Ontario identified the lack of an overarching strategy as one of the main challenges. For chronic disease prevention, work seems to be underway to develop such a strategy. However, there are multiple public health issues that could benefit from better Provincial coordination (e.g. mental health, healthy environments, health equity, among others). As noted in the Provincial response to the 2017 Auditor General report, the existence of Strategies such as the Smoke-Free Ontario tobacco strategy has enabled significant gains in reducing tobacco use and lowering health risks over the past decade. However, the Auditor General report also noted the extent to which existing strategies could be better integrated and articulated with clear goals and responsibilities at multiple levels. Public Health Ontario has a role in supporting the development overarching health promotion and disease prevention strategies.

- **Developing and sharing resources, guidance documents and best practices for effective public health.** That Public Health Ontario supports the development of a central approach to update, co-ordinate and share research and best practices was among the Auditor General’s 2017 recommendations to improve chronic disease prevention in Ontario. Sharing resources, guidance documents and best practices can benefit multiple areas of public health action, such as communicable diseases, injury and substance use, healthy communities, early growth and development and school health. At the time, the Province was planning a central repository for best practices, tools and data. However, this work is not fully developed and there are many gaps that still require attention.

- **Supporting professional coordinating tables for risk factors across public health entities.** Currently, professional organizations such as the Ontario Public Health Association
host a number of tables that public health practitioners have initiated to exchange best practices and coordinate their efforts. However, the majority of these tables don’t have funding or technical support to maximize their impact. Public Health Ontario has already started to join some tables on an informal basis. However, a more formal role for capacity build and technical support can help ensure that these scenarios help maximize opportunities for coordination across public health entities in Ontario.

- **Working with public health entities to provide epidemiological analyses or assistance to all public health units in a way that supports local population health assessments.**

As noted under Theme Three (Duplication of Effort), Question Three, currently Public Health Ontario provides data for some indicators at the local level. This should continue and it would be helpful to have a full repository of key health indicators at the provincial level.

3. What models of leadership and governance can promote consistent priority setting?

**Key messages:**

- The leadership role of the local Medical Officer of Health as currently defined in the *Health Protection and Promotion Act* must be preserved with no degradation of independence, leadership or authority.

**Supporting information:**

The leadership role of the local Medical Officer of Health as currently defined in the *Health Protection and Promotion Act* must be preserved with no degradation of independence, leadership or authority. Currently under the *Health Protection and Promotion Act*, the Medical Officer of Health reports to the Board of Health and is fully accountable for fulfilling all legislative and regulatory requirements under the Act. This allows the Medical Officer of Health to report on population health status and recommended priority areas directly to the Board of Health, enabling appropriate resourcing and actions. The Walkerton and SARS crises demonstrated the importance for public health to have the ability to act on crises to prevent deaths and disease – efforts that are outside political debate or influence.10,11

Public health units are complex organizations and the Medical Officer of Health fulfils several administrative roles and responsibilities to ensure effective operation of the health unit and provision of programs and services. The Expert Panel report23 indicated that leadership structure, quality and competence of public health leaders is needed for an effective public health sector. Ensuring that senior management teams encompass strong organizational and management skills; relationship management, strategic planning and performance management skills; and extensive public health experience are recommended to successfully lead a public health unit and have a positive impact on population health outcomes.23

Historical lessons from the 2004 SARS crisis recommended that those appointed to Boards of Health (Board) possess a demonstrated experience or interest in the goals of public health – to prevent the spread of disease and protect the health of the people of Ontario – and that they be broadly representative of the community to be served. Provincial representation was also recommended.10 Peel Public Health and Peel residents have benefited from having a Board with elected representatives who are accountable to their residents and identify local priorities. Weakening the roles of the Medical Officer of Health and Board of Health can compromise key parts of the public health sector and negatively impact the community.
Theme 5: Indigenous and First Nations Communities and Francophone Populations

The Board of Health and Medical Officer of Health support meaningful engagement with Indigenous people, organizations and communities, and culturally competent programs and services for the diverse cultural and linguistic groups in Peel, including Francophone populations.

1. What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?

Key message:

- Maintaining the Ontario Public Health Standards language as it pertains to health equity and relationships with Indigenous communities.
- Fostering Provincial level supports such as Indigenous cultural safety training, the Ontario Indigenous Cultural Safety program and communities of practice.

Supporting information:

Peel Public Health is in the early stages of its engagement process with Indigenous communities in the Region of Peel. Several resources have been helpful as a starting point into meaningful relationship building with Indigenous peoples living in our community.

- **The Ontario Public Health Standards.** The Health Equity standard provides a mandate and accountability for this work. The Relationships with Indigenous Communities Guideline provides a starting point for health units to begin a complex process with crucial considerations for engagement and an understanding of the importance of this work to reduce health inequities facing Indigenous populations across Ontario.
- **Indigenous Cultural Safety training.** Indigenous ways of knowing are often dismissed or ignored which has historically led to racism in the health system, where Indigenous patients and clients are disadvantaged, and consequently may experience poorer health outcomes. Meaningful relationship building is not possible without an understanding of Indigenous culture and racism (e.g., distribution of power in organization and how it advantages some and not others). Currently Peel Public Health requires all of its senior leadership to take Indigenous Cultural Safety training and is exploring opportunities to expand this training to all staff.
  - **The Ontario Indigenous Cultural Safety program.** This Provincial program is administered by the Southwest Ontario Aboriginal Health Access Centre and facilitates training, approaches and strategies for working with Indigenous communities. Peel Public Health has worked alongside this Ontario program on many occasions and has greatly benefited from their work. However, this program is not currently funded to provide training to public health units.
  - **Public Health Ontario facilitates a Community of Practice** with members from different public health units and this has been a helpful resource.

Other factors that have supported Peel in relationship building with the Indigenous community include:

- **Working with Indigenous elders/knowledge keepers in our community** has been incredibly helpful in growing our understanding of Indigenous culture and learning how to engage with the Indigenous community in Peel.
• **Working with local partners to promote collaboration and pool resources.** In October of 2018, Peel’s Public Health Management Team and senior leaders from the Mississauga-Halton and Central-West Local Health Integration Networks (LHINs) convened to discuss the shared mandate of public health units and LHINs to embed Indigenous Cultural Safety in our organizations and across the health system. Follow-up discussions were also opened to neighbouring public health units, namely Toronto Public Health, Wellington Dufferin Guelph and Halton to promote collaboration, coordination and pool resources.

• **Working with public health colleagues in other jurisdictions.** Public health colleagues in other jurisdictions and organizations who have more expertise and experience has been helpful to move this work forward in a meaningful way.

2. **Are there opportunities to strengthen Indigenous representation and decision-making within the public health sector?**

Key messages:

- Mandating and resourcing Indigenous cultural safety training (e.g., Ontario Indigenous Cultural Safety Training Program).
- Providing funded positions for Indigenous knowledge keepers and elders.
- Developing a provincial public health human resources strategy that incorporates an Indigenous cultural safety lens to planning and practices.
- Leading a Provincial coordinated public health response to the Truth and Reconciliation Commission’s Calls to Action.
- Using the Organizational Indigenous Cultural Safety framework.
- Creating formalized relationships between Indigenous communities and public health organizations.
- Leveraging Indigenous council work done in other organizations.
- Supporting culturally appropriate data collection methods for Indigenous populations.

Supporting information:

Peel Public Health is being mindful about creating a more culturally safe organization as a starting point to support strengthened Indigenous representation. We hired a dedicated staff person to initiate a strategy and we continue to work collaboratively with organizations to consider important elements such as shared strategic focus, training, policies and organizational relationships.

These elements can also create opportunities to strengthen Indigenous roles in decision-making within the public health sector, for example:

- **Provincial leadership** on a coordinated public health response\(^{24}\) to the Calls to Action by the Truth and Reconciliation Commission.
- **Use the Organizational Indigenous Cultural Safety framework\(^{25}\)** to inform an organization-wide Indigenous Cultural Safety strategy. This framework outlines six domains

of organizational change that are required to achieve Indigenous Cultural Safety in health organizations. Building on collaboration with community and Indigenous organizations would also be a critical component in this process.

- **Create formalized relationships between Indigenous communities and public health organizations.** For example, Peterborough public health unit has a formal agreement regarding public health service delivery that is negotiated between First Nations communities and the Board of Health. This supports collaboration, priority setting and shared decision-making.

- **Leverage Indigenous council work done in other organizations.** Some public health units have councils of Indigenous knowledge keepers that they work with to inform program and service delivery. These are remunerated positions.

- **Support culturally appropriate data collection methods for Indigenous populations.** There currently is a lack of reliable data to inform policy-making and program delivery for Indigenous populations. Research indicates that Census and National Household Survey data routinely underestimate population data and social determinants of health data for Indigenous populations. However, data must be collected in culturally appropriate ways; this is an area that would benefit from support through Public Health Ontario or the Province.

3. **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?**

**Key messages:**
- Providing culturally- and linguistically-specific programs and services in multiple languages, including French, as illustrated in Peel’s approach to its very diverse community and
- Ensuring availability of on-demand interpretation and translation services.
- Making multi-lingual staff available.
- Fostering partnerships with the French school boards.

**Supporting information:**

Within Peel, Brampton and Mississauga are designated communities under the French Language Services Act. Further, there is a large proportion of the Peel population who speak other (non-official) languages at home. Top languages reported in Peel from the 2016 census include Panjabi (Punjabi), Urdu, Mandarin, Arabic, Polish, Spanish, Tamil, Gujarati, Cantonese.27

---

Peel Public Health serves the Francophone population and its diverse linguistic communities in the following ways:

- On-demand interpretation supports from an external agency, Multilingual Community Interpreter Services (MCIS), which provides language translation in 378 languages, including French, when required. This supports our clinic services, home visits (Healthy Babies, Healthy Children) and call centres. Interpretation will be considered as part of the implementation of an electronic medical record solution.
- French school boards are considered as a stakeholder in local public health planning and health promotion with school boards.
- Multilingual staff are scheduled when possible to enable linguistic support within programs, such as oral health screening in schools.

Other continuous quality improvement processes to ensure we are supporting our communities' linguistic needs include:

1. Region of Peel-Corporate Services provides a quality assurance mechanism through a corporate resolutions process in place and made available on our external and internal websites; and,
2. Corporate client surveys include questions to determine awareness of our clients' language preference and whether we are meeting their needs (French Language and other).

4. What improvements could be made to public health service delivery in French to Francophone communities?

Key messages:

- Providing Provincial equity, diversity and inclusion training to address issues of systematic bias, racism, colonialism, and promote culture and diversity.
- Strengthening Provincial leadership on socio-demographic data standards and collection.
- Developing Provincial guidelines, which could highlight linguistic and cultural competencies as an asset and be incorporated into a provincial public health human resources strategy.
- Supporting consistent access to interpretation and translation services across Ontario municipalities.

Supporting information:

Public health service delivery in French and other languages depends on the people and supports available and actively offered. The following recommendations can support improvements.

- **Providing Provincial equity, diversity and inclusion training.** Francophone and other cultural/linguistic communities may be viewed as minority concerns or issues rather than community assets and supports. Equity, diversity and inclusion training may support a shift in this paradigm towards improved engagement that is inclusive, rather than seen as a 'barrier'. The Province may consider providing equity, inclusion and diversity training to improve services along many intersections of cultural differences.
• **Provincial leadership on socio-demographic data standards and collection** would help to understand the ethno-cultural profile and language preferences of clients receiving direct services from public health units and which populations may require further outreach.

• **Provincial guidelines could highlight linguistic and cultural competencies as an asset** for hiring and/or community roles towards more equitable public health service delivery. Further, equity, diversity and inclusion training, strategies and audits extended to human resources functions may help identify biases and other implicit exclusionary criteria and approaches.

• **Support consistent access to interpretation and translation services across Ontario municipalities.** A centralized Provincial number for translation and interpretation services would increase access to public health services in diverse communities across Ontario.
Theme 6: Past Lessons

The Board of Health and Medical Officer of Health agree that learning from past reports to improve public health capacity and service delivery is important. Strengthening formal links between local municipalities and boards of health, while maintaining a flexible approach to the structure and organization of public health should be considered to address the challenges outlined in these past reports. Additionally, the costs associated with the transition to an autonomous public health structure should be cost-neutral for municipalities and not impact the residential tax base.

Regional Council resolutions related to this theme:

(1) Ensure strong municipal representation on the Board of Health is proportional and accountable to the residents served (June 27, 2019- REPORT: Public Health Restructuring in Peel; and RESOLUTION 2019-646).

(2) Preserve the leadership role of the local Medical Officer of Health, with no degradation of independence, leadership or authority (Keeping Peel Healthy, Safe & Connected: Essential components for a strong local public health sector through modernization Prepared by Peel Public Health May 6, 2019, and endorsed by Regional Council on May 9, 2019).

(3) The Province should fully fund any transition costs (May 9, 2019- REPORT: Modernization of Ontario Public Health Units In The 2019 Ontario Budget).

1. What improvements to the structure and organization of public health should be considered to address these challenges?

Key messages:

- Avoiding a “one-size-fits-all” public health model; local flexibility is essential.
- Maintaining or strengthening formal links between local municipalities and boards of health.

Supporting information:

There isn’t a “one-size-fits-all” public health model and allowing for flexibility among new regional entities to form a structure that meet these needs will enhance public health practice. This is an opportunity to better understand local contexts as a key factor in identifying the best model for each circumstance. This is particularly important because in reviewing the literature, public health governance functions and structures vary and the relationship between governance and public health performance is inconclusive.

Consider strengthening formal links between local municipalities and boards of health. Evidence from research suggests that a governing board of health with a policy making role is positively associated with performance of essential public health services, particularly for larger jurisdictions with a population ≥100,000 people.

2. What about the current public health system should be retained as the sector is modernized?
Key message:

- To ensure Public health and safety, retaining the Board of Health and Medical Officer of Health legislated authority and responsibility in the Health Protection and Promotion Act to act appropriately for public health and safety.

Supporting information:

Weakening the roles of the Medical Officer of Health and Board of Health can compromise key functions in the public health sector and negatively impact the community.28

- **Public health and safety.** The Medical Officer of Health and Board of Health must act quickly and effectively during public health crises. The Walkerton and SARS crises demonstrated the importance for public health to have the ability to act on crises to prevent deaths and disease – efforts that are outside political debate or influence,10,11 This includes the ability to rapidly deploy a skilled team of public health professionals to work with municipalities, health care, and others, and have the continuing legal authority to put the public’s health first.

- **Public trust.** All residents have the right to know about the health of the community and what can be done to improve it. As the doctor for the community, the Medical Officer of Health should never be prevented from being honest and transparent about the community’s health. Additionally, the Board of Health should have the ability to act on the independent advice provided by the Medical Officer of Health to ensure public health and safety.

In addition to maintaining the Health Protection and Promotion Act and Medical Officer of Health independence, earlier sections of this paper also indicated that the following functions and processes should be retained:

- Maintaining public health’s unique upstream population health and disease prevention mandate;
- Ensuring public health’s funding and human resources are sufficient to fulfill its unique mandate; and
- Keeping public health at the community level to best serve residents and lead strategic community partnerships.

3. What else should be considered as the public health sector is modernized?

Key message:

(3) Funding Provincially any transition costs.

Supporting information:

---

Transition Costs and Process. The costs associated with the transition to an autonomous public health structure should be cost-neutral for municipalities and not impact the residential tax base. The Province should fully fund any costs associated with a transition to a regional public health entity to ensure that service delivery is maintained.

The cost of transition could be higher for public health units currently integrated with municipal or regional governments. This is due to the process of disentanglement of systems currently integrated within existing municipalities. In the case of Peel Public Health, the magnitude of services as the second largest public health unit in Ontario is also likely to increase the cost. Preliminary transition planning will require the management of space and facilities, human resource implications, technology and infrastructure, service delivery and financial liabilities. At a high level, these include:

- **Management of space and facilities**: this includes the negotiation of current leases, negotiating the use existing space in municipal offices and any potential new location.
- **Management of service contracts**: this includes legal agreements for service contracts, as well as contractual obligations for other services (e.g., janitorial services, fleet services).
- **Human resource and policy implications**: this includes contract negotiations and provision of support for staff whose positions change during the transition and any other policy changes or updates.
- **Management of technology**: negotiation and transformation of computer hardware assets and other technology infrastructure components that would need to be part of the transition.
- **Financial liabilities**: this includes WSIB, short term disability, long term disability, and post-retirement benefits.

Vulnerable and special populations. In addition to Indigenous and Francophone populations, the public health needs of other vulnerable and special populations should be considered through the modernization process.

- **Improve data availability and use**. Improving data to understand need, assets, and risks to inform program planning and service delivery. Currently little is known about the LGBTQ2S+ and those with disabilities. Increased knowledge of these populations will assist with providing programs and services to decrease health inequities.