Region of Waterloo
Public Health and Emergency Services

To: Chair Elizabeth Clarke and Members of the Community Services Committee

Date: January 14, 2020

File Code: P01-20

Subject: Region of Waterloo’s Response to Provincial Modernization of Public Health

Recommendation:

That the Regional Municipality of Waterloo take the following actions to provide feedback to the Government of Ontario, in response to its discussion paper: Public Health Modernization as outlined in report PHE-20-01, dated January 14, 2020.

   a) Advise the Premier, the Minister of Health and the Special Advisor on Public Health and Emergency Services Consultations that the Region of Waterloo continues to support the current, fully municipally integrated approach to Public Health delivery in Waterloo Region;

   b) Request the Premier and Minister of Health restore previous funding levels and provincial-municipal cost-sharing formulas for Public Health programs and services in place in 2019;

   c) Endorse Report PHE-20-01 as the Region of Waterloo’s response to the Discussion Paper: Public Health Modernization

   d) Direct the Acting Medical Officer of Health and the Acting Commissioner to complete the on-line survey in line with the themes outlined below prior to its deadline of February 10, 2020; as well as participate along with members of Regional Council, in face-to-face consultations to be conducted by Special Advisor Mr. Jim Pine and Deputy Minister Alison Blair on January 31st in Waterloo Region.

   e) Forward a copy of this report to the Premier of Ontario, the Minister of Health, the Special Advisor on Public Health and Emergency Services Consultations, all local MPPs, the Association of Municipalities of Ontario (AMO), the Association of Local Public Health Agencies (aPHa) and the 34 Boards of Health in Ontario.
Summary:

In April 2019, as part of the provincial budget, the government made announcements that would have significantly changed both the funding and structure of Ontario’s public health sector. The government received widespread feedback and concerns from many health units, municipalities and various stakeholder organizations. Subsequently Premier Ford and Minister Elliott announced a pause in the changes to funding models and launched a “renewed consultation with municipalities and our partners in public health”.

Consultations were launched in mid-November with the release of a Discussion Paper: Public Health Modernization. In addition to an on-line survey and acceptance of written submissions, in person consultation sessions are being scheduled across the province; a session has been scheduled in Waterloo Region on January 31st.

Building on the findings of several previous studies and reports conducted over the last 20 years, the Province has identified 4 key challenges in the public health sector that they are seeking feedback on in the consultation. The stated challenges include:

• Insufficient capacity;
• Misalignment of health, social and other services;
• Duplication of effort; and
• Inconsistent priority setting.

The report Region of Waterloo’s Response to Provincial Modernization of Public Health, takes the position that the strengths and challenges in the public health sector do not exist homogeneously across the 34 health units in the province. As a result, the Region does not believe a ‘one size fits all’ approach is prudent. Enhancing consistency is only helpful when it raises the bar for all health units and is counterproductive when it decreases effectiveness in even a subset.

The challenges/opportunities and potential solutions fall into 2 categories as follows:

• Those challenges/opportunities that exist consistently across the province, with potential solutions/actions that would positively impact effectiveness and efficiency of public health service delivery in all health units; and
• Those challenges/opportunities that exist inconsistently within the public health sector (and may even be absent in some areas of the province), which would benefit from solutions/actions for a subset of health units.

We believe that Region of Waterloo Public Health, with a population of over half a million people and a history of effective and efficient performance, is one of the province’s strong and sustainable health units, with a size that allows it to have critical mass on its own.
Region of Waterloo Public Health has long leveraged the close working relationship with social services facilitated by its integration into a regional municipality alongside the Region’s Community Services (i.e. social services) department, as well as through outreach to community partners. In addition, the Region of Waterloo as a whole has actively supported improvements in local health care services and coordination between its Public Health Department and those services in the community.

There is agreement that due to the structure of the current public health system and the requirement for each of the 34 health units to meet the Ontario Public Health Standards, there are instances of duplicative efforts occurring across the health units. There are opportunities for Public Health Ontario and the Ministry of Health to take leadership and coordination roles in higher level research, evidence-synthesis, evaluation and health promotion campaigns that could then be tailored or finessed to respond to local needs. A core degree of competency and experience at the local level for such functions would still be required.

The Ministry can utilize the Ontario Public Health Standards, protocols and requirements to enhance consistency of priorities and decision making within health units. The accountability agreements, annual audits and common technology systems/solutions can enhance consistency among health units.

The ability to explore and work in collaboration with indigenous communities and other relevant stakeholders to respond to issues which impact the health of indigenous communities has been facilitated by Waterloo Region Public Health being part of a regional government structure.

As previously recommended by the Region of Waterloo in report PHE-17-06 (Response to the Report of the Minister’s Expert Panel on Public Health), and PHE-19-07 (Region of Waterloo’s Response to Provincial Public Health Restructuring and Funding Changes), the Province should reconsider any plans for implementation of a one-size fits all approach to governance and structure for Public Health Units in Ontario. Priorities should be established and changes should be implemented in Health Units/areas of the province where there are identified concerns. Where issues do not exist, Region of Waterloo does not believe that changes to structure and governance should be implemented. The current, fully municipally integrated model serves the community and its residents well in Waterloo Region.

Reducing the number of health units in Ontario through voluntary amalgamation has significant potential to address the issue of critical mass and may result in additional efficiencies within the sector.

Overall provincial funding, previous provincial cost sharing contributions to public health units (75%/25% and 100%), and funding for Public Health Ontario should be restored and maintained at least until the design of the modernized system is finalized. In
addition, transitional funding must be made available to offset the costs of any resulting amalgamations and system changes that may occur.

Report

Background:

In April 2019 as part of the provincial budget, the government made announcements that would have significantly changed both the funding and structure of Ontario’s public health sector. If implemented as planned, the changes would have been as follows:

- Creation of 10 new Regional Public Health Entities governed by autonomous boards of health effective April 1st, 2020 (as opposed to the then 35 (now 34) Health Units operating under various forms of governance)
- Provincial funding within the sector would be reduced by $200 million annually by April 1st, 2021 and the cost-sharing arrangements changed, resulting in municipalities being expected to pay a greater portion

Region of Waterloo was in a proposed public health entity that includes the current Health Units of Wellington-Dufferin-Guelph and the Regions of Peel and Halton; population wise, it would have been the largest public health entity in the province. If fully implemented, the total annualized loss of provincial funding for public health programs in Waterloo Region was estimated to be $5.4 million by 2021.

Following the introduction of the Province’s proposed changes to the structure and funding of Public Health, the government received widespread feedback and concerns from many health units, municipalities, and various stakeholder organizations and associations. At an Association of Municipalities of Ontario (AMO) conference in late August, Premier Ford and Minister Elliott announced a pause in the changes to funding models for 2019 and launched a “renewed consultation with municipalities and our partners in public health.”

Subsequently, on September 12th, correspondence was received from Deputy Minister of Health, Helen Angus, regarding a Ministry of Health – Organizational Realignment, and confirming the appointment of Alison Blair as Assistant Deputy Minister, Emergency Health Services as well as her assignment as Executive Lead for Public Health modernization. In mid October, Minister Elliott announced the appointment of Mr. Jim Pine, Chief Administrative Officer of the County of Hastings, to serve as the government’s advisor on ways to strengthen and modernize public health and emergency health services. Mr. Pine’s role is to seek input from a wide range of stakeholders to improve public health and emergency health services.

On November 18th, the consultations were launched with a webcast and the release of the Discussion Paper: Public Health Modernization
During the webcast, Allison Blair reaffirmed the Ministry’s desire to reset the discussions with the sector and its stakeholders; she also indicated there are no predetermined outcomes. The consultations will include a series of in-person sessions which are to be scheduled across the province and an online survey; the ministry is also accepting written responses.

To date, ministry consultations have been held in Thunder Bay, Kingston and Peel Region. Staff from the Ministry of Health have invited Waterloo Region to host a consultation session for the areas currently served by the Health Units in Grey-Bruce, Huron-Perth, Wellington-Dufferin-Guelph and Waterloo Region; the session is scheduled for January 31st.

Public Health in the Province of Ontario

Currently, there are 34 Public Health Units in the province of Ontario. This is down from 36 in 2018 as a result of two voluntary amalgamations; in 2018 the Oxford County and Elgin St. Thomas Health Units joined to become the Southwestern Health Unit and on January 1st, 2020 health units in Huron County and Perth Couth came together to become the Huron Perth Health Unit.

There are several governance models for Health Units within the province. Currently, the majority of Ontario’s Health Units are governed by autonomous boards, distinct from municipal organizations; the remaining are integrated within single-tier municipalities or regional governments structures and are governed by elected municipal councils serving as Boards of Health.

Currently, there are two provincial ministries responsible for different public health programs and services under the Ontario Public Health Standards; the Ministry of Health and the Ministry of Children, Community and Social Services. Another key provincial partner, Public Health Ontario provides scientific and technical support to the Ministry of Health and directly to Public Health Units across the province.

As of 2019, the majority of mandated public health programs received provincial cost sharing up to 75% of the Board of Health’s approved budget with the remainder funded by the local municipal tax levy; to a lesser extent, some programs were funded 100% by the province. Beginning in 2020, the Province has implemented a funding change that results in all programs with the exception of the newly announced Ontario Seniors Dental Care Program moving to a maximum cost sharing by the Province of 70%. The Province has said there are no current plans to further shift cost sharing to the previously announced 60% provincial 40% local municipal tax levy by 2021.

Public Health in the Region of Waterloo – The Current Situation

Region of Waterloo Public Health is 1 of 10 Public Health Units in the province that
operate under the administration of a regional or other municipal government structure. It operates in a fully municipally integrated manner with other regional departments in areas such as social services, child care, housing, water supply, transportation, planning and community safety. Public Health occupies space at regionally owned buildings at 99 Regina Street, Waterloo and at 150 Main in Cambridge, and benefits significantly from shared corporate services including Finance, Facilities Management, Information Technology, Human Resources and Citizen Services, Legal Services and Council and Administrative Services. Regional Council serves as the Board of Health.

The Public Health base budget includes a rent allocation for the space occupied at 99 Regina Street, Waterloo and 150 Main, Cambridge. In addition, there is an allocation for shareable administration costs related to corporate services such as finance, human resources, information technology, legal and the Region’s Service First Call Centre. The true value of all services and benefits received by Public Health as a result of being fully integrated within the Region exceeds the current monetary allocation for sharable administration.

The municipally integrated system in Waterloo Region has significant benefits from both a Public Health and Regional perspective. Innovative approaches and effective collaborations in areas such as water protection and water quality, the Regional Official Plan, active transportation, by-law implementation (e.g. tobacco and pesticides) and the opioid response are examples where the municipally integrated model of public health governance has worked to the overall benefit of the community. In its role as Board of Health, Regional Council has a long history of being highly engaged and supportive of public health initiatives; as a result, the residents and communities of Waterloo Region have consistently benefited from innovative and high quality public health programs and services.

For several decades, Region of Waterloo Public Health’s mission and philosophy statements have had a focus on doing the work of public health in partnership with organizations and services providers in the community. Similarly, the Region of Waterloo’s strategic plans have included a focus area of healthy, safe and inclusive communities as well as responsive and engaging public service. Public Health’s commitment to working in partnership and the Region’s strategic plan focus areas have served the residents of Waterloo Region well.

The Impact of Changes Previously Proposed by the Province

If the Province’s previously announced plan to move all health units to a common governance structure of an autonomous board proceeds, Public Health would no longer be a part of the Region of Waterloo, and the integration and coordination with other Regional programs would be compromised. The significant value and in kind services received by Public Health from the Region would be lost and Regional Council’s role as the Board of Health would cease. Similarly, if the number of health units in the province
was reduced and Waterloo Region Public Health became part of a larger entity, there is significant potential that the commitment to partnerships within the local community and the Region of Waterloo’s focus on the health of the local community could be jeopardized or undermined. None of this would be in the interest of maintaining or improving the current high level of public health programs and service delivery in Waterloo Region.

Current structure, organization, governance and accountability is working effectively in Waterloo Region. Any new structure implemented by the Province should be evidence based and would need to be better or at least equivalent to what is currently offered by the Regional model, in order to justify the disruption and risk to effective public health service in the Region of Waterloo. As previously recommended by the Region of Waterloo, the Province should reconsider any plans for implementation of a ‘one size fits all’ approach to governance and structure for Public Health Units in Ontario; priorities should be established and changes should be implemented in health units/areas of the province where there are identified concerns. Where issues do not exist, Region of Waterloo does not believe that changes to structure and governance should be implemented.

The Province’s Discussion Paper: Public Health Modernization

As stated in the introduction of the Province’s discussion paper, “While the broader health care system undergoes transformation, a clear opportunity has emerged to transform and strengthen the role of public health as a foundational partner in improving the health of all Ontarians.” As the Province works to transform and strengthen the role of public health, it is working towards the following outcomes:

- 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.

Key strengths of the current public health system identified by the Province and to which it is committed to maintaining or expanding on include:

“a focus on health protection, health promotion, and health equity as well as its local presence, relationship with municipalities, highly trained workforce, relationships outside the health care system, and an in-depth understanding of, and capacity to assess population-level health. Public Health can broker relationships among health care, social services, municipal governments and other sectors to create healthier communities.”
Four Key Challenges Identified in the Public Health Sector

Building on the findings of several previous studies and reports over the last 20 years, the Province has also identified 4 key challenges in the public health sector that they are seeking feedback on in the consultation. The stated challenges include:

- Insufficient capacity
- Misalignment of health, social and other services
- Duplication of effort and
- Inconsistent priority setting

The strengths and challenges identified by the province provide important context for the consultation process. However, it is our belief that these strengths and challenges do not exist homogeneously across the 34 health units in the province. The strengths and challenges can impact even neighbouring health units quite differently; the degree to which strengths can be built on, and the degree to which the challenges impact individual health units, is inconsistent.

In the Province’s efforts to transform and strengthen the role of public health, the Region believes it is short-sighted to take a blanket ‘one size fits all’ approach; enhancing consistency is only helpful when it raises the bar for all health units and is counterproductive when it decreases effectiveness in even a subset. There can be no debate that there are opportunities for improvement within the public health sector; however, we suggest that it is helpful to divide the challenges/opportunities and potential solutions into 2 categories as follows:

- Those challenges/opportunities that exist consistently across the province, with potential solutions/actions that would positively impact effectiveness and efficiency of public health service delivery in all health units; and
- Those challenges/opportunities that exist inconsistently within the public health sector (and may even be absent in some areas of the province) which would benefit from solutions/actions for a subset of health units.

In November, the Association of Local Public Health Agencies (alPHa) released a set of foundational principles for use during the provincial consultation regarding the modernization of Public Health (Appendix 1). In general, the Region of Waterloo supports and utilizes the large majority of the principles proposed by alPHa; particularly the Foundational Principle, the Organizational Principles, and the Capacity Principles. As indicated in previous committee reports and recommendations, the Region of Waterloo does not support a “one-size fits all” approach to the governance of Public Health Units through autonomous boards; as a result, the alPHa proposed principles related to governance (specifically principles 10 and 11 which relate to board structure and composition) are the only ones which would not align with the Region’s position.

Region of Waterloo’s Response to the Discussion Paper: Public Health
Modernization

The next section of this report provides feedback from a Region of Waterloo perspective regarding the Province's identified challenges and issues of the current Public Health system.

Insufficient Capacity

- Challenges retaining and recruiting skilled public health personnel resulting in inequities in service delivery across Ontario
- Insufficient critical mass and surge capacity in some smaller public health units resulting in lack of capacity for public health response.

Region of Waterloo has had significant success in attracting, recruiting and retaining skilled public health personnel as well as responding to increases in demand for service and response when required (surge capacity). We have not experienced challenges in retaining public health personnel, with the exception of a recent increase in movement of staff since April 2019 when the provincial government announced plans to transform and modernize Public Health. We believe that the uncertainty caused by the provincial announcements and the existence of more questions than answers for more than 9 months has been quite unsettling for the public health field in general and, in Waterloo Region, it has contributed to some departures.

Similarly, because of the size of Region of Waterloo Public Health (2019 base complement of 300 Full-Time Equivalent Staff, excluding Paramedic Services), maintaining the necessary surge capacity has not been problematic. We have had the critical mass and surge capacity to respond to events such as a meningitis outbreak which necessitated a major public health response (1998), SARS (2004), H1N1 (2009) and multiple other community outbreaks or emergencies locally. During these times, we redeployed staff within Public Health to create surge capacity in order to respond appropriately. Also, by virtue of being part of the Region of Waterloo, we benefitted when staff in other departments of the organization were made available to Public Health to provide extra staff resources in administrative, support and management functions during those response efforts that went on for longer periods of time.

Occasionally, we have offered the assistance of Region of Waterloo staff to neighbouring health units who were experiencing periods of increased demand that stretched their own capacity to respond. We understand that under our current Accountability Agreement with the Province for the Infectious Disease Control Initiative (funded 100% by the province until January 1st, 2020), our health unit is obligated to provide support to other boards of health during infectious disease outbreaks; staff resources funded through this initiative are required to be made available for redeployment when requested by the Province.
In other areas of the province, there have been more persistent problems with the recruitment and retention of skilled public health personnel; as well, in some areas ensuring sufficient critical mass and surge capacity can be problematic. Fortunately, in Waterloo Region Public Health that has not been our experience; this Health Unit has sufficient critical mass, as well as a geographic location and community composition that allows for the maintenance of a skilled workforce at all levels of the organization. We agree that it is in the best interest of the overall public health system that all Public Health Units have sufficient skilled public health personnel on a day to day basis and also access to additional staff resources in times when they are in public health response mode such as during outbreaks and emergency situations that exceed their own organizational ability to respond. The concept of surrounding health units supporting each other during periods of increased demand could be expanded upon; the Province could make it an explicit expectation for positions supported by provincial funding.

As recommended by previous reports on Ontario’s public health system, amalgamations of some of the smaller health units and ensuring adequate provincial funding (100% and cost shared) of base budgets could help to ensure critical masses and the necessary flexibility within all health units; adequate resources to fund the appropriate level of staffing in every health unit in the province is imperative.

The challenges of insufficient capacity are not consistent in Health Units across the province (and may even be absent in some areas of the province). Therefore, this particular challenge would benefit from solutions/actions for a subset of health units where there are identified issues; the Province should work with health units to determine those that have a demonstrated problem with recruitment, retention and surge capacity, and then develop region/health unit specific approaches to the identified issues that may include additional funding.

The Province could undertake additional work in collaboration with the field, to explore voluntary amalgamations and expansion of the current mutual aid agreements that exist between a number of health units already; these actions would help to increase surge capacity for affected individual Health Units and within the system overall.

**Misalignment of Health, Social and other Services**

- Instances of misalignment with the broader health system and social services resulting in added complexity for collaboration and missed opportunities

Region of Waterloo Public Health has long leveraged the close working relationship with social services facilitated by its integration into a regional municipality alongside the Region’s Community Services (i.e. social services) department, as well as through outreach to community partners. In addition, the Region of Waterloo as a whole has
actively supported improvements in local health care services and coordination between its Public Health Department and those services in the community.

There are many examples of ongoing constructive and collaborative working relationships between Public Health and the Region’s Community Services Department, local school boards, social service organizations, municipalities, hospitals, community health centres, universities/colleges, police services and paramedic services within Waterloo Region. The current structure of public health in Waterloo Region does not pose any significant barriers to collaboration and alignment. On the contrary, Region of Waterloo Public Health and our community partners have a long history of investing heavily in our relationships and building on existing and new partnerships; as a result, where there are mutual interests and opportunities for collaboration, our shared history and Public Health’s integration within the Region of Waterloo’s structure is an enabler.

Examples include Public Health working together with many partners on the Wellbeing Waterloo Region initiative; support for two local Ontario Health Teams; and the local drug strategy and opioid response plan.

Wellbeing Waterloo Region (http://www.wellbeingwaterloo.ca/blog/) is a community-led initiative working together across sectors to improve the wellbeing of residents. It is premised on the belief that no single policy, government department, organization or program alone can tackle the increasingly complex social problems we face as a society. It seeks to address complex issues and achieve significant and lasting social change through multiple sectors coming together on a common agenda, shared measurement, and alignment of efforts. Region of Waterloo Public Health is a key partner supporting this initiative, with representation in, and provision of, staff support to multiple enabling groups, such as the Connector’s Hub (group that provides oversight for the collective work), the Systems Change Champions, the Indigenous Working Group, and the Measurement and Monitoring Working Group.

Since the announcement of the healthcare system transformation including the creation of Ontario Health Teams, Public Health has played a coordinating role for various programs of the Region to order to efficiently connect with and support the Region’s two local Ontario Health Teams, which have been approved (Cambridge-North Dumfries Ontario Health Team) or are in development (KW4 or Kitchener, Waterloo, Wellesley, Wilmot and Woolwich Ontario Health Team). The various programs of the Region that are providing support to the OHTs include public health, paramedic services, long-term care, housing, seniors’ services, children’s services, and employment and income support. These collaborations are facilitated through a member of Public Health’s senior management team, who connects the leadership of the Ontario Health Teams with the appropriate Regional representatives, in order to establish a strong foundation for partnership with the future hubs of connected health care in our community. The Region (and its various departments) is officially an affiliate member of the approved Cambridge
and North Dumfries Ontario Health Team and anticipates being an affiliate member of the KW4 Ontario Health Team when they become an Ontario Health Team.

Finally, in response to the significant opioid crisis faced by many Ontario communities including ours, Region of Waterloo Public Health has long provided ‘backbone’ support and played a facilitative role in bringing together many community partners to create synergies, streamline collaborations and avoid duplication in our collective efforts to mitigate the impacts of the opioid crisis. In addition to being a long-standing member of Waterloo Region’s Integrated Drugs Strategy, since 2018 Public Health has co-chaired a Special Committee of our community’s Integrated Drugs Strategy with senior leaders across key sectors to provide oversight for the community’s opioid response. Membership on this special committee includes representation from municipalities, school boards, addictions and mental health services, the Waterloo Region Crime Prevention Council, Regional Police, the Region’s Community Services Department including its Housing Division, the Region’s Paramedic Services, and the Waterloo Wellington Local Health Integration Network. The committee has overseen the development of the Waterloo Region Opioid Response Plan, which has set and monitors progress on key priorities for action in our community.

It is acknowledged that Region of Waterloo Public Health is able to leverage these relationships with community partners because they exist within our community, and they have the capacity to provide services to our residents. Many small, rural communities and health units are not fortunate to have such a robust local infrastructure with whom they can partner.

As evidenced above, ‘misalignment of health, social and other services’ is not a challenge that requires addressing for Region of Waterloo Public Health. Rather, we suggest that this is an example of an opportunity/problem that exists inconsistently within the public health sector (and may even be absent in some areas of the province).

**Duplication of Effort**

- Duplication and lack of coordination resulting in disconnect between evidence products, policy and delivery

Region of Waterloo Public Health agrees that, due to the structure of the current public health system and the requirement for each of the 34 health units to meet the Ontario Public Health Standards, there are instances of duplicative efforts occurring across the health units. Examples include the areas of health promotion and health communications (e.g. health promotion campaigns), research and evaluation, epidemiology and health analytics, literature review and evidence synthesis, and knowledge exchange to support public health action.

Public Health Ontario is a valued partner for public health units and their expertise is in
high demand. This demand can outstrip its supply of available resources, and therefore ensuring sufficient support for this provincial resource would be a key pillar in enabling a strong public health sector. Public Health Ontario could play an important role in conducting research and/or producing evidence summaries on issues common to all health units; this would prevent the need for this work to be replicated across 34 health units. Local public health units could then tailor or finesse such products as needed, in response to local needs. The Ministry of Health has assumed a “stewardship role” with respect to public health work across the province. Its staff diligently work to respond to emerging public health threats and issues. If adequately resourced, it could play a lead role in developing health promotion campaigns, including translations of the associated materials into the common, additional languages spoken in Ontario. The Ministry could also play a larger role in proactively setting overarching, strategic priorities for the public health system in Ontario, and supporting local health units to action those priorities. This could assist in addressing the system challenge noted in the discussion paper that relates to inconsistent priority setting among the 34 health units.

Our health unit would welcome the opportunity to work with the Ministry of Health and Public Health Ontario, to collaborate and reduce areas of redundancy, as well as support each other’s roles by leveraging each other’s areas of ‘know how’. As an example, in addition to the technical and scientific expertise of Public Health Ontario, and the bird’s eye view for provincial public health priorities which the Ministry has, there are strengths of local public health units to be leveraged. These would include their expertise in implementing programs and services in their local communities, including experience with real-world barriers and success factors to achieving intended outcomes. In addition, strong partnerships at the local level is one of the key strengths and important criteria for health promotion and policy development. Therefore, a core degree of competency and experience at the local level for such functions is still required, and should continue to be supported.

We agree that some of the aforementioned activities which are not locally specific are being duplicated within multiple public health units, and that there are opportunities to leverage others in undertaking and sharing this work. Health units such as Region of Waterloo Public Health have been able to develop a high degree of skill and expertise in a variety of these program support areas (e.g. epidemiology and health analytics, quality initiatives, health information management and privacy, etc.), and regularly work with other health units to collaborate and share learnings. Examples of such work include:

1. Participating in a number of Locally Developed Collaborative Projects (LDCPs) funded by Public Health Ontario including, more recently, the Children Count LDCP, the Continuous Quality Improvement (CQI) LDCP; and the Healthy Built Environments LDCP.
2. Taking a leadership role on initiatives to leverage digital technologies, such as on
the Ontario Hedgehog User Group, thereby significantly reducing the amount of work for other health units, or aiding those health units which do not have the resources to implement such systems alone.

3. Planning collaboratively since the announcement of the Ontario Seniors Dental Program (delivered in partnership by the region’s Community Health Centres and Public Health) with neighbouring health units, in an effort to reduce redundancies, enable sharing of expertise across health units, and achieve coordinated service delivery across health unit boundaries.

In addition to the above, there is likely a critical mass for health unit size that would improve retention and recruitment of these competencies in health units, and optimize the use of these resources across the province. This has been underscored by previous reports on Ontario’s public health system which have highlighted that, in a system where populations served by boards of health vary in size from 34,000 to almost 3 million, a lack of critical mass creates inequities in public health service delivery across the province. A public health system where health units have sufficient critical mass to effectively assume core local functions in areas such as evidence-based program planning and evaluation, policy development, epidemiology and health analytics, quality initiatives, performance measurement and monitoring, etc. would likely also contribute substantially to reducing duplication of efforts across the province.

**Inconsistent Priority Setting**

- Inconsistencies in priority setting and decision making across the province

The Ontario Public Health Standards and related protocols and regulations are important tools that are integral to ensuring consistency in public health program and service delivery across the province.

Currently, regulations and protocols can be applied and enforced inconsistently across the province because of differing interpretation of the wording by local health units. The Association of Supervisors of Public Health Inspectors in Ontario (ASPHIO) as well as many other regional and provincial program networks and work groups attempt to promote more consistent application of regulations and implementation of programs by supporting discussions among their members. However, implementation of regulatory and program requirements is still decided at the local level, creating a patchwork of program delivery and enforcement that varies across the province, often causing confusion for business owners who operate in multiple jurisdictions. Clear guidance from the province on how to interpret and apply requirements, regulations, protocols would be welcomed and could help to remove these variations in decision making, priority setting and application, not withstanding that some level of inconsistency in decision making and priority setting would be appropriate among the province’s health units in order to respond to differing local needs.
For several years, the Ministry of Health has undertaken audits of 1-2 health units on an annual basis. The high-level findings and recommendations resulting from these audits of individual health units could provide an important opportunity for the Province to provide clarification of expectations and priorities with all health units in the province. To date, findings of these audits have not been systematically shared with the field; we view this as a missed opportunity.

Technology solutions offer important opportunities to strengthen the public health system. Technology is a key element that could benefit from more consistent priority setting and decision making across the province; technology solutions could also help to address duplication of efforts among public health units. Currently, public health units require systems to support efficient and effective health information management for all public health programs and services, and yet, less than half of local public health agencies have an electronic medical record (EMR). Where they exist, public health EMRs are varied, contributing to a fragmented technology landscape. This is in part due to lack of Ministry of Health funding, guidance and direction setting. The Council of Medical Officers of Health Digital Health Solutions Committee has requested a dialogue with Ministry of Health on local and provincial leadership related to strategy and investment, standards and interoperability, infrastructure, legislation, policy and compliance for common technology systems and applications. For example, a centralized resource or agency dedicated to supporting the public health sector with a standardized approach to data and information governance and with interoperable digital health solutions, including EMRs.

Indigenous and Francophone Communities

The Ministry’s addition of a requirement in the Ontario Public Health Standards to develop relationships with Indigenous communities and organization in a culturally safe and meaningful way is important.

The ability to explore and work in collaboration with indigenous communities and other relevant stakeholders to respond to issues which impact the health of indigenous communities has been facilitated by our health unit being part of a regional government. For example, a work group was established as part of Wellbeing Waterloo Region (WWR), with Public Health and Waterloo Regional Police Service contributing to backbone support of this group, setting the stage for a more holistic approach to defining and addressing indigenous population health issues across multiple sectors and departments of the Region (e.g. housing, social services, public health, planning). Cultural awareness, sensitivity and competence learning opportunities have been accessed across multiple sectors and organizations in Waterloo Region. The WWR First Nations, Métis and Inuit Advisory and Advocacy Circle provides an opportunity for local Indigenous community members to engage in developing a common set of priorities that they want to see addressed in order to improve outcomes for their
peoples. This includes identifying ways to share information in ways that are meaningful to the local indigenous community, having qualified indigenous staff working within community organizations, and engaging relevant stakeholders in working on those priorities.

Waterloo Region is not currently within designated French language areas for public health. However, we do consider the need for French translation and interpretation in our work on an ongoing basis, as we do for other languages/cultures present in Waterloo Region.

**Additional Areas of Feedback**

In addition to the challenges and issues identified within the discussion paper, feedback is offered below in the areas of funding, governance and rightsizing the number of health units. Any changes resulting from the modernization of the public health sector must be carried out within appropriate transition periods, with attention to both effective change management and ensuring the important work of public health continues uninterrupted.

**Funding**

As indicated in the discussion paper, the “Ontario government is transforming the whole health care system to improve patient experience and strengthen local services”; and “while the broader health care system undergoes transformation, a clear opportunity has emerged to transform and strengthen the role of public health as a foundational partner in improving the health of Ontarians.” With the stated goals and challenges identified within the document, it is not helpful to begin the process with a reduction in the government’s financial commitment to Public Health. Beginning in 2020, the Province has implemented a funding change that results in all programs with the exception of the newly announced Ontario Seniors Dental Care Program moving to a maximum cost sharing by the Province of 70%. While the Province has said there are no current plans to further shift cost sharing to the previously announced 60% provincial 40% local municipal tax levy by 2021, the impact of the January 1st, 2020 reduction in provincial cost sharing is significant for many health units.

Overall provincial funding and previous provincial cost sharing contributions to public health units should be restored maintained at least until the design of the modernized system is finalized. In addition, transitional funding must be made available to offset the costs of any resulting amalgamations and system changes that may occur.

**Governance**

As previously recommended by the Region of Waterloo, the Province should reconsider any plans for implementation of a ‘one size fits all’ approach to governance and structure for Public Health Units in Ontario. Priorities should be established and
changes should be implemented in Health Units/areas of the province where there are identified concerns. Where issues do not exist, Region of Waterloo does not believe that changes to structure and governance should be implemented. The current, fully municipally integrated model serves the community and its residents well in Waterloo Region.

Rightsizing the Number of Health Units

The current populations served by the 34 boards of health vary in size from 34,000 to almost 3 million; some health units experience a lack of the critical mass that ensures they have the resources to fulfil all day-to-day requirements or the surge capacity to respond to increased periods of demand. Reducing the number of health units through voluntary amalgamation has significant potential to address the issue of critical mass and may result in additional efficiencies within the sector. The province should work with those health units in the province that do not currently have the necessary critical mass to identify potential options for bringing together a number of the smaller organizations and make transitional funding available to cover the one-time costs associated with these amalgamations.

For public health units (including Waterloo Region) where critical mass is not an issue, there is little to be gained by forcing amalgamations. In fact, there may be detrimental impacts including increased overall operating costs associated with the harmonization of compensation costs.

Corporate Strategic Plan:

The report relates to the Region’s Strategic Plan focus area of Healthy, Safe and Inclusive Communities as well as Responsive and Engaging Public Service. The feedback provided in the report and the resulting recommendations are consistent with maintaining effective and high quality public health service delivery within Waterloo Region and provincially.

Financial Implications:

Public Health budgets are established by Regional Council (as the Board of Health). The majority of Public Health programs and services have been historically funded up to 75% by the province, with the remainder funded by the local tax levy. To a lesser extent, some programs have been funded 100% by the province.

Effective January 1\textsuperscript{st}, 2020 the Province has indicated that all health units in the province will receive a maximum of 70% cost sharing, with the exception of new Ontario Seniors Dental Care Program, which will be funded 100% by the Ministry of Health. Transitional one-time funding will be made available in 2020 to mitigate the impact of this reduction in provincial funding. The Region’s 2020 budget has been prepared to reflect the changes announced by the province. Based on preliminary information from
the Province, staff have assumed a one-time transition funding allocation of $1.5 million in 2020. This offsets the loss in funding related to cost share changes of $2.4 million with a net impact of approximately $0.8 million in 2020. A summary of the 2020 funding reduction for Public Health is as follows:

<table>
<thead>
<tr>
<th>Continuity of Public Health Funding</th>
<th>($ millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 Provincial Funding</td>
<td>$27.4</td>
</tr>
<tr>
<td>Less: Reduction relating to cost sharing changes</td>
<td>(2.3)</td>
</tr>
<tr>
<td>Add: One time Transition funding</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Sub-total adjustments above</strong></td>
<td><strong>(0.8)</strong></td>
</tr>
</tbody>
</table>

The impact of the transitional funding is to spread the reduction in provincial funding across 2 calendar years: $0.8 million in 2020 and $1.5 million in 2021. The Province has said there are no current plans to further shift cost sharing to the previously announced 60% provincial 40% local municipal tax levy by 2021.

**Other Department Consultations/Concurrence:**

The Human Resources and Citizen Service Department and the Corporate Services Department will be involved in preparing for and implementing any changes resulting locally from the Province’s modernization of public health.

**Attachments**

Appendix A: alPHa Statement of Principles – Public Health Modernization

**Prepared By:** Anne Schlorff, Acting Commissioner, Public Health & Emergency Services

Dr. Hsiu-Li Wang, Acting Medical Officer of Health, Public Health & Emergency Services

**Approved By:** Mike Murray, Chief Administrative Officer, Region of Waterloo
Appendix A: alPHA Statement of Principles – Public Health Modernization

BACKGROUND

On April 11, 2019 the Minister of Finance announced the 2019 Ontario Budget, which included a pledge to modernize “the way public health units are organized, allowing for a focus on Ontario’s residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention”.

Plans announced for this initiative included regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, adjustments to the provincial-municipal cost-sharing of public health funding and an emphasis on digitizing and streamlining processes.

On November 6, 2019, further details were presented as part of the government’s Fall Economic Statement, which reiterates the Province’s consideration of “how to best deliver public health in a way that is coordinated, resilient, efficient and nimble, and meets the evolving health needs and priorities of communities”. To this end, the government is renewing consultations with municipal governments and the public health sector under the leadership of Special Advisor Jim Pine, who is also the Chief Administrative Officer of the County of Hastings. The aim of the consultation is to ensure:

- 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 prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

In preparation for these consultations and with the intent of actively supporting positive systemic change, the alPHA Board of Directors has agreed on the following principles as a foundation for its separate and formal submissions to the consultation process.
PRINCIPLES

Foundational Principle

1) Any and all changes must serve the goal of strengthening the Ontario public health system’s capacity to improve population health in all of Ontario’s communities through the effective and efficient local delivery of evidence-based public health programs and services.

Organizational Principles

2) Ontario’s public health system must remain financially and administratively separate and distinct from the health care system.

3) The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.

4) Parts I-V and Parts VI.1 – IX of the Health Protection and Promotion Act should be retained as the statutory framework for the purpose of the Act, which is to “provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario”.

5) The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.

6) Special consideration will need to be given to the effects of any proposed organizational change on Ontario’s many Indigenous communities, especially those with a close relationship with the boards of health for the health units within which they are located. Opportunities to formalize and improve these relationships must be explored as part of the modernization process.

Capacity Principles

7) Regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure that the total funding envelope is stable, predictable, protected and sufficient for the full delivery of all public health programs and services whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the Health Protection and Promotion Act.

8) Any amalgamation of existing public health units 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. Any changes to boundaries must respect and preserve existing municipal and community stakeholder relationships.

9) 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.
Governance Principles

10) 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.

11) 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.

12) 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.

DESIRED OUTCOMES

- Population health in Ontario will benefit from a highly skilled, trusted and properly resourced public health sector at both the provincial and local levels.
- Increased public and political recognition of the critical importance of investments in health protection and promotion and disease prevention to population health and the sustainability of the health care system.
- Local public health will have the capacity to efficiently and equitably deliver both universal public health programs and services and those targeted at at-risk/vulnerable/priority populations.
- The geographical and organizational characteristics of any new local public health agencies will ensure critical mass to efficiently and equitably deliver public health programs and services in all parts of the province.
- The geographical and organizational characteristics of any new local public health agencies will preserve and improve relationships with municipal governments, boards of education, social services organizations, First Nations communities, Ontario Health Teams and other local stakeholders.
- The geographical and organizational characteristics of any new local public health agencies will reflect the geographical, demographic and social makeup of the communities they serve in order to ensure that local public health needs are assessed and equitably and efficiently addressed.
- Local public health 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.
- The expertise and skills of Ontario’s public health sector will be recognized and utilized by decision makers across sectors to ensure that health and health equity are assessed and addressed in all public policy.