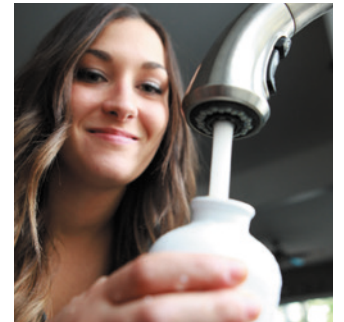




Peterborough Public Health Board of Health Response to the Report of the Minister's Expert Panel on Public Health

Desired Outcome: A Strong Public Health Sector within an Integrated Health System



Peterborough Public Health Board of Health Response to the Report of the Minister’s Expert Panel on Public Health (October 2017)

Desired Outcome: A Strong Public Health Sector within an Integrated Health System

Our board of health believes that the recommendations as outlined in the expert panel report would jeopardize the relations that boards like ours have cultivated with local governments and the communities in which we are located.

We find ourselves at a time of transition. Investments made so far as a result of Patients First (Modernization of the standards, Accountability Framework, greater collaboration with LHINs, LHIN mandate to include health promotion and health equity, etc.) still need more time to become fully realized. It is our expectation and hope that these changes will achieve much of the desired outcome of a strong Public Health sector within a more integrated system without unnecessary disruption to public health structure and governance.

As we elaborate in our response, we hope to help you understand how and why the change to regional governance would displace and threaten the local participation and engagement of Indigenous communities that has been cultivated over several decades. Currently, the HPPA allows for First Nations to decide whether to enter into agreements with their local boards of health. We fear that the proposed regional structure does not create a space for First Nation representation.

Why are you so dedicated to serving on a local board?
“Maintaining a working relationship with PPH and the Board of Directors assures the collective voice. While on this Board the two First Nations affiliated have a voice and representation for our citizens whether in the First Nation, living in the city or county. Indigenous people must have the equity of services and being on the board guarantees that our people are represented and culturally understood. We can all appreciate that First Nations and Indigenous people have unique and complicated issues, therefore it is important that the First Nation voice is present to articulate the issues or challenges that are faced in community.” *Chief Phyllis Williams, Curve Lake First Nation Representative, PPH Board of Health Member*

The health system priorities and the public health sector’s priorities exist within a tension – while we support the concept of bringing them closer together, the health system has the potential to distract public health so that we lose our current focus and potentially miss opportunities for meaningful interventions and change. For example, funding has always been made available for an epidemic or crisis, but not for health promotion interventions like the Healthy Babies Healthy Children home visiting program for high risk families or for interventions like violence prevention.

Our board strongly agrees with the vision that is promoted by the expert panel because it has been our vision and we believe we have accomplished, if not excelled in many of its aspects. We will elaborate by referring more specifically to aspects of your articulated desired outcome:

“Ontario will benefit most from a highly skilled public health sector embedded and highly visible in communities across the province”. (Page 5)

- We believe we have that now!
- Recent proliferation of post-secondary training in relevant public health fields has addressed many if not most of our recruitment issues for small boards of health like Peterborough. For example, we recently interviewed 4 candidates for a vacant epidemiology position.
- The current placement and structures of local public health agencies provides diversity of options to maximize partnerships, community collaboration and visibility. (Some are within local governments and others are free-standing).
- Currently, local public health is tied geo-politically to existing boundaries and identities that resonate and make sense to the communities we serve. For example, our branding and tagline states “Serving the residents of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough”.

Public health will continue to nurture strong relationships with municipal governments and other local organizations to positively influence the social determinants of health; and create safe, supportive, healthy environments.” (Page 5)

- We do that now! Those relationships exist currently.
- We have worked hard for many years to develop a strong and credible reputation. We are highly respected and we can leverage this to achieve healthy outcomes for our communities.
- Local governments see public health as a valued partner, and their key contact for health writ large, for example emergency response, health protection, healthy public policy, health system navigation.
- Local government is invested in the board and has a sense of ownership over its work.
- Recreating meaningful representation at a regional rather than a local level will be a challenge.
- Proposed recommendations to dismantle local boards and create regional ones will seriously handicap the ability of the board to influence local social determinants of health.

“Its work will be overseen by boards that reflect the perspectives and diversity of local communities and municipalities and share and promote a strong commitment to public health.” (Page 5)

- We have that now!
- Current Section 50 agreements with two First Nations have led to authentic commitment, not tokenism. This has had a profound influence on organizational strategic priorities and operations. This has also ensured that First Nations are regarded as peers in relation to other obligated municipalities.
- Despite the existing provincial barriers to board recruitment, we have a pro-active approach that has allowed Peterborough to create a diverse and skill-based board. In fact, the Province could make this easier for all boards (see additional comments)
- The HPPA requires a majority of municipal board members and this makes the board accountable to its local communities. This would be lost under the proposed regional governance model.

How would this impact your community? “For Curve Lake First Nation – what replaces this unique and special attention, relationship, and support? Why break what isn’t broken or in other words, what can be in its place to be equal to or better? Let’s consider that first. There is already a trusting and responsive understanding of our needs. Curve Lake as a First Nation will become once again “lost” in the complication of transition, leaving our citizens vulnerable –and their well-being and stability cannot be at the detriment of risk or such drastic change.” *Chief Phyllis Williams, Curve Lake First Nation Representative, PPH Board of Health Member*

“At the same time the public health sector will have the capacity to work much more effectively with the rest of the health system.” (Page 5)

- “Patients First” planned transformation will achieve this!
- The health care system only contributes about 25% to health outcomes, and the majority of the work of public health needs to be outside of this system. Working with LHIN partners to plan health care delivery should not consume our time and energy so that our capacity to work with other sectors and partners is eroded.
- For example:
 - Municipal by-laws banning exposure to second hand smoke have been demonstrated to effectively and immediately reduce hospital admissions in published research.¹
 - The community fluoridation of water (CWF) effectively reduces the need for expensive dental treatment and we are actively engaged in fighting to protect CWF where it currently exists.

- Many of us are working closely with municipal transportation and planning departments to ensure that communities are liveable and walkable for future generations.
- Peterborough Public Health staff help lead and broker a community-wide response to food insecurity.

The Optimal Organizational Structure for Public Health (Pages 9 to 16)

We agree that regionalization of some organizational functions and services offers efficiencies but we are skeptical that there are enough additional ones to warrant the cost and disruption that implementation of the expert panel recommendations would entail. Since the Capacity Review Committee's report in 2006² many issues faced by smaller local public health agencies like ours have been resolved.

Public Health Ontario has been established and it is able to support local public health agencies with resources such as central analytics and interactive data dashboards, environmental health consultations, and infection prevention and control supports. Given the technical and scientific resources now available at PHO, there is less need for regionalization to access this type of expertise that was once only available in larger public health units.

In addition, many local public health agencies are entering into mutual aid agreements to provide surge capacity for one another. Our staff has been engaged with other neighbouring public health agencies to develop an agreement that is now ready for signature.

Efficiencies can be found at all levels, not strictly regional. For example provincial buying of contraceptives has enhanced our ability to provide low cost birth control; regional sharing of technical epidemiology and research capacity (e.g., Locally Driven Collaborative Projects) has produced valuable public health applied research; and our local procurement agreements with municipal partners assist us in achieving cost savings in transportation.

More provincial leadership is needed in areas that can/should be standardized for the sake of efficiencies. For example, the Business Administrators recently had presentations from Peel Public Health on the development of an organizational IT strategy and from Ottawa Public Health on a procurement model. These collaboratives should be fostered and then developed into policies or strategies so that all local public health agencies can benefit. A regional entity for the Central East LHIN would fail to add much to the strategies we've described or desire in order to achieve a better return on investment by both levels of government.

Rather than creating new regional entities, provincial support for voluntary and strategic amalgamations where they make sense, based on a set of criteria and appropriate funding formula, is a more viable and sustainable solution. Hence, we support more of a "retrofit" approach rather than a disruptive, costly, risky and inappropriate overhaul as recommended by the panel.

The proposed end state that is described on page 16 of the expert panel report reflects our current operations:

- ✓ We have centralized our program delivery to one office (down from two sites);
- ✓ We have a proven record of accountability for the majority of provincial standards. Modernization of the standards to provide greater local flexibility will only enhance our accountability;
- ✓ We have a long history of strong collaboration with both the CE-LHIN and local health partners to tailor our delivery;
- ✓ Our current public health unit corresponds completely with the proposed sub-LHIN planning regions; and
- ✓ Peterborough's public health programs and services are visible and accessible across our many communities, including our two local First Nations.

Rather than dismantling local boards, rupturing their local ties and upheaving their organizations, the emphasis of any proposed change should be on strengthening those boards that are having difficulty in meeting the standards and their performance targets. That is the goal of performance management.

Optimal Geographic Boundaries (Pages 17 to 19)

Clearly the expert panel recommendations do not solve the ongoing challenges with trying to marry health care utilization with geo-political and historic realities and community identities.

For Peterborough, we easily align with one of the CE-LHIN proposed sub-planning regions but this is not the case for all boards of health and we cannot support a change that ultimately fails to address boundary issues.

Currently, public health is under resourced and what is being proposed by the expert panel would be cost prohibitive for just such a restructure. Money could be better used in actually fully funding public health programs and services.

It is our assessment that the dissolution of local boards of health and the creation of regional entities would be a lot of pain for very little gain, if any.

Why is it important to keep boards connected to their local communities and councils? “From a municipal standpoint, it has been less than twenty years since the most recent round of municipal amalgamations, both voluntary and forced. That is not a long time in terms of peoples’ lives, although it may seem to be with respect to government administrations. In the Peterborough area, the City and the County are continuing to learn to work together. Nowhere is this more evident than in public health. The proposed regional board structure will only diminish the feeling that municipalities are a respected part of the public health system, and that once again the Province wants to blur the lines of responsibility for what we realize and appreciate has had such a meaningful impact on our communities. *Deputy Mayor John Fallis, Township of Cavan Monaghan, PPH Board of Health Member*

Optimal Leadership Structure (Pages 20-21)

The criteria listed on page 20 is the current responsibility of a board of health and any other organization that is hiring its senior leader. The proposed structure of four functional departments also represents how many organizations divide up the responsibility for optimal performance. What does not make sense to us is why the senior leader of the proposed regional entities has been divided into two, a CEO and an MOH. The report fails to make this argument, and in fact on page 20, states that a “single leader” is “more effective”. It should be up to local boards to decide whether or not these two functions are best suited to a single MOH or are better being shared.

Rather than creating a large regional entity with regional leadership, we would prefer smaller amalgamations to be incentivized by the Province to build on existing governance and leadership models.

An Optimal Approach to Governance

The recommendations contained in this section feel to us like using an atomic bomb to blow up a mosquito.

We believe that governance of public health, for the most part, has a great deal of strength and rather than abolishing local boards, the province could improve local governance through better training, more policy direction, and a more responsive and proactive process of member recruitment.

Boards need to have more control or input into provincial board appointments.

We are extremely concerned that the proposed regional board governance model will result in a silencing of the local board of health voice that has proven to be an effective advocate for healthy public policy in this province.

Recommendation that key leadership roles would only be open to provincial appointments flies in the face of our experience where municipal members have often provided strong leadership. The board as a whole should have the ability and freedom to determine its key positions, as it sees fit.

Why is a local board important? “A large part of what determines the health status of any individual happens outside of their doctor’s office or the hospital. Local policy/decision making and the services provided at the local level are very important to population health, especially for marginalized groups. Eliminating local public health boards removes an important local voice that has a close connection to the community and better understanding of its needs.”
Michael Williams, Provincial Appointee, PPH Board of Health Member

Conclusion

Peterborough's board of health is very concerned about many of the recommendations made by the expert panel. We believe that local boards, connected to their local governments, be they First Nations or municipalities, have provided a strong and effective anchor for the work of the public health sector. This accounts for the stability Ontario has experienced over the years in its public health sector, relative to other provinces and territories. The panel's recommendations threaten this.

Rather than the overhaul that is recommended, we would support a more modest approach led by boards of health and supported by the Province to encourage amalgamations where desired and appropriate. In our opinion, a more sustainable approach would be to implement those changes that would support existing governance to function more effectively. The panel recommendations assume that there is a discord in the public health system. We would argue that this is not the case. Public health in Ontario suffers from a limited funding envelope which requires attention rather than resourcing the proposed governance and geographic changes.

¹ Naiman A, Glazier RH and Moineddin R Association of anti-smoking legislation with rates of hospital admission for cardiovascular and respiratory conditions. CMAJ 2010 May 18;182(8):761-767

² The Final Report of the Capacity Review Committee Revitalizing Ontario's Public Health Capacity. MOHLTC May 2006 accessed at [http://neltoolkit.rnao.ca/sites/default/files/1.Capacity_Review_Committee_Full_Report_2006%20\(1\).pdf](http://neltoolkit.rnao.ca/sites/default/files/1.Capacity_Review_Committee_Full_Report_2006%20(1).pdf), Oct. 4, 2017.