MODERNIZATION OF PUBLIC HEALTH

Survey Submission from Peterborough Public Health

Peterborough Public Health
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Section 1 – Insufficient Capacity

Question 1A – What is currently working well in the public health sector?

- Peterborough Public Health's (PPH) current size and alignment of boundaries with other partners means that we can be both responsive and nimble in our response. Current partners include three school boards, one hospital, one university, one college, ten municipalities, two First Nations (FN) and the Peterborough Family Health Team (PFHT) which links all primary care providers in our area. We have cultivated strong working relationships with the communications and Executive leads at each organization and have developed effective links with public health programs and campaigns. We have strong systems in place to alert partners and communities when urgent public health issues arise (e.g., infectious disease issues, opioid alerts, extreme weather, etc.). We have been able to build strong local networks for collective efforts on smoking cessation, perinatal health service provision, and local emergency response, to name a few.
- *An example of local partnership is that each year the local hospital, PFHT and PPH collaborate on seasonal influenza planning to ensure optimal public messaging, access to primary care and responsive hospital services. This includes issuing a joint news release advising residents on ways to prevent going to the emergency department and what alternative health services are available in the community should they need after hours care.*
- PPH has strong working relationships with both local and provincial media for communications. Our staff participate in provincial associations (OPHA Work Groups, Constituent Societies, and Tobacco Control Area Networks (TCAN)) and networks to share best practices and resources, and support each other when cross-jurisdictional issues arise.
- Our communications team participates in the Ontario Association of Communicators in Public Health (OACPH), which could be better utilized by the province as a way to improve the coordination of public health campaigns, providing key messages and communications expertise for various audiences at ground level.
- We have a committed and representative board of health that meets regularly, sets goals, evaluates it performance and ensures the agency is accountable to the communities it serves. The board has utilized a skills-based approach to the recruitment of new members, whether they are provincially or municipally appointed. We use local media to seek competent and representative candidates, who are then interviewed by the board's Governance committee. In the past, we have made merit-based recommendations to our local MPP for provincial appointments. The Medical Officer of Health (MOH) actively engages with local Councils to provide input prior to their selection of municipal appointees. FN Councils appoint their representatives, and some have gone on to serve as board Chair. Community members come to the board to seek its support on issues of public health importance. The board and its Medical Officer of Health have local recognition for the work that they do and the role they play in safeguarding the health and wellbeing of the community.
- Local public health agencies (LPHA) like PPH are effective at creating, facilitating and supporting local partnerships on common goals with other organizations in their communities. We are involved in many local efforts focused on the prevention of chronic diseases.
- *Examples of these are PPH's leadership and staff support for the local food security interventions, early years and children's planning networks, and local student nutrition programs allowing for comprehensive upstream health promotion through collective impact and collaboration.*

Question 1B – What are some changes that could be considered to address the variability in capacity in the current public health sector?

- Don't change what isn't broken. In considering what should be changed, we should ensure that we maintain that which works well.
- Maintain the governance of local boards of health with amalgamation of smaller public health units (PHU) where "strategic". Decisions on creating a larger health unit should be based on establishing regions that have similar geography, culture and demographics, alignment with municipal and other key partner boundaries, and allowance for adequate local involvement and accountability, including participating FNs. Research suggests efficiencies are gained and performance maximized with a size of 300,000 to 500,000 population served.
- Based on the above criteria, PPH should consider an expanded region with neighbouring municipalities and FNs, if interested. The board has already begun a conversation with a neighbouring board of health.
- Costs and timelines for amalgamation need to be considered to ensure the ability to sustain operations during the amalgamation process and to achieve the desired results. Lesson learned from previous amalgamations should be applied.
- LPHA mutual aid agreements to address surge capacity or unplanned absences in either programmatic or back office services can also enhance resiliency.
- Maintain and strengthen role of Public Health Ontario (PHO) as central support on scientific and technologic components such as infection prevention and control, data collection and analysis, environmental health and toxicology.
- Appropriately fund data systems to support planning, operations and performance measurement at the local, regional and provincial levels.
- Support and incentivize regional collaborations to implement mutual aid agreements, pooling of expertise, links to area universities and colleges, back-office supports (procurement, legal, IT, human resources).
- Support and enhance provincial communities of practice – e.g., French Language services, TCAN, dietitians, Health Equity staff – to avoid duplication and share resources.
- Public health works well and benefits from a multidisciplinary workforce and approach. This should be maintained and supported. Just as there are clear expectations about medical officers of health, public health inspectors and nurses, there should also be more thought to the strategic role of registered dietitians and health promoters. These disciplines can strengthen our work in Chronic Disease Prevention, Foundational standards, Healthy Growth and Development (across the lifespan, preconception to older adults in all settings), etc. For example, a primary and population health strategy on healthy eating and nutrition from preconception to end of life involves all age groups and populations in all settings, which is very complex, and involves diverse ranges of skill sets and expertise.

Question 1C - What changes to the structure and organization of public health should be considered to address these challenges?

- Changes need to be made in accordance with the following principles:
    - The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;

    - Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;
    - Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations;
    - Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
    - Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
    - As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
    - Changes undertaken need to be evidenced based and not ideologically driven; and,
    - Change must be driven from the bottom up, in a process that respects both Provincial and local interests and facilitates genuine collaboration.
- If the number of small public health units (PHU) is to be reduced through strategic amalgamations, these amalgamations must negotiated and implementation adequately supported.
- Regional structures can assist boards in delivery of programming and cost containment (mutual aid agreements, issue-specific expertise and back-office efficiencies).
- Rural parts of the province would benefit from greater coordination of recruitment and student placement/training as a method of cultivating future staff.

Section 2 – Misalignment of Health, Social, and Other Services

Question 2A – What has been successful in the current system to foster collaboration among public health, the health sector and social services?

- PPH is built around a community of interest where the various stakeholders know each other, are familiar with community assets, understand our shared challenges and meet regularly through a number of forums.
- PPH has always made collaboration with health and social services a priority. The MOH and the Chief Executive Officer (CEO) of the Central East Local Health Integration Network (CE-LHIN) met regularly for information sharing and collaboration/coordination at a very high level.
- PPH engages other sectors such as health, social service, education, mental health and addictions and environmental and social justice agencies in strategic planning and participates with them in their strategic planning to promote common goals and priorities.
- Currently, PPH holds regular meetings between the MOH, Director of Public Health Programs and Communication Manager with the senior executive team of the PFHT. The MOH serves on the board of Peterborough's 360 Nurse Practitioner-Led Clinic to build strong relationships and identify opportunities for collaboration with this agency which serves the most vulnerable populations.
- The PFHT and PPH work together to engage the hospital on common issues, such as influenza surge planning, breastfeeding, and smoking cessation.
- Social service partnerships start at the governance level by bringing together representatives from municipalities and FNs. Also at the governance level, the board has created a forum for First Nations, urban Indigenous and Métis to provide advice and recommendations. At a staff level, PPH senior leadership is actively engaged with municipal and FN leadership on several issues and areas, such as food security, housing and homelessness, support for families of young children, community well-being, emergency response for vulnerable populations, and the built/green environment. In Peterborough, having primary care physicians organized into one entity (PFHT) has been a great advantage to streamline communications.
- Small is beautiful: PPH serves a small and cohesive group of communities and has found that the geographic size has been conducive to efficient practice, the size of population and number of partners has allowed us to work in a more inter-disciplinary way, with a minimum of silos. The resulting relationships have high levels of trust and are usually very effective in achieving common goals. Our priorities, such as focusing upstream on the social determinants of health, resonate with other partners and stakeholders.
- The current governance structure places members on our board who also share in the governance of our partners in the health and social service sector (e.g., municipal board representatives also oversee relevant portfolios)
- *Examples include:*
    - *Cross-sector work (e.g., Food Security, Age Friendly, Precarious Employment Research Initiative (PERI), cessation strategy, opioid work, Early Years Planning Network, Data Consortium)*
    - *Healthy Kids Community Challenge – having working tables with representatives from various sectors to plan together (identification of needs, setting priorities, communication)*

Question 2B – How could a modernized public health system become more connected to the health care system or social services?

- We should be structured around a community of interest and be appropriately sized so that we can effectively interact with the key institutions impacting the public's health, including OHTs, social service delivering agencies, public school boards and housing. We are prepared to explore ways to maintain and strengthen these partnerships.
- The Province could provide some incentive funding to promote and secure collaboration between public health and primary care, hospitals, school boards on common projects such as the recent experience with Healthy Kids Community Challenge.
- Local alignment with health and social service partners would be enhanced through the utilization of provincial strategies and goals, with common targets developed at the local level to support local and regional implementation and collaboration.
- Provincial coordination and planning is required to be able to orient and link local providers. However, it is important to distinguish between the different roles. Health promotion and disease prevention activities should include two levels of partnerships: first, at the provincial level to establish goals, objectives and programming, and secondly with local partners who collectively deliver on the provincial priorities.
- Public Health needs to be protected so that the investment in health protection and upstream health promotion is not diluted or eroded. Opportunities and systems need to be bolstered to support the process of determining common health priorities within local health and social services that have similar goals or priorities to address and promote the health of Ontarians.
- Health promotion activities should include establishing local goals and objectives for improving the determinants of health and should include partnerships which work to implement these.
- Any new boundaries for amalgamated public health agencies should take into consideration the school board boundaries as well. Schools are a key public health partner and the only site-based standard in the OPHS. Boards of Education would prefer greater consistency and fewer LPHAs to work with.
- Communication and linkages need to be strengthened and streamlined. LPHAs should be funded and supported to secure and fully implement information systems that include an electronic health record that captures the work we do with a broad spectrum of "clients". This could help discontinue the need to use transmission by FAX by replacing it with a system that supports the secure sharing of health information with clinicians. Right now, all local public health agencies have to resort to using both fax AND email health alerts/advisories to communicate with health sector partners, duplicating effort. Last year in England, the National Health Service banned faxing and will phase them out completely by 2020. See: https://www.gov.uk/government/news/health-and-social-care-secretary-bans-fax-machines-in-nhs
- Public Health's role as a strong local knowledge broker needs to be recognized and supported. We connect partners in our communities to resources and services. For example, at PPH, dietitians and community workers a) foster and participate in networks involving health and social service sectors to promote food access and food security (e.g., Peterborough Community Food Calendar, housed by social services), and b) link community members and agencies to appropriate food literacy building initiatives (e.g., Come Cook With Us).

- *Example: Current local collaborations in LGBTQ healthcare group and Bridges Out of Poverty (in which social services is the lead) demonstrate the importance of local collaboration on areas of mutual interest.*
- We are aware of the Ministry of Health's Strategic Communications Table (SCT) and recommend that this group re-establish regular meetings to support two-way communications with the Province. The SCT is composed of representatives across the health system, including Public Health that have met quarterly to discuss common issues, test messaging, share Ministry communications research, and provide updates from the field.
- Financial support needed for PHO to restore central support role in health promotion, given the recent loss of capacity that occurred with the dismantling of resource centres such as the Program Training and Consultation Centre, the Best Start Resource Centre and the tobacco resource centres

Question 2C – What are some examples of effective collaborations among public health, health services and social services?

- PPH has dedicated a health promoter to foster relationships and communications with our local municipal partners. She attends Clerks & Treasurers meetings regularly to facilitate two-way communications and is PPH's conduit to bring forward public health policy initiatives and campaigns. One important outcome of this dedicated position was the submission of recommendations as part of the Official Plan review for both the City and County of Peterborough. This enabled PPH to embed best public health practices to guide future land-use decisions. This work has received a national award from Health Promotion Canada and is an excellent example of how local relationships can support positive change when public health agencies and their partner municipalities are an appropriate size.
- Keeping Kids Healthy (KKH): PPH is co-leading this initiative with the City of Peterborough's Social Services Department to strengthen the capacity of our community to build linkages between local health and social sector partners and work towards system level change. The members are working to collaborate more effectively to support children and families disproportionately affected by the social determinants of health (SDOH) and promote health equity. Strengthening partnerships is the key to this initiative. The collaborative includes core members from 32 agencies from various sectors (education, health, social, recreation, conservation, primary health care, First Nations, etc.). As well the collaborative includes various partners (from Healthy Kids Community Challenge) who are more "supportive" in their membership. This project aims to: strengthen community capacity to build and expand their cross-sectoral linkages and enable more coordinated planning and services to support the optimal health and well-being of children, particularly those who are disproportionately impacted by the social determinants of health; identify system-level gaps in community capacity to build linkages and collaborate across sectors to provide services and supports; and build capacity for collective impact process in our community
- Precarious Employment Research Initiative (PERI): This research initiative is seeking to identify how employment and working conditions are impacting the economic, social, physical and mental health of workers and their communities in the Peterborough Area. The membership includes public health, municipalities, labour, academia, and social service organizations. Research results are meant to be used to start conversations in our community, to help inform planning and development of programs and services, and to help shape public policies. The products include:

- 8 InfoBriefs that give an overview of the research findings
- Interactive Tableau to display research findings
- Details from the 2018 PERI Conference: What is the Cost of Precarity?

- Tobacco Cessation Strategy: Peterborough Public Health has initiated engagement in community-wide, multi-sectoral collaboration (health, social services and Indigenous groups) to ensure equitable access to comprehensive cessation supports for all area residents that use commercial tobacco products. Public health has supported involvement of individuals with "lived experience", coordinated and chaired meetings, supported collaborative work plan development, implementation and evaluation, provided opportunities for knowledge transfer and exchange with emphasis on comprehensive, system-wide approaches to cessation, best practice guideline implementation and facilitated data collection and analysis. This work has resulted in: new partnerships and engagement of 15+ local cessation support service providers in shared planning and coordinated decision making; maintenance and promotion of an up to date inventory of community cessation supports; tailoring of cessation support to local context and community need including improved access to timely cessation services, revised hospital NRT order set to align with best practices, and increased staff awareness and education of best practices in tobacco cessation; common outcome indicators to enhance assessment and surveillance of local cessation services; and coordinated social media messaging.
- Peterborough Drug Strategy: Using a collaborative approach, the Peterborough Drug Strategy is committed to the ongoing development and implementation of community-based initiatives that aim to reduce the harms related to substance use in the City and County of Peterborough and First Nations. The Peterborough Drug Strategy is guided by individuals who represent organizations working in harm reduction, mental health and addictions, police services, social services, health care, public health and justice.
- Age-Friendly Peterborough: Age-Friendly Peterborough's goal is to build a more inclusive, respectful, and accessible community for our aging population. They do this through supporting the enhancement of programs, services, and infrastructure for older adults in the Peterborough region; including the City and County of Peterborough, and the Curve Lake and Hiawatha First Nations. Municipalities, First Nations, community volunteers, academia and public health are working to ensure:
    - Older adults' basic needs are met
    - Older adults are able to get around the community
    - Older adults are supported to build and maintain relationships
    - Older adults have the opportunity to learn, grow, and contribute
- Food for Kids: Food for Kids (FFK) Peterborough and County is a community partnership with direction from a Steering Committee whose members represent education, media, health, social services, school volunteers and interested community members. Food for Kids Peterborough and County promotes and assists schools in organizing and operating Student Nutrition Programs (SNPs). Their priority is ensuring the availability of breakfast and snack programs in local schools. These programs are available to any student in participating schools who wishes to attend. It is guided by four core principles: universality; nutritious foods; volunteer-based and uniqueness, flexibility and diversity. Public health ensures the sustainability of the program and that it meets nutrition criteria, and provides administrative and communications support. As a result of this collaborative, students start their day with the nutrition they need to perform their best at school. Where programs exist,

teachers report that students demonstrate an increased ability to learn, better behaviours and attitudes, greater attention spans, and that they miss school less, do better in math and are more likely to graduate. SNPs also allow students to interact with intergenerational volunteers and foster school community.

Section 3 – Duplication of Effort

Question 3A – What functions of public health units should be local and why?

- The OPHS 2018 defined standardized and locally-flexible programs to ensure plans for delivery and design are consistent when practical and designed to fit the community when this approach is most effective. This model should be retained and allowed time to evolve and mature.
- The local delivery of public health programming should include:
    - Community engagement in design and delivery;
    - Nurturing of local relationships with delivery partners;
    - Supporting local decision makers with healthy public policy;
    - Promotion of provincial policy development based on local needs and issues;
    - Delivery of health promotion campaigns that reflect local conditions and are built on local strategies;
    - Delivery of standardized programs with equitable access across health unit geography;
    - Ensuring the social determinants of health are a lens through which local policies are developed; and,
    - Undertaking local research that is disseminated at a provincial level for the benefit of all LPHAs.
- Development, delivery and evaluation of food literacy interventions need to be addressed locally to capitalize on local strengths and overcome barriers and challenges that may be unique or region specific. These include hands-on food skills programs; promotion of healthy nutrition environments in settings across communities; and fostering of networks that take action on local food issues.
- Substance use and addictions programs (e.g., opioids, cannabis, etc.) need consistent local staffing to ensure long-term sustainability in working with all partners and settings.
- Public health support for policy development with decision makers and stakeholders needs to remain local in order to be based on local needs and contexts. Many provincial initiatives start out as local ones that start small and are then scaled up, or lead to provincial legislation.
- It is important for public health to continue to be involved in planning across sectors with local organizations and municipalities to ensure that the social determinants of health are considered by all local stakeholders and that health is incorporated into policies. Local public health has the knowledge and skill to communicate key research, local surveillance data, public health theory and science that can substantially influence the allocation and orientation of resources and local policy development. Local functions are things like local planning; bridging between sectors; partnership with community collaborators; local surveillance and response; central messaging but customized communication for local use; community engagement (relationship-building) to inform planning, messaging.

Question 3B – What population health assessments, data and analytics are helpful to drive local improvements?

- Data which is specific to the local communities e.g., Monitoring of food affordability and local food insecurity rates are essential for local planning and evaluation.
- Consistent metrics that allow us to characterize our local experience and compare with other part of the province e.g., provincial goals and targets on poverty reduction that can be derived at the local level to support efforts here

- The Province should ensure that data currently collected by Stats Canada is oversampled in order to be relevant and accessible for us at the local level e.g., CCHS data (should include Household Food Insecurity Modules to provide local data). Possible nutrition topics that could be assessed might include intake of water and sugar sweetened beverages; prevalence of family meals; frequency of preparing food from basic ingredients.
- Provincial funding for over-sampling of existing surveys (i.e., OSDUHS, CSTADS) and access to regularly collected risk factor data on believes, attitudes and behaviours such as RRFSS that could help us set priorities and measure impact.
- Central support for surveillance and research activities (e.g., survey development, analysis) that allow us to collect local data to use for planning and engagement strategies
- Support PHO to play a co-ordinating and bridging role among all the local public health agencies in program specific areas to ensure data is available, relevant and used effectively.
- *A good example of a PHO-LPHA collaboration that is working is the ACEs Collaborative Working Group. PHO resources used for evidence synthesis and LPHA provides input and review. LPHAs coordinate and collaborate to complete environmental scan, PHO supports with data analysis. PHO works in collaboration with LPHAs to ensure that knowledge products are actionable.*
- There is a need for a comprehensive, provincially-adopted slate of operable, evidence-based indicators for Child Health, Growth, and Development; and coordinated system of data collection which eliminates gaps, provides data at local and provincial levels, and allows comparison across public health agencies.

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

- Strengthen PHO's role as a clearing house for research and knowledge exchange. To do this effectively, there needs to be staffing at PHO as well as the availability of online tools.
- PPH has made great use of the virtual librarian provided by PHO and neighbouring LPHA Simcoe-Muskoka. We would like to see that continued, especially as the librarian is able to schedule and deliver on-site staff training
- PPH has found that PHO's funding and support of locally driven collaborative projects in applied public health research has strengthened our efforts in health promotion work. The LDCPs have made research much more accessible to us and have facilitated collaboration with public health researchers outside of our PHU.
- Ensure that all provincial program leads have a science and context expert at PHO to assist and advise the field.

Question 3D – 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

- At least five areas come to mind: central repository of data, shared communication tools, development of provincial campaigns, shared technology and facilitating back-office operations.

- A framework should be developed that identifies where decisions need to be made at the provincial, regional or local level with the principle in mind that provincial directives and targets can be implemented at a local level and coordinated at a regional level.
- All LPHA websites contain similar generic health information that could be better situated on a centralized Ministry or PHO website. For example, web pages describing infectious diseases, provincial public health legislation, environmental health hazards, etc., isn't affected by region, so local websites could all point to the same Ministry/PHO site with this information. That would reduce the burden on local Communications and IT staff to keep this info updated on their own sites, and would streamline local websites to focus on the different ways public health programs and services are delivered for the residents they serve.
- Stronger role for the Province in strategic communications planning and development of communication resources. Expand use and access to polling data on attitudes and behaviours to help shape local messaging on priority issues (e.g., anti-vaccination, fluoride, wind turbines, environmental health hazards, etc.)
- *Example: We are aware that every year the Ministry of Health conducts polling across the province to gather public attitudes and insights regarding the flu shot. This market research informs the annual provincial flu shot promotion campaign and is shared with communications leads at all local public health agencies. This kind of market research is very expensive for individual agencies so it's great that the Communications and Marketing Division (CMD) takes this on and shares it. It would make good sense for the CMD to do this for other priority public health topics and share the learnings with the field so we can work together in planning campaigns that are effective, targeted and coordinated.*
- Data collection and interpretation; support for priority settings across similar geographic regions that share school board boundaries, and acute health services could all help.
- The Province should ensure that LPHA perspectives are included in planning prior to roll-out of any new interventions or campaigns.
- Identifying an arm's length content lead at PHO to support both the Province and the field is an important strategy. For example, there is a new Applied Public Health Science Specialist in healthy eating and food environments at PHO. This position is a promising strategy to support LPHAs with needed data. For example, health unit RDs can express data needs, and the APHSS can support with data that can be used across the province. While this position (for healthy eating and food environments) is fairly new, it is promising.
- Technology solutions such as providing a secure cloud for sharing documents and working in groups across public health agencies and a hub/cloud process for sharing resources/information
- Provincial supports and incentives for network and collaborative groups will strengthen collaborative efforts and reduce the risk of duplication and silos. Provincial associations like alPHa and OPHA could be resourced to enable them to foster stronger collaboration and communications between LPHAs.
- Stronger working relationships between the Province and the communications professionals situated in LPHAs in order to ensure and enhance local reach for health education and health promotion. The Ministry or PHO should be seen as the leads in producing the research, marketing materials, and evaluation of communications campaigns. This way local communications professionals can focus on tailoring materials and activities to the needs of their audiences in support of broader provincial health promotion efforts.

- *Example: A more coordinated approach to public health campaign products would reduce the costs to local agencies, as long as they were designed with Ontario's diverse audiences in mind. For example, often Ministry-produced materials cater to urban audiences and do not take into account the needs of rural audiences, or vulnerable populations. As an example, the recent Lyme disease campaign bought advertising on Waze, a social media app barely used in rural Ontario. Campaign budgets need to take into account that other platforms, e.g. radio, local TV news shows, etc., still are effective ways of reaching audiences outside the GTA.*
- *Example: The decision on which health promotion campaigns are selected each year would benefit from a more collaborative approach with the field. For instance, while influenza is an annual campaign, there is no consultation with local public health agencies to determine which other health topics should be given prominence. Provincial data and scientific evidence, as well as local input should help guide this.*

Question 3E – 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?

- An electronic platform (hub or cloud) or other technology solutions for the sharing of resources and information would be useful across LPHAs.
- Support for the acquisition and operation of a common electronic health record to support public health programs.

Section 4 – Inconsistent Priority Setting

Question 4A – What processes and structures are currently in place that promote shared priority setting across public health units?

- The Ontario Public Health Standards (2018) are used across all local public health agencies. While consistent priority setting is helpful, the OPHS 2018 and the accountability mechanism (Annual Service Plans) require identification of local needs/priorities and program interventions tailored to these needs. A minimum standard for health promotion work, such as education and awareness can be developed and offered at the provincial level but there are differences across communities, which demand modification to ensure relevance and suitability for each community.
- Other processes that can promote shared priority setting provincially are offered through discipline specific networks. For example, the Applied Public Health Science Specialist in healthy eating and food environments at PHO has been working in consultation with registered dietitians across the province to identify data priorities to support public health nutrition practice. Provincial networks of MOHs, Chief Nursing Officers, Business Administrators and program-specific managers allow for common agenda setting and execution.
- Tobacco-use prevention programs across the province are coordinated through the TCAN structure. This allows for shared planning, coordinated decision making, and universal key messages across regions. It also recognizes similarities and differences between regions, which allows for a regional response which may not be possible if it was coming from a provincial body.

Question 4B – What should the role of Public Health Ontario be in informing and coordinating provincial priorities?

- Provincial priorities should be informed by a combination of provincial data and needs experienced at the local level. Forums need to be established where both local and provincial voices can contribute to development of provincial priorities.
- PHO is well positioned to provide the data that reflects need and evidence review to determine best practices for public health interventions. This information must be used to inform provincial priorities and development of province wide initiatives/policies. This information can also be applied at the local level to plan for responses to local needs.
- The Province could call upon PHO to assist in developing high level health protection and health goals and targets that could be used to help strengthen prevention efforts across the whole health care system.
- PHO is in the best seat to collect the data that could help set provincial priorities and measure collective impact on health outcomes.

Question 4C – What models of leadership and governance can promote consistent priority setting?

- Local, autonomous boards (such as PPH Board of Health) help ensure an appropriate balance between provincial and local priorities. There are other governance models that have proven success in this province, so we believe a one-size fits all approach is NOT necessary and what's more important is ensuring boards are engaged and diligent in their roles of oversight and accountability.

- Resolving local capacity issues will go a long way in ensuring both local and provincial priorities are adequately addressed.
- As the Auditor General pointed out, a “health in all policies” approach by provincial and local governments would help bring consistency to the work of healthy public policy.
- Having a provincial strategy with consistent goals and targets that make sense across the health sector and at the local level would promote priority setting.
- Introducing the opportunity for planning and coordination at the regional level where regions share consistent characteristics and populations may strengthen consistent priority setting.
- Education of governors on their roles and responsibilities, including the understanding of the HPPA.
- Consistent score card for boards of health to assess their performance.
- A framework for the minimum competencies required for staffing Local Public Health Agencies should be included in the legislative framework.

Section 5 – Indigenous and First Nation Communities

Question 5A – What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?

- Peterborough's board of health has had FN engagement for the past 51 years and has more recently reached out to urban Indigenous organizations, as well as the Métis Nation of Ontario. We have benefited from the opportunity to foster partnerships at both the governance and staff levels and build relationships with Indigenous peoples.
- Relationships based on trust, self-determination, respect, and commitment have been successful to foster collaboration. Recognition is needed that relationships take time to build and that there has been over 150 years of distrust of government by Indigenous communities and organizations.
- Creating opportunities and resources for cultural safety training for public health is needed, since public health board members and staff need to understand the history and current context for Indigenous Peoples.
- It is a success that the OPHS has recognized the importance of developing relationships with Indigenous communities, through the Relationship Building with Indigenous Communities Guideline and Health Equity Standard.
- Indigenous Communities need to have a strong role in public health governance (e.g., BOH) but the way this is achieved should be determined at the local level, and supported with both federal and provincial funding to address issues of capacity and geography.
- Indigenous food sovereignty is important for many communities in Ontario. This is a complex issue related to health, and will take time. Due to uniqueness of different Indigenous communities, it is important that Indigenous food and health work remain local to ensure that Indigenous relationship and partnerships are fostered, and that solutions are developed and centred by and for the community.
- Indigenous communities should be recognized as knowledge keepers with a great deal to teach us about appropriate and effective approaches to projects/issues/wording, etc.

Question 5B – Are there opportunities to strengthen Indigenous representation and decision making within the public health sector?

- Any future opportunities must recognize role and responsibility of federal government. There could be federal incentives for First Nations to participate in Section 50 agreements with local boards of health.
- The first step would be asking Indigenous communities and organizations if they have interest and enough capacity to be involved in decision making within the public health setting. Building capacity and supporting that capacity for effective governance and leadership are important elements to any strategy.
- Reconciliation must be prioritized across the province, regardless of Indigenous representation within local public health unit areas. To raise awareness of root causes of health inequities, and environmental degradation (and associated negative health outcomes which disproportionately affect Indigenous peoples and other vulnerable groups in Ontario), the effects of colonization must be acknowledged Colonial systems must be identified, recognized for what they are and dismantled or mitigated.

Section 6 – Francophone Communities

Question 6A – 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?

- In order to understand what has been successful to foster collaboration, it is crucial to also ask Francophone communities, not only public health.

Question 6B – What improvements could be made to public health service delivery in French to Francophone communities?

- Dissemination and communication of existing resources for example the website created by Ottawa Public Health and the Eastern Ontario Health Unit.
- More resources and funding are needed from the Province to support provision of all tools services, resources to translate. Once materials have been created, they need to be effectively shared across the province to reduce duplication of effort.
- There are opportunities, but it would be important to first ask Francophone communities and organizations.

Section 7 – Learning from Past Reports

Question 7A – What improvements to the structure and organization of public health should be considered to address these challenges?

- PPH believes that public health in Ontario must be shaped and delivered at the local level and that any proposed changes to public health governance and delivery need to be consistent with the following principles:
    - The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;
    - Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;
    - Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations;
    - Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
    - Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
    - As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
    - Changes undertaken need to be evidenced based and not ideologically driven; and,
    - Change must be driven from the bottom up, in a process that respects both Provincial and local interests and facilitates genuine collaboration.
- Genuine engagement, with predetermined principles, and appropriate timing and resources to ensure that decisions made are in the best interests of the communities and populations being served. Realistic timelines are required. The chronic underfunding of public health by the Province needs to be addressed so that the future of public health is not undermined.

Question 7B – What about the current public health system should be retained as the sector is modernized?

- Public health services need to continue to be rooted in local needs. Boards of health must have strong involvement of those who understand and are connected to communities.
- Public health would benefit from technical bench strength at local, regional and provincial levels. All three are important in order to ensure that policy is sound, efforts are coordinated and interventions have local relevance.
- Public Health is the leader in upstream, population health approaches to health promotion. Currently, there are others in the health system doing health promotion work, however it tends to be focused on the individual, and often as secondary/tertiary prevention, not primary prevention.
- Public health benefits from long-term commitment, investment, and champions to ensure that health outcomes are enhanced and sustained, e.g., Icelandic model of youth substance use prevention, European version of Healthy Kids Community Challenge.

Question 7C – What else should be considered as the public health sector is modernized?

- Amalgamations of health units has potential to enhance capacity and improve service delivery, but only if done strategically. The focus should not be cost savings. Both the benefits and risks of amalgamations need to be carefully considered.
- Efforts are needed to ensure cross-Ministry and cross-sector collaboration (e.g., public health professionals and organizations working in School Health and Ministry of Education).
- Improved health outcomes require a consistent and longer-term approach, protected from the changes that can result every four years with provincial and municipal elections.
- A multi-disciplinary, well-educated workforce and leadership that has ongoing access to training and education so that they can be responsive to emerging and complex public health issues is needed.
- A change management strategy and plan need to be identified and communicated as the public health sector is modernized.
- Take existing language from the Municipal Act to apply to assets of boards of health that enter into amalgamations in order to protect those assets for the communities from which they were derived and for whom they were intended.