

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	March 20, 2017
SUBJECT/REPORT NO:	Ontario Public Health Standards Modernization (BOH17010) (City Wide)
WARD(S) AFFECTED:	City Wide
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Council Direction: Not Applicable

Information:

Summary

In November 2015, the Minister of Health formally announced a review and modernization of the Ontario Public Health Standards (OPHS) to support ongoing transformation of the health system in Ontario.

The new Standards for Public Health Programs and Services (Standards) have been released by the Ministry of Health and Long-Term Care (Ministry) for consultation by boards of health and public health units (Appendix A). The Standards will become effective as of January 1, 2018.

Many changes have been made within the Standards to encourage a population health approach to public health program and service delivery. It is difficult to assess the net impact of the changes on both public health practice and resources as most new requirements have limited details. Other key issues to consider include:

- Key objective is to increase use of public health knowledge and expertise and population health information in the planning and delivery of programs and services within an integrated health system

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- Standards balance the need for standardization across the province in some program areas (eg. health protection), and the need to tailor local programs to respond to local needs, priorities and contexts (eg. health promotion)
- Requirement for Annual Service Plan & Budget Submission that demonstrates systematic planning based in community needs, evidence and community assets and priorities
- New requirement to assess health inequities, orient public health interventions to decrease health inequities and to improve engagement with indigenous communities in ways that are meaningful for them

The Ministry is seeking feedback on issues of implementation and clarification of the new Standards. Staff are arranging focus groups for members of the BOH as well as gathering feedback from all staff, which will be consolidated and submitted to the Ministry by their deadline, April 21, 2017. The Ministry is also holding a consultation session for BOH members and senior staff in Central West on April 3, 2017 in Hamilton.

This report provides a preliminary review of the Standards. A greater understanding of the impact the Standards may have on the BOH and PHS will become clearer throughout the consultation process, and, once all protocols have been developed.

Background

In November 2015, the Minister of Health formally announced a review and modernization of the OPHS to support ongoing transformation of the health system in Ontario. The OPHS are guidelines published by the Ministry that direct mandatory public health programs and services delivered by local public health units. As evidenced by the passing of the *Patients First Act, 2016*, transformation is happening across the entire health system, including the public health sector. The modernization of the standards is one of three components of public health transformation to better integrate public health into the greater health system. The other two are the Ministry's Public Health Work Stream which is looking at how public health fits within an integrated health system, and the Expert Panel on Public Health which is looking at how local public health is best organized to support its role within such a system.

An executive steering committee was formed to oversee the modernization of the OPHS. Changes to the OPHS took into consideration:

- Essential public health functions
- Health needs of the population from public health perspective and functions
- Impact and effectiveness of the current program standards
- Most appropriate role for public health sector within an integrated health system

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- Enhanced emphasis on responding to local needs and decreasing health inequities by addressing the needs of priority populations and planning programs to address identified local needs

The new Standards have been released by the Ministry for consultation by boards of health and public health units. The Standards will become effective as of January 1, 2018.

Standards for Public Health Programs and Services, 2017

The new Standards are made up of four foundational standards and eight program standards. A summary showing changes between the OPHS and the new Standards can be found in Appendix B.

A new Policy Framework for Public Health Programs and Services is introduced in the Standards. This framework outlines the expectations of the BOH to deliver public health programs and services using a population health approach. A population health approach moves beyond a traditional health care focus on individuals and disease and disability. This approach works to address the health of the whole population, with a special focus on those at greater risk of poor health. It focuses on the conditions and factors, including all of the determinants of health, which influence health over the life course, identifies patterns, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations. The overarching goals of a population health approach are to maintain and improve the health status of the entire population and to reduce inequities in health status between population groups. Delivering public health programs and services and achieving population health outcomes requires partnering with multiple sectors, both within and outside the health system, and strategies that range from direct service delivery to health promotion and policy development.

The stated goal of public health programs and services within the Framework is to improve and protect the health and well-being of the Ontarians and reduce health inequities. By using a population health approach, the BOH must deliver programs and services that work to achieve population health outcomes including:

- Improved health and quality of life;
- Reduced morbidity and mortality; and,
- Reduced health inequity among population groups.

To achieve these outcomes, public health programs and services must focus on:

- Social determinants of health to reduce health inequities;
- Increased knowledge and opportunities that lead to healthy behaviours;

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- Policies and practices that create safe, supportive and healthy environments; and,
- The use of population health information to guide planning and service delivery in an integration health system.

The foundational and program standards support the policy framework by providing the BOH with more detail and direction on service delivery requirements to successfully improve population health outcomes. The standards remain based in the principles of local need, evidence and methods that lead to impact, making best use of available resources, and through meaningful partnership, collaboration and engagement with various sectors, partners, communities and citizens. Newly explicitly recognized is the requirement to build and further develop local public health relationships with Indigenous communities.

Impact of New Standards on the Board of Health & Public Health Services

The new standards have significantly fewer requirements; however it is difficult to assess the net impact of the changes on practice and resources with the limited details available in most new areas of requirement. Some of the areas of change that may have a large impact on the BOH and PHS include:

- Key objective is to increase use of public health knowledge and expertise and population health information in the planning and delivery of programs and services within an integrated health system
- Standards balance the need for standardization across the province in some program areas (eg. health protection), and the need to tailor local programs to respond to local needs, priorities and contexts (eg. health promotion)
- Requirement for Annual Service Plan & Budget Submission that demonstrates systematic planning based in community needs, evidence and community assets and priorities
- New requirement to assess healthy inequities, orient public health interventions to decrease health inequities and to improve engagement with indigenous communities in ways that are meaningful for them

Increasing use of public health knowledge and expertise and population health information in the planning and delivery of programs and services within an integrated health system

There are many examples of requirements throughout the Standards where the BOH is expected to create partnerships and work with family doctors, hospitals, schools, social service and community partners in new ways. This is consistent with the passing of the *Patients First Act, 2016* which outlines direction for provincial health system transformation. Implementation of the *Patients First Act, 2016* will bring service delivery

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changes for all organizations within the health sector. It is the role of the BOH and PHS to work with these partners to support and plan health services that improve population health outcomes.

A successful population health approach relies on understanding the population of a community. Population health assessment provides the necessary information to understand the health of a population through development of population health profiles and monitoring of the impact of public health interventions. Ongoing collection and analysis of population health data is essential to the BOH in effectively planning public health service delivery. Public health expertise in population health assessment is also essential to ensure the inclusion of health equity and determinants of health in health system planning.

Currently within the health sector, there are different levels of understanding about what population health means. It is important for the BOH and PHS to continue to work with health sector partners to create a shared understanding of population health and a population health approach to use in health sector planning.

One of the new partnership requirements under the *Patients First Act* is to establish a formal relationship between the BOH and the Local Health Integration Network (LHIN). The Ministry is working to define this relationship between the BOH and LHIN, as well as the LHIN CEO and Medical Officer of Health. These relationships provide opportunities to increase the use of public health knowledge and expertise and population health information across the health system and for members of the BOH to have input on the Integrated Health Service Plan for the LHIN.

New requirement to assess healthy inequities, orient public health interventions to decrease health inequities and to improve engagement with indigenous communities in ways that are meaningful for them.

The new Health Equity standard requires the BOH to assess and describe the existence and impact of health inequities, and to identify effective local strategies to decrease these. Local public health must engage with priority populations and aim to improve the health of the whole population while levelling up the health of these priority populations. The BOH must engage with the community and multiple sectors, along with the LHIN and other relevant stakeholders, and lead, support and participate together on policy development, health equity analysis and promoting decreases in health inequities.

Of particular note is the requirement for BOH to develop stronger relationships with Indigenous communities and organizations. The BOH and PHS have worked in collaboration with Indigenous communities such as the De dwa da dehs nye>s Aboriginal Health Centre on health initiatives in the past. A continued focus on

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relationship building and meaningful engagement of Indigenous communities, and all priority populations, in the planning of public health services is needed.

Overall, the BOH holds a unique role in bridging municipal, social, education and health sectors. This unique role enables the BOH to provide health services that focus on population health and the determinants of health, thereby addressing root causes of illness in our community.

Standards balance standardization in some program areas and the need to tailor local programs to respond to local needs, priorities and contexts in others

Standardization is especially important in program standards that address health protection. Further standardization is seen in the program standards with the introduction of new protocols such as the Health Hazard Response Protocol and the Healthy Environments Protocol.

On the other hand, some program standards now require the BOH to provide programs of public health interventions with consideration of topics from a list provided. It is expected that the BOH will use population health data and evidence to decide which topic areas to allocate resources to in order to successfully improve population health outcomes. This new language within the Standards allows public health programs and services to be planned based on local needs and assets in the community.

With the introduction of needs based planning, there are some areas of reduced expectation within the new Standards where the BOH is no longer required to directly deliver service, but instead ensure service is available in the community. This allows the BOH to continue to work with the LHIN, health and social sector partners to make sure members of the community have access to the services they need based on population health data, and continuing to directly provide services where gaps may exist in the system. The BOH has an opportunity to explore with the LHIN and other partners how resources can best be allocated to support the requirements, needs, programs and services across the full health system.

Annual Service Plan & Budget Submission

The BOH is expected to make service decisions based on evidence, local population health issues and data, and local context. To make sure this is happening; the BOH must develop, implement, and make public, an Annual Service Plan & Budget Submission. It is an expectation that resources will be reallocated, as feasible, to reflect emergent issues. This will require the BOH to continually review population health and performance data to inform decisions on service delivery.

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The use of Annual Service Plans is a tool to hold boards of health accountable and is similar to accountability tools used in other areas of the health and social service systems. From previous experience, Annual Service Plans involve significant work. At this time, tools and templates to support development of these plans are not yet finalized. It is unknown whether these plans will align with current City business planning or budget processes.

In addition to service plans, the Public Health Accountability Framework is currently being revised, along with processes for reporting on performance indicators as had been done under the Public Health Funding and Accountability Agreement (PHFAA). At this time, the link between the new Annual Service Plan, the anticipated Accountability Framework and the existing PHFAA is unknown.

Additional Notes on Changes in Specific Standards

In the Standards there are many placeholders for policies, protocols and planning documents that are in development. These types of documents traditionally support foundational and program standards by providing specific direction on how to operationalize the requirements.

One example is the Emergency Preparedness, Response, and Recovery Standard, where the number of requirements has been reduced from eight to one. The one requirement that remains states that the BOH must effectively prepare for emergencies with public health impact in accordance with Ministry policy and guidance documents. The Ministry policy and guidance documents will set direction for emergency expectations across the health system, including direction for public health units in the establishment of an integrated program that incorporates emergency management practices. Since these documents are in development, it is unknown the impact this may have on current PHS emergency management practices, or how local public health will be required to provide support to emergency planning and response across the health sector.

Another example is the new expectation that falls within the new School Health program standard, which now includes the requirement to provide visual health supports and vision screening services in collaboration with community partners in a school setting. A new *Child Visual Health and Vision Screening Protocol* will be developed to provide direction on the service type and levels required in schools. Currently, PHS does not offer vision health supports or screening services. With no protocol available for review, it is unknown how much work it will take to build partnerships and gain the expertise needed to meet service expectations, nor what degree of resource reallocation will be required to meet this requirement.

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These are just two examples of unknowns within the Standards. Preliminary analysis by Dr. Brent Moloughney for the Association of Local Public Health Agencies, gives further examples of apparently reduced expectations and new or increased expectations as follows:

Areas with Reduced Expectations

- Sexual health clinical services: no longer required to provide – replaced with ‘ensure access’
- Harm reduction programs: ‘ensure access’ replaced with working with others to ‘promote access’
- Travel health clinics: removal of requirement of providing/ensuring such clinics
- Drinking water system owners/operators: ‘ensure provision’ instead of ‘provide’ education and training
- Removal of explicit reference to:
 - o Skill development in food skills and healthy eating
 - o Monitoring food affordability (Nutritious Food Basket)
 - o Provision of tobacco cessation
 - o Promotion of cancer screening programs
 - o Provide advice and link people to community programs and services
 - o Prenatal and parenting program delivery
 - o Outreach to priority populations

Areas with New/Increased Expectations

While there is a lack of detail for most new expectations to be able to assess resource requirements, a preliminary opinion was provided as to those less likely to have significant resource impacts (*).

- *Health equity Standard - *reflects existing NCCDH practice recommendations – guidance?*
- *Fostering culture of quality and continuous improvement – *guidance?*
- *Publicly disclose results of all inspections
- *Use of social media in communications
- LHIN-related population health assessment work – *details pending*
- Board of Health Annual Service Plan and Budget Submission – *to be further delineated*
- Emergency preparedness, response and recovery – *await Ministry policy*
- Provide visual health supports and vision screening services – *protocol to be developed*
- Expand healthy environments to include physical and natural environments – *guidance?*
- Working with Indigenous populations – *guidance?*
- New enforcement (e-cigarettes, healthy menu choices)

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At this time, it is challenging to understand the full organizational impact of the new requirements within the foundational and program standards without final versions of these supporting documents.

Next Steps

The effective date of the new Standards will be January 2018. The Ministry has encouraged feedback on the Standards in the form of one written submission on behalf of an organization to be submitted by April 21, 2017.

Members of the BOH are encouraged to provide feedback on the Standards through participation in focus groups facilitated by PHS. In addition, BOH members will be invited to participate in a Ministry-sponsored regional consultation with BOH members and senior leadership from neighbouring public health units. PHS staff will have the opportunity to provide feedback through focus groups and an online survey. All feedback will be consolidated to inform the PHS submission to the Ministry.

PHS will continue to update the BOH as the Standards are finalized and implementation information is received by the Ministry.

Appendices Attached:

Appendix A to Report BOH17010	Standards for Public Health Programs and Services
Appendix B to Report BOH17010	Overview of Changes to the Ontario Public Health Standards, 2008

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