Initial Analysis and Discussion of Standards for Public Health Programs and Services – alPHa Winter 2017 Symposium

February 26, 2017

Prepared for:
Association of Local Public Health Agencies (alPHa)

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Highlights

- The Ministry of Health and Long-Term Care (MOHLTC) has released the Ontario Standards for Public Health Programs and Services: Consultation Document – the current deadline for feedback to MOHLTC is April 3, 2017
- alPHa's Winter 2017 Symposium provided an opportunity for an initial discussion of the new Standards
- Compared with the previous 2008 version, the overall size of the Standards is smaller – reductions have occurred primarily in health promotion-related requirements
- It is difficult to assess net impact of changes on practice and resources with available information. For example, most new requirements have limited details
- Symposium participants identified several issues regarding the Standards' implementation, as well as those for clarification. They also made suggestions regarding what alPHa could do to support the public community.
- Further details are provided in the main body and accompanying appendices of this report.

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Introduction

Health system transformation, known as 'Patients First' identifies Public Health Transformation as one of its five goals. The modernization of Ontario's Public Health Standards (OPHS) is one of three components of Public Health Transformation, which also includes determining how best public health fits within an integrated health system (Public Health Work Stream) and how public health is best organized to support its role within such a system (Expert Panel on Public Health). An OPHS[i] Consultation Document was released by the Ministry of Health and Long-Term Care (MOHLTC) on February 17, 2017. The MOHLTC indicated that it is seeking feedback on issues of implementation and clarification on the new Standards with a stated submission deadline of April 3, 2017.

alPHa's Winter 2017 Symposium, which was scheduled for February 23, 2017, provided an opportunity for an initial discussion of the new Standards. Following presentations addressing system transformation, Public Health Ontario's (PHO's) role and a MOHLTC overview of the revised OPHS, a preliminary analysis of the key changes from the existing OPHS was presented. This was followed by participant discussion of the implications and suggested next steps. The Symposium's agenda is provided in Appendix 1.

The purpose of this report is to summarize the key points from the February 23rd meeting.

System Context

Local Public Health in a Transformed Health System

Four panel presentations were made by senior MOHLTC or LHIN leaders addressing health system transformation:

Panelist	Position	Presentation Topic (hyperlink if available)
Sharon Lee Smith	Associate Deputy Minister, Policy and Transformation	Policy and Transformation
Tim Hadwen	Assistant Deputy Minister, Health System Accountability and Performance Division	Patients First
Michael Barrett	LHIN CEO, Co-Chair Public Health Work Stream	LHIN Renewal: Public Health Work Stream
David Williams	Chief Medical Officer of Health, Chair, Public Health Expert Panel	(no slides)

[i] For simplicity, the 2017 version is also referred to as the 'OPHS', although the formal title is currently 'Standards for Public Health Programs and Services.'

Key points included the following:

- Comprehensive strategies are being pursued in a number of relevant policy areas; e.g., Mental Health and Addictions; Opioids; Dementia; LHIN Capacity Planning and use of a Population Health Measurement Tool; Indigenous Health
- Patients First legislative changes:
    - Established reciprocal responsibilities for LHIN CEOs and MOHs to work with each other
    - Population and public health-related objects established for LHINs
- Expectation that assessment of needs and planning will occur at LHIN and sub-LHIN levels
- Broader system is in state of transition to prepare for transformation, which is viewed as 'relentless incrementalism'
- Many previous and existing examples of collaboration between LHINs and public health
- Need for greater understanding of 'population health'
- Recognition of importance of municipal/local perspectives in health issues.

Role of Public Health Ontario

The presentation by Peter Donnelly (CEO) and George Pasut (VP) outlined PHO's perspective on contributing to local public health in a transformed health system:

- Observation that in UK and Europe, public health frequently contributes to healthcare planning (3rd domain of public health practice)
- Reflecting on PHO's mandate and strategic plan, identified four potential priorities:
    - Support implementation of OPHS and protocol development
    - Support local Public Health Units (PHUs) with their evolving responsibilities in monitoring and communicating public health information
    - Efforts to reduce health inequities (enable policy, program and public health action)
    - Public health research to advance knowledge of links with healthcare that deliver benefits to individuals and populations
- Number of existing initiatives that are relevant (e.g., Snapshots, ON-Marg, LDCP)[ii]
- Potential for an advisory committee of local colleagues to guide PHO in supporting new role.

MOHLTC Presentation of Updated OPHS

The presentation by Roselle Martino (ADM) provided a high level overview of the changes and approach to the modernized OPHS. Key points included:

- View public health as a sector with unique skill set within an integrated health system – public health contributes to LHIN's population health assessment, but not responsible for all of it.

[ii] ON-Marg: Ontario Marginalization Index; LDCP: Locally Developed Collaborative Projects

- OPHS is a Ministry policy document – seeking feedback on implementation issues, not content
- OPHS balances the need for standardization (e.g., health protection) with variability to respond to local needs, priorities and contexts (e.g., health promotion)
- Each Standard comprised of a goal, program outcomes and requirements
- Significant changes to several Standards (Population Health Assessment; Chronic Diseases and Injury Prevention, Wellness and Substance Misuse; Healthy Environments; and, Healthy Growth and Development)
- New Standards: Health Equity; Effective Public Health Practice; and, School Health
- Timelines: engagement/consultation (now); Standards submitted to Minister (April); Implementation planning (May onwards); Effective date (January 2018)
- Appendix of ADM's presentation includes an overview of specific changes.

Analysis of the Updated OPHS

With the release of the OPHS Consultation Document on February 17, 2017, the project consultant made a preliminary comparison of it with the 2008 version of the OPHS to identify key changes. In addition, as an aid to alPHa members, potential clarification and implementation issues have begun to be identified.

While there is confidence that the most important issues and themes have been identified, considering the tight timelines and the analysis was completed by a single individual, it is likely that additional issues will be identified as more people examine and discuss the new Standards.

Key Changes and Potential Implications

At the February 23 Winter Symposium, a one-page summary of changes and a slidedeck of the preliminary assessment findings were presented (see Appendix 2 and 3, respectively). A more detailed analysis from which these summaries were developed is provided in Appendix 4. From the one-page summary, the following is highlighted here with considerably greater detail provided in the appendices.

Main Findings

- Overall size of the Standards has been substantially reduced (↓ pages; ↓ requirements)
- Reductions primarily in health promotion-related requirements with replacement by requirement for a 'program of public health interventions' within each relevant Standard
- Difficult to assess net impact of changes on practice and resources with available information

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:
    - Skill development in food skills and healthy eating
    - Monitoring food affordability (Nutritious Food Basket)
    - Provision of tobacco cessation
    - Promotion of cancer screening programs
    - Provide advice and link people to community programs and services
    - Prenatal and parenting program delivery
    - Outreach to priority populations.

Areas with New/Increased Expectations

There is a lack of detail for most new expectations to be able to assess resource requirements. Nevertheless, a preliminary opinion is 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).

Participant Discussion

Following a presentation of the key changes and their potential implications, the approximately 120 Winter Symposium participants were asked to work in small groups to discuss and record responses to four questions in small groups.

What are the opportunities provided by the new Standards?

Frequently identified opportunities included:

- Greater flexibility to act on local needs
- Additions addressing health equity, broader environmental standard (e.g., climate change), Indigenous population engagement
- Working strategically with LHINs
- Expansion of topic areas (e.g., mental health promotion, bullying)
- Potentially freeing up resources from clinical service delivery for reallocation (although also concerns regarding risks of doing so – e.g., access for priority populations)
- Strengthens population health assessment.

What do you see as the most important issues regarding the Standards' implementation?

Frequently identified issues included:

- While the new Standards' requirements are less numerous, it is unclear what the net impact of the changes will be on resource requirements since:
  - Most of the new requirements are not accompanied by any detail of the work that is required
  - Stopping/reducing some activities may not be feasible for a particular PHU due to the absence of alternative service providers to meet community needs
- While additional flexibility has been introduced in how health promotion-related programming is planned, considering the number and explicitness of health protection-related requirements, there is concern that the resources available to implement health promotion strategies will be eroded over time. How will this risk be mitigated?
- The transition process (i.e., an 'exit strategy') for withdrawing from existing service provision (e.g., sexual health services) will be important to achieve consistency in approach and minimize adverse effects:
  - What is the role of the LHIN in this analysis and decision-making?
  - What does 'ensure access' actually mean? (access, quality, priority populations, etc.)
  - Who is responsible for communication with the public about service changes/reductions?
- How will smaller public health units be supported since they are more likely to face challenges with:
  - Supporting the population health assessment expectations with LHINs
  - Withdrawing from existing service delivery due to absence of alternative service delivery options to meet community needs

- There are multiple items in the Standards that will require additional supports involving one or more of protocols, guidance documents, training, technical support, communities of practice, etc.
    - Items include:
        - Supporting LHINs' population health assessment process
        - Health equity
        - Indigenous community engagement
        - Annual Service Plan and Budget
        - Quality and continuous organizational self-improvement
        - Emergency preparedness, response and recovery
        - Program of public health interventions and its application to different Standards
        - Natural and built environment
        - Vision screening
        - New topic areas; e.g., mental health promotion, sleep
    - As end-users, how will PHU staff be involved in their development?
- Implementation timing of different aspects of the Standards will need to be taken into consideration and supports provided, where necessary. For example:
    - Budget processes are commencing for 2018, which has implications for the proposed Annual Service Plan and Budget. It would need to be ready very shortly in order to inform existing processes.
    - Time that will be needed to work with LHINs and community partners regarding withdrawal from existing service provision
    - Time to review needs and existing practices to develop 'programs of public health interventions'
    - Managing change and potential human resource impacts
- Implementation costs - while the net resource implications will not be clear until there is greater clarity on new expectations and how the withdrawal from exiting activities will occur, there will likely be one-time costs involved in shifts in approaches, retraining, etc. Since programs are frequently planned on a multi-year basis, if a full review of all affected programs is required, then planning will also be resource intensive.
- Participation opportunity costs – LHINs are increasingly asking for engagement opportunities. However, with finite resources for partnerships, this is coming at the expense of engagement with all of the other sectors that have the actual policy levers to address the social determinants of health.
- Healthy public policy as an approach has little mention within the Standards. If this cannot be remedied by strengthening the requirements, then it should be addressed in protocols, guidance documents, etc.

- With respect to the proposed vision screening program, considering that:
  - public health in Ontario withdrew from this area of service decades ago;
  - another province (BC) is withdrawing from it due to low cost effectiveness;
  - there is universal OHIP coverage of childhood optometry services;
  - stopping a service is difficult once it is started; and,
  - there are a considerable number of new areas of expected public health activity included in the Standards,

  that if a vision screening program is developed, that it be carefully piloted to assess whether it achieves its intended benefits, at what effort, and with what unintended impacts.

Are there particular areas requiring clarification?

Frequently identified issues included:

- The 'program outcomes' appear to be framed as corresponding to Board of Health accountabilities. However, many of the 'program outcomes' are societal-type outcomes for which many parties contribute (e.g., reduce health inequities). What is the implication of this for the future accountability mechanism?
- The new School Health Standard appears to focus predominately on children and youth *in school*. Can the intent of this Standard be clarified with respect to:
  - The focus being schools as a setting versus school-aged children?
  - Children who attend private/religious schools, are home schooled, or have dropped out?
  - What does having its own Standard signal in terms of its relative importance compared to other Standards? (e.g., should reallocate resources, reorganize structure)
- With respect to the Policy Framework for Public Health Programs and Services,
  - How does it relate to established descriptions of public health (e.g., core system functions, Ottawa Charter)?
  - To what extent will it be a driver of the structure/content of future system components (e.g., Annual Service Plan, Accountability framework, etc.)?

Recommendations for alPHa

Through the small group discussions and the subsequent plenary session, there were several suggestions regarding what alPHa could be doing to support the public health community:

- Request extension for a response to the new OPHS – with a deadline of April 3, 2017, many organizations do not have a scheduled board meeting for a discussion of the new Standards and their implications. Furthermore, staff and Board members need sufficient time to digest and analyze the information that has been provided.
- alPHa and Board of Health responses – considering the different PHU contexts related to size, location and other factors, which will affect implementation of the Standards, a broad consensus set of recommendations may not be feasible. There is a key role for alPHa to provide information and analysis to support local Boards and MOHs, as well as to collate recommendations from individual PHUs.
- Monitor and contribute to other transformation processes that are in motion (e.g., Expert Panel, PH-LHIN Work Stream, Accountability Framework development, Capacity Committee, etc.) – these could substantially influence the PHU context for delivery of the new Standards. Seize opportunities to share key messages with these processes and to ensure alPHa has the necessary information to guide it through the transformation process
- Identifying additional resources – Roselle Martino mentioned looking at other avenues for securing resources including the possibility that LHINs might present an opportunity for funding aspects of population health assessment. As an example from elsewhere, healthcare resources were added to public health capacity to create a Public Health Observatory in the Saskatoon Health Region. The Observatory applies public health epidemiologic expertise to produce information outputs to inform healthcare planning including the conduct of health care equity audits for selected health services.

Conclusion

The latest version of the OPHS reflects a combination of a reduced number of requirements with the addition of new expectations with uncertain resource impacts. The initial analysis and discussion of the changes and their potential implications at the alPHa Winter Symposium is a first step for PHUs' understanding of, and response to, the OPHS Consultation Document.