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November 15th, 2017

MEMORANDUM TO : Ontario Medical Officers of Health
Board of Health Chairs

FROM : Roselle Martino
Assistant Deputy Minister, Population and Public Health Division,
Ministry of Health and Long-Term Care

SUBJECT: Release of the Public Health Work Stream Report Back

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I am pleased to share with you the *Report Back from the Public Health Work Stream*. As you are aware, the *Patients First Act, 2016* introduced new requirements for Medical Officers of Health (MOH) and the Chief Executive Officers (CEO) of Local Health Integration Networks (LHINs) to support the integration of a population health approach into the broader health system.

The Public Health Work Stream was established to define parameters and expectations for implementing formal engagement between boards of health and LHINs. Consultation with MOHs and LHIN CEOs on a draft of the document occurred throughout the summer and fall and informed the final version of the *Report Back from the Public Health Work Stream*. Thank you for your participation in the consultation

Please note that the Public Health Work Stream Report Back will form the basis of the requirement and associated guideline for Boards of Health in the modernized standards. In addition, work is currently underway with Public Health Ontario to oversee the development of provincially defined and centrally provided population health indicators to inform public health and LHIN collaboration.

I also wish to acknowledge the contributions of Michael Barrett as the co-chair of the Public Health Work Stream and thank the Public Health Work Stream members listed below for their advice and input.

- Chantale LeClerc, CEO, Champlain LHIN
- Margery Konan, Pan-LHIN Lead
- Elizabeth Salvaterra, Pan-LHIN Lead
- Dr. Penny Sutcliffe, Council of Medical Officers of Health
- Dr. David McKeown, Associate CMOH, MOHLTC
- Dr. Liana Nolan, MOH, Region of Waterloo
- Linda Stewart, Executive Director, Association of Local Public Health Agencies

I look forward to continuing our work together as we strengthen the connection between public health and the health system.

Sincerely,

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division
(Co-Chair, Public Health Work Stream)

Report Back from the Public Health Work Stream

November 2017

Ministry of Health and Long-Term Care

Ontario

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Executive Summary

The Public Health Work Stream was established to define parameters and expectations for implementing formal engagement between boards of health and LHINs, as a result of the *Patients First Act, 2016.*

The Public Health Work Stream has developed initial guidance to support implementation, considering:

- Across the province there is **variability** among boards of health and LHINs and in their existing relationships
- There is a need to provincially define **minimum expectations** for the scope and intensity of the relationship while promoting **innovative thinking** among boards of health and LHINs.
- The relationship between LHINs and boards of health will be iterative and **evolve over time,** however guidance is needed to help get started and to achieve a level of consistency across the province.
- Processes and structures put in place should be sufficiently **flexible** to adapt to change over time.
- LHINs and boards of health require **ongoing commitment and support** to foster productive and strong relationships.

The Public Health Work Stream has developed a framework for board of health and LHIN engagement:

1. **Population Health Assessment:** Population health data and analysis to support health system planning, which includes:
    - Provincially defined and centrally provided core set of population health indicators to inform public health and LHIN collaborations.
    - At the local level, additional public health and LHIN defined analyses to address information needs.
    - Knowledge and expertise that interprets and translates health information to inform integrated planning.

2. **Joint Planning for Health Services:** Orienting health services to address population needs. This includes:

- Planning for programs and services where public health has traditionally intersected with the broader health care system (e.g. immunization, sexual health).
- Influencing all types of health system planning and decision making to reflect population needs.

3. **Population Health Initiatives**: Identifying opportunities and enabling action to improve population health and equity.

The Public Health Work Stream developed options for an initial approach to structuring the relationship between boards of health and LHINs that promote engagement of all boards of health within a LHIN boundary, and apply to as many LHINs and boards of health as possible.

The preferred approach that emerged through consultation was for a **collaborative model with representation from all boards of health that are mostly contained within the LHIN boundary**.

Introduction

The *Patients First Act, 2016* introduced new requirements for Medical Officers of Health (MOHs) and the Chief Executive Officers (CEOs) of Local Health Integration Networks (LHINs) to support the integration of a population health approach into the broader health system.

The Public Health Work Stream, made up of a project team with representation from public health, LHINs and the Ministry of Health and Long-Term Care, was established to define parameters and expectations for implementing formal engagement between boards of health and LHINs (see membership in Appendix 1).

As part of its work, the Work Stream is outlining an initial approach to support MOHs and LHIN CEOs as they begin implementing the new requirements.

The term "boards of health" refers to the local public health agencies which are legislatively obligated to deliver public health services as per *the Health Protection and Promotion Act, 1990*. While boards of health are often referred to as "public health units," a public health unit is legally defined as the geographic area that is served by a board of health.

Legislative Context

The *Patients First Act 2016* aims to strengthen links between population and public health and the health system to achieve:

- Health service delivery that better reflects population needs
- Public health and health care service delivery that is better integrated
- Social determinants of health and health equity incorporated into care planning
- Stronger linkages between disease prevention, health promotion and care

To do this, the *Patients First Act, 2016* included parallel amendments to the *Health Protection and Promotion Act,1990* (HPPA) and the *Local Health System Integration Act, 2006* (LHSIA) to mandate the establishment of formal linkages between MOHs and LHIN CEOs. The *Patients First Act, 2016,* specifies a requirement between MOHs and LHIN CEOs. It is expected that engagement will occur at multiple levels between boards of health and LHINs (e.g. staff, management and governance), as appropriate.

Legislative Amendements

Health Protection and Promotion Act	Local Health System Integration Act
The medical officer of health of a board of health shall engage on issues relating to local health system planning, funding and service delivery with the chief executive officer or chief executive officers of the local health integration network or networks whose geographic area or areas cover the health unit served by the board of health.	A local health integration network shall ensure that its chief executive officer engages with each medical officer of health for any health unit located in whole or in part within the geographic area of the network, or with the medical officer of health's delegate, on an ongoing basis on issues related to local health system planning, funding and service delivery.

The *Patients First Act, 2016* also included amendments to LHSIA to integrate a population health approach into the objects of LHINs, including:

- to promote health equity, including equitable health outcomes, to reduce or eliminate health disparities and inequities, to recognize the impact of social determinants of health, and to respect the diversity of communities and the requirements of the French Language Services Act in the planning, design, delivery and evaluation of services
- to participate in the development and implementation of health promotion strategies in cooperation with primary health care services, public health services and community-based services to support population health improvement and outcomes

Implementation

In 2017, structural changes to the health system are taking effect as a result of the *Patients First Act, 2016.* This includes the transfer of Community Care Access Centre services and staff to LHINs. Alongside these changes, MOHs and LHIN CEOs are to begin establishing their formal linkages between themselves and their respective organizations.

The Public Health Work Stream has identified the following factors that impact implementation of the requirement to establish formal linkages:

- Across the province there is **variability** among boards of health and LHINs and in their existing relationships.
- There is a need to provincially define **minimum expectations** for the scope and intensity of the relationship while promoting **innovative thinking** among boards of health and LHINs.
- The relationship between LHINs and boards of health will be iterative and **evolve over time,** however guidance is needed to help get started and to achieve a level of consistency across the province.

- Processes and structures put in place should be sufficiently **flexible** to adapt to change over time.
- LHINs and boards of health require **ongoing commitment and support** to foster productive and strong relationships.

Based on these considerations, the Public Health Work Stream has developed initial guidance to support implementation of this requirement, including a framework for board of health and LHIN engagement and options for the structure of the relationship.

The proposed framework for board of health and LHIN engagement has been developed considering the current structure and organization of public health. The timing of the Public Health Work Stream was concurrent with the Expert Panel on Public Health, which had a mandate to provide advice to the minister on the structure, organization and governance for public health. The Public Health Work Stream provided its advice on MOH and LHIN CEO engagement independent of the Expert Panel process.

Framework for Board of Health and LHIN Engagement

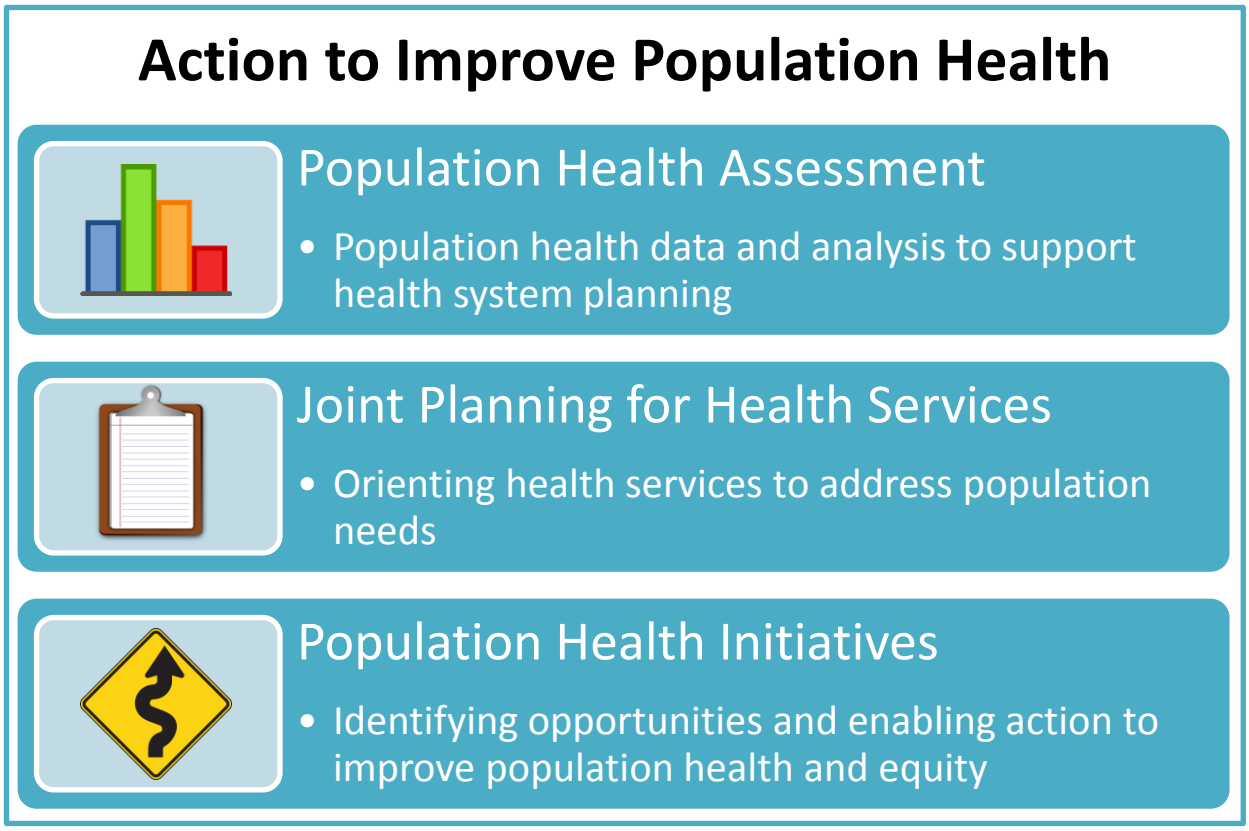
The framework for board of health and LHIN engagement provides guidance on how MOHs and LHIN CEOs can implement the requirement in the *Patients First Act, 2016* for formal engagement, and support LHINs in implementing their new objects related to health equity and health promotion. To this relationship, boards of health bring a population health perspective, population health assessment skills, and knowledge of local communities' needs, assets and opportunities to inform health system planning. Public health's equity focus can articulate and highlight trends and drivers in the differences in health among population groups, while bringing intelligence and insights on the social factors that underlie health, disease, and the use of health services. The public health sector has fostered strong relationships with non-health sector actors including municipalities, education, and social services, which are essential to protecting and promoting the health of local populations.

LHINs bring their own set of strengths to the relationship, in their role in planning, funding, and integrating the local health system. For example, LHINs may be able to bring health system partners to the table to support initiatives that reduce duplication

and improve health service delivery for the population. A population health perspective can be translated into areas of impact that LHINs oversee and build on their existing work related to health equity and health promotion.

The intent of the requirement is for LHIN CEOs and MOHs to make a commitment for engagement that has weight and significance and includes regular opportunities to meet, inform and influence their organizations' work. The engagement is meant to be mutually beneficial. Boards of health and LHINs should contribute to each other's mandates, where relevant and helpful.

The following outlines the three primary components of the framework for board of health and LHIN engagement.



Population Health Assessment

Population health assessment provides the evidence and information to support the integration of a population health approach into health system planning and evaluation.

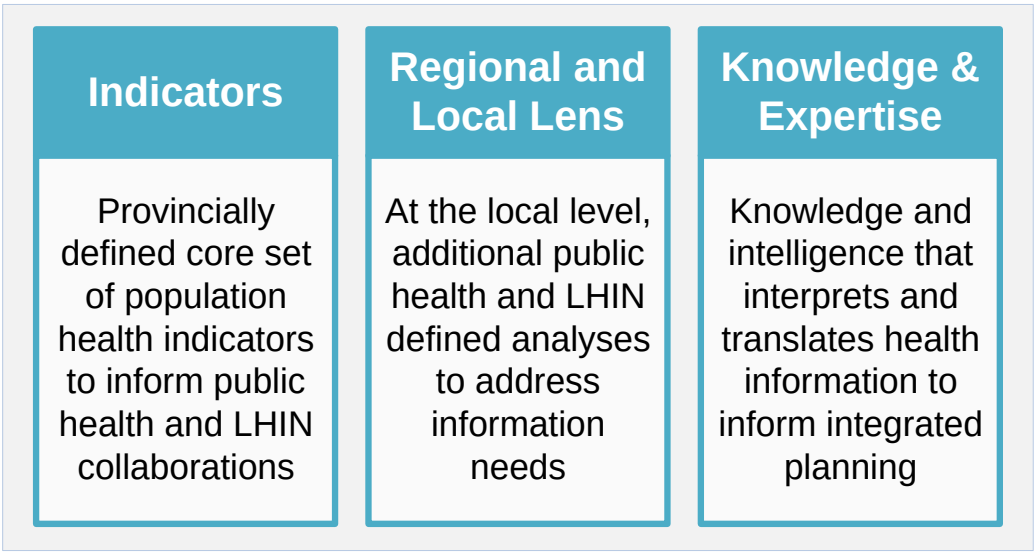
Both LHINs and boards of health, among other health system actors, play a role in population health assessment. Population health assessment promotes the use of data and evidence on population health, equity and the upstream determinants as important criteria in LHIN and board of health priority setting and decision making. For more information on the population health approach and population health assessment see Appendix 2.

Joint work on population health assessment should inform planning at all levels, including LHIN region and sub-region levels, and public health unit.

- At the LHIN region level, population health assessment should inform priority setting and decision making on implementation of health services, design of new health services and resource allocation over the LHIN region to address the population health and equity needs.
- At the LHIN sub-region level, population health assessment should influence the same decisions within the sub-region including the integration of health service providers to better meet the health service needs of local communities and improve equity.
- At the public health unit level, population health assessment should draw on health system data to inform planning for program and service delivery.

A sub-region is a smaller geographic planning region within each LHIN to help LHINs better understand and address patient needs at the local level. Sub-regions enable a more focused approach to assessing population health need and service capacity, help identify variation in health disparities and health system performance, assist in identifying local factors that inhibit health system improvement, and provide a structure to public and provider engagement.

The following figure outlines the core components of population health assessment within the context of the board of health and LHIN relationship.



- There will be a provincially defined and centrally provided set of **population health indicators** to help inform public health and LHIN collaboration. A core data set will be provided to LHINs and all boards of health that fall within the geographic boundaries of the LHIN. The population health indicators reflect core population health domains and will be broken out by socio- demographic stratifiers, if available. See Appendix 3 for more information on proposed population health indicators.

The ministry will be working together with Public Health Ontario (PHO) to oversee development of provincially defined and centrally provided population health indicators to inform board of health and LHIN collaboration.

- Boards of health and LHINs will apply their **regional and local lenses** in their joint work by using additional, locally defined data and analyses that are needed to inform planning and decision-making. Data for these analyses may include data collected federally, provincially or locally by the board of health or LHIN.
- Both boards of health and LHINs will bring their **knowledge and expertise** to population health assessment. This knowledge and intelligence can be applied to interpret and translate the data and analyses to inform integrated planning that reflects a population health approach.

Joint Planning for Health Services

The relationships between MOHs and LHIN CEOs set the foundation for joint planning on health service delivery for both health care services and public health services. Public health programs and services have traditionally intersected with the broader health care system in a number of specific areas (see examples below). Joint planning can occur at these intersection points. This can facilitate the alignment of public health and health care service delivery to address the population needs specific to LHIN and LHIN sub-regions, and public health units. This planning may address clinical services traditionally provided by public health and whether boards of health are the service provider best positioned to fill service gaps within the health unit area. It could also include identifying and leveraging synergies in health service delivery that exist among LHINs, boards of health and their partners.

Examples of Public Health and Health Care Intersections

- Maternal and child health
- Falls prevention
- Chronic disease prevention, including diabetes
- Sexual health
- Emergency planning
- Outbreak management
- Immunization
- Infectious and communicable disease prevention and control
- Primary care
- Referral pathways
- Harm reduction
- Opioid strategy
- Vulnerable and priority populations

The population health perspective should influence health system planning and decision making, as appropriate, to orient health service delivery in response to population needs

identified through population health assessment. Joint planning should include a focus on equity and the drivers of health inequities in the LHIN region, sub-region, and public health unit areas. The needs of priority populations, including Indigenous and Francophone communities, should be considered and addressed. Planning activities can include priority setting and decision making on the implementation of health services, design of new health services and resource allocation over the LHIN region to address the population health and equity needs. Boards of health and LHINs should be engaged in the development of one another's strategic plans.

Population Health Initiatives

Working collectively, boards of health and LHINs should identify opportunities to improve the health of the population. The relationship between LHINs and boards of health promotes the inclusion of diverse perspectives and ideas into planning structures to identify actionable solutions to population health issues. Population health initiatives may draw on the levers and expertise that LHINs have that public health has not been able to benefit from, and vice versa. Both LHINs and boards of health have relationships and collaborations with other system actors that could be drawn upon to support joint work on population health.

LHINs and boards of health may choose to take action at different levels to improve population health, including at the individual, organizational, community and policy levels, as appropriate. Initiatives should address an identified need, supported by evidence, which is recognized by both the LHINs and boards of health and that would benefit from the involvement of both organizations. Solutions identified should be expected to make a meaningful impact on population health in the LHIN region, sub-region or public health unit.

Examples of initiatives LHINs and boards of health may take are provided below. It is expected that as the relationship between boards of health and LHINs is strengthened, more diverse and innovative actions will be undertaken.

Examples of Action to Improve Population Health

- Generation of locally specific population health data to support both LHIN and public health service planning and evaluation
- Collaboration on intersectoral action to address the social determinants of health

- Leveraging the influence that LHINs have as a funder of health service provider agencies, each of which is an employer of staff with a potential to institute health promoting workplace policies
- Implementing organizational learning to develop competencies of staff and a workplace culture that is attuned to population health, health equity and the determinants of health

Board of Health and LHIN Engagement Model

The Public Health Work Stream deliberated on approaches and considerations to strengthen the relationship between boards of health and LHINs. Proposed options for engagement were developed based on the following principles:

- To ensure engagement of all boards of health within a LHIN boundary.
- Applicable in as many LHINs and boards of health as possible to establish a level of consistency.
- Offering an initial approach to strengthening the relationship between LHINs and boards of health.

A number of options for structuring engagement between LHINs and boards of health were proposed during consultation with medical officers of health and LHIN CEO's. The preferred approach that emerged was for a **collaborative model with representation from all boards of health that are mostly contained within the LHIN boundary**. This model will allow each board of health to have a direct relationship with their LHIN partners.

Next steps

- **For public health:** This report back will be developed into a Guideline, as part of the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, to provide direction on how boards of health must approach the new requirement to engage with LHINs, as outlined in the HPPA.
    - The ministry is working together with Public Health Ontario (PHO) to oversee development of provincially defined and centrally provided population health indicators to inform board of health and LHIN collaboration. The intention is to work from the initial population health indicator categories as proposed in this report back and facilitate access

to a suite of population health indicators that will support PHUs and LHIN engagement.
    - A committee is being established and will have representation from PHO, the Association of Public Health Epidemiologists of Ontario, LHINs, public health units, and the ministry's Population and Public Health Division and Health Analytics Branch.

- A LHIN/Board of Health Relationship Working Group through LHIN Renewal Transformation will continue to support ongoing engagement between public health and LHINs

- **For LHINs:** This report back will provide guidance on how to achieve their new legislative requirements to engage with MOHs, as outlined in LHSIA.
    - The Performance and Data Work Stream has also developed a report-back discussion paper with recommendations for developing LHIN accountability measures, which include public health. This paper will serve as an input into the existing ministry and LHIN process for negotiating a refreshed Ministry-LHIN Accountability Agreement (MLAA) for 2018-19 and beyond. Including a parallel and reciprocal requirement in the MLAA, as was done in the public health standards, demonstrates that the relationship between Boards of Health and LHINs can be actualized.

Appendix 1: Public Health Work Stream Membership

Co-Chairs

- Michael Barrett, CEO, South West LHIN
- Roselle Martino, Assistant Deputy Minister, Population and Public Health Division (PPHD), MOHLTC

Members

- Chantale LeClerc, CEO, Champlain LHIN
- Margery Konan, Pan-LHIN Lead
- Elizabeth Salvaterra, Pan-LHIN Lead
- Dr. Penny Sutcliffe, Council of Medical Officers of Health
- Dr. Liana Nolan, MOH, Region of Waterloo
- Dr. David McKeown, Associate CMOH, MOHLTC
- Linda Stewart, Executive Director, Association of Local Public Health Agencies
- Jackie Wood, Director, Planning & Performance Branch, PPHD
- Colleen Kiel, Manager, Systems Planning & Integrated Strategy, PPHD

Appendix 2: Population Health Approach and Population Health Assessment

The Public Health Agency of Canada (PHAC) defines population health as, "an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups"[1] Taking a population health approach means the focus is on the health of populations and sub-populations, including those who are patients, those who use health services, and those who do not. A population health approach recognizes the full range of factors that influence health and disease, including the social, economic and environmental determinants. As a result, upstream actions and investments, at the root causes of health and disease, are considered to have a greater potential for improvements in population health.

A population health **approach** is an overall perspective that puts the health and equity needs of the population and communities at the centre of planning, so that decision-making and health system changes address those needs. The Public Health Agency of Canada has developed an organizing framework that outlines eight elements of the population health approach. See http://cbpp-pcpe.phac-aspc.gc.ca/population-health-approach-organizing-framework/#acc for more information.

Population health **assessment** is one mechanism in which that perspective is applied. Population health assessment provides the evidence and information to support the integration of a population health approach into health system planning. Population health assessment is defined as "understanding the health of communities or specific populations, as well as the factors that underlie good health or pose potential risks, to produce better policies and services."[2] It includes the measurement, monitoring, analysis, and interpretation of population health data, knowledge and intelligence on the health status of populations and sub populations, including the social determinants of health and health inequities.

[1] http://www.phac-aspc.gc.ca/ph-sp/approach-approche/index-eng.php

[2] http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2008/fr-rc/cphorsphc-respcacsp05a-eng.php

Appendix 3: Population Health Indicator Categories

Categories for a Proposed Initial Set of Indicators

Population	Social Environment	Built and Natural Environment	Mortality and Morbidity	Chronic Disease and Mental Health
• Population Demographics • Population Growth • Language	• Labour Force/ Employment • Income/Wealth • Housing and Food Security • Family Arrangements • Education	• Population Density • Physical Activity and Recreation Environments • Environmental Degradation	• Mortality by Cause • Life and Health Expectancy • Self-Rated Health • Disability	• Screening • Cancer • Other Chronic Diseases • Depression

Injury and Substance Use	Behaviour	Reproductive Health	Child Health	Infectious Diseases
• Injury by cause • Falls • Drugs • Suicide and Self-Harm	• Smoking • Alcohol • Physical Activity • Unsafe Sex	• Birth and fertility • Birth outcomes • Pregnancy	• Early Development • Well-Baby Visit	• Immunization • Influenza • Gastrointestinal Disease • STIs

Appendix 4: Relationship Building between LHINs and Boards of Health

This appendix outlines how LHINs and boards of health can build a strong working relationship, in alignment with the objectives set forth in the *Patients First Act, 2016.* The stages of relationship building outline below is intended to promote collaboration and information sharing for an enhanced understanding of each other's roles, responsibilities and areas of mutual interest.

Stages of Relationship Building

No.	Stage	Description
1	Starting the conversation	LHIN CEO and MOH(s) introduction, LHIN and board of health overview, including organizational structure, existing and future committees, councils and tables, planning cycle, current initiatives; identify options for terms of engagement, including how multiple boards of health will be engaged (if applicable), and frequency of MOH(s) and LHIN CEO meeting
2	Knowledge transfer	Sharing strategic plans, operational plans, key priorities, and current partnerships
3	Taking action	Identifying opportunities and options for joint initiatives (for example, IHSP, local population health assessment)
4	Consensus building	Developing a formal agreement or MOU for planned joint initiatives
5	Issues management	Managing problems, emerging issues and developing the relationship

LHIN-hosted committees, councils and tables:

The following list is an inventory of LHIN-hosted committees, councils and tables that are possible conduits for public health engagement. However there is significant variation based on local needs, and varying provider communities and local leadership:

- LHIN Boards (and committees of the board)
- Patient and Family Advisory Council (forthcoming)
- Health Professionals Advisory Council

The following tables are not mandated, but are convening in similar ways across LHINs in support of planning and integration goals:

- Senior management team
- Sub-region integration tables
- Health Links leadership tables at the regional LHIN level
- Sector-based planning tables at the regional LHIN level (e.g. Hospital, Community Support Services, Community Mental Health, CHC, Primary Care, CCAC)
- Program-based planning tables (e.g. Child & Maternal Health, Telemedicine, Indigenous Engagement Tables)
- Project-based tables at the regional LHIN level (e.g. Reducing readmissions to hospital, integrated funding models)
- Pan-LHIN tables have been formed as well across leadership roles and program area (may currently be on hold, pending refreshed organizational charts across the LHINs)