Public Health Modernization
Submission of Public Health Sudbury & Districts

The Board of Health for Public Health Sudbury & Districts is pleased to submit for the Ministry's and Special Advisor's consideration the Board's comments in response to the Ministry of Health November 18, 2019, Discussion Paper on Public Health Modernization and the related field consultations. Our submission is the result of extensive dialogue at the agency's management level followed by thoughtful review at the January 16, 2020, Board of Health meeting. The submission is also informed by our ongoing collaborations with our North East public health partners and with the communities we serve.

Context

Who we are

Public Health Sudbury & Districts is a progressive local public health agency committed to working with our communities to promote and protect health and to prevent disease for everyone. Our 2018–2022 Strategic Plan affirms our attention to equitable opportunities, practice excellence, meaningful relationships, and organizational commitment as we strive to achieve our vision of healthier communities for all. Our work is based on the values of humility, respect, and trust.

Board of Health

The Board of Health for Public Health Sudbury & Districts is the governing body of Public Health Sudbury & Districts. The Board of Health is comprised of municipal members (either elected officials or individuals appointed by the municipalities) and members appointed by the Lieutenant Governor in Council. The diversity of the Board of Health membership ensures geographic representation from across our vast service area in addition to broad range of interests and skills.

Service area and population

Public Health Sudbury & Districts serves 18 municipalities (17 rural and one urban) and two unorganized areas within 46 551 square kilometers. We have one main office and two additional offices in the City of Greater Sudbury, as well as four district offices in Chapleau, Espanola, Manitoulin Island, and Sudbury East. Travel time between the main office and district offices ranges from less than one hour (58 km) to up to five hours (420 km). The City of Greater Sudbury accounts for 82% of the population and 7% of the total landmass of our service area.

Of the 196 448 residents in our service area (Statistics Canada, 2016), over 24 000 people identify as Indigenous, representing 13% of the region's total population. More than 5 000 people live in one of the 13 First Nation communities that intersect with our service area. There is a high proportion of Francophone residents (26%) compared to the provincial average (4%). Ensuring that our services are offered in both official languages and are culturally appropriate is a priority.

Priority areas of focus

Public Health Sudbury & Districts strategically delivers tailored public health programs and services to ensure equal opportunities for health for all. This means that we pay particular attention to social and economic determinants of health. We are guided by research, ongoing education, and the development of innovative programs and services that are responsive to community needs. This includes of particular note, developing an Indigenous Engagement Strategy focused on building meaningful relationships with Indigenous communities in our service area; a Racial Equity Action Framework to reduce systemic racism to ensure those affected have equal opportunities for health; and a Public Mental Health Action Framework to create better mental health for all through prevention, promotion, and early intervention and referral in our community.

Overall considerations

1. The Board of Health endorses the central proposition of the Ministry of Health Discussion Paper that there is an **opportunity to transform and strengthen the role of public health as a foundational partner in improving the health of all Ontarians** and to ensure that the public health system is coordinated, resilient, and responsive to the province's evolving health needs. We strongly reinforce the key strengths as described on page two of the Discussion Paper. We particularly highlight the importance of the relationships that the public health system has with sectors outside the health care system and the role of public health as a **broker of relationships** with health care, social services, municipal governments, and other sectors to create healthier communities. These are strengths to be leveraged in the pursuit of healthier Ontarians, especially Ontarians who do not have equal opportunities for health because of social and economic disadvantage.

2. The Board of Health endorses the Statement of Principles released by the Association of Ontario Public Health Agencies (**alPHa**) in November 2019 and agrees that these are foundational for any modernization considerations.

3. The Board of Health highlights the significant work of the North East Public Health Transformation Initiative (NEPHTI) and in particular, the lessons learned throughout the process. NEPHTI was developed in response to the April 2019 provincial budget announcement of the creation of one North East (NE) regional public health entity. Under the leadership of the five NE Medical Officers of Health, NEPHTI brought together management from all five NE boards of health[1] to develop recommendations aligned with the budget announcement. **While the creation of one regional**

[1] Algoma Public Health, North Bay Parry Sound Health Unit, Porcupine Health Unit, Public Health Sudbury & Districts, and Timiskaming Health Unit.

public health entity in the NE is not the Board of Health's recommended direction, there are important lessons from this collective work across the NE that are relevant to the current consultations. These lessons include the following:

a. **Systematically improving collaboration** across the local public health agencies in the region is essential to achieve enhanced sector capacity, effectiveness, and efficiency in the NE.
b. The **values**[2] and **operating principles**[3] developed for NEPHTI are relevant to the current consultations and the Board endorses these for this purpose.
c. The determination of **regional versus local public health functions** as undertaken by NEPHTI is relevant to the current consultations, including, overall:
    i. The public health **programs and services**, as described the the Ontario Public Health Standards (OPHS) *Program Standards*, are largely **local functions** that would benefit from some regional coordination; this includes consideration of local implementation based on specific community needs, with supports at a regional level.
    ii. The **corporate services and foundational standards work**, are largely **regional functions** requiring local implementation.
d. A critical element to ensure effective collaboration and implementation of local and regional functions – as described in c(ii) – across multiple organizations is the establishment of **new and mandated structures and related processes and accountabilities**.[4]

4. The Board of Health acknowledges that the four challenges described in the Discussion Paper are issues impacting the provincial public health system. However, the Board of Health also observes that Public Health Sudbury & Districts has made a number of strategic investments over many years to mitigate the impacts of these system challenges on our organization and communities. The result is the maintenance of critical capacity, including capacity for innovation to respond to emerging issues, at the local level. Examples include strategic budget decisions to maintain capacity post-SARS and beyond; commitment to teaching health unit principles post-dissolution of the provincial Public Health Research, Education and Development (PHRED) program; embracing intersectoral collaboration to advance critical issues such as climate change and built environment, mental health

[2] Values: The best interests of the health of the people of NE Ontario guide all decisions; Current NE public health unit staff are valued and respected; We are stronger together than apart and united in our commitment to collaboration

[3] Operating Principles: Public health budgets are protected or ring-fenced from health care budgets; Local flexibility for programming based on needs occurs at the local service delivery areas; Connection to local communities is essential for effective public health actions; A balance in long- and short-term investments, i.e. between health protection/disease protection and health promotion, is maintained; Innovation balanced with evidence-informed practice is critical to an effective future state for the NE

[4] Should there be implementation of public health functions across multiple organizations, new and mandated structures would be required to ensure success. Such structures would need to be supported by related processes and accountabilities. Previous work can inform exploration of potential models. For example, a "hub-and-spoke" model was proposed in the 2007 *Final Report on Knowledge to Action (K2A): Building a Stronger System of Workforce Development, Applied Research, and Knowledge Exchange for Public Health in Ontario*; wherein regional geographic-based hubs and topic-specific nodes were recommended to support foundational standards and shore up access to specialist knowledge. Structures to support accountability could include regional councils, ensuring oversight and governance alignment. The Ontario Health Team deliberations include collaborative governance approaches with supportive structures such as steering committees and action teams.

and addictions, opioids and substance use, the potential for primary care to prevent disease prevention/promote health, and Indigenous engagement.

The Board of Health strongly cautions against the erosion of these critical investments within the context of public health modernization. As evidenced by the evolution of recent issues demanding effective public health responses – from the novel coronavirus to the opioid crisis; from the steep uptick in mental health issues to the unabated epidemic of obesity; from the acceleration of climate impacts on health to hospitals overcrowded with aging patients facing multiple preventable chronic diseases – Ontario requires a strong public health system to respond to the multiple and increasingly complex issues affecting health. Public health modernization must serve to strengthen the public health system as part of a comprehensive approach to health in Ontario; it certainly cannot result in erosion of capacity.

5. The Board of Health not only cautions against erosion but also asserts that the province should itself make strategic investments in this critical part of the health system. Public health aims to prevent illness, ultimately improving people's health, quality of life, and productivity, in addition to reducing their need for expensive care.

   The Government priority of ending hallway health care will not be successful without a robust public health system. In a recent report by Cancer Care Ontario (CCO) and Public Health Ontario (PHO), the estimated annual direct health care costs in Ontario are $10.5 billion per year, compared to only $192 million invested in chronic disease prevention in 2016/17.[5] Investments in public health on upstream efforts, grounded in a population health approach, can influence the leading causes of death in Ontario and help end hallway health care.

   The ability to carry out this important mandate must not be contingent on local municipalities' abilties to pay. The Board of Health recognizes that local municipalities are approaching financial limits, jeopardizing system sustainability. Significant changes in provincial funding must be implemented in order for Ontarians (and residents of the Board's jurisdiction) to continue to benefit from critical public health programs and services.

6. The Board of Health highlights the uniqueness of the context, geography, and demographics within our jurisdiction and Northern Ontario which impacts public health needs, service provision, and resources. Our service area is vast and dispersed geographically, with the largest proportion of the population in the City of Greater Sudbury and a small proportion of the population in more rural settings. Delivering quality public health services in such contexts is challenging, particularly when combined with increasing demands and diminshing capacity in other sectors whose work also affects health opportunities (e.g. social services, housing, transportation, acute and long-term care, mental health supports, employment supports, etc.). Many of our communities have resource-based economies with corresponding instabilities in employment and tax base. Responding appropriately to the needs of area Francophone and Indigenous populations is also a critical consideration. It is essential that deliberations on public health modernization factor in geographic, cultural, economic, and other characteristics versus a "one-size fits all" approach applied to future recommendations.

[5] Cancer Care Ontario and Ontario Agency for Health Protection and Promotion (2019, July). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario.

7. The Board of Health urges the province to carefully consider the system disruption and related opportunity costs associated with significant changes to the public health system. While the Board of Health concurs with the Discussion Paper that improvements can be made to the public health system, it is very cognizant of the substantial distraction and staff insecurity that can result. Our Board of Health's response to the 2019 budget announcement included a heavy investment of leadership time. The announcement generated challenges in staff recruitment and retention related to budget and employment insecurity. The Board of Health believes that there is a careful balance to be struck between the benefits of change and the costs – calculated in terms of productivity and human costs – of such change. This balance needs to be carefully considered prior to any announcements. The aim must be to maximize overall system gains while minimizing service disruption and warding against any reduction in our ability to respond to urgent issues as noted above.

8. The Board of Health appreciates the opportunity to engage in this important consultation process. We were pleased to participate in the face-to-face consultation held in North Bay in January 2020, and to submit our specific comments in this document. The Board anticipates ongoing involvement and respectfully requests opportunities to further engage as the Ministry's deliberations progress and decision-making milestones are approached.

Discussion paper questions

Insufficient Capacity

a) What is currently working well in the public health sector?

Overall, many areas in public health are working well: local governance, local response to needs and capacities, partnerships/collaborations, and the work within the OPHS Foundational Standards. More specifically:

- The ability of public health, throughout, Ontario to respond to local needs and capacities and ensure programs and services are relevant and effective.
- The ability to build and leverage local partnerships to achieve common health aims, including partnerships with the education sector.
- The fact that there are board governance bodies that involve locally elected officials and local citizens who are from the communities we serve.
- Recognition of, and value for, evidence-informed practice, planning, and evaluation.
- Investment in population health assessment, data analysis, and epidemiological skills.
- Emphasis on ongoing professional practice and development.
- Regional/provincial collaborations (networks, research groups, strategy development, etc.), including strengthened research through Locally Driven Collaborative Projects.
- The ability to collaborate using both formal and informal communication networks.

b) What are some changes that could be considered to address the variability in capacity in the current public health sector?

Changes to address the variability in capacity should consider opportunities for provincial support and enhancing local resources. More specifically:

- Examine how the Ministry and Public Health Ontario can support individual health units with content expertise and cross-cutting resource development.
- Determine if there are functions that could be coordinated at a regional or provincial level (programming and corporate services functions).
- Provide support to ensure adequate resources at the local level. This includes consideration of the development of recruitment supports that account for unique geographies and its impact on retention, assisting with the development of local recruitment/retention strategies, considering outreach opportunities to post-secondary institutions, especially in areas of identified need, and considering exploring return-of-service agreements for learners in identified areas.
- Explore cross-agency platforms and processes for maintaining/enhancing relationships (e.g. communities of practice, digital repositories/inventories, regional networks, etc.).
- Explore digital solutions to help bridge capacity gaps.

c) What changes to the structure and organization of public health should be considered to address these challenges?

Changes to the structure and organization of public health should consider collaboration, consolidation, and system functions. This could include:

- Identify root causes of varying capacity (e.g. recruitment challenges, inconsistent investment in capacity over time, salary and benefits, etc.).
- Support net growth rather than re-distribution of existing capacity.
- Explore “functional mergers” or enhanced collaborations to develop cross-regional (or cross provincial) teams of public health expertise serving multiple agencies (program, foundational, and corporate).
- Consider consolidation of existing health units where capacity and economies of scale are an issue.
- Explore development of a regional council with a regional budget, separate from local governance/ budget, that has specific defined responsibilities.
- Ensure that public health functions and resources are not redirected to stop-gap or support primary care functions.

Misalignment of health, social, and other services

a) What has been successful in the current system to foster collaboration among public health, the health sector, and social services?

The public health system has a long history of local relationships that successfully foster collaboration among public health, the health sector, and social services. Facilitators of this collaboration include:

- Relationships – longstanding connections and strong interpersonal relationships facilitate effective collaboration between sectors.
- Understanding of each other's mandates, priorities, capacity, strengths, and challenges, and being open to exploring how our respective mandates are more effectively achieved by working together.
- Shared goals, reciprocal benefits from engaging together, and recognizing values and respective drivers of intersectoral partners.

b) How could a modernized public health system become more connected to the health care system or social services?

A modernized public health system can become better connected through common linkages, understanding of respective roles, and common accountabilities. This could include:

- Further defining, clarifying, and understanding roles and areas for collaboration and consideration of intersection of roles. This also includes more clearly defined linkages with Ontario Health Teams/Ontario Health. This could also include expanding scope of practice, including creating new roles to cross-over between sectors, such as Health System Navigators.
- Requirements for reciprocal engagement on common priorities with jointly held accountability measures. This could include shared frameworks, goals, and mutual accountability, including cross-sector accountabilities for population health, determinants of health, health equity, and health impact assessment, recognizing "false economy" of not investing upstream in all sectors. Consideration could be given to incentivizing sectors to ensure connections are taken seriously.
- Local intersectoral connections are more effective if they are also established at the provincial level (e.g. regional council of leaders from multiple sectors mirroring provincial council of inter-ministerial leadership).
- Common geographic boundaries where possible to help make collaborations more seamless.
- Ensure adequate capacity in all sectors to mitigate the risk of each sector needing to protect its "core business" and less engaged in cross-sectoral work and innovative thinking/approaches.
- Consider secondments between sectors to enhance further understanding of one another and relationship building.
- Examine how privacy is a barrier between sectors.

c) What are some examples of effective collaborations among public health, health services and social services?

Public Health Sudbury & Districts has many examples of effective collaborations with partners in health and non-health sectors, including municipalities, school boards, and regional and provincial health and social services partners. More specifically, these include:

- Collaborations with municipalities on a number of initiatives (e.g. housing, community safety and well-being, built environment and planning, recreation, tobacco/vaping).
- Collaborations with school boards on ongoing initiatives on many issues (e.g. mental health and resiliency, sexual health, infection control and immunizations, nutrition and physical activity).
- Numerous local collaborations/partnerships in the areas of mental health, poverty reduction, substance use and misuse, family health.
- Regional collaborations and partnership in health equity and family health.
- Provincial collaborations and partnerships in a number of areas including research, population health assessment, education, mental health, and chronic disease prevention.

Duplication of Effort

a) What functions of public health units should be local and why?

Local public health functions should include board of health/governance, service and program delivery, risk assessment, municipal engagement, and emergency response.

- Governance: a local board of health ensures effective representation and understanding of social, political, and community context.
- Service Program Delivery: this includes local implementation of programming and local adaptability of programming based on local needs, community capacity, and local priorities.
- Risk assessments: these should be community based and consider social/political impact.
- Municipal engagement: this allows for engagement with the funder and strengthens both accountability requirements and the local planning function.
- Emergency response: in order to ensure timely response with consideration of local context and partnerships and familiarity with the communities, emergency response should be local.
- Some functions that could be provided regionally (with some local linkages) include:
    - Quality improvement: regional approaches with local service delivery standards;
    - Identifying and assessing local need: regional approaches with link to local context and programming;
    - Communications: regional oversight with local capacity to respond to local requests, inclusion of local context, trusted source within the community;
    - Human resource presence: consultations for management, staff;
    - Surveillance: local context/experience/interpretation.

b) What population health assessments, data, and analytics are helpful to drive local improvements?

Shared data systems would help drive local population health assessment, and data and analytic improvements. More specifically:

- Data across the system with large sample sizes and oversampling to be able to analyze for small rural communities.
- Locally relevant and specific data (e.g. Rapid Risk Factor Surveillance System).
- Overarching models and approaches for community needs assessments with population health data and local evidence (community engagement and context, political preference, etc.).
- Use of multiple data sets from various sectors.

c) What changes should the government consider to strengthen research capacity, knowledge exchange, and shared priority setting for public health in the province?

The government should consider provincial and regional coordination to strengthen research capacity, knowledge exchange, and shared priority setting for public health. This includes more specifically:

- Exploring a regional hub model that clearly defines expectations and optimizes effectiveness, efficiency and accountability, builds capacity, and sets research priorities (province-wide and region-specific), as referenced in the 2007 *Final Report on Knowledge to Action (K2Aa): Building a Stronger System of Workforce Development, Applied Research, and Knowledge Exchange for Public Health in Ontario.*
- Support and/or strengthen province-wide research and evaluation communities of practice (e.g. Ontario Public Health Evaluators Network) and create opportunities for and support the development of common tools and frameworks.
- Enhance knowledge exchange opportunities across sector (e.g. leverage opportunities for use of technology in addition to public health-specific face-to-face conferences, explore pan-national initiatives such as National Collaborating Centres) and ensure research and knowledge exchange continue to be a function of local public health.
- Fund collaborative research (e.g. PHO's Locally Driven Collaborative Project model).
- Formalize agreements with post-secondary institutions for data/research.
- Where relevant and appropriate, ensure the inclusion of Indigenous and First Nations peoples in planning processes at inception.

d) 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?

Some public health functions and services could be strengthened if coordinated or provided at the provincial level; and it should be noted that some of these functions could also be coordinated or provided at a regional level depending on how public health is organized. These functions include:

- Data functions, such as interpretation of provincial/national trends in health status and risk behaviours (upstream and downstream), enhanced provincial public health data and evidence repository and provincial reporting systems, legal framework for data access, collection and management.
- Evidence functions, such as best practice evidence reviews, platform for knowledge exchange.
- Support services such as research ethics reviews and library support (both of which are currently provided to some public health units), as well as communities of practice such as the French-language public health services Community of Practice.
- Support for policy and program development and advice, consultation, and policy interpretation.
- Workforce development functions, including continued education, professional development, student placement coordination/clearing house, guidelines for succession planning, support for human resources/labour relations issues, market reviews, development of consistent job titles and role descriptions, workplace well-being initiatives, orientation module development (e.g. Accessibility for Ontarians with Disabilities Act – AODA).
- Emergency preparedness supports such as guidance documents and guidelines, frameworks, system resources, to support local emergency preparedness efforts.
- Support for administrative and technology functions where provincial consistency makes sense or generates efficiencies. Examples to explore could include a shared benefits provider, shared inspection software and report generation, case management system, calibration systems; standardized client health databases and client appointment booking systems; coordinated functions, such as bulk buying; centralized/one-system operation centre for network administration.

e) 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?

A variety of other structural and infrastructure systems could help improve public health programs and services and strengthen the public health system. These include:

- Information technology: inter-operability structures, meeting platforms, IT infrastructure, telemedicine for client assessments, web content/web content management systems, and social media management systems can improve public health programs and services and strengthen public health systems.

- Research: data management systems, research infrastructure, access to databases, software licenses, and platforms could strengthen the public health system.
- Labour relations: a provincial information portal with salaries, collective agreements, and benefits can strengthen the public health system.

Inconsistent priority setting

a) What processes and structures are currently in place that promote shared priority setting across public health units?

Many processes and structures are in place that promote shared priority setting. These include:

- Evidence-informed decision-making tools that ensure local need is one of the defining parameters.
- OPHS requirement to assess and develop programs of public health interventions – priorities themselves may be different but criteria to establish are similar.
- Provincial funding at 100% for provincial priorities (e.g. seniors' dental).
- PHO's Locally Driven Collaborative Projects with province-wide research priorities.
- Networks and working groups, at all levels, that identify common issues for collaborative action.

b) What should the role of Public Health Ontario be in informing and coordinating provincial priorities?

Public Health Ontario should have a role to support local priority setting, knowledge exchange, and research. More specifically, support could include:

- Consistent frameworks, infrastructure, and facilitation to support local and regional priority setting and shared processes for setting priorities while respecting local needs.
- Shared mechanism for knowledge exchange between local public health units.
- Support for the coordination of data and the synthesis of best practice evidence.

c) What models of leadership and governance can promote consistent priority setting?

Various models could be considered to support consistent priority setting. These include:

- Autonomous skill-based boards of health with singular leadership (i.e. MOH/CEO model) reporting to the board.
- Representation at governance level from funders (municipal and provincial), balanced with competency-based representatives to address potential inherent conflicts.

- Regional councils with specific accountabilities to the province, in addition to board of health-specific accountabilities.
- Competency-based leadership within public health units, representing public health multi-disciplinary practice.

Indigenous and First Nation communities

a) What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?

Building local, respectful relationships paired with public health unit actions have helped foster collaboration with Indigenous First Nation communities. There are a number of facilitators to this ongoing relationship development, including:

- Taking the time to develop respectful local relationships with Indigenous Peoples and communities and practicing the principles of respect, trust, self-determination, and commitment in engagement activities. This includes informing our work through Indigenous community voices and seeking Indigenous community guidance (e.g. Indigenous advisory committee).
- Strengthening capacity for a culturally safe workforce through ongoing staff training.
- Commitment to a path forward for working with area Indigenous Peoples and communities (e.g. Public Health Sudbury & Districts Indigenous Engagement Strategy: Finding our Path Together).
- OPHS requirement for work in this area.
- Collaboration between Northeast public health units with inclusion from an Indigenous Circle and First Nations representatives to identify mutually beneficial, respectful, and effective principles and practices of engagement.

b) Are there opportunities to strengthen Indigenous representation and decision-making within the public health sector?

Opportunities to strengthen Indigenous representation and decision-making should include meaningful dialogue, representation, and participation. More specifically:

- Meaningful dialogue at a nation-to-nation level regarding jurisdictional issues and regarding funding.
- Requirement for meaningful Indigenous representation on boards of health if the same is supported by local communities.
- Requirement for external Indigenous advisory committee for boards of health if the same is supported by local communities.

Francophone communities

a) 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?

The availability of French-language services, local relationships, and demographic data have been successful in considering the needs of Francophone populations in planning, delivery, and evaluation of public health programs and services. More specifically:

- The implementation of active offer of French-language services within our agency, including reference to such services in local Client Service Standards and a financial commitment to translation of materials and resources have been a demonstration of our agency commitment to serving the needs of the Francophone community. This work is supported by a Francophone Advisory Committee which helps support capacity and skill development.
- The provincial French-language public health services Community of Practice has provided support to our agency and the public health system in Ontario for the provision of services in French.
- Locally, strong relationships with the Francophone community, particularly in the school system and with post-secondary institutions, has supported our ability to delivery services in French.
- Demographic data on Francophone populations (when available) assists our agency with planning and priority setting for this community. Additional data on language would further enhance this work.

b) What improvements could be made to public health service delivery in French to Francophone communities?

Policy, practices, and resources could improve public health service delivery in French to Francophone communities. These include:

- Designated Francophone representation on boards of health.
- Exploring and ensuring further clarity about the application of the French Language Services Act.
- Financial support for translation and training/competency building and supports for recruitment of bilingual candidates and training of personnel.
- Expansion of/further support for French-language public health services Community of Practice
- Locally, need for enhanced communication with Francophone communities about needs, and increased engagement with new French-speaking immigrants, including service delivery, and consider intersectionality with other racialized populations.
- Locally, institute a designated point-person for complaints, comments, and questions within public health units and improve service delivery by aligning Francophone service expectations in all sectors.

Learning from past reports

a) What improvements to the structure and organization of public health should be considered to address these challenges?

The structure and organization of public health should consider funding, capacity, infrastructure, a common identity, and provincial priorities. Specifically:

- Funding: adequate and sustainable funding to support population health and long-term gains, including supporting the government priority of ending hallway medicine. This includes consideration of economies of scale and restructuring, while also maintaining adequate levels of public health service at the local level.
- Capacity: consideration of strategies to ensure surge capacity within public health across the province, particularly to support response to emerging trends and emergencies.
- Infrastructure: modernization of the infrastructure supports to public health, including physical structure and information technology.
- Strengthened common identity for public health.
- Provincial priorities: increased focus on prevention at the population health level by Ontario Health and other areas of the health care sector. This includes emphasis on evidence-informed decision-making based on population level need and impact.

b) What about the current public health system should be retained as the sector is modernized?

The current public health system should leverage strengths, retain autonomous boards of health, balance funding, retain the OPHS, and retain local program delivery with a multidisciplinary focus. This includes:

- Autonomous boards of health with singular MOH/CEO leadership reporting to the board of health.
- Continued balance of provincial and municipal funding contributions, with consideration of long-term financial sustainability. Ensure funding to public health is kept separate from funding to health care to avoid the risk of erosion of investments in upstream efforts.
- The Ontario Public Health Standards (OPHS), including focus on priority populations. Overall work of public health should include continued focus on population health, health equity, and upstream approaches, and on promotion, prevention, and protection. Work of public health should be informed by evidence of need and impact and consider community and stakeholder engagement.
- Local program delivery, connections and relationships, including meaningful links to municipalities.
- Multidisciplinary leadership and workforce, and supports for workforce development.
- Leverage the strengths in current capacity and ensure it is not weakened as system capacity issues are addressed (i.e. re-allocations).
- Exclusion of commercial interests.

c) What else should be considered as the public health sector is modernized?

Other considerations as the public health sector is modernized should include the exploration of synergies and expanded disciplines, along with continued communication and consultation, continued local decision-making, and continued financial support. This includes:

- Continued communication and consultation with local public health units throughout the process is critical.
- Continued support for local decision-making and discretion in the delivery of public health services is essential.
- Financial support for responsive municipal engagement.
- Exploration of synergies with other ministries for supporting public health mandate and consideration of the development of provincial advisory bodies before launching new initiatives to ensure local context during planning/implementation.
- Consideration of expanded disciplines in public health, including social work, to support the ever-changing face of public health work.