



CIPP
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Civic Institute of
Professional Personnel

L'Institut professionnel
du personnel municipal

**Civic Institute of Professional Personnel
Submission to
Consultation on Modernizing Public Health**

February 2020

Introduction

The Civic Institute of Professional Personnel (CIPP) represents over 400 public health nurses, dental hygienists, dieticians, epidemiologists, policy analysts, health promoters and researchers working for Ottawa Public Health. We were very concerned about the likely impact of the Ontario government's announced cuts to public health and the proposed restructuring of public health agencies in the province.

As public health professionals, CIPP members agree with the government that a strong, sustainable public health system is integral to ensuring that the people of Ontario have access to high quality health services when and where they need them, and that our province's health services are ready to meet evolving needs.

CIPP is pleased that the government has decided to consult on its plans for restructuring public health in Ontario and to submit our comments below.

Summary of recommendations

CIPP, representing employees of Ottawa Public Health, recommends strongly against merging Ottawa and the surrounding primarily rural PHUs. As professionals who deliver public health services, CIPP members do not believe that service to any of the affected populations would be enhanced by such a merger. Mergers are costly and funding for them would likely be siphoned from programs and services. There are better ways to address the challenges in the public health system that the Ministry has identified.

CIPP recommends that the provincial government, through Public Health Ontario (PHO), actively supports only voluntary mergers between PHUs that will demonstrably enhance public health services to the affected populations. In order not to reduce public health services, these will need to be well-resourced by the provincial government.

In general, we believe that a strong relationship between municipal councils and Boards of Health is best for creating local responsiveness and accountability. While there may be some attraction to uniformity of structures across the province's health units, change should only be pursued if it can be shown to improve public health services to local populations. We caution that mergers cost money and will not solve capacity problems engendered by inadequate allocation of resources.

We recommend that the governance model of Ottawa Public Health be maintained as it has proven to be very successful. Through this model, public health has local accountability and responsiveness, strong local partnerships and significant in-kind support from the municipality, all of which support the province's public health objectives.

The role of PHO can be enhanced to provide more active and increased support to local PHUs through the provision of tools that can be used for data gathering, analysis and comparison, the provision of professional education and training programs, and sharing information from other jurisdictions. Centralizing much or most of public health data gathering and analysis in PHO or uploading functions from local units will not improve local services.

The members of CIPP hope that the results of this consultation on Public Health Modernization will lay the groundwork for best practices in public health in Ontario through legislation that guarantees adequate levels of funding and codifies the cost share between the provincial and municipal governments. CIPP recommends that the province restore the funding formula for public health programs that existed prior to the 2019 budget. Services will not be made better, more nimble, or more integrated with other health and social services with less funding.

Public health spending is the best health care investment Ontario can make

Public health is the part of the health care system dedicated to preventing people from becoming ill or injured or needing acute care medical services. PHUs identify a range of health threats to the general population and implement programs to address them. They do this through education, policy development, inspections, vaccinations, dental services, clinics, emergency preparedness planning, home visits, tracking health statistics and research. PHUs promote wellness and work to keep people out of doctors' offices and hospitals.

Public health spending by the provincial government is the most efficient use of health care dollars. Various US studies demonstrate that Medicare costs for particular populations can be reduced by \$3.48 for every \$1.00 spent on targeted interventions with that population.ⁱ An international review of countries like Canada concludes that for every \$1.00 spent on public health there is a return of \$14.00.ⁱⁱ The best way to end overcrowding of hospitals and other acute care facilities — to end “hallway medicine” — is to foster and support public health programs and services. The healthier the population of Ontario is, the less pressure there is on the resources of the acute care health system.

Capacity

As the Ministry of Health points out in the Discussion Paperⁱⁱⁱ informing this consultation, each review of the public health system in Ontario finds that a number of the smaller PHUs in Ontario do not have the capacity to carry out all of the provincially mandated programs, and not enough “surge capacity” — the capacity to pivot to respond to emergencies. Generally, this lack of capacity is due to a lack of qualified staff. Smaller units cannot attract or retain the professional staff they need to carry out the programs. Several of the reviews have suggested that merging the 35 existing PHUs into fewer units would address the capacity problem in some measure.

In general, staff recruitment and retention are inextricably linked to compensation and working conditions. These issues will need to be addressed no matter what the structural arrangement is determined to be. It takes people to deliver public health services.

CIPP's particular concern is Ottawa Public Health, our members' workplace. In 2019, a proposal was circulated to merge Ottawa with Prescott-Russell, Stormont, Dundas and Glengarry, Renfrew, Lanark, Leeds and Grenville, Lennox and Addington, Frontenac, Kingston and Cornwall to cover 1.6 million people and 29,000 square kilometres.^{iv} As mentioned above, CIPP members are pleased with the provincial government's pause and broader consultation on this and the other merger proposals.

There are many reasons the proposed Eastern Ontario public health unit restructuring is inappropriate and counterproductive. The area is too big and too diverse. Ottawa needs to be focused predominantly on urban population issues and most of the other areas focus on different rural priorities. Services are most responsive to local residents when they are delivered at a local scale. The match between specific local issues and events and public health responses will be weakened if a larger agency has to try to be all things to all people. The smaller cities and rural regions agree. They don't want to be overshadowed by the big city and its big city problems. As Frontenac Islands Mayor Denis Doyle, chairman of the Kingston, Frontenac and Lennox and Addington Public Health board said, "...if something isn't broken, why do you mess with it?"^v

Locally focused services allow for the greatest flexibility in meeting local needs. Local agencies can turn more quickly and can get approvals for innovations more quickly. In Ontario we see that local PHUs will try new approaches to meeting local needs first. Programs that are successful at the local level get rolled up to the provincial level. The further away from the local level that decisions get made, the slower and more cautious the process and the less likely that the resolution will be specific to the local problem.

Ottawa can best achieve the integration of local and regional health services through its existing structures — through the municipal government and its relationships to other municipalities and other levels of government. Ottawa Public Health has a broad and effective range of local partnerships in the City to deliver wellness promotion and disease prevention — schools, community centres, restaurants, business associations, Recreation and Culture, hospitals, childcare centres and more. It would be a poor use of resources for a new organization to try to re-establish all of those relationships and in dozens of communities rather than one.

The current arrangement between the municipality of Ottawa and Ottawa Public Health is a very efficient use of resources. The City provides Public Health with \$8m worth of in-kind contributions. Public health staff and programs are housed in City of Ottawa facilities and are supported by the City in areas such as human resources, finance and administration, IT and

fleet — “back office” functions. Establishing a new and distinct public health organization will add to the costs of program delivery in Ottawa, not offset them.

Municipalities want “local say for local pay.”^{vi} Municipal governments currently cover about 37% of public health costs in Ontario.^{vii} Large boards that cut across many municipalities will remove control and accountability for that spending from the elected councils that have responsibility for it.

The insecurity for CIPP members involved in merging health units and changing employers in Ottawa public health will create employee flight and additional retention problems. While smaller PHUs may find mergers to be useful in attracting and retaining professional personnel, Ottawa Public Health will not benefit from an upheaval in staffing and labour relations.

Whether Ontario has 35, 14, 10 or 20 PHUs, there will always be a geographical boundary to service provision. The question is which boundaries make the most sense in providing the best possible service. Where it makes the most sense for service delivery, Ottawa Public Health already works across municipal boundaries, for instance in areas such as immunization programs in school boards that don’t directly align with municipal boundaries. Generally, the municipal boundary simplifies the process of aligning public health and other services.

Alignment of health, social and other services

Ottawa Public Health has a broad and effective range of local partnerships in the City to deliver wellness promotion and disease prevention — schools, community centres, restaurants, business associations, Recreation and Culture, hospitals, childcare centres, community clinics and more. It would be a poor use of resources for a new organization to try to re-establish all of those relationships and in dozens of communities rather than one.

The partnership between municipalities and public health is critical to delivering the best services most effectively and efficiently. As AMO has detailed, municipalities are involved in health services in myriad ways — social determinants of health, housing, social services, urban infrastructure, long-term care, emergency services, 2-1-1 information services, support for community agencies, childcare and children’s programs, seniors programming, and recreation.^{viii}

Ottawa Public Health’s list of active partnerships is long and does not need to be recounted in full here. CIPP members are excited to be working, for the first time, with municipal planners on Ottawa’s next official plan, bringing consideration of the determinants of health and giving special attention to housing. Ottawa Public Health is breaking new ground in partnerships for community violence prevention. Ottawa Public Health coordinates a local network of groups that collaborates on overdose prevention projects, community Naloxone training, and other harm reduction and treatment initiatives aimed at reducing the health impacts of overdoses in

Ottawa. It initiated Ottawa's Gambling Harm Prevention Network, working with the Ontario Lottery and Gaming Corporation, Hard Rock Ottawa, the Responsible Gaming Corporation and academics. Ottawa Public Health is one of 47 local organizations, including community health clinics, hospitals, and community agencies, who have passed the first step in the application process to become one of the health teams that will be at the centre of improving the public's experience of health care in the province.^{ix} CIPP members worked with local partners to implement Ottawa's first survey of the mental health status of the local population, and will work with them to develop program plans and identify next steps for promoting positive mental health through Ottawa Public Health and in the community. These initiatives are in addition to the regular programming in conjunction with community partners — immunizations through the school boards, food safety with the restaurant association, and so on.^x

Public health rests its best practices on partnerships, leveraging the expertise, connections, and influence of other local organizations to promote a healthier population. Public health professionals would welcome closer collaboration with local hospitals and primary care providers. CIPP is very concerned that centralizing public health functions provincially or in a merged public health unit will erode existing partnerships and inhibit the development of new ones.

Reducing duplication

In this section, CIPP will focus its comments on the role that PHO can most usefully play, both in supporting PHUs, improving the available analysis to inform public health programming, and in reducing duplication. There is more that PHO can do, but CIPP recommends against uploading additional functions to the central organization.

Public health policies and programs are based on evidence-informed decision making. All PHUs benefit from having PHO conduct some centralized data collection and analysis. For instance, PHUs rely on PHO's data collection and reporting on measures such as cancer incidents and mortality. PHO offers a valuable service in sharing information about the latest literature, best practices in other jurisdictions and information from various partners at the provincial and broader levels. PHUs rely on their collection of information from different sources to verify and validate data trends.

Local PHUs generally do not duplicate PHO efforts. In fact, the Public Health Association and local PHUs work with the provincial organization to identify what data they would collect and what analysis they could most usefully do.

Local PHUs get more specific and granular in their data collection than Public Health Ontario. For some purposes, public health breaks Ottawa into 3 major areas, and sometimes even 100 neighbourhoods, to identify areas of highest risk and pinpoint the most effective responses.

There is more that PHO could do to contribute to the work of local PHUs — collect more data points or conduct analysis of data at that level. But Ottawa Public Health and other health units would continue to conduct local data collection and analytics. It works best when PHO produces a platform or tools, such as a survey template that can be used in different regions and then the results can be rolled up and compared, that local PHUs can build on and adapt to their own needs. That approach enables local units to respond to the local context and to local gaps in service. Local control allows local PHUs to allocate their limited resources to local priorities.

PHO could also make more expertise available to smaller health units in collecting data and analyzing information from local priority populations that are sometimes too small to be captured by the snapshots that PHO shares now. Particularly for our most at-risk populations, we need to investigate and intervene at a level of specificity that a provincial level organization generally cannot achieve.

CIPP does not recommend that more functions be uploaded from local PHUs to PHO. The time it takes a central organization to respond is often not fast enough to meet health threats. Policy and program adjustments may not line up with political windows at the provincial level. At that level, priorities become more politicized. For instance, local communities moved ahead with harm reduction in response to the impact of opioid overdoses before higher levels of government were ready to do so. The effectiveness of local responses will inform provincial policy. The same process occurred in response to smoking tobacco and now vaping. The local level pushes priorities forward faster than can be done at a central level trying to balance an even greater expanse of interests and needs.

Provincial priorities such as reducing deaths from opioid overdoses can be implemented in ways that meet local needs. In some communities the opioid crisis is largely a problem with prescription drugs; in some it is the result of street drugs being cut with fentanyl; and in others it is part of a larger drug crisis. The local PHU is in the best position to decide which interventions will be most effective in which communities.

CIPP recommends that PHO continues to support local PHUs, especially providing assistance as needed where there isn't capacity for data collection and analysis. We recommend that PHO continue to work with the Public Health Association to ensure that its programs and services meet emerging needs.

Consistent priorities

We have stressed throughout our response the importance of *local* public health agencies and their partners being able to respond appropriately and in a timely manner to local health issues, as well as to deliver centrally-mandated public health programs.

Urban and rural services can have different priorities and each of those should be addressed. We see very different priorities between Ottawa and the other communities that were considered for merger last spring. Kingston, Frontenac and Lennox & Addington Public Health is prioritizing radon detection locally. Lanark County is starting Planet Youth Lanark, a pilot project based on an Icelandic model, to address teen addictions and suicide. Leeds Grenville is prioritizing Lyme disease. Local public health agencies need to be reinforced in order to have the capacity they need to carry out their mandates, but they should be kept intact because they are responsive and nimble.

Each review of Ontario's public health services over the past 2 decades recommends that the existing variety of governance models be concluded and a single model imposed on whatever configuration of PHUs is adopted. While we see the attraction of uniformity, CIPP questions whether such changes will in fact improve public health services in any manner and warrant the cost of widespread mergers. If there are specific problems that could be addressed by a change in governance, that might be a different discussion.

In particular, CIPP members believe that the governance of Ottawa Public Health is appropriate, accountable and the basis for the best possible delivery of public health services as it is. CIPP recommends that no change be made to Ottawa Public Health's governance or geographic boundaries.

Recommendations:

CIPP, representing employees of Ottawa Public Health, recommends strongly against merging Ottawa and surrounding rural PHUs. As those who deliver public health services, we do not believe that service to any of the affected populations would be enhanced by such a merger. There are better ways to address the challenges the Ministry has identified.

CIPP recommends that the governance model of Ottawa Public Health be maintained as it has proven to be very successful. Through this model public health has local accountability and responsiveness, strong local partnerships and significant in-kind support from the municipality that meet the province's public health objectives.

The role of the PHO should be to provide active and expert support to local PHUs through the provision of tools that can be used for data gathering, analysis and comparison, the provision of professional education and training programs, and sharing information from other jurisdictions. Centralizing much or most of public health data gathering and analysis in PHO or uploading functions from local units will not improve local services.

CIPP recommends that the provincial government, through PHO, actively supports only voluntary mergers between PHUs that will demonstrably enhance public health services to the affected populations. Mergers are costly and should not be funded from public health

operating budgets. In order not to reduce public health services, any voluntary mergers will need to be well-resourced by the provincial government.

In general, CIPP considers that a strong relationship between municipal councils and Boards of Health is best for creating local responsiveness and accountability. While there may be some attraction to uniformity of structures across the province's health units, change should only be pursued if it can be shown to improve public health services to local populations. We caution that mergers will not solve capacity problems engendered by inadequate allocation of resources.

CIPP members hope that the results of this Public Health Modernization consultation will lay the groundwork for best practices in public health in Ontario through legislation that guarantees adequate levels of funding and codifies the cost share between the provincial and municipal governments. CIPP recommends that the province restore the funding formula for public health programs that existed prior to the 2019 budget. Services won't be made better, more nimble, or more integrated with less funding.

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ⁱ Ron Z. Goetzel et al., "Can health promotion programs save Medicare money?" *Clinical Interventions in Aging* 2 (1): 2007.

https://www.researchgate.net/publication/5803970_Can_health_promotion_programs_save_Medicare_money

ⁱⁱ Rebecca Masters, Elspeth Anwar, Brendan Collins, Richard Cookson, Simon Capewell. Return on investment of public health interventions: a systematic review <https://jech.bmj.com/content/jech/71/8/827.full.pdf>

ⁱⁱⁱ Ontario, Ministry of Health. Discussion Paper: Public Health Modernization. November 2019.

http://health.gov.on.ca/en/pro/programs/phehs_consultations/docs/dp_public_health_modernization.pdf

^{iv} <https://ottawacitizen.com/news/local-news/new-ottawa-area-health-unit-includes-large-swath-of-eastern-ontario>

^v [Ibid](#)

^{vi} AMO. Partners for a healthy Ontario: A check-up on the municipal role in health. January 2019.

<https://www.amo.on.ca/AMO-PDFs/Reports/2019/AMO-Partners-for-a-Healthy-Ontario-2019-01-18.aspx>

^{vii} [Ibid](#).

^{viii} [Ibid](#)

^{ix} <https://ottawacitizen.com/news/local-news/game-changer-community-health-centres-lead-in-building-ottawa-health-team>

^x Ottawa Public Health. 2018 Annual Report. <https://www.ottawapublichealth.ca/en/resourcesGeneral/2018-Annual-Report-EN.pdf>