

Achieving the Vision: The Healthiest People in the World

Presentation to alPHa/COMOH

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Presentation Overview

Dr Arlene King:

- Recent Activities
- The Next Six Months
- The Next Mandate



Presentation Overview

Sylvia Shedden:

- Ontario Public Health Organizational Standards
- Chief Nursing Officers
- Board of Health E-Learning Module
- Ontario Public Health Standards: Evergreen Process
- Information Privacy Working Group
- Public Health Funding
- Emergency Preparedness



Recent Activities - OCMOH

- Response to Emerging Issues: 2,4,5-T, Radiation, Fluoride, NDM-1, E coli O104:H4, etc, etc
- First Nations Public Health Dialogue
- Trilateral First Nations Senior Officials Committee
- Public Health Architecture
- Public Health Network Council
- Bill 141 – Amendments to the HPPA
- Development of Special Report on Oral Health (Release TBD) and 2010 CMOH Annual Report (Release Fall 2011)



The Next Six Months - MOHLTC

- Preventing Illness and Injury
- Improving Access to Health Care
- Providing Programs within Communities
- Enabling and Facilitating Innovation
- Providing High Quality Care, Everywhere
- Ensuring Smarter Health Care Spending



Ensuring Smarter Health Care Spending

- Continue to clarify roles and responsibilities of OAHPP and MOHLTC/PHD
 - Complete transfer of key mandate specific functions and units to OAHPP, including 53 FTE
 - Realignment of OCMOH and PHD
 - Continue change management process



Preventing Illness and Injury

- Immunization
 - Implement two new publicly funded vaccines and expand two existing immunization programs
 - Initiate immunization program review
- Strengthen influenza detection, prevention and control
 - Planning for 2011-2012 influenza season
 - Introduce and evaluate new influenza vaccine in the elderly



Preventing Illness and Injury

- Environmental Health
 - Greater F/P/T alignment
 - Water – tritium, nitrates, small drinking water systems
 - Air – Air quality health index, wind turbines, cell phone and WiFi concerns
 - Other – 2,4,5-T, other emerging issues
 - Food Retail Disclosure Programs
 - The Haines Report



Preventing Illness and Injury

- Communicable Disease
 - Antimicrobial resistance
 - NDM-1
 - Infection prevention and control in health care facilities
 - C diff, VRE, MRSA



Enabling and Facilitating Innovation

- Panorama
 - Implementation will require full engagement of Ontario's public health sector over the next 3 years
- Exporting public health expertise
 - Continued implementation of innovations
 - Identify, showcase new public health innovations



Providing Programs within Communities

- Aboriginal engagement on public health issues
 - Trilateral First Nations Senior Officials Committee
 - First Nations Public Health dialogue series follow-up
- Oral Health
 - Healthy Smiles Ontario
 - Supporting drinking water fluoridation
 - Report on Oral Health
- Best Start/maternal-child health initiatives



Providing High Quality Care, Everywhere

- Public Health is becoming Everybody's Business
 - Increasing cross-Ministry collaboration (eg, MHPS, MAA, MCYS, MOE, MNR, EDU, REV) with OCMOH/PHD engagement
- Establish OAHPP and Public Health System table(s)
 - Public Health Leadership Council
- Initiate the development of a Public Health Human Resources Plan/Strategy
- Accountability agreements (PHU, OAHPP)
- Pan-Canadian Public Health Network



What's Next - Strategic Context

- Economy – the sustainability of health care and other government programming
- Globalization – people, products and information
- Demographics – aging, immigration, urbanization ...
- Changing health of Canadians – 42% of those over 11 report living with at least one chronic disease
- Emerging and re-emerging infectious disease risks will remain
- Growing inequities – vulnerable and disadvantaged groups
 - Aboriginal peoples a key example
- Government agenda - both federal and provincial



Strengths

- Ontario's public health - and related - capacity – people, institutions, commitment
- Growing alignment of priorities between international, federal, provincial-territorial and local public health organizations
- Many new federal and national organizations with a focus on public health (eg, NCCs)
- Many new schools of public health



Challenges

- Structural health system and jurisdictional alignment
- Common foci across the sector
- Fighting the old foes – opportunity costs
- Emerging issues or distractions – maintaining focus on priorities
- Economy
- Unknown government agenda re: prevention and public health



Opportunities

- September 2010, Canada's Ministers of Health, Healthy Living and Health Promotion recognized the critical importance of the promotion of health and prevention of disease, disability and injury as priorities and necessary to the sustainability of the health system
- Many organizations issuing similar statement/positions (OMA, OHSF, CIHI, TD Bank, etc)
- Interest crosses political boundaries
- Public health architecture and related public health system discussions



The Healthiest People in the World

- Some key areas:
 - Tobacco
 - Healthy weights
 - Healthy child development
 - Injury prevention (intentional and non-intentional)
 - Mental health and addictions
 - Special attention to addressing health inequities (eg, aboriginal populations)
 - Special attention to trends (eg, globalization, immigration, aging, urbanization)
 - Public health and the environment (built and natural)
 - Public health “infrastructure” and systems thinking – (eg, human resources, surveillance and public health information system development and implementation)



Approaches

- Evidence-based
- Flexible
- Efficient – demonstrating the best use of available resources
- Anticipating the issues, particularly the re-emerging ones
 - Plan for CMOH Reports on Immunization, Food Safety, Oral Health
- Having a public health perspective on health system renewal
- Having provincial public health system tables in place




Ontario Public Health Organizational Standards



Ontario Public Health Organizational Standards

Overview

- The Ontario Public Health Organizational Standards (OHPS) - released in February 2011.
- Outline the government's expectations for governance and administrative practices for both the Board of Health as the governing body and the public health unit as the administrative body.
- Based on generally accepted principles of good governance and management excellence.
- The Ontario Public Health Organizational Standards incorporate:
 - Expectations noted in the general text of the Ontario Public Health Standards;
 - Sections of the *Health Protection and Promotion Act*; and
 - New requirements identified from literature and standards in use in other jurisdictions.
- The Ontario Public Health Organizational Standards will be enabled through the Accountability Agreements and will be incorporated within the OPHS during the next refresh process (2014).



Ontario Public Health Organizational Standards cont...

Measurement Strategy

- Development of a qualitative measurement approach for Organizational Standards is underway.
- Ministry is working with the Ontario Council of Community Health Accreditation (OCCHA) to develop qualitative management strategy tools and processes.
- Survey tools will gather feedback on the impact of activities and processes, and will include questions that assess performance from the perspectives of:
 - Board members;
 - Community partners, and
 - Health unit staff.
- Opportunities for stakeholders to provide advice on the measurement strategy during the 2011 developmental phase.
- It is anticipated that reporting on achievement of the Ontario Public Health Organizational Standards will begin in 2012*.

* **Exception:** Boards of Health will have until January, 2013 to implement Chief Nursing Officer positions, subject to the development of an appropriate model for public health, with measurement to begin in 2014.



Chief Nursing Officers



Public Health Chief Nursing Officers

- The new Public Health Organizational Standards include a requirement for Chief Nursing Officers in all public health units.
- Provincial support will be provided to support implementation of CNOs in all 36 health units.
- The CNOs are intended to oversee public health nursing practice and professional issues and activities within their respective health units.
- An expert advisory group has been established to recommend roles and responsibilities for CNOs in the public health context, document current implementation experience and strategies, and highlight best practices related to implementation.
 - The advisory group will provide recommendations to the Ministry over the summer of 2011.
 - The Ministry anticipates being able to communicate funding support decisions to Boards of Health by fall 2011.



Board of Health E-Learning Module



Board of Health E-Learning Module

- With the launch of the Ontario Public Health Standards (OPHS), a learning need was identified for Board of Health members, for orientation to the OPHS, and to their roles and responsibilities with respect to oversight and delivery of programs and services as articulated under the OPHS.
- Stakeholders requested that the Ministry develop an educational resource with examples that would be relevant and useful to them.
- Based on feedback, the scope was expanded to address:
 - The OPHS;
 - Public Health legislation;
 - Roles and responsibilities of Board of Health members, and,
 - The Ontario Public Health Organizational Standards.
- Module was released in March 2011, and can be accessed on the Public Health portal in the “Learning and Development” section.
- We welcome feedback regarding the Module and any suggestions for further development.



Ontario Public Health Standards: Evergreen Process



OPHS Evergreen Process

- The Ontario Public Health Standards (OPHS) were released in October 2008.
- The OPHS include 1 foundational standard, 13 program standards and 26 accompanying Protocols.
- With the release, MOHLTC committed to reviewing the OPHS in 5 years and updating the Protocols every 2 years (or as needed).
 - Updates have been made to Protocols in 2009 and 2010.

OPHS Evergreen Process cont...

- The Evergreen Process is intended to ensure that the OPHS and Protocols remain responsive to current and emerging evidence, and priority issues in public health.
- MOHLTC is also committed to continuing to consult with and engage the field throughout the OPHS Evergreen process.
- The consultation process will be initiated in 2011, with the review of all protocols and selected guidance documents.
 - The process will involve formal stakeholder consultation.
 - We anticipate a survey-based review [of all 26 Protocols] with public health units, Board of Health members and other key stakeholders.
 - The process will also include on-going communication, and mechanisms for review and validation of proposed changes.
 - We anticipate completing recommended revisions to Protocols in calendar year 2011.

Information Privacy Working Group

Information Privacy Working Group and Report to IPC

- Information Privacy Working Group (IPWG) was launched following December 2009 loss of personal health information (PHI) and issue of Ontario's Information and Privacy Commissioner (IPC) PHIPA Order # HO-007 in January 2010, which included recommendations for MOHLTC and CMOH.
- IPWG, jointly sponsored by alPHa, with membership from MOHLTC, MHPS, alPHa, Ontario Agency for Health Protection and Promotion (OAHPP) and public health units, was formed to address IPC's recommendations. It is mandated to:
 - Identify the needs and practices of PHUs regarding collection, use, modification, transfer (including transportation), disclosure, retention and/or disposal of personal and personal health information (PHI) on both a routine and emergency basis;
 - Identify types of PHI collected and rationale for collection, use and disclosure under public health legislation, PHIPA and MFIPPA;
 - Provide advice on development of PHI policies, procedures and resources; and;
 - Provide recommendations for development and implementation of PHI educational strategies and training materials to build local capacity.

Information Privacy Working Group and Report to IPC cont...

- Report to the Information and Privacy Commissioner/Ontario re encryption of mobile devices:
 - Ministry report to be forwarded to IPC in June 2011.
 - Includes observations, best practices from the Encryption Verification Strategy.
- Training and Capacity Development Strategy:
 - Training strategy will identify learning sample objectives and competencies, and existing *“plug and play”* resources to support local training efforts.
 - Training remains responsibility of Health Information Custodian.
- Information Privacy Tool Kit includes resources for use by local public health unit staff.
 - Organized based on information management lifecycle.
 - Fact sheets highlight legislative and best practice information.
 - Community of Practice for Public Health – access and disclosure decision-making aid.

Public Health Funding

2011 Program-Based Grants

- 2011 Program-Based Grants (PBG) budget requests, approved by each Board of Health, were due to the Public Health Division on April 1, 2011.
 - Some challenges included timeliness and accuracy of submissions.
 - 20 PBG budget submissions were received by the deadline.
 - 33 final PBG budget submissions were received by April 29, 2011.
 - Last submission received on May 31, 2011.
- The government is reviewing 2011 Board of Health PBG requests for mandatory programs within a provincial funding envelope that provides up to 3% growth.
- 2011 Board of Health budget requests for mandatory programs reflected an average 8.2% increase over the 2010 government approved allocation.
 - 7 boards of health requested 3% growth;
 - 22 boards of health requested greater than 3% growth; and,
 - 7 boards of health requested less than 3% growth.
- Given the challenges associated with the PBG budget submissions, it is likely that funding decisions will be made sometime in July.

Funding Review Update

- The government is currently undertaking a review of the provincial funding provided to boards of health in an effort to ensure a more transparent and equitable funding methodology.
 - The funding review is examining the funding for the delivery of mandatory public health programs and services in organized and unorganized areas.
- The Funding Review Working Group (FRWG) includes government and public health representation.
- FRWG was established to provide advice and recommendations to government on funding models and options, equity factors used in the funding models, risk management, and implementation issues.
- Since April 2010, FRWG has been reviewing potential models for the funding formula, and has narrowed the list of relevant equity indicators to be considered.
 - The model currently under consideration includes equity and utilization factors, both of which would be adjusted for population, and service cost drivers.

Funding Review Update cont...

- Next steps for FRWG include:
 - confirmation of the indicators to be included in the funding model and determination of their respective weighting;
 - identification of options and risk/impact analysis of proposed model(s);
 - field consultation (possibly fall/winter 2011);
 - preparation of report and recommendations; and,
 - identification of potential implementation approaches.
- Due to the complex nature of FRWG's mandate, it is likely that recommendations respecting the new funding model will be released in 2012.

Emergency Preparedness



OHPIP Renewal/Influenza

- MOHLTC working with its health system stakeholders and partners to revise the *Ontario Health Plan for an Influenza Pandemic* (OHPIP) to address:
 - best practices and lessons learned from the response to the 2009 H1N1 influenza pandemic (pH1N1) and
 - the continuum of the response from seasonal to pandemic flu
- OHPIP Steering Committee has endorsed a strategy to update key chapters by the spring 2012 (e.g., surveillance, public health measures, vaccine, etc.).
 - Number of workgroups and consultation sessions have been planned to ensure there is appropriate input from the field.
 - aPHa has supported the ministry to identify appropriate public health unit representatives.



Radiation Health Response Plan

- The Radiation Health Response Plan (RHRP) is an evergreen document designed to guide planning at both provincial and local levels:
 - Describes how Ontario's health care system will respond to a radiological/nuclear event; and
 - Conditions under which precautionary and protective actions will be ordered for the general public and health workers.
 - Will reflect changes in MOHLTC structure and involvement of OAHPP on Scientific Response Team
 - Will incorporate lessons learned from Japan experience.
- A final plan is forecasted to be complete by late Fall/Winter 2011.



CBRN Emergency Preparedness Program

Objectives:

- Provide health providers with baseline capacity to respond to chemical, biological, radiological, and nuclear (CBRN) events.
- Ensure consistent practices and interoperability across Ontario to support a seamless response in an emergency.
- Ensure the protection of patients and staff.

Program Overview:

- \$13.5M committed in 2005 (3 years) to equip acute hospitals, public health units, and emergency medical services with CBRN equipment.
 - Included training sessions to support the use of the equipment.
 - Hospitals, public health units (PHUs), and emergency medical services received different types of equipment based on their role in a CBRN event.
 - PHUs received personal protective equipment (PPE) and electronic personal dosimeters.



CBRN Program Refresh

Opportunities for Improvement:

- Many organizations do not have facilities to accommodate a CBRN response.
- Time and funding needed to maintain equipment and staff training
- Provision for replacement of expired equipment.

Next Steps:

- Conduct a scan to see what is being done in other jurisdictions.
- Convene a reference group to discuss and review options for next phase of program / go-forward strategy.



Vulnerable Population Project

- There are groups of people that experience a disproportionate burden of negative health outcomes, or are more vulnerable to these outcomes, because of the effects of the social determinants of health.
 - This is recognized in the Foundational Standard; *Population Health Assessment, Requirement #3*.
- This occurs during emergencies and has been recognized in various ministry plans, reports, and during the response to emergencies (*OHPIP, 2009 Annual Report of the Chief Medical Officer of Health of Ontario*).
- Central to this strategy will be using targeted risk reduction strategies to promote health equity by:
 - Reducing systemic barriers to equitable access to mitigation, preparedness, response, and recovery initiatives;
 - Addressing the specific health emergency management needs of people across the social gradient, including the most disadvantaged populations; and,
 - Ensuring that emergency management interventions do not have unintended consequences for vulnerable populations.



Pan Am Games – Toronto 2015

- The Pan Am/Parapan Games will be held in the Greater Golden Horseshoe in summer 2015; Pan Am, July 10 – 26; Parapan, August 7 – 14.
- Preparations for the G8 and G20 summit demonstrated that a coordinated health sector consequence management planning process for special events/ mass gatherings is a best practice.
- The ministry can play a key role through supporting a coordination structure that engages representatives from a diverse range of health settings to guide health sector planning.
- What this structure will look like for the Pan Am Games is under discussion, but planning should address:
 - Extensive work on developing communication, coordination, command and control structures and processes.
 - Links with other planning sectors e.g. federal health portfolio, municipal planning, and security or other event planners.

The Emergency Preparedness Planner – A Newsletter for the Health Sector

“To communicate, engage, support and inform health emergency management efforts across the sector.”

- Began as tool to feature and highlight pandemic planning in Ontario.
- After two years, the scope was expanded to include and promote health emergency planning and preparedness across the board – responses, exercises, Hazard Identification and Risk Assessment, Continuity of Operations planning (COOP), etc.
- Currently publishing five issues per year.
- As of this year, also provided in French.
- Includes articles from MOHLTC and guest contributors from the field – if you have ideas, contact us!

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Emergency Preparedness Planner

A Newsletter for the Health System

Emergency Management Branch, Ministry of Health and Long-Term Care

February 2011

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New Directions in 2011

Welcome to the February issue of the *Emergency Preparedness Planner*. My name is Geri Carroll, and I'm pleased to greet you in my new role as the Director of the Ministry of Health and Long-Term Care's Emergency Management Branch (EMB). After nearly 30 years of experience in local public health - in everything from Healthy Babies programming to the Toronto Public Health SARS response - and extensive participation in pandemic planning at local and provincial levels, I'm excited to be taking on the provincial perspective at the EMB! I also want to thank Joy McLeod, who filled these shoes from October to December 2010, and who offers some parting thoughts in this issue.

I'm looking forward to sharing some of my interests with you in the pages of the Planner. One of the fascinating things about the EMB is the wide variety of work that goes on here, and I hope to further profile some of our initiatives in future editions, keeping you all aware of what's underway in the province.

As you'll see from this issue's updates, one of our top priorities is the renewal of the Ontario Health Plan for an Influenza Pandemic (OHP/IP). We'll also be refreshing the ministry's own emergency response plan, and looking at how to better plan for vulnerable populations in an emergency, a topic to which I bring a strong personal commitment.

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