



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health  
Michael Clarke, CEO (Interim)

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**ONTARIO HEALTH UNIT ORGANIZATIONAL STRUCTURES:  
MEDICAL OFFICER OF HEALTH AND CHIEF EXECUTIVE OFFICER ROLES**

***Recommendation***

*It is recommended that Report No. 01-21GC re: “Ontario Health Unit Organizational Structures: Medical Officer of Health and Chief Executive Officer Roles” be received for information.*

**Key Points**

- The Executive Leadership structure of Health Units in Ontario varies widely across the province.
- Local context, such as Board of Health structure and strategic priorities are important factors influencing whether the Medical Officer of Health and Chief Executive Officer roles are separate or integrated.
- Previous reports offer conflicting opinions, and literature specific to Public Health Executive Leadership structure is limited.

**Background**

In accordance with Section 62(1)(a) of the Health Protection and Promotion Act (HPPA) every Board of Health (BOH) is required to appoint a qualified Medical Officer of Health (MOH) without exception. The MOH reports to the BOH and is primarily responsible for public health programs and services. In some health units the MOH and the Chief Executive Officer (CEO) or Chief Administrative Officer (CAO) are separate positions where the CEO/CAO takes on responsibility for the administrative and operational aspects of the agency. Section 67 of HPPA is applied across all boards of health and requires that the MOH reports directly to the BOH on issues related to public health concerns and public health programs and services.

The Ministry of Health requires that:

- The MOH has a direct reporting relationship to the board of health (i.e., a solid line for matters of public health significance/importance on the organizational chart regardless of the board of health governance model);
- The MOH be part of the senior management team;
- That staff responsible for the delivery of public health programs and services under the HPPA or any other Act must report directly to the MOH without any need to report to intermediaries (i.e., a solid line relationship between staff and the MOH).

The BOH is responsible for ensuring that the health unit is well managed and that a balance of priorities exists that will optimize organizational performance. The BOH works closely with the MOH and CEO, and it is the MOH and CEO’s responsibility to lead the public health unit in achieving board-approved directions. Therefore, the responsibility for the day-to-day management and operations of the health unit lies with the MOH and CEO.

There are 3 BOH Structures in place in Ontario:

- *Autonomous*: the administrative structures of the public health unit and the municipality or municipalities are separate. A subset of this category is known as “Autonomous/Integrated”, where only one municipality appoints representatives and operations are integrated with the municipality’s administrative structure.
- *Regional*: staff operates under the administration of regional government. Regional boards of health have no citizen representatives and no public appointees.
- *Single-Tier / Semi-Autonomous*: municipal councils serve as the board of health and the staff of the health unit operates under the municipal administrative structure. A subset of this category is “Semi-Autonomous”, in which the municipal council appoints members to a separate board of health but retains authority for budget and staffing approvals.

The Middlesex-London Health Unit (MLHU) is an autonomous BOH, which means that the administrative structures of the health unit and the municipality/municipalities are separate. As an autonomous BOH, the MOH at MLHU has historically served the dual function of MOH and CEO. Although previous reports exist with respect to the overall structure of public health as a system (eg. Public Health Modernization Discussion Paper; Report of the Minister’s Expert Panel on Public Health), they provide conflicting opinions with regard to combined or separate MOH/CEO roles, and additional literature is limited.

### **Other Health Unit Leadership Structures**

Other Health Unit Executive Leadership roles are structured in unique ways based on several factors, including the needs of the local health unit, their strategic priorities, their size/geographic locations and their BOH structure. Of the 23 other Autonomous or Autonomous-Integrated HUs in ON, five (5) have separate MOH and CEO roles, with the rest being an MOH only or a combined MOH/CEO role. Within the broader grouping of HUs in ON, an additional four (4) have separate MOH and CEO roles.

### **Role of the CEO When Present**

In HUs where there are separate MOH and CEO roles, the CEO has some or all of the following responsibilities:

- Human Resources
- Information Technology Services
- Governance Support
- Organizational Strategy
- Finance
- Quality
- Program Planning and Performance Evaluation
- Risk Management
- Privacy
- Facilities Management
- Procurement and Supply Chain
- Select Public Health Program Oversight

### **Resources**

The ALPHa (Association of Local Public Health Agencies) Board of Health Orientation Manual (2018; [https://cdn.ymaws.com/www.alphaweb.org/resource/resmgr/boh\\_file/boh\\_orientation\\_manual.pdf](https://cdn.ymaws.com/www.alphaweb.org/resource/resmgr/boh_file/boh_orientation_manual.pdf)) and the individual Health Unit websites directly informed the content of this overview.

### **Next Steps**

The above report serves as background information for the Special Meeting(s) of the Governance Committee of the Board.

This report was prepared by the Healthy Organization Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health



Michael Clarke, PhD  
CEO (Interim)