Middlesex-London Health Unit Modernized Standards for Public Health Feedback

Positive Developments

The Standards Modernization represents a key opportunity to reflect upon current public health practices in Ontario. As such, the Middlesex-London Health Unit sees definitive areas in the draft Standards that will move public health forward.

Effective Public Health Practice
There is an enhanced emphasis on effective public health practice and evidence-informed decision-making with a focus on continuous quality improvement, client satisfaction, community engagement and priority populations. While there are potential organizational and resource implications to these enhancements, these components strongly align with the strategic directions of the Middlesex-London Health Unit and we feel they represent a positive shift in public health practice.

Emphasis on Health Equity
The inclusion of the Health Equity Standard, with an established definition of health inequity, and a mandate to work with indigenous communities formalizes to a greater degree the role that public health units play in addressing health equity.

Population Health Assessment
Using population health principles in health care planning at the local level is perceived as a positive policy direction. However, it will put significant pressure on the Health Unit if additional resources are not available to support this work.

Balance Between Standardization and Variability
Another positive development in the draft Standards is the balance between standardization of practice and the opportunity to meet local needs through variability and the development of programs of public health interventions. This is inter-related with comments regarding the balance between universal and targeted programming. This will require intentionality and good planning on the part of public health, but this is well within our current practice and something that we feel we are well positioned to do.

Concerns

While there are many positive developments, the Middlesex-London Unit does have some concerns in regards to the proposed changes to the Standards.

Reduced Emphasis on Clinical Programs and Services
The draft Standards do not have an explicit direction on whether or not health units should be providing clinical service delivery. While allowing for local flexibility is appreciated, it is unclear if the Ministry is planning to expand for example, access to confidential sexually transmitted infection services so these services are provided in the community.

There is also no mention of access to low-cost contraceptives in the draft Standards. The Middlesex-London Health Unit currently sees a large number of clients accessing our services for low-cost contraception and comprehensive pregnancy counselling which is an identified service gap in the community.

On another note, the draft Standards mention contraceptives and pregnancy counselling in the Infectious and Communicable Diseases Prevention and Control Standards. These are not related and pregnancy needs to be removed from this Standard and added to either an existing draft Standard or a new Standard needs to be created.

Annual Service Plans, Budget Submissions and Existing Budgetary Processes
While the Middlesex-London Health Unit strongly believes in financial accountability and good governance, we are concerned about the nature of the Annual Service Plan and Budget Submission expectations that may be imposed on health units. Will the Ministry use the annual service plans to approve funding, or will they simply be approved by the Ministry and used to drive improvement across the health system? Regardless of the intent, there are potential capacity issues at both health units and at the Ministry itself to review, approve and use the information provided in the submissions in a useful manner. If not aligned with current health unit practices, this could result in duplication of budgetary activities with both internal health unit and Ministry processes, or the need to significantly redevelop budget process to meet Ministry needs.

An additional budget process impact that will be felt with changes to the draft Standards is the impact on our decision-making process, Program Budgeting Marginal Analysis (PBMA). PBMA is a criteria-based decision-making framework that integrates the existing Standards into its scoring methodology.

Interoperability with Local Health Integration Networks
The role of public health in surveillance, assessment and the identification of local needs is an important role in the context of the larger health system. It is imperative that health units are properly connected with Local Health Integration Networks and are able to provide information, advice and/or decision-making through appropriate structures and processes. When health units identify local service gaps there must be mechanisms for this information to get considered in program and service delivery planning across the health system.

Areas Requiring Clarification

While we applaud the Ministry for taking on the large task modernizing the Standards, there is still much work to be done in terms of clarifying the intended outcomes that the Standards hope to achieve.

Working with Indigenous Communities and Community Partners
In regards to Indigenous communities, health units need a better understanding of the complexity of cross-jurisdictional collaborations (i.e. municipal/provincial/federal – section 50 agreements, memo of understanding) and how these concerns regarding jurisdictional issues that may have affected service delivery in the past can be addressed. It is also important that Indigenous leaders be involved in the development of Ministry expectations for public health, and in outlining the role that they would like health units to play within their communities; additional clarity on the involvement of Indigenous leaders in developing the proposed Standards would be helpful. The anticipated guidance document for health equity would be more useful if it included guidance for our work with Indigenous communities, as well as for our health equity work more broadly.

Health units are also directed to engage with other partners such as school boards, researchers, health practitioners and decision-makers. Comparable directives to these groups, particularly those accountable to the provincial government would be beneficial so that there is mutual effort in collaboration. This is seen as a very significant weakness in the existing Standards in terms of our ability to deliver on the intended outcomes. Also worth considering, would be enabling legislation which would require public health approach to policy-making. The Middlesex-London Health Unit currently engages with many of these stakeholders and actively endeavors to create strong relationships but there is, at times, a lack of reciprocity from the stakeholders.

The requirement for enhanced collaboration with various sectors, community partners, and with Indigenous communities could require a need for increased resources or reallocation from other areas of program and service delivery.

Mental Health Promotion
The inclusion of mental health promotion as an area of focus within public health is a positive development. However, greater clarity is needed regarding the scope of mental health promotion for public health practice. If it is not already being considered in implementation planning, the Ministry should consider providing a guidance document related to mental health promotion.

Developing Programs of Public Health Interventions
In developing a program of public health interventions, the expectations are unclear regarding how health units are to interpret the evidence of the effectiveness of the interventions. There may be challenges depending on the expectations from the Ministry in regards to new and novel interventions that don't yet have robust evidence to support them. Support to review and summarize research evidence for interventions of interest to health units at the provincial level (MOHLTC, Public Health Ontario) could result in efficiency gain, as well as consistent interpretation of the evidence.

Clarity on the expectations for identifying and delivering services to priority populations would also be helpful. It is unclear if the health units should identify priority populations in the community and focus organizationally on these populations or whether priority populations should be identified separately for each public health program being delivered.

Accountability Agreement Indicators
With significant changes being presented in the draft Standards, the Middlesex-London Health Unit is interested in gaining clarity on whether or not there are expected changes to the Public Health Funding and Accountability Agreement Indictors. If there are expected changes, this would have implications for data collection and reporting mechanisms, and ensuring that the indicators are truly driving optimal public health performance. Of particular interest to us is the process that will be used to develop these indicators and the accountability mechanisms behind any future indicators.

Implementation Challenges

Change Management
Any change to the Standards that will result in a significant departure from the work that is currently being performed by the Middlesex-London Health Unit will carry with it change management implications. It is important that there is robust evidence and rationale justifying program and service delivery change and that there is comprehensive implementation planning. This would help to ensure that there are no unintended consequences to the elimination of particular programs and services. Change management carries with it significant resource implications in regards to staff time, training and the development of new policies and procedures. Implementing too many changes simultaneously may negatively impact organizational culture and the productivity of our workforce.

Human Resources Implications
The requirements associated with evidence-informed decision making and effective public health practice could pose significant capacity and resource implications to meet the intended outcomes of the draft Standards. This includes the need to provide training to existing staff, recruiting staff with new skills sets, and generally speaking, an increase to the compliment of staff who provide capacity in the foundational standards. Additionally, if there is a requirement to cease particular services there could be costs associated with downsizing in some areas in the event of skillsets that are not transferable.

There are opportunities to address these capacity gaps from a provincial level through the delivery or provision of training by Public Health Ontario, the Ministry of Health and Long-Term Care or other organizations. Examples of training to be considered include Indigenous Cultural Safety Training for the enhanced health equity requirements and evidence-informed public practice training from organizations such as the National Collaborating Centre for Methods and Tools.

Timelines and Additional Consultation
It is important that the Ministry carefully consider the expectations regarding the tight timelines for meeting the new Standards, ensuring that there is adequate direction for programs to continue to do their work and that health units don't experience significant disruption.

The timeline may not provide sufficient time to develop the comprehensive supports such as guidance documents and protocols which will be essential for operationalizing the Standards. We feel that health units should be actively engaged in the development of the guidance documents, protocols and accountability agreements if they are intended to deliver the best possible public health outcomes. Due to resource and capacity issues, we would recommend that the Ministry provide temporary secondments to facilitate involvement of experts at public health units assisting with the completion of this work.

Specific Comments / Questions

- Under the Principle of Need on page 10, *prevalence*, trends over time, and social impact (e.g. homelessness) should be considered as an addition to this definition. Incidence is only one of the variables we consider when assessing the need in the community.

- The process of identifying priority populations (footnote 3, page 13) only provides three ways to identify them. Does this rule out other options (e.g., community consultation)?

- How is Requirement 10 (Quality and Transparency) related to, and unique from, Requirement 2 (Program Planning, Evaluation and Evidence-Informed Decision-Making) and what additional expectations will there be in regards to quality improvement (committee, improvement plan, etc.)?

- In regards to Tuberculosis (TB), there is a marked absence of TB references under the Infectious Diseases Standard. Tuberculosis went from having its own Standard to being mentioned under only two requirements despite it being cited as a specific program outcome. Mentioning TB under some but not all requirements creates confusion. Please consider removing it or adding to all relevant requirements. There is a continued heavy dependence on the 2008 TB protocol in the field which is out of date and at present time the 2011 guidance document is still in draft. There is also no mention of Immigration Medical Surveillance or requirements for the provision of free TB medication (requirement #5 and #7 OPHS TB 2008). Will there be additional clarity in the protocols?

- In regards to the Chronic Disease and Injury Prevention, Wellness and Substance Misuse Standard, was there an intentional removal of specific reference to workplace as a setting for public health intervention? There is also no reference to how this Standard aligns with the Smoke-Free Ontario Strategy or a definition of what is meant by comprehensive tobacco control. Intimate partner violence is an important public health concern. Does the interpretation of 'violence' in the Chronic Disease Standard support our engagement on this issue if it is a priority area in our community?

- In regards to the School Health Standard, there is no mention of comprehensive school health or alignment with the Ontario Ministry of Education's Foundations for a Healthy School. Inclusion of vision screening in the draft Standards is unclear. Additional concern includes the omission of food literacy from the Health Eating definition.

- In regards to the Emergency Preparedness, Response and Recovery Standard, the forthcoming guidance document will be of critical importance to how this Standard is delivered. We believe that supplemental guidance is required on what role public health unit are expected to play in supporting a ready and resilient health system. There is also no mention of the need for Emergency Preparedness, Response and Recovery to make sure services are culturally safe and accessible (take beliefs, practices, language needs into consideration) when reaching out during or following an emergency (page 21).