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**Consultation: Report Back from the Public Health Work Stream**  
**Submission to the Ministry of Health and Long-Term Care's Online Survey**  
**July 28, 2017**

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1a. "Overall, the amount of guidance provided in the report back document is appropriate and sufficient."

**OPH Response: Neutral**

- Strongly Agree
- Agree
- **Neutral**
- Disagree
- Strongly Disagree

1b. If you have additional comments on the overall guidance of the document, please provide them in the space below:

**OPH response:**

**More granular examples of potential population health initiatives and specific guidance on the expectations for involvement of both sectors in each other's operational planning would be appreciated.**

2a. "The Framework for board of health and LHIN engagement (pages 8-9) helps me better understand how Medical Officers of Health and LHIN CEOs can implement the requirements in the *Patients First Act, 2016* for formal engagement, and support the LHINs in implementing their new objects related to health equity and health promotion."

**OPH Response: Agree**

- Strongly Agree
- **Agree**
- Neutral
- Disagree
- Strongly Disagree

2b. If you have additional comments on the Framework, please provide them in the space below:

**OPH Response:**

- **More detail/specific examples of population health initiatives would be appreciated.**
- **Examples of joint planning on significant, complex population health issues facing our communities (e.g. sugar, tobacco, alcohol) would be helpful.**
- **We recommend adding literacy, generalized anxiety disorder and mood disorders, alcohol use, violence, infant feeding, respiratory disease and blood-borne**

infections (HIV/AIDS, Hepatitis C) as Population Health Indicators of priority in Appendix 3. We also suggest creating direction for a specific, local core set of indicators to inform public health service planning.

- OPH suspects that the Framework would benefit both LHINs and health units in implementing new objectives related to health equity and health promotion.
- OPH agrees that for population data at the local level, additional public health and LHIN defined analysis would be beneficial. We also see benefit to locally collected data as provincially or centrally collected data may not always support local health needs.
- Other examples of joint planning for health services include mental illness prevention, service during prenatal and postnatal period, infectious disease outbreak management and data collection for public health surveillance (e.g. emergency department visits, hospitalizations, physician billing, Canadian Hospitals Injury Reporting and Prevention Program (CHIRRP) injury reporting)
- A centralized platform for data sharing across the province would be of use.

3a. “A toolkit that provides detailed guidance (e.g. template agendas with suggested items for discussion, communication protocols, etc) for relationship building between boards of health and LHINs would be valuable to include in the document.”

**OPH Response: Strongly Agree**

- **Strongly Agree**
- Agree
- Neutral
- Disagree
- Strongly Disagree

3b. If you strongly agree or agree that a toolkit would be valuable, do you have suggestions for material to include in the toolkit? If so, please provide them in the space below:

**OPH Response:**

- A toolkit could outline examples of contributions by different sectors and common definitions to create a shared understanding of common terminology.
- A toolkit could contain core information, such as definitions and ways different organizations contribute to population health, to help build common understanding.
- A toolkit could put forward checklists that would highlight key considerations and actions to take, such as to do joint strategic planning.
- A toolkit could include evaluation tools to assess how relationships are developing and resulting in the desired outcomes or not.
- A toolkit could contain examples of “best practices”/case studies of successful collaboration.

4a. Which proposed option for board of health and LHIN engagement (pages 14-18) works best for your organization?

**OPH Response: Option 4: Enable a collaborative model with representation from some or all boards of health within a LHIN boundary**

Option 1 - Assign a constant lead board of health in each of the 14 LHINs

Option 2: Allow all boards of health within a LHIN boundary to assume the lead role based on a rotating schedule

Option 3: Allow boards of health to choose between a constant or rotating lead

Option 4: Enable a collaborative model with representation from some or all boards of health within a LHIN boundary - All boards of health with any geography contained within the LHIN boundary are included

**Option 4: Enable a collaborative model with representation from some or all boards of health within a LHIN boundary**

4b. Do you have insight or advice on the proposed options?

**OPH Response:**

**We believe that Options 1 and 4 are most workable. Option 1 would require Ministry commitment of investment for there to be no impact on front-line programs and services. In the absence of Ministry investment at this time, we would select Option 4: Enable a collaborative model with representation from some or all boards of health within a LHIN boundary.**

**For this model to be effective we recommend ensuring appropriate inputs, representation, two-way communication and conflict resolution strategies across the province.**

**We also see benefit to having the Medical Officer of Health and/or Chair of the Board of Health as ex officio member of the LHIN Board. Vice versa, we see benefit to the LHIN CEO or Chair of the LHIN Board as ex officio members of the Board of Health.**

5. What opportunities do you foresee that can strengthen the relationships between boards of health and LHINs?

**OPH Response:**

- **Collaborative strategic planning (to increase health sector accountability for a population health approach, including social determinants of health).**
- **Opportunity for regular formal knowledge exchange opportunities between public health and the LHIN, such as bi-annual education sessions with LHIN Board and Boards of Health, to influence each other's work and health of the population.**
- **Integrated health assessment reports and collaboration/exchange on population health assessment that includes indicators relevant to community resources – e.g. addressing opioid challenges in the community to better identify opportunities to collaboratively advance health, data sharing agreements.**
- **Opportunity to set system wide targets and influence the outcomes of the population's health.**
- **More effective, coordinated emergency responses from the health sector.**

6. What challenges do you foresee in the relationships between boards of health and LHINs?

**OPH Response:**

- **Shifting the health care system to focus on interventions for vulnerable populations to improve population health will take strategic influence.**
- **Significant time and effort from public health units will be required.**
- **The ongoing need to provide acute care will make it challenging to engage providers to create supportive environments in primary care settings to help practitioners prevent illness.**
- **Supportive environments to enable health care providers to think up stream and make it easier to navigate all the system's resources (i.e. make it easier to access community resources).**
- **Demonstrating impact: collaborations focusing on population health initiatives will require new types of measures. Sustained impact on the determinants health requires long-term, multi-dimensional action that may be more challenging to capture through short-term measures.**

7. What supports do you need to help foster relationship building between boards of health and LHINs?

**OPH Response:**

- **More analytical capacity to be able to look at and understand the “so what” behind some of the public health challenges facing our community.**
- **Additional funding for human resource needs associated with the additional administrative responsibility that comes with being the lead board of health.**

8. Please use the space below to provide any additional comments on the report back.

**OPH Response:**

**We also continue to look for ways to influence province-wide analysis and exchange of data. Thank you very much for the opportunity to provide feedback.**