DRAFT MINUTES
Board of Health Section General Meeting and Strategic Discussion
September 28, 2010 – 10:00 AM to 3:00 PM
Bay A&B Room, Courtyard Marriott by Toronto Downtown
475 Yonge Street, Toronto

PRESENT:
Janice Mills Brant County Health Unit
Mary Johnson (Chair) Eastern Ontario Health Unit
Marcel Leduc Eastern Ontario Health Unit
Todd Lalonde Eastern Ontario Health Unit
Dale Jackson Hastings & Prince Edward Counties Health Unit
Susan Bickle HKPR District Health Unit
Beth Pater KFL&A Public Health
Janet Lousley Leeds, Grenville & Lanark District Health Unit
Jack Butt Leeds, Grenville & Lanark District Health Unit
Patricia Coderre Middlesex London Health Unit
Vera Etches Ottawa, City of
Sue Perras Porcupine Health Unit
Maurice Tanguay Porcupine Health Unit
Gilles Chartrand Porcupine Health Unit
Joseph Matko Porcupine Health Unit
Don West Porcupine Health Unit
Beatrice Metzler Thunder Bay District Health Unit
Maria Harding Thunder Bay District Health Unit
Jack Master Thunder Bay District Health Unit
Valerie Sterling Toronto Public Health
Gordon Montgomery Wellington-Dufferin-Guelph Health Unit
Sharon Kelly Windsor Essex County Health Unit
Linda Stewart alPHa
Susan Lee alPHa (recorder)

GUESTS: Liz Walker, Interim Director, Office of the Chief Medical Officer of Health
Steve Lough, Consultant, Office of the Chief Medical Officer of Health
Allison J. Stuart, Assistant Deputy Minister of Health & Long-Term Care
Bryan Hayday, President, Change-Ability, Inc.

1.0 CALL TO ORDER and APPROVAL OF AGENDA

The meeting was called to order at 10:00 AM and the agenda was approved by consensus.
The Board of Health Section Executive Committee announced the following board of health appointments to the aPHa Board of Directors: Gordon Montgomery (Wellington-Dufferin-Guelph), representing Central West region, and Colleen Jordan (Durham Region), representing Central East region. Participants around the table introduced themselves.

2.0  APPROVAL OF MINUTES

The minutes of the previous meeting held on June 22, 2010 were approved on a motion that was moved by D. Jackson, seconded by M. Leduc, and Carried.

3.0  PROVINCIAL PUBLIC HEALTH STRATEGIC PLAN

Liz Walker and Steve Lough from the Office of the Chief Medical Officer of Health (CMOH) were welcomed.

Ms. Walker gave a slide presentation (attached) that provided an overview of the CMOH’s strategic plan for public health in Ontario. The plan will build on the accomplishments in revitalizing public health and establish a vision and direction for the entire public health system. Health units will be involved in the development of this plan. The vision and recommended directions will be those of the independent CMOH; implementation will be subject to government approval.

Among the rationale for the plan are increasing globalization and the need for greater engagement of local public health in the public health system. Objectives for the CMOH’s strategic plan include: provide a key focus for public activities, reduce complexity and improve efficiency, build awareness among the various government ministries, demonstrate value for money spent, and most importantly, capitalize on what public health has done and can do.

Some of the plan’s components will include establishing the case for prevention, positioning public health within government and within the broader health system, public health infrastructure (e.g., human resources and IT), public health governance and planning processes, supporting a better informed public, and opportunities for exporting effective and innovative public health strategies.

Field consultations will take place up until the end of September 2010. To date, the Office has consulted with at least eight health units, Ministry of Health and Long-Term Care (MOHLTC), and other ministries, select Local Health Integration Networks (LHINs), and the Ontario Agency for Health Protection and Promotion (OAHPP).

Questions from the floor ranged from the consultation’s timeframe to its processes. One participant indicated that by speaking with only a small number of health units, the Ministry might have missed some opportunities for greater engagement with the field. L. Walker agreed to share the process and rationale for PHU selection.

Participants were asked by S. Lough about how they would spend a hypothetical $50M given to public health. Children’s health, obesity, chronic disease, tobacco use reduction, and dental
health were identified as top program priorities. Regarding public health’s role in mental health, it was noted that while not a Standard itself, mental health runs as an undercurrent in the Ontario Public Health Standards (OPHS) and therefore informs and impacts the work of public health.

Barriers to public health’s effectiveness were also identified, including the general public’s lack of understanding that public health is a long-term investment of government dollars, the preventive nature of public health means a lack of societal awareness of its work, and the lack of personal responsibility for one’s own health.

Regarding public health’s strategic directions from a provincial perspective, participants agreed the following were needed:

- a better balance between the local and provincial spheres
- more centralization and standardization for public health resources and processes (e.g., communications strategies)
- maintained flexibility in program service and delivery at the local level
- improved IT and IT infrastructure
- accreditation process for health units that is in alignment with provincial Accountability Agreements.

It was noted that although alPHa is presently unable to act as a central repository of tools, processes and resources, there could potential for the association to play a greater role in public health advocacy and policy response.

L. Walker and S. Lough ended their session by welcoming further emailed comments and thoughts from meeting participants.

4.0 MOHLTC UPDATE

After introductions, ADM Allison Stuart joined the meeting. She provided an update on the following:

Public Health Funding Review – Since being struck, the Working Group has met several times and developed its Terms of Reference. The three co-chairs represent the Ministry of Health Promotion and Sport, public health units, and the MOHLTC. The purpose of the Working Group is to review public health funding (of health unit core businesses only) and to make recommendations for change. A subcommittee of the Working Group has been established to address unorganized territories. Due to the scope of the Working Group’s mission, the timeframe for completion has been delayed. It is expected that the Working Group’s recommendations will be reviewed within the MOHLTC before it is forwarded beyond the Ministry. At a later date, MOHLTC will decide if the recommendations need to be reviewed beyond the 3 funding ministries for public health.

Program-based Grants – There was an increase in the health unit’s 2010 budgets (i.e., 2009-10 Ministry fiscal year) over the previous year. The MOHLTC provided health units an up to 3% increase in budgets. Actual payout by the Ministry was 2.3% as some boards chose not to ask for the maximum of 3%. Program-based funding is to assist boards of health with meeting the Standards and legislative requirements, and must be spent for the purposes for which it is given. Funding for other specific programs was also distributed; it was noted this funding was not
necessarily at the 3% level. The government’s current public sector compensation restraint has resulted in there being no money for future collective agreements. For the 2011-12 fiscal year, fiscal year, boards of health were advised to consider budgeting significantly less than 3% at this time as a safeguard. The Ministry will also be looking at ways for the sector to achieve efficiencies of scale (e.g., supply chain management).

**Performance Management** – A draft has been completed of the organizational standards and the field has provided feedback (261 survey responses). These organizational standards, accompanied by manuals, are to come into effect January 2011. An upcoming meeting of the Joint Ministry-Boards of Health committee will develop, as a first step, the template for the accountability framework. Accountability agreements will be signed by all health units by spring 2011 and reviewed by the Public Health Division within the Ministry. It is expected that this process will experience some positives and negatives as it moves forward. Overall, 2011 will be a transition year. In 2012, there will be accountability indicators and clearer expectations.

**Information Privacy Working Group** – This group is starting up and is determining the roles of its core groups – MOHLTC and alPHa.

**BOH e-Learning Module** – The first module will cover the Health Protection and Promotion Act (HPPA) and OPHS. It will be ready in early 2011 in both English and French. The Ministry has been asked to assist health units with furthering French language accessibility.

**Post H1N1 Activities** – Various reviews on H1N1 response are presently taking place at global, national and local levels. The Ministry’s response to the pandemic has been audited internally with focus groups held with the public, including media and frontline workers. Based on the preliminary findings of these reviews and her own findings, the Chief Medical Officer of Health has issued a report on Ontario’s response to H1N1. A clause in the report regarding increased CMOH authority over boards of health has elicited a strong reaction from boards of health and their medical officers of health. Current discussions between alPHa and the CMOH on the issue, have highlighted the importance of engagement with public health leadership at the provincial and field levels, and the need to work toward the same end goal. Discussions continue on this issue and others.

Following her presentation, A. Stuart was commended by alPHa president V. Sterling for all her work and ongoing liaison with alPHa and the BOH Section.

In a final question, A. Stuart was asked to share her suggestions for the Section’s discussion on strategic themes this afternoon. A. Stuart offered the following:

- balancing alPHa’s role as an advocacy body versus other activities;
- opportunities for alPHa to develop strategies to ensure that public health investments are made in the right place; and
- advise the Ministry on emerging issues as they appear and what the Ministry and field can do about them.

6.0 BOARD OF HEALTH STRATEGIC DISCUSSION

L. Stewart reviewed the list of priorities for Boards of Health that were identified in February 2009. It was clarified that COMOH is holding its own strategic planning session in October that
will review current resources, structures and supports. M. Harding cautioned against having too many varied strategic discussions within one organization.

ACTION: L Stewart to put on the agenda of the next alPHa Board meeting the issue of disparate strategic planning within the organization.

Facilitator B. Hayday was introduced. He indicated that today’s discussion will not immediately result in a strategic plan, but will tease out the priorities for the Section and alPHa’s role in supporting them.

In recapping what he heard this morning regarding public health priorities, B. Hayday underscored the need for public health to make its messages stick using the SUCCES method (simple, unexpected, concrete, credible, emotional, story). Health units do not need to execute strategies with perfection and should recognize the barriers to execution (e.g., lack of vision and time). He further pointed out that A. Stuart asked participants the following questions: What do we see coming next, AFTER environmental health? What is our best advice on how to deal with what is coming next? She also encouraged boards of health to recognize their community engagement skills and to help others in this area.

Participants broke into small groups and answered the following four questions in brainstorming about their communities and public health.

What new ideas and approaches can we imagine?
- more public health input into school curriculums (MOHTLC/MHPS working with Ministry of Education)
- public health can promote play in schools
- public health programming to support families, especially those with aging parents
- use social networking media in public health communications
- explore alternative ways to help people look after themselves
- sustainable 3-5 year funding to support priorities
- stop the shifting in Ministry staff and keep the momentum (suggested action: alPHa to develop a primer on knowledge transfer)
- maintain the priorities year over year (despite the changes in political parties)
- seeing the health system as a large collaborative, not silos (suggested action: alPHa do a public health search party)
- make sharing and adoption of ideas/programs easier
- develop areas of importance
- encourage greater community participation
- BOHs to act as champions and cheerleaders for public health

What is most precious in public health and needs preserving?
- prevention
- local autonomy
- front line service delivery with public
- community partnerships
- BOHs need to be visionaries
- the non-negotiables: clean water, immunization, leadership, child poverty initiatives, sport and recreation programming, healthy eating, Best Start for children, inspections
• communicable diseases, child/family programming, the focus on prevention
• safe food
• injury prevention

What pilot ideas and innovations are worthy of investigation and more replication?
• assessing community attitudes through polls and discussing results in community forums
• using technology to outreach (e.g. twitter, blogs)
• social marketing strategies (target the emotional draw)
• e-learning modules
• redefining public health – who should do what, when and to whom; have programming keep pace with technology
• screening for autism (B. Hayday’s tip: a good contact is Dr. Noni Macdonald, Dean of Medicine, Dalhousie University, noni.macdonald@dal.ca)
• discussion on euthanasia
• alPHA to help BOHs to develop strategies for getting the message out

What needs to “stop” in order to make room for the new?
• stop resistance to change; stop passing the buck; stop whims decision-making; instead, take responsibility and channel our BOH energy to making positives; AIDA (attention, interest, desire, action)
• stop looking back to the past and stop the “all talk and no action” behaviour; be more forward-looking and action oriented
• stop micromanaging by BOHs
• stop seeing silos and treating as such
• stop seeing ownership of ideas
• stop looking for a single panacea (otherwise we will not get anything done)
• stop duplication by centralizing “provincial issues”, i.e., translation, key messages, research
• stop duplication in health promotion; decide what others can do and focus on specific populations

Participants then answered a personal question, “In my experience the association or group I have learnt most from and get a great deal from (besides alPHA) is ...... because....”
• Canadian Partnership on Cancer – developed a national screening program
• Golden Rescue for golden retriever dogs – everyone knows the purpose and will do what it takes to get it done
• staff at my health unit
• a local group helping low income families
• my local rowing club – teamwork and volunteerism
• LHIN and staff – not afraid to think outside of the box
• alPHA – it’s a great organization
• my family – they challenge me, help me grow
• Ontario Health Providers’ Alliance – they keep me connected to broader health issues
• a leadership course taken at my local university
• Early Years network – vibrant and effective colleagues
• my church affiliation from different provinces – a place where we can share commonalities, including challenges faced
• centre for abused children in Cornwall - 100% locally funded
• Association of Ontario Public Health Business Administrators – face same issues as I do
• Outreach mission – learning experience and community involvement
• involvement with First Nations – changed my perspective and how I think about FN
• my municipal council – collective experience
• my Health Unit/Board of Health – was on the other side of public health, but am now a believer
• Canadian Baptists of Ontario and Quebec – commonly held beliefs and foundations; leadership; can assist with administration
• American Society of Association Executives – learned it’s okay to take calculated risks
• Seeds of Diversity Canada – diverse learnings: food security issue, working with private sector
• SMART Risk – learned an organization can be small, but mighty

At the conclusion, B. Hayday was thanked for facilitating the afternoon discussion. L. Stewart noted that today’s discussion has provided a first step for the BOH Executive to build on.

7.0 NEXT MEETING

At the February 2011 winter symposium; date and location to be announced.

8.0 ADJOURNMENT

The meeting ended at 3:02 PM.
Strategic Plan for Public Health in Ontario

Presentation to the Association of Local Public Health Agencies
September 28, 2010
Strategic Plan - Overview

- Acknowledge and build on accomplishments in revitalizing public health in Ontario since the release of *Operation Health Protection* (2004), and *Revitalizing Ontario’s Public Health Capacity* (2006)

- Establish a vision and direction for the entire public health “system”, based on common values/principles

- PHUs will be involved in its development

- Recognize that the vision and recommended directions are those of the independent CMOH and implementation is subject to government approval
Strategic Plan - Rationale

- Increasing globalization – people, products and information
- Greater engagement of local public health in public health system development needed
- New and emerging challenges
- Build on key accomplishments to date
Strategic Plan - Objectives

- Provide a key focus for public health activities
- Reduce complexity and improve efficiency
- Build awareness across government
- Demonstrate value for money spent
- Most importantly, capitalize on what public health has done and can do
Strategic Plan – Some Components

• The case for prevention - health, economic, short term and long term

• Positioning of public health within government/society (public health is everyone’s business) and within the broader health system (shifting the paradigm)
  • Partnerships in the pursuit of better health
  • Healthy public policy and intersectoral action
Strategic Plan – Some Components

• Public health “infrastructure” (people, tools) – public health human resource and information technology strategies

• Public health governance and planning processes

• Supporting a better informed public – public health communications strategy

• Opportunities for exporting effective and innovative public health strategies and technologies to other jurisdictions
Strategic Plan - Timelines

• Field consultations – currently underway to be completed at the end of September

• CMOH annual report for 2009 – to be released fall 2010

• CMOH annual report for 2010 – to be released spring 2011
Strategic Plan - Consultations

• Public Health Units and other public health partners
• MOHLTC – other Divisions
• Other ministries
• Selected Local Health Integration Networks
• OAHPP