The final report of the Public Health Capacity Review Committee (CRC): Revitalizing Ontario’s Public Health Capacity was released in May. Priorities for immediate action were outlined (see below). However no timelines for implementation were suggested.

Key Priority Areas identified by the CRC
- Developing a provincial public health human resources strategy
- Adopting a performance management system for public health
- Establishing a province-wide model of autonomous boards of health
- Improving provincial financial accountability and streamlining the budget process for local boards of health
- Amalgamating a number of smaller health units to strengthen critical capacity (Hamilton is not affected)
- Forming strategic partnerships with primary health care initiatives and Local Health Integration Networks
- Strengthening the province’s capacity to support local health units and to lead transformational change

This staff report provides further information on the work of the committee and the 50 recommendations made to strengthen, revitalize and support public health units in their crucial role to protect and promote the health of every Ontarian. The process for the Mandatory Program Review is also outlined.

Background
In the aftermath of SARS, expert panels led by Dr. David Naylor and Dr. David Walker, as well as the inquiry led by Mr. Justice Archibald Campbell, each called on the province to strengthen the public health system and boost the capacity of local public health units to deliver public health services. In response to these reports, the Ontario government launched Operation Health Protection in June 2004, a three-year action plan to revitalize the public health system. The action plan included a commitment to review the organization and capacity of the province’s local public health system.
The Capacity Review Committee was appointed to lead this process. Last November, the committee released an interim report outlining the mandate, scope, methods, and objectives. The final report sets out a vision (see below) and blueprint for renewing and revitalizing Ontario’s public health system.

The 50 recommendations contained in the report are provided below. The recommendations identify several changes that must be made to strengthen and revitalize the work of local public health units in preventing disease and meeting the population’s health needs. No specific timeframes have been identified, although the report urged the province to act on the recommendations as soon as possible.

The government has not yet responded to the report, and will be undertaking further consultation with stakeholders prior to developing its response. At that time, impacts on the City of Hamilton and Public Health Services will be more evident, and staff will bring forward a report for the consideration of the Board of Health.

The province has indicated, however, that it will be moving forward with the Mandatory Program Review, with a commitment to field involvement, and the goal of completing the review by April of 2007. The scope of the review will encompass:

- Technical updates to reflect emerging health issues and new science, evidence and best practices in public health; and
- Structural updates to incorporate a greater focus on performance, accountability and sustainability.

The initial area of focus for the review will be the following programs:

- Control of Infectious Diseases,
- Early Detection of Cancer,
- Food Safety,
- Infection Control,
- Rabies Control,
- Safe Water,
- Sexual Health,
- Sexually Transmitted Diseases (STDs),
- Tuberculosis Control,
- Vaccine Preventable Diseases, and
- the three general standards (Equal Access, Health Hazard Investigation and Program Planning and Evaluation)
Vision for Ontario Public Health as proposed by the Public Health Capacity Review Committee.

We believe the local public health system should inspire the confidence of both health care practitioners and the public.

In our vision, the province provides strong leadership for a system that is resilient and integrated, and ensures the equitable protection of the health of all citizens in all parts of Ontario.

The system has strong accountability mechanisms, better governance, and new approaches to funding which promote stability and long-term planning.

Our vision includes greater collaboration and integration between local public health units and their partners—local communities, health care providers, boards of education, local health integration networks, local and provincial governments and others.

Our vision includes a local public health system that embraces continuous quality improvement. It has strengthened capacity to effectively deliver a variety of programs and services, provided in different settings, to meet provincial mandates and local needs and address the determinants of health. And it has the surge capacity to address health emergencies quickly and effectively.

In our vision, local public health units have the right number and mix of staff and volunteers, working together under strong and effective leadership. Public health can attract and retain the “best and brightest” and can offer a full range of opportunities for student training and for professional, leadership and career development.

Our vision also includes a stronger role for research and knowledge exchange, to ensure that public health is evidence-based and that all Ontarians benefit from advances in public health.

Summary of the Capacity Review Committee’s Recommendations

Further details of the recommendations are provided below.

1. Revitalizing the Public Health Infrastructure and Work Force
   - The Ministry of Health and Long-Term Care should immediately develop a comprehensive public health human resources strategy.
   - As part of the strategy, the province should undertake a marketing initiative that supports recruitment into public health and increases the visibility of public health careers.
   - Each health unit should establish a local human resources strategy that complements the provincial strategy and which addresses recruitment, retention, professional development and leadership development.
   - The Ministry of Health and Long-Term Care should enforce its directive from 2000 regarding the appointment of a senior nurse leader in each health unit.
- The province should work with the appropriate professional bodies on a strategy to ensure salary levels in the public health sector are fair, equitable and competitive.

- The province should address critical shortages of public health physicians and dentists by supporting training and fellowship opportunities in these areas.

2. Increasing Accountability and Performance Measurement

- The public health system should adopt a comprehensive performance management system that links performance standards and measures to a monitoring and reporting system. The performance standards would replace the current mandatory program guidelines and address the organizational capacity of health units.

- Every health unit should have, at minimum, one quality and performance specialist.

- Legislation should be amended to mandate accreditation for all local public health units and to require public reporting of accreditation status.

- All local public health units should produce an annual report, which should address both health status and performance indicators.

3. Strengthening Health Unit Governance and Functioning

- Public health units should be governed by autonomous, locally-based boards of health that are focused on the delivery of public health programs and services.

- Boards of health should have 8 to 14 members, and should consist equally of municipal appointees and local citizen representatives.

- Where local public health units are currently integrated into the municipal structure, the boards of health and municipalities should jointly agree on their degree of future integration.

- Providing Stable and Predictable Funding for Boards of Health

- Public health units should be globally funded, with budgets approved by the province.

- For programs that are currently cost-shared, the funding formula should be 75 per cent provincial and 25 per cent municipal, as announced in Operation Health Protection.

- The province should guarantee continued full funding of the current 100-per-cent funded programs.

- The Ministry of Health and Long-Term Care should establish a collaborative process with stakeholders to continue to refine the budgetary allocation mechanism.

- In addition, the ministry should establish a process for annual budget approval within three-year rolling forecasts, as well as ten-year rolling forecasts for capital costs. There should be mechanisms for health units to access capital funding and to establish operating reserves.

4. Building Stronger Health Units
As a measure to strengthen the critical capacity of smaller health units, the Committee recommends the amalgamation of the following health units (Hamilton not affected), which would reduce the total number of health units from 36 to 25:

- Chatham-Kent, Lambton and Windsor-Essex County
- Grey Bruce, Huron County and Perth District
- Elgin-St. Thomas, Middlesex-London and Oxford County
- Brant County and Haldimand-Norfolk
- Haliburton, Kawartha, Pine Ridge District and Peterborough City
- Porcupine and Timiskaming
- Renfrew County and District with the Lanark component of the Leeds, Grenville and Lanark District Health Unit.

- The province should provide 100-per-cent funding of approved one-time reconfiguration costs for health unit consolidation.

- The province should work with northern health units to review and, if necessary, increase the unorganized territory grants and implement any additional strategies required to achieve sufficient critical capacity.

- Every health unit should have a full-time medical officer of health and one or more associate medical officer(s) of health. Medical officers of health should report directly to the board of health.

- Every health unit should have adequate professional and administrative support for the health unit's program and business functions, as well as access to libraries and professional development opportunities.

- To ensure appropriate emergency response, every health unit should have an on-call system for after-hours and weekend coverage, supported by professional front-line staff.

- Every health unit should develop mutual aid agreements with neighboring health units to support their anticipated emergency needs.

5. Investing in Research and Knowledge Exchange

- The new Ontario Agency for Health Protection and Promotion should take a lead role in supporting the development of a province-wide public health research and knowledge exchange agenda.

- The province should provide full funding for the Public Health Research, Education and Development program.

- The new Ontario Agency for Health Protection and Promotion should act as an organizing hub to support a province-wide network for research and knowledge exchange.

- Dedicated, stable and sufficient funding for public health research should be earmarked from existing government sources or by creating a dedicated public health research
- Health units’ in-house capacity and resources for research and knowledge exchange should be strengthened to support evidence informed practice and decision-making.

6. Supporting Strategic Partnerships
- Local and provincial public health and primary health care leaders should collaborate to develop mechanisms for joint planning, priority setting and partnerships, as well as for funding and implementing innovative projects.

- The Chief Medical Officer of Health should meet regularly with the Local Health Integration Networks to identify opportunities for partnerships with public health.

- Every medical officer of health should regularly meet with their area’s Local Health Integration Networks to identify mechanisms for collaboration in planning and service delivery.

- Health units should pursue academic partnership agreements with universities, colleges and other related institutions.

- The province should undertake the following actions to strengthen the capacity to support the field and ensure optimal province-wide planning and delivery of public health services.

- In collaboration with the new Ontario Agency for Health Protection and Promotion, ensure expert consultation in specialty areas such as toxicology and medical microbiology.

- Increase expertise at the provincial level to support the field in the delivery of the mandatory programs.

- Establish a dedicated support unit to work collaboratively with the field, the new public health agency and other partners to provide analytic capacity and mechanisms for improving the scope, quality and availability of data used to support fiscal planning and projection; and

- Appoint professional leaders for public health inspection, nutrition, public health dentistry and public health nursing.

Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Services