



Alliance Recommendations to Ministry of Health on Public Health Modernization

The Alliance for Healthier Communities is a coalition of over 100 Community Health Centres, Aboriginal Health Access Centres, Community Family Health Teams and Nurse Practitioner-Led Clinics. These organizations work closely with local public health bodies and will be directly impacted by the transformation of the public health sector. Alliance members advocate for transformations that will meet the complex challenge of ending hallway healthcare with a focus on health equity and community wellbeing.

We share the provincial government's commitment to building a sustainable health system that works for all people in Ontario. As the province considers public health modernization, we make the following recommendations:

1. Strengthen relationships between public health and health care

Comprehensive primary health care organizations act as a bridge between public health and health care systems. We engage in both "population health" – the health outcomes of a group of individuals, including the distribution of such outcomes within the group and the broader determinants of health – and, as part of increasingly integrated health care, "population health management" (also called population management or population management) the design, delivery, coordination, and payment of health care services for a defined population (IHI 2019).

We recognize that public health practice must be grounded in a population health approach, focused on upstream and systemic transformation to promote health and address structural barriers. Given the significant transformation underway in the health care system through the development of the Ontario Health Teams, we recommend that public health should also be more deeply interlinked with population health management through Ontario Health Teams – representing the prevention, promotion and protection functions as part of a health continuum rather than acting as a system entirely separate from health care.

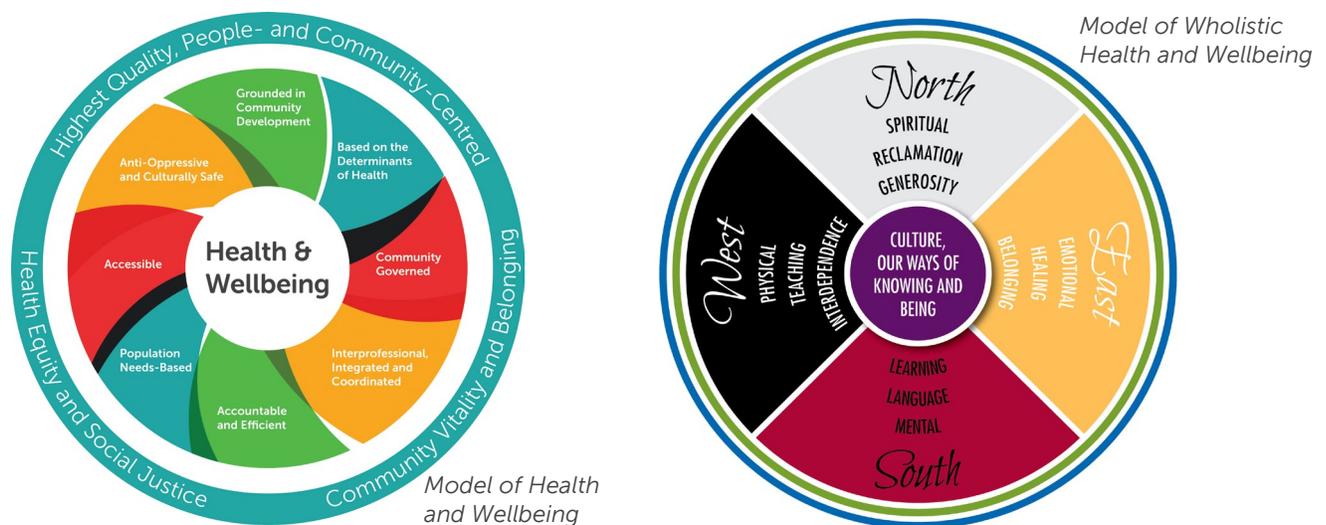
2. Ensure Public Health Accountability for Advancing Health Equity

A transformed public health must affirm Indigenous people's rights to self-determination, including a structural support for Indigenous population health in Indigenous hands. Public health must recognize Indigenous worldviews and ways of knowing, including decisions, programs and services undertaken by and for Indigenous people to promote resilience and self-determination. A transformed public health must also meet constitutional obligations to ensure appropriate public health services for Ontario's francophone population, including the active offer of services in French. In addition to the Indigenous and Francophone populations referenced in the discussion paper, the data demonstrates that other populations face significant health equity gaps – including Black and racialized people; low income people; people who use drugs; and people from Two-spirit, lesbian, gay, transgender and queer communities. Public health standards – like accountability standards for Ontario Health Teams – must include direct accountability for the development, implementation and progress reporting on plans to reduce population level health inequities.

Public health’s role in advancing health equity must be complemented by participating in active and robust healthy public policy processes and intersectoral action. Historically, public health participation in intersectoral policy development has been grounded by a recognition that policy influences the environmental, social, political, cultural and economic conditions in which populations live, work and experience everyday life. A modernized public health must retain this role and actively participate in policy development across the spectrum, (including formulation, implementation and evaluation of policy). Public health must adopt an interdisciplinary approach and inform the development of health policy which considers expansive social and environmental factors that impact health outcomes.

3. Shift Direct Service Delivery to Primary Health Care

Public health modernization presents an opportunity to explore opportunities to ensure population health and health promotion services are delivered by the most appropriate local health organization. While implementing common strategic priorities at the provincial level, a modernized public health must also ensure that action at the local level is guided and informed by community stakeholders. Local entities must be appropriately represented in governing bodies and strategic planning. In principle, primary health care is the most appropriate actor for direct service delivery. We follow a WHO-endorsed model of health and wellbeing that addresses both population- and individual-level care (Rayner et al. 2018) and is preventive. Our Indigenous-led organizations also follow a culturally-centred model developed by and for Indigenous people. Team-based primary health care organizations are skilled partners in delivering population health and health promotion services – such as sexual health services, dental care for low-income populations, chronic disease self-management group programs, and immunizations – with public health partners and/or as funded by public health units. In addition, Alliance member organizations regularly engage in policy and planning tables alongside public health partners.



In the past, public health units have stepped in to meet service gaps and advance health equity for underserved populations. Any decisions to transition service delivery responsibility will need to be done in collaboration with primary health care organizations to ensure they have the capacity and funding to take on these roles. Primary health care organizations to whom responsibility for health service delivery is transferred must be adequately resourced. Additionally, a modernized public health must align with a province wide supply chain strategy; effectively coordinating and managing all strategic and operational aspects linked to procurement and delivery of resources. For example, a transformed public health must clarify roles and expectations linked to province wide vaccination and immunization supplies and strategies.

4. Clarify Public Health and Health Care Roles in Population Health Data Collection and Use

A learning health system – one that continually uses data and analytics to inform a cycle of quality improvement and engagement – depends on good data. We support a strong centralized role for public health in population health assessment and data-driven approach to reducing population-level health inequities. Assessment, surveillance and analysis must remain key functions of public health, and a transformed public health must ensure that specialized staff able to fulfill statutory requirements under the Ontario Public Health Standards, such as epidemiology and data analysis. Public health must be responsible for the collection and use of disaggregated sociodemographic and race-based at the population level, particularly for populations facing demonstrated barriers to health equity (including, but not limited to, Indigenous people, Francophones, Black and racialized populations, Two Spirit & LGBTQ+ populations). Public health must be supported and adequately resourced to meet these needs.

This role must be complemented by an equal commitment to the collection and use of disaggregated sociodemographic and race-based data by service-level actors across health care, social services and local government. Primary health care has the demonstrated capacity and experience to collect and use disaggregated sociodemographic and race-based data, alongside an anti-oppressive and community-driven approach, to tailor population health interventions to specific populations facing barriers to equity in health access and outcomes – such as chronic disease screenings for immigrant women or health promotion services to Two-Spirit & LGBTQ+ communities.

5. Ensure Digital Health Tools and Equitable Broadband Access Support Intersectoral Coordination

A transformed public health must retain its role as a broker between health and other systems. Local and provincial coordination creates opportunities to collaborate in addressing social and environmental determinants of health and context-specific conditions contributing to inequities. Transformed public health should also leverage technology for more efficient information sharing and strengthened coordination: digital health services for public health should be interoperable with those used across health, social services and local government, underpinned by a single client identifier.

These must be supported by equitable and sufficient access to high quality broadband digital services across the province. This will enable trackable, evaluable intersectoral referrals such as those required for social prescribing (connecting health care patients to health promotion and community programs, including those delivered by public health).

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