

The Regional Municipality of York

Regional Council and Board of Health
October 19, 2017

Report of the
Commissioner of Community and Health Services
and
Medical Officer of Health

Public Health within an Integrated Health System: Response to the Recommendations of the Minister's Expert Panel on Public Health

1. Recommendations

It is recommended that:

1. Council and the Board of Health approve Attachment 1 as its response to the recommendations made by the Minister of Health and Long-Term Care's Expert Panel on Public Health, and direct staff to submit the response to the Ministry of Health and Long-Term Care by the consultation deadline of October 31, 2017.
2. This report be circulated by the Regional Clerk to all nine local municipalities, Canadian Union of Public Employees Local 905 (York Region Unit), Ontario Nurses Association Local 16, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the other 35 Boards of Health and the other 46 of the province's consolidated municipal service system managers / district social services administration boards.

2. Purpose

This report outlines potential implications to the Region if the Public Health Branch were to be separated into an autonomous Board of Health and organization recommended by the Expert Panel on Public Health (Panel) appointed earlier this year by the Minister of Health and Long-Term Care (Minister). It recommends a response for approval by Council and the Board of Health to the consultation process established by the Ministry of Health and Long-Term Care (Ministry), with a submission deadline of October 31, 2017. The recommended response urges the Province to not act on any of the Panel's

recommendations, as the reasoning and impacts need further work and consultation, and because there are serious concerns about the implications for York Region. In the event that the Province decides to proceed, the recommended response sets out potential actions to mitigate foreseeable problems.

3. Background

About 60 per cent of health outcomes result from social, economic and environmental factors, many of which fall under municipal jurisdiction while the Health Care System accounts for just 25 per cent

The role of public health is to serve people in our communities, so that they do not become patients in our hospitals. Public health planning and activities focus primarily on the “upstream” prevention of illness in populations.

Many of these prevention activities align with the Region’s responsibilities respecting human services (housing, child care, long-term care, paramedic services, public transit, police services, diversity and inclusion, income supports, economic development, etc.) and hard services (urban planning, urban design, active transportation, environment, water and wastewater, etc.).

These municipal activities are critical to the general health of populations, reducing the need for acute care:

- Research indicates that the primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience. These conditions have come to be known as the social determinants of health (Mikkonen & Raphael, 2010).
- The Final Report on the Senate Subcommittee on Population Health states that about 50 per cent of health outcomes are attributable to socio-economic factors and another 10 per cent to physical environmental factors; only 25 per cent is attributable to the health care system, and the remaining 15 per cent to biological factors (Keon & Pepin, 2009).

Public Health is currently integrated with human services in York Region, thus maximizing its influence on the social determinants of health as well as that of the Region

In York Region, the elected and publically accountable Council also serves as the Board of Health. Public health has been a Regional function since 1978. It is fully integrated into Regional strategic planning and operations. Successes from

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having the Public Health Branch integrated within the Region include the passing of the mandatory Food Handler Certification Bylaw, the No-Smoking Bylaw, and the Region's response to the H1N1 emergency in 2009.

Since 2007, the Public Health Branch has been fully integrated into the Region's continuum of human services as a member of the Community and Health Services Department. This arrangement supports:

- A holistic and integrated approach to providing human services
- Positive and productive relationships across a range of departments and the local municipalities
- Maximizing initiatives to address the social determinants of health
- Innovative and effective delivery within the provincial direction towards human service integration
- Effective and efficient delivery of the Ministry's public health mandate

Regional Council established and maintains the Human Services Planning Board with the purpose of integrating public sector service planning. The Board brings together leaders in human services from many sectors including:

- hospital based health care and community based health care sectors, and a representative from the Central Local Health Integration Network
- education and training sectors
- non-profit community investment
- children, youth and family services
- seniors / healthy aging
- business and innovation sectors
- newcomer/immigrant support services
- community and social support based services sector and community development sector
- housing and community planning, and a representatives from Canada Mortgage and Housing Corporation and the Greater Toronto Apartment Association
- homelessness sector

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The Human Services Planning Board's 2016-2018 Action plan has focused on improving health and well-being for low and moderate income residents by addressing housing options that are affordable for everyone and fulfilling employment opportunities. Most recently, the Board supported the first private sector rental housing building to be built in York region in years, launched a campaign to encourage new purpose built rental housing, and this fall will be delivering its third gateway conference for internationally trained professionals. In establishing its priorities, the Board has recognized that housing and income are the most important determinants of health.

The York Region integrated human services model is unique in the province. Of the 14 public health units that are integrated into municipalities, the Region's is the only one where public health is integrated into a department responsible for the full range of social and health services (Hamilton will soon integrate its Public Health). Examples of some of the initiatives made possible because of the Region's human services integration approach include:

- Joint planning of the province's new Early Years Child and Family Centres to provide evidence based, one-stop locations (Healthy Babies, Healthy Children nurses working with child care and early development professionals),
- Providing services through the Street Outreach Van operated by Loft/Crosslinks to help people who are homeless
- Partnering with the Social Services Branch to deliver a breast pump discretionary benefit program for people who rely upon Ontario Works income supports.

The Province established a Panel to provide advice to the Minister on structural, organizational and governance changes for Ontario's public health sector within a transformed health system

In January 2017, the Minister established an "expert panel" of eight health professionals and one municipal politician, supported by Ministry staff.

On July 20, 2017, the province released the Panel's report, stating: "The report recommends strengthening public health's relationships with primary care, community care and other partners, so that all health care services are more responsive to community needs. The report states that stronger relationships between public health and other partners will make it easier to integrate health protection and promotion into all health care services. The recommendations also focus on preserving the independent public health voice and core public health functions."

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Recommendations were made in areas such as structure, boundaries, and governance. Altogether, the recommendations represent the largest change in public health since its inception. Despite its significant mandate, deliberations by the Panel members were private and there were no technical papers, discussion documents or consultations as part of developing their recommendations. The report recommends an optimal state, based on principles and the expert opinions of the Panel's members. It does not provide research or detailed rationale for the recommendations. The Panel's mandate did not include providing a cost-benefit or impact analysis, or implementation details.

Information about the Panel and its recommendations was provided to Council on [September 21, 2017](#).

The Ministry is collecting feedback on the Panel's recommendations until October 31, 2017

The Ministry has been hosting information sessions with select groups such as the Boards of Health Chairs and Council of Ontario Medical Officers of Health. A dedicated email account that is active until October 31, 2017, has been set up to receive comments on the Panel's recommendations and was communicated to stakeholders only (not listed on public websites). The communication regarding the consultation email account did not provide any consultation questions, guidelines or other directions.

In general, reaction to the Panel's recommendations from other municipalities, public health units and related associations has been unfavourable recognizing the many gaps in the analysis

Based on discussions with other municipalities, public health units and various associations, attendance at the information sessions, and media monitoring, reaction to the report and its recommendations has generally not been favourable. Perhaps the most common concern is lack of clarity about exactly what problem the recommendations are intended to address, what the intended outcomes are, and how setting up another bureaucracy would benefit citizens and the public health sector.

Staff continue to monitor and review responses to the Panel's report by the Ministry, other agencies and media.

4. Analysis and Implications

Any financial or other implications within this report are preliminary and based on the content of the Expert Panel report only. Additional potential implications may come up as further information is released by the Ministry.

Implications of the Panel's Recommendations for the Region

Attachment 1 contains the response to the Panel's recommendations recommended for approval by Council and the Board of Health. Highlights of the response are provided below.

York Region citizens may be negatively impacted as the quality and availability of Public Health Branch's services may be reduced, and programs may be less effective

Integration of the Public Health Branch in the municipal structure, has provided more effective opportunities and influence on other municipal activities that impact public health than would be possible under the recommended governance model and structure (see below). Further, the economies of scale and specialized expertise available to the Public Health Branch as part of a large, diverse and multi-service municipal government would be lost. These changes may cause programming to be less effective in addressing the social determinants of health and population health.

York Region currently provides additional funding to address health service gaps to benefit its citizens, and contributes more than the minimum required for cost-sharing to ensure quality services. While expectations for future municipal funding are not known, it is unlikely that the Region would provide tax levy funding beyond the minimum obligated (if any) to a separate organization.

Boundaries for the proposed autonomous Regional Health Unit would cover all of York Region and the northern part of Toronto (the former municipality of North York) resulting in a large, and possibly cumbersome entity, not aligned with public health clients and stakeholders

Public health units are organized based mainly on municipal boundaries, which according to the Panel, makes it difficult to operate as a unified system with Local Health Integration Networks and other health system partners following Local Health Integration Network boundaries. The Panel also noted that the current organization of public health units has a negative impact on the capacity of smaller health units.

The current boundaries align well with the organizations York Region Public Health regularly works with to deliver on population health and prevention services, such as school boards. Alignment with Local Health Integration Network boundaries is a less important consideration. Public Health does not share the Local Health Integration Network mandate, or that of most health care service/treatment providers, and so the Network boundaries do not "fit" with the systems that Public Health works within.

As one of the larger public health units in the province, the Panel's concern about capacity would not apply to York Region.

The addition of the former North York to York Region would create one of the larger Regional Public Health entities in the province in terms of population. Planning for York Region's large, diverse and growing population is already a significant undertaking.

Having multiple local public health service delivery areas in addition to a regional public health entity may be administratively burdensome and costly

The Panel recommended that the number of public health units in Ontario be reduced from 36 to 14, and that local public health service delivery areas be established under the auspices of the regional public health entities. The number of local public health service delivery areas is unknown. As a comparison, there are currently 76 sub-region planning areas under the Local Health Integration Networks; six in the Central Local Health Integration Network catchment area.

The Panel was of the view that having fewer regional public health entities will result in more frequent and effective interactions among regional medical officers of health and between regional medical officers of health and the province. At the same time, it noted that maintaining local public health delivery areas would help ensure a strong local presence and effective relationships with municipalities.

Although the boundary changes for York Region are not as significant as is recommended for other municipalities, having multiple local public health service delivery areas in addition to a regional public health entity may be administratively burdensome and costly for the Region, local municipalities, school boards and other organizations that work regularly with Public Health. Currently the Public Health Branch provides one-window access to planning, advice and services. To maintain effective working relationships between the municipalities and various public health offices will require municipal resources.

The Panel recommended that public health units be restructured under free-standing autonomous regional boards of health, separate from municipalities

The Panel noted that currently, public health governance models vary across the province; some are autonomous Boards of Health and others are part of the structure of the municipal or regional government. In its report, the Panel stated that a number of reviews and reports have highlighted challenges with current public health governance, including the wide variety of governance models, gaps in skills on some Boards of Health and challenges with both provincial and municipal appointments to the Boards. "Over time, this may affect Public Health's

ability to work effectively with the LHIN Boards, which have a consistent governance model.”

Separation of Public Health from the municipal system to become part of the health system may have a negative impact on client services. The report does not explain why having a consistent governance model across the province would benefit service quality or decision making. Further, there is no comment on actions the LHIN might take to work effectively with the current Boards of Health, as opposed to making major changes to public health governance.

Representation on the proposed autonomous Boards of Health may not be population based or elected

The proposed boards would be comprised of 12 to 15 members made up of municipal members, provincial appointees, citizen and other representatives such as education, Local Health Integration Network, and the social sector etc., intended to reflect the communities that they serve. The Panel also recommended provincial appointees be in key positions; for example: Chair, Vice-Chair and Chair of the Finance/Audit Committee.

No recommendation was made for the formula to be used to determine the number of board seats available for elected municipal officials and municipal appointments from each municipality located within the regional public health entity's boundaries (York Region, local municipalities, City of Toronto).

Although the majority of the population within the boundaries would be York Region citizens, it is unlikely that Regional elected officials or municipal appointments would have a majority position on the board, given the number of provincial appointments and other representatives listed, and due to the smaller number of positions.

In addition, while the current Board of Health is entirely comprised of elected officials, accountable to the public, the recommended Board composition would include non-elected individuals. The Panel did suggest that Association of Municipalities of Ontario (AMO) be consulted on Board composition. AMO is also developing its position on the Panel's recommendations, which at the time of preparing this report, had not yet been released.

If implemented, separating the Public Health Branch from York Region will have major operational impacts

Given the Public Health Branch's deep integration in Regional operations, the proposed separation would have major implications such as:

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- Public Health Branch's complement of approved permanent full-time, part-time, temporary and casual employees could be separated from the Region
- Public Health Branch currently works out of ten locations in Regional buildings. If separated from the Region, space in these locations could be available for other Regional staff and/or may no longer be needed
- Regional Technology support needs would change. As such, this could impact technology-related staff, hardware, services, contracts and infrastructure that are currently supporting the Public Health Branch
- The Region currently manages the Public Health Branch's records and client files under the authority of the Medical Officer of Health as the Health Information Custodian; however the proposed separation would undo this arrangement. Records management and privacy agreements between the Region and Public Health would be needed to address ownership, access, use and retention of the records, particularly client files
- Public Health Branch has regulatory oversight responsibilities for safe drinking water in the Region. The Branch's role in governance and oversight of safe water was developed based on important insights realized from the Walkerton tragedy. Any changes to this current governance structure should be cognizant of Public Health Branch's vital role in the provision of safe drinking water across the Region. With the separation of the Branch from the Region gaps may be created that would be need to be addressed to ensure effective and efficient water governance continues in the Province.
- The Region's emergency response plans and business continuity planning would be impacted. Additionally, it may be more difficult for the Region to support the Public Health Branch at the same level as in previous emergency responses
- Administrative supports for the Public Health Branch related to payroll, expense claims, human resources, and other similar items may no longer need to be provided by the Region with the proposed separation.

Separation of the Public Health Branch from the Region impacts the strategic objective of "protecting public health" in the 2015 to 2019 Strategic Plan

The Region would not be able to fulfill the 2015 to 2019 Strategic Plan's strategic objective of protecting public health, "deliver high quality programs to promote health and prevent injury" activity, and "increase number of vaccines administered" and "maintain percentage of samples that meet Ontario drinking

water standard” measures with the proposed separation of the Public Health Branch.

Separation of the Public Health Branch from the Region impacts the strategic objective of creating “a place where people achieve optimal health” of Vision 2051

It may be more challenging for the Region to fulfill Vision 2051’s strategic objective of creating “a place where people achieve optimal health” and commitment to “foster health and well-being of the population through the promotion and protection of health and the prevention of illness so that residents are able to achieve optimal physical, mental and emotional health” with the proposed separation of the Public Health Branch.

5. Financial Considerations

Public health is primarily funded by the provincial government, with a various requirements for Regional cost sharing. Most provincial funding is from the Ministry of Health and Long Term Care. The Healthy Baby Healthy Children program is funded by the Ministry of Children and Youth Services.

Table 1
2017 Public Health Allocation (based on 2017 approved budget)

Funding Type	Cost Shared Programs (\$'000's)	Other Related Programs (\$'000's)	Healthy Baby Healthy Children (\$'000's)	Total (\$'000's)
Provincial	\$37,474	\$5,263	\$4,402	\$47,139
Regional Mandatory Cost share	12,359	155	0	12,514
Regional Discretionary Cost share	9,200	481	1,105	10,786
Other Revenue	514	25	0	539
Total	\$59,547	\$5,924	\$5,507	\$70,978

The proposed separation of the Public Health Branch could have implementation and operational cost implications for the Region

The proposed separation of the Public Health Branch from the Region would have implementation costs. It is unclear who would be responsible for these costs. Ministry staff have indicated that the province would fund transition costs, however, no information is available currently on the terms.

The following may also have cost implications for the Region with the proposed separation of the Public Health Branch, beyond what has already been presented:

- Cost efficiencies or economies of scale for collaborative initiatives between Public Health and other areas of the Region may be impacted
- Economies of scale for employee benefits may be impacted

Proposed boundaries for the Regional Health Unit may create challenges to the municipal share of Public Health funding

The Panel's recommendations did not provide details on the funding model or how it would address proposed Boards of Health that cross municipal boundaries. It is unclear whether the Region, local municipalities, the City of Toronto or all of the above would be obligated to fund the proposed autonomous Regional Health Unit. It is also unclear how public health programs will be funded if the municipalities providing funding differ in position. As such, discretionary funding for public health programs may change for the Region.

6. Local Municipal Impact

Implications for local municipalities were not addressed in the Panel's report. Potential implications for local municipalities may include a potential decrease in representation on the Board of Health and possible changes to delivery of public health programs. There may also be an administrative burden for local municipalities in establishing and maintaining working relationships with the proposed local public health service delivery areas.

7. Conclusion

At this time, the recommendations made by the Panel are advice to the Minister of Health and Long Term Care. The Minister has not made any decisions. The Ministry is accepting comments on the recommendations. York Region will continue to monitor the issue due to the potential implications on public health services.

For more information on this report, please contact Katherine Chislett, Commissioner of Community and Health Services, at 1-877-464-9675 ext. 72023 or Dr. Karim Kurji, Medical Officer of Health, at ext. 74012.

The Senior Management Group has reviewed this report.

Recommended by:

Katherine Chislett
Commissioner of Community and
Health Services

Dr. Karim Kurji
Medical Officer of Health

Approved for Submission:

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Chief Administrative Officer

October 12, 2017

Attachment (1)

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Accessible formats or communication supports are available upon request

Provincial Consultation on the Report of the Minister's Expert Panel on Public Health: Public Health within an Integrated Health System



Submission on behalf of the York Region Board
of Health and The Regional Municipality of York

October 2017





A Community Safety Village classroom for interactive educational lessons in health and safety for students from kindergarten to Grade 5.

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Foreword

On behalf of the York Region Board of Health and The Regional Municipality of York, we are providing York Region's perspectives on the recommendations made in the ***Public Health within an Integrated Health System***: Report of the Minister's Expert Panel on Public Health (Panel). As a Board that serves almost 1.2 million Ontario residents and has enjoyed many successes from being integrated within a regional municipality, we have first-hand insight into the many benefits of the current public health governance and operating model. As the Minister of Health and Long-Term Care reviews the Panel's recommendations, we urge you to consider our feedback.

Background

Public Health is Municipal

Public health is a municipal function and has been since 1833 when the Legislature of Upper Canada allowed local municipalities to establish boards of health.

Public health helps people to avoid the health care system, working with a wide range of municipal functions to establish the conditions for healthy communities. By being integrated with the municipality, York Region Public Health is able to effectively and efficiently leverage, partner with and influence environmental services, planning, transportation, housing, child care, income supports, and many other departments and services. We have countless examples of public health accomplishments that likely could not have been achieved, or not achieved as effectively, without integration within the municipal sector.

The range of expertise on Councils, made up of publicly elected community members with a wide range of backgrounds and networks, helps to provide a well-rounded perspective on public health issues. This broader perspective results in better programs and policies, and improves implementation.

History of Public Health in York Region

Public Health has been integrated with York Region for more than two decades. In 1978, the ***Regional Municipality of York Act*** dissolved the York Regional Health Unit and the York Region Board of Health. The Regional Municipality of York agreed that one of its departments would take on the functions of the former York Region Board of Health. Functions of the former York Region Health Unit were taken on by the newly created Public Health Branch, under the Medical Officer of Health, within the Department of Health and Social Services.

In 1996, York Region restructured its operational departments. A separate Health Services Department was established and led by a Commissioner of Health Services and Medical Officer of Health.

In 2007, an independent external review assessed York Region's organizational structure and the roles and responsibilities of service units. This review found that the social programs provided by the Community Services and Housing department and the Health Services department were "similar in nature as they serve many common clients and are either provincially mandated or have service levels dictated to some extent by the Province." By merging these two departments, the Medical Officer of Health would be able to focus on public health issues while the Commissioner would take on the municipal responsibilities.



International Walk to School Day with York Region Healthy Schools, injury prevention and pedestrian safety programming, promotes student and community-led solutions.

Today, York Region Public Health is part of an integrated human services department working together to positively impact the social determinants of health, and keep the population of York Region healthy. Our comments are from the perspective of a municipally integrated public health unit.

Municipal Governments Strongly Influence the Social, Economic and Physical Determinants of Health

According to the World Health Organization, the social determinants of health (Table 1) are the conditions in which people are born, grow, work, live and age as well as the wider set of forces and systems that shape the conditions of daily life. These conditions are shaped by economic, social, cultural, and political policies and systems.

Research suggests that social and economic factors account for half of health outcomes, and the physical environment for about 10 per cent. The health care system accounts for just 25 per cent; and the rest is biology and genetics. As shown in the table below, York Region and its integrated Public Health Branch have a significant role in influencing the social and economic determinants of health.

Table 1 – Social determinants of health and York Region functions

Social Determinants of Health	Examples of York Region Influences
Income and Social Status	Delivery of the Ontario Works program
Social Support Networks	Seniors Strategy
Education and Literacy	Monitor and analyze the Early Development Instrument
Employment and Working Conditions	Employment Resource Centres, Job Search Handbook, Human Services Planning Board work on employment security
Social Environments	Funding for community agencies through the Community Investment Strategy
Personal Health Practices and Coping Skills	Mental Health Matters initiative
Healthy Child Development	Delivery of the Healthy Babies, Healthy Children program
Health Services	Delivery of Public Health, Paramedic Services and management of long-term care homes
Gender	Development of a Diversity and Inclusion Charter
Culture	Development and implementation of a Newcomer Strategy

Local municipalities also contribute to positive health outcomes; in particular with respect to social environments, social support networks and recreation and culture.

In addition to social determinants, York Region's Public Health Branch contributes to the determinant of physical environments through actions such as inclusion of the Building Healthy Communities framework in the Planning process.

York Region strategic plans set as a priority creating strong, caring and safe communities, supporting the health and well-being of citizens with social determinants of health-related priorities such as:

- Strengthening the network of human services to support people in achieving their potential
- Promoting job creation and business development
- Focusing efforts on the availability of affordable housing
- Making our communities welcoming and inclusive

Response to Provincial Consultation

After review of *Public Health within an Integrated Health System* and the Panel's recommendations, within the time provided, **York Region Board of Health and York Regional Council are not able to support the Panel's recommendations to restructure the existing boards of health, especially those currently integrated with municipal governments.**

The following sections outline York Region's experience within the current public health model, the reasons why the Region does not support the recommendations, areas of consideration if the recommendations are to be implemented and questions about citizen impacts, governance, organizational structure, boundaries and other subjects.

The York Region Board of Health and York Regional Council urge the Minister of Health and Long-Term Care (Minister) to consider the approaches used by other Ministries working with municipal service system managers to deliver on provincial mandates, and to consider the York Region integrated human services model as an alternative to the Panel's recommendations. Ministries such as the Ministry of Education, Ministry of Housing, and Ministry of Community and Social Services have been able to work effectively with 47 service managers to plan and deliver a large and complex array of services reflective of local priorities while delivering on their mandates. The York Region model is unique within Ontario and pioneers a more comprehensive human services integration model for the enhanced well-being of citizens.

Citizen Impacts

In York Region, the Public Health Branch is integrated within the Regional structure, specifically as part of the Community and Health Services Department along with other human services branches. As part of the Region, the Public Health Branch regularly partners and collaborates with other branches and Departments to provide services for the well-being of citizens and influence the work of others to that same end. The relationships that the Public Health Branch has developed internally have facilitated joint initiatives that have more effectively supported citizens. In recent years, the Public Health Branch has also been engaged by other human services programs to develop and provide wrap-around services to the Region's clients.

With respect to impacts on its citizens, the York Region Board of Health and York Regional Council do not support the recommendations for the following reasons:

1. Clients of Public Health are more similar to those of municipal governments than those of the health care sector (such as LHINs and acute care services).

Public health primarily serves people who are not ill. Its focus is on health protection and promotion; to avoid illness and the need for treatment. Even in communicable disease or food-related outbreak situations, public health's role is to investigate the cause, contain the outbreak and prevent it from spreading, and not to provide medical treatment to the affected individuals.

2. Separation of Public Health reduces the capacity of Public Health and municipal governments to provide wrap-around services to clients. Clients are best served when the supports they receive are comprehensive and holistic, which is what wrap-around services are intended to provide. Wrap-around services are most effective when the team providing them is able to address more aspects of the client's life. The proposed separation of Public Health could lower the capacity of municipal governments to provide wrap-around services that are as comprehensive as they could be, especially in areas where Public Health is currently integrated with municipal governments such as in York Region.

Since 2005, York Region Public Health has partnered with Social Services to deliver a breast pump discretionary benefit program to York Region families in need. Through this partnership, families receiving benefits from Ontario Works or the Ontario Disability Support Program can have funds advanced to cover the cost for the rental or purchase of a breast pump in order to support breastfeeding goals. By working as part of the same organization, staff were able to leverage programs from two ministries and implement an innovative and practical support contributing to the health and well-being of mothers, young children and families in need.



The Street Outreach Van provides services (including public health) for people who are street involved, homeless and at risk of being homeless.

If the Ministry of Health and Long-Term Care (Ministry) does choose to move forward with the Panel's recommendations, the York Region Board of Health and The Regional Municipality of York urge the Ministry to consider the following:

- 1. Put processes in place to ensure that there will not be a disruption in service delivery during the implementation.** Service disruptions are common when major changes are made to governance and/or operational structures in any organization. It is imperative that the Ministry ensure that there will not be any disruptions in service delivery given the importance of public health services. This will be especially important with critical services that can have broader impacts to the well-being of citizens and the community such as outbreak management, sexually transmitted and blood borne infection follow-up, and food safety inspections.
- 2. Put processes in place to ensure that citizens will not be negatively impacted by the changes that may come as a result of the Panel's recommendations.** The Panel's report provided little information about the specific roles and responsibilities for the proposed regional public health entity and local public health service delivery areas. The Ministry should consider consulting with the existing public health units to optimize the roles, responsibilities and functions of the two levels. Furthermore, it is important that the Ministry provide the final details of the roles, responsibilities and functions as well as sufficient time for them to be implemented to ensure that citizens continue to have access to the services they need.
- 3. Establish formal agreements between Public Health and municipal governments to continue partnerships and collaborations with other human services.** The recommendations, if approved, have a high risk of damaging partnerships and working relationships in municipally integrated public health units. The Ministry should consider negotiating formal agreements to ensure existing partnerships, especially those with municipal human services and community agencies, are maintained. Given the complexity of the proposed model as compared to the current one, financial support may be required to fund relationship management.
- 4. Consider whether there are services that may be more effectively delivered by having them operated by municipal governments instead of Public Health.** To help ensure citizen impacts are minimized, the Ministry should consider whether there are services currently provided by Public Health that should remain with or be transferred to municipal governments. Examples include services funded by other Ministries (such as Healthy Babies, Healthy Children) or that rely heavily on municipal functions to be effective and efficient (such as programs offered through public libraries, and Parks and Recreation).

With respect to impacts on citizens, we have the following questions:

1. Did the Panel conduct analysis or review research on citizen impacts as part of formulating its recommendations?
2. Has the Ministry considered conducting an analysis to identify the potential citizen impacts that the Panel recommendations will have, especially with respect to population health outcomes?
3. Has the Ministry considered the impacts that the Panel recommendations may have on public health service delivery, on its own or in combination with the *Standards for Public Health Programs and Services* Consultation Document released by the Ministry in February 2017 for implementation throughout 2018?

Governance

Ontario's 36 public health units are divided into four governance models:

1. Autonomous Boards of Health (22)
 - Algoma
 - Brant County
 - Eastern Ontario
 - Elgin-St. Thomas
 - Grey Bruce
 - Haliburton-Kawartha-Pine Ridge
 - Hastings-Prince Edward
 - Kingston, Frontenac, Lennox & Addington
 - Leeds, Grenville, Lanark
 - Middlesex-London
 - North Bay Parry Sound
 - Northwestern
 - Perth
 - Peterborough
 - Porcupine
 - Renfrew
 - Simcoe Muskoka
 - Sudbury
 - Thunder Bay
 - Timiskaming
 - Wellington-Dufferin-Guelph
 - Windsor-Essex
2. Autonomous Boards integrated into municipal structures (4)
 - Chatham-Kent
 - Huron
 - Ottawa
 - Toronto
3. Municipal Boards that are councils of single tier municipalities (4)
 - Hamilton
 - Haldimand-Norfolk
 - Lambton
 - Oxford County
4. Regional Boards that are councils of regional municipalities (6)
 - Durham
 - Halton
 - Niagara
 - Peel
 - Waterloo
 - York

Public Health was able to more effectively respond to the 2009 H1N1 emergency in a timely and collaborative manner because it was integrated into York Region:

- Mayors sitting on Council mobilized their local municipalities to provide facilities that citizens were familiar with to host immunization clinics at no charge
- The Region redeployed paramedics to support immunizations and other municipal staff to support registration of citizens
- The Region redeployed York Region Transit buses to shelter people waiting in line at clinics with higher than expected volumes of citizens
- When clinical supplies, such as masks, scrubs and needles, were running low across the Greater Toronto Area, York Region Public Health was permitted to borrow them from the Region's Paramedic Services

In York Region, the Board of Health is formed by Regional Council, and Public Health is integrated within the Region's corporate organizational structure.

From a governance perspective, having Regional Council serve as the Board of Health has ensured all nine of our local municipalities are represented and influence public health matters. Having Council members as the Board has also ensured citizens have indirect influence on Public Health through their elected officials, and that public health issues are considered with local communities in mind rather than a one-size-fits-all perspective. Furthermore, having a Board that is also Regional Council allows for invaluable connections with officials from non-health areas so that decisions and actions better consider factors and resources beyond those specific to public health. These are important factors to us because of our diverse population and the many communities in York Region ranging from rural to highly urbanized.

With respect to its impacts on governance, York Regional Council and York Region Board of Health do not support the Panel's recommendations for the following reasons:

- 1. Public health governance should be based on local relevance, effectiveness and benefit rather than consistency at the provincial level.** There is a risk that a single public health governance model will negatively impact the ability of public health to respond to the unique and diverse needs of Ontario's communities. The existing mixed governance model approach allows communities to implement the model that makes the most sense and best achieves the desired population health and administrative outcomes. Having multiple governance models also allows communities to implement the one that best enhances public health's local presence and relationship with municipalities. Even in the 2006 review of public health by the Capacity Review Committee as part of the Minister's Operation Health Protection, the Committee specifically included a recommendation (#20) that allowed for municipal integration even though their position was that public health units should be governed by autonomous, locally-based boards of health.
- 2. Local municipalities and communities should be represented on the Board of Health.** The governance of public health services should reflect local need and this is best facilitated by having a governing Board of Health that properly represents the community it serves. With the proposed amalgamation of the existing 36 Boards of Health into 14, many Boards will cover large geographies with multiple local communities. The Panel made recommendations on the membership for the amalgamated and autonomous Boards of Health that would limit regional and municipal representation to a handful of seats. For York Region and likely other Boards that are currently integrated with municipal governments, this would result in a significant decrease in local representation.



Students celebrating World No Tobacco Day to promote Smoke-Free Ontario.

If the Ministry does choose to move forward with the Panel's recommendations, the York Region Board of Health and The Regional Municipality of York urge the Ministry to consider the following:

- 1. Build on the existing mixed model approach to public health governance.** The recommendations of the Panel would move everyone to an autonomous public health governance model regardless of the successes that may exist in communities under different models. Maintaining and building on the existing mixed model approach creates flexibility for public health to enhance its local presence and relationships with municipalities. Provincial resources and support for municipalities, Boards of Health and other parts of the health system to enhance their existing governance model, or change to a more suitable one, would better achieve the administrative outcomes than movement to an “one-size fits all” governance model.
- 2. If improving the current mixed model is not an option, then a pilot or phased approach be taken with current autonomous Boards of Health until the new model has been proven effective and efficient.** The Ministry should consider implementing a pilot or phased approach that restructures the Boards of Health that are currently autonomous to:
 - a. Build a body of evidence demonstrating the impacts and cost-benefit outcomes of (i) restructuring public health governance and organization, and (ii) autonomous Boards of Health versus those that are integrated with municipal governments.
 - b. Identify lessons learned from the pilot or initial phase(s) that will mitigate or prevent negative impacts on other Boards of Health, especially those that are currently integrated with municipal governments.
- 3. Provide adequate transition time for public health units currently under different governance models.** The transition from an integrated public health unit into an autonomous organization will require planning and time. It is important that the Ministry provides adequate time for public health units and their municipal counterparts to transition in such a way as to minimize impacts on citizens, community partners, services, staff and the respective organizations.

With respect to governance, we have the following questions:

1. Is it the intention of the government to regionalize its other services beyond the health system?
2. Will the Ministry wait until the Provincial Auditor's Report on Public Health is released before responding to the Panel recommendations? In line with this, what is the Ministry's plan for responding to both the Panel's recommendations and those of the Provincial Auditor?
3. Will the Ministry consider requiring all members of the Board of Health to be elected, as with school boards, to ensure accountability to our citizens?

Over the past decade Public Health has been working with the Region's Long Range Planning and Transportation Services divisions to deliver healthy built environments. Under this initiative, the Region has developed a draft Built Environment and Health Strategy to establish community, transportation and land-use planning policies and practices that will support and enhance the health and well-being of York Region's citizens. The strategy is intended to:

- Strengthen partnerships between Public Health, Planning and Transportation professionals at the local, regional and provincial level, as well as with other key regional, municipal and provincial departments, organizations and stakeholders
- Identify best practices learning from key experts, practitioners and other health units
- Develop a set of actions that will further promote healthy built environments

Work on this initiative has advanced largely due to the integration of Public Health in the Region which helps to facilitate key partnerships and linkages with other Regional initiatives such as the Seniors Strategy, 10-Year Housing Plan, Mental Health Matters Initiative, Green Infrastructure Plan and Transportation Master Plan.

Organizational Structure

Organizationally, we have evolved over the years to the integrated structure that we enjoy today. As an extension of having a Board that is also Regional Council and integrated with regional government, Public Health has connections to decision makers and program areas that address various determinants of health. In York Region, Public Health is situated within the Community and Health Services Department along with Social Services, Housing Services, Children's Services, Paramedic and Seniors Services, and even the Region's Access York Contact Centre providing a range of supports including intakes and referrals. This structure has allowed for strategic and holistic planning and service delivery by considering the various determinants of health in conjunction with other programs and areas of focus.

Public Health was merged into the Community and Health Services Department in part to also help reduce the administrative burden for the Public Health Branch and Medical Officer of Health. Regional support is also provided for functions such as human resources, information technology, finance and property services. In a number of respects, York Region's model is consistent with the Panel's recommendation for a CEO to support the MOH. All of this allows Public Health leadership to focus more on public health issues and serving the community.



Students at Lead-a-Palooza, a conference where students develop leadership and communication skills to design effective health messaging.

With respect to its impacts on structure, York Regional Council and York Region Board of Health do not support the Panel's recommendations for the following reasons:

- 1. Separation of Public Health from municipal governments and the services they provide for the well-being of citizens runs counter to the provincial direction for human services integration.** The core function of public health is much like that of municipal services and supports the continued wellness of citizens. The recommended separation of Public Health from York Region would hinder the move towards the provincial direction of human services integration.
- 2. Separation of Public Health from other human services reduces the capacity of public health and municipal governments to influence the social determinants of health.** Public health and municipal governments have common goals in influencing multiple social determinants such as healthy child development, social support networks, employment and working conditions, social environments and others. The proposed separation would reduce York Region Board of Health's capacity to influence economic and physical determinants of health delivered by other departments such as Environmental Services and Planning.
- 3. Cost inefficiencies may arise as result of duplication in administrative support services.** For Boards of Health and public health units that are currently integrated with municipal governments, the proposed separation will require the newly autonomous public health agencies to provide their own administrative support services or contract out for them. These administrative support services, such as human resources, information technology, property services and others, are currently provided by municipal government. Economies of scale and other cost efficiencies of sharing these administrative support services would likely be diminished, if not lost.

If the Ministry does choose to move forward with the Panel's recommendations, the York Region Board of Health and The Regional Municipality of York urge the Ministry to consider the following:

- 1. Mandate Public Health to maintain current relationships with municipal governments, including co-locations.** Existing or planned-for partnerships and joint initiatives between Public Health and municipal services may be impacted by the proposed separation. The Ministry should consider mandating Public Health to maintain current relationships and obligations with municipal governments to ensure that they are not negatively impacted and that no additional costs will be incurred.
- 2. Allow a hybrid approach for the organizational integration of Public Health with municipal governments for optimal efficiency.** The Ministry should consider adopting the recommendation made by the Capacity Review Committee as part of the Minister's Operation Health Protection in the 2006 review of public health. The Committee specifically included a recommendation (#20) that allowed for a range of municipal integration even though their position was also that public health units should be governed by autonomous, locally-based boards of health. This recommendation was made by the Committee to allow for optimal cost efficiencies and to minimize benefits lost for public health units that were already integrated with municipal governments.
- 3. Consider the approach of other provincial ministries.** The Ministry should conduct a thorough review of how other provincial ministries work with the 47 consolidated municipal service system managers. This would help the Ministry learn from processes already in place and may address some of the concerns the Ministry and Panel have about the consistency and effectiveness of the public health system.

The Mandatory Food Handler Certification Bylaw is a regional bylaw passed in 2015 that exemplifies how regions and municipalities can enact legislation for the benefit of citizens while maintaining fairness for businesses within its boundaries.

Development of the Mandatory Food Handler Certification Bylaw began in response to the results of a population health survey which found that 88 per cent of York Region citizens supported making it mandatory to have at least one certified food handler in York Region food premises. Public Health followed up on this finding of an identified local need with advocacy and policy development at the regional level. Regional Council, with representation from each of the local municipalities, passed the Bylaw with the understanding that it would protect and benefit the health of citizens. At the same time, fairness to businesses was maintained because food premises operating in the local municipalities that make up The Regional Municipality of York were all required to follow the same requirements outlined in the Bylaw.

With respect to organizational structure, we have the following questions:

1. Did the Panel conduct any analysis or review research on impacts to administrative efficiencies and/or the economies of scale while developing the recommendations?
2. Has the Ministry considered conducting a cost-benefit analysis to identify the potential impacts on administrative costs that the Panel recommendations will have on public health?
3. Will there be any coordination of Public Health services with the delivery of social services and other municipal human services?

Boundaries

The Regional Municipality of York is made up of nine municipalities: Town of Aurora, Town of East Gwillimbury, Town of Georgina, Township of King, City of Markham, Town of Newmarket, Town of Richmond Hill, City of Vaughan, and Town of Whitchurch-Stouffville. Having Public Health integrated within York Region also means that its boundaries and the Region's are identical. This has allowed the same Public Health services and initiatives to be consistently delivered in all of the municipalities, with the exception of initiatives suggested by the municipalities themselves.

York Region shares three of its borders with Peel Region, the City of Toronto and Durham Region in the Greater Toronto Area, and shares its northern border with Simcoe County. In collaborating with the public health units of our neighbours we have sometimes experienced the benefits of Public Health being aligned with municipal boundaries. In situations where there are differences (such as approach, service delivery methods, etc.) for the same public health programs between neighbouring public health units, citizens have been more understanding because they are accustomed to differences across municipal boundaries.

From the LHIN perspective, York Region is primarily within the Central LHIN with only the south-western corner (Woodbridge in southwest Vaughan) in the Central West LHIN. This divide between two LHINs has resulted in situations where Public Health initiatives have to be negotiated with both Networks. In some situations, York Region Public Health has had to implement different levels of service between the two LHINs. In these situations, citizens living in Woodbridge could be confused that their access to public health services is different from their neighbours.

With respect to boundaries, York Regional Council and York Region Board of Health do not support the Panel's recommendations for the following reasons:

- 1. Boundaries of Boards of Health should facilitate service planning and delivery.** Boards of Health boundaries should be aligned with the services it works with most often. The boundaries recommended by the Panel do not align with the boundaries of municipalities or other service agencies Public Health commonly works with (such as school boards).
- 2. Boundaries of Boards of Health should be intuitive to citizens.** From a customer service perspective, citizens should be able to intuitively identify where to access Public Health services based on where they live. A person living and paying taxes in one region should not have to access services that may be predominantly located and offered in another region. The boundaries recommended by the Panel could make this a reality in some areas.

If the Ministry does choose to move forward with the Panel's recommendations, the York Region Board of Health and The Regional Municipality of York urge the Ministry to consider the following:

- 1. Boundaries of Boards of Health should align with municipal boundaries.** Municipal governments and other organizations that follow municipal boundaries (such as school boards, community agencies, etc.) provide services that influence the social determinants of health. These more closely align with the mandate and function of public health than the health sector does (such as LHINs, acute care). Alignment with municipal boundaries may help simplify the funding arrangements for public health that are cost-shared between the province and municipalities.
- 2. Boundaries of LHINs should be updated to align with municipal boundaries.** A recommendation that has come up previously and from other organizations (such as school boards) is that the Ministry should consider updating LHIN boundaries to align with municipal boundaries. LHIN boundaries are currently based on physician referral patterns, which are generally consistent but have the potential to change over time (such as with the opening of new hospitals). Aligning the LHIN boundaries with municipal ones will make them more consistent and well understood by citizens, and can improve planning and collaboration.

With respect to boundaries, we have the following questions:

1. One of the criteria used by the Panel was to “support effective linkages with LHINs by aligning with LHIN boundaries.”
 - a) Why are the proposed boundaries for the autonomous boards of health different from the current boundaries for the LHINs?
 - b) Are there plans to update the LHIN boundaries to make them consistent with the boundaries for public health recommended by the Panel?

Other Issues

York Regional Council and York Region Board of Health do not support the Panel's recommendations for the following additional reasons:

- 1. Mandate of public health needs to be maintained.** The core function of public health is to protect and promote the health of the population. As very few other components of the health system serve this purpose, it is imperative that public health's mandate is maintained and not reoriented towards acute care. We are concerned that the recommended changes, if implemented, would erode the mandate of public health.
- 2. The costs of system changes to public health need to be supported by evidence of improvements to population health outcomes.** The Panel's recommendations come with significant implementation costs. To ensure responsible use of tax dollars, solid empirical evidence needs to be presented that shows the benefits and improvements to population health outcomes, or other outcomes that the province is expecting, are worth the price.

If the Ministry does choose to move forward with the Panel's recommendations, the York Region Board of Health and The Regional Municipality of York urge the Ministry to consider the following:

- 1. Legislatively protect the mandate and funding for public health.** Specific wording should be included in the relevant legislation to ensure that the mandate of public health is not eroded and its funding is not redirected elsewhere over time. Research has shown that financial independence and stability are essential for autonomous public health units to effectively meet their mandate.
- 2. Establish transition principles to protect the interests of stakeholders.** Similar to the approach used in the Strategy for a Waste-Free Ontario to transition the waste management system, the Ministry should apply a set of principles to protect the interests of stakeholders. These principles could include, but not be limited to:
 - Municipal seat at the discussion table
 - Fair compensation for assets and contracts
 - Maintain and improve service levels
 - Fair and transparent oversight
- 3. Financial implications for municipalities be mitigated and the transition to have no net cost for municipalities.** Ministry staff have advised that the province is aware of the need to fund the transition and mitigate potential costs to municipalities, and will do so. Funding may also be needed after the changes are in place should municipal obligations increase, and to support the complex relationship management that would be required.

With respect to other issues, we have the following additional questions:

1. Going forward, what does the government see as the purpose of Public Health?
 - a) What protocols will be put in place to ensure that the focus of Public Health will not be shifted from health promotion and prevention to acute care?
 - b) What protocols will be put in place to ensure that the funding for Public Health will not be shifted to acute? This appears to be a risk given the increasing costs of acute care?
 - c) If there is a shift towards acute care, will Public Health funding be adjusted to reflect the increasing costs and complexity of acute care?
2. Did the Panel conduct any cost-benefit analysis or review research in developing the recommendations?
3. Has the Ministry considered conducting a cost-benefit analysis to identify the potential costs that the Panel's recommendations will have for public health relative to the impacts on population health outcomes?
4. How will the Regional tax levy be impacted by the Panel's recommendations?
5. Will the Province commit to take on responsibility for costs associated with implementing the Panel's recommendations (such as penalties for breaking leases early, etc.)?



*York Region Healthy Schools program BrightBites contest winner
Louis-Honore Frechette Public School's DrumFIT party.*

Appendix - Summary Tables

Citizen impact-related reasons for not supporting the Panel's recommendations		
Reasons for not supporting	Considerations for the Ministry if it does choose to move forward with the recommendations	Remaining questions for the Ministry
<ul style="list-style-type: none"> • Clients of Public Health are more similar to those of municipal governments than those of the health care sector (such as LHINs and acute care). Public health and municipal governments' clients are people who are not ill and work to help them avoid illness and the need for treatment. In contrast, LHINs and acute care's clients are patients and they work to get patients healthy again. • Separation of Public Health reduces the capacity of Public Health and municipal governments to provide wrap-around services to clients. Clients are best served when the support that they receive are comprehensive and holistic, which is what wrap-around services are intended to provide. 	<ul style="list-style-type: none"> • Put processes in place to ensure that there will not be a disruption in service delivery during the implementation. • Put processes in place to ensure that citizens will not be negatively impacted by the changes that may come as a result of the Panel's recommendations. • Establish formal agreements between Public Health and municipal governments to continue partnerships and collaborations with other human services. • Consider whether there are services that may be more effectively delivered by having them operated by municipal governments instead of Public Health. 	<ol style="list-style-type: none"> 1. Did the Panel conduct any analysis on citizen impacts while developing the recommendations? 2. Has the Ministry considered conducting an analysis to identify the potential citizen impacts that the Panel recommendations will have, especially with respect to population health outcomes? 3. Has the Ministry considered the impacts that the Panel recommendations will have on public health service delivery, on its own or in combination with the Standards for Public Health Programs and Services Consultation Document released by the Ministry in February 2017 for implementation throughout 2018?

Governance-related reasons for not supporting the Panel's recommendations

Reasons for not supporting	Considerations for the Ministry if it does choose to move forward with the recommendations	Remaining questions for the Ministry
<ul style="list-style-type: none"> Public health governance should be based on local relevance, effectiveness and benefit rather than consistency at the provincial level. Having multiple governance models also allows communities to implement the one that best enhances public health's local presence and relationship with municipalities. Local municipalities and communities should be represented on the Board of Health. With the proposed amalgamation of Boards of Health, many Boards will cover large geographies with multiple local communities that will not be represented by the handful of seats on the Board. 	<ul style="list-style-type: none"> Build on the existing mixed model approach to public health governance. If improving the current mixed model is not an option, then a pilot or phased approach be taken with current autonomous boards of health until the new model has been proven effective and efficient. Provide adequate transition time for public health units currently under different governance models. 	<ol style="list-style-type: none"> Is it the intention of the government to regionalize its other services beyond the health system? Will the Ministry wait until the Provincial Auditor's Report on Public Health is released before responding to the Panel recommendations? In line with this, what is the Ministry's plan for responding to both the Panel recommendations and those of the Provincial Auditor? Will the Ministry consider requiring all members of the Board to be elected, as with school boards, to ensure accountability to our citizens?

Organizational structure-related reasons for not supporting the Panel's recommendations

Reasons for not supporting	Considerations for the Ministry if it does choose to move forward with the recommendations	Remaining questions for the Ministry
<ul style="list-style-type: none"> • Separation of Public Health from municipal governments and the services they provide for the well-being of citizens runs counter to the Provincial direction for human services integration. Keeping public health and municipal governments together better integrates human services and supports the wellness of citizens. • Separation of Public Health from other human services reduces the capacity of public health and municipal governments to influence the social determinants of health. Public health and municipal governments together can better influence multiple social determinants of health. • Cost inefficiencies may arise as result of duplication in administrative support services. Economies of scale and other cost efficiencies of sharing administrative support services would likely be diminished, if not lost. 	<ul style="list-style-type: none"> • Mandate Public Health to maintain current relationships with municipal governments, including co-location. • Allow a hybrid approach for the organizational integration of Public Health with municipal governments for optimal efficiency. • Consider the approach of other provincial Ministries. 	<ol style="list-style-type: none"> 1. Did the Panel conduct any analysis on impacts to administrative efficiencies and/or the economies of scale while developing the recommendations? 2. Has the Ministry considered conducting a cost-benefit analysis to identify the potential impacts on administrative costs that the Panel recommendations will have on public health? 3. Will there be any coordination of Public Health services with the delivery of social services and other municipal human services?

Boundaries-related reasons for not supporting the Panel's recommendations

Reasons for not supporting	Considerations for the Ministry if it does choose to move forward with the recommendations	Remaining questions for the Ministry
<ul style="list-style-type: none"> • Boundaries of Boards of Health should facilitate service integration and delivery. The boundaries proposed by the Panel do not fully align with the boundaries of the LHINs, municipalities or other service agencies. • Boundaries of Boards of Health should be intuitive to citizens. From a customer service perspective, citizens should be accessing services from agencies that are located and offered in the same city they live in. 	<ul style="list-style-type: none"> • Boundaries of Boards of Health should align with municipal boundaries. • Boundaries of LHINs should be updated to align with municipal boundaries. 	<ol style="list-style-type: none"> 1. If one of the criteria used by the Panel was to “support effective linkages with LHINs by aligning with LHIN boundaries,” then: <ol style="list-style-type: none"> a) Why are the proposed boundaries for the autonomous boards of health different from the current boundaries for the LHINs? b) Are there plans to update the LHIN boundaries to make them consistent with the boundaries for public health proposed by the Panel?

Other reasons for not supporting the Panel's recommendations

Reasons for not supporting	Considerations for the Ministry if it does choose to move forward with the recommendations	Remaining questions for the Ministry
<ul style="list-style-type: none"> • Mandate of public health needs to be maintained. As few other components of the health system function to protect and promote the health of the population, public health's mandate must be maintained and not reoriented towards acute care. • The costs of system changes to public health need to be supported by evidence of improvements to population health outcomes. Solid empirical evidence needs to be presented that shows the benefits and improvements to population health outcomes, or other outcomes that the province is expecting, are worth the cost. 	<ul style="list-style-type: none"> • Legislatively protect the mandate and funding for public health. • Establish a set of principles to protect the interests of stakeholders. • Financial implications for municipalities be mitigated and the transition to have no net cost for municipalities. 	<ol style="list-style-type: none"> 1. Going forward, what does the government see as the purpose of Public Health? <ol style="list-style-type: none"> a) What processes will be put in place to ensure that the focus of Public Health will not be shifted from health promotion and prevention to acute care? b) What processes will be put in place to ensure that the funding for Public Health will not be shifted to acute care? This appears to be a risk given the increasing costs of acute care? c) If there is a shift towards acute care, will Public Health funding be adjusted to reflect the increasing costs and complexity of acute care? 2. Did the Panel conduct any cost-benefit analysis or review research in developing the recommendations? 3. Has the Ministry considered conducting a cost-benefit analysis to identify the potential costs that the Panel recommendations will have for public health relative to the impacts on population health outcomes? 4. How will the Regional tax levy be impacted by the Panel's recommendations? 5. Will the Province commit to take on responsibility for costs associated with implementing the Panel's recommendations (such as penalties for breaking leases early, etc.)?

