



**INTEGRATING**  
**Knowledge**  
**INTO** **Practice**

A consultative report from the Ontario Public Health Association  
to the Agency Implementation Task Force

**NOVEMBER 2005**

## Introduction

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The Ontario Public Health Association (OPHA) and its Constituent Societies represent a system of public health professionals across the province who are committed to the health of all Ontarians.

The mission of the Ontario Public Health Association is to provide leadership on issues affecting the public's health and to strengthen the impact of people who are active in public and community health throughout Ontario.

OPHA believes that Operation Health Protection is needed to enhance the current Ontario public health infrastructure, to strengthen the local, regional and provincial levels of the health system, and to engage the practitioners who are prepared to make necessary changes to improve the public health system and the health of the population.

OPHA members and its Constituent Societies believe that input to this process is vital because public health:

- improves the health and quality of life of the population and adds value to the health care system.
- requires a strong, flexible infrastructure which can respond quickly to future threats.
- has provincial, regional and local strength which can reduce risks and liabilities.
- is prepared for and committed to overall health system transformation.

Media attention and increased government interest in public health has not yet been accompanied by the infrastructure, field development and system improvements required to build a sustainable, accountable and effective public health system in Ontario. Part I of the report of the Agency Implementation Task Force *Building an Innovative Foundation: a Plan for Ontario's New Public Health Agency* articulates a strong vision and a promising plan for revitalizing public health in the province of Ontario.

The report should provide further analysis of the lessons learned from the creation of the Public Health Agency of Canada (PHAC).

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## 1.0 Governance and Structure

OPHA is very pleased to support the recommendations of the Agency Implementation Task Force regarding the governance and structure of the new Public Health Agency for Ontario as an arms length agency from the Ministry of Health and Long-Term Care (MOHLTC).

## 2.0 Agency Accountability for Program Areas, Clients and Functions

OPHA is pleased about the breadth of the program areas to be covered by the Agency, in particular health promotion, disease and injury prevention and environmental health. It is concerning, however, that the important program areas of family health, reproductive health and child health will get lost unless they are explicitly identified in the above categories.

OPHA is also pleased that the new Public Health Agency for Ontario in carrying out its mandate will collaborate with others in an integrated approach. Collaboration is very important to OPHA since it presently has a vital role within the Ontario Health Promotion Resource System (OHPRS), housing three provincial resource centres. OPHA believes that the OHPRS should be externally evaluated. Careful alignment of the functions of the Resource System with that of the Agency will need to take place. Destabilization of NGO's involved with the Resource System should be avoided.

The new Public Health Agency for Ontario has a strong role to play in the accountability of the entire public health system. Accountability should be based on research and include a continuous improvement process. It should define programs based upon evidence, identify appropriate indicators, initiate data collection systems, undertake analysis and interpretation, evaluate and then redefine the programs.

In this context the Agency should have a role in:

- Establishing population health goals, requirements and mandatory standards, in collaboration with PHAC, that bind all government ministries to the Ministry of Health and Long-Term Care, the Ministry of Children and Youth Services (MCYS), and the Ministry of Health Promotion (MHP) and other government funded agencies and are based on the latest evidence-based research.
- Developing a multi-dimensional accountability framework for provincial and local public health in collaboration with the Ministry of Health and Long-term Care, Ministry of Health Promotion and Ministry of Children and Youth Services.
- Developing new indicators and providing consistent interpretation of the indicators. Definitions need to be included and data sources developed. A variety of strategies and tools are needed including input, process and outcome measures. Strategies, tools and measurements should be standardized and consistent with strong public health input and should be well documented, peer reviewed and evaluated once in place.

Standard data collection tools that are part of the everyday work of health units need to be developed and implemented. The new Public Health Agency for Ontario would be responsible for developing the tools and MOHLTC responsible for funding and supporting the data collection mechanisms.

The Agency should be subject to a third party evaluation of its services.

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### **3.0 Public Health Human Resources**

OPHA believes that the new Public Health Agency for Ontario has a role to play in the enhancement of human resources for public health. The MOHLTC should take the lead in developing the long term public health human resource strategy for Ontario in partnerships with the new Agency, academia, OPHA, aPHa, and all the public health professional associations. The strategy should identify roles for these same partners to ensure effective implementation and sustainability.

### **4.0 Research and Knowledge Transfer**

OPHA believes that the aim of research and knowledge transfer is effective programs. Building on recommendations from several organizations, we are proposing a practical research capacity that makes a difference provincially and locally.

We are very encouraged by the Agency Implementation Task Force applied research capacity. The aim is effective evidence and evaluation programs, and the capacity to summarize the evidence.

However, public health research at the broad provincial level requires research capacity at the local level and the ability to apply the research locally. PHREDS could be the link between regional public health units and the Agency so that information from the ground and from the province flows to best support applying that research. This raises issues of public health human resources and the lack of qualified personnel, especially if local resources are scooped into the provincial level.

Our recommendations relate to the new Public Health Agency for Ontario's functions of surveillance and epidemiology, research and knowledge exchange. We see these being closely integrated. We recognize that there is in some parts of the province capacity on which to build. OPHA encourages using this capacity. Examples of current system capacity include PHREDS, the RRFSS, the OPHRS and OPHA. We also recommend the incorporation of innovation in research and mechanisms to encourage that innovation. Specifically we need research to support the development of innovative projects and programs, and research to identify and address gaps in evidence.

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## **5.0 Primary Health Care**

OPHA believes that clarity is needed in the respective roles of the two components of the publicly funded health care system: health and illness care. Building on aPHa recommendations, we are proposing approaches that will increase the understanding and the synergy between public health and primary health care.

Local Health Integration Networks (LHIN) are the MOHLTC's approach to enhance the coordination and efficiency of the illness care system. In parallel, the public health system is also undergoing a fundamental structural change while the core business remains the same.

This is the first time that both the illness care system and the public health system are changing with this magnitude simultaneously. This opens up an unprecedented opportunity to inform the understanding and relationship between the primary health care and public health systems.

Operation Health Protection has provided a unique opportunity to bridge the information exchange between primary health care facilities and public health, especially for emergency response to ensure that common language is used and there is a sharing of best practices.

## Recommendations

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1. Develop an integrated research and accountability framework that builds on the respective strengths of the provincial, regional and local level. Provincial includes OPHA, academic institutions, research institutions, the new Public Health Agency for Ontario and MOHLTC. The integrative framework is the iterative, evaluation process loop.
2. Ensure that the Agency develop and coordinate a network of researchers and practitioners including staff from local health units, to facilitate evidence-based programming.
3. Ensure that the Agency establish a clearinghouse of applied public health research and tools, including systematic literature reviews, benchmarking and provincial health status, with the emphasis on connecting people working in the system. Collaborating with the specialists within the PHREDS in this area would be beneficial.
4. Ensure that the Agency develop standard data collection tools and data sets. This would include a diversity of standards from food basket costing to standards for ethics review. Focus on data sets when good tools are already available in public health units.
5. Ensure that the Agency develop a comprehensive surveillance system that supports an accountability system and program planning.
6. Ensure that the Agency support and coordinate research on valid and reliable indicators for surveillance and program evaluation.
7. Ensure that the Agency coordinate provincial program evaluations across health unit areas.
8. Ensure that the Agency support research in the development of innovative programs and research related to gaps in evidence.
9. Set out formal agreements of partnership (not integration) between public health (PH) and LHINs and with primary health care (PHC). Specifically, this would include:
  - MOHLTC and MHP interministerial integration of health promotion, disease prevention, and health protection between public health and primary health care.
  - Formal partnerships between the Family Health Networks, Community Care Access Centres, Community Health Centres and health service organizations.
  - Strengthened relationships between public health and hospitals, CCAC, LTC facilities
  - Formal linkage with the CEO of the new Public Health Agency for Ontario and LHIN CEOs.
  - The transfer of public health knowledge and research across the health care continuum.
  - Consider analysing the experience of the creation and sustainability of the Public Health Agency of Canada.

## PROCESS OF INPUT

Many of OPHA's Constituent Societies regularly discuss issues facing the public health system in Ontario. Therefore, OPHA was pleased to be asked to participate in the Reference Panel for the Agency Implementation Task Force. In addition, since many of OPHA's Constituent Societies are members of aPHa as part of public health management, they have had additional opportunities to provide input directly or through the aPHa synopsis of recommendations.

OPHA had the opportunity to provide input using the recently released document *Building an Innovative Foundation: A Plan for Ontario's New Public Health Agency*, and the announced changes in the Ministry of Health and Long Term Care. OPHA convened an input workshop on October 21, 2005 which included the following Constituent Societies:

- Association of Public Health Epidemiologists (APHEO);
- Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO);
- Ontario Association of Public Health Dentistry (OAPHD);
- Ontario Society of Nutrition Professionals in Public Health (OSNPPH);
- Canadian Institute of Public Health Inspectors (Ontario Branch) Inc. (CIPHI-O);
- Association of Nursing Directors and Supervisors of Official Ontario Health Agencies (ANDSOOHA);
- Community Health Nurses Initiative Group/ Registered Nurses Association of Ontario (CHNIG/RNAO);
- Health Promotion Ontario (HPO. Ph);
- Public Health Education, Research and Development (PHRED).

The recommendations were also informed by reports written by the following:

- Association of Local Public Health Agencies (synopsis of aPHa constituent societies);
- Council of Medical Officers of Health (COMOH);
- Association of Ontario Public Health Business Administrators (AOPHBA);
- Association of Local Public Health Agencies (aPHa).

The recommendations were then presented to the OPHA Board of Directors for discussion. OPHA staff also forwarded their comments for inclusion. These recommendations to the Agency Implementation Task Force, therefore, have been given consideration by a wide variety of sources.



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