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YORK REGION'S RESPONSE TO THE
**PUBLIC HEALTH
MODERNIZATION**
DISCUSSION PAPER

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EXECUTIVE SUMMARY

Public Health has been integrated in the Regional Municipality of York (The Region) for 40 years. York Region Public Health supports Council's priority of Community Health, Safety and Well-Being as set out in [York Region's 2019 to 2023 Strategic Plan, From Vision to Results](#). Public Health provides an effective connection between the community and health care system by preventing disease and by protecting and promoting health to ensure fewer people require expensive acute care. Public Health does this by focusing on the social and economic factors that influence the health of our population, many of which are the responsibility of municipal governments.

The Region is aligned with the Ministry of Health (Ministry)'s interest in a public health system that is coordinated, resilient, efficient, nimble, and meets the evolving health needs and priorities of communities. We do not believe the suggested changes to the public health system put forward by the Province as part of its April 2019 budget make sense for York Region. "One size not all" is not a solution to the challenges identified by the Ministry.

This submission provides York Region's response to the challenges and questions identified in the Ministry's [Discussion Paper: Public Health Modernization](#), released in November 2019, with the launch of provincial consultations on Public Health and Emergency Health Services modernization. For each challenge, we describe our experience with that challenge and our advice for the Province. Our submission is not limited to questions directly posed in the Discussion Paper; it also includes advice regarding governance, geographic boundary and funding.

Key Messages:

- The Ministry's consultation process is an important opportunity for stakeholders to provide input on the path forward for modernizing public health in Ontario
- Any restructured public health entity should include only the existing geographic area of York Region, as the Region's current population is large enough to justify its own health unit
- York Region Public Health is best positioned to address social determinants of health because it is integrated with York Region. Public Health, together with local municipalities, have a demonstrated ability to efficiently and effectively meet the needs of the people of York Region
- Challenges identified by the Ministry that may exist in some communities, are not experienced in York Region to the extent described elsewhere because Public Health is integrated into the regional municipality. To achieve its stated objectives, the Ministry

must focus on those changes required to support communities with capacity issues. Broad structural changes are unwarranted and may be adverse to the Ministry's objectives. Boundary, governance or other large structural changes may negatively impact existing partnerships and service delivery. Time and resources would be required to re-establish partnerships and operate a new organization

- The biggest opportunity to drive efficiencies and potentially improve service quality would be to have a provincially coordinated and centralized data strategy. This could also reduce duplication in Public Health units across the province; saving money, improving accuracy, and providing better customer service
- York Region is a major partner in delivering Public Health. The Region's contributions, both mandated and additional, have grown from about \$19 million in 2016 to over \$24. million in 2019. A modernized Public Health system would respect this partnership by permitting local flexibility in establishing priorities and in how Ontario Public Health Standards are achieved

GENERAL COMMENTS

YORK REGION PUBLIC HEALTH SERVES ONE OF THE FASTEST GROWING AND DIVERSE MUNICIPALITIES IN ONTARIO

York Region has a population of 1.2 million residents; 8% of the provincial population. Within two decades, the Region's population is forecasted reach 1.8 million residents.

Using 2016 Statistics Canada Census data:

- More than 51,000 recent immigrants (those who landed in Canada between 2011 and 2016) called York Region their home, and 47% of residents were born outside of Canada
- Most recent immigrants (88%) live in York Region's three southern municipalities (City of Markham, City of Richmond Hill and City of Vaughan), but a growing number are moving into the other six more northern municipalities
- The proportion of recent immigrants in York Region who did not speak English or French was more than double the national average
- 5,915 York Region residents report having an "Aboriginal Identity" with the majority living in northern York Region; and 205 of these residents live in Chippewas of Georgina Island First Nation Reserve¹
- The Region's senior's population is growing faster than any other age group. It is projected by 2026, for the first time, there will be more seniors than children in York Region, and by 2031, one in five of the Region's residents will be over the age of 65, representing almost 22% of the total population
- York Region was home to over 18% (195,575) of all Greater Toronto Area children (0 to 14 years)
- York Region has the second highest median household income in Greater Toronto Hamilton Area; however 17% of York Region population lived with low income (Low Income Measure)²

The Region has made significant investments in comprehensive, integrated, responsive local services to address growth, and the demographic shifts in our community.

¹ Statistics Canada, Census 2016

² Census 2016 and Income Tax Data

THE MINISTRY'S CONSULTATION PROCESS IS AN IMPORTANT OPPORTUNITY FOR STAKEHOLDERS TO PROVIDE INPUT ON MODERNIZING PUBLIC HEALTH IN ONTARIO

York Region understands that current and future health care challenges require a structure that is resilient and responsive to evolving health needs, and that more needs to be done to help clients navigate the system. We are committed to working in partnership with the Ministry and Provincial Advisor to modernize public health in Ontario.

Some of the challenges raised in the Discussion Paper do not apply universally across the province. In terms of governance, having a single governance model or leadership type will not necessarily result in consistent service delivery or in reducing inefficiencies. Instead, the Ministry is requested to fix what needs fixing and preserve what is working well. The unique model for Public Health in York Region is a best practice, and the Ministry should consider opportunities to engage in learning more about York Region's model to inform changes needed to create an efficient public health sector.

BOUNDARY, GOVERNANCE OR OTHER LARGE STRUCTURAL CHANGES MAY NEGATIVELY IMPACT EXISTING PARTNERSHIPS AND SERVICE DELIVERY

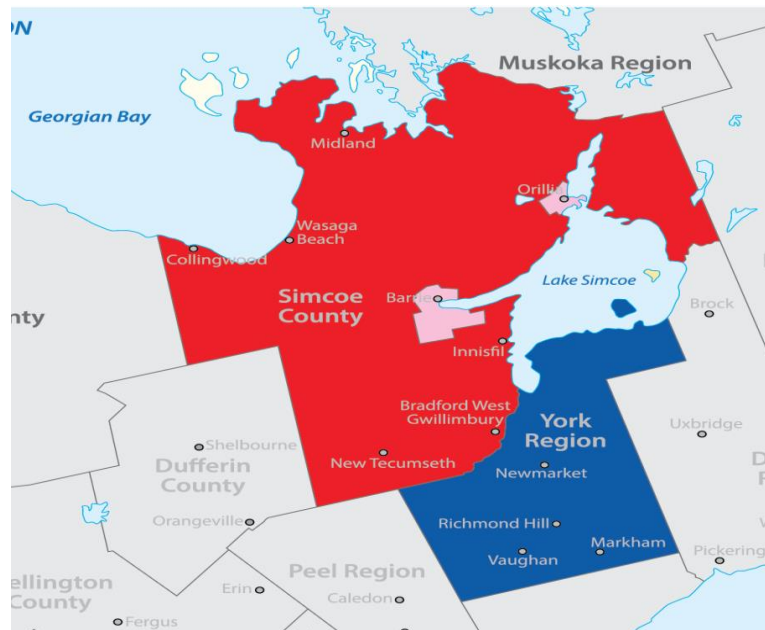
York Region covers 1,775 square kilometres, stretching north from Toronto to Lake Simcoe. It is comprised of nine local municipalities and a range of cities, towns, villages and rural areas. It includes the Chippewas of Georgina Island First Nation, located both on and off the shore of Lake Simcoe, with three islands: Snake, Fox and Georgina.

Following release of the Provincial Budget in April 2019, the Ministry stated the geographic area currently covered by York Region Public Health would be combined with the Simcoe County portion of the Simcoe-Muskoka District Health Unit.

In June 2019, the Region took a position that our geographic area should remain as is and communicated this to the Ministry (See Appendix A). Realigning boundaries to consolidate Simcoe County or any other municipality or geographic area with the public health catchment area of York Region would result in an overly large and cumbersome entity.

York Region's integrated model is working effectively; it delivers value to the tax payer and delivers on the Ministry's priorities. Our current boundaries align with local municipalities and a range of service providers such as school boards. This supports efficient planning where residents can easily identify where to access services based on where they live (Figure 1). Changes to boundaries, governance and other structures would make effective collaboration difficult. Time and resources would be required to re-establish partnerships and operate a new organization.

Figure 1: York Region Public Health's Geographic Boundary



YORK REGION PUBLIC HEALTH IS ONE OF THE LARGEST PUBLIC HEALTH UNITS IN THE PROVINCE, SERVING ABOUT 8% OF THE PROVINCIAL POPULATION

The population served by York Region Public Health is comparable to regional health authorities in British Columbia (average population per regional health authority of approximately 1 million) and Quebec (average population per regional health authority of around 500,000). A study in the USA found public health performance improvements to be gained from mergers appeared unlikely beyond a threshold of approximately 500,000 residents. Beyond this size, there were issues managing multiple programs and activities for numerous demographic and geographic subgroups.³

York Region Advice

- York Region Council and Board of Health has taken the position that geographic area of the restructured public health entity should include only the existing geographic area of York Region as the Region's current population is large enough to justify its own health unit (see Appendix A).

³ Mays GP, McHugh MC, Shim K, Perry N, Lenaway D, Halverson PK, et al. Institutional and economic determinants of public health system performance. Am.J.Public Health 2006 03;96(3):523-531

YORK REGION PUBLIC HEALTH IS BEST POSITIONED TO ADDRESS SOCIAL DETERMINANTS OF HEALTH BECAUSE ITS INTEGRATED WITH THE REGION'S COMMUNITY AND HEALTH SERVICES

Public Health has been part of York Region for 40 years. After the April 2019 budget, the Region was notified that York Region Public Health would no longer be a municipal function, but instead part of an autonomous Public Health entity, with a new Board in place beginning April 1, 2020. To date we have seen no evidence that such a change would be worth the cost, upheaval, and broken partnerships. In fact, these impacts were felt in the England when, in 1974, locally delivered public health services were consolidated into the National Health Service. In 2013 the government reversed its decision and restored delivery of public health by local governments. The rationale for the reversal was the realization that local government was better placed to meet local health needs by coordinating departments allied to public health such as transport and housing, and in doing so is better able to address social influences on health and tackle local health inequalities⁴

PUBLIC HEALTH SERVICES HAVE A GREATER IMPACT BEING PART OF A MUNICIPAL GOVERNMENT WHERE THESE CONNECTIONS TO THE SOCIAL AND ECONOMIC DETERMINANTS NATURALLY EXIST

Public Health is primarily about broader population health – supporting and creating conditions that contribute to reducing hallway health care through up-stream actions. Many of the factors influencing population health are largely tied to the social and economic environment. Municipal governments, and especially Consolidated Service System Managers like York Region, have a major role in influencing these factors.

Ontario has mandated 47 municipal entities across the province to be service system managers for housing, children's services and homelessness. Service System Managers are responsible for the planning and delivery of these services to achieve provincial priorities, and respond to local needs, using approaches that make sense in our communities. These 47 municipal entities are also responsible for social assistance, and many operate paramedic services and long-term care homes.

In York Region, because Public Health is integrated into the Community and Health Services department, our public health experts are at the table when it comes to planning and delivering these critical social determinants as shown in Figure 2. This structure is considered best practice from a human services perspective, providing wrap-around services and supports to residents.

⁴ Atkins L, Kelly MP, Littleford C, Leng G, Michie S. From the National Health Service to local government: perceptions of public health transition in England. PUBLIC HEALTH (ELSEVIER) 2019 09;174:11-17

Figure 2: York Region Public Health's integrated system works together to achieve a common goal – Healthy Communities



IN ADDITION TO HUMAN SERVICES, YORK REGION IS RESPONSIBLE FOR HARD SERVICES SUCH AS TRANSIT, ROADS, WATER, WASTE MANAGEMENT, AND LAND USE PLANNING – ALL OF WHICH ALSO INFLUENCE POPULATION HEALTH

Public Health, being positioned under the same Regional leadership umbrella as other municipal functions such as land use planning, transportation, transit, water and wastewater, is also able to maximize its impact on population health through hard services. For example:

- Working closely with the Environmental Services Department to ensure safe drinking water as per Section 19 of the *Safe Drinking Water Act, 2002*, which requires Regional Councillors to meet a provincial statutory standard of care for drinking water systems
- Working with York Region's Long-Range Planning Division and Transportation Department to develop a Built Environment and Health Action Plan
- Undertaking a Climate Change and Health Vulnerability Assessment, which studied how York Region communities may be vulnerable to the impacts of climate change from a health perspective, with the support of Regional teams such as Forestry, Water and Wastewater, and Long Range Planning

The integrated teams working on addressing these issues are best positioned to develop solutions addressing determinants of health (like access to clean water and transit solutions).

YORK REGION PUBLIC HEALTH HAS A GREATER INFLUENCE ON HUMAN SERVICES AND POLICIES THAN WOULD BE POSSIBLE WITH AN AUTONOMOUS BOARD

As part of the Community and Health Services department, Public Health has access to an extensive network of community partners through the [Human Services Planning Board of York](#)

[Region](#) (the Board). The Board is comprised of executive leaders in human services from many sectors operating in York Region including hospitals, Canadian Mental Health Association, school boards, local municipalities, Workforce Planning Board, YMCA GTA, United Way Greater Toronto, York University, and community agencies serving people who are experiencing homelessness, seniors, vulnerable youth, this includes 360°kids, the John Howard Society of York Region and many others (See Appendix B for a description and complete list of members).

Furthermore, York Region established a Community Investment Fund, fully funded by tax-levy, and set Community Health as one of the program's priorities. This funding has enhanced the achievement of the Ontario Public Health Standard by supporting community programs that help residents with low and moderate income to make healthy choices. For example, through this initiative, approximately 46,000 breakfasts/snacks were provided for students, and approximately 750 residents received access to fresh foods through community gardening and farm gleaning programs in 2018.

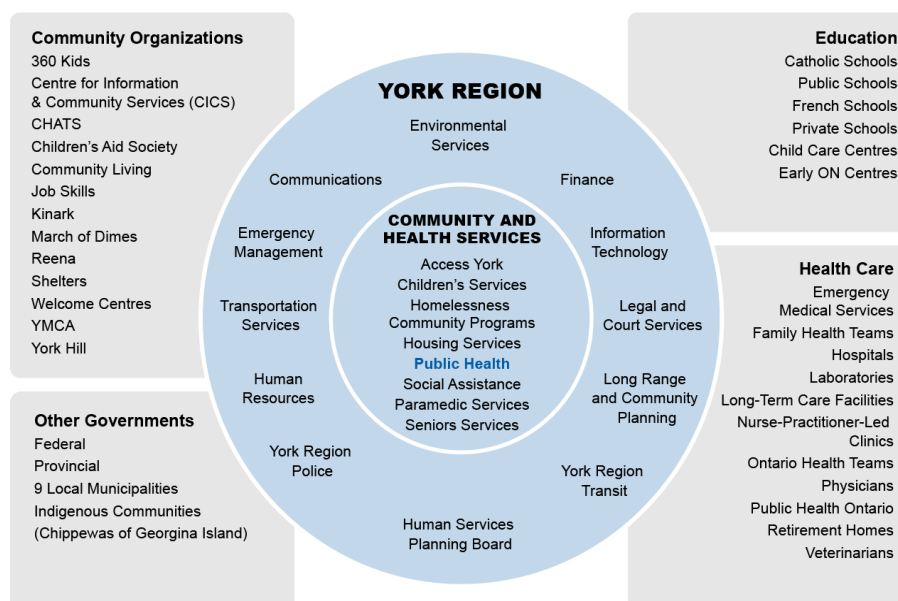
York Region Advice

- York Region Council and Board of Health have taken the position that our integrated service model for York Region Public Health be maintained so Public Health can continue leveraging municipal activities to address social determinants of health (see Appendix A).

YORK REGION PUBLIC HEALTH HAS A WELL-DEVELOPED NETWORK OF STRONG COMMUNITY PARTNERSHIPS ENABLED THROUGH ITS MUNICIPALLY INTEGRATED MODEL

As shown in Figure 3, York Region Public Health has strong relationships with the health care sector, primary care, school boards, community agencies and municipalities which all have a role in keeping the population healthy. These partnerships are productive due to integration with the Region.

Figure 3: A Network of Strong Partnerships



York Region Council recently approved York Region's participation as a partner in all three Ontario Health Teams in the region. Through these partnerships, Public Health will be able to even more effectively identify and action promote up-stream actions specific to York Region, making further contributions to reducing hallway health care. For example, hospitals see an increase in injured seniors from falls in the winter. Integrated geo-analytics can be used to identify streets where the falls are occurring. If there are many injuries from a certain area, solutions to prevent falls in that area can be explored, such as fixing sidewalks and targeted health promotion. These solutions are less costly than expensive acute care, especially given the human impact – after a senior falls their health can fail rapidly.

IN 2019 YORK REGION PUBLIC HEALTH RECEIVED GOLD ACCREDITATION FROM EXCELLENCE CANADA FOR EXCELLENCE, INNOVATION AND WELLNESS

When Public Health is integrated into an upper tier or single tier municipal government, that government puts a greater priority on public health because they are directly responsible for it. Public Health has a greater influence because it works side by side every day with a full range of colleagues, all of whom are responsible to one government body, which also happens to be the Board of Health. This integrated arrangement is proven to deliver value and must not be dismantled under a “one-size fits all” solution

We believe York Region Public Health's integrated model is the best model to achieve the outcomes the Ministry is seeking. This was reiterated through a third party accreditation. Recently, our York Region integrated model was recognized by Excellence Canada when we were awarded gold against the Excellence, Innovation and Wellness standard. In awarding the

Gold Level Certification, Excellence Canada commended the positive and productive relationships across a range of departments and the local municipalities that facilitate innovative and effective service delivery.

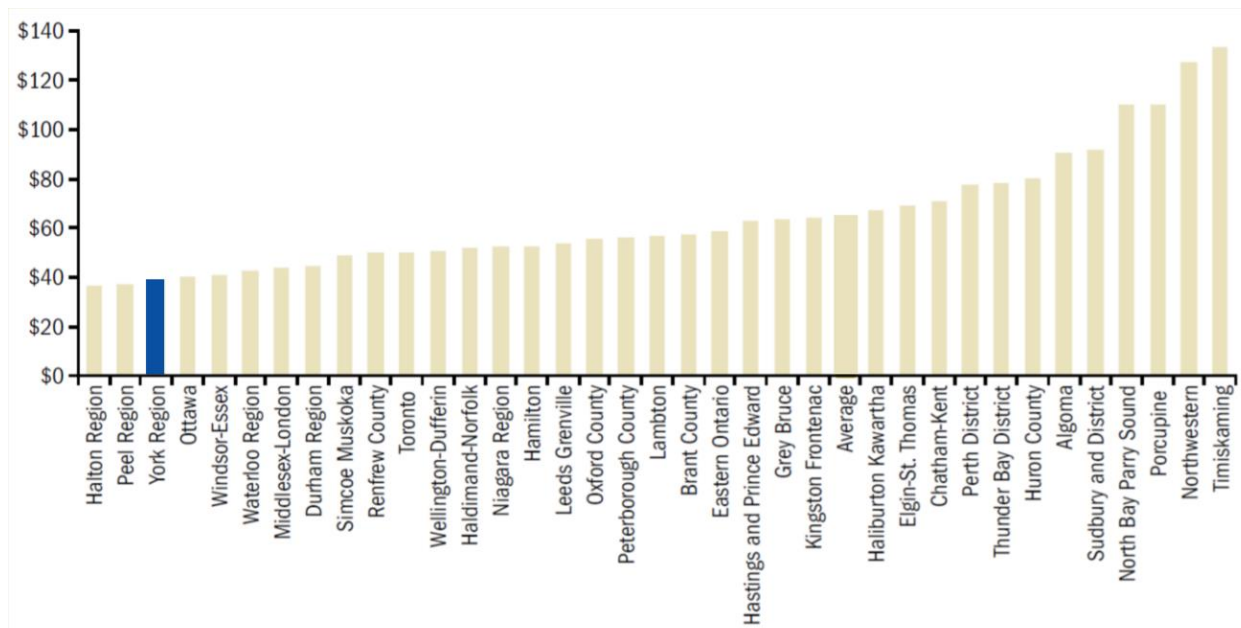
York Region Public Health's Vaccine Inventory Program has shown continuous improvement and innovation leading to efficiencies. This is the first health unit in Ontario to hire registered pharmacy technicians and a public health pharmacist to oversee vaccine handling requirements. As a result of this change, publicly funded vaccine waste has decreased; investigations of adverse storage conditions have increased; and inspections of publicly funded vaccine holding points (e.g., fridges) have been standardized to the highest level. Support from the Region's Property Services and Human Resource departments helped us realize this innovation.

YORK REGION'S INTEGRATED MODEL HAS PROVEN TO EFFICIENTLY AND EFFECTIVELY MEET LOCAL NEEDS AND DELIVER ON PROVINCIAL PRIORITIES

The integrated service delivery and governance model used for Public Health in York Region supports efficient Public Health operations, allowing Public Health to focus on effective and responsive public health service delivery.

As shown in Figure 4, York Region Public Health in 2016/17 had the third lowest provincial funding on a per capita basis. Even though York Region Public Health receives less Ministry funding per citizen than all but two other health units, we have been able to deliver on all Ministry service requirements and provide quality services. We can do this because of the efficiencies we get from leveraging corporate resources, the economies of scale that come with being part of a larger entity, and because York Region Council is willing to invest additional property tax dollars into Public Health as part of the Region.

Figure 4: Provincial Per Capita Funding of All 36 Public Health Units, 2016/17



AN INDEPENDENT AUDIT IDENTIFIED \$1.3 TO \$1.5 MILLION IN ADMINISTRATIVE SAVINGS, MAJORITY OF WHICH COULD BE UNLOCKED WITH PROVINCIAL DIGITAL SOLUTIONS

In fall 2019, the Region commissioned Deloitte using funding from the Ontario Audit and Accountability fund to review Public Health's opportunities for further administrative efficiencies. Administrative efficiencies identified by Deloitte in its November 29, 2019 [Report](https://www.york.ca/wps/wcm/connect/yorkpublic/6f6ad7bf-dcbb-4025-b93b-601158bc0624/Audit+of+Public+Health+Administrative+Efficiencies.pdf?MOD=AJPERES&CVID=mWUpSZN)⁵ are summarized in the chart below (Figure 5). If all recommendations were fully implemented, potential savings would be in the range of \$1.3 - \$1.5 million in total, excluding costs of implementation. However, even greater savings would be possible and costs avoided not only for York Region but all public health units if the Province modernized its systems, including digitized forms and automated workflows.

⁵ <https://www.york.ca/wps/wcm/connect/yorkpublic/6f6ad7bf-dcbb-4025-b93b-601158bc0624/Audit+of+Public+Health+Administrative+Efficiencies.pdf?MOD=AJPERES&CVID=mWUpSZN>

Figure 5: Opportunities for Improvement Identified from Deloitte Review

Area of Opportunity	Deloitte Feedback	Dependencies
Standardized Digital Forms & Interfaces	<p>York Region should explore increasing the use of standardized, digital forms to allow for automation opportunities, such as Robotic Process Automation (RPA) and other Machine Learning tools to be leveraged in the future. By transitioning away from paper based forms to digital, savings are estimated in the range of \$0.1M to \$0.2M.</p> <p>Currently, the Province's Panorama system tracks clients' immunization records. Public Health receives information via fax, phone call, or online form (Online forms have been created and are increasingly being used but multiple avenues still exist in which the user can share information). This requires staff to verify and enter the details to Panaroma.</p>	<p>This is dependent on the Province in improving, automating and eliminating data redundancies in Provincial databases and systems.</p> <p>The lack of a mandated Provincial central immunization registry is a huge resource draw requiring front-line public health staff to enter this data, when it could be done much faster and more efficiently by physicians, health care providers and parents or guardians at the time the vaccine is given.</p>
Integrated Scheduling	<p>York Region should explore implementing and using consistent scheduling software for both internal (staff scheduling) and external use (appointment booking). This has the potential to generate a saving of \$0.5M.</p>	<p>Requires significant financial and resource investment from York Region to develop, implement, and sustain an integrated scheduling platform.</p> <p>Implementation of a consistent scheduling platform is contingent on Public Health remaining within York Regions integrated model.</p>
Resource Sharing	<p>York Region should continue its efforts in standardizing jobs; as well consider assigning administrative personnel to more than one Manager to increase flexibility of resourcing strategies, as well as recognize the impacts of efficiencies, which may be gained from the implementation of a corporate timekeeping tool and elimination of duplicated activities. This will result in anticipated savings of up to \$1.2M.</p>	<p>This is can only be considered once the process and technology changes have been implemented, and is also contingent on Public Health remaining within York Regions integrated model.</p>

Deloitte identified potential savings of less than 2% of the Public Health budget, excluding costs associated with developing the new systems and other related costs. Many of the opportunities Deloitte identified would be costly and would take quite some time to implement, and whether or not they are implemented is dependent on the outcome of provincial modernization action. The Deloitte review validates the efficiency of our regionally integrated operations.

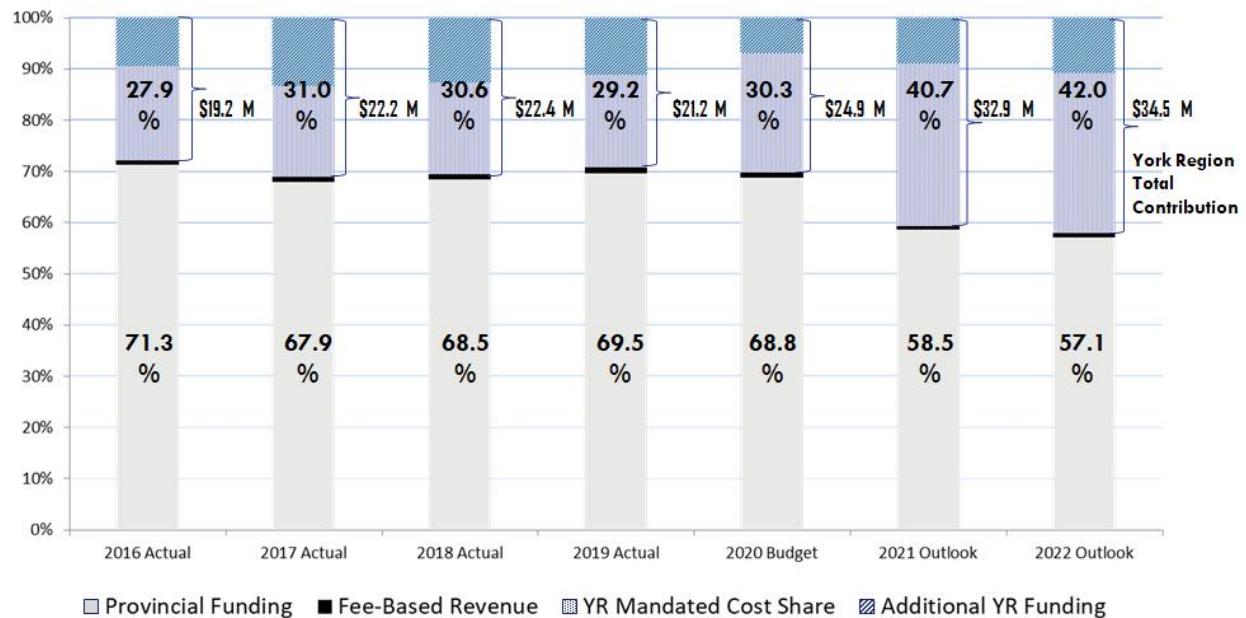
Based on the Deloitte review, a provincially coordinated and centralized data strategy could be the most effective opportunity to drive efficiencies, reduce costly duplication, and potentially improve service quality in York Region. More importantly, the Review suggests significant opportunities to find efficiencies across the province should the province modernize its systems, including digital systems. On October 29, 2019, the Ministry communicated that it will be reviewing its digital systems, and we encourage the Ministry to move quickly, beginning with immunization.

Removing Public Health from York Region and creating an entity autonomous from the Regional government, will result in increased costs given the added administrative supports needed to support a new organization. Currently the province does not pay for administration of the York Region Board of Health. In addition, there will be new costs related to creating and maintaining relationships with the Region and other stakeholders. There would also be costs due to lost economies of scale. From a financial perspective, the increased cost of an autonomous entity is an issue for the Region since the proposed model requires property tax payers to continue to be responsible for paying a share of the costs.

YORK REGION COUNCIL AND BOARD OF HEALTH HAVE CONTRIBUTED MORE PROPERTY TAX FUNDING TO PUBLIC HEALTH THAN MANDATED TO MAKE UP FOR SHORTFALLS IN PROVINCIAL FUNDING

Up until 2019, the Ministry funded up to 75% of eligible costs for mandated public health programs, and up to 100% of eligible costs for other related programs, with municipalities contributing the rest. The Healthy Babies Healthy Children program, funded by the Ministry of Children, Community and Social Services, is capped at \$4.4 million although the actual direct cost of this program is over \$5.2. As shown in Figure 6, Provincial funding has historically been less than 75% or 100% of actual costs; underfunding is expected to get even worse should the Ministry proceed with its plans to make further cuts to its contributions.

Figure 6: York Region - Shares of Public Health Funding Contributions, 2016 to 2022



Notes:

- Funding contributions prior to 2019 do not include the new Ontario Seniors Dental Care program, which is currently 100% funded by the Province.
- Figures for 2020 to 2022 are consistent with the approved 2020 budget and outlook for 2021 and 2022, and include corporate and departmental support costs.
- Percentage not shown for fee based revenue

YORK REGION CONTRIBUTIONS, BOTH MANDATED AND ADDITIONAL, HAVE GROWN FROM ABOUT \$19 MILLION TO OVER \$21 MILLION IN THE LAST THREE YEARS

Mandated funding refers to the municipal portion of the 70:30 cost share. Because provincial funding is either capped or limited to costs deemed eligible by the Ministry, Provincial funding does not cover the actual cost of service delivery. York Region has made additional contributions to fund the gap.

In addition to the inefficient administrative and digital systems mentioned earlier, decisions on which programs to provide and how they are to be delivered should consider flexibility, the local context, and efficiency. The Board of Health has limited flexibility in determining which Public Health programs should be delivered in York Region, or in how to deliver them. For example, in 2019 to help mitigate the Provincial funding cut, York Region Board of Health requested a waiver of the requirement to provide vision testing in schools for kindergarten students, which could have avoided \$187,000 in provincial costs and \$65,000 in Regional costs. Despite that York Region has many optometrists, vision testing for children and youth is paid for by the

Ontario Health Insurance program, and that a number of volunteer organizations already offer this service in schools, the Ministry refused to grant the waiver.

York Region Council and Board of Health have demonstrated their willingness to invest beyond the mandatory minimum to ensure our residents receive the services they need. Council and the Board of Health do not want to invest property tax dollars in services that duplicate those available or where the local need is not proven, or invest in delivery models that are unnecessarily costly

PROVINCIAL FUNDING IS ANTICIPATED TO DECREASE EVEN FURTHER

York Region funding is forecasted to increase to 42% (\$34.5 million) by 2022 due to the proposed new Provincial funding model which would require large municipalities, such as York Region, to contribute 40% of the cost-share beginning in 2021. An increase to the municipal cost-share for public health is not sustainable without impacting front-line services and/or large property tax increases.

Municipal governments should not be expected to make up for reductions in provincial funding to deliver provincial programs. While a cost share of up to 70:30 based on actual costs could work for York Region based on historical contributions; a 60:40 cost share is not sustainable.

In addition to reduced provincial funding resulting from the planned change in the funding formula, Ministry staff advised in 2019 that a 10% “savings target” would be applied to Public Health to help the Province achieve \$200 million in annual savings by the 2021/22 fiscal year set out in its April 2019 budget. The Provincial should not address its budget targets by transferring costs to municipalities.

Provincial savings could be achieved through modernizing systems such a central immunization registry, reducing rent tape, removing duplication of programs, allowing flexibility in service delivery models, and taking into account local conditions, needs and opportunities when mandating programs.

York Region Advice

- The York Region Council and Board of Health position is that the Province should commit to funding a minimum of 70% of actual costs to deliver public health services.

RESPONSE TO DISCUSSION PAPER

CHALLENGE 1: INSUFFICIENT CAPACITY

York Region's Experience

York Region Public Health has sufficient capacity to deliver on all of the Ontario Public Health Standards. Integration with municipalities has enabled York Region Public Health to:

- Attract and retain a highly skilled workforce to meet needs
- Easily access the surge capacity needed to respond to emerging public health threats

York Region Advice

- Do not make broad “one size fits all” changes to Public Health to address capacity issues that exist only in certain parts of the province
- Support communities with capacity issues to resolve them. This will include providing increased resources, merging of smaller Public Health units, etc. Explore structures that would allow for a stronger capacity, more resources and financial relationship with municipalities, such as integration into upper tier municipalities either directly or through agency relationships
- Given the Region's financial and governance support and stake in maintaining healthy communities, a modernized Public Health system must respect this municipal partnership and allow for local flexibility in meeting Ontario Public Health Standards in efficient and effective manner

1. What is currently working well in the public health sector?

- Regionally integrated Public Health leverages high caliber support from across the organization to deliver the full scope of Ontario Public Health Standards
- York Region is an employer of choice. We are recognized as a **2020 Greater Toronto's Top Employer, 2020 Canada's Top Employer for Young People** and **2019 Canada's Best Diversity Employer**. We are also in a privileged position when it comes to attracting a highly qualified workforce. York Region is located in the densely populated Greater Toronto Area and near housing, transportation and several post-secondary institutions

- Being embedded within York Region enables York Region Public Health to attract and retain a highly skilled workforce, including staff skilled at assessing population health, surveillance, evaluation and continuous quality improvement
- York Region Public Health has strong partnerships with the health care sector, primary care, school boards, community agencies and municipalities; all working together to keep our population healthy
- In September 2019, York Region Council approved the Region's participation as a partner in the full application stage for the Southlake Community Ontario Health Team and Eastern York Region and North Durham Ontario Health Team, and as a collaborating partner for Mackenzie Health. Through this partnership, Public Health will be able to even more effectively identify and promote up-stream activities specific to York Region, making further contributions to reducing hallway health care.
- Through the Regional integrated model, Public Health is able to leverage multi-stakeholder partners in the event of a large scale public health emergency
 - York Region has memoranda of understanding with local municipalities to access facilities and support during a threat or emergency
 - During Severe Acute Respiratory Syndrome (SARS) in 2003 and H1N1 in 2009, York Region Public Health easily accessed the surge capacity needed to respond to emerging public health threats
 - Currently, with COVID-19 (Coronavirus Disease, 2019), being embedded within the Region allows Public Health to quickly redeploy existing Public Health staff and to access specialized corporate supports such as emergency management, communications, call centre, legal, risk and finance
 - Being positioned within the Region, Public Health most effectively leverages partnerships to respond to health threats. For example, Public Health partnered with York Regional Police to lead an Opioid Education and Response in York Region
- As part of the Community and Health Services Department, along with other human services functions (e.g., Social Assistance, Children's Services, Housing Services, Homelessness Community Programs, Paramedic Services and Senior Services), Public Health is enabled to provide a unique model of service delivery and care with enhanced benefits to residents. These benefits are realized through a range of programs and initiatives that positively impact the social determinants of health.

2. What are some changes that could be considered to address the variability in capacity in the current public health sector?

- Consider separate approaches for communities with capacity weaknesses, such as combining smaller Public Health units. Voluntary mergers could be encouraged and supported with the right incentives.

- Give Public Health Ontario a stronger mandate and resources to support coordination among health units as this could address many of the challenges identified by the Ministry.
- Consider setting up a collaborative working group between the Province, Public Health Ontario and Public Health Units to develop a provincial digitization strategy as an early priority
- Consider the [service system manager](#) used by the Ministry of Community and Social Services (Children's Services) and the Ministry of Housing (Housing; Homelessness) as a model for Public Health. Local service system management as a governance model has been in place for two decades, and provides better value and outcome for Ontario's communities⁶
 - These Ministries have established an accountability model that supports a good balance between Ministry and local objectives, by setting clear outcome goals and leaving it to municipalities to determine the most effective and efficient ways to achieve those outcomes in their unique contexts
 - In addition, they have established practices for working with the 47 service system managers across the Province. These practices support the province to effectively address its objectives balanced with local priorities, help ensure programs can be delivered effectively on the ground, provide specialized advice to the Province, and support collaboration among municipalities.
- Adjust the current Public Health model to give public health units flexibility to determine how to achieve Provincial objectives, to better reflect local conditions including more efficient delivery options. For example:
 - Vision Screening Program
 - Public health units have been required to provide vision screening for all senior kindergarten students since 2018. In York Region, like most if not all communities in Ontario, vision screening is already done by community agencies, physicians, ophthalmologists and optometrists, and OHIP covers the full cost of comprehensive eye exams.
 - Requiring public health units to provide this additional programming represents a costly duplication of services already available at no additional cost to families in the community.
 - For York Region alone, this program costs \$187,000, of which approximately \$65,000 comes from property taxes.

⁶ Ontario Municipal Social Services Association. Received from <https://www.omssa.com/human-services.php>, on February, 2020

- Low Income Seniors Dental Program
 - In its April 2019 budget, the Province announced its intent to launch the Low Income Seniors Dental Care Program. This is good news as each year in Ontario preventable dental issues lead to more than 60,000 emergency room visits, of which a significant portion are seniors
 - However, this much needed program will not be fully implemented in York Region until about two years after the Province announced it because of the Ministry's rules on how the program must be delivered. We are required to:
 - Construct dental operatories at an estimated cost of \$2.2 million to the province (our capital funding application for the operatories was submitted summer 2019, and has not yet been approved)
 - Directly operate the program including hiring dentists, hygienists and other staff as civil servants, and procure specialized dental services (examples include denturist, endodontist and oral surgeon), at an estimated annual cost of \$3.96 million to the province
 - In addition to the delay to program implementation, once implemented there can be only five locations in our very large geographic area based on Ministry requirements
 - An alternative option would have been to mirror the approach used currently in the Province's Ontario Works program in York Region, and the Province's Healthy Smiles Ontario program. These programs permit clients to use local, private services. York Region has over 1,000 dental providers and 718 reported that they provided dental services in 2019 through the Healthy Smiles Ontario program. In 2019, over 850 dental providers in York Region provide dental services for Social Assistance, Ontario Works and Ontario Disability Support Programs. This approach could have seen the Low Income Seniors dental program implemented within weeks of the provincial budget, with improved customer service (e.g. more options for service providers, more locations to ease travel concerns, more flexible service hours)
- While Public Health has attained much efficiency by being part of the Region, there is still not enough Provincial funding to deliver all the services the Ministry requires us to deliver, and in the way the Ministry wants it done. The Region has made up for provincial underfunding by investing discretionary property tax dollars beyond the minimum mandated by the Province for Public Health. Regional contributions to public health funding are expected to increase by approximately 88% between 2016 and 2022 based on proposed funding models and historical under-funding.

3. What changes to the structure and organization of public health should be considered to address these challenges?

- Integration of Public Health in the Regional structure has undoubtedly provided more effective opportunities and influence on municipal activities and policies that impact population health than would be possible with an autonomous Board of Health. The Ministry should consider structural and organizational changes that would improve integration of Public Health units with municipal governments. A spectrum of organization models ranging between fully integrated and stand-alone options should be allowed in response to local conditions.
- Recently, Public Health's Regionally integrated model was recognized by Excellence Canada as Gold level in Excellence, Innovation and Wellness standard. Excellence Canada commended the positive and productive relationships across a range of departments and the local municipalities that facilitate innovative and effective service delivery.
- Given our effective and efficient organizational and governance model, it is recommended that the Ministry consider examining the York Region model as a best practice approach for other communities.

CHALLENGE 2: MISALIGNMENT OF HEALTH, SOCIAL AND OTHER SERVICES

York Region's Experience

- York Region Public Health is best positioned to address social determinants of health as part of its integration with Community and Health Services in the Region
- York Region Public Health's local collaboration extends to other services such as hospitals, through York Region's formal partnerships with Ontario Health Teams

York Region's Advice

- Boundary, governance or other large structural changes will negatively impact existing partnerships and service delivery; in fact, such changes would make effective collaboration more difficult. Time and resources will be required to re-establish partnerships and operate a new organization.

4. What has been successful in the current system to foster collaboration among public health, the health sector and social services?

The factor that has contributed most to the success of Public Health is its position within the Regional municipal government

- Findings from a review of key resources and literature indicates that as key social services providers, municipal governments have more influence over the social determinants of health affecting a community:
 - Local government can coordinate departments allied to Public Health, such as housing and transportation, to address social determinants of health and local health inequalities⁷
 - Councils understand and recognize that health and wellbeing is socially determined and develop actions accordingly⁸
 - “Integrated health units may find some savings through the sharing of human resources, finance, information technology, and legal personnel with other departments”⁹
- Public Health, being aligned with other municipal functions such as land use planning, transportation, transit, water and waste water, is also able to maximize its impact on population health. These examples include:
 - Working closely with Environmental Services to ensure safe drinking water as per Section 19 of the *Safe Drinking Water Act 2002* , which requires Regional Councilors to meet provincial statutory standard of care for drinking water systems
 - Working with York Region’s Long-Range Planning and Transportation to develop a Built Environment and Health Action Plan
 - Undertaking a Climate Change and Health Vulnerability Assessment, which studied how York Region communities may be vulnerable to the impacts of climate change from a health perspective, with the support of Regional teams such as Forestry, Water and Wastewater, and Long Range Planning

Public Health’s integration within Community and Health Services in the Region has resulted in many innovative programs and opportunities to fulfilling public health mandate

⁷ Atkins L, Kelly MP, Littleford C, Leng G, Michie S. From the National Health Service to local government: perceptions of public health transition in England. PUBLIC HEALTH (ELSEVIER) 2019 09;174:11-17

⁸ Browne GR, Davern MT, Giles-Corti B. An analysis of local government health policy against state priorities and a social determinants framework. AUST NZ J PUBLIC HEALTH 2016 04;40(2):126-131

⁹ Lyons J. The Independence of Ontario's Public Health Units: Does Governing Structure Matter? Healthc.Policy. 2016 Aug;12(1):71-83.

Public Health is situated within the Region's Community and Health Services Department. The Department covers the full range of human services delivered by single and upper tier municipalities. These include Seniors' Services (two long-term care homes, five adult day programs and oversees the Region's Seniors' Strategy), Income Supports, Children's Services, Homelessness Community Programs, and Housing Services. Two additional branches provide the Region's call centre and intake service, communication services, business supports such as finance, and strategic policy support such as planning for immigrants and refugees, community safety and well-being (in partnership with York Regional Police), accessibility and equity.

This integrated model enables different human service areas to seamlessly collaborate on program development and delivery using social determinants of health lens to provide holistic local services. Integration of Public Health within Community and Health Services provides numerous benefits for increasing the effectiveness of Public Health.

5. How could a modernized public health system become more connected to the health care system or social services?

- Collaboration must begin at the Provincial level between Ministry of Health and Ministries of Children, Community and Social Services, and Municipal Affairs and Housing. This would enable scaling up innovative initiatives introduced in York Region in collaboration with social services as described previously in response to Question 4.
- An example of connection is how York Region Public Health uses the Ontario Telemedicine Network and Connecting Ontario to remotely view Electronic Medical Records.
- Public Health Units should be connected to Ontario Health Teams to maximize opportunities to, reduce hallway health care and costly acute care through the "up-stream" supports that Public Health provides, and to inform Public Health services.

6. What are some examples of effective collaborations among public health, health services and social services?

In York Region, Public Health being embedded in a human services department has allowed for many effective collaborative initiatives between Public Health and Social Services. Below are some examples of collaboration:

- Public Health and Social Assistance developed a program to pay for breast pumps for mothers who rely on Ontario Works income supports
- Public Health and Homelessness Services developed a model that connects tuberculous clients who are homeless or at risk of homelessness to the Short-Term Assistance to Renters program, which avoids having these clients in our emergency shelters, and to have the stable housing they need to heal.
- Public Health and Children's Services work together to coordinate services for families and children, which not only provide services responsive to families specific needs, it also avoids costly intake and assessment duplication. Public Health and Integrated Children's Services

created the Early Years Support Service Registry which will provide health professionals with easy access to up-to-date information with direct links to the support services found in our community. This resource targets health professionals and also benefits child care and children services professionals.

- Public Health partnered with Housing Services, Social Assistance, and community agencies (including the United Way and York Region District School Board) to deliver Food Handler's Certificate training programs for adults and high school students with intellectual disabilities, low-income residents and new immigrants as this increases their chance at employment.
- As part of the Community and Health Services department, Public Health has access to an extensive network of community partners and advice through the [Human Services Planning Board of York Region](#) (the Board). The Board is comprised of executive leaders in human services from many sectors operating in York Region including hospitals, Canadian Mental Health Association, school boards, local municipalities, Workforce Planning Board, YMCA GTA, United Way Greater Toronto, York University, and community agencies serving people who are experiencing homelessness, seniors, vulnerable youth, this includes 360°kids, the John Howard Society of York Region and many others (See Appendix B).
- Public Health co-chairs the Community and Health Services Emergency Management Working Group. Through this group, Public Health accesses advice and support from the Department to respond effectively to public health emergencies.
- Public Health leads the Community and Health Services cross department Social Determinants of Health (SDOH) Committee. The purpose of this committee is to support an SDOH lens on all activities, and to maximize opportunities to address the determinants. The Committee is linked to the Department Leadership Team.

Some examples of collaboration with health care, which may be further explored through the Region's participation in the new Ontario Health Teams, include:

- Through strong relationships with Obstetrician/Gynecologists, Midwives, Family Health Team staff and Nurse Practitioners in each of the three hospitals in York Region, Public Health provides information at the bedside to support breastfeeding and other public health services. This allows new mothers to obtain the right information at the right time.
- Public Health has established effective partnerships with Southlake Family Health Team and Family Medicine Teaching Unit, as well as Family Health Teams in the City of Markham, the City of Richmond Hill, the City of Vaughan Community Health Centre and the Family Medicine Teaching Unit at Markham Stouffville Hospital. This working partnership enables health information to be provided to residents in a timely manner.
- Public Health has established partnerships with all three public hospitals, 28 long-term care homes and 36 retirement homes in York Region to support them with response and control of respiratory and enteric outbreaks. These partnerships include providing advice and recommendations to these facilities on outbreak control measures (e.g., infection

prevention and control, antiviral treatment recommendations, enhanced cleaning and disinfection practices), and the repatriation of residents back from hospital into their long-term care/retirement home in the event of a hospitalization

CHALLENGE 3: DUPLICATION OF EFFORT

York Region's Experience

- In [May 2019](#) York Regional Council endorsed the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration
- Having to create 'work-arounds' to use Ministry databases creates additional work that takes away from front-line service delivery
- Lack of a central immunization registry requires front-line public health staff to enter information, also taking away from service delivery

York Region's Advice

- Provincially coordinated and centralized public health technology solutions could be the most effective opportunity to drive efficiencies, reduce costly duplication, and potentially improve service quality and data accuracy. Modernization of systems (digital and forms) will generate efficiencies across the system of public health units once implemented, and this is where the Province must look to find savings.
- Modernize systems and update technology, in consultation with front-line public health staff
- Update databases to provide streamlined access to services that connect health care records across programs and the broader health care system
- Provide self-serve/automated systems that use identity access management
- Automate forms with work flow to enable integration between systems and minimize manual data entry
- Have reciprocal data sharing agreements to increase access to data and maximize evidence-based decision making

7. What functions of public health units should be local and why?

- A standardized approach across the province may be ineffective and inefficient from a community health perspective as different populations across the province have distinct needs and public health priorities
- Programs and initiatives that work best in a municipal integrated model by enabling a tailored approach to the communities they serve, and local partnerships, include:
 - Local disease surveillance and monitoring with integration/coordination at provincial level
 - Built Environment work requires relationships with municipalities influence policies such as Official Plans, built-form, transit and transportation plans
 - Local environmental issues that may not be priorities in other communities
 - Climate vulnerability assessment and design of climate mitigation and adaptation strategies
 - Sustainable food systems and food security work
 - Local population health assessments, surveillance and evaluation
 - Emergency management and planning, in particular to identify risks and hazards, and responses that work in the local context
 - Services delivered directly to residents such as infectious disease management, immunization clinics, public health inspections and sexual health services
- Research on matters with province-wide impact could be centralized. An arm's length agency, such as Public Health Ontario, could take on a centralized research and dissemination function, and leverage Public Health units across the province for their expertise and experience to complement that of the Ministry.

8. What population health assessments, data and analytics are helpful to drive local improvements?

- York Region Public Health has sufficient capacity to conduct timely, relevant, meaningful and actionable public health assessments due to the size of the health unit and number of staff
- All topic areas identified in the Ontario Public Health Standards should identify corresponding population health assessment indicators and provincial data collection systems that allow standard data collection and indicator definition (i.e. instead of using Association of Public Health Epidemiologists in Ontario's core indicators guidelines). This standardized approach to measuring results and outcomes of the Ontario Public Health Standards will avoid unnecessary duplication and make data across Ontario comparable.

- Incorporate requirements into the Ontario Public Health Standards to ensure analytics, data and evaluation results are used to determine effectiveness of programs

9. What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?

- Better coordination and information sharing between the Ministry, Public Health Ontario, and Public Health Units would strengthen capacity to set shared priorities. This would enable opportunities to form coalitions and leverage local expertise to inform specific system-wide priority topics.
- Create a centralized and coordinated approach to advance required research and knowledge mobilization. Currently this work is done individually by each public health unit. Establish program specific networks to collaborate on issues, exchange knowledge and set priorities. This will help avoid duplication in research, facilitate knowledge exchange across public health units and potentially enable innovative research and capacity building through partnerships between health units, provincial ministries, health organizations, and academic institution.
- Develop program evaluation guidance materials for all local public health units to use to make sure that they are evaluating their programs in a consistent manner that includes provincial benchmark indicators on Public Health Standards. This would establish consistency in evaluating Ministry-mandated programs and ensure results are comparable.
- Develop systems to collect data, and any mandatory data collected should be funded, built, implemented, and coordinated at a provincial level to ensure standardized reporting. Centralized systems need to be responsive to local public health needs, have standardized reporting approaches/tools/methods, and be usable by the entire health sector to enable a single point of access to information. A Provincially developed data collection system would create a central repository of information and avoid duplication in systems by public health units.
- The Ministry has announced plans for a modernized Digital Strategy. A Provincially coordinated and centralized data strategy is the biggest opportunity to drive efficiencies and improve service quality. Refer to Question 11 for example of technologies that need to be fixed to maximize efficiencies.

10. What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?

- Consider creating a provincial centre of excellence of epidemiological expertise, as proposed by the Ontario Auditor General (2017), working in partnership with local public

health units; care must be taken to adequately resource this function at the provincial level.

- Clarify roles and responsibilities of Public Health Ontario, Ministry of Health and Public Health units. The lack of clarity in when/how to access Public Health Ontario supports creates duplication locally and across the province. Work that can be completed by Public Health Ontario ends up being addressed at the local level. For example, conducting applied public health research activities and program evaluations of common programs delivered by all health units.
- Public Health Ontario services mainly support infectious diseases and environmental health. Other areas such as child health and chronic diseases are under-served and would benefit from strengthened research capacity, knowledge exchange and shared priority setting in these areas
- Public Health Ontario/Ministry needs to take greater leadership role in standardizing messaging/resources used commonly across the province (e.g., disease-specific fact sheets for Diseases of Public Health Significance); as well as enable knowledge transfer of successful population health interventions.

11. Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

- Currently York Region Public Health **must** use many different Ministry databases that don't connect to each other. To work around these problems, we have had to develop our own databases, creating additional work, extra costs and taking away from front-line service delivery. For example, we have had to create stand-alone inspection module platforms for our food safety and vaccine inventory management programs. In addition, the lack of a central immunization registry is a huge resource draw requiring front-line public health staff to enter this data, when it could be done faster, more accurately and more efficiently by physicians, health care providers and parents or guardians at the time the vaccine is given.
- The Deloitte report on administrative efficiencies commented on the need for Public Health to find a way to automate and link forms, as another work around to the Provincial system. This is an issue for Public Health units across the province. The Province must urgently address work to fix the systems that are creating the inefficiencies and duplications, and then all Ontario Public Health units could be more efficient.
- The Ministry of Health has announced plans for a modernized Digital Strategy, and this is very good news. A Provincially coordinated and centralized data strategy is the biggest opportunity to drive efficiencies and even improve service quality.

CHALLENGE 4: INCONSISTENT PRIORITY SETTING

York Region's Experience

- York Region Public Health displays strong accountability, leadership and governance capacity
- Our work is guided by the Ontario Public Health Standards and shaped by local population health needs
- Balancing local needs with larger system priorities cannot be done in isolation; it requires Public Health Ontario to have a stronger role
- The Medical Officer of Health, like other mandated positions in municipal governments such as Chief of Police and Chief Building Official, has the authority and autonomy to ensure provincial priorities are addressed
- Opportunities to share our expertise and to learn from others could be improved

York Region's Advice

- Develop an improved coordination role for Public Health Ontario to help manage priority setting, and ensure Public Health Ontario is properly resourced to take on this role
- Consider the service system manager model used by other provincial ministries to improve collaboration, decision making, priority setting and service effectiveness
- Maintain Medical Officer of Health autonomy to set priorities and inform Board of Health decision-making based on local needs

12. What processes and structures are currently in place that promote shared priority setting across public health units?

- Ontario Public Health Standards guides larger system priorities. Public Health Ontario and the Ministry have many tools at their disposal to set and enforce its standards and priorities, such as its funding agreements, standards and legislation
- The Ministry should take a stronger leadership role in ensuring a focused, overarching and strategic approach to public health, including research, health promotion programs, and chronic disease prevention initiatives
- Ministry should consider creating provincial working groups under confidentiality agreements (for example, the Association of Municipalities of Ontario MOU with the province) to work in partnership with diverse health and other human service

professionals to leverage local expertise to inform shared priority setting. Similar tactics are employed in other Provincial ministries such as Ministry of Children, Community and Social Services and Ministry of Housing

13. What should the role of Public Health Ontario be in informing and coordinating provincial priorities?

- Giving Public Health Ontario a stronger mandate and resources to support coordination between health units would address many of the challenges the Ministry has identified. Public Health Ontario could have that coordination role, however, it would need the mandate and resources to do it
- As the provider of provincial research/synthesis of other jurisdictions' research and evidence, properly resourced Public Health Ontario could provide the following:
 - Coordination of knowledge and research activities to eliminate duplication at the local level (e.g., conducting research into best practices locally when a solution could be identified at the provincial level based on greater population research initiatives/engagement)
 - Coordinate data analytics at the local and provincial levels to create a coordinated surveillance system for data collection across province that can be used by local analysts/epidemiologists to support understanding local need and decision making
 - Coordinate health equity data sources/information that can be used at the local level
 - Strengthen provision of evidence based practice information/guidance to health units to support operationalization of the Ontario Public Health Standards while increasing consistency/equity across the province
 - Speed up Locally Driven Collaborative Projects to provide timely, meaningful, applied public health research and knowledge exchange that improves front-line services

14. What models of leadership and governance can promote consistent priority setting?

- Effective Public Health will balance local priorities and provincial objectives
- The Medical Officer of Health continuing to have the authority and autonomy to ensure provincial priorities are addressed
- Through our current governance model and integration with human services, York Region Public Health is accountable, has strong leadership and governance capacity. Regional Council, as Board of Health, includes the voice of all nine local municipalities, allowing for collaborative priority setting based on locally identified needs

- The Province directs all public health legislation, regulations, funding, standards, and reporting requirements to all local public health units regardless of their governance and leadership models
- No evidence is provided to conclude that the variation in public health governance and leadership models contribute to inconsistent priority setting. A reasonable spectrum of organizational models from integrated to stand-alone must be allowed to respond to local conditions and achieve the provinces stated objectives
- Structural re-organization alone is not enough to bring about collaboration and integration, policy change and action, with basic agenda of public health remaining the same across different governance structures and processes of reorganization¹⁰ In fact taking a province wide modernization approach will take the focus away from those Public Health Units in need of assistance.
- We have found no evidence that costly and disruptive changes to Public Health's governance would make priority setting and decision making more consistent and balanced with local needs.
- In 1974, England consolidated many locally delivered public health services into the National Health Service. In 2013 they returned delivery of most public health services back to local government. The rationale for this transition was that local government was better placed to meet local health needs by coordinating departments allied to public health such as transport and housing, and in doing so was better able to address social influences on health and tackle local health inequalities.¹¹
- The Ministry should consider looking at the [service system manager](#) model used by the Ministry Community and Social Services and the Ministry of Housing for children's services, homelessness services and housing. These ministries have established an accountability model that supports a good balance between ministry objectives and local objectives. They set provincial objectives, and let municipalities decide how to best achieve them based on local needs, resources and context. These other ministries have established practices for working with the 47 service system managers across the province which could also work for Public Health.¹²

¹⁰ Holt DH, Carey G, Rod MH. Time to dismiss the idea of a structural fix within government? An analysis of intersectoral action for health in Danish municipalities. Scand.J.Public Health 2018 Jun;46(22_suppl):48-57

¹¹ Atkins L, Kelly MP, Littleford C, Leng G, Michie S. From the National Health Service to local government: perceptions of public health transition in England. PUBLIC HEALTH (ELSEVIER) 2019 09;174:11-17

¹² Ontario Municipal Social Services Association. Received from: <https://www.omssa.com/human-services.php>, on February, 2020

INDIGENEOUS, FIRST NATION AND FRANCOPHONE COMMUNITIES

York Region's Experience

- York Region has adopted [*Inclusion Charter for York Region*](#) where we pledge our commitment to “welcoming and inclusive communities where diversity is celebrated and where everyone can develop to their full potential participate freely in society and live with respect, dignity and freedom from discrimination.” This Charter was developed in partnership with municipalities, police services, hospitals, school boards, conservation authorities, community agencies and the United Way Greater Toronto. The Inclusion Charter reflects a collective vision that each community partner brings to life through specific plans and initiatives. Our Charter is recognized by the United Nations’ training arm (the United Nations Institute for Training and Research (UNITAR) as best practice. In particular, UNITAR acknowledged the collaborative approach used to develop the Charter as unique and a model others around the world can emulate to create inclusive communities.

INDIGENOUS COMMUNITIES

15. What has been successful in current system to foster collaboration among

York Region's Advice

- Assign Public Health Ontario responsibility for coordinating cross-provincial priorities for these distinct populations to balance their unique needs with those of other emerging priority populations
- Permit public health units to identify local priority populations

Public Health and Indigenous communities and organizations?

- In collaboration with the Indigenous community, York Region Public Health provides the following programs and services:
 - Public Health as part of Community and Health Services received training to strengthen cultural awareness, inform relationship building and enhance organizational programs and policies
 - Safe Water program collaborates with the Chippewas of Georgina Island in delivery of their beach sampling program by providing supports with water sample transportation, provision of supplies, water results interpretation and public notifications for their six beaches.

- The existing municipal governance and operating model for York Region Public Health leverages benefits of integrated service delivery ultimately contributing to the overall health of the community and provides equity of care
- The Community and Health Services Department conducted a Knowledge Needs Assessment survey of staff in summer 2019 to assess potential training needs on Indigenous engagement. Results informed the development of staff training.

16. Are there opportunities to strengthen Indigenous representation and decision-making within Public Health sector?

- In York Region, 0.5% (5,915) of the population identifies as Indigenous. For those we know of, such as the Chippewas of Georgina Island, they are inundated by requests for partnerships and consultations because every provincial Ministry has made the Indigenous communities a priority. We want to engage, and do engage, in ways that are respectful of the Community's time and resources.
- York Region has worked to strengthen its relationship with Indigenous residents, communities and organizations through government to government meetings, and partnering with the Central Local Health Integration Network (CLHIN) and Indigenous community members to discuss the idea of creating an Indigenous Health Advisory Circle in York Region. This work stopped because of a lack of community support and due to the LHIN restructuring.

FRANCOPHONE COMMUNITIES

17. What has been successful in the current system in considering the needs of Francophone populations in planning, delivery and evaluation of public health programs and services?

- In York Region, 2.1% of the population identify as Francophone
- The City of Markham is a designated French language area. Most provincial programs delivered by Community and Health Services are required to provide French language services, and the various Ministries have been helpful in working with us to meet provincial requirements. York Region offers French language services to Markham French speaking residents through translation (written and verbal), signage and francophone employees
- Local efforts to work directly with French-language-first schools have improved responses and compliance to Ontario's *Immunization of School Pupils Act* requirements, as well as improved overall awareness of immunization and its importance

18. What improvements could be made to public health service delivery in French to Francophone communities?

- The Francophone community is relatively small in York Region
- York Region Public Health is challenged in providing resources in more sought after languages (such as Cantonese, Mandarin, and Farsi) as well as French

IMMIGRANT AND NEWCOMER COMMUNITIES

- 47% of York Region residents were born outside of Canada (2016 Census)
- Despite immigration and newcomers driving provincial population growth, the Ministry has not made the immigrant and newcomer community a priority. This sub-segment of the population has their own unique health needs and could benefit from targeted support
- As immigrants and newcomers are not recognized as a priority group in the Ontario Public Health Standards, Public Health does not have the mandate or funding to appropriately address the needs of the immigrant and newcomers
- Public Health Units should be permitted to determine local priorities. The Ministry of Housing, for example, through the Service Manager governance model, permits mandates some priority populations for access to subsidized housing, and permits service managers to establish local priorities based on local needs
- York Region Community and Health Services is responsible for the Federal Local Immigration Partnership. The Community Partnership Table established by York Region Council provides advice on the development and implementation of a strategy that supports immigrant integration under the following objectives:
 - To create a community that is welcoming and inclusive
 - To support the economic, social, cultural, and civic/political integration of newcomers living in York Region
 - To identify local priorities, assets and gaps and develop solutions to current and anticipated needs of newcomers in York Region

LEARNING FROM PAST REPORTS

19. What improvements to the structure and organization of public health should be considered to address these challenges?

- Challenges identified by the Ministry in the Discussion Paper are not experienced by York Region. York Region Public Health is faring well. This has a lot to do with our integration into a holistic human services framework in York Region.
- Having public health integrated into a municipal government is an effective model because public health can leverage expertise, funding, and additional resources when needed, and because public health can influence a wide range of factors related to the social and economic determinants of health
- The Province should look at municipally integrated Public Health as a model for the future, rather than a problem that needs to be solved. At a minimum a range of organizational models across the province must be permitted
- Consider the service system management model for Public Health, supported by a well-resourced Public Health Ontario

20. What about the current public health system should be retained as the sector is modernized?

- The challenges identified by the Ministry in the Discussion Paper are not experienced by York Region to the extent described. York Region Public Health is fairing relatively well. This has a lot to do with our integration into a holistic human services framework in York Region. The Province should look at municipally integrated Public Health as a model for the future, rather than a problem that needs to be solved

21. What else should be considered as the public health sector is modernized?

- Research suggests economies of scale are not always realized by amalgamating or regionalizing public health authorities. There are only economies of scale for certain public health activities, only at certain minimum volumes¹³, or only with sufficient and stable funding.¹⁴
- The Region is a major contributor to public health and must be permitted to have some say for its financial support. We are a mature order of government that has been delivering Public Health for 40 years, and delivering provincial services such as housing, children's services, homelessness services, social assistance and paramedic services for twenty years. We should be treated as vital community partners with the Ministry in

¹³ Bernet PM, Singh S. Economies of Scale in the Production of Public Health Services: An Analysis of Local Health Districts in Florida. Am.J.Public Health 2015 04/02;105:S260-S267

¹⁴ Chen L, Jacobson J, Roberts S, Palm D. Resource allocation and funding challenges for regional local health departments in Nebraska. J PUBLIC HEALTH MANAGE PRACT 2012 2012;18(2):141-147

the planning and delivery of public health services that will achieve our shared interest in efficient, effective, and equitable public health services for all Ontarians.

- An increase to the municipal cost-share for public health is not sustainable without impacting front-line services and/or large property tax increases. Municipal governments should not be expected to make up for reductions in provincial funding. The current cost share formula of 70:30, but based on actual costs, could work for York Region based on historical contributions; a 60:40 cost share is not sustainable without undue pressure on property taxes
- The Ministry needs to commit funding public health services in Ontario at a minimum of 70% provincial funding, based on actual costs. Cost sharing on actual costs may encourage the Province to consider the mandated services from a financial perspective, and permit Boards of Health to look at alternate ways to deliver on services to achieve desired outcomes.
- Moving ahead urgently with digitization and modernization for the benefit of all public health units

For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health, at 1-877-464-9675 ext. 74102.

APPENDIX A: YORK REGION COUNCIL, AS BOARD OF HEALTH, POSITION AND MANDATE FOR A RESTRUCTURED YORK REGION PUBLIC HEALTH

Wayne Emmerson
Chairman and CEO



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July 3, 2019

Christine.elliott@pc.ola.org

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Minister:

Re: Public Health Board Realignment

Congratulations on your recent confirmation as Minister of Health. Your continued role leading this vital Ministry will help steer this province through some significant changes.

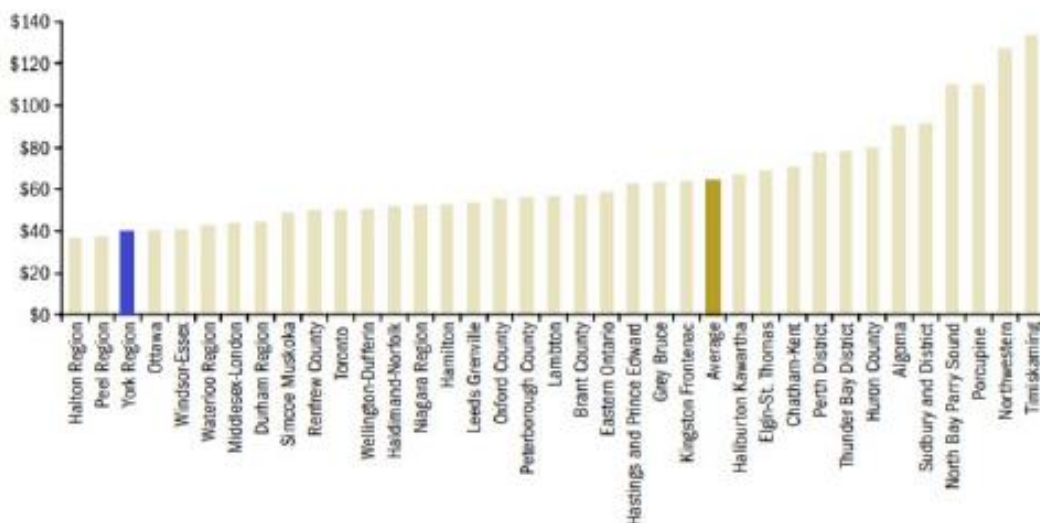
I have attached, for your consideration, a resolution of York Regional Council in their role as the Board of Health, seeking a change to the proposed realignment of Public Health delivery affecting residents in your constituency and beyond. **Regional Council is asking that your government leave the current boundaries of the Board of Health serving York Region intact and delivered through Regional Council.**

It is our view that the scale of York Region, comprising 1.2 million residents and including some of Canada's most diverse communities, is sufficient to warrant standing as one of the 10 geographically defined health units. The Provincial Growth Plan forecasts that our population will approach 1.8 million in only two more decades – adding even more rationale to our recommendation.

Our Council is proud of the way we have integrated Public Health within the delivery of other municipally and provincially funded services. In our role as a Consolidated Service System Manager, we deliver social services (Ontario Works, housing and children's services). We also deliver the provincially cost-shared land ambulance (paramedic) service. In our relentless efforts to better serve our residents, we have integrated services to better address the social determinants of health. The Provincial Auditor General's 2017 Value-for-Money [audit](#) of chronic disease prevention, illustrates the overall cost effectiveness of public health delivery through the Region of York – ranking us 3rd out of the 36 health units existing at the time.

Figure 9: Provincial Per Capita Funding of All 36 Public Health Units, 2016/17

Source of data: Ministry of Health and Long-Term Care



I encourage you to reconsider the disruptive merger of our health unit with a portion of Simcoe-Muskoka under the direction of a board with limited accountability to the property tax-payers being called upon to fund a larger share. Our strong preference is to continue under the current mandate for Regional Council with our proven and accredited emphasis on continuous improvement and accountability to the public we serve.

Sincerely,

Wayne Emmerson
York Region Chairman and CEO

Attachments – June 20, 2019 Board of Health Resolution

#9722850

Position and Mandate for a Restructured York Region Public Health

On June 20, 2019 the York Region Board of Health made the following decision:

That the Board of Health adopt the following recommendations, as amended, in the report dated June 12, 2019 from the Medical Officer of Health and the Commissioner of Community and Health Services:

1. York Region Board of Health direct the Chair of the Board to send a letter to the Minister of Health, with copy to the Premier of Ontario, to include the following:
 - a. Request that the geographic area of the restructured public health entity include only the existing geographic area of York Region.
 - b. Request that the governance and operating model of the restructured public health entity maintain the integrated service model which currently exists for York Region Public Health, to continue leveraging of all municipal activities towards addressing the social determinants of health.
 - c. Highlight opposition to the cost sharing changes which are estimated to increase the tax levy contributions to public health in the range of \$12.7 million.
 - d. Highlight that the proposed changes to the operating model and boundaries would create an additional tax levy burden on York Region due to the proposed amalgamation with the Simcoe Muskoka District Health Unit and associated increase in costs.
2. Until the Ministry of Health makes its final decision on the geographic area, and governance and operating models for the new public health entity, York Region Board of Health authorize and direct the Medical Officer of Health to establish a team to engage with the Simcoe Muskoka District Health Unit, guided by the following principles:
 - a. No significant service loss to York Region residents
 - b. No reduction in employment for front line positions, given that the population of York Region continues to grow
 - c. Protect current employees from job loss and maintain years of service as much as possible
 - d. Ensure that York Region tax levy funding remains in York Region to fund services in the Region
 - e. Do not exceed, on an annual basis, the total York Region tax levy funding currently contributed to deliver public health services, including both direct and indirect costs

3. York Region Board of Health authorize the Medical Officer of Health to request financial assistance from the Ministry of Health for planning and transition costs related to restructuring York Region Public Health.
4. York Region Board of Health authorize the Medical Officer of Health to retain management consulting resources as required, to advise on the structure and governance of the new public health entity.
5. This report be sent by the Regional Clerk to all nine local municipalities, York Region Members of Provincial Parliament, 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 Chief Medical Officer of Health of Ontario, the Ontario Health Agency and the other 34 Boards of Health.

APPENDIX B: HUMAN SERVICES PLANNING BOARD OF YORK REGION

Human Services Planning Board of York Region

Description

The Human Services Planning Board of York Region (the Board) is a multi-sector collaborative of key human service agencies, government, private sector, and community leaders. All Board Members are appointed by York Regional Council for up to a four year term, which runs concurrent with the term of Regional Council. In addition to quarterly meetings, the Board establishes working groups, as required, undertaking initiatives to address issues and legislated requirements related to human services.

Mandate

The mandate of the Board is to provide Regional Council and staff with strategic advice on human services matters in York Region, including but not limited to, providing the Advisory Committee function as set out in the *Police Services Act, 2018*.

This mandate will be fulfilled by considering and providing input in three areas:

- Capacity building, community engagement and collaborative advocacy initiatives related to human services, community safety and well-being
- Legislated requirements related to human services and community safety and well-being, such as but not limited to the *Police Services Act, 2018*
- Development and delivery of integrated human services policies and programs

Membership

Regional Government Sector

Wayne Emmerson, Chairman and Chief Executive Officer, The Regional Municipality of York

John Taylor, Mayor, Town of Newmarket

Mario Ferri, Regional Councillor, City of Vaughan

Jack Heath, Regional Councillor, City of Markham

Education Sector

Mary Battista, Superintendent of Education: Curriculum and Assessment, York Catholic District School Board

Cecil Roach, Coordinating Superintendent of Education, Indigenous Education and Equity, York Region District School Board

Dr. Rhonda L. Lenton, President and Vice-Chancellor, York University

Healthcare Sector

David Stolte, Vice President, Strategy and Redevelopment, Mackenzie Health
Rebecca Shields, CEO, Co-Chair, Canadian Mental Health Association
Kim Baker, CEO, Central Local Health Integration Network

Community Safety Sector

Eric Jolliffe, Chief, York Regional Police
Chunilall (Robin) Doobay, York Regional Police Services Board

Non-Profit Community Organizations Investment Sector

Nation Cheong, Senior Vice President, Community Opportunities and Mobilization, United Way Greater Toronto
Michael Braithwaite, CEO, Blue Door Shelters (effective March 18, 2019)

Children, Youth and Family Services Sector

Clovis Grant, CEO, 360°kids
Dean Rokos, Executive Director, York Hills Centre for Children, Youth and Families

Seniors/Healthy Aging Sector

Christina Bisanz, CEO, Community & Home Assistance to Seniors

Training-Education/Labour Market/Business Community Sector

Darryl Gray, Director of Education and Training, Toronto and Region Conservation Authority
Tracy Macgregor Walter, President and CEO, Newmarket Chamber of Commerce, Chamber of Commerce representative
Al Wilson, Executive Director, Workforce Planning Board of York Region

Community and Social Support Based-Services Sector

Christin Cullen, Executive Director, John Howard Society of York Region
Medhat Mahdy, President and CEO, YMCA of Greater Toronto
Liora Sobel, Executive Director, Women's Centre of York Region
Colleen Zakoor, Executive Director, Community Living Central York

Advisors and Resources

Charles Beer, Principal, Counsel Public Affairs
Harry Bezruchko, Regional Program Manager, Central Region, Employment and Training Division Ministry of Training, Colleges and Universities
Daryl Chong, President and CEO, Greater Toronto Apartment Association
Noor Din, CEO, Human Endeavour

Moy Wong-Tam, Executive Director, Centre for Immigrant and Community Services
Nadia Venafro, Affordable Housing Consultant, Canada Mortgage and Housing Corporation

Community and Health Services

WHAT WE DO



Housing Services

- Responsible for 6,700+ affordable housing units
- Deliver rent subsidies
- Develop new affordable housing



Homelessness Community Programs

- Prevent homelessness
- Help residents find and keep housing
- Help residents access Social Assistance



Social Assistance

- Help residents find and keep jobs
- Provide financial help for basic living costs



Children's Services

- Provide child care and recreation subsidies for low-income families
- Support children with special needs
- Support children's learning and development (EarlyON)



Public Health

Deliver range of programs and services including:

- Family, child health and dental services
- Harm reduction and substance misuse prevention
- Infectious disease control
- Inspections (restaurants, spas, etc.)



Paramedic Services

- Respond to emergency medical calls
- Deliver lifesaving treatment
- Foster partnerships with hospitals
- Deliver community paramedicine



Long-Term Care/Seniors' Services

- Operate two long-term care homes
- Provide day and outreach programs to people with long-term healthcare needs



Community Development

- Build community partnerships to implement plans and strategies
- Fund community agencies to address community issues and gaps



Access York

- Initial contact for resident inquiries
- Assess resident needs, and provide referrals and applications for York Region programs and services



Access York 1-877-464-9675

accessyork@york.ca

york.ca

Accessible formats and communication supports are available upon request