

Submission on Ontario's Draft Revised Public Health Standards

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Wellesley Institute works in research and policy to improve health and health equity in the GTA through action on the social determinants of health.

Introduction

Wellesley Institute (WI) congratulates the Minister of Health and Long-Term Care on the revision of the Ontario Public Health Standards, an initiative which has the potential to improve population health across Ontario. We appreciate the opportunity to comment on the draft revised Standards. As an organization with a mission to advance population health and reduce health inequities through applied research, effective policy solutions, knowledge mobilization, and innovation, we are pleased to offer the benefits of our experience in this area.

In particular, we appreciate the emphasis in the draft revised standards on population health assessment and health equity. The inclusion of requirements for assessment, engagement and collaboration on health equity is a step forward. It is an important recognition of the challenges that some Ontarians face in accessing health services and in attaining living conditions that promote health - and as a result of the ways in which health outcomes vary depending on gender, racialization, immigrant status, income, language and sexual orientation. Public health bodies can play an essential role in promoting health equity across Ontario.

Public health bodies, with their focus on the health of the population, their role in promoting social conditions that advance health, a diverse approach to health interventions, focus on prevention, and their capacity for collaboration and innovation, are well placed to advance health equity. Several public health bodies have undertaken important initiatives in this area. For example, Sudbury's District Health Unit "Opportunity for All" report examined the relationship between low income and health outcomes in Sudbury and identified conditions for improving health equity.¹ The Middlesex-London Health Unit has developed a health equity strategic plan.² Toronto Public Health has identified general strategies for health equity, as well as developing a specific strategy for Indigenous Health.³ As well, Toronto Public Health has worked closely with the Toronto Central LHIN to enable collection of socio-demographic data in hospitals, to enable better planning and intervention design.⁴

This is an opportune moment in Ontario for strengthening health equity. The health care system goals of excellence and quality, have been recognized in both the *Excellent Care for All Act* and the *Patients First Act*. There is a growing recognition that true quality in health systems will be achieved only when we understand the ways in which health care access and health outcomes differ among Ontarians, and are able to design effective interventions to address these disparities. Health Quality Ontario has been taking significant steps in this area, and will play an increasingly vital role. The reforms in the *Patients First Act* that add the promotion of health equity and development and implementation of health promotion strategies to the LHINs' mandate are another promising step.⁵ As well, the provisions of the *Patients First Act*

that more closely integrate the work of the LHINs with the Boards of Health enhance the opportunities for collaboration and coordination on health equity initiatives.⁶

However, to realize these opportunities, it will be crucial to ensure that the proposed health equity standards in the draft revised standards are brought into effective practice across all Boards of Health, and integrated across all programs and services. We offer four areas of recommendations to assist in moving health equity in public health from aspiration to implementation:

1. enhanced capacity to assess and plan, through requirements to use Health Equity Impact Assessments and other specified impact assessment tools;
2. a requirement to set measurable goals and targets for identifying and reducing disparities;
3. clear accountability through the creation of a health equity-specific protocol and requirements for internal health equity audits; and
4. support for these steps through initiatives to coordinate systems.

We recognize that the contexts and capacities of the Boards of Health vary considerably across the province, and that standards must be sufficiently flexible to address these differences. These recommendations take that reality into account, as they are process rather than outcome oriented. It is also important to note that these recommendations do not require significant investment of new resources. Rather, they aim at more effective allocation of our limited resources. Health equity strategies and initiatives allow us to use a proportionate universalism approach, through actions proportionate to the needs and levels of disadvantage across the population. They help to ensure that interventions are well designed, and will have their intended effect.

Enhanced Capacity

The draft revised standards require Boards of Health to assess and report on the health of local populations, describing the existence and impact of health inequities and identifying effective mitigation strategies. However, they do not provide guidance or support for the Boards in carrying out this responsibility. While some Boards have considerable understanding of the concepts underlying health equity, as well as experience in putting these concepts into practice, others have not had substantial experience in these areas. Without tools and training for public health staff, some Boards will find it difficult to carry out these responsibilities in an effective way.

We must move towards a culture of health equity within public health. Public health staff would benefit from ongoing training in understanding health equity, how it affects the role of public health, and how to use the available health equity tools. We recommend the provision of centralized training and support resources for public health staff. There are many examples of such training which could easily be adapted for this purpose, including the training recently provided to Health Quality Ontario staff with the support of the Wellesley Institute, and the online training developed by CAMH.

A variety of tools have been developed to assist in understanding and delivering health equity. The Health Equity Impact Assessment (HEIA) tool, developed by the Wellesley Institute and MOHLTC, is widely recognized as a valuable aid to identify health inequities that may unintentionally result from programs and policies and to develop mitigation strategies. Race Equity Impact Assessments are another useful tool for this work. There are many other impact assessment tools available. The inclusion of a requirement to use HEIA and other specified impact assessment tools would strengthen the requirement to assess and plan. A Public Health Ontario review of barriers and facilitators to the application of health equity tools identified the importance of a clear mandate to support health equity assessment.⁷ Similarly, Wellesley Institute's international review of health equity strategies noted the widespread, and often mandatory use of health equity assessment tools, as a central aspect of strategies for reducing health disparities.⁸

Measurable Goals and Targets

The proposed health standards require Boards of Health to conduct assessments and to engage priority populations in identifying local strategies to reduce health inequities. However, they do not take the necessary next step, of requiring Boards of Health to set clear goals and targets for identifying and reducing disparities. Without clear and measurable goals and targets, Boards of Health will be less likely to prioritize health equity, and progress will be slower. A Wellesley Institute international review of health equity strategies noted that all strategies reviewed emphasized the importance of a robust monitoring and evaluation system for tracking progress, and achieving targets and goals.⁹

It is true that it is difficult to set numerical targets for health equity, given the complexity and range of factors that contribute to health disparities. However, there are several practical steps that can be taken immediately.

- Boards of Health could be required to commit to completing health impact assessments and identifying mitigation strategies where necessary for all new policies and interventions. While this would not address barriers in existing policies and programs, it would ensure that no new barriers to are created, and would embed health equity in organizational culture.
- Boards of Health could be required to identify indicators to measure progress on disparities, and to regularly track and report on these indicators. A 2016 User Guide, “Health Equity Indicators for Ontario Local Public Health Agencies,” provides valuable guidance on potential health equity indicators for public health agencies, noting that indicators are a valuable method for determine the effectiveness of organizational approaches to health equity, and the best way to make improvements and continue progress.¹⁰ Because LHINs and Health Quality Ontario are undertaking considerable work in this area, this may be a fruitful area for collaboration between organizations.
- Boards of Health could be required to develop and regularly revisit strategies for identifying and addressing health disparities. Several Ontario Boards of Health have developed such strategies, providing examples both of potential approaches and of their utility. These strategies would build on the health equity impact assessments and indicators recommended here, as well as incorporating the requirements for community consultation outlined in the draft standards.

These are reasonable steps that would enable Boards of Health to integrate health equity into their processes and programs, and to begin to build internal expertise and resources in this area.

Clear Accountability

Clear and specific accountability for meeting the identified goals and targets is necessary for meaningful implementation of equity standards. One element of accountability is identification within public health bodies, of a role with specific responsibility for equity, tied to performance management incentives. This should be a role sufficiently senior to enable organizational change, and sufficiently specialized to allow for the development of expertise.

Many of the standards included in the draft revised Public Health Standards incorporate protocols as a means of providing clear and specific direction, setting minimum standards across the province, and ensuring accountability for achieving goals. There are, for example, specific protocols for Population Health Assessment and Surveillance, Healthy Environments, and many others. We recommend that a specific protocol be created for the Health Equity Standards, possibly incorporating the recommendations that are outlined above.

A health equity specific protocol can support embedding health equity across all programs and services under public health boards. A health equity protocol can provide guidance to public health bodies on essential criteria for implementing the health equity standards. For example, the User Guide to Health Equity Indicators for Public Health Agencies which was referenced above notes that its proposed indicators could serve as a first step towards developing an equity standard or protocol in the Public Health Standards.¹¹ In general, a protocol would promote a coherent and evidence-informed approach to applying a health equity analysis and promoting decreases in health inequities in Ontario.

A health equity-specific protocol could also commit organizations to conducting an internal health equity audit that can assess organizational capacity for health equity and inform improvements in programming.¹²

Coordinated Systems

Health equity assessments and initiatives are now being conducted across Ontario's health system, in hospitals, LHINs and multiple other settings. There is a wealth of experience and knowledge being created, not only among Ontario public health bodies, but also in hospitals, LHINs, CHCs and other health settings. This work will continue to advance in coming years. However, it may be difficult for organizations, particularly those with limited resources, to identify the resources and initiatives that are available. This can lead to inefficient use of resources.

We believe that a coordination function for health equity is becoming increasingly important. For example, a central repository for health equity impact assessments, approaches and interventions could be valuable across the health system. The Public Health Ontario report on barriers and facilitators to health equity assessment highlighted the importance of the availability of literature, information and guidance, in promoting health equity assessments.¹³ Another method of enhancing coordination and cooperation could be the creation of a Community of Interest or Community of Practice that is tied specifically to the Public Health Standards. The HEIA Community of Interest, developed and maintained jointly by the Ministry of Health and Long-Term Care and CAMH, brings together planners, service providers, policymakers and researchers with an interest in and commitment to Health Equity Impact Assessment and other equity-driven planning tools. It works to build evidence on the effectiveness of the Ontario HEIA tool, by creating and hosting webinars, events, and forums.

Public health bodies may benefit from a Community of Interest focused specifically on their needs in understanding health equity, gathering appropriate data, working with communities, and designing and evaluating appropriate interventions.

Conclusion

Wellesley Institute appreciates the opportunity to support the development of the revised Standards. We would be pleased to continue to provide support as this initiative moves forward, for example, through work on relevant protocols or guidelines.

The revised Ontario Public Health Standards provide an important opportunity to align the work of the public health boards with the efforts towards health equity now being undertaken by Health Quality Ontario and the LHINs. To ensure that this opportunity is fully grasped, the standards must include meaningful implementation mechanisms. Our recommendations do not require significant infusion of resources, or a change in policy direction. Rather, they offer practical steps towards making health equity a significant part of the work of the public health boards and units. We believe that this approach will help to make the aspirations set out in the draft revised standards a reality, and ultimately result in better access to health services and improved health outcomes for Ontarians.

ENDNOTES

¹ Sudbury & District Health Unit, "Opportunity for All: the Path to Health Equity" (May 2013) online: <https://www.sdhu.com/resources/research-statistics/health-statistics/opportunity-path-health-equity-highlights/opportunity-path-health-equity-report>

² Middlesex-London Health Unit, "Improving Health Equity: The Middlesex-London Health Unit Strategic Direction" (March 2013) Online: <https://www.healthunit.com/health-equity-mlhu-strategic-plan>

³ "A Reclamation of Well-being: Visioning a Health and Thriving Urban Indigenous Community" (2016): online: <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=31a64485d1210410VgnVCM10000071d60f89RCRD>

⁴ "We Ask Because We Care: The Tri-Hospital and TPH Health Equity Data Collection Project Report" (September 2013) online: <http://torontohealthequity.ca/wp-content/uploads/2014/10/FINAL-Full-Report-September-2013.pdf>

⁵ *Patients First Act*, S.O. 2016, c. 30, s. 4(2), amending s. 5 of the *Local Health System Integration Act 2006*.

⁶ *Patients First Act*, S.O. 2016, c. 30, s. 14(4), amending s. 15 of the *Local Health System Integration Act 2006*, and s. 39, amending s. 67 of the *Health Protection and Promotion Act*,

⁷ Tyler I., Amare H., Hyndman B., Manson H., Public Health Ontario, "Health Equity Assessment: Facilitators and Barriers to the Application of Health Equity Tools" (Toronto: Public Health Ontario, October 2014) online: https://www.publichealthontario.ca/en/eRepository/Health_Equity_Tools_Facilitators_Barriers_2014.pdf.

⁸ Anderson, L., and Um, S., "International Review of Health Equity Strategies" (Wellesley Institute and Health Quality Ontario: 2016) online: <http://www.wellesleyinstitute.com/wp-content/uploads/2016/07/International-Review-of-Health-Equity-Strategies.pdf>.

⁹ Anderson, L., and Um, S., "International Review of Health Equity Strategies" (Wellesley Institute and Health Quality Ontario: 2016) online: <http://www.wellesleyinstitute.com/wp-content/uploads/2016/07/International-Review-of-Health-Equity-Strategies.pdf>.

¹⁰ Salter, K., et al., Health Equity Indicators for Ontario Local Public Health Agencies (Public Health Ontario: April 2016) online:

https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/LDCP_user%20guide.pdf.

¹¹ Salter, K., et al., Health Equity Indicators for Ontario Local Public Health Agencies (Public Health Ontario: April 2016) online:

https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/LDCP_user%20guide.pdf.

¹² Public Health Ontario. Health Equity Indicators for Ontario Public Health Agencies User Guide (April 2016).

Online: https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/LDCP_user%20guide.pdf

¹³ Tyler I., Amare H., Hyndman B., Manson H., Public Health Ontario, "Health Equity Assessment: Facilitators and Barriers to the Application of Health Equity Tools" (Toronto: Public Health Ontario, October 2014) online:

https://www.publichealthontario.ca/en/eRepository/Health_Equity_Tools_Facilitators_Barriers_2014.pdf.