

Ontario Public Health Standards Review

Executive Summary of Public Health Sector E-Survey Feedback

November 2024

In May 2024, all Local Public Health Agencies (LPHAs) and 15 public health professional associations and communities of practice¹ were invited to provide feedback through the OPHS Review: Public Health Sector E-Survey. All invited organizations provided feedback. The ministry undertook analysis of the feedback received which is summarized in this document.

Methodology

The Public Health Sector E-Survey included questions about the Foundational and Program Standards in the Draft OPHS document and 14 Draft Protocols. Respondents were asked in the E-Survey to consider all incorporated protocols and guidelines (i.e., current and draft) named in the Draft OPHS document and Draft Protocols when answering questions.

All survey questions were mandatory. Respondents were asked to submit one response per organization, with LPHAs' responses being approved by medical officers of health. The E-Survey data were analyzed using a thematic analysis to identify common themes – topics, ideas and suggestions, that came up repeatedly.

Summary of Feedback

There were several common themes in the E-Survey feedback with respect to identified challenges and additional resources respondents cited as helpful in meeting the requirements of the Draft OPHS. These themes include:

¹ The following were invited to provide feedback: Association of Ontario Public Health Business Administrators, Association of Public Health Epidemiologists in Ontario, Association of Supervisors of Public Health Inspectors of Ontario, Canadian Institute of Public Health Inspectors – Ontario Branch, Continuous Quality Improvement Community of Practice, Health Promotion Ontario, Healthy Aging Public Health Network, Ontario Association of Public Health Dentistry, Ontario Association of Public Health Nursing Leaders, Ontario Dietitians in Public Health, Ontario Healthy Public Policy Community of Practice, Ontario Physical and Health Education Association, Ontario Public Health Association, Ontario Public Health Evaluation Network, and Ontario Public Health Libraries Association.

Relevelling functions

Respondents suggested shifting additional communications functions to the province for health promotion and other campaigns that are not local in nature (e.g., climate change, tanning bed use risks). They also suggested developing regional leadership and local centres of excellence for substance use prevention, harm reduction, health equity, and knowledge exchange, supported by provincial coordination and funding. Regarding Program Standards, respondents made suggestions related to relevelling and clarifying LPHA roles and responsibilities with respect to municipalities for housing and property standards, beach water sampling, and emergency management. They also noted the need for more formal partnership agreements and models that could be developed or brokered by the ministry.

Further clarity on LPHA and partner roles

Respondents requested further clarity in terms of LPHA roles and responsibilities as distinct from other partners that also have a role in meeting the requirements of the Draft Standards, with suggestions that more formal partnership agreements could be established between LPHAs and other entities, with provincial support or facilitation for such an approach. Examples include the importance of clear roles and responsibilities among municipalities, LPHAs, and other partners in emergency management. Feedback recommends clarifying the roles of LPHAs when coordinating with municipalities and other partners, ensuring that expectations for recovery and continuity of operations are well-defined, and who leads and who supports.

Provincial provision of centralized tools, training, resources to decrease workload and support implementation of updated requirements

Respondents provided examples of resources ideally provided by the ministry, including digital infrastructure for analytics; an expanded role for Public Health Ontario (PHO) in provincial and regional surveillance data products; training and guidance for engagement with priority populations (similar to the Draft Relationship with Indigenous Communities Protocol); planning frameworks and templates, evaluation tools and reporting templates for program planning; resources to support knowledge exchange; and provincial databases for inspection reports and other services.

Access to high-quality and relevant data

Feedback emphasized the need for timely, local, and granular data to effectively support local public health priorities and reporting. There is a need for standardized data collection and reporting tools to ensure consistency and comparability across LPHAs.

The importance of culturally safe data collection methods, particularly in relation to Indigenous communities, was frequently mentioned, with suggestions for training and resources to support this. Additionally, respondents noted the challenges of data gaps in areas such as social determinants of health and the need for provincial support in developing comprehensive data systems and tools. Respondents also underscored the need for more integration between provincial health information systems (e.g., Ontario Lab Information System, Integrated Public Health Information System). Overall, the feedback underscores the necessity of robust data infrastructure and capacity to support effective public health assessment and intervention.

Centrally coordinated business functions

The feedback identified several opportunities for cost savings and increased efficiency through centralized procurement of software, contract management, and other program specific opportunities (e.g., registration of specialty tobacco and vape stores). For example, respondents emphasized the need for centralized business functions to support implementation such as standardized tools, templates, and training resources to ensure consistency and efficiency across LPHAs. Program-specific examples include business continuity planning templates, Hazard Identification and Risk Assessment (HIRA) tools, and emergency response exercise scenarios. Other program specific examples include business functions to enhance the efficiency and consistency of food safety protocols and inspections. Key recommendations from respondents include centralizing food handler training and certification, standardizing inspection services, and developing a centralized database for inspection services.

Increase in workloads and implications for resourcing

Respondents noted a shortage of skilled staff, particularly epidemiologists and data analysts; to manage the increased workload, and building and maintaining engagement with Indigenous communities and other priority populations requires significant time and effort. Training and capacity building are needed for staff to effectively use data systems and technologies. Feedback suggested that financial constraints are also a major issue, with many LPHAs noting insufficient funding to support what they perceived as an expanded scope of work required by the Draft Standards and Protocols. The cost of purchasing data, software, and other tools is a significant burden, especially for smaller LPHAs.