

Chapter 1

Ministry of Health

Section 1.10

Public Health: Chronic Disease Prevention

Follow-up on VFM Section 3.10, *2017 Annual Report*

RECOMMENDATION STATUS OVERVIEW

	# of Actions Recommended	Status of Actions Recommended				
		Fully Implemented	In the Process of Being Implemented	Little or No Progress	Will Not Be Implemented	No Longer Applicable
Recommendation 1	2	1	1			
Recommendation 2	2			2		
Recommendation 3	1		1			
Recommendation 4	1	1				
Recommendation 5	1		1			
Recommendation 6	4	1	3			
Recommendation 7	4		4			
Recommendation 8	1	1				
Recommendation 9	2		1	1		
Recommendation 10	2	2				
Recommendation 11	2	1	1			
Total	22	7	14	1	0	0
%	100	32	64	4	0	0

Overall Conclusion

As of October 31, 2019, the Ministry of Health (Ministry) had fully implemented 32% of the actions we recommended in our *2017 Annual Report*. The Ministry had made progress in implementing an additional 64% of the recommendations.

The Ministry had fully implemented recommendations such as co-ordinating with the Ministry

of Education to form collaborative and sustainable partnerships between school boards and public health units; requiring public health units to develop measurable program objectives and establish time frames for achieving these objectives; and finalizing the annual funding for public health units as early in the fiscal year as possible. As well, it was in the process of implementing recommendations such as developing a central approach to update, co-ordinate and share research and best practices,

and establishing provincial benchmarks for public health units to use when comparing the cost of significant programs with outcomes.

However, the Ministry had made little progress on one recommendation relating to establishing targets that reflect expected performance to promote continuous improvement.

The status of actions taken on each of our recommendations is described in this report.

Background

Public health works to promote healthy lifestyle behaviours and prevent the spread of disease. One of public health's functions is to prevent chronic diseases, defined as those that last a long time and generally cannot be prevented by vaccines or cured by medication. Major chronic diseases include cardiovascular and respiratory diseases, cancer and diabetes. The number of people living with these diseases in Ontario has been on the rise.

Research from the Institute for Clinical Evaluative Sciences, an Ontario-based not-for-profit research institute, shows that chronic diseases place a significant cost burden on the health system. According to its 2016 report, physical inactivity, smoking, unhealthy eating and excessive alcohol consumption cost Ontario almost \$90 billion in health-care costs between 2004 and 2013.

Limiting these modifiable risk factors can prevent or delay most chronic diseases. Ontario has had some success in reducing smoking. However, the Province has not placed a similar focus on the other modifiable risk factors to reduce the burden of chronic diseases.

In our 2017 audit we found that there were opportunities for the Ministry of Health and Long-Term Care (now the Ministry of Health) (Ministry), Public Health Ontario (a provincial agency that provides scientific and technical advice to government on public health issues) and the 36 (reduced to 35 in 2018, subsequent to the audit) public health

units (organizations mostly funded by the Ministry that plan and deliver programs and services to reduce the burden of chronic diseases) to work better together to address the key modifiable risk factors of chronic diseases.

Our audit found that significant inefficiencies existed across the public health units because there were no formal systems in place to co-ordinate their activities and share best practices. As well, the Ministry did not assess public health units' performance in chronic disease prevention. Consequently, it could not fully confirm that public health units and all other recipients of considerable provincial funding for chronic disease prevention were making progress in helping Ontarians live longer and healthier lives.

Our other significant concerns were as follows:

- The Province had no overarching policy framework on chronic disease prevention to guide overall program planning and development.
- While the public health units had a mandate to work with schools, the lack of co-ordination at the provincial level had resulted in public health units individually spending resources to build relationships and persuade schools to participate in effective public health programs instead of on service delivery to influence healthy living behaviours in young children.
- Public health units were undertaking research and developing local solutions independently. We noted duplication of effort and instances of variation in the depth of the research and type of information gathered.
- We found that public health units had not all been able to access complete and current epidemiological data to study the patterns, causes and effects of health and disease within populations. Even in instances where the data was available, some public health units did not have the required time and/or staff expertise to review and analyze epidemiological data.

- We noted cases where some public health units did not evaluate new programs, or measure the programs' effectiveness, as required by the Ministry.

We made 11 recommendations, consisting of 22 action items, to address our audit findings.

We received commitment from the Ministry that it would take action to address our recommendations.

Status of Actions Taken on Recommendations

We conducted assurance work between April 1, 2019, and June 17, 2019. We obtained written representation from the Ministry of Health that effective October 31, 2019, it has provided us with a complete update of the status of the recommendations we made in the original audit two years ago.

Province Has Not Adequately Addressed Risk Factors to Support Healthy Living and Chronic Disease Prevention

Recommendation 1

To most effectively reduce the cost burden of chronic diseases on the health-care system and improve the quality of life for Ontarians, we recommend that the Ministry of Health and Long-Term Care:

- *develop a provincial strategy to guide activities for chronic disease prevention, including setting measurable goals on population health, along with timelines, and defining actions and parties involved to achieve these goals;*

Status: In the process of being implemented by March 2020.

Details

In our 2017 audit, we noted that while Ontario had established a number of strategies related to

tobacco, children's health and diabetes, which focused on parts of the population, it did not have a comprehensive provincial strategy on chronic disease prevention that targets the entire population. In comparison, British Columbia has developed a comprehensive public health policy framework.

At the time of our follow-up, the Ministry was developing a comprehensive and co-ordinated provincial approach on chronic disease prevention. The Ministry started this work in January 2017 and expects the next steps to be informed by the second report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine, which was released on June 25, 2019. The Ministry plans to complete the work on the provincial approach by March 2020.

- *publicly report on Ontario's overall population health status.*

Status: Fully implemented.

Details

In our 2017 audit, we noted that Ontario did not have performance measures and related targets to assess the overall population health status. Such measures could include a measurable increase in both physical activity and eating fruit and vegetables, goals that were identified by the province of British Columbia.

At the time of our follow-up, the Ministry was working with Public Health Ontario to make key population health status data publicly available for Ontario overall and by geographical region. The Ministry released the first set of population health status indicators and data summaries through Public Health Ontario's website in 2018:

- chronic disease hospitalization
- emergency department visits for injuries
- hospitalization for injuries
- emergency department visits for neurotrauma
- hospitalization for neurotrauma
- reproductive health
- social determinants of health.

Also, the Ministry released a final set of population health status indicators and data summaries through Public Health Ontario's website in April 2019. This set of indicators and data summaries serves to improve the availability and access to population health status data related to vulnerable populations:

- alcohol-attributable hospitalizations health inequities
- potentially avoidable mortality health inequities
- low birth weight health inequities
- mental health emergency department visits contributed by health inequities (such as residential instability and material deprivation)
- social determinants of health.

Recommendation 2

To encourage that the development of government policies takes into account the effect they have on population health, we recommend that the Ministry of Health and Long-Term Care work with the relevant central agencies to:

- *evaluate the pros and cons of adopting an approach that requires policy-making to evaluate the impact on health;*

Status: In the process of being implemented by December 2019.

Details

We reported in 2017 that the Ontario government did not require consideration of health impacts during policy development processes. A Cancer Care Ontario and Public Health Ontario report released in 2012 recommended that the provincial government adopt a whole-of-government approach for primary prevention of chronic disease, including naming a ministerial and senior public service lead to co-ordinate activities between sectors and levels of government for the improvement of health. As well, we noted that Quebec and Finland were amongst jurisdictions around the world that were using the Health in All Policies approach at the

time of our audit. The World Health Organization defines this as an approach that takes into account how government decisions affect population health so that there is more accountability of policy-makers.

At the time of our follow-up, the Ministry was evaluating the pros and cons of adopting an approach that requires policy-making to evaluate the impact on health. The Ministry was reviewing evidence in literature and conducting an analysis of approaches taken in Ontario and other jurisdictions, as well as developing implementation options for consideration. The Ministry expects to complete this work by December 2019.

- *develop a process to integrate this approach into setting policies, where appropriate.*

Status: In the process of being implemented by December 2019.

Details

The Ministry informed us that, based on the results of the literature review and analysis, it would determine the next steps for incorporating the findings into the policy agenda and approach of the government. The Ministry expects to develop the process by December 2019.

Recommendation 3

To better address the risk factors that contribute to chronic diseases, we recommend that the Ministry of Health and Long-Term Care develop comprehensive policies to focus on the key risk factors of chronic diseases—physical inactivity, unhealthy eating and alcohol consumption—in addition to tobacco control.

Status: In the process of being implemented by March 2020.

Details

In our 2017 audit, we noted that while Ontario had developed comprehensive policies and provided dedicated funding to support tobacco control, it had not done so on other important contributors to chronic diseases, such as physical inactivity, poor

diet and heavy drinking. While the rate of smoking for Ontarians aged 12 and older had gone down from 2003 to 2014, the trends for physical inactivity, inadequate consumption of fruit and vegetables, and heavy drinking of alcohol had remained relatively flat.

A 2016 Institute for Clinical Evaluative Sciences report noted that the lack of physical activity accounted for the largest proportion of total health-care costs, compared with much lower percentages for smoking, diet and alcohol. In the case of physical activity, we found that public health units we visited have placed more emphasis on nutrition-related services than on physical activity-related services. With regard to food consumption, several Ontario-based public health studies have suggested measures that could be implemented to promote a healthy diet, but at the time of our audit the Province had not adopted these measures. These measures include increasing access to fresh food, reducing children's exposure to sugar-sweetened beverages, and preparing children and youth to be competent in food preparation. Public health is tasked with promoting Canada's Low-Risk Alcohol Drinking Guidelines to reduce the burden of alcohol-related illness and disease. However, the Province expanded alcohol sales in grocery stores, farmers' markets and LCBO e-commerce sales channels throughout 2015 to 2019.

At the time of our follow-up, the Ministry had developed and implemented the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability* in January 2018. These standards include new requirements for local public health units to develop and implement chronic disease prevention programs to address the key risk factors including physical inactivity, unhealthy eating, harmful use of alcohol and poor mental health. As mentioned in **Recommendation 1**, the Ministry is considering these risk factors as a part of the comprehensive and co-ordinated provincial approach that it expects to be complete by March 2020.

Lack of Co-ordination and Collaboration in Program Planning and Delivery

Recommendation 4

To support public health units to more efficiently and effectively deliver health promotion initiatives to children and youth, we recommend that the Ministry of Health and Long-Term Care co-ordinate with the Ministry of Education to form collaborative and sustainable partnerships between school boards and public health units.

Status: Fully implemented.

Details

In our 2017 audit, we reported that the Ministry of Health and Long-Term Care and the Ministry of Education generally lacked co-ordination to help public health units efficiently and effectively provide public health programs and services. For example, all four public health units we visited during the audit had to work with schools individually to gain access to the school to help influence healthy living behaviours in young children, with some public health units spending resources to build relationships and persuade schools to participate in programs instead of on actual service delivery. As well, Public Health Ontario abandoned a project to gather information on childhood obesity reduction from select schools and school boards, because it had to negotiate with each of the school boards. A directive from the Ministry of Education to the school boards could have helped in this regard.

At the time of our follow-up, the Ministry had established a Directors Forum with the Ministry of Education to identify opportunities for collaboration in population and public health programs in school settings. The forum has been held four times since September 2018 and will continue to take place every other month.

In addition, the Ministry implemented a new School Health Guideline in April 2018 that outlines approaches for public health units to support effective partnerships and collaboration with school boards and schools. For example, public health

units are required to consider developing memoranda of understanding with local education partners to help implement public health programs and services in schools. The Ministry also implemented a new School Health Standard, which brings together all of the school-based requirements for public health units. Under the new standard, public health units are required to offer support to school boards and schools to implement programs to address needs such as concussions and injury prevention, mental health promotion, violence and bullying, among others.

Recommendation 5

To foster consistency and to avoid duplication in program planning and research for effective, evidence-based public health interventions, we recommend that the Ministry of Health and Long-Term Care work with the public health units and Public Health Ontario to develop a central approach to update, co-ordinate and share research and best practices.

Status: In the process of being implemented by March 2020.

Details

In our 2017 audit, we reported that for the most part, public health units undertook research or developed local solutions independently, resulting in duplication of effort. Public health units' senior managers responsible for health promotion and chronic disease prevention, in responding to our survey, indicated a need for central support for updating and/or disseminating research and best practices. While Public Health Ontario has a mandate to provide scientific and technical support for chronic disease prevention, some public health units indicated that either they were aware of the limited capacity at Public Health Ontario or they were under the impression that Public Health Ontario did not provide this kind of support on chronic diseases. As well, program and campaign development was not always centrally co-ordinated. For example, from 2014 through 2016 the four public health units we visited had separately developed or were in the process of developing

a communication campaign to promote physical activity, with no central co-ordination.

In January 2018, the Ministry published the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*, which include the establishment of a central repository for sharing research evidence and best practices. The Ministry intends to consider the impact of the government's announced public health modernization and broader transformation of the health system on the planned central repository. The Ministry expects to develop a plan to share up-to-date research and best practices with public health units by March 2020.

Public Health Units Do Not Have Sufficient Data or Clear Standards to Effectively Conduct Epidemiological Data Analysis

Recommendation 6

To support public health units to more efficiently and cost-effectively obtain and analyze epidemiological data for program planning and evaluation, we recommend that the Ministry of Health and Long-Term Care, working with Public Health Ontario and the public health units:

- *evaluate the feasibility of centralizing epidemiological expertise that can perform analyses or provide assistance to all public health units;*

Status: Fully implemented.

Details

We noted in our 2017 audit that in response to our survey, some public health units indicated that they do not have the required epidemiologist staff time to review and analyze epidemiological data, and some units do not have any or enough epidemiologists on staff. At the time of our audit, about one-quarter of the 36 public health units reported not having one or more epidemiologists employed full-time since 2014. As well, 21 public health units commented on the need for central support for epidemiology, surveillance and population health assessments.

At the time of our follow-up, the Ministry had worked with Public Health Ontario to develop a provincially defined and centrally provided set of epidemiological data and population health indicators. As mentioned in **Recommendation 1**, the Ministry released the first set of population health status indicators and data summaries displayed by public health units through Public Health Ontario's website in 2018 and a final set of such indicators in April 2019.

- *establish benchmarks for the extent of epidemiological analyses of chronic diseases needed and monitor whether these benchmarks are met;*
Status: In the process of being implemented by December 2019.

Details

In our 2017 audit, we noted that there was no requirement for the amount of epidemiological work needed at public health units. We noted that epidemiologists at two of the public health units we visited had analyzed a small fraction of the purchased epidemiological data from a public health data surveying service administered by a university; one of these public health units had analyzed only five of the 200 modules of data that were available.

At the time of our follow-up, the Ministry had implemented new processes and mechanisms to collect information from each public health unit. Starting in 2018, public health units have been required to submit Annual Service Plans to the Ministry and include information on the required epidemiological resources needed for program planning and evaluation. The Ministry plans to analyze the submitted data by December 2019 in order to establish related benchmarks.

- *approach and work with Indigenous community leadership to obtain epidemiology data that would serve to inform program development to benefit the Indigenous communities in Ontario;*
Status: In the process of being implemented by March 2020.

Details

In our 2017 audit, we noted that public health units with high Indigenous populations did not always have sufficient epidemiological data to conduct robust population health assessments. For instance, public health units did not have birth information for people who live on reserve.

At the time of our follow-up, the Ministry was collaborating with the Sioux Lookout First Nations Health Authority (SLFNHA) and the Weeneebayko Area Health Authority (WAHA) to design and implement a data surveillance system to support public health initiatives for both organizations. SLFNHA and WAHA together represent 39 communities out of a total of 133 First Nations communities in Ontario. SLFNHA and WAHA aim to improve the collection, analysis, dissemination and use of First Nations data in their regions. In addition, the Ministry is planning to implement the following by March 2020:

- collaborating with Mamow Ahyamowen, a data initiative that includes nine First Nations-governed organizations serving 74 Northern Ontario First Nations communities;
 - an information management infrastructure in First Nations communities, such as the Mustimuhw Community Electronic Medical Record; and
 - collaborating with WAHA and SLFNHA epidemiologists, building capacity in epidemiology and aligning indicators with the data collection processes.
- *identify other areas in which relevant data is not consistently available to all public health units, such as data on children and youth, and develop and implement a process to gather needed data.*
Status: In the process of being implemented by December 2019.

Details

We noted in our 2017 audit that there was minimal provincial epidemiological data on children aged six to 12. Although other institutions collect data on

children, data from these sources was not readily available to the public health units or representative of the public health units' populations. Public health units can access information from these sources only if schools specifically grant access to them, or if the public health units pay institutions to increase the sample size to be more representative of their populations of children and youth.

At the time of our follow-up, the Ministry was working with the federal government to obtain more reliable and accurate data at the local level. By getting better representation of children and youth data in the federal government-administered 2019 Canadian Health Survey on Children and Youth, the Ministry is obtaining local results on healthy behaviours in children and youth.

The Ministry is working on using national-level surveys to provide better access to data by public health units by December 2019 in order to assist local planning and evaluation.

Limited and Inconsistent Evaluations of Promotion of Healthy Living and Chronic Disease Prevention Programs

Recommendation 7

To support the public health units to effectively evaluate their chronic disease prevention programs, we recommend that the Ministry of Health and Long-Term Care:

- *develop guidance material on program evaluations and require all public health units to follow common, evidence-based evaluation principles;*
Status: In the process of being implemented by March 2020.

Details

In our 2017 audit, we noted that the Ministry simply instructed public health units to “use a range of methods” to evaluate chronic disease prevention programs but did not require them to use any established evaluation methodology. As a result, public

health units had separately developed evaluation guidelines and templates and independently decided on acceptable levels of rigour.

At the time of our follow-up, we noted that the Ministry had updated the program evaluation requirements for public health units, which came into effect in January 2018. Public health units are now required to incorporate evidence-based evaluation principles into their program planning and report back to the Ministry through the Annual Service Plans.

In addition, the Ministry entered into an agreement to provide grant funding of up to \$1 million beginning in April 2018. The Ministry expects this project to produce the following guidance materials by March 2020:

- chronic disease prevention evaluation guidelines;
 - standardized tools to support implementation of the guidelines; and
 - online materials for education and training to evaluate chronic disease and prevention programs and initiatives.
- *monitor the public health units' efforts to increase their ability to conduct evaluations;*
Status: In the process of being implemented by December 2019.

Details

In our 2017 audit, we noted that most public health units in 2015 had self-assessed their program evaluation ability as “developing,” with none having ranked themselves as having established evaluation capacity. When public health units do not have the necessary capacity to evaluate their programs, the evaluations could lack depth and coverage to effectively measure whether the chronic disease prevention programs have been successful in achieving intended outcomes.

At the time of our follow-up, the Ministry had implemented new processes to monitor public health unit evaluation activities through the Annual Service Plans, which include activities that public

health units propose to conduct over the course of the year, and the Annual Reports, which include activities that were actually conducted as well as information on health outcomes. The Ministry expects to complete the review of public health units' 2018 Annual Reports by December 2019.

- *ensure public health units evaluate programs as per Ministry requirements;*

Status: In the process of being implemented by December 2019.

Details

We reported in 2017 that the four public health units we visited did not always conduct program evaluations as per Ministry requirements to support the establishment of new programs and services, assess whether evidence-informed programs are carried out with the necessary reach, intensity and duration, or document the effectiveness and efficiency of programs and services. At one public health unit, just three of its 42 chronic disease prevention programs and services introduced in the last three years had been evaluated.

At the time of our follow-up, the Ministry expected public health units to submit the 2018 Annual Reports to it by the end of June 2019. The Ministry intends to review the submissions and follow up with public health units as needed by December 2019. The Public Health Funding and Accountability Agreement allows the Ministry to enforce public health units' compliance with the *Ontario Public Health Standards* through recovery and/or discontinuance of funds.

- *establish provincial benchmarks for public health units to use when comparing the cost of significant programs with outcomes.*

Status: In the process of being implemented by March 2020.

Details

We noted in our 2017 audit that none of the program evaluations we reviewed compared the cost or investment in the program with the benefits

received to assess program cost-effectiveness. As well, almost three-quarters of the senior chronic disease prevention staff who responded to our survey indicated that their evaluation of chronic disease prevention programs or services did not compare or attempt to compare costs to benefits.

At the time of our follow-up, we noted that the Ministry had implemented new processes and mechanisms as of January 2018 to collect information on program outcomes and costs. The Ministry is monitoring program costs through the quarterly reports that the public health units submit, which include explanation of variances higher than 3% between forecast and budget. The Ministry indicated that it received the 2018 Annual Reports for the majority of public health units by the end of June 2019 and was in the process of reviewing these reports and following up with the remaining public health units. The Ministry intends to analyze program outcomes and costs in these submissions and establish related provincial benchmarks by March 2020.

Recommendation 8

To effectively measure the impact of chronic disease prevention programs and services, we recommend that the Ministry of Health and Long-Term Care require public health units to develop measurable program objectives and establish timeframes for achieving these objectives.

Status: Fully implemented.

Details

In our 2017 audit, we reported that all four public health units we visited had documented the objectives and intended results of their chronic disease prevention programs to varying degrees, but they did not always have measures in place for these objectives or provide a time frame for achieving these objectives. As well, senior chronic disease prevention staff at 45% of public health units responding to our survey noted that progress against performance objectives related to chronic disease is only sometimes or rarely tracked in a meaningful

way. The Ministry did not monitor whether the public health units were, in fact, staying informed about health behaviour trends as required.

At the time of our follow-up, we noted that the Ministry had implemented the *Ontario Public Health Standards* in January 2018 that require public health units to develop and implement chronic disease prevention programs and to report to the Ministry on their specified program objectives, as well as time frames for achieving those objectives, starting in the public health units' 2018 Annual Reports. The Ministry indicated that it received the 2018 Annual Reports for the majority of public health units by the end of June 2019 and was in the process of reviewing these reports and following up with the remaining public health units.

Performance of Public Health Units Not Sufficiently Measured and Reported

Recommendation 9

To properly measure the public health units' performance in delivering their health promotion programs and services, we recommend that the Ministry of Health and Long-Term Care:

- *put in place relevant indicators that are linked to the planned new Ontario Public Health Standards and that measure areas attributable to the public health units;*

Status: In the process of being implemented by March 2020.

Details

In our 2017 audit, we noted that the Ministry expected to implement the new *Ontario Public Health Standards* in January 2018, with the finalization of the performance indicators to follow. We also noted that between 2014 and 2016, the Ministry required all 36 public health units to report their annual performance on 10 health-promotion performance indicators. However, those indicators were not solely attributable to the work of the public health units, some indicators were not meaning-

ful, and the suite of indicators did not fully measure all key risk factors affecting chronic diseases.

At the time of our follow-up, the Ministry had developed and released a Public Health Indicator Framework that includes a set of indicators that are linked to the 2018 *Ontario Public Health Standards* and measure areas attributable to the public health sector. The Ministry is also in the process of collecting from public health units a list of locally determined program outcome indicators related to their delivery of health promotion programs and services, examples of which include:

- number of participants who completed a structured program on diabetes and increased their knowledge of healthy eating and physical activity; and
- number of public engagements through social media channels on healthy eating.

The Ministry plans to consider refining the Public Health Indicator Framework to align with public health modernization by March 2020.

- *establish targets that reflect expected performance to promote continuous improvement.*

Status: Little or no progress.

Details

In our 2017 audit, we noted that the Ministry had not established targets in areas including alcohol use, tobacco use and injury prevention to help drive performance improvement at the public health units. Instead, it simply collected the data as reported.

At the time of this follow-up, the Ministry informed us that it would monitor the implementation of the Public Health Indicator Framework to inform next steps related to the establishment of targets to promote continuous improvement.

Recommendation 10

To continually improve the accountability and transparency of the public health sector's performance, we recommend the Ministry of Health and Long-Term Care:

- *publicly report on the public health units' performance, including annual results and targets of their performance indicators;*

Status: Fully implemented.

Details

In our 2017 audit, we noted that while some public health units individually reported their performance on the 10 health promotion indicators to their Board of Health through meetings that are open to the public, the Ministry did not publicly report the performance results of all public health units. Respondents to our survey expressed that the Ministry should publicly release overall data so that the public health units can compare individual unit performances with other units' results and the provincial results.

At the time of this follow-up, the Ministry had implemented the 2018 *Ontario Public Health Standards*, which require boards of health to publicly post on their websites their Strategic Plan and Annual Performance and Financial Report. Since 2018, all but one board of health have been publishing their current public health units' performance on their websites. In the case of the remaining board of health, the latest information on its website is from 2015.

- *develop a procedure to monitor the amount of their resources public health units invest in chronic disease prevention programs against the outcomes of those programs.*

Status: Fully implemented.

Details

We reported in our 2017 audit while the 36 public health units reported that they devoted on average 12% of full-time equivalent staff to chronic disease prevention in 2016, 17 devoted less than the provincial average, with three health units devoting 6% and two health units devoting up to 20% of their full-time equivalents to chronic disease prevention. The Ministry does not know whether these differences are justified, and cannot demonstrate that provincial funding on chronic disease prevention

has resulted in positive outcomes on each public health unit's overall program objectives.

At the time of our follow-up, the Ministry had developed and implemented a process to monitor the amount of board of health resources invested in chronic disease prevention programs against the outcomes of those programs. Under the 2018 *Ontario Public Health Standards*, public health units are required to report to the Ministry on all costs associated with their chronic disease prevention programs as well as their locally developed outcome indicators.

Full Rollout of Needs-Based Funding Model May Take Up to 10 Years

Recommendation 11

To reduce funding inequities among public health units and to support proper planning for programs and services, we recommend that the Ministry of Health and Long-Term Care:

- *expedite its application of the model on public health units' funding developed by the Funding Review Working Group or establish a new funding approach that supports more equitable funding for public health units;*

Status: In the process of being implemented by January 2020.

Details

In our 2017 audit, we noted that the Ministry estimated that it could take 10 years to ensure public health funding is more equitably allocated to all health units using the model developed by the Funding Review Working Group.

At the time of our follow-up, the Ministry advised us that a new approach to funding was required, based on the revised version of the *Ontario Public Health Standards*. In August 2019, the Ministry notified boards of health and public health units of a revised public health modernization implementation plan and funding approach for

the 2020 funding year. Effective January 1, 2020, public health funding will move to a 70% provincial and 30% municipal cost-sharing arrangement, which will be applied consistently across all public health units and municipalities and be based on actual costs incurred at the local level, to ensure equitable funding. The Ministry of Health also noted that it would provide one-time funding in the first year to public health units so that municipalities would not experience an increase of more than 10% over their current public health costs as a result of the cost-sharing change.

- *finalize the annual funding for public health units as early in the current fiscal year as possible.*

Status: Fully implemented.

Details

In our 2017 audit, we noted that the Ministry generally did not finalize funding decisions for the public health units until the last quarter in the year. This left very little time for the public health units to deal with any unexpected changes in funding in order to plan for programs and services.

At the time of our follow-up, we noted that the Ministry had announced the fiscal year 2018/19 funding investments for boards of health in April 2018. The Ministry notified boards of health of their specific funding allocations in May 2018.