

Chapter 3

Section 3.05

Ministry of Health

Public Health: Chronic Disease Prevention

Standing Committee on Public Accounts Follow-Up on
Section 3.10, 2017 Annual Report

On October 24, 2018 and February 20, 2019, the Standing Committee on Public Accounts (Committee) held public hearings on our 2017 audit of Public Health: Chronic Disease Prevention. The Committee tabled a report on these hearings in the Legislature in November 2019, which erroneously indicated an October 3, 2018 hearing date. A link to the full report can be found at www.auditor.on.ca/en/content/standingcommittee/standingcommittee.html.

The Committee made 17 recommendations and asked the Ministry of Health (Ministry), formerly part of the Ministry of Health and Long-Term Care, to report back by early March 2020. The Ministry formally responded to the Committee on March 10, 2020. The status of each of the Committee's recommended actions is shown in **Figure 1**.

We conducted assurance work between April 1, 2020 and September 21, 2020, and obtained written representation from the Ministry that effective October 5, 2020, it has provided us with a complete update of the status of the recommendations made by the Committee.

Overall Conclusion

As of September 21, 2020, 36% of the Committee's recommended actions had been fully implemented, and 64% of the recommended actions were in the process of being implemented.

The Ministry has fully implemented recommendations such as supporting co-ordination among provincial ministries and local public health units to ensure that public health units plan and deliver programs more efficiently; requiring public health units to develop measurable program objectives for their chronic disease prevention programs and services, and establish time frames for achieving these objectives; and publicly reporting on the performance of public health units, including annual results and targets of their performance indicators.

In addition, the Ministry was in the process of implementing recommendations such as collaborating with other ministries to develop a comprehensive Health in All Policies, a whole-of-government approach to assessing the public health impact of legislation and policy development and setting standards for evidence-based program evaluation methodology.

Figure 1: Summary Status of Actions Recommended in December 2019 Committee Report

Prepared by the Office of the Auditor General of Ontario

	# 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	1		1			
Recommendation 2	1		1			
Recommendation 3	1		1			
Recommendation 4	1		1			
Recommendation 5	1	1				
Recommendation 6	1		1			
Recommendation 7	1	1				
Recommendation 8	1		1			
Recommendation 9	1	1				
Recommendation 10	1	1				
Recommendation 11	4		4			
Recommendation 12	1	1				
Recommendation 13	3		3			
Recommendation 14	1		1			
Recommendation 15	1	1				
Recommendation 16	1	1				
Recommendation 17	1	1				
Total	22	8	14	0	0	0
%	100	36	64	0	0	0

Detailed Status of Recommendations

Figure 2 shows the recommendations and the status details that are based on responses from the Ministry of Health (Ministry), and our review of the information provided.

Figure 2: Committee Recommendations and Detailed Status of Actions Taken

Prepared by the Office of the Auditor General of Ontario

Committee Recommendation	Status Details
<p>Recommendation 1</p> <p>The Chief Medical Officer of Health should conduct assessments of, and publicly report on, the overall state of public health in Ontario in the Chief Medical Officer of Health's annual report.</p> <p>Status: In the process of being implemented by December 2020.</p>	<p>The Ministry has worked with Public Health Ontario to make key population health status data publicly available for Ontario overall and by geographical region. Publicly available health status indicators and data summaries are now reported through the Public Health Ontario website, with topics listed below:</p> <p>Chronic Disease</p> <ul style="list-style-type: none"> • Cancer incidence • Cancer mortality • Chronic disease hospitalization • Chronic disease mortality • Self-reported chronic health problems <p>Injuries</p> <ul style="list-style-type: none"> • Injury emergency department visits • Injury hospitalization • Injury mortality • Neurotrauma emergency department visits • Neurotrauma hospitalization <p>Health Behaviours</p> <ul style="list-style-type: none"> • Nutrition and healthy weights • Oral health • Physical activity <p>Health Equity</p> <ul style="list-style-type: none"> • Alcohol-attributable hospitalizations health inequities • Assault-related emergency department visits health inequities • Cardiovascular disease hospitalizations health inequities • Chronic obstructive pulmonary disease hospitalizations health inequities • Low birth weight health inequities • Mental health emergency department visits contributed by health inequities (such as residential instability and material deprivation) • Oral health emergency department visits health inequities • Potentially avoidable mortality health inequities • Respiratory disease hospitalizations health inequities • Social determinants of health • Youth self-harm emergency department visits health inequities <p>Mortality and Overall Health</p> <ul style="list-style-type: none"> • All-cause mortality • Potential years of life lost • Potentially avoidable mortality • Self-reported overall health <p>Reproductive and Child Health</p> <ul style="list-style-type: none"> • Healthy child development • Maternal health • Reproductive health <p>Substance Use</p> <ul style="list-style-type: none"> • Alcohol use • Cannabis harms • Smoking

Committee Recommendation	Status Details
	<p>The Ministry is exploring other options for publicly reporting on the overall state of public health in Ontario and anticipates this analysis will be completed in December 2020. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p>
<p>Recommendation 2</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should implement a provincial strategy to guide activities on chronic disease prevention that includes measurable goals for population health; provides timelines for achieving these goals; and also delineates responsibilities for achieving these goals.</p> <p>Status: In the process of being implemented by December 2020.</p>	<p>In January 2017, the Ministry started to develop a comprehensive and co-ordinated provincial approach to guide its activities on chronic disease prevention. The Ministry expects its next steps to be aligned with public health modernization, and 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 development work on the provincial approach, including implementation planning, by December 2020. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p>
<p>Recommendation 3</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should develop comprehensive policies focusing on the key risk factors of chronic diseases such as physical inactivity, unhealthy eating, and alcohol consumption, in addition to tobacco use.</p> <p>Status: In the process of being implemented by December 2020.</p>	<p>The Ministry developed and implemented the <i>Ontario Public Health Standards: Requirements for Programs, Services, and Accountability</i> in January 2018. These standards include new requirements for local public health units to develop and implement chronic disease prevention programs to address key risk factors including physical inactivity, unhealthy eating, harmful use of alcohol and poor mental health. As mentioned in Recommendation 2, the Ministry is considering these risk factors as part of the comprehensive and co-ordinated provincial approach that it expects to be complete by December 2020. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p>
<p>Recommendation 4</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should ensure that Public Health Ontario provides scientific, technical, and other support to assist local public health units with population health assessment, epidemiology, and program planning and evaluation.</p> <p>Status: In the process of being implemented by December 2020.</p>	<p>The Ministry has 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 has made population health status indicators and data summaries of public health units available to the public on the Public Health Ontario website.</p> <p>The Ministry intends to consider the impact of the government's announced public health modernization and broader transformation of the health system on the further provision of technical supports and availability of evidence-based resources. The Ministry expects to complete stakeholder consultations on public health modernization by December 2020. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p>

Committee Recommendation	Status Details
<p>Recommendation 5</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should actively support co-ordination among provincial ministries and local public health units to ensure that public health units plan and deliver programs more efficiently.</p> <p>Status: Fully implemented.</p>	<p>The Ministry has 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 meeting on a bi-monthly basis since September 2018.</p> <p>In addition, the Ministry has established a Health Equity Forum to facilitate information sharing between the Ministry and public health units to support implementation of the <i>Health Equity Standard and Guideline</i>. The Health Equity Forum has been held twice since November 2019 and will continue to take place every three months.</p>
<p>Recommendation 6</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should collaborate with other ministries to develop a comprehensive Health in All Policies, whole-of-government approach to assessing the public health impact of legislation and policy development.</p> <p>Status: In the process of being implemented by December 2020.</p>	<p>The Ministry has completed a review of relevant information, including literature evidence, expert recommendations, existing approaches within Ontario and other jurisdictions and has evaluated the pros and cons of adopting an approach that requires policy-making to evaluate the impact on health. In addition, the Ministry is considering implementation options for integrating the Health in All Policies approach into policy development and expects to complete this work by December 2020. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p>
<p>Recommendation 7</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should work with Public Health Ontario, the Ministry of Education, and the Ministry of Children, Community and Social Services to co-ordinate public health units' planning, development, and delivery of programs to children and youth.</p> <p>Status: Fully implemented.</p>	<p>In April 2018, the Ministry implemented a new <i>School Health Guideline</i> that outlined 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.</p> <p>The Ministry also implemented a new School Health Standard, which brings together all the school-based requirements for public health units. Under the 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.</p> <p>As mentioned in Recommendation 5, the Ministry has established a Directors Forum with the Ministry of Education to identify opportunities for collaboration in population and public health programs in school settings.</p>

Committee Recommendation	Status Details
<p>Recommendation 8</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should work with Public Health Ontario and the Ministry of Education to ensure that public health units conduct health equity audits to identify and engage with priority populations in schools as well as with school communities at risk for increased health inequities and negative health outcomes.</p> <p>Status: In the process of being implemented by December 2020.</p>	<p>The Ministry has implemented the <i>Health Equity Standard and Health Equity Guideline</i> under the <i>Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018</i>, which outlines requirements for public health units to engage in public health practice that results in decreased health inequities, to engage priority populations and to design strategies to improve the health of the entire population.</p> <p>The Ministry requires public health units to attest to their compliance with the <i>Health Equity Standard and Guideline</i>. For example, public health units are required to conduct health equity assessments to support decision-making about policy and program development. Through the annual report, public health units are required to attest to statements such as:</p> <ul style="list-style-type: none"> • Did the board of health undertake population health assessments that included the identification of priority populations, social determinants of health and health inequities and measure and report on them? • Did the board of health collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities and report and disseminate the data and information in accordance with the Ontario Public Health Standards? <p>In addition, public health units are required to provide details to the following questions:</p> <ul style="list-style-type: none"> • Describe how population health assessments were used to influence planning in order to meet the needs of priority populations. • Describe how health equity strategies and approaches were embedded into programs and services to reduce health inequities in the following areas: <ul style="list-style-type: none"> • Chronic disease prevention and well-being • Food safety • Healthy environments • Healthy growth and development • Immunization • Infectious and communicable diseases prevention and control • Safe water • School health • Substance use and injury prevention <p>As mentioned in Recommendation 5, the Ministry has established a Health Equity Forum to facilitate information sharing between the Ministry and public health units to support implementation of the <i>Health Equity Standard and Guideline</i>. Also, the Ministry will work with the Ministry of Education through the Directors Forum. The Ministry intends to hold these forums on a continuous basis and plans to address health equity issues through these forums by December 2020.</p>

Committee Recommendation	Status Details
<p>Recommendation 9</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should work with Public Health Ontario and the Ministry of Education to educate children and young people on the health impacts of both e-cigarettes and cannabis consumption.</p> <p>Status: Fully implemented.</p>	<p>The Ministry has worked with the Ministry of Education on providing cannabis-related materials for educators, parents and students, pre- and post-cannabis legalization in October 2018, including:</p> <ul style="list-style-type: none"> • Cannabis Fact Sheet for Parents/Guardians and Caregivers • Fact Sheet for Educators • Kids Help Phone web information for youth on cannabis • Cannabis resource for mental health professionals in schools • Cannabis: What Parents/Guardians and Caregivers Need to Know Fact Sheet • Review of Health and Physical Education curriculum to ensure the inclusion of cannabis-related content <p>In addition, the Ministry has worked with the Ministry of Education on the enforcement of the <i>Smoke-Free Ontario Act, 2017 (Act)</i>, in particular on the issue of vaping on school property. Public health units are responsible for the enforcement of the Act. The Ministry of Education shared the following with public health units in November 2019:</p> <ul style="list-style-type: none"> • A presentation deck and a Questions/Answers document with information taken from webinars with school boards on Recreational Cannabis in June 2019. • An information one-pager on the responsibility and authority of a school principal for student safety and discipline when students are off school property. <p>The Ministry has worked with the Ministry of Education and the Centre for Addiction and Mental Health to develop vaping-related resources for educators, parents and students including:</p> <ul style="list-style-type: none"> • Elementary educator fact sheet • Secondary educator fact sheet • Youth fact sheet <p>These resources were provided to elementary and secondary educators in June 2020.</p>
<p>Recommendation 10</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should work with Public Health Ontario to prevent the advertising and sale of vaping products to young people under the age of 19.</p> <p>Status: Fully implemented.</p>	<p>The government announced that, effective January 1, 2020, the promotion of vapour products is allowed only in specialty vape stores and cannabis retail stores, which restrict access to people aged 19 and older.</p> <p>In addition, the government announced that the following regulatory changes will come into force on July 1, 2020:</p> <ul style="list-style-type: none"> • The retail sale of flavoured vapour products is restricted to specialty vape stores and cannabis retail stores, except for menthol, mint and tobacco flavoured vapour products. • Specialty vape stores are required to ensure that indoor vapour product displays and promotions are not visible from outside their stores. • The retail sale of vapour products with high nicotine concentrations (>20mg/ml) is restricted to specialty vape stores.

Committee Recommendation	Status Details
<p>Recommendation 11 The Ministry of Health and Long-Term Care (now the Ministry of Health) should work with Public Health Ontario and public health units to</p> <p>a) evaluate the feasibility of centralizing epidemiological expertise that can perform analysis or provide support to all public health units; Status: In the process of being implemented by December 2020.</p> <p>b) 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 June 2022.</p> <p>c) collaborate with Indigenous community leaders to obtain epidemiological data that would serve to inform program development that would benefit Indigenous communities in Ontario; Status: In the process of being implemented by December 2020.</p> <p>d) 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 collect such data. Status: In the process of being implemented by December 2020.</p>	<p>a) The Ministry has 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 has made population health status indicators and data summaries displayed by public health units through Public Health Ontario's website. The Ministry expects to further review opportunities to support epidemiological capacity as part of the public health modernization. The Ministry expects to complete stakeholder consultations on public health modernization by December 2020. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p> <p>b) 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 collect at least three rounds of data to ensure issues with data collection are identified and resolved. The Ministry expects to analyze the submitted data by June 2022 in order to establish related benchmarks. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p> <p>c) 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 initiatives by December 2020:</p> <ul style="list-style-type: none"> • 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. <p>The Ministry will reassess the implementation timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p> <p>d) The Ministry was working with the federal government to obtain more reliable and accurate data at the local level. By obtaining better representation of children and youth data through the federal government-administered 2019 Canadian Health Survey on Children and Youth, the Ministry is able to access local results on healthy behaviours in children and youth. The Ministry is working on helping public health units to access national-level surveys by December 2020 in order to assist local planning and evaluation. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p>

Committee Recommendation	Status Details
<p>Recommendation 12</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should require public health units to develop measurable program objectives for their chronic disease prevention programs and services, and establish time frames for achieving these objectives.</p> <p>Status: Fully implemented.</p>	<p>In January 2018, the Ministry implemented the <i>Ontario Public Health Standards</i> 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 with the public health units' 2018 annual reports.</p>
<p>Recommendation 13</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should</p> <p>a) set standards for evidence-based program evaluation methodology; Status: In the process of being implemented by December 2020.</p> <p>b) require all public health units to conduct evaluations of their programs; Status: In the process of being implemented by December 2020.</p> <p>c) support capacity-building for local public health units to conduct program evaluations. Status: In the process of being implemented by December 2020.</p>	<p>a) The Ministry has implemented new program evaluation requirements for public health units effective January 1, 2018 as part of the <i>Ontario Public Health Standards, 2018</i>. The Ministry intends to consider the impact of the government's announced public health modernization and broader transformation of the health system on how boards of health are supported in their efforts to evaluate programs and services. The Ministry expects to complete stakeholder consultations on public health modernization by December 2020. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p> <p>b) The Ministry implemented new processes and mechanisms to monitor public health unit activities, which are required under the <i>Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, 2018</i>. Starting in 2018, public health units have been required to submit Annual Service Plans and Budget Submissions that include activities which public health units propose to conduct over the course of the year. The activities that were conducted are captured in the annual reports. The Ministry plans to consider the impact of the government's announced public health modernization and broader transformation of the health system on how boards of health are supported in their efforts to evaluate programs and services. The Ministry expects to complete stakeholder consultations on public health modernization by December 2020. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p> <p>c) The Ministry entered into an agreement with the University of Waterloo to provide it with grant funding of up to \$1 million, beginning in April 2018. This work was subsequently taken over by Southwest Public Health. The Ministry expects this project to produce the following guidance materials by December 2020:</p> <ul style="list-style-type: none"> • chronic disease prevention evaluation guidelines; • standardized tools to support implementation of the guidelines; and • online materials for education and training to evaluate chronic disease prevention programs and initiatives. <p>The Ministry will reassess the implementation timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p>

Committee Recommendation	Status Details
<p>Recommendation 14</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should establish performance indicators and targets, linked to the new Ontario Public Health Standards, for public health units.</p> <p>Status: In the process of being implemented by December 2020.</p>	<p>The Ministry had developed and released a Public Health Indicator Framework that includes a set of indicators that are linked to the 2018 <i>Ontario Public Health Standards</i> and measure areas attributable to the public health sector. In addition, the Ministry is in the process of collecting a list of locally determined program outcome indicators from public health units relating to their delivery of health promotion programs and services, examples of which include:</p> <ul style="list-style-type: none"> • 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 that local public health units held through social media channels focusing on healthy eating. <p>The Ministry plans to consider refining the Public Health Indicator Framework to align with public health modernization by December 2020. The Ministry will reassess this timeline in the context of the Ministry's ongoing response to the COVID-19 pandemic.</p>
<p>Recommendation 15</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should publicly report on the performance of public health units, including annual results and targets of their performance indicators.</p> <p>Status: Fully implemented.</p>	<p>The Ministry had implemented the 2018 <i>Ontario Public Health Standards</i>, which require boards of health to post their Strategic Plan and Annual Performance and Financial Report on their websites. 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 Eastern Ontario Health Unit—the latest information on its website is from 2015.</p>
<p>Recommendation 16</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should monitor the resources invested by public health units in chronic disease prevention programs against the program outcomes.</p> <p>Status: Fully implemented.</p>	<p>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 <i>Ontario Public Health Standards</i>, 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.</p>

Committee Recommendation	Status Details
<p>Recommendation 17</p> <p>The Ministry of Health and Long-Term Care (now the Ministry of Health) should expedite its efforts to ensure equitable funding for public health units.</p> <p>Status: Fully implemented.</p>	<p>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 2020, public health funding will be moving to a 70% provincial and 30% municipal cost-sharing arrangement, which is being applied consistently across all public health units and municipalities and 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 two years 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. In August 2020, the Ministry increased the one-time funding for public health units to ensure that municipalities do not experience any increase as a result of the cost-sharing change for both 2020 and 2021 funding years. As a result of these changes, the Ministry indicated that funding disparities between health units have been reduced compared to 2016/17. While per capita funding is one measure of funding equity, other factors such as geography and socio-economic factors can also affect the health outcomes of a population and the programs needed to address them.</p> <p>The Ministry also notified public health units of their 2020 funding allocations, including adjustments to funding based on the revised cost-sharing arrangement/funding formula, in August 2020.</p>