



MAKE NO LITTLE PLANS

**Ontario's Public Health
Sector Strategic Plan**

Table of Contents

Time to Think Big	4
Ontarians are among the healthiest people in the world.	4
Despite these gains, we face serious threats to our health.	4
Some Ontarians are at greater risk.	6
To close health gaps, we must focus on prevention, protection and promotion.	6
Investing in public health improves health.	7
Investing in public health can reduce health care costs.	7
Ontario's Public Health Sector: Who We Are and What We Do	8
Our Partners	9
Health Sector Partnerships	10
Non-Health Sector Partnerships	10
Our "No Little" Plan	12
Our Vision	12
Our Mission	12
Our Values	12
Our Approach	13
Our Strategic Goals and Collective Areas of Focus	13
Goal #1 Optimize healthy human development	14
Goal #2 Improve the prevention and control of infectious diseases	15
Goal #3 Improve health by reducing preventable diseases and injuries	16
Goal #4 Promote healthy environments – both natural and built	20
Goal #5 Strengthen the public health sector's capacity, infrastructure and emergency preparedness	21
Developing Our Outcomes and Indicators	24

“MAKE NO LITTLE PLANS. THEY HAVE NO MAGIC TO STIR MEN’S BLOOD AND PROBABLY THEMSELVES WILL NOT BE REALIZED. MAKE BIG PLANS; AIM HIGH IN HOPE AND WORK, REMEMBERING THAT A NOBLE, LOGICAL DIAGRAM ONCE RECORDED WILL NEVER DIE, BUT LONG AFTER WE ARE GONE WILL BE A LIVING THING, ASSERTING ITSELF WITH EVER-GROWING INSISTENCY. REMEMBER THAT OUR SONS AND GRANDSONS ARE GOING TO DO THINGS THAT WOULD STAGGER US. LET YOUR WATCHWORD BE ORDER AND YOUR BEACON BEAUTY. THINK BIG.”

Daniel Burnham, Chicago architect (1846–1912)

■ This is no little plan.

Given the current pressures on our health care system, public health must step up and play a bigger role. Public health has the expertise and capacity to help all Ontarians lead long lives in good health and reduce the need for health care services.

For the first time, the province’s public health sector – the organizations responsible for protecting and promoting Ontarians’ health – has come together to develop a joint plan. We have consulted widely both within and outside of the health sector. We have agreed on our vision, mission, values, approach, strategic goals and collective areas of focus for the next three to five years.

A Message from Ontario's Chief Medical Officer of Health

Dr. Arlene King

*Chief Medical Officer of Health
Chair, Public Health Leadership Council*



In this report, we – the Public Health Leadership Council – present a bold plan for the public health sector: a first for Ontario. The plan lays out our 15 to 20 year vision, mission and values, as well as strategic goals and collective areas of focus for the next three to five years. It is the product of consultations within our sector, and with others in the health and the non-health sectors.

This is the roadmap we will use to help Ontarians be the healthiest people in the world.

On this, the 10th anniversary of SARS, it is time to reflect on our progress, identify key challenges and seize new opportunities.

We have made great progress in strengthening our capacity to anticipate, prepare for and respond to infectious diseases. SARS left an indelible impression on our hearts and minds, reminded us all of the importance of having a strong public health sector, and resulted in significant investments in the sector and beyond.

However, there is much more work to do. Ontarians continue to die prematurely of chronic diseases and injuries. We know that the health consequences posed by key risk behaviours – tobacco use, excessive alcohol use, unhealthy eating and physical inactivity – are entirely modifiable. We also know that the social, economic and environmental determinants of health – the conditions in which people are born, grow, live, work and age – are different for each Ontarian – and result in poorer health for some.

Through greater collaboration, and by working more closely with our health and non-health sector partners, the four key components of the public health sector – the provincial government, the Office of the Chief Medical Officer of Health, Public Health Ontario and local public health (Ontario's 36 local public health agencies) – will improve health outcomes for all Ontarians.

Our collective mandate is to prevent disease and injury before they occur – and to provide leadership in identifying and preventing the factors that lead to them. As a sector, we have the knowledge and skills to fulfill this role. Because the public health sector is a bridge between the health sector and other sectors that influence the determinants of health, we are uniquely positioned to make a profound difference to the health and well-being of Ontarians.

Public health is everyone's business. We must harness the full breadth of our sector's capacity and build stronger partnerships with both the health and non-health sectors to help achieve Ontario's health potential.

All sectors are health sectors – other ministries, municipalities, businesses, schools, and civic society contribute to our health. By working effectively with all sectors to capitalize and build on what they are already doing to improve health, we will have the greatest impact on health and well-being.

Our health system, like others across Canada, is in the midst of a massive transformation, driven by an aging population, the changing health status of our population, rapidly rising costs and an uncertain fiscal environment. As we have done over the past century, the public health sector must continue to lead the drive to improve health and life expectancy. In doing so, we can help Ontarians achieve their full potential for health while contributing to the sustainability of our cherished publicly funded health care system.

We call on all of our public health colleagues, our health, non-health and private sector partners to join us in improving the health of Ontarians.

Let us think big – and “**make no little plans**”.

Dr. Arlene King

A handwritten signature in black ink that reads "Arlene King". The signature is fluid and cursive, with the first name "Arlene" and the last name "King" clearly distinguishable.

*Chief Medical Officer of Health
Chair, Public Health Leadership Council
April 2013*

Acknowledgements

Public Health Leadership Council (PHLC) Members

Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit

Dr. Vivek Goel, President and Chief Executive Officer, Public Health Ontario

Dr. Arlene King, Chief Medical Officer of Health, Ministry of Health and Long-Term Care

Dr. Isra Levy, Medical Officer of Health, Ottawa Public Health

Kate Manson-Smith, Assistant Deputy Minister, Health Promotion Division,
Ministry of Health and Long-Term Care

Roselle Martino, Executive Director, Public Health Division, Ministry of Health and Long-Term Care

Dr. David McKeown, Medical Officer of Health, Toronto Public Health

Dr. George Pasut, Vice-President, Science and Public Health, Public Health Ontario

Dr. Paul Roumeliotis, Medical Officer of Health, Eastern Ontario Health Unit

Daryl Sturtevant, Assistant Deputy Minister, Strategic Policy & Planning Division, Ministry of
Children and Youth Services

Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury & District Health Unit

Ministry of Health and Long-Term Care

Laura Bettencourt, Senior Policy Analyst, Health Promotion Division, MOHLTC

Lindsay Di Tomasso, Planning & Liaison Advisor, Public Health Division, MOHLTC

Olha Dobush, Director, Strategic Initiatives Branch, Health Promotion Division, MOHLTC

Kelci Gershon, Manager, Planning & Results (Acting), Health Promotion Division, MOHLTC

Amy Hope, Manager, Executive Director's Office, Public Health Division, MOHLTC

Gillian MacDonald, Senior Strategic Communications Advisor, Executive Director's Office,
Public Health Division, MOHLTC

Ali Sunderji, Government Support & Internal Communications, Public Health Division, MOHLTC

Jacky Sweetnam, Manager, Strategic Policy & Planning Unit, Public Health Division, MOHLTC

Janice Tepper, Manager, Strategic Policy & Planning Unit, Public Health Division, MOHLTC

Joanne Thanos, Planning & Liaison Advisor, Public Health Division, MOHLTC

Elizabeth Walker, Director, Planning & Liaison Branch, Public Health Division, MOHLTC

Dr. Robin Williams, Associate Chief Medical Officer of Health, Public Health Division, MOHLTC

We would also like to thank:

Jean Bacon for her assistance in writing this report, and all of our partners and colleagues within the public health and health care sectors, and beyond, whose advice was indispensable to the development of this plan. We are also grateful for the invaluable input provided by a number of Ontario government ministries.



Time to Think Big

What is Health?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Ontarians are among the healthiest people in the world.

A child born in Ontario in 2008 can expect to live, on average, for 82 years and to be healthy for most of that time. In fact, Ontarians are living, on average, 30 years longer than they did in the early 1900s.¹

Ontarians are also taking promising steps to protect their health:

- Fewer 12 to 19 year-olds are smoking – nine per cent in 2009/2010, a significant decrease compared to 14 per cent in 2003.²
- Fewer women are consuming alcohol during pregnancy – five per cent in 2007/08 compared to 10 per cent in 2005.³
- Ontario has among the safest roads in North America. In 2010, there were 0.63 road fatalities per 10,000 licensed drivers. This was the second lowest rate in North America, and marks the 12th consecutive year that Ontario has had the lowest or second-lowest rate among all jurisdictions in North America. Preliminary 2011 collision statistics show that the number of traffic-related deaths has dropped to 470, a level we haven't seen since 1933 when we had 403 deaths.⁴

Despite these gains, we face serious threats to our health.

- Too many Ontarians are still developing preventable chronic and life-limiting conditions like heart disease, cancer, stroke and chronic obstructive lung disease.⁵
- Injuries still account for over 90 per cent of preventable deaths in Ontarians up to age 19 and about 70 per cent of preventable deaths in Ontarians age 20 to 44.⁶

¹ Canadian Public Health Association [internet]. 12 Great Achievements. Ottawa, ON: Canadian Public Health Association; 2009 [cited 2013 Mar 7]. Available from: <http://www.cpha.ca/en/programs/history/achievements.aspx>.

² Statistics Canada. Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2011 boundaries) and peer groups (CANSIM Table 105-0501).

³ Ministry of Health and Long-Term Care. Maintaining the Gains, Moving the Yardstick. Ontario Health Status Report, 2011. Toronto, ON: Queen's Printer for Ontario; 2013 [cited 2013 Mar 8]. Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_13/cmoh_13.pdf.

⁴ Ministry of Transportation. Ontario Road Safety Annual Report 2008. Toronto, ON: Queen's Printer for Ontario; 2009 [cited 2013 Mar 8]. Available from: <http://www.mto.gov.on.ca/english/safety/orsar/orsar08/orsar-2008-en.pdf>.

⁵ Cancer Care Ontario, Public Health Ontario. Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2013 Mar 8]. Available from: <http://www.oahpp.ca/resources/documents/takingactionreport%20Mar%2015-12.pdf>.

⁶ Ontario Mortality Data (Data Year 2009), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, extracted 2012 Sep 5.

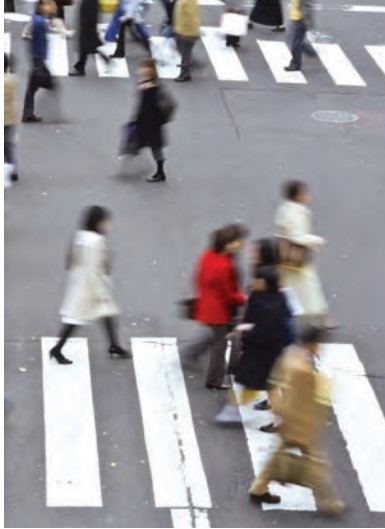
- Unintentional falls are still the second most common cause of major hospitalizations (37.9 per cent) and the leading cause of in-hospital deaths (50 per cent).⁷
- Childhood and adult obesity rates are on the rise. In 2009/2010, 27 per cent of Ontario youth, aged 12 to 17 reported a Body Mass Index (BMI) considered to be overweight or obese according to the World Health Organization BMI-for-age growth charts. In 2009/2010, 52 per cent of Ontario adults, aged 18 and over reported a BMI considered to be overweight and obese (51 per cent of adults under 65 and 59 per cent of seniors aged 65 and older).⁸
- In 2009/2010, 59 per cent of Ontario residents aged 19 and older reported consuming alcohol in compliance with the Low-Risk Drinking Guidelines pertaining to daily and weekly consumption, and consumption on special occasions (guidelines 1 and 2). Five per cent reported alcohol consumption that only exceeded the guideline addressing the risk of chronic disease; 19 per cent reported alcohol consumption that only exceeded the guideline related to the risk of injury; and 17 per cent reported alcohol consumption that exceeded both of these guidelines. Females reported greater compliance with low-risk drinking guidelines (70 per cent) compared to males (48 per cent).⁹



⁷ Ontario Trauma Advisory Committee. Ontario Trauma Registry 2011 Report: Major Injury in Ontario, 2009-2010 Data. Toronto, ON: Canadian Institute for Health Information; 2011 [cited 2013 Mar 8]. Available from: https://secure.cihi.ca/free_products/OTR_CDS_2009_2010_Annual_Report.pdf.

⁸ Statistics Canada, Health Canada. Canadian Community Health Survey Cycle 2.2, Nutrition (2004). Canada's Nutrition and Health Atlas.

⁹ Ialomiteanu A, Adlaf E, Mann R, Rehm J. CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977-2009. Toronto, ON: Centre for Addictions and Mental Health; 2011 [cited 2011 Nov 9]. Available from: http://www.camh.ca/en/research/Documents/www.camh.net/Research/Areas_of_research/Population_Life_Course_Studies/CAMH_Monitor/CM2009_eReport_Final.pdf.



Some Ontarians are at greater risk.

Because of the determinants of health and social inequities, some Ontarians are at higher risk of poor health outcomes – particularly people who are poor, less educated (often because of poverty) and socially marginalized or disadvantaged.¹⁰

For example, people who live in neighbourhoods where incomes are lower and who have less education are more likely to smoke, be overweight and report poorer mental health. They are also more likely to die from injuries and other preventable causes.¹¹

About 37 per cent of children living in low-income neighbourhoods are overweight or obese compared to 18 per cent in high-income neighbourhoods.¹² Some groups within our population are at even higher risk. For example, over 40 per cent of aboriginal children are overweight or obese.¹³

Children who grow up in poorer neighbourhoods¹⁴ are less ready for school than those from higher income neighbourhoods. They start behind and they stay behind.

To close health gaps, we must focus on prevention, protection and promotion.

According to a recent study, Ontario's population could gain 7.5 years in life expectancy and enjoy better quality of life if we led healthier lives. As the report notes, 60 per cent of Ontario deaths in 2007 were attributable to five risk factors – smoking, unhealthy alcohol consumption, poor diet, physical inactivity and high stress – and people who have all five risk factors combined are losing, on average, almost 20 years of life.¹⁵

As strong as our health care sector is, it cannot solve the problems that rob Ontarians of years of life and health. Instead, we must begin long before people become ill and seek health care – with the public health policies, programs and partnerships that help Ontarians protect and promote their health and prevent disease.

What is Public Health?

Public health is the organized efforts of society to prevent illness, disease and injury through a sustained combination of approaches, including one-on-one health services, health promotion, health protection and healthy public policies.

¹⁰ Ialomiteanu A, Adlaf E, Mann R, Rehm J. CAMH Monitor eReport: Addiction and Mental Health Indicators Among Ontario Adults, 1977–2009. Toronto, ON: Centre for Addictions and Mental Health; 2011 [cited 2011 Nov 9]. Available from: http://www.camh.ca/en/research/Documents/www.camh.net/Research/Areas_of_research/Population_Life_Course_Studies/CAMH_Monitor/CM2009_eReport_Final.pdf.

¹¹ Centers for Disease Control and Prevention. Vital Signs: Binge Drinking Prevalence, Frequency and Intensity Among Adults – United States. MMWR. 2010 [cited 2013 Mar 8]; 61(1):14–18. Available from: <http://www.cdc.gov/mmwr/pdf/wk/mm6101.pdf>.

¹² Ibid.

¹³ First Nations Information Governance Centre (FNIGC). First Nations Regional Longitudinal Health Survey (RHS) 2008/2010: National report on adults, youth and children living in First Nations communities. Ottawa, ON: FNIGC; 2012 [cited 2013 Mar 8]. Available from: <http://www.fnigc.ca/sites/default/files/First%20Nations%20Regional%20Health%20Survey%20%28RHS%29%202008-10%20-%20National%20Report.pdf>.

¹⁴ Ibid.

¹⁵ Manuel DG, Perez R, Bennett C, Rosella L, Taljaard M, Roberts M, Sanderson R, Meltem T, Tanuseputro P, Manson H. Seven more years: The impact of smoking, alcohol, diet, physical activity and stress on health and life expectancy in Ontario. Toronto, ON: Public Health Ontario, Institute for Clinical Evaluative Sciences; 2012 [cited 2013 Mar 8]. Available from: http://www.oahpp.ca/resources/documents/reports/seven_more_years/PHO-ICES_SevenMoreYears_Report_web.pdf.

Investing in public health improves health.

Many of Ontario's health gains – including 25 years of the 30-year increase in life expectancy we've experienced over the last century – are due to public health measures such as:

- immunization programs that prevent many life-threatening illnesses
- safe water and food
- seat belt laws and other transportation measures that have reduced injuries and deaths
- the Smoke-Free Ontario strategy that has reduced tobacco use in the province and tobacco-related illnesses and deaths.

Investing in public health can reduce health care costs.

Investing in public health also saves money. It costs significantly less to prevent health problems than it does to treat them.

Preventing Health Problems Saves Money

- Every \$2 invested in early childhood education saves \$7 in health, education and social costs later in life. (Karoly L. *Toward Standardization of Benefit-Cost Analyses of Early Childhood Interventions*. United States: RAND Labour and Population; 2010. Available at: http://www.rand.org/content/dam/rand/pubs/working_papers/2011/RAND_WR823.pdf.)
- Every \$1 invested in smoking cessation saves \$20 in health and other costs. (Lightwood J, Glantz S. *Effect of the Arizona tobacco control program on cigarette consumption and healthcare expenditures*. *Social Science & Medicine*. 2011;72(2):166–172.)
- Every \$1 invested in efforts to promote healthy eating and physical activity saves \$6 in the cost of caring for people with chronic diseases. (Trust for America's Health. *Prevention for a Healthier America: Investments In Disease Prevention Yield Significant Savings, Stronger Communities*. US: Trust for America's Health; 2008. Available at: <http://healthyamericans.org/reports/prevention08/Prevention08.pdf>.)

According to Ontario's Action Plan for Health Care, 25 per cent of health care costs are due to preventable illnesses.¹⁶ That's why the first goal of that health system-wide plan is: Keeping Ontario Healthy.

At a time when our health care system is struggling to contain and reduce costs, public health must step up and play a stronger role. More effective use of public health expertise and better collaboration with both the health and non-health sectors could lead to better health at lower costs. For example, a 20 per cent reduction in falls among Ontario's seniors would lead to 3,000 fewer hospitalizations and 700 fewer people with permanent disabilities – saving the province \$55 million a year.¹⁷

Thinking big, if public health can influence the decisions of a wide range of sectors – such as education, transportation, housing, environment, agriculture and the private sectors – we could reduce preventable illness, disease and injuries which would save the health care system millions more.

¹⁶ Ministry of Health and Long-Term Care. *Ontario's Action Plan for Health Care*. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2013 Mar 8]. Available from: http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf.

¹⁷ SMARTRISK, Ministry of Health and Long-Term Care. *Economic Burden of Unintentional Injuries in Canada*. Toronto, ON: SMARTRISK; 1999 [cited 2013 Mar 8]. Available from: <http://www.health.gov.on.ca/en/common/ministry/publications/reports/injury.pdf>.





Ontario's Public Health Sector: *Who We Are and What We Do*

Public health undertakes a wide range of activities – **at the population level** – to prevent disease and injury, and protect and promote health, including:

- assessing the population's health
- delivering immunization programs to prevent communicable diseases
- monitoring communicable diseases and managing outbreaks
- providing people with the knowledge and skills they need to understand the risks of smoking or the importance of wearing seatbelts, eating healthy foods and being physically active
- offering programs and services for parents-to-be and new parents to help Ontario families raise healthy, resilient children
- influencing laws, policies and programs that prevent diseases and injuries, including workplace injuries
- inspecting restaurants and promoting safe food-handling practices to ensure the food we eat doesn't make us sick
- enforcing legislation designed to protect health, such as the Smoke Free Ontario Act, small drinking water system inspections under the Safe Drinking Water Act, and the Health Protection and Promotion Act requirements related to food safety, environmental hazards and communicable diseases
- advocating for changes in our society and communities that improve health
- preparing for and responding to health emergencies.

At the provincial level:

The **Provincial Government** – the steward for the public health sector – develops legislation, formulates policy, sets standards, provides funding and oversees the public health sector, establishes indicators and ensures accountability. It also coordinates the provincial response to any major public health events or emergencies.

The **Chief Medical Officer of Health** leads the public health sector, providing advice within and beyond government. The Chief Medical Officer of Health has the legal authority to take action when there is a risk to the public's health.

Public Health Ontario provides expert scientific and technical advice and support to government, public health units, health care providers and others involved in public health on all aspects of public health practice. It also operates the province's public health laboratories.

At the local level:

Local Public Health – is the network of 36 agencies across the province that delivers the public health programs and services required by provincial legislation and standards. These organizations also develop other services to meet their communities' unique needs.

Our Partners

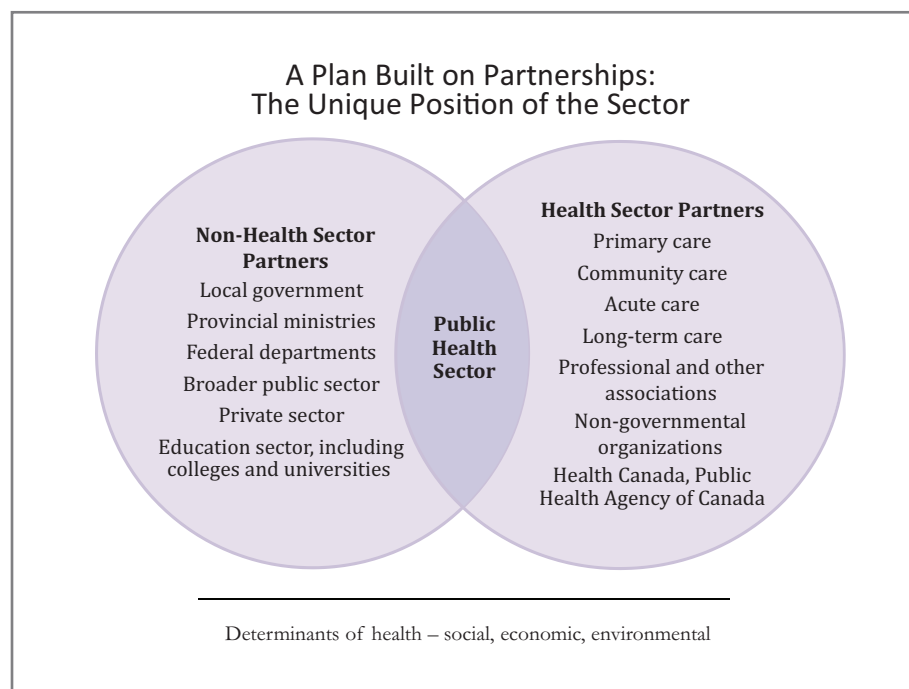
Health is bigger than health care, so the public health sector's efforts to promote health must be bigger than the health sector.

Many factors that contribute to poor health – such as access to adequate income, education, fulfilling jobs, active and safe transportation, healthy food, clean air and water, opportunities to be physically active and supportive communities – are outside the control of the health sector.

Our success depends on our collective ability to build relationships and work across sectors to create communities and environments that promote health.

The public health sector is uniquely positioned to create the bridge between the health sector and all other sectors that influence health.

Please note that the diagram is not meant to list all partners/organizations. Those included are identified as examples.



Public health provides the evidence of the health impact, advocates for action and actively works with partners to develop effective interventions.





Health Sector Partnerships

In its partnerships within the rest of the **health sector**, public health works to:

- promote immunization and sexual health, monitor and prevent the spread of communicable diseases and manage outbreaks
- raise awareness of emerging health issues and respond to health emergencies
- raise awareness of the risks associated with tobacco use, alcohol, air pollution, ultraviolet radiation from the sun, severe weather conditions and promote screening for diseases like cancer.

Non-Health Sector Partnerships

In its partnerships with the **non-health sectors**, public health works – provincially and locally – to influence and shape legislation, policies and programs that affect health – often providing evidence of the health risks and ways to reduce them. For example, public health works with:

- the Ministry of Education, local school boards, schools and parents to develop policies that promote healthy eating and physical activity, such as the school food and beverage policy in elementary and secondary schools as well as a daily physical activity policy for grades one to eight
- the Ministry of Transportation, the Ministry of the Attorney General, transportation planners, local coalitions and police forces across the province to promote safe and active transportation
- the Ministry of the Environment, industries, employers and local environmental groups to reduce environmental health risks

- the Ministry of Municipal Affairs and Housing and urban planners to influence the provincial policy statement on land use planning and local zoning by-laws which can affect how healthy our communities are and whether they provide easy safe opportunities for people to be physically active and eat healthy foods
- the Ontario Ministry of Agriculture and Food and the food and restaurant industry to ensure safe food and reduce food-borne illnesses
- the Ministry of Finance, the Ministry of the Attorney General, municipal councils and the retail sector to develop strong health legislation and tax policies that limit access to tobacco and alcohol and reduce consumption.

A New Strategic Partnership to Improve Aboriginal Health

Aboriginal peoples in Ontario – living on or off reserve – experience significantly poorer health status than non-Aboriginal Ontarians. Although local public health is required to consider the needs of First Nations and Aboriginal communities, the extent to which local public health agencies provide programs and services to both on-reserve and off-reserve Aboriginal communities varies considerably.

Through the Public Health Working Group established under the recently created Trilateral First Nations Health Senior Officials Committee, the province, federal government, and First Nations leadership have agreed to work together to develop an integrated and comprehensive system of public health services for First Nations communities across the province. The project charter, signed by all three parties, recognizes the importance of working across jurisdictional boundaries to ensure public health program delivery of a standard of care that is up to at least the level of non-First Nations communities in Ontario, and is tailored to the needs of First Nations overall recognizing differences among individual First Nations communities.



Ontario Agency for Health Protection and Promotion Act, 2007

Health Protection and Promotion Act, 1990

Our “No Little” Plan

We know from experience that many health interventions that target the whole population do not reach the most vulnerable in our society, so we will develop strategies designed to meet the needs of those at highest risk of poor health outcomes.

The core day-to-day business of the public health sector is set out in the Health Protection and Promotion Act (1990), the Ontario Agency for Health Protection and Promotion Act (2007), and the Ontario Public Health Organizational Standards (2011).

Our plan brings the parts of the public health sector together to look at how we can collaborate to conduct our core business, create greater consistency across the province and make effective use of all public health skills, expertise and resources.

Our first joint sector-wide plan is a commitment to:

1. Continue to pursue our core business and fulfil our legislated requirements (our strategic goals); and,
2. Work together to address collective areas of focus over the next three to five years.

Our Vision

Ontarians are the healthiest people in the world supported by the best public health system in the world.

Our Mission

To protect and promote the health of all people in Ontario through the delivery of quality public health programs and services, effective partnerships and a focus on health equity.

Our Values

Excellence. We are committed to providing high quality, evidence-informed services. We are leaders and innovators in the field of public health.

Preparedness. We anticipate potential threats to health and respond quickly.

Collaboration. We work collaboratively and respectfully with other parts of the health sector and with other sectors – provincially and locally, developing trusting partnerships that will improve health.

Equity. We focus on strategies to improve the health of our diverse population and reduce inequities. Some strategies are population-wide, and some are focused on vulnerable groups.

Accountability. We are accountable for our use of public resources. We are committed to providing effective and efficient programs and services that provide value for money.

Our Approach

The public health sector works to:

- promote health
- protect health
- prevent illness and injury
- influence the social determinants of health – including the social, economic, physical and environmental factors that affect health.

To fulfil our mission, we focus on two approaches to planning and delivering services:

Population Health. Population health aims to improve the health of the entire population and to reduce health inequities among population groups. We endeavour to address the needs of vulnerable populations including Aboriginal populations. We act upon the broad range of factors and conditions that have a strong influence on our health.

Life Course. The life course approach views health as the product of risk behaviors, protective factors and environmental agents that we encounter throughout our entire lives and that have cumulative, additive and even multiplicative effects on health outcomes. It helps understand how early life experiences affect health later in life, and it provides a way to identify and address health inequities at different life stages.

Our Strategic Goals and Collective Areas of Focus

We have identified five strategic goals and eight collective areas of focus.

Our goals reflect and reinforce our core business – protecting and promoting the health of Ontarians.

Our collective areas of focus were selected for the following reasons:

- They represent an emerging public health sector issue;
- They are supported by evidence that action in these areas will have an impact;
- We are uniquely positioned to influence them;
- There are opportunities for alignment with related initiatives;
- Synergies could occur from collective action;
- We are likely to be able to demonstrate an impact on the issue over the next three to five years;
- We received input and advice through our consultations, and/or
- We had discussions at the Public Health Leadership Council.

On the following pages, we explain in more detail why we chose each area of focus (rationale). As a sector, we still have to decide on the actions to address each of these problems. Over the next few months, we will hold consultations across the province to develop our action/implementation plan. However, we include some proposed actions – chosen either because they leverage work already underway or because they have the potential to be highly effective.

Fifty per cent of a population's health outcomes can be explained by socioeconomic factors, including education, income, early child development, employment, work conditions, culture, gender and personal health practices.

Standing Senate Subcommittee on Social Affairs, Science and Technology.

A Healthy, Productive Canada: A Determinant of Health Approach. Final Report of Senate Subcommittee on Population Health. 2009.



In 2008, 6.7 per cent of babies in Ontario were born at a low birth weight (i.e., <2500 grams) – which means they are more likely to experience a range of health and development problems throughout their lives. *Ontario Perinatal Surveillance System. Ontario Perinatal Surveillance System Report. Ottawa, ON: Children's Hospital of Eastern Ontario; 2008 [cited 2013 Feb 1].*

Although 87 per cent of Ontario mothers start out breastfeeding their babies, only 50 per cent are still breastfeeding at six months while 27.3 per cent are breastfeeding exclusively. *Canadian Community Health Survey. CANSIM. Accessed Aug. 20, 2012 at <http://www5.statcan.gc.ca/cansim/a26>.*

Strategic Goal #1 Optimize healthy human development

Collective Area of Focus #1:

Early childhood development, including mental wellness and resiliency

Rationale

Healthy babies are more likely to grow up to be healthy children, teens, adults and seniors. The first 2,000 days of life are critical to long-term health.¹⁸ This is the time when children's brains and bodies are developing, and their environment contributes to the hard wiring of their brains.

In Canada, fewer than five per cent of babies are born with any limits on their ability to develop but, by school age, over 26 per cent of children have fallen behind.¹⁹ They are not as ready for school as they should be. Approximately 25 per cent of Ontario children are entering school "vulnerable" with physical, emotional, cognitive or speech/language issues that could be prevented.²⁰ The main factors that put children at risk are poverty, stress, neglect and abuse. Factors that protect babies and help them develop include their mother eating well and not smoking or drinking alcohol during pregnancy, being breastfed exclusively until six months of age, receiving positive parenting and living in supportive environments.

Proposed Actions

- Build on current initiatives– including Healthy Babies, Healthy Children, which focuses on early childhood development and three key government strategies: Open Minds, Healthy Minds (children's mental health), Great to Excellent: Launching the Next Stage of Ontario's Education Agenda (education) and No Time to Wait: Report of the Healthy Kids Panel (healthy eating, active living).
- Identify and implement evidence-based strategies that support early childhood development and maternal/child/youth health, mental wellness and resilience.



¹⁸ Barker DJ. The origins of the developmental origins theory. *J Intern Med.* 2007 May; 261(5):412–7

¹⁹ Hertzman C. Social geography of developmental health in the early years. *Healthcare Quarterly.* 2010 Oct. 14 Spec No. 1:32–40.

²⁰ Ministry of Health and Long-Term Care. *Public Health – Everyone's Business.* Toronto, ON: Queen's Printer for Ontario; 2010 [cited 2013 Mar 8]. Available from: http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_09/cmoh_09.pdf

Strategic Goal #2 Improve the prevention and control of infectious diseases

Collective Area of Focus #2:

Immunization

Rationale

Immunization is a key component of Ontario's public health system, **and one of the most cost-effective disease prevention interventions.**

Immunization saves lives. Because of safe effective immunization programs, smallpox has been eradicated, polio has been eliminated in the Americas and diseases that used to kill or sicken thousands – such as tetanus, diphtheria, measles, mumps, rubella, Haemophilus influenzae b and meningococcal disease – are now rare.

Immunization reduces health care costs. Because immunization prevents illnesses, it reduces the need for physician visits, hospitalizations, drug treatments and public health efforts to manage disease outbreaks – which saves health dollars. Immunization also helps our economy by reducing sick days and increasing productivity.

Ontario has a strong immunization program, including a Universal Influenza Immunization Program. We currently immunize children and adults against a wide range of diseases.

However, uptake of vaccines is not as high as it should be to protect both individual and population health. A comprehensive expert review of Ontario's immunization programs and their impact is currently underway and will guide our actions.

Proposed Actions

- i. Implement the findings of the Immunization System Review
- ii. Evaluate and renew the Universal Influenza Immunization Program (UIIP)
- iii. Consider and prioritize new vaccines for public funding.



Immunization has saved more lives in Canada than any other medical intervention in the last 50 years.

Public health delivers publicly funded vaccinations to prevent:

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Haemophilus influenzae b
- Pneumococcal disease
- Meningococcal disease
- Measles
- Mumps
- Rubella
- Varicella
- Hepatitis A
- Hepatitis B
- Human Papilloma Virus
- Influenza
- Rotavirus gastroenteritis

The last reported case of polio in the Americas was in 1991 in a then two-year-old Peruvian boy. The eradication of this childhood disease from the Americas was only achieved following a massive vaccination effort launched in 1985 by the Pan American Health Organization (PAHO) and culminating in 1994 when an international commission certified that the Americas was polio-free. Source: www.paho.org.

The need is grave and compelling. If nothing changes, one in three children in Ontario will be overweight or obese. More children will develop weight issues that will lead to serious health problems in their 30s and 40s, and affect their quality of life. The cost of obesity will overwhelm our health care system.

*Healthy Kids Panel
No Time to Wait:
The Health Kids Strategy, 2012*

Strategic Goal #3 Improve health by reducing preventable diseases and injuries

Collective Area of Focus #3:

Physical Activity and Healthy Eating

Rationale

Overweight and obesity are threatening Ontarians' health and well-being.

Almost 30 per cent of Ontario children and youth are overweight or obese.²¹ The rates are even higher in some populations such as Aboriginal children (40 per cent).²² Overweight children and youth are more likely to develop cardiovascular disease and other health problems later in life.²³ To meet Ontario's target to reduce childhood obesity, we must act aggressively now.

Weight problems are not confined to children. Over half of Ontario adults are now overweight or obese, which means they are more likely to develop chronic diseases such as coronary artery disease, stroke, hypertension, breast and colon cancer, type 2 diabetes, gall bladder disease and osteoarthritis.²⁴ Obesity cost Ontario \$4.5 billion in 2009: \$1.6 billion in direct health care costs and \$2.87 billion in lost earnings due to illness and premature death.²⁵

Ontario's Action Plan for Health Care made a commitment to reduce childhood obesity by 20 per cent over five years.²⁶ To meet that target, we must find effective ways to engage the whole population in healthy eating and physical activity. The Healthy Kids Panel has released a comprehensive, evidence-based, three-pronged strategy to: start all kids on the path to health, change the food environment and create healthy communities. The 23 recommendations cover everything from prenatal and postnatal care to the food supply and food marketing to built environments that promote healthy eating and active living.²⁷ To act on those recommendations, the public health sector will have to forge strategic working relationships with both the health and non-health sectors – with parents, child care providers, schools, health care providers, community organizations, the food industry, store owners and retailers and the media.

²¹ Statistics Canada, Health Canada. Canadian Community Health Survey Cycle 2.2, Nutrition (2004). Canada's Nutrition and Health Atlas.

²² Shields, M. (2006). Overweight and obesity among children and youth. Health Reports, Vol. 17, No. 3, August 2006.

²³ Institute of Medicine, Committee on Accelerating Progress in Obesity Prevention, Food Nutrition Board. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Washington, DC: The National Academies Press, 2012.

²⁴ Katzmarzyk, P. The Economic Costs Associated with Physical Inactivity and Obesity in Ontario. Can J Appl Physiol. 2004 Feb; 29(1); 90–115.

²⁵ Ibid.

²⁶ Ministry of Health and Long-Term Care. Ontario's Action Plan for Health Care. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2013 8 Mar].

²⁷ Healthy Kids Panel. No Time to Wait: The Healthy Kids Strategy. Toronto, ON: Queen's Printer for Ontario; 2013 [cited 2013 Mar 8].

Collective Area of Focus #4:

Tobacco and Alcohol

Rationale

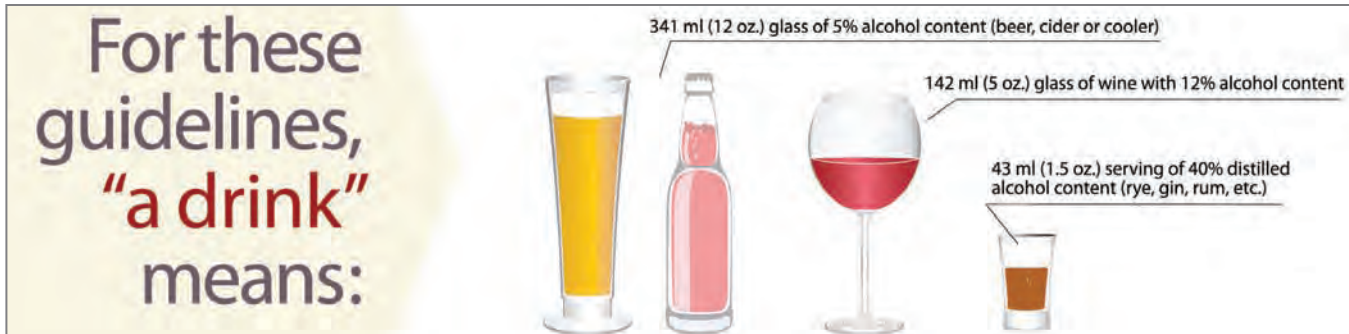
Tobacco use – the number one cause of preventable disease and premature death in the province – is responsible for 80 per cent of lung cancers, 80 per cent of chronic obstructive pulmonary disease, and approximately 13,000 deaths each year.²⁸ Tobacco use has now been linked to breast cancer, cancer in at least 18 other sites, post-surgical complications and stroke.²⁹

Over the past decade, we've seen a sea change in attitudes towards smoking and in tobacco use. Through Smoke Free Ontario, we've reduced tobacco use in the province from 25 per cent in 2000 to 19 per cent in 2011. The proportion of youth smoking dropped from 17 per cent in 2000 to six per cent in 2011.

Despite the progress we've made, 19 per cent of Ontarians smoked in 2011. Tobacco use still costs us too much: about \$2.2 billion in direct health care expenses and \$5.3 billion in lost productivity in 2011 – not to mention the personal cost of tobacco-related illnesses and death. Ontario's Action Plan for Health Care made a commitment that Ontario would have the lowest smoking rates in Canada, so reducing tobacco use must be a public health priority.



Over 80 per cent of Canadian adults drink alcohol, and approximately one in five (22 per cent) Ontario adults drink more alcohol than recommended by Canada's Low-Risk Alcohol Drinking Guidelines.³⁰ Alcohol is associated with a wide range of harm. It has been linked to more than 65 medical conditions ranging from injuries (e.g., increased risk of trauma related to motor vehicle accidents) to chronic medical conditions.³¹ Like tobacco, alcohol costs us in lives, health care costs and productivity. In 2011, alcohol consumption cost Ontario an estimated \$1.7 billion in direct health care costs and \$3.6 billion in indirect costs.³²



© Canadian Centre on Substance Abuse 2012. Developed on behalf of the National Alcohol Strategy Advisory Committee. Canada's Low-Risk Alcohol Drinking Guidelines are reproduced with permission from the Canadian Centre on Substance Abuse.



²⁸ Rehm, J, Baliunas, D, Brochu, A, Fischer, B, Gnam, W, Patra, J, et al.. The costs of substance abuse in Canada 2002: Highlights. Ottawa, ON: Canadian Centre on Substance Abuse; 2006 [cited 2013 Mar 8]. Available from: <http://www.ccsa.ca/2006%20CCSA%20Documents/ccsa-011332-2006.pdf>.

²⁹ Smoke-Free Ontario – Scientific Advisory Committee. Evidence to Guide Action: Comprehensive Tobacco Control in Ontario. Toronto, ON: Ontario Agency for Health Protection and Promotion; 2010 [cited 2013 8 Mar]. Available from: <http://www.oahpp.ca/services/documents/evidence-to-guide-action/Evidence%20to%20Guide%20Action%20-%20CTC%20in%20Ontario%20SFO-SAC%202010E.PDF>.

³⁰ Butt P, Beirness D, Gliksman L, Paradis C, Stockwell T. Alcohol and health in Canada: A summary of evidence and guidelines for low risk drinking. Ottawa, ON: Canadian Centre on Substance Abuse; 2011 [cited 2013 Mar 8]. Available from: <http://www.ccsa.ca/2011%20CCSA%20Documents/2011-Summary-of-Evidence-and-Guidelines-for-Low-Risk%20Drinking-en.pdf>.

³¹ Ratnasingham S, Cairney J, Rehm J, Manson H, Kurdyak PA. Opening Eyes, Opening Minds: The Ontario Burden of Mental Illness and Addictions Report. An ICES/PHO Report. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario; 2012 [cited 2013 Mar 8].

³² Rehm J, Gnam W, Popova S, Baliunas D, Brochu S, Fischer B, et al. The costs of alcohol, illegal drugs, and tobacco in Canada, 2002. J Stud Alcohol Drugs. 2007 Nov; 68 (6): 886–95.

Proposed Actions

- i. Build on existing efforts to reduce risk factors for overweight and obesity, tobacco use and high-risk alcohol use, including No Time to Wait: Report of the Healthy Kids Panel, Smoke-Free Ontario initiatives, Canada's Low-Risk Alcohol Drinking Guidelines and all other public health, health sector and non-health sector initiatives that promote healthy eating and physical activity, discourage tobacco use, encourage low-risk consumption and contribute to achieving the goals in Ontario's Action Plan for Health Care.
- ii. Implement new and more effective policies and programs to promote physical activity, healthy eating, smoking cessation and low-risk consumption with both the broader population and groups at higher risk of poor health outcomes.



The built environment is part of the overall ecosystem of our earth. It includes the land-use planning and policies that impact our communities in urban, rural, and suburban areas. It encompasses all buildings, spaces and products that are created or modified by people. It includes our homes, schools, workplaces, parks/ recreation areas, business areas and roads. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites and subway trains, and across the country in the form of highways.

*Health Canada 1997, in
McMackin 2005: 3*

We are now living in “obesogenic” environments, communities, workplaces, schools and homes that actually promote or encourage obesity. Many young people do not have the opportunity to be physically active every day and are surrounded by ads promoting soft drinks and snack foods. More adults work in sedentary jobs and drive long distances to work. More communities lack sidewalks, park space, bike lanes and recreation programs.

*Healthy Weights, Healthy Lives, 2004 Chief
Medical Officer of Health's Report*

Strategic Goal #4 Promote healthy environments – both natural and built

Collective Area of Focus #5:

Built Environment

Rationale

It is fitting that a strategic plan that borrows its name from Daniel Burnham, the father of urban planning, should commit Ontario's public health sector to focus more on the role of the built environment on health.

Certain characteristics of the built environment, such as density, mixed land use, walkability, green space and community size can either foster or discourage good health. For example:

- Policies that promote active transportation (e.g., walking, cycling, strollers, wheelchair) and public transportation reduce car use and make communities more walkable, which can help achieve provincial health goals such as reducing diabetes and childhood obesity.
- Poor design of roadways, sidewalks and stairways can discourage walking, while obstacles, such as potholes in sidewalks and roads and poor lighting, can increase falls and injuries.
- The built environment affects air quality, safety and social connectivity – all key to individual and community health.

Built environments can play a significant role in improving health and reducing health and social costs, particularly by promoting healthy physical activity and reducing the risk of injuries and social isolation – which lead to better physical and mental health.

Because of its close relationship with municipal government, local public health is well positioned to influence municipal planning and policy and reinforce the strong link between community planning and health outcomes. The public health sector has contributed to a number of initiatives designed to make our built environments healthier, such as the provincial cycling strategy, the provincial policy statement on the planning act and ongoing work related to Places to Grow, the Ontario Government's program to plan for growth and development in a way that supports economic prosperity, protects the environment and helps communities achieve a high quality of life.

Under the Chronic Disease and Injury Prevention Standard of the Ontario Public Health Organizational Standards, local public health is required to work with municipalities to support healthy public policy and create or enhance supportive environments in the recreation setting and built environment. However, capacity varies across the sector. We need to enhance our capacity to advocate effectively with our partners for healthier built environments.³³

Proposed Actions

- i. Define the scope and role for the public health sector in addressing and mitigating the health impact of the built environment
- ii. Enhance provincial capacity to generate evidence to guide provincial and local public health collaboration with municipal planners, transportation planners, public works, parks and recreation and others who influence the built environment.

³³ Ontario Trauma Advisory Committee. Ontario Trauma Registry 2011 Report: Major Injury in Ontario, 2009–2010 Data. Toronto, ON: Canadian Institute for Health Information; 2011 [cited 2013 Mar 8]. Available from: https://secure.cihi.ca/free_products/OTR_CDS_2009_2010_Annual_Report.pdf.

Strategic Goal #5 Strengthen the public health sector's capacity, infrastructure and emergency preparedness

This goal – though listed last – is the foundation for our big plan. We will only succeed if we have the right infrastructure, tools and supports, and the ability to work cohesively as a sector.

We must be able to share information quickly and easily. We need mechanisms to help us work effectively with one another and with other sectors. We also need a skilled competent workforce to fulfil public health's role and respond to emerging issues and trends.

Collective Area of Focus #6:

Information and Knowledge Systems

Rationale

We know from recent reports that both federal and provincial public health sector information and knowledge systems have serious limitations. In Operation Health Protection (2004), Ontario made a commitment to renew public health information technology and implemented the Integrated Public Health Information System (iPHIS), replacing the outdated Reportable Disease Information System. We have now started to implement Panorama, a pan-Canadian information system that will improve public health surveillance, enhance our ability to deliver and monitor immunization programs, and improve our ability to manage outbreaks of infectious diseases. But more must be done.

There is currently no Information and Information Technology (I&IT) strategy for the public health sector. Local public health agencies are using different information systems, which cannot communicate or share information with other public health information systems or with those of key health partners, such as primary care practitioners and Local Health Integration Networks (LHINs). A public health

“[It] is not enough to simply bring together, or even to have partners work well together. Collaborations with a clear vision – a common and clear understanding of the issue and how to solve it – [are] more likely to be successful in meeting their goals.”

Wellesley Institute. Reducing Health Inequities: Enablers and Barriers to Inter-sectoral Collaboration. 2011 [cited 2013 Jan 25]. Available from: <http://www.wellesleyinstitute.com/wp-content/uploads/2012/09/Reducing-Health-Inequities-Enablers-and-Barriers-to-Intersectoral-Collaboration.pdf>



Public health actions depend upon active collaboration with other partners. For example, one strategy to address childhood obesity is to ensure daily physical activity in schools. This cannot be accomplished without the active participation of schools, school boards, parent councils, students and provincial ministries of education. Currently, inter-sectoral partnerships are often developed to a greater extent at the regional/local level where public health services are delivered rather than at provincial or national levels. Partnership at these levels is needed to develop the public health system and its programming.

*Canadian Institute for Health Research,
The Future of Public Health in Canada:
Developing a Public Health System for
the 21st Century. Ottawa, ON: Canadian
Institute for Health Research; 2003 [cited
2013 Feb 1]; Available from:
<http://www.phac-aspc.gc.ca/php>*

sector I&IT strategy will chart a course to close our current infrastructure gaps, develop new approaches to sharing information, and ensure data quality both within and beyond the public health sector. Better systems will also allow us to build population health data repositories that we can use to assess needs as well as the impact of different policies and interventions.

Collective Area of Focus #7:

Collaborative Mechanisms

Rationale

In addition to better information systems, the public health sector needs formal mechanisms to help us collaborate, consult and share knowledge – with each other and with our health sector partners. More effective collaborative mechanisms will support joint strategic planning and action on shared priorities between public health and the rest of the health sector, such as chronic disease prevention and infectious disease prevention and management. They will also help clarify the shared roles and responsibilities of our public health sector partners.

We also need formal mechanisms to promote collaboration and partnerships with non-health sectors. With better collaboration, both local public health and provincial public health will be able to build stronger relationships with other sectors, creating a more solid bridge between those sectors and the health sector.



Collective Area of Focus #8:

A Highly Competent Workforce

Rationale

Gaps in public health human resources have plagued the public health sector for many years. We need a workforce plan that will address challenges and barriers to recruitment and retention in key disciplines; identify core competencies for the full range of public health disciplines; and determine how best to manage the varying capacity and expertise across the province.

As part of public health renewal in Ontario, the government has made some significant strides in building public health human resource capacity, significantly boosting recruitment and retention of medical officers of health across the province. The ministry has also increased infection prevention and control capacity in the sector, and funded new Social Determinants of Health and Chief Nursing Officer positions in all local public health agencies. Public Health Ontario provides education and professional development for public health professionals.

Ongoing efforts to create a highly skilled, responsive workforce will enhance our capacity to respond to the collective areas of focus identified in this plan.

Proposed Actions

- i. Complete the development and implementation of Panorama
- ii. Complete and begin implementing a Public Health Sector Information and Information Technology (I&IT) strategy
- iii. Develop a provincial surveillance strategy that includes communicable and non-communicable diseases and injuries, as well as environmental health
- iv. Create formal mechanism(s) for effective and timely translation of public health evidence into policy
- v. Develop formal mechanisms to enhance the ability of the public health sector to collaborate with the rest of the health sector, including primary care and Local Health Integration Networks (LHINs)
- vi. Develop and enhance effective partnerships with non-health sectors
- vii. Develop a public health human resource strategy that analyzes gaps, forecasts future requirements, defines appropriate workforce development initiatives, and strengthens shared services among local public health agencies in specialty areas.

"All health units in Ontario should be fully staffed with enough people and the right mix of people and competencies. There must be strong and effective leadership at all levels. ... First, there must be a comprehensive provincial strategy that addresses the important human resources of public health leadership, opportunities for professional and career development, remuneration, critical shortages and human resource planning. Second, each health unit must have its own resources strategy. Working together, these strategies will enhance the training, recruitment, and retention of public health workers."

National Advisory Committee on SARS and Public Health. Learning from SARS: Renewal of Public Health in Canada. Ottawa, ON: Health Canada, 2003 [cited 2013 Feb 1]. Available from: <http://www.phac-aspc.gc.ca/publicat/sars-sras/pdf/sars-e.pdf>



Developing Our Outcomes and Indicators

Over the next year, the public health sector will review its current metrics, and define desired population outcomes and metrics for each of the strategic goals and collective areas of focus. We will be guided by work completed to date in this area, including the existing sector Accountability Agreements and the 2011 Ontario Health Status Report by Ontario's Chief Medical Officer of Health.

