

# Board of Health and Local Health Integration Network Engagement Guideline, 2018

Population and Public Health Division,  
Ministry of Health and Long-Term Care

**Effective: January 1, 2018**

## Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.<sup>1,2</sup> The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Guidelines are program and topic-specific documents which provide direction on how boards of health shall approach specific requirement(s) identified within the Standards.

## Purpose

The *Patients First Act, 2016* introduced new requirements for Medical Officers of Health (MOHs) and the Chief Executive Officers (CEOs) of Local Health Integration Networks (LHINs) to support the integration of a population health approach into the broader health system.<sup>3</sup> This guideline defines parameters and expectations for implementing formal engagement between boards of health and LHINs.

## Reference to the Standards

This section identifies the standard and requirement to which this protocol relates.

### Population Health Assessment

**Requirement 7.** The medical officer of health of a board of health shall formally engage with the chief executive officer from each LHIN within the geographic boundaries of the health unit on population health assessment, joint planning for health services, and population health initiatives in accordance with the *Board of Health and Local Health Integration Network Engagement Guideline, 2018* (or as current).

## Context

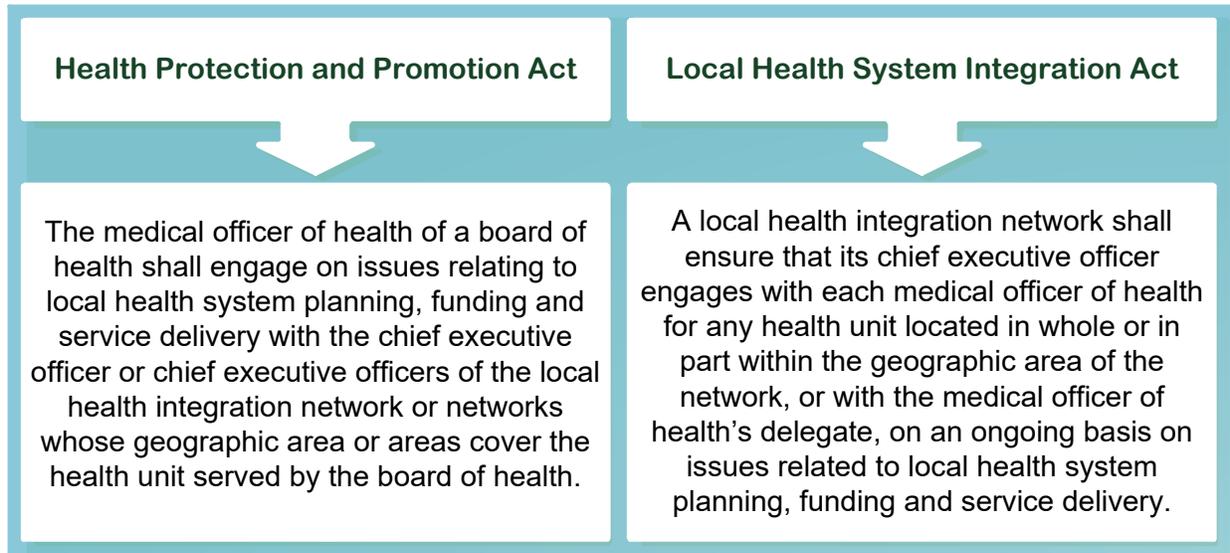
The *Patients First Act, 2016* aims to strengthen links between population and public health and the health system to achieve:

- Health service delivery that better reflects population needs
- Public health and health care service delivery that is better integrated
- Social determinants of health and health equity incorporated into care planning
- Stronger linkages between disease prevention, health promotion and care.<sup>3</sup>

To do this, the *Patients First Act, 2016* included parallel amendments to the *Health Protection and Promotion Act, 1990* (HPPA) and the *Local Health System Integration Act, 2006* (LHSIA) to mandate the establishment of formal linkages between MOHs and

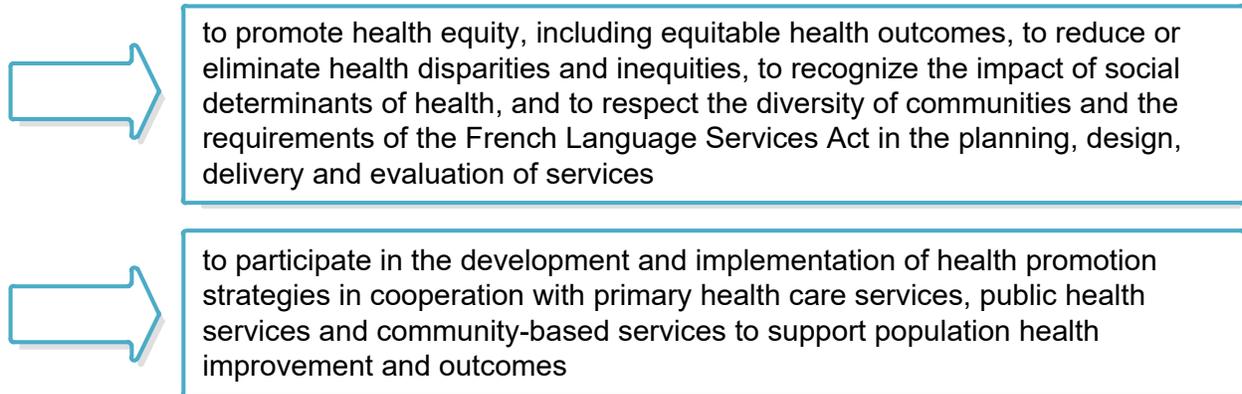
LHIN CEOs.<sup>2,3,4</sup> The *Patients First Act, 2016*, specifies a requirement between MOHs and LHIN CEOs. It is expected that engagement will occur at multiple levels between boards of health and LHINs (e.g., staff, management and governance), as appropriate.<sup>3</sup>

**Figure 1: HPPA and LHSIA requirements that establish formal linkages between MOHs and LHIN CEOs**



The *Patients First Act, 2016* also included amendments to LHSIA to integrate a population health approach into the objects of LHINs.<sup>3</sup>

**Figure 2: LHIN objects in LHSIA that integrate a population health approach**



Implementation of the requirement to establish formal linkages is impacted by the following factors:

- Across the province there is **variability** among boards of health and LHINs and in their existing relationships.

- There is a need to provincially define **minimum expectations** for the scope and intensity of the relationship while promoting **innovative thinking** among boards of health and LHINs.
- The relationship between LHINs and boards of health will be iterative and **evolve over time**, however guidance is needed to help get started and to achieve a level of consistency across the province.
- Processes and structures put in place should be sufficiently **flexible** to adapt to change over time.
- LHINs and boards of health require **ongoing commitment and support** to foster productive and strong relationships.

## Board of Health and LHIN Engagement

Boards of health shall engage with LHINs within their geographic boundary using a collaborative model with representation from all boards of health that are mostly contained within the LHIN boundary. This will allow each board of health to have a direct relationship with their LHIN partners. Boards of health that are mostly contained within the same LHIN boundary shall work together with LHIN partners to operationalize the collaborative model.

The framework for board of health and LHIN engagement provides guidance on how MOHs and LHIN CEOs can implement the requirement in the *Patients First Act, 2016* for formal engagement, and support LHINs in implementing their new objects related to health equity and health promotion.<sup>3</sup> To this relationship, boards of health bring a population health perspective, population health assessment skills, and knowledge of local communities' needs, assets and opportunities to inform health system planning. Public health's equity focus can articulate and highlight trends and drivers in the differences in health among population groups, while bringing intelligence and insights on the social factors that underlie health, disease, and the use of health services. The public health sector has fostered strong relationships with non-health sector actors including municipalities, education, and social services, which are essential to protecting and promoting the health of local populations.

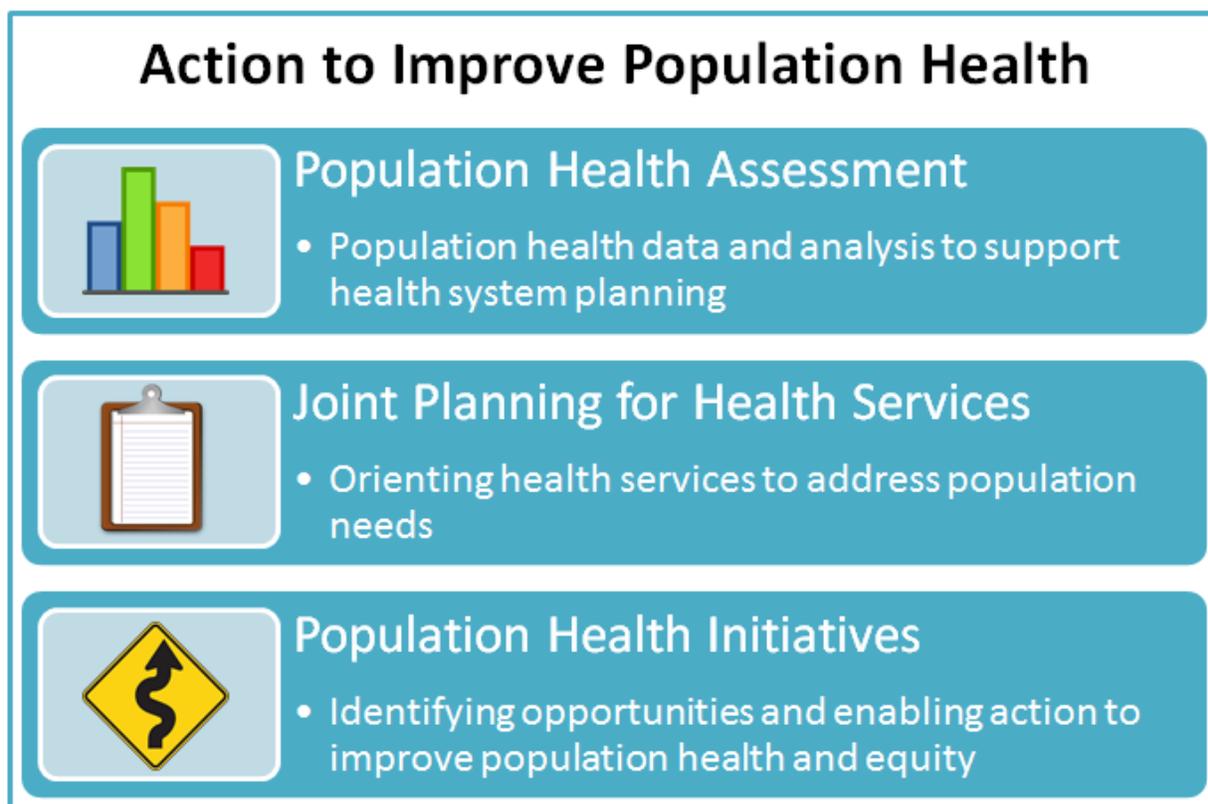
LHINs bring their own set of strengths to the relationship, in their role in planning, funding, and integrating the local health system. For example, LHINs may be able to bring health system partners to the table to support initiatives that reduce duplication and improve health service delivery for the population. A population health perspective can be translated into areas of impact that LHINs oversee and build on their existing work related to health equity and health promotion.

The intent of the requirement is for LHIN CEOs and MOHs to make a commitment for engagement that has weight and significance and includes regular opportunities to meet, inform and influence their organizations' work. The engagement is meant to be

mutually beneficial. Boards of health and LHINs should contribute to each other's mandates, where relevant and helpful.

The following outlines the three primary components of the framework for board of health and LHIN engagement.

**Figure 3: Framework for Board of Health and LHIN Engagement**



## Population Health Assessment

Population health assessment provides the evidence and information to support the integration of a population health approach into health system planning and evaluation. Both LHINs and boards of health, among other health system actors, play a role in population health assessment. Population health assessment promotes the use of data and evidence on population health, equity and the upstream determinants as important criteria in LHIN and board of health priority setting and decision making.

Joint work on population health assessment should inform planning at all levels, including LHIN region and sub-region levels, and public health unit.

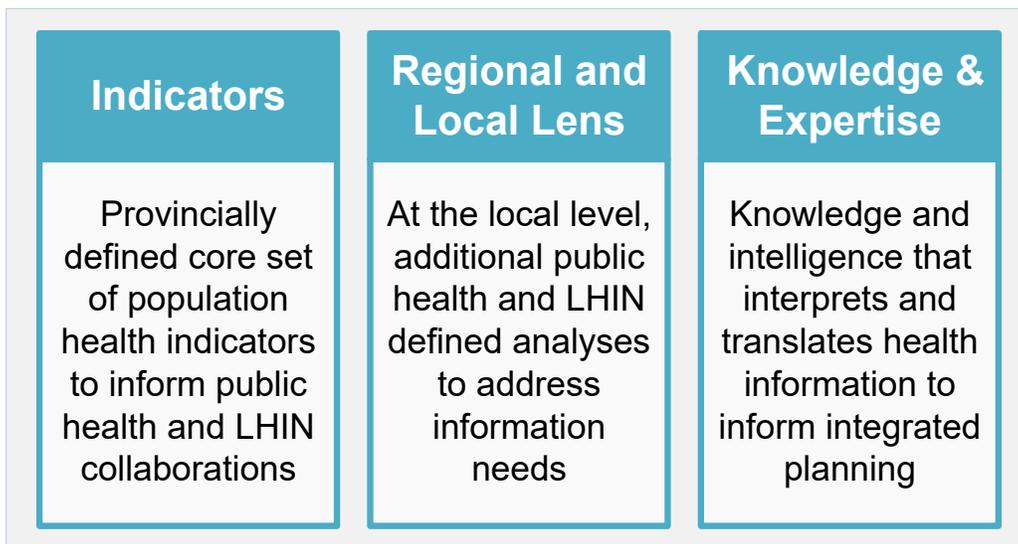
- At the LHIN region level, population health assessment should inform priority setting and decision making on implementation of health services, design of new

health services and resource allocation over the LHIN region to address the population health and equity needs.

- At the LHIN sub-region level, population health assessment should influence the same decisions within the sub-region including the integration of health service providers to better meet the health service needs of local communities and improve equity.
- At the public health unit level, population health assessment should draw on health system data to inform planning for program and service delivery.

The following figure outlines the core components of population health assessment within the context of the board of health and LHIN relationship.

**Figure 4: Core components of population health assessment for board of health and LHIN engagement**



- Boards of health shall use a provincially defined and centrally provided set of **population health indicators** to help inform public health and LHIN collaboration.
- Boards of health shall apply their **regional and local lenses** in their joint work with LHINs by using additional, locally defined data and analyses that are needed to inform planning and decision-making. Data for these analyses may include data collected federally, provincially or locally by the board of health or LHIN.
- Boards of health shall bring their **knowledge and expertise** to population health assessment. This knowledge and intelligence can be applied to interpret and translate the data and analyses to inform integrated planning that reflects a population health approach.

## Joint Planning for Health Services

The relationships between MOHs and LHIN CEOs set the foundation for joint planning on health service delivery for both health care services and public health services. Public health programs and services have traditionally intersected with the broader health care system in a number of specific areas (see examples below). Joint planning can occur at these intersection points. This can facilitate the alignment of public health and health care service delivery to address the population needs specific to LHIN and LHIN sub-regions, and public health units. This planning may address clinical services traditionally provided by public health and whether boards of health are the service provider best positioned to fill service gaps within the health unit area. It could also include identifying and leveraging synergies in health service delivery that exist among LHINs, boards of health and their partners.

### Examples of Public Health and Health Care Intersections

- Maternal and child health
- Falls prevention
- Chronic disease prevention, including diabetes
- Sexual health
- Emergency planning
- Outbreak management
- Immunization
- Infectious and communicable disease prevention and control
- Primary care
- Referral pathways
- Harm reduction
- Opioid strategy
- Vulnerable and priority populations

The population health perspective should influence health system planning and decision making, as appropriate, to orient health service delivery in response to population needs identified through population health assessment. Joint planning should include a focus on equity and the drivers of health inequities in the LHIN region, sub-region, and public health unit areas. The needs of priority populations, including Indigenous and Francophone communities, should be considered and addressed. Planning activities can include priority setting and decision making on the implementation of health services, design of new health services and resource allocation over the LHIN region to address the population health and equity needs. Boards of health and LHINs should be engaged in the development of one another's strategic plans.

## Population Health Initiatives

Working collectively, boards of health and LHINs should identify opportunities to improve the health of the population. The relationship between LHINs and boards of health promotes the inclusion of diverse perspectives and ideas into planning structures to identify actionable solutions to population health issues. Population health initiatives may draw on the levers and expertise that LHINs have that public health has not been able to benefit from, and vice versa. Both LHINs and boards of health have relationships and collaborations with other system actors that could be drawn upon to support joint work on population health.

LHINs and boards of health may choose to take action at different levels to improve population health, including at the individual, organizational, community and policy levels, as appropriate. Initiatives should address an identified need, supported by evidence, which is recognized by both the LHINs and boards of health and that would benefit from the involvement of both organizations. Solutions identified should be expected to make a meaningful impact on population health in the LHIN region, sub-region or public health unit.

Examples of initiatives LHINs and boards of health may take are provided below. It is expected that as the relationship between boards of health and LHINs is strengthened, more diverse and innovative actions will be undertaken.

### Examples of Action to Improve Population Health

- Generation of locally specific population health data to support both LHIN and public health service planning and evaluation
- Collaboration on intersectoral action to address the social determinants of health
- Leveraging the influence that LHINs have as a funder of health service provider agencies, each of which is an employer of staff with a potential to institute health promoting workplace policies
- Implementing organizational learning to develop competencies of staff and a workplace culture that is attuned to population health, health equity and the determinants of health

## Glossary

**Sub-region:** A sub-region is a smaller geographic planning region within each LHIN to help LHINs better understand and address patient needs at the local level. Sub-regions enable a more focused approach to assessing population health need and service capacity, help identify variation in health disparities and health system performance, assist in identifying local factors that inhibit health system improvement, and provide a structure to public and provider engagement.

## References

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario 2018; Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/default.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx).
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
3. *Patients First Act, 2016*, SO 2016, c 30. Available from: <https://www.ontario.ca/laws/statute/S16030>
4. *Local Health System Integration Act*, SO 2006, c 4. Available from: <https://www.ontario.ca/laws/statute/06i04>

## Additional Resources

- Provincial set of population health indicators to support public health and LHIN collaboration

