

Building a Stronger Voice for Policy and Advocacy: Capacity Building in the New Paradigm of the OPHS

Presented by

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Today we will discuss...

- New expectations
- Team/capacity building for success
- A working model



New Expectations of the Ontario Public Health Standards

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Increased Expectations

- ▶ Public expectations for responding to environmental health concerns have increased
- ▶ Reflected in new Ontario Public Health Standards

Increased Public Expectations

- ▶ Air quality and climate change
- ▶ Transportation/community design
- ▶ Point source complaints
- ▶ Brownfields
- ▶ Windmills/Power Plants etc
- ▶ Cellular towers/Transmission corridors
- ▶ Contaminants in consumer products (toys), water, food, etc.
- ▶ Child health and the environment
- ▶ Health Impact Assessment

Foundational Standard

- ▶ The board of health shall engage in public health research activities
- ▶ Public health practitioners, community partners and the public are aware of the best available research
- ▶ Emerging threats to the public's health are prevented or mitigated

Health Hazard Prevention and Management Standard

- ▶ The board of health shall increase public awareness of health risk factors associated with the following health hazards:
 - Indoor air quality;
 - Outdoor air quality;
 - Extreme weather;
 - Climate change;
 - Exposure to radiation; and
 - Other measures, as emerging health issues arise

Health Hazard Prevention and Management Standard

- ▶ Board of health shall conduct surveillance of the environmental health status of the community
- ▶ Board of health shall implement control measures to prevent or reduce exposure to health hazards
- ▶ Reduced incidence of adverse health outcomes from exposure to chemical, radiological, biological, and other physical factors in the environment

Identification, Investigation and Management of Health Hazards Protocol

- ▶ Monitor and collect data on the health status of residents, focusing on adverse health outcomes potentially related to health hazards in the environment
- ▶ Collaborate with other boards of health to coordinate the delivery of public health programs and services
- ▶ Maintain partnerships with the community and relevant local, provincial, and federal agencies with an interest in prevention of health hazards in the environment

Team / Capacity Building for Success

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OPHS

- ▶ Capacity – epidemiology, health promotion, toxicology, program evaluation informatics
- ▶ Shared knowledge
- ▶ Resource leveraging



Team Capacity Building

- ▶ Toxicology
- ▶ Risk Assessment
- ▶ Epidemiology
- ▶ Air Quality Monitoring/Assessment
- ▶ Environmental/Urban Planning
- ▶ Health Promotion
- ▶ Brownfields
- ▶ Emergency Planning
- ▶ CD
- ▶ Communications



Reaching out



Intra-Departmental HU Expertise

- ▶ Library research
- ▶ Legal
- ▶ Air quality modelling
- ▶ Public Works (e.g. waste managers, fleets)
- ▶ Planning
- ▶ GIS



Inter-Agency Networks

- ▶ MOE District Office / SDB
- ▶ MOHLTC / OAHPP
- ▶ MTO / MNR / CAs

- ▶ OPHA / COMOH / CPHA
- ▶ GTA CAC
- ▶ Health Canada / PHAC
- ▶ NCCPH
- ▶ U.S. EPA



PHU Collaboration

- ▶ Toronto

- ▶ Peel

- Hamilton
- Durham
- Sudbury
- Waterloo
- Ottawa
- Thunder Bay

- ▶ York

- ▶ Halton

- Simcoe Muskoka
- Brant County
- Peterborough
- Middlesex London



Creating Synergies

Capacity Building

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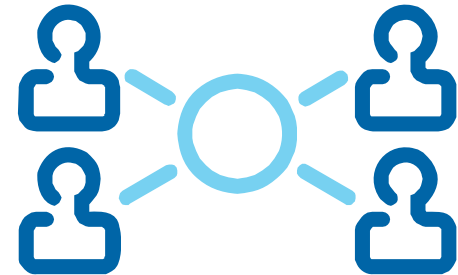
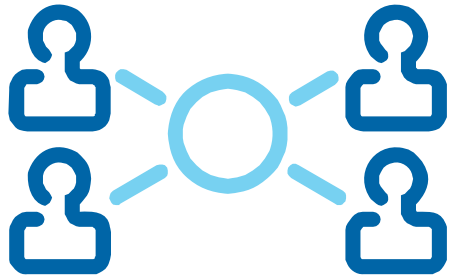
Intradepartmental expertise

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Interagency Networks

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Collaboration and resource leveraging



Enhanced Research and Policy Work
= Stronger Public Health Protection

Collaboration Successes

- ▶ Regulation 153
- ▶ Regulation 419 / Air Standards
- ▶ Tritium in drinking water
- ▶ Electrical generation
- ▶ Air monitoring stations / Air modelling
- ▶ Municipal code of practice for fireplaces
- ▶ Fish consumption guidance
- ▶ Lead in drinking water
- ▶ ROPA



Working Example of a Knowledge Exchange Network



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Overview



- ▶ How was the network formed?
- ▶ What was the working understanding among members?
- ▶ How was the workload managed?
- ▶ How were decisions made?
- ▶ How did it strengthen policy and advocacy?

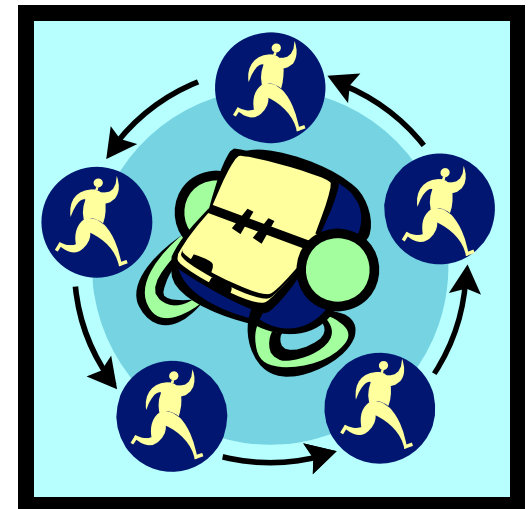
Air Standards Development

- OMOE sets standards for pollutants in air to protect public health
- Community groups do not have the capacity to adequately respond
- Health protective air standards are critical to public health



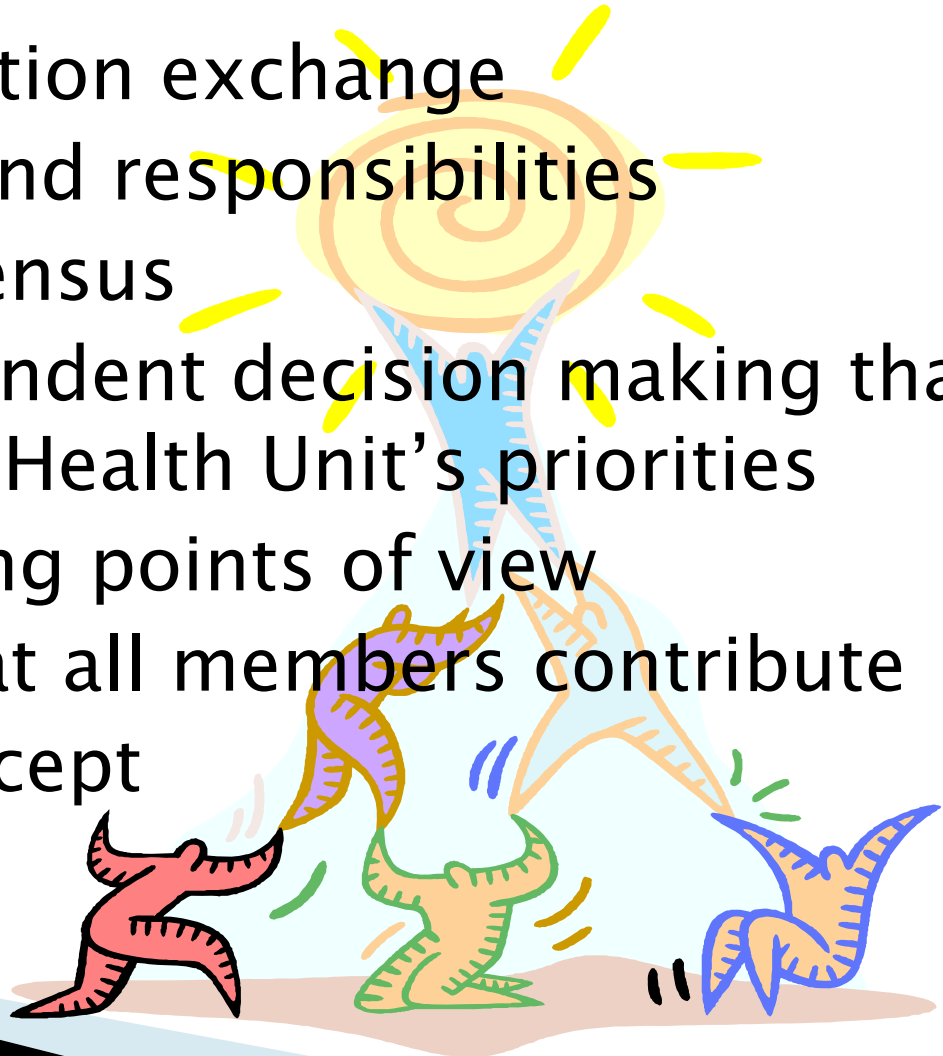
Forming a Network

- ▶ Common goal
- ▶ History of collaboration / OPHA –EHWG
- ▶ Face –to –face initial meeting with the team
- ▶ Core team members=Technical & Policy
- ▶ Geographical Proximity
- ▶ Availability of Resources



The Working Agreement

- ▶ Timely information exchange
- ▶ Flexible roles and responsibilities
- ▶ Strive for consensus
- ▶ Respect independent decision making that aligns with the Health Unit's priorities
- ▶ Support differing points of view
- ▶ Expectation that all members contribute
- ▶ Open door concept



How was the agenda set?

- ▶ Consensus
- ▶ Define scope of work
- ▶ Set deadlines
- ▶ Identify outcomes
- ▶ Advocate for health protective air standards
- ▶ Represent your community



Limitations of the Network

- ▶ Limited representation from health units outside the GTA
- ▶ Members working on multiple priorities
- ▶ Network was informal (limiting or advantageous?)

Strengthened Capacity

- ▶ Complementary relationship
- ▶ Strength in numbers
- ▶ Adequately respond to complex issues
- ▶ Strong voice on behalf of the community
- ▶ Joint advocacy
- ▶ Meet public health standards expectations





Thank You

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**Questions or
Comments?**