

Accountability Framework and Organizational Requirements

Consultation Document

Population and Public Health Division

May 2017

Ministry of Health and Long-Term Care

THIS DOCUMENT IS FOR CONSULTATION PURPOSES ONLY AND IS SUBJECT TO
CHANGE.

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Policy Context

Ontario's health system is undergoing significant transformation, and public health is expected to play a key role in this transformation. Three major initiatives are underway to support public health to take on this role in this transformation:

1. **What is the work of public health in Ontario?** This is being addressed through the modernization of the standards for public health programs and services.
2. **What is the role of public health in integrated planning?** This is being addressed by the Public Health Work Stream.
3. **How does public health need to be organized across the province in order to function effectively within an integrated system?** This is being addressed through the Expert Panel on Public Health.

The province is continuing to experience tight fiscal constraints, with increased scrutiny and expectations regarding value for public expenditures. Boards of health and public health units face these same issues. It can be challenging to make a case for increased investments in public health funding within the current landscape. It is difficult for the Ministry of Health and Long-Term Care (the "ministry") to demonstrate impact at a population level and value for money/return on investment.

An Accountability Committee was convened to recommend an accountability framework for the public health sector in Ontario (see **Appendix 1** for membership). The Accountability Committee was tasked with:

- Developing and validating an overarching accountability framework;
- Articulating the scope of the areas within the accountability framework for boards of health (domains);
- Identifying the accountability requirements of boards of health in relation to each of the accountability domains; and,
- Identifying the tools and processes that are necessary to support board of health reporting on accountability requirements.

In developing the accountability framework, the Accountability Committee:

- Shared information on processes and tools public health units use to demonstrate accountability to their boards and municipalities;
- Reviewed findings and lessons learned from the ministry audits conducted of boards of health;
- Ensured the scope of the accountability framework covered the full scope of accountabilities of boards of health in their relationship to the ministry;
- Considered how to achieve a balance between ensuring compliance with service delivery expectations and supporting the achievement of intended outcomes; and,
- Considered how accountability can be implemented without creating excess burden on resources.

The Public Health Accountability Framework provides the opportunity for the ministry to include and/or highlight specific requirements related to the transformation of the system, including:

- Ensuring that boards of health fulfill their role in an integrated health system;
- Details on the specific activities of boards of health in areas such as use of demographics in program planning, descriptions of program delivery, risk management, and board governance; and,
- Reporting on unit costs of service delivery in order to demonstrate the value for money of public health programs and services.

Through enhanced transparency and demonstration for the value for money, public health will be better able to influence investment decisions that can support the re-orientation of the health system towards upstream prevention efforts.

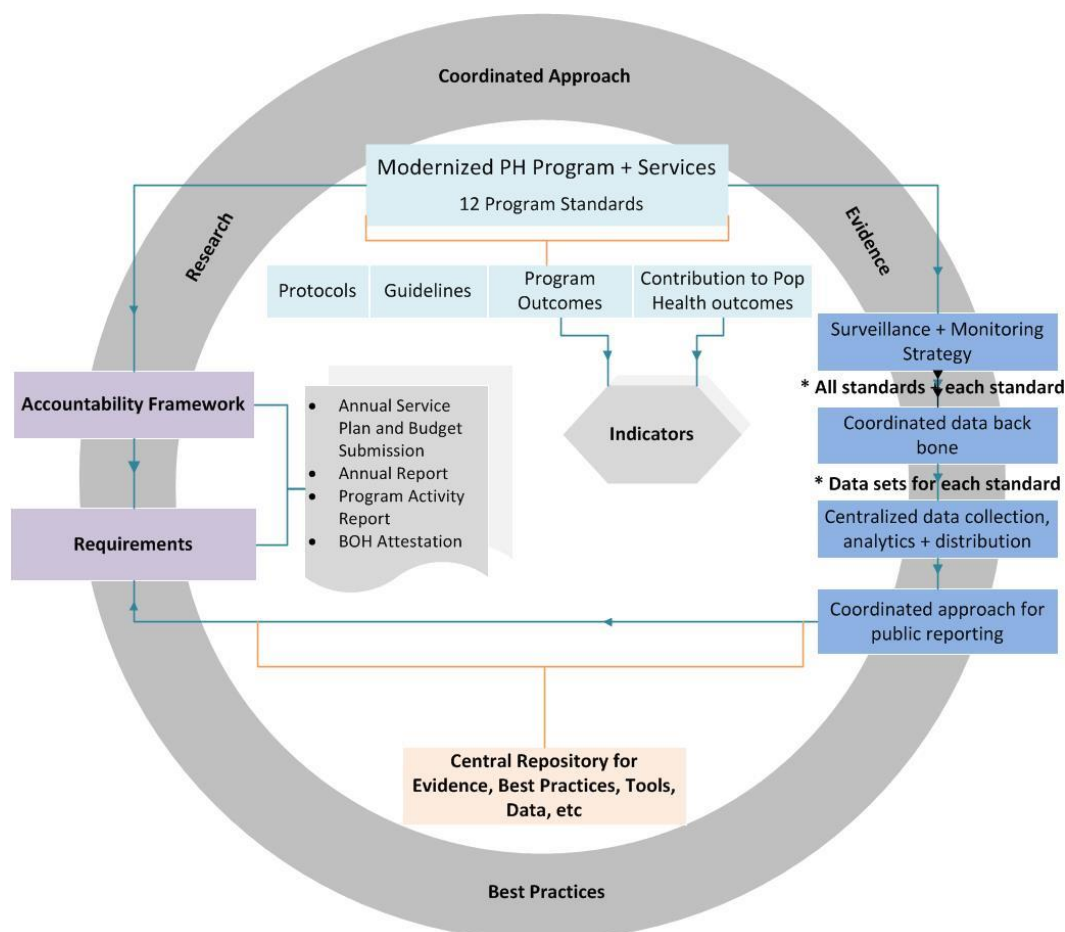
Modernization of the Ontario Public Health Standards

The modernized Ontario Standards for Public Health Programs and Services (OSPHPS) will be supported by protocols, guidelines, reference documents, and a suite of program and population level indicators and an integrated surveillance strategy that will support the implementation, monitoring and evaluation of programs and services, and the impact of public health interventions both across the province and within each public health unit catchment area.

This information will come together in a repository that will assist with analytics required at provincial, regional, and local levels, and a coordinated approach for public reporting. This will assist each board of health in managing its own governance, administration, and effective program and service planning as well as begin to demonstrate the value of these interventions at a regional level and impact on overall wellness of the population.

Figure 1 illustrates the coordinated approach of the modernized OSPHPS to ensure an integrated approach to reporting, data collection, and accountability.

Figure 1: Coordinated Approach – Modernized OSPHPS



Public Health Accountability Framework

As public health transforms, the approach to accountability must also adapt to reflect the new landscape and increased expectations for effectiveness, value, oversight, and quality of the delivery of public health programs and services. Enhanced accountability means that we can ensure investments in public health are improving programs and services that lead to better health for Ontarians. It also supports a strong public health sector that can demonstrate the value of public health and its contribution to population health outcomes.

As boards of health move to implement the expectations of the modernized OSPHPS and settle into their role within an integrated health system, the **Public Health Accountability Framework** (Figure 2) outlines the parameters and requirements for this work, how they do it, and results achieved. It articulates the expectations of the ministry to boards of health to promote a transparent and effective accountability relationship. Enhanced accountability supports the implementation of public health programs and services by ensuring boards of health have the necessary foundations related to the delivery of programs and services, financial management, governance, and public health practice.

Guiding principles underpinning this framework are:

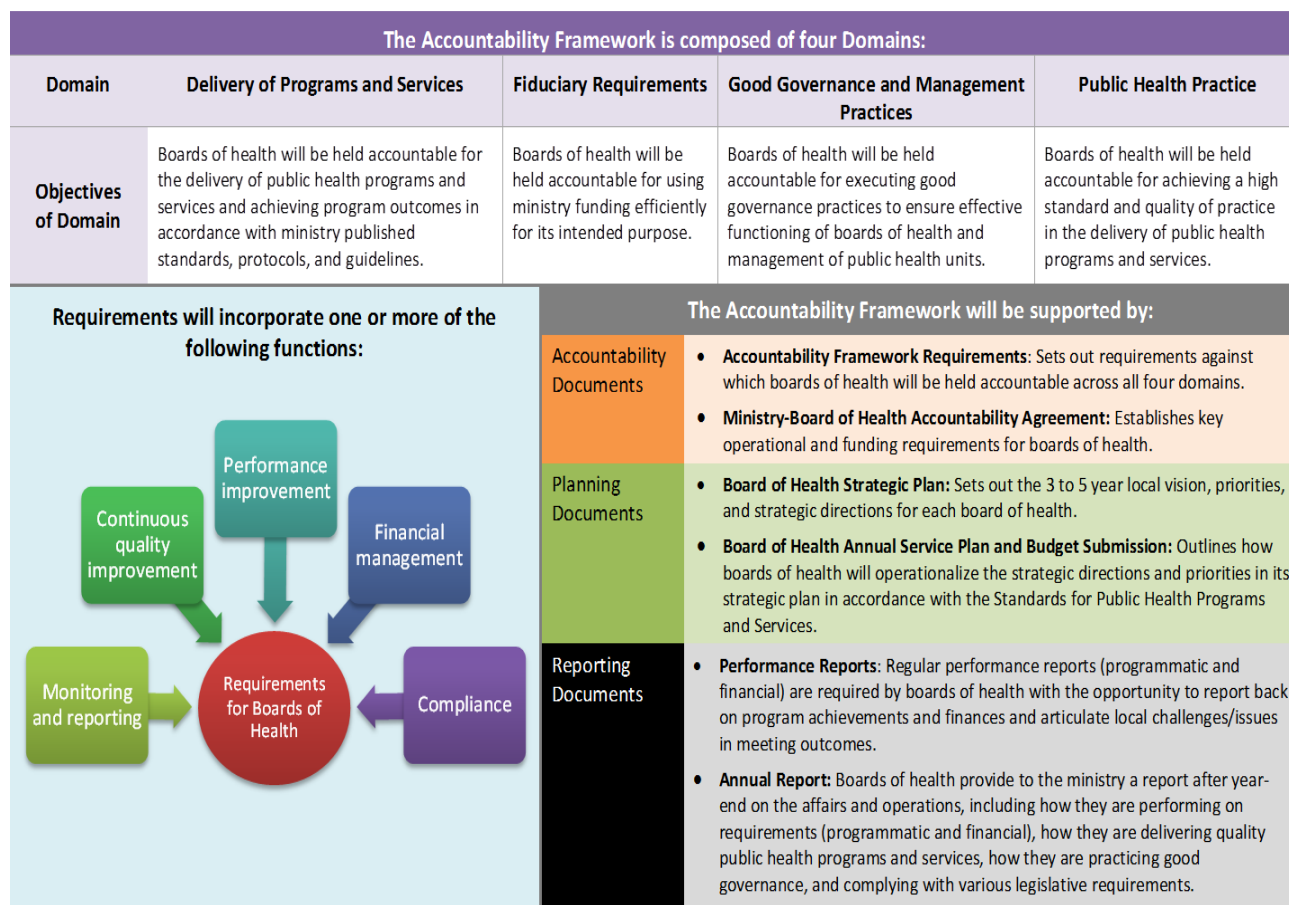
- Well-articulated roles, responsibilities, and expectations for both the ministry and boards of health.
- Leveraging and aligning with current practices to reduce the burden on boards of health.
- Timely direction from the ministry on planning and performance expectations.
- Streamlined reporting to facilitate early identification of any financial, operational, and performance issues.
- Transparent reporting on performance results.
- Fair and effective assessment, engagement, and intervention strategies to address issues, manage risks, and strengthen performance.

Program requirements are outlined in the modernized OSPHPS. The organizational requirements as outlined in this document have been drawn from the *Health Protection and Promotion Act* (HPPA), Public Health Funding and Accountability Agreement, Ontario Public Health Organizational Standards, newly modernized OSPHPS, and recommendations from the ministry audits conducted of boards of health.

The Accountability Framework provides a vehicle for ensuring that all specific requirements that boards of health are responsible for meeting (both programmatic and organizational) are clearly communicated and can effectively be monitored.

Figure 2: Ontario's Public Health Accountability Framework

The Public Health Accountability Framework outlines the parameters and requirements to hold boards of health accountable for the work they do, how they do it, and the results achieved.



NOTE: The Accountability Framework refers to boards of health in order to respect the board of health as the body that is accountable to the ministry as per the *Health Protection and Promotion Act*. It is recognized that there is a delegation of authority for the day to day management and administrative tasks to the Medical Officer of Health (and Chief Executive Officer or other executive officers, where applicable).

Requirements within the Accountability Framework incorporate one or more of the following functions:

- **Monitoring and reporting** measures the activities and achievements of boards of health and assesses the results (to demonstrate value and contribution of public health).
- **Continuous quality improvement** encourages changes in processes to address identified problems and improve efficiency and effectiveness.
- **Performance improvement** ensures boards of health achieve the best results possible and contribute to local, provincial, and population health outcomes.
- **Financial management** ensures that resources are used efficiently and in line with local and provincial needs.
- **Compliance** ensures boards of health meet ministry expectations for required activities articulated in legislation, standards, funding agreements and policies.

Accountability across the domains will be demonstrated through accountability, planning, and reporting tools, such as:

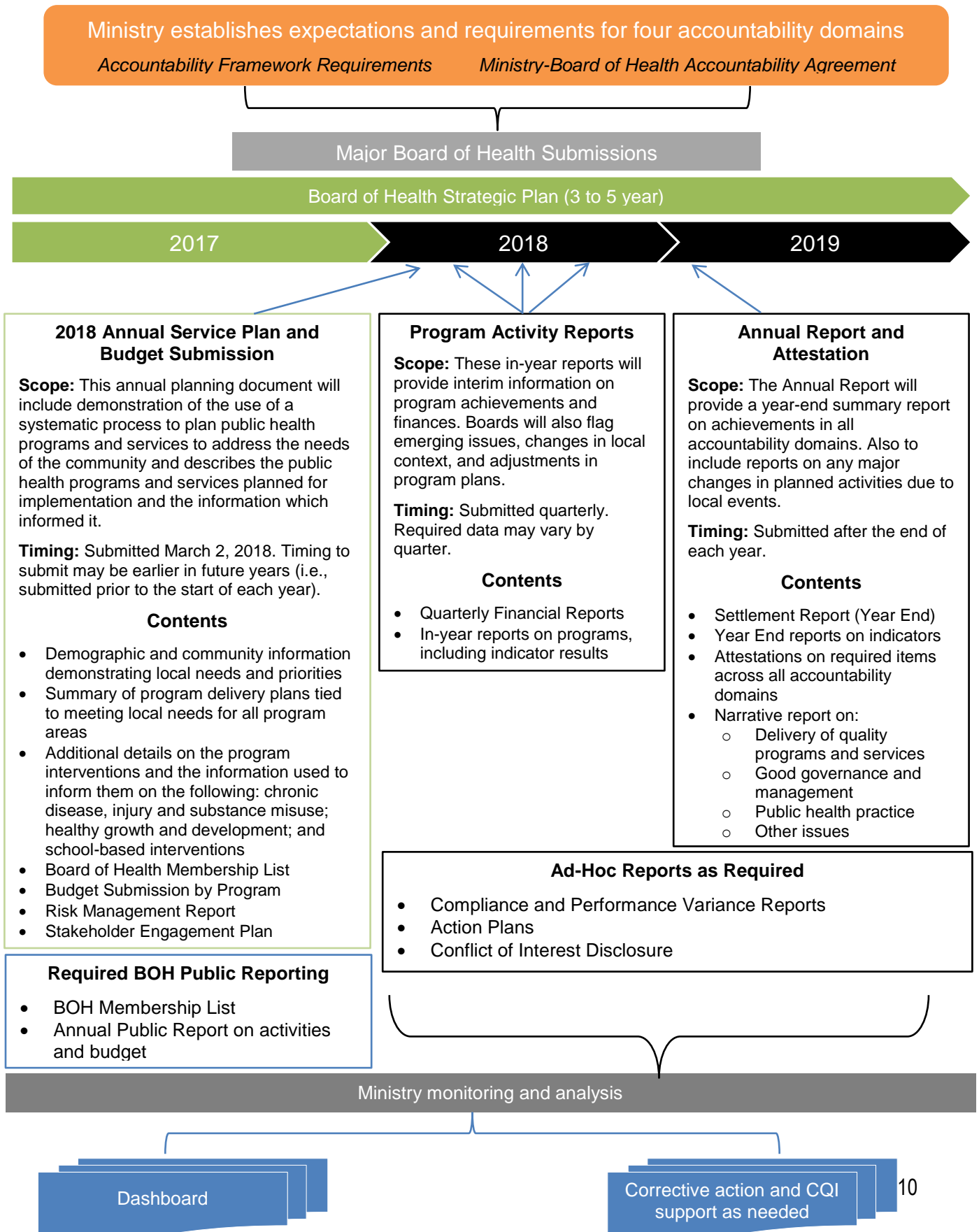
- The **Ministry-Board of Health Accountability Agreement**, which will establish key operational and funding requirements;
- **Board of Health Strategic Plan**, which will set out the 3 to 5 year vision, priorities, and strategic directions for each board of health;
- **Board of Health Annual Service Plan and Budget Submission**, which will outline how boards of health will operationalize the strategic directions and priorities;
- **Performance and other ad hoc reports**, which will provide interim information on program achievements and finances in-year; and,
- **Annual Report**, which will provide a year-end summary of board of health achievements and include attestations on required items across all accountability domains.

These tools will allow boards of health to demonstrate that they:

- Comply with all legal requirements and provide appropriate oversight for public funding and resources;
- Support a high standard and quality of public health practice and good governance and management practices that provide the foundation for the effective delivery of public health programs and service; and,
- Demonstrate the value that Ontarians receive for the funding invested in public health, and how that investment contributes to population health outcomes for all Ontarians.

Figure 3 provides an overview of the annual accountability reporting cycle for boards of health under the Public Health Accountability Framework.

Figure 3: Annual Accountability Reporting Cycle



Accountability Framework - Organizational Requirements

The ministry's expectation is that boards of health will be accountable for meeting all requirements included in legislation (e.g., HPPA, *Financial Administration Act*, etc.) and the documents that operationalize them (e.g., OSPHPS, Ministry-Board of Health Accountability Agreement, etc.).

Organizational requirements specified in the Accountability Framework are those requirements where additional reporting and/or monitoring will be required of boards of health. Reporting on these requirements may differ and the ministry plans to use a range of reporting and measurement approaches to assess board of health compliance with these requirements including:

- Routine board of health audits and the introduction of formal year-end attestations;
- Narrative reports and submitted documentation; and,
- Indicators and other metrics.

The type of approach used will vary depending on the level of detail deemed necessary and the measurability of each requirement. Reporting will be streamlined as much as possible through annual service plans and year-end reports.

Delivery of Programs and Services

Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.

Objective of Requirements

The ministry has a due diligence responsibility to ensure that boards of health are delivering mandated programs and services that reflect the appropriate level of provincial consistency and local flexibility, and that the services delivered are effective in achieving their intended purposes.

Requirements and Rationales

| Requirements* | Rationale |
|--|---|
| Boards of health are required to deliver programs in compliance with the OSPHPS, and all applicable legislation and regulations. | Duty of the board of health under the HPPA to provide for the delivery of public health programs and services to prevent the spread of disease and promote and protect the health of the populations in their public health unit. |
| Boards of health are required to comply with program provisions within the HPPA. | Meets legislative requirements. |
| Boards of health are required to undertake population health assessments including identification of priority populations, determinants of health and health inequities, and measure and report on them. | Demonstrates evidence-based determination of population need, reflects government priorities in Patients First, and brings a greater focus on local needs. |
| Boards of health are required to describe the following program interventions and the information used to inform them: chronic disease, injury and substance misuse; healthy growth and development; and, school-based interventions, including how health inequities will be addressed. | Demonstrates evidence-based determination of local needs and priorities, particularly in areas where local boards of health have greater flexibility. |
| Boards of health shall publicly disclose results of all inspections or information in accordance with the OSPHPS Protocols. | Demonstrates compliance with the OSPHPS. |
| Boards of health shall effectively prepare for emergencies to ensure timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidance documents. | Demonstrates compliance with the OSPHPS. |
| Boards of health shall collect and analyze relevant data to monitor trends over time and population inequities in outcomes, and communicate the population results in accordance with the OSPHPS Protocols. | Demonstrates compliance with the OSPHPS. |
| Boards of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and reviewed at least every other year. | Ensures boards of health are taking a longer term and higher level perspective to addressing local community needs and are establishing organizational priorities for change and growth. |

* This list does not include all requirements for boards of health.

Fiduciary Requirements

Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.

Objective of Requirements

The ministry has a due diligence responsibility to ensure that public health funding is used in accordance with accepted accounting principles, legislative requirements, and government policy expectations.

The ministry must also ensure that boards of health make efficient use of public resources by delivering high quality, effective program interventions, ensuring value for money.

Requirements and Rationales

| Requirements* | Rationale |
|---|---|
| Boards of health shall comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement. | Meets legislative and corporate requirements. |
| Boards of health are required to provide costing information by program. | To determine the actual cost of delivering public health programs and services in Ontario and value for money. |
| Boards of health shall submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested. | Ensures full disclosure of use of funding. Supports analysis of compliance with program standards, HPPA, and accountability requirements. |
| If the ministry provides the grant to boards of health prior to their immediate need for the grant, boards of health shall place the grant in an interest bearing account at a Canadian financial institution and report interest earned to the ministry. | Meets corporate requirements. Ensures interest earned on publicly funded revenues is reinvested in public programs. |
| All revenues collected by boards of health for programs or services must be reported in accordance with the direction provided in writing by the ministry. | Meets corporate requirements. Including offset revenues ensures a more accurate analysis of use of financial resources. |
| Boards of health shall report any part of the grant that has not been used or accounted for in a manner requested by the ministry. | Ensures accountability for funding received from the ministry and that all funding used for the intended purpose. |
| Boards of health shall repay amounts as requested by the ministry. | Meets legislative requirements. Ensures that unused funds can be reinvested to address pressures in the health system. |
| Boards of health shall ensure that expenditure forecasts are as accurate as possible. | Ensures that unused funds can be reinvested to address pressures in the health system |
| Boards of health shall keep a record of its financial affairs, invoices, receipts and other documents, and shall prepare annual statements of its financial affairs. | Ensures fundamental accounting practices are in place. Basic tenant of modern controllership in broader public sector. |
| Boards of health shall comply with the financial requirements of the HPPA (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, | Meets legislative requirements. |

* This list does not include all requirements for boards of health.

| Requirements* | Rationale |
|---|--|
| etc.), and all other applicable legislation and regulations. | |
| Boards of health shall use the grant only for the purposes of the HPPA and to provide or ensure the provision of programs and services in accordance with the HPPA, OSPHPS, and Ministry-Board of Health Accountability Agreement. | Ensures accountability for funding received from the ministry and that all funding used for the intended purpose |
| Boards of health shall spend grant only on admissible expenditures. | Ensures accountability for funding received from the ministry and that all funding used for the intended purpose. |
| All procurement of goods and services should normally be through an open and competitive process. Boards of health shall comply with the <i>Municipal Act</i> which requires that boards of health ensure that the administration adopts policies with respect to its procurement of goods and services. | Meets legislative requirements. |
| Boards of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: a plan for the management of physical and financial resources; a process for internal financial controls which is based on generally accepted accounting principles; a process to ensure that areas of variance are addressed and corrected; a procedure to ensure that the procurement policy is followed across all programs/services areas; a process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; a process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity; and, a budget forecast for the current fiscal year that does not project a deficit. | Ensures boards of health use internal transparency practices, and demonstrate organizational due diligence. |
| Boards of health shall negotiate a service level agreement for corporately provided services. | Ensures the efficient use of public resources as it reduces duplication in the provision of corporate services for boards of health which receive same from their municipal or regional governments. |
| Boards of health are required to have and maintain insurance. | Meets corporate requirements. Protection against general liability. |
| Boards of health shall maintain an inventory of all tangible capital assets developed or acquired with a value exceeding \$5,000 or a value determined locally that is appropriate under the circumstances. | Meets corporate requirements. Ensures boards of health use internal transparency practices, and demonstrate organizational due diligence. |
| Boards of health shall not dispose of an asset which exceeded \$100,000 without the ministry's prior written confirmation. | Meets corporate requirements. Ensures accountability for funding received from the ministry and that all funding used for the intended purpose. |
| Boards of health are not permitted to carry over the grant from one year to the next, unless pre-authorized in writing by the ministry. | Meets corporate requirements. Ensures accountability for funding received from the ministry and that all funding used for the intended purpose. |
| Boards of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported. | Ensures boards of health have adequate plans in place to manage its sites. |

Good Governance and Management Practices

Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.

Objective of Requirements

The organizational requirements within this domain support the use of recommended best practices in governance and organizational processes. By adhering to these practices, boards of health will be able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

Requirements and Rationales

| Requirements* | Rationale |
|---|---|
| Boards of health shall submit a list of board members. | Demonstrates compliance with the HPPA for board membership. |
| Boards of health shall operate in a transparent and accountable manner, and provide truthful and complete information to the ministry. | Full disclosure is a core component of accountability. |
| Boards of health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for continuing board members. | Ensures board members have the knowledge required to contribute to governance decisions. |
| Boards of health shall carry out obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest. | Basic tenant of modern controllership in broader public sector. A common best practice expectation of effective, accountable governance. |
| Boards of health shall comply with the governance requirements of the HPPA (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations. | Meets legislative requirements. |
| Boards of health shall ensure that the administration establishes a human resources strategy, based on a workforce assessment which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce. Boards of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision. | Ensures use of a common best practice of effective management. Supports effective program delivery by ensuring policies and procedures for succession planning, labour relations, and staff retention are in place. |

* This list does not include all requirements for boards of health.

| Requirements* | Rationale |
|--|--|
| Boards of health shall engage in community and multi-sectoral collaboration with LHIN(s) and other relevant stakeholders in decreasing health inequities. | Demonstrates compliance with the OSPHPS. |
| Boards of health shall engage in relationships with Indigenous communities in a way that is meaningful for them. | Demonstrates compliance with the OSPHPS. |
| Boards of health shall provide population health information, including determinants of health and health inequities, to the public, LHIN(s)*, community partners, and health care providers, in accordance with the SPHPS. *Work is currently underway to define the parameters and expectations for the relationship between LHIN(s), boards of health, as well as LHIN CEOs and Medical Officers of Health or their designates. | Demonstrates compliance with the OSPHPS. |
| Boards of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: use and establishment of sub-committees; rules of order and frequency of meetings; preparation of meeting agenda, materials, minutes, and other record keeping; selection of officers; selection of board members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body; remuneration and allowable expenses for board members; procurement of external advisors to the board such as lawyers and auditors (if applicable); conflict of interest; confidentiality; medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan. | Ensures boards of health demonstrate organizational due diligence. A common best practice expectation of effective, accountable governance. |
| Boards of health shall ensure that by-laws and policies and procedures are reviewed and revised as necessary, and at least every two years. | Ensures boards of health demonstrate organizational due diligence. A common best practice expectation of effective, accountable governance. |
| Boards of health shall provide governance direction to the administration and ensure that the board remains informed about the activities of the organization on the following: delivery of programs and services; organizational effectiveness through evaluation of the organization and strategic planning; stakeholder relations and partnership building; research and evaluations; compliance with all applicable legislation and regulations; workforce issues, including recruitment of medical officer of health and any other senior executives; financial management, including procurement policies and practices; and, risk management. | Ensures boards of health demonstrate organizational due diligence. A common best practice expectation of effective, accountable governance. |
| Boards of health shall have a self-evaluation process of its governance practices and outcomes that are implemented at least every other year and results in recommendations for improvements in board effectiveness and engagement. | Ensures boards of health are aware of the range of skills required for effective governance and are engaged in addressing significant gaps in skills or knowledge. |
| Boards of health shall ensure the administration develops and implements a set of client service standards. | Ensures boards of health are aware of client experiences as an input to program improvements (planning and evaluation). |

| Requirements* | Rationale |
|--|--|
| Boards of health shall ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management. | Ensures use of a common best practice of effective management. Supports effective program delivery by ensuring data is available to plan, manage and evaluate programs. Supports reporting on program effectiveness. |

Public Health Practice

Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Objective of Requirements

The organizational requirements within this domain restate the key requirements of the new Effective Public Health Practice Standard within the Foundational Standards, and support the fostering of a culture of excellence in professional practice with boards of health.

A culture of quality and continuous organizational self-improvement is part of effective public health practice, which is an underpinning of effective program interventions, and therefore is necessary for the achievement of the desired goals and outcomes of public health programs and services.

Requirements and Rationales

| Requirements* | Rationale |
|--|--|
| Boards of health shall ensure that the administration establishes, maintains and implements policies and procedures related to research ethics. | Protects against breaches of confidentiality and other risks to participants. Also ensures that publicly funded research results will be considered valid and transferable. |
| Boards of health are required to designate a Chief Nursing Officer. | Chief Nursing Officer role articulates, models, and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context. |
| Boards of health are required to demonstrate the use of a systematic process to plan public health programs and services to assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities. | Demonstrates evidence-based determination of population need. |
| Boards of health shall support a culture of excellence in professional practice; ensure culture of quality and continuous organizational self-improvement. This includes, but is not limited to: measurement of client, community, and stakeholder/ partner experience to inform transparency and accountability; and, regular review of outcome data that includes variances from performance expectations and implementation of remediation plans. | Ensures boards of health have processes in place to support organizational change and growth, which will support organizational effectiveness. |

* This list does not include all requirements for boards of health.

Common To All Domains

The following list of organizational requirements contains those that are relevant to all four domains of the Public Health Accountability Framework, and have been grouped together here to avoid duplication above.

Requirements and Rationales

| Requirements* | Rationales |
|---|---|
| Boards of health shall submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs. | Ensures programs and services are planned to meet community needs and in accordance with program standards. Budget submission will be used to determine the actual costs of providing services. |
| Boards of health shall submit action plans as requested to address any compliance or performance issues. | Action plans allow the ministry to negotiate the required actions of a board of health to mitigate situations where known issues may be creating a risk to the public's health or to the stability or competency of the organization. |
| Boards of health shall submit all reports as requested by the ministry. | Provides necessary documentation of accountability. |
| Boards of health shall have a formal risk management framework in place that identifies, assesses and addresses risks. | Ensures boards of health are aware of and are taking action to mitigate known issues that may be creating a risk to the public's health or to the stability or competency of the organization. |
| Boards of health shall produce an annual financial and performance report to the general public. | Allows boards of health to demonstrate their efficient use of public funding in protecting the public's health. |
| Boards of health shall comply with all legal and statutory requirements. | Meets legislative requirements. |

* This list does not include all requirements for boards of health.

Considerations for Implementation

Change management strategies will support the implementation of the Public Health Accountability Framework and its requirements.

The ministry commits to implementing the Framework and requirements in a manner that acknowledges:

- Time and effort – maximize the use of existing internal reports or documentation as the basis for Annual Service Plan and Budget Submission, and build on the current year-end reporting process with boards of health.
- Design and use electronic templates for report submissions – which will support the ministry's review and analysis of the information.
- Evolution and adaptation – reporting requirements and templates are also expected to evolve over time based on experience with the information submitted and the principles of continuous quality improvement.

The ministry recognizes that it will take some time to adapt to the new requirements, and is planning for a phased-in approach to support change management within boards of health. At full implementation, boards of health will be required to submit their annual service plan prior to the beginning of their program year. Over the coming weeks and months, the ministry will be working with input from the field to develop templates and an implementation plan that will clearly communicate these expectations, identify supports needed and provide tools to assist.

Appendix 1: Membership of the Accountability Committee

Chair

Roselle Martino Assistant Deputy Minister, Population and Public Health Division, MOHLTC

Members

| | |
|----------------------------------|--|
| Doug Heath | Chief Executive Officer, Thunder Bay District Health Unit (AOPHBA representative) |
| Mary Johnson | Board of Health Member, Eastern Ontario Health Unit (alPHa representative) |
| Karen Jones | Senior Corporate Management and Policy Consultant (City of Toronto representative) |
| Dr. Chris Mackie representative) | Medical Officer of Health, Middlesex London Health Unit (COMOH |
| Anne Schlorff | Director, Central Resources, Region of Waterloo Public Health (AOPHBA representative) |
| Jane Sager | Director (A), LHIN Liaison Branch, Health System Accountability and Performance Division (MOHLTC representative) |
| Janette Smith | Commissioner, Region of Peel (AMO representative) |
| Linda Stewart | Executive Director, Association of Local Public Health Agencies |
| Larry Stinson | Director of Operations, Peterborough Public Health (OPHA representative) |
| Cynthia St. John | Executive Director, Elgin St. Thomas Public Health (AOPHBA representative) |

Committee Support (MOHLTC)

Accountability and Liaison Branch, Population and Public Health Division

Planning and Performance Branch, Population and Public Health Division

