

CONFERENCE ABSTRACT

Collaboration between Local Public Health Units and Regional Health Authorities in Canada for Integrated Health System Planning Using a Population Health Approach: Research

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Background: In the province of Ontario, Canada, public health has remained outside of regional health authority governance structures that are responsible for health care e.g., hospitals, long-term care, primary care, addiction services. Ontario's Patients First Act 2016 requires public health units to work with regional health authorities [Local Health Integration Networks LHINs] towards integrated health services planning to meet the local community's health needs using a population health approach. This provides a unique lens to explore strategies for these organizations to work collaboratively in health system planning to improve population health outcomes. The purpose of this study was to explore "What are the key elements for a successful collaboration between LHINs and Public Health Units, as directed by Patients First legislation, to achieve an improved health system in Ontario informed by a population health approach?"

Methods: This mixed methods study engaged 68 participants in interviews and focus groups including board members, senior and middle management, and staff in LHINs, Public Health Units, government, relevant agencies, as well as key informants from other Canadian provinces. Broader input was gained through an online survey completed by over 300 Ontario respondents.

Results: Local Health Integration Networks and Public Health Units recognize the importance of health system planning through a population health lens. Both already are working together in partnerships through leadership councils, working groups, and local program planning to

measure, monitor, report, and share data to determine priority community needs. Clarifying expectations, shared accountability, and funding supports are critical for successful LHIN-Public Health Unit collaborations. Survey results point to key strategies and tools to overcome barriers and foster collaborations.

Conclusions: The study provides insight into intrapersonal, interpersonal, organizational, and systemic factors that promote successful LHIN-Public Health Unit collaboration. It prioritizes categories of population health and health system data, indicators, and information that could potentially strengthen collaborations and offer solutions to overcome LHIN-Public Health Unit collaboration barriers.

Lessons Learned: With expanding roles and responsibilities of regional health authorities and public health's growing need to address population health issues, this research informs strategies for these organizations to effectively conduct integrated program planning to best meet the unique needs of their local populations. This work can be applied to similar jurisdictions charged with collaborating towards integrated population health system planning.

Limitations: Although our sampling for the qualitative interviews attempted to reach all jurisdictions across the province, we could not achieve representation from all 36 public health units and 14 Local Health Integration Networks. The quantitative survey helped to address this limitation.

Suggestions for future research: Future research should include in-depth case studies of successful collaborations between public health organizations and regional health authorities charged with health care planning to identify factors influencing success as well as measurement of population health impacts of integrated planning.

Keywords: public health; regional health authorities; collaboration; health system planning; population health approach research
