

NEW

May 27, 2009

Directions

New structure enhances Public Health Division's ability to promote and protect the health of Ontarians



The Public Health Division and the Chief Medical Officer of Health support individuals and communities by employing population health prevention, detection and intervention measures to safeguard the health of all Ontarians.



Deputy Minister Ron Sapsford praised the staff of the Public Health Division (PHD) for successfully carrying out the transition process while remaining focused on its primary role to protect the health of Ontarians, as he announced the completion of its detailed organizational design to the staff level earlier this week. Sapsford said that the division's transition work coincided with an extremely demanding public health agenda, including responding to and managing the H1N1 virus and Listeria outbreaks and developing the new Ontario Public Health Standards and Protocols.

"There's no doubt this past year has been very busy for the Public Health Division and I know that together the staff has accomplished a great deal," Sapsford said. "Day in and day out, you are on the front lines of safeguarding the health of all Ontarians."

Sapsford said he recognizes that PHD will continue to be challenged through its implementation phase while continuing to deliver on its priorities like public health system renewal, enhanced food safety and ensuring health system emergency preparedness.

Sapsford noted that the role of the division has long been based on a stewardship philosophy, that of guiding and collaborating with public health at the local level and the health system as a whole. Within the ministry, PHD has been involved in key cross-functional initiatives, including patient safety and aboriginal health care; and across ministries, including development of public health standards and transferring

oversight of small drinking water systems.

The Deputy Minister said he believes the new organizational structure will strengthen its stewardship role as well as enhance its ability to continue its crucial work promoting and protecting the health of Ontarians.

The division's new organizational structure includes:

- **Public Health Planning and Implementation Branch** —

Develops policy and plans to support the implementation of divisional programs and priorities for public health. It also informs program and divisional priorities.

- **Public Health Practice Branch** —

Develops public health policy to support public health system standards and develops, implements and monitors a public health performance management framework. It also reports on system performance and accountability.

- **Public Health Protection and Prevention Branch** —

Provides continuous assessment and management of public health risks through surveillance and interpretation of public information and data.

- **Emergency Management Branch** —

Serves the entire ministry and health sector as it responds to urgent and emergency situations as well as develops ministry emergency readiness plans, informs health sector planning and directs, as necessary, health sector emergency response and recovery. It implements strategies

...continued on page 2

...continued from cover

- to ensure continuity of critical ministry services during an emergency and ensures compliance with the Emergency Management and Civil Protection Act and other relevant legislation.
- **Liaison Secretariat** — Provides stakeholder management and co-ordination with the Ontario Agency for Health Protection and Promotion, federal, provincial and territorial governments and other external stakeholders.
 - **Medical Group** — Works closely with public health branches to provide public health and medical expertise to advance public health policy and program development. It also provides scientific advice to stakeholders, and supports the assessment and management of public health risks.
 - **Chief Medical Officer of Health (CMOH)/ADM:** — Earlier in the transition process the roles of CMOH and Assistant Deputy Minister were separated. The CMOH provides oversight and takes appropriate steps to promote and protect the health of Ontarians. The CMOH also provides advice on public health matters to the health sector, the Public Health Division, the Ministry of Health Promotion, other ministries and the provincial government. Transition to the new structure coincides with the arrival of the new Chief Medical Officer of Health, [Dr. Arlene King](#).



Dr. David Williams, Acting Chief Medical Officer of Health, said PHD’s new organizational structure would support the role of the CMOH and strengthen the division as a whole. He pointed out that the new Liaison Secretariat would enhance the CMOH’s link with public health partners and stakeholders, including the Ontario Agency for Health Protection and Promotion.

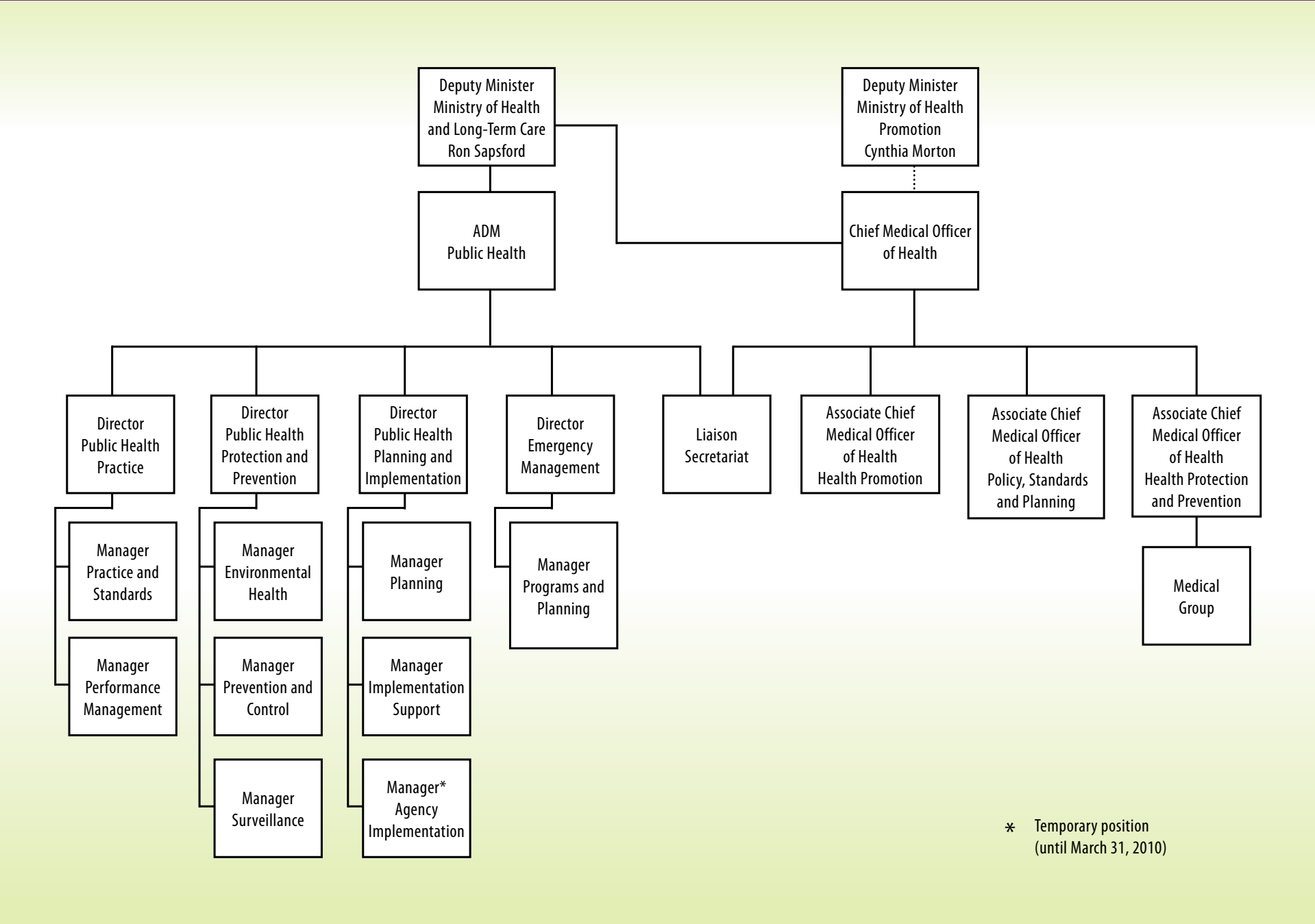
The Medical Group will be well placed to give input on a day-to-day basis, to the CMOH and other PHD branches, on areas of medical expertise — whether it be in informing policy decisions or giving advice in an emerging health crisis.

“The structure will support the office of the CMOH in its interactions at the local, provincial and federal levels, as well as better position it to co-ordinate with Ontario’s vibrant public health network,” said Williams, who will resume his position as Associate Chief Medical Officer of Health, Health Protection and Prevention on June 15.

Sapsford said the ministry is committed to ensuring all staff have the support and tools they require going forward. He encouraged Public Health Division staff to take advantage of learning and development opportunities offered by the ministry and the OPS.

...continued on page 4

Public Health Division Organizational Chart



Now your *iDeas* can travel — instead of you

ALI lets you get your ideas across when you're not right across the table

Fareen Madhani has taken teleconferencing to the next level by holding virtual meetings using the online tool, Application for Live Interactions (ALI). “My colleagues can be sitting at their desks in various locations and they can watch my presentation. I can stop on slides and highlight the critical pieces that I want to convey. I can share anything on my desktop with them. It makes a presentation more effective,” said Madhani, lead of the Project Management Office, Health System Information Management and Investment (HSIMI).

Madhani points out that ALI is a big advantage for teams with members in a variety of locations and across divisions. “I’ve used ALI for meetings as small as three people or as large as 40 participants. In one instance, everyone was virtual. At other times, some people are together in the meeting room while the others were there virtually,” Madhani said.

“ALI can definitely cut down on travel time and boardroom bookings. It is easier to squeeze a meeting into your day if you can attend while sitting at your desk and still have access to all the meeting resources. ALI is an easy-to-use intuitive tool.”

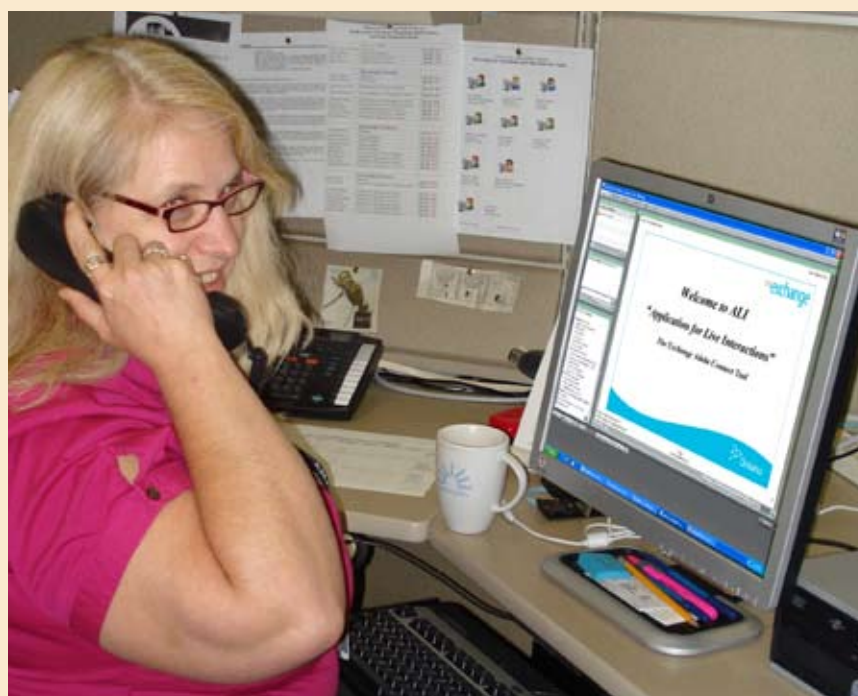
Over 140 people in the ministry as well as some staff members at the Local Health Integration Networks (LHINs) have already been coached on using ALI. Catherine Starr, information management analyst with Knowledge Services, Knowledge Management Branch, HSIMI, offers ALI coaching. “We want to make sure staff members know how to utilize the wide range of features that ALI offers. After an hour’s coaching session, staff are confident and ready to use the tool in their work environments,” Starr said.

Joel Seguin, web services administrator for the North East LHIN has found ALI to be very useful in connecting stakeholders spread across a large geographical area. “Our LHIN is very large, covering 400,000 square kilometres. We can’t just walk across the street to meet with a health service provider. The ALI technology allows us to bring people scattered across a wide area together virtually,” Seguin said.

He has used ALI to hold meetings with groups of health service providers who access the tool through a web portal provided by the LHIN. “With ALI, everyone has the same presentation up on their computer screen and I can walk everyone through it. Because it feels as if all participants are sitting around the same table, people are more focused,” Seguin said. “The work being discussed becomes more engaging for people than if they were sitting at the other end of a telephone line.”

Anyone interested in attending an ALI coaching session should send a request to exchange@ontario.ca. Sessions are Monday, Wednesday and Friday. “Although there is a lot of helpful information on ALI on The Exchange [website](#), a coaching session is recommended to learn best practices and get access to some frequently asked questions,” Starr said.

A host account must be set up for each user before ALI can be accessed. Users will be provided with a password. It



Elaine Lurie photo

Catherine Starr, information management analyst with the Knowledge Management Branch, offers coaching online on how to utilize the wide range of features that ALI offers.

takes three to five days for a host account to be established. Once you have your password and you log into ALI, your own personal home page comes up and you are ready to go,” Starr noted.

Interest and use of ALI has been steadily growing, particularly for groups with staff spread over various geographical areas, like Toronto, Kingston and North Bay. The tool has also worked well to accommodate large groups. For example, Starr said ALI was a valuable tool used during two recent FYI Series sessions to educate staff about The Exchange. “We got a great response to the session but there wasn’t enough space in the meeting room to accommodate everyone. So, we had 30 people in the room and another 35 online using ALI,” Starr explained.

“Using ALI to run the sessions really highlighted the usefulness and effectiveness of the tool itself.”

ALI is one of four tools that are part of the ministry’s web portal called [The Exchange](#).

Along with the tools JAC, MIKE and DEBI, The Exchange helps teams share information and collaborate online and in real time and provides staff with access to up-to-date data to improve planning and evidencebased decision-making. Read the [Feb. 5, 2009](#) issue of *NEW Directions* to see how The Exchange can improve your team’s productivity. ■

Learn more about The Exchange at the
upcoming FYI Series session on June 18, 2009.
Register [online](#) now!

...continued from page 2

Allison Stuart, Acting Assistant Deputy Minister, Public Health Division, said she had been impressed by the hard work and commitment the division’s staff has shown throughout the transition process. “I am very proud of the dedication of our staff. They have done a superb job in meeting the challenges of the transition work, while protecting Ontarians by delivering on our public health mandate and responding to life-threatening events,” Stuart said.

As part of the Public Health Division’s restructuring about 20 staff members will be transferring to other parts of the ministry. The employees will be moving to branches within Corporate and Direct Services, and Health System Information and Management Investment Divisions. PHD staff has been informed of their roles, which take effect on June 15, 2009.

Although the staff are moving to other divisions they will continue to work with and support PHD in the new stewardship model.

“The staff transferring from the Public Health Division will be greatly missed, but their knowledge and expertise in public health will continue to be of tremendous value to our division, their new branches and the ministry,” Stuart said.

“I am looking forward to entering the implementation phase. It signals movement from the uncertainties of transition to the building phase with our partners across the ministry and within the health sector.” ■

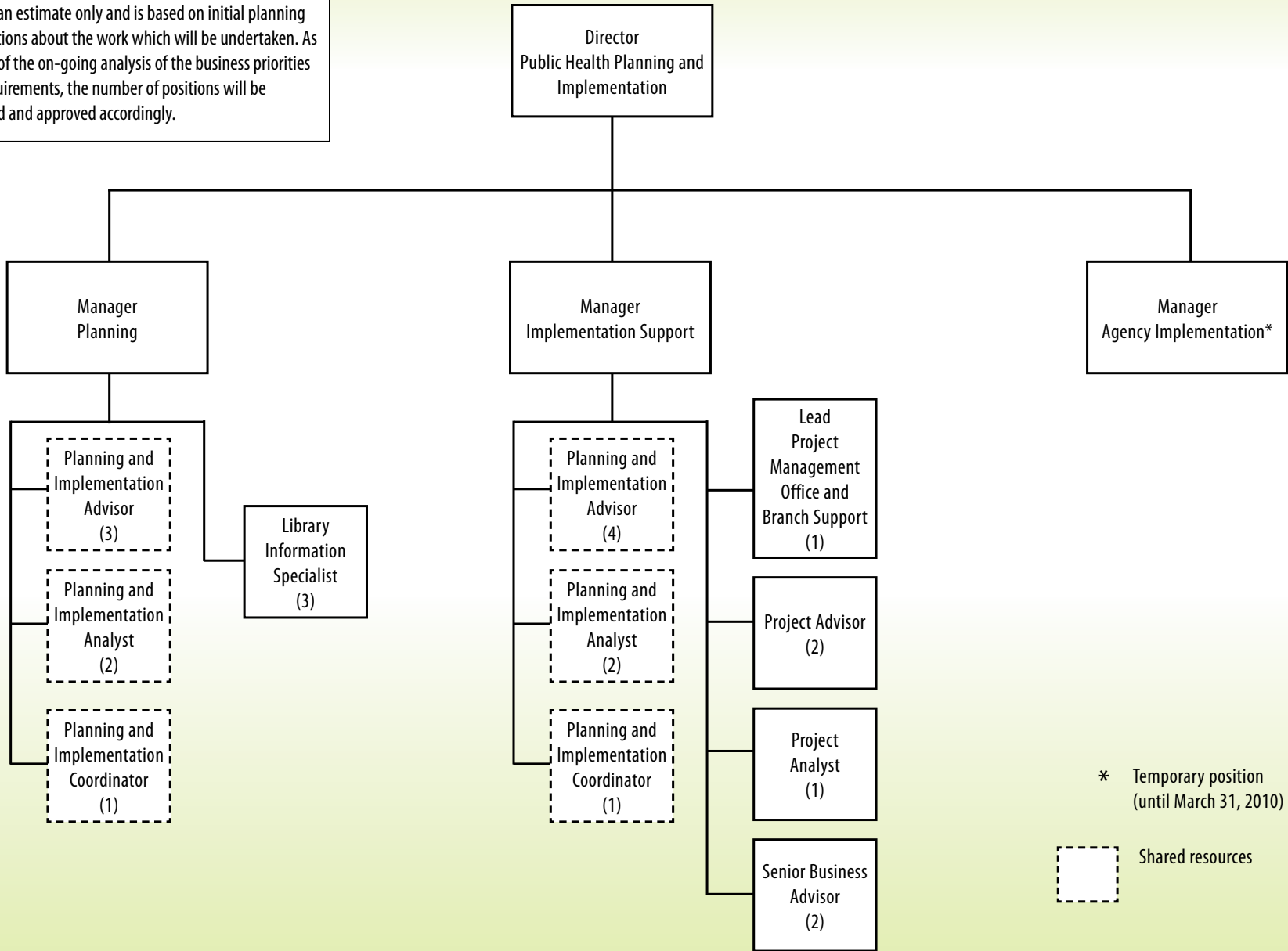
Public Health Division Mandate

As stewards of public health, the ministry’s Public Health Division and the Chief Medical Officer of Health will:

- Conduct surveillance for ongoing assessment of public health risks
- Implement strategies to ensure continuity of critical ministry services during an emergency
- Ensure appropriate actions are taken to respond to urgent and/or emergency situations
- Anticipate, prevent and respond to health risks and hazards by designing, implementing, funding and monitoring public health programs through the development of:
 - > Public health policy, legislation and regulations
 - > Standards, guidelines, protocols and performance management
- Strive to ensure provincial compliance with national and international obligations
- Engage with local, national and international partners in order to shape public health strategies
- Inform and advise other provincial partners on evidence-based human health impacts of government initiatives
- Advance public health in Ontario by providing and supporting education, research, training and resource tools
- Develop the public health sector strategic direction within the broader health strategy.

Public Health Planning and Implementation Branch

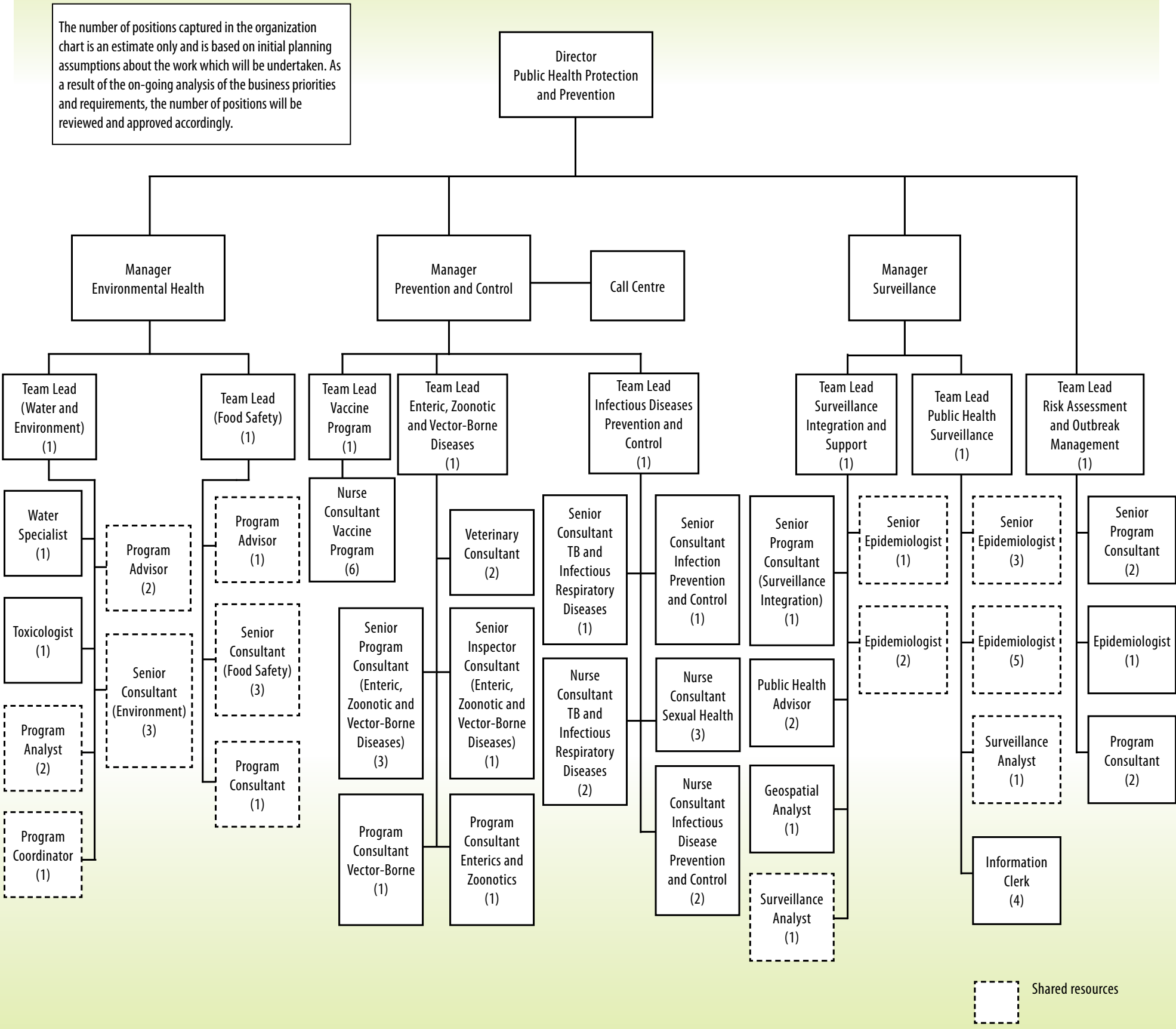
The number of positions captured in the organization chart is an estimate only and is based on initial planning assumptions about the work which will be undertaken. As a result of the on-going analysis of the business priorities and requirements, the number of positions will be reviewed and approved accordingly.



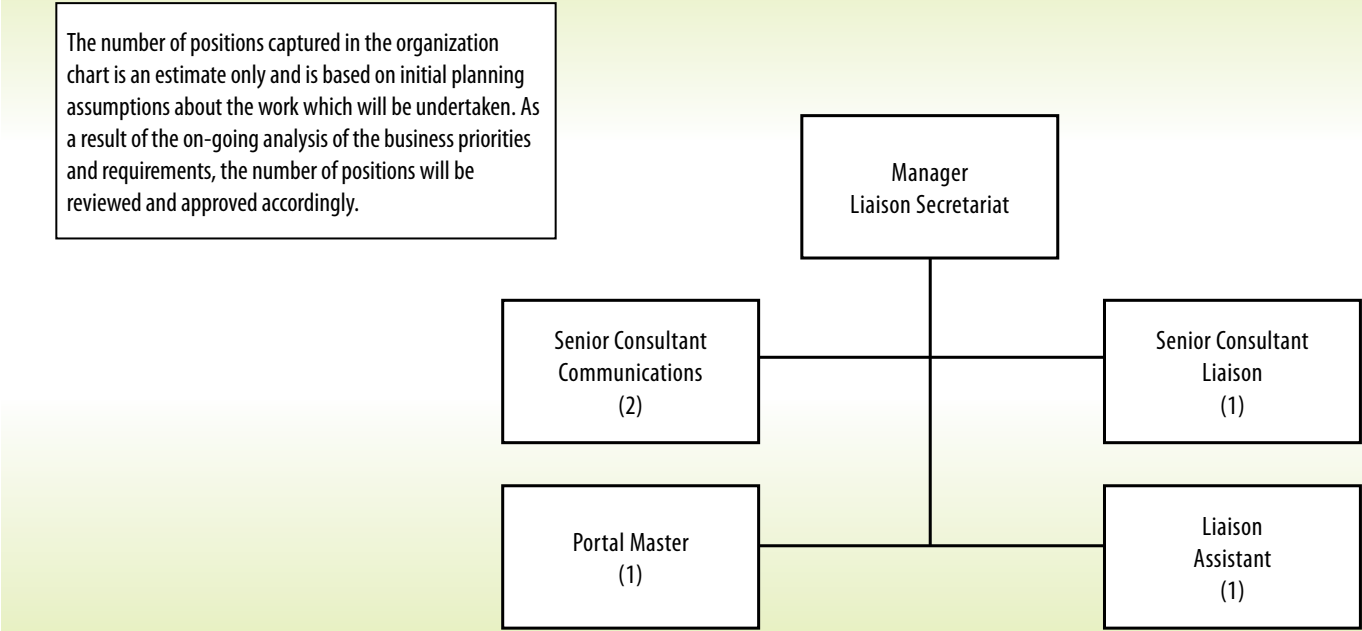
* Temporary position
(until March 31, 2010)

Shared resources

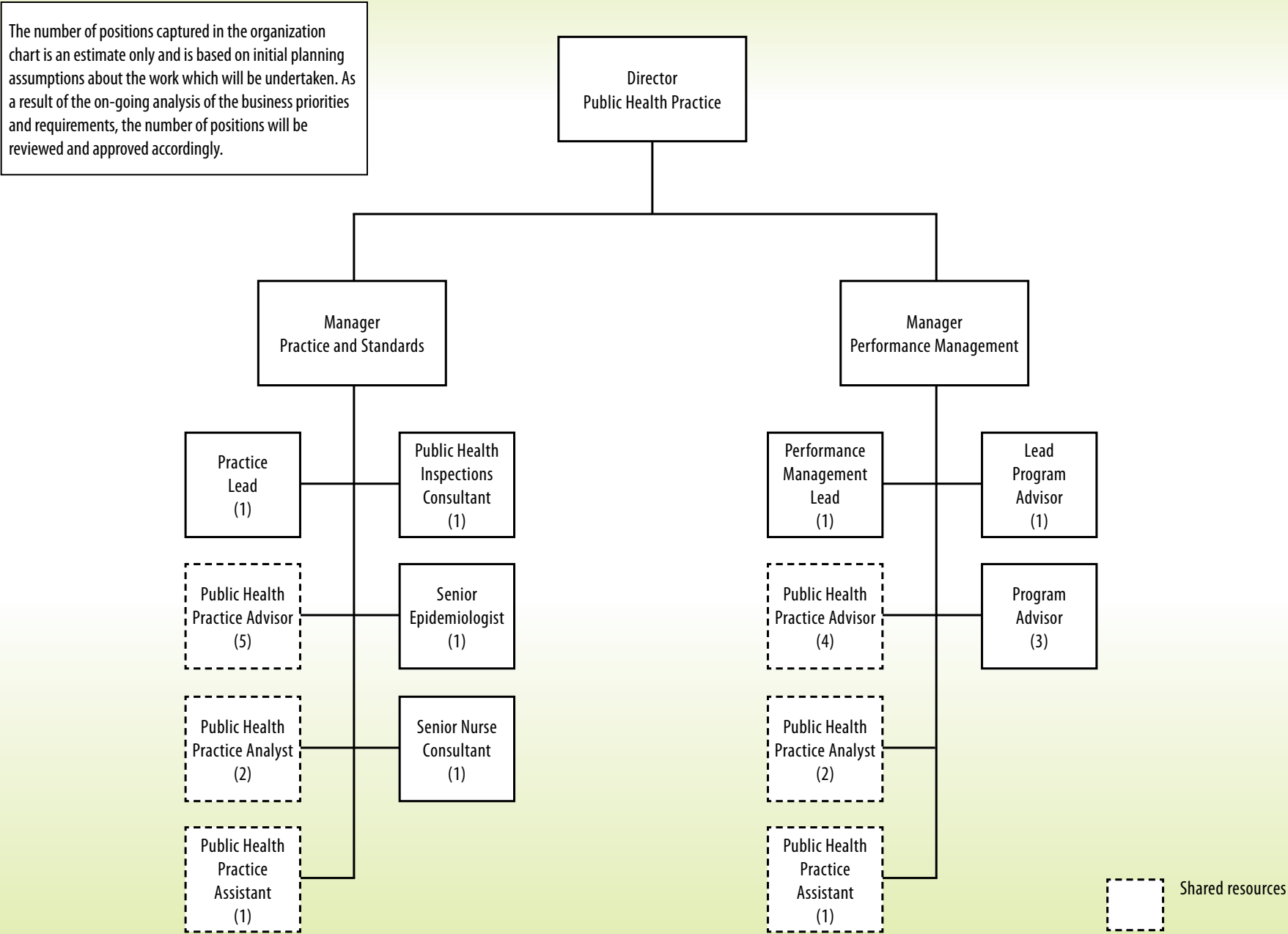
Public Health Protection and Prevention Branch



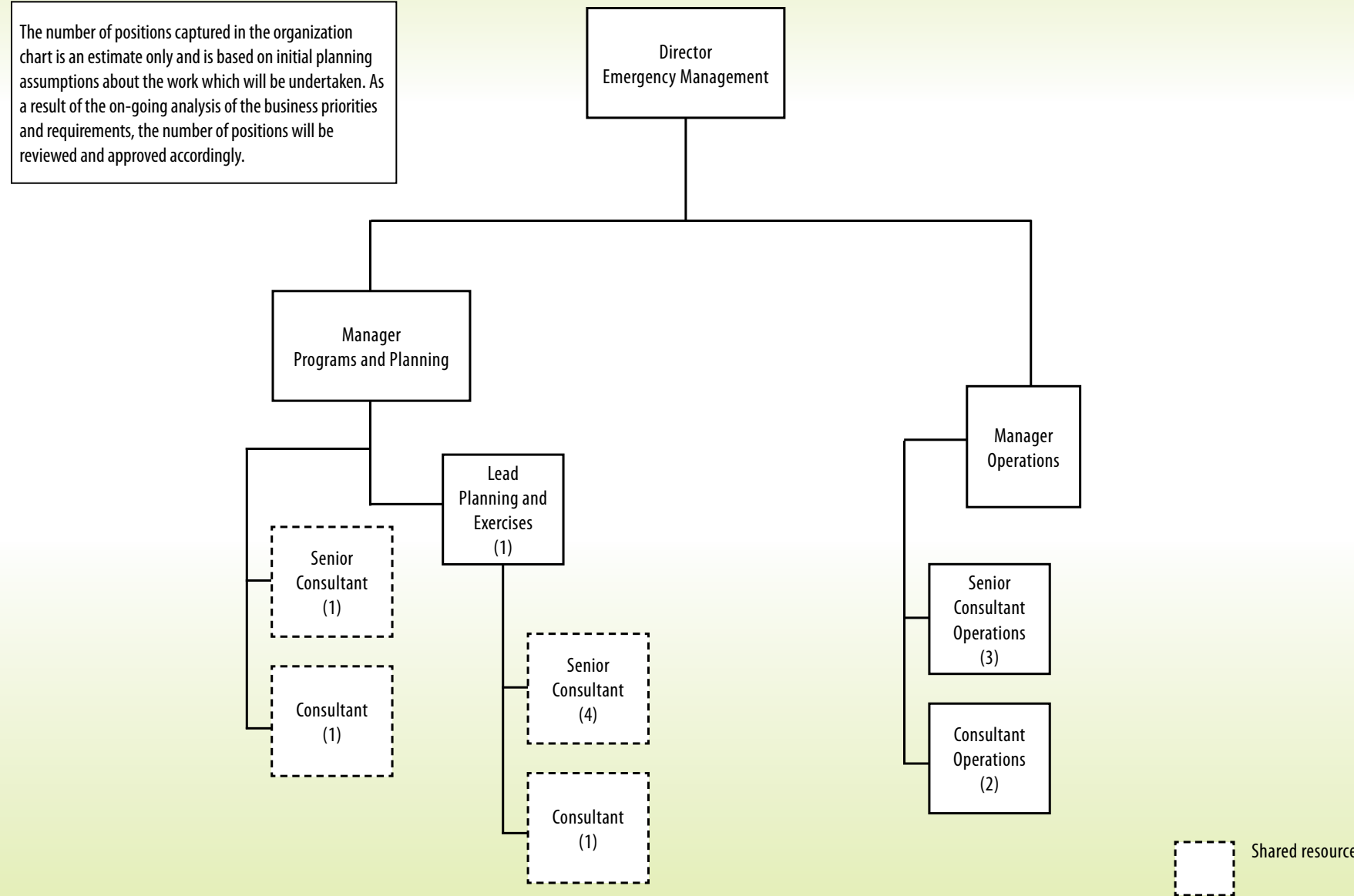
Liaison Secretariat Organizational Chart



Public Health Practice Branch

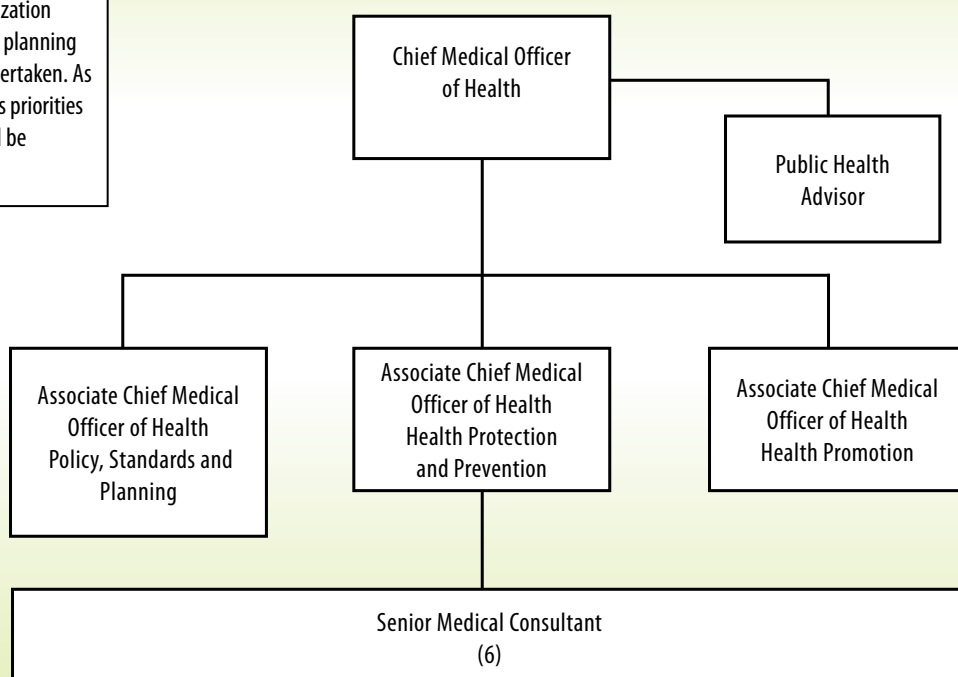


Emergency Management Branch



Office of the Chief Medical Officer of Health and Medical Group Organizational Chart

The number of positions captured in the organization chart is an estimate only and is based on initial planning assumptions about the work which will be undertaken. As a result of the on-going analysis of the business priorities and requirements, the number of positions will be reviewed and approved accordingly.



Make learning part of your summer plans!

FYI Series

[Register here!](#)

1

Broaden your understanding of stewardship projects and initiatives underway in the ministry. Each 1 ½-hour session includes a presentation and opportunity for questions and answers.

- **Health Technologies Portfolio — Monday, June 15, 2009**

Hear how the ministry is integrating portfolio management methodology with the development of the Health Innovations and Technologies Portfolio Strategy, to maximize the value of our investments in existing and new health technologies.

- **The Exchange — Thursday, June 18, 2009**

Learn how this new web portal can help you and your partners easily find relevant information and research and exchange ideas and documents online and in real time.

Competency Courses

[Register here!](#)

2

Continue to build the stewardship competencies you need to effectively carry out your roles and responsibilities and develop your career.

- **Negotiating and Influencing Skills — June 22-23, 2009**

Learn skills and strategies to prevent conflicts from escalating in this one-day course. Practice a “win-win” approach to achieving desired outcomes with your internal and external partners.

- **Critical Thinking Skills — July 21-22, 2009**

Strengthen your decision-making and problem solving abilities, improve your success rate in resolving issues and leverage your existing skills and experience.

Have a question about the ministry’s learning and development programs? Contact viewpoint.moh@ontario.ca.