

# Renfrew County and District Health Unit and County of Renfrew Collaboration

*At the intersection of  
modernization and innovation*



County of  
**Renfrew**  
Ontario . Canada

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## **Land Acknowledgement from Peter Emon, Warden, County of Renfrew**

As we deliver the essential health, social and infrastructure services supporting our residents and First Nation peoples, we are reminded of the privileges that we are afforded by living and raising our families across the Ottawa Valley. On behalf of the County of Renfrew and our entire community, we are grateful to live harmoniously with our neighbours in the unceded traditional territory of the Algonquin People. We would like to thank the Algonquin people and express our respect and support for their rich history. We are extremely grateful for their many and continued displays of friendship. We also thank all the generations of people who have taken care of this land for thousands of years.

# Proposal Summary

A transformational collaboration between Renfrew County and District Health Unit and the County of Renfrew, City of Pembroke and Township of South Algonquin, is a mutually beneficial step toward improving the health and wellbeing of our communities, keeping local needs and the residents of our region at the centre of our collective local decision making. We propose the submission of an application to fund the exploration and creation of a business plan that supports local autonomy and capacity building through the alignment of the Renfrew County and District Public Health Unit and the Municipality of the Corporation of the County of Renfrew. \*[see note]

There are clear strengths and navigable challenges that accompany the co-creation of a shared direction to successfully fulfill both public health and municipal mandates. The unique geographic and demographic features that define the Renfrew County and District Health Unit and County of Renfrew, including the City of Pembroke and Township of South Algonquin as well as the Algonquins of Pikwàkanagàn First Nation, service delivery models frame the distinct cultural and health needs of this diverse and rich community.

This innovative approach is a commitment to the service delivery of the local health unit and is based upon supporting the priorities and goals of both the Renfrew County and District Health Unit and County of Renfrew Strategic Plans. It is informed by the consolidated input from relevant documents, memorandums of understanding, agreements and position papers compiled from 2017 to the present to optimize our shared understanding of the historical context, expert analysis and the current state of local public health and municipal service priorities.

\*This document refers to the County of Renfrew as a municipal entity. Renfrew County is referred to as a geographic region. In this context, Renfrew County includes the City of Pembroke and the Township of South Algonquin as obligated municipalities in the funding formula and service catchment area of Renfrew County and District Health Unit. The needs, roles and responsibilities are acknowledged as distinct and unique. In addition, this document acknowledges the core partnership and context of the Memorandum of Understanding (MOU) developed with Algonquins of Pikwàkanagàn First Nation in the spirit of mutual respect and cooperation and intended to advance areas of shared economic development interest. Economic development interests are integral parts of our social determinants of health. This MOU is without prejudice to the ongoing treaty negotiations between the Algonquins of Pikwàkanagàn First Nation, Ontario and Canada. In addition, this document honours the ongoing collaborations with public health and other health partnerships.

## Local first

We are facing a unique and invaluable opportunity to strengthen both of our collective mandates. The Renfrew County and District Health Unit has a history of strong collaborative work with the County of Renfrew\* to support the health and well-being of our communities, and we are well positioned to anchor our historically aligned local approaches to optimal service delivery. With the financial investment to co-create a shared vision, strategic framework and path forward, we can continue to work together to accomplish bold and aligned work that is both locally relevant and autonomous, serving our unique rural needs. Increasing our shared resources and strengthening our direction together, we are able to have a substantial and positive impact on the health and well-being of our population, with a focus on collectively lifting our most vulnerable community members.

The Renfrew County and District Health Unit (RCDHU) has a strong commitment to the social determinants of health and health equity in the interest of the well-being of all people living in our region. Both the County of Renfrew\* and the RCDHU are committed to promoting equitable opportunities for improved population health and healthy, thriving communities. We are aligned in our strategic direction and goals and the loss of our local autonomy and agency would put our populations and communities at greater risk.

The Association of Local Public Health Agencies (ALPHA), the Association of Municipalities Ontario (AMO), and the Institute on Municipal Finance and Governance (IMFG) each offer strong recommendations in reports for rural regions to maintain their local agency and strengthen their ability to service populations locally. This retention of local agency is a priority as we respond to provincial health direction.

The Ontario Ministry of Health made an announcement in August, 2023 in their “Strengthening Public Health” plan that included a new initiative to support voluntary mergers for public health units. According to the Ministry of Health, the three-pronged, sector-driven strategy to optimize capacity, stability, and sustainability in public health and deliver more equitable health outcomes for Ontarians includes the voluntary merger of health units. Our most natural geographic partners, such as Ottawa, are choosing to not amalgamate, however, stating a desire to continue collaboration as partners. In addition, there are no mutually beneficial public health partners with the geographic, cultural or demographic alignment for successful integration. It is in the interest of our population to retain local autonomy.

# Alignment

There is a strong history of collaboration between the Renfrew County and District Public Health Unit and the County of Renfrew. Joining our efforts to amplify our voice and expertise provides new opportunities for unprecedented strength and capacity to make a measurable impact on our mandates and the lives of our residents. There is a powerful, evidence-based and history of collaboration to make a mutually beneficial case for framing an administrative spine that supports the transactional services that already work well. Our proposal builds upon these strengths.

Our partnerships and close working relationships are key components of our mutual strength. Alignment and shared modernization can only strengthen these relationships. Collaborative work with the Ottawa Valley Ontario Health Team, Kids Come First Health Team, and the Ottawa West Four Rivers Ontario Health Team are examples of core partnerships which already work closely with both public health and the municipality's primary spheres of transactional work. Our multi sector partnerships intersect at all tables where we are moving important work forward together, including important plural sector alignment. Examples include but are not limited to mental health, addictions, substance use, housing, health equity and assessments, emergency management, chronic disease prevention, seniors' health, injury prevention, emergency response, healthy built environments, immunization, infectious disease prevention and control, safety, and upstream health education and school health.

*"If we focus on the ultimate goals of public health (population well-being and health equity), then public health and a well-being economy are one and the same." (IMGF — The Municipal Role in Public Health)*

## Strategic Priorities

### County of Renfrew 2023–2026

- Goal #3: Community Wellness and Healthcare
- Goal #4: Shared Services and Resources

### RCDHU Strategic Plan 2022–2026

#### —Strategic Direction and Goals

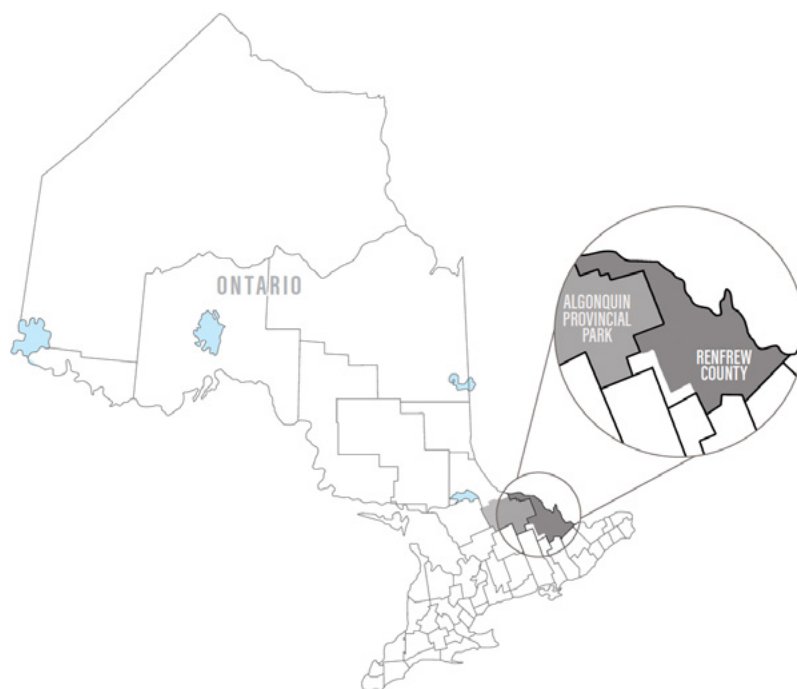
- Service Excellence
- Partnerships
- Workplace Wellness
- Communication

# History and Current Context

The Renfrew County and District Health Unit, and its board, operates under the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. The same act clearly identifies the Health Unit as the County of Renfrew, the City of Pembroke and South Algonquin. They are “obligated municipalities”, defined as any upper-tier municipality or single-tier municipality that is situated, in whole or in part, in the area that comprises the health unit. These obligated municipalities are responsible for funding of the health unit to a level determined necessary by the Board.

There are currently 34 public health units in Ontario. Governance structures vary, but in general, they can be divided into two categories: autonomous and integrated. Twenty are autonomous, meaning that they operate under distinct local governance, separate from any municipality. The remaining 14 are integrated, with 7 operating as regional health departments and 7 are integrated with single-tier or other municipal administration. (Lyons, 2016; updated information from the Association of Local Public Health Agencies, 2024)

Given the sheer geography of Renfrew County\*, and the isolation from large urban centres, this region operates with a much broader scope of strategic priorities and with an innovative approach, engaged in activities beyond those of its municipal peers. As a result, RCDHU and the County of Renfrew\* have a relevant history of impactful work where shared leadership, roles and responsibilities have been successfully cultivated and implemented.



## History, Intersections and Direction

History of Success	Current Intersections	Shared Direction
<p>Active Transportation</p> <p>Healthy Communities Partnership</p> <p>Covid Response</p> <p>VTAC</p> <p>Healthy Community Study</p> <p>Flood emergency response</p>	<p>VTAC</p> <p>mesa — housing and population health</p> <p>Social services — social determinants of health</p> <p>Substance use, addictions and mental health</p> <p>Harm reduction</p> <p>Vaccination and immunization</p> <p>Renfrew County Forest and RCDHU aligned communication for environmental public health risks (black-legged ticks)</p>	<p>Homelessness measures and solutions</p> <p>Team approach to assessment and shared measurement tool. E.g. community health study</p> <p>Accurate local data collection</p>



## **As a result of our history together and current context of challenges, the following is a sample of our collaborative successes:**

- VTAC is a successful model of locally driven health solution that the provincial government has recognized as an example of health care innovation and has endorsed and funded it.
- Collaborative and efficient delivery of COVID-19 related responses reflects the efficacy of a joint effort between public health and municipal collaborative efforts.
- The Warming Centre is an example as a quick locally driven solution with valuable input from RCDHU and the associated municipalities.
- Environmental health risks are rising with the change in climate. A co-ordinated response on risks such as black-legged ticks will mitigate the downstream impact on public health.
- Renfrew County Housing Corporation offers a model of governance and collaboration to effectively address the social determinants of health.

## **Benefits**

Local and shared investments strengthen population health initiatives. The County of Renfrew, City of Pembroke, local municipalities and their distinct communities, the Algonquins of Pikwàkanagàn First Nation, Indigenous, Métis, Inuit, Francophone and Garrison Petawawa community members will all benefit from a collective and shared service approach. An integrated model is able to increase capacity, improving access to epidemiology, medical direction, clinical expertise, planning and community engagement and education. In addition, the following operational supports substantially improve our regions' human resources and expertise, working towards the shared vision of optimal health and overall quality of life for everyone.

- Human Resource Management
- Information Technology Support
- Financial Services Support
- Corporate Services Support
- Board Administrative Support
- Property Management Capacity and Infrastructure
- Seasonal Surge Capacity for Clinical Services
- Emergency Management Support
- Geographic Information System (GIS) Expertise



Transformatively, this approach will provide us with the political voice and decision making power to invest in our communities when, where, and how they need relevant services and supports. Practically, this approach will increase the capacity and quality of our services by aligning and integrating our efforts, decreasing the amount of time our front-line practitioners and leaders spend at separate planning tables, minimizing duplicated efforts and improving our positive impact on our communities' most critical needs. It will allow for our teams to improve the depth and efficacy of their work and is a healthy approach to work for our collective staff.

*“By maintaining local but shared governance, administration and delivery of programs, provincial investment yields a tremendous return by not only reducing health costs, but also reducing hallway medicine. An ounce of prevention is worth a pound of cure. Public health initiatives have shown a return up to \$14 for every dollar invested, representing an enormous contribution to reducing hallway health. A reduction in provincial funding levels will inescapably exacerbate the strain on acute and long term care and will download to municipalities a dramatically increased health care funding obligation.”* (County of Renfrew Position Paper — Public Health, 2019)

This position is supported by findings that multi sector collaboration between health care, public health and social services are necessary core solutions to supporting equitable, healthy and resilient communities as we recover from both pre and post pandemic challenges. (Wojcik et al, 2020)

Moving forward with a shared vision and the submission of an application for funding to explore this alignment provides our region with the opportunity for authentic local consultation. This need is reflected in the County of Renfrew Position Paper from 2019, and public health priorities for community engagement. This document highly recommends next steps that allow for reflection and community input to have a locally relevant public health foundation in place and avoid subsequent negative health impacts on our communities.

# Challenges

There are always challenging components to change. Approaching this opportunity with an innovative perspective sets our region apart and opens doors for increased funding opportunities and positive health outcomes. Continuous improvement happens when leadership is bold and visionary. Together, our local public health and municipal leadership can navigate challenges with a shared vision and the capacity to measure our collective growth, working together towards that common vision of health and well-being for all members of our communities.

The following include an initial identification of challenges that we are able to navigate collectively, with increased local capacity:

- Provincial timelines
- Engagement beyond executive leadership teams and boards
- Substantial input from stakeholders
- Increased capacity for local epidemiological expertise
- Evidence informed decision making based on local data

This formal collaboration provides an evidence-based approach that is supported across sectors. Insights from sector associations and leaders offer strong and irrefutable arguments in favour of an opportunity for local autonomy and alignment. In addition to the following documents, refer to the supporting documents.

The Association of Local Public Health Agencies (aLPHa)

- Statement of Principles for Public Health Modernization  
[www.alphaweb.org/page/PHR\\_Responses](http://www.alphaweb.org/page/PHR_Responses)

Ontario Public Health Association.

- Submission on Public Health Modernization from the Ontario Public Health Association  
[www.opha.on.ca/wp-content/uploads/2020/09/OPHA-Submission-Public-Health-Modernization-Mar-31-2020.pdf?ext=pdf](http://www.opha.on.ca/wp-content/uploads/2020/09/OPHA-Submission-Public-Health-Modernization-Mar-31-2020.pdf?ext=pdf)

## Governance

According to the Canadian Institutes of Health Research, “we must critically consider how public health systems built for the future can centre health equity, voices and needs from the margin; lead intersectoral action to protect and promote health; and respond coherently to new and emerging health challenges.” Co-creating a governance structure that retains the integrity of public health and municipal mandates, while aligning leadership, has the capacity to strengthen roles and weight the frontline practitioners with improved, aligned interventions.

Ottawa provides an example of a locally relevant amended governance structure, offering a possible model to adapt locally. In Ottawa, the new governance structure of the Board of Health was approved on December 8, 2010 and includes six municipal council representatives and five public members. The Province of Ontario amended the City of Ottawa Act, 1999, which resulted in the legal legitimacy of the new Ottawa Board of Health on April 28, 2011. Across Ontario, Ottawa is one of 7 regions working as an integrated and aligned governance model to accomplish both public health and municipal mandates.

## Financial Case

In accordance with the Provincial Ministry of Health outcomes and objectives to support voluntary mergers, to restore provincial base funding to 2020 levels, implement 1% growth base funding for the next three calendar years (2024–2026), and create a three-year Merger Support Fund for 2024–25 to 2026–27, as well as reviewing public health funding methodology for sustainability, it is both in our regions interest to work locally and submit a voluntary, local merger application.

The proposed collaboration supports both organizations’ goals of maximizing the impact of shared services and achieving administrative efficiencies by reinvesting those savings in the local programs and services that have the greatest impact on the well-being and population health of our residents. In addition, a tightly woven collaborative approach provides us with the capacity and alignment to maximize external revenue stream opportunities. With this collaborative step forward, our region strengthens the case to maintain local decision making and agency.

# Conclusion

Without moving forward together, the alternative impact will be greater and felt by our most vulnerable populations. We will lose opportunities for investment in our shared mandates and the downstream impact on our population's health has the potential to be devastating.

Expert panels support the strength that a locally driven and integrated approach can have on a uniquely rural region. Alignment of public health expertise and capacity with municipal resources (human and infrastructure) provides a strong case for our collective wellbeing.

Our region has a history of isolated and often duplicated efforts. This may be a direct result of the large geographic area, diverse needs and political shifts in funding. Alignment and integration represents a logical step forward to strengthen efforts and reflects the values and input of 'expert panels', professional associations, previous detailed reports and recommendations from experienced leaders.

*As rural leaders, our communities' health and wellbeing is a main intersection for both municipal and public health mandates. "Most innovative rural health solutions come from the "bottom up, not the top down" and this requires local leadership. It was the many innovative rural partnerships that already existed in rural and northern communities in Ontario that provided the impetus for the Rural Health Hub concept developed by the OHA." (Whaley, 2020)*

There are geographic challenges associated with the region encompassed by the Renfrew County and South Algonquin, thereby allowing for the case to be put forward to the province for an exception to their goal of increasing populations served by public health units.

## Next steps

- Identify opportunities for collaborative work with municipal funding partners and Board of Health
- Fulfill the provincial timeline for fund requests — which can be collectively accomplished with shared capacity
- Apply for three years of funding from 2024–27 to support merger implementation and stabilization of programming for public health units pursuing a merger
- Apply for funds to support a feasibility study

# References

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- Ontario Public Health Association. (2020, March 31). Submission on Public Health Modernization from the Ontario Public Health Association. [www.opha.on.ca/wp-content/uploads/2020/09/OPHA-Submission-Public-Health-Modernization-Mar-31-2020.pdf?ext=pdf](http://www.opha.on.ca/wp-content/uploads/2020/09/OPHA-Submission-Public-Health-Modernization-Mar-31-2020.pdf?ext=pdf)
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- The Municipal Role in Public Health. Institute on Municipal Finance and Governance. (2022, November 1). [imfg.munkschool.utoronto.ca/report/public-health/](http://imfg.munkschool.utoronto.ca/report/public-health/)
- Wojcik O, Miller Mshp CE, Plough AL. (2020, July)Aligning Health and Social Systems to Promote Population Health, Well-Being, and Equity. *Am J Public Health*. 110(S2):S176-S177. doi: 10.2105/AJPH.2020.305831. PMID: 32663089; PMCID: PMC7362700.
- Province of Ontario. (2018, November 19). Health Protection and Promotion Act R.S.O. 1990, Chapter H.7. Ontario.ca. [www.ontario.ca/laws/statute/90h07](http://www.ontario.ca/laws/statute/90h07)

# Supporting Documents

1. Our Journey Forward 2022-2026, Renfrew County and District Strategic Plan — 2022
2. County of Renfrew Strategic Organizational Review — January 5, 2024
3. Background on RCDHU Consideration of Mergers — RCDHU — March 4, 2024
4. Ontario Ministry of Health | Office of Chief Medical Officer of Health, Public Health — Strengthening Public Health — Outcomes and Objectives to Support Voluntary Mergers
5. October, 2023 — [www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Policy-Updates/2023/2023-10-31/StrengtheningPublicHealth-VoluntaryMergers.pdf](http://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Policy-Updates/2023/2023-10-31/StrengtheningPublicHealth-VoluntaryMergers.pdf)
6. Institute on Municipal Finance and Governance — The Municipal Role in Public Health — November, 2022
7. Submission on Public Health Modernization from the Ontario Public Health Association — March 31, 2020
8. alPHa Response to Public Health Discussion Paper — January 1, 2020
9. Final Report County of Renfrew Service Delivery Review — November 2020
10. Stanford Social Innovation Review - The Vision of a Well-Being Economy — December 16, 2020
11. County of Renfrew Position Paper — Public Health DRAFT — June 3, 2019
12. Association of Municipalities for Ontario — Partners for a Healthy Ontario — A Check-up on the Municipal Role for Health — January 18, 2019 — [www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2019/PartnersforaHealthyOntario20190118.pdf](http://www.amo.on.ca/sites/default/files/assets/DOCUMENTS/Reports/2019/PartnersforaHealthyOntario20190118.pdf)
13. Renfrew County and District Health Unit Board Chair response to the Province of Ontario's Public Health within an Integrated Health System — Report of the Minister's Expert Panel on Public Health — October 31, 2017
14. Association of Municipalities Ontario's Response to the Expert Panel on Public Health — October 12, 2017
15. Public Health within an Integrated Health System — Report of the Minister's Expert Panel on Public Health — June 9, 2017
16. Memorandum of Understanding between and County of Renfrew on Share Economic Development Interests and Projects of Mutual Interest — 2016 [www.countyofrenfrew.on.ca/en/living-here/memorandum-of-understanding-mou.aspx](http://www.countyofrenfrew.on.ca/en/living-here/memorandum-of-understanding-mou.aspx)

# Appendices

## 1. Aligned Public Health and Municipal Mandates

Public Health	Municipal
<ul style="list-style-type: none"><li>• Population Health Assessment</li><li>• Health Equity</li><li>• Effective Public Health Practice</li><li>• Emergency Management</li><li>• Chronic Disease Prevention and Well-Being</li><li>• Ontario Seniors Dental Care Program (100% funded)</li><li>• Food Safety</li><li>• Healthy Environments</li><li>• Healthy Growth and Development</li><li>• Immunization (Includes COVID-19 Vaccine Program)</li><li>• Infectious and Communicable Diseases Prevention and Control</li><li>• Safe Water</li><li>• School Health</li><li>• Substance Use and Injury Prevention</li></ul>	<ul style="list-style-type: none"><li>• Community Health</li><li>• Housing</li><li>• Social Services</li><li>• Emergency Services</li><li>• Long Term Care</li><li>• Development and Property</li><li>• Childcare Services</li></ul>

## 2. Ontario Ministry of Health Objectives

This proposal meets the following ministry objectives

- increasing the populations served by public health units to be closer to 500,000 (with consideration of geographical challenges\*), greater critical mass and capacity; potential examples include:
  - more public health nurses and public health inspectors in a larger agency to provide greater surge capacity in emergencies,
  - strengthened corporate services, such as HR and IT, enhanced epidemiology, program planning, and public health communications supports, possibility of economies of scale for health promotion work
- enhancing health units' ability to recruit and retain staff, potential for more specialization and career progression, and improving organizational performance.

\*There are geographic challenges associated with the County of Renfrew and surrounding district, thereby allowing for the case to be put forward to the province for an exception to their goal of increasing populations served by public health units.

## 3. Principles

Principles to follow based on Peterborough Public Health Position Paper — The Modernization of Public Health In Ontario. [www.peterboroughpublichealth.ca/wp-content/uploads/2020/01/200113-BOH-Position-Paper-PH-Modernization-FINAL.pdf](http://www.peterboroughpublichealth.ca/wp-content/uploads/2020/01/200113-BOH-Position-Paper-PH-Modernization-FINAL.pdf)

1. The enhancement of health promotion and disease prevention must be the primary priority of any changes undertaken;
2. Investments in public health must be recognized as a critical strategy in reducing the need for hallway health care;
3. Any consolidation of public health units should reflect a community of interests which include distinguishing between rural and urban challenges and facilitates the meaningful participation of First Nations
4. Adequate provincial funding is necessary to ensure effective health promotion and prevention activities in Ontario.
5. Funding should be predictable and consider factors such as equity, population demographics and density, rural/urban mix and increase to meet new demands;
6. Local funding needs to consider a municipality's ability to pay in the context of the broad range of changes in funding arrangements between the Province and municipalities;
7. As public health is a joint municipal-provincial venture, its governance structure must provide accountability to the local councils that are required to fund local public health agencies;
8. Changes undertaken need to be evidenced based and not ideologically driven, and,
9. Change must be driven from the bottom up, in a process that respects both provincial and local interests and facilitates genuine collaboration.
10. Change management impact must be acknowledged in this process.\*



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