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September 10, 2019

Dr. David Williams
Chief Medical Officer of Health, Public Health
Ministry of Health
393 University Ave, Toronto, ON M5G 2M2

Dear Dr. Williams,

On behalf of the Ontario Association of Public Health Nursing Leaders (OPHNL) and the public health Chief Nursing Officers (CNOs), I am enclosing recommendations to support the provincial mandate to modernize Ontario's public health units. These recommendations and their associated actions are built on input from 34 public health CNOs, the OPHNL membership, nursing associations, public health colleagues, and client consultations (specific to RN prescribing). Public health nursing practice examples are included as illustrations.

As nursing professionals and leaders in public health, we want to support the government's focus on improving population health and realizing value for money. We believe there are opportunities to realize efficiencies, further integrate with primary care, optimize the public health work force by expanding and hiring to maximize scope of practice, improve quality and consistency across the province, and build innovation capacity.

The following principles guided the development of our recommendations:

- Clients should be our first priority. Everyone deserves to live their healthiest life
- Communities reflect the strengths and needs of residents and are not homogeneous
- Public health impacts the health of individuals, families, groups, communities and social systems
- Collaboration between public health and primary care is an opportunity to shift the health system
- Practice excellence impacts client and community outcomes and requires specific and targeted support from nursing leaders. Public health staff require support at the regional and local levels to deliver effective programs and services

The recommendations are grouped within the four themes and opportunity areas of integration, efficacy and alignment, innovation and capacity as identified by the Premier's Council in their second report, A Healthy Ontario: Building a Sustainable Healthcare System. The themes resonate with public health CNOs' experience of their health units' work.

Respectfully,



Hamida Bhimani
President, Ontario Association of Public Health Nursing Leaders

Public Health Modernization: Recommendations from Ontario Association of Public Health Nursing Leaders and Public Health Chief Nursing Officers

The Ontario Association of Public Health Nursing Leaders (OPHNL) and public health Chief Nursing Officers (CNOs) are committed to supporting the province to implement a new vision for Ontario's public health system. Our recommendations highlight opportunities to improve population health while achieving efficiencies through integration, workforce optimization, improved quality and consistency across the province, more support for evidence-informed practice, and increased capacity for innovation.

As public health issues have expanded in scope and complexity (e.g. re-emergence of vaccine-preventable illnesses, communicable diseases related to international travel, opioid use crises), public health units have struggled with capacity issues. Some programs have been provided with structures that support collaboration to effect change, such as the Tobacco Control Advisory Network, while others rely on informal (and therefore less consistent and predictable) networks to share resources and experience.

The 2017 Ontario Auditor General's value for money report, *Public Health: Chronic Disease Prevention*, states that "Public health units individually indicated that they have limited capacity to perform epidemiological analysis to help guide and monitor their programs". The report recommended the development of "a central approach to update, co-ordinate and share research and best practices." A modernized public health system could support public health and health system capacity to identify and respond to drivers of health inequities. In addition, it could be the locus for structures that support collaboration across the system regarding issues of shared concern and impact.

At a local and regional level, partnerships with primary care, through Ontario Health Teams (OHTs), present an opportunity to build on the successes of each system to enhance population health. By actively endorsing and supporting primary care and public health collaboration, the Ontario government is creating an environment that could lead to sustained improvement in the health of its citizens.

Public Health Ontario must continue to lead and coordinate responses at the provincial level, particularly as new health threats and diseases emerge and as more information is known about the health implications of inequities. Nursing associations such as the Registered Nurses' Association of Ontario (RNAO), Nurse Practitioner's Association of Ontario (NPAO) and Registered Practical Nurses Association of Ontario (RPNAO), have an important role in advocating for appropriate scopes of practice in all parts of the health system. Both full and expanded practice scopes for nurses have significant potential for cost-savings in public health units, particularly at the local level.

OPHNL and CNOs built their recommendations on input from 34 public health CNOs, the OPHNL membership (120), nursing associations, public health colleagues, and client consultations (RN prescribing) and a review of several publications including the June 2019 Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine. The recommendations are grounded in our leadership experience and public health nursing knowledge and practice. The following principles guided the development of the recommendations:

- Clients should be the health care system's first priority. Everyone deserves to live their healthiest life
- Communities reflect the strengths and needs of residents and are not homogeneous
- Public health impacts the health of individuals, families, groups, communities and social systems
- Collaboration between public health and primary care benefits clients and the health care system
- Public health staff require specific and targeted support from nursing leaders at the regional and local levels to deliver quality programs and services

The recommendations from OPHNL and CNOs are grouped within the four themes and opportunity areas identified by the Premier's Council in their second report, A Healthy Ontario: Building a Sustainable Healthcare System. The themes of integration, efficacy and alignment, innovation and capacity resonate with CNOs' experience of public health work.

Recommendations for Public Health Modernization

INTEGRATION

1. Ensure the provision of proactive and responsive evidence-informed public health services.
2. Build the community's understanding of factors that influence their health so they can make informed choices.
3. Become the preferred provider of local population health status information that supports optimal health and community system performance.
4. Leverage the role of public health CNOs to deliver quality and best practices in clinical and management governance, support collaborative teamwork across all public health disciplines, and foster health system collaboration across the health, social services and municipal sectors.

EFFICACY and ALIGNMENT

5. Continuously expand focus on the social and environmental factors underlying disease processes to build effective public health interventions.
6. Use data to collaboratively improve population health planning and resource allocation and support overall health system planning and forecasting to meet current and future demands.
7. Ensure Ontarians receive coordinated public health, health and social system support through integration and strengthened partnerships (e.g. OHTs).

INNOVATION

8. Advance use of current and future technologies to improve population health, quality and safety and health literacy. This includes use of apps (e.g. immunization) and access to electronic health records.
9. Become an early adopter for RN prescribing to promote primary care access, particularly for people in rural and northern areas, clients who are vulnerable and those who have not rostered with a primary care provider.

10. Create structures and processes at the regional level that prepare public health practitioners to work in public health now and public health of the future.

CAPACITY

11. Impact health system capacity pressures by focusing on approaches that improve quality of life for those experiencing health inequities and prevent injury, premature sickness and death.

12. Build on existing relationships with other system partners, including other Ministries and all disciplines, to improve the health of Ontario communities and the people who live in them.

INTERGRATION

Actions for Recommendations 1 - 4

Ensure the provision of proactive and responsive evidence-informed public health services.

Actions:

- Collaborate with primary care providers, local municipalities, school boards and community agencies (including housing, EarlyOn Centres, pharmacies) at the local and regional level to develop policies, protocols and agreements that support the development and delivery of integrated health promotion and primordial/primary prevention programs and services for all clients.
- Develop policies, protocols and agreements at the local level between public health and Ontario Health Teams (OHTs) for vulnerable individuals who may otherwise not access service e.g. uninsured.
- Create coordinating mechanisms for local public health services that support functional integration where it makes sense in work with municipal and community partners, OHTs, and other primary care providers e.g. harm reduction services.

A Practice Example

“We are administering a youth survey with the goals of evaluating current sexual health clinical services and assessing where youth are currently getting their sexual health information. The survey recruitment is through social media. The results will be used to inform clinical services [of all providers] and future campaigns to address sexual health topics.”

Build the community’s understanding of factors that influence their health so they can make informed choices.

Actions:

- Assist vulnerable populations with complex needs to navigate the broader health and social service systems including primary care, income support, legal aid, housing, and mental health and addictions treatment. Work with partners to minimize/eliminate systemic barriers to responsiveness and effective care.
- Develop/contribute to coordinated social media, communications, and health promotion and protection campaigns at the local, regional and provincial levels to disseminate relevant prevention information, build consistent and shared understanding, and create a sense of connectedness and community concern.
- Work with other partners to develop competencies related to cultural awareness, safety and humility.
- Develop setting-based approaches in schools, workplaces, and with vulnerable groups such as street-involved youth to address health needs/concerns where people spend their day.
- Develop mechanisms to report to and communicate with community members in plain language through partnerships with media and other communication intermediaries. Use story-telling and other narrative traditions to share important public health information.

A Practice Example

At one local public health unit, public health nurses working with correctional institutions take a multi-faceted approach to supporting the health and well-being of inmates and their families. Communicable disease nurses work with institutions to control infectious diseases and prevent outbreaks, other public health nurses teach inmates effective relationship and parenting skills. Public health nurses also work in the community with families of inmates, addressing health, social and parenting issues so that, when inmates are released, they are returning to stronger, more supportive families.

Become the preferred provider of local population health status information that supports optimal health and community system performance.

Actions:

- Share accountability for surveillance, monitoring and reporting of community health status and population health profiles at local, regional and provincial levels.
- Establish agreements with ministries and agencies collecting data related to social determinants of health in order to integrate information and processes.
- Regularly report to local community and health care providers on factors influencing their clients’ health and wellness e.g. immunization, physical activity.

A Practice Example

Public Health Nurses act as systems navigators for people including struggling new parents and those living with addiction. They work with primary care providers to identify and develop community health and social service options for complex vulnerable clients. Public health supports the capacity of other service providers to prevent and control outbreaks of infectious diseases and provides evidence-informed treatment to individuals and families.

Leverage the role of public health CNOs to deliver quality and best practices in clinical and management governance, support collaborative teamwork across all public health disciplines, and foster health system collaboration across the health, social services and municipal sectors.

Actions:

- Establish communities of practice for public health with practice mentors at the regional level.
- Build local practice environments where all nurses are supported to work at their full scope in an integrated team environment, thereby increasing efficiency and effectiveness of interventions.
- Deliver practice excellence support for all levels of nursing (NPs, RNs, RPNs) by providing clinical mentoring and laddering opportunities across the continuum of nursing roles. Leverage nursing leadership skills in team building, relationship building and negotiation to support system-wide collaboration.

A Practice Example

At one health unit, RNs and RPNs work collaboratively across health sectors such as hospitals, public health and the community to plan, implement and evaluate smoking cessation programs. Most recently, nurses focused their efforts in a low income neighbourhood with a high smoking rate. They recruited clients through the Food Bank Program. This resulted in an 80% reduction in number of cigarettes smoked and a 25% quit rate for smoking.

EFFICACY

Actions for Recommendations 5 - 6

Continuously expand focus on the social and environmental factors underlying disease processes to build effective public health interventions.

Actions:

- Consider developing and implementing an integrated social prescribing model for health care providers supported by health status and other population health measures. Social

prescribing is a way of linking vulnerable clients with sources of support within their community (e.g. compassionate communities).

- Partner with universities and colleges to integrate population health and public health practice into undergraduate education.
- Build collaborative community-based interventions for complex issues such as the opioid crisis together with people who have lived experience.
- Collaborate with health sector partners to address health-related stigmas (including tuberculosis, HIV, mental health, and problematic substance use) because stigma has been shown to interfere with diagnosis, treatment and successful outcomes.

Use data to collaboratively improve population health planning and resource allocation and support overall health system planning and forecasting to meet current and future demands.

Actions:

- Develop a standardized and shared system for collecting data about population health and disseminating information including evidence-informed practice guidelines.
- Strengthen community health research and evaluation and provide support such as tools and people to integrate best practices into programming.
- Report back to communities and providers on health status in a timely and regular process.
- Develop common clinical protocols, pathways and case management systems for shared work.

A Practice Example

Against a backdrop of rising overdoses and deaths and significant community reaction to the impact of homelessness, one public health unit and its partners assessed and identified the need for supervised consumption services for people using drugs. The Health Unit leveraged community and health system connections and resources to create a special opioid response plan, to broaden the local response beyond the public health mandate of harm reduction and to gain approval to implement the services. Relationships were foundational to work at a municipal level (staff, politicians, community groups), at a service level (Community Health Centres, outreach practitioners), and at a partnership level to build the local Integrated Drug Strategy. A Public Health Director was the lead with significant support from the Regional Chief Administrative Officer, Medical Officer of Health, Regional Chair and senior staff of the region.

ALIGNMENT

Actions for Recommendation 7

Ensure Ontarians receive coordinated public health, health and social system support through integration and strengthened partnerships (e.g. OHTs).

Actions:

- Develop accountability mechanisms that ensure data and evidence utilization in program planning, implementation and evaluation in all parts of the health system.
- Develop a regional school-based approach to mental wellness and addiction prevention that builds on existing initiatives and resilience strategies.
- Establish common electronic medical records and facilitate clients (individuals, businesses, organizations) access to their health care records, inspection results, and other transactional services.
- Engage health professionals and primary care providers in online access to health records so providers know what other providers have done and clients don't have to retell their story over and over.

INNOVATION

Actions for Recommendations 8 - 10

Advance use of current and future technologies to improve population health, quality and safety and health literacy. This includes use of apps (e.g. immunization) and access to electronic health records.

Actions:

- Assess current public health programming that can be delivered through telehealth, video conferencing platforms, smart phone tools or in partnership with not for profit groups such as Kids Help Phone.
- Create an IT Centre of Excellence with other system providers.
- Leverage public interest in wellness and participation in social networks to build virtual health promoting communities.
- Build structures and processes that support public health's capacity to engage in 'community and social surveillance' of risk factors for declining levels of community health (e.g. critical incidents) and to develop appropriate preventive responses in collaboration with its partners.
- Promote technology investment in non-health sectors known to be associated with improving health outcomes e.g. early childhood development, perinatal care, primary and secondary education, local food systems, agriculture.

- Promote access to mobile apps that support individuals (particularly those belonging to marginalized groups) to make better health choices. Advance the use of apps for people to stay informed e.g. travel apps about diseases in a region where they are travelling.
- Support development of competencies in informatics in the public health sector and in educational preparation of public health disciplines.
- Use big data to track, predict and prevent the spread of infectious and vector-borne diseases and to promote healthy behaviours.

Become an early adopter for RN prescribing to promote primary care access, particularly for people in rural and northern areas, clients who are vulnerable and those who have not rostered with a primary care provider.

Actions:

- Continue to work at the provincial level through OPHNL to design structure, process, and outcome parameters for implementing RN prescribing within public health.

Create structures and processes at the regional/provincial level that prepare public health practitioners to work in public health now and public health of the future.

Actions:

- Develop/refine intelligence-gathering and analysis techniques to identify emerging public health issues, required public health competencies, and competency gaps in current public health workforce.
- Develop/deliver knowledge and skill building interventions to prepare staff with future-focused public health competencies.

CAPACITY

Actions for Recommendations 11-12

Impact health system capacity pressures by focusing on approaches that improve quality of life for those experiencing health inequities and prevent injury, premature sickness and death.

Actions:

- Review public health guidelines for programming best delivered:
 - In the short term virtually through tele-health or in-home digital supports;
 - In the longer term through transition to primary care or to another provider.
- Ensure autonomy of decision-making at the local level to support service variability which meets the needs of priority populations.

Build on existing relationships with other system partners, including other Ministries and all disciplines, to improve the health of Ontario communities and the people who live in them.

Actions:

- Identify and work with non-traditional partners to address health inequities. For example, inmates in provincial jails have health, social and transition issues that could benefit from public health analysis and support.
- Develop standardized approaches/protocols at the provincial and regional level that support work of local public health entities and their system partners.
- Build on established partnerships at the Ministry level to enhance local relationships with schools, municipalities and housing providers.

A Practice Example

At one public health unit, a public health nurse worked with a small housing task force that identified the need for innovative solutions to the affordable housing crisis in the community. The nurse developed a proposal for a 2-year HomeShare Pilot Program which the health unit supported and evaluated. The HomeShare Program, which matches senior women who own their own home, but would benefit from assistance maintaining it, with women who need affordable housing, continues to operate today as an innovative option to meet both aging in place support and affordable housing needs.

Next Steps for Recommendations

OPHNL and public health CNOs are committed to setting a course for a strengthened and sustainable public health system. There are several potential next steps for public health nursing and for the broader public health system:

- Develop nursing workforce locally, regionally and provincially e.g. public health CNOs to work with Provincial Chief Nursing Officer to develop change management approach for modernizing nursing in public health.
- Develop program and service pathways in public health nursing that maximize nursing scope of practice in preparation for systems work with OHTs and other systems partners e.g. RN prescribing.
- Create a Public Health Transition Table, that includes the Ministry of Health's Director of Accountability and Liaison, the Provincial Chief Nursing Officer, OPHNL representation, and other relevant stakeholders, to move system-related recommendations forward.
- Create a Public Health Nursing Transition Table, with representation from government, the Joint Provincial Nursing Committee, and OPHNL, to move public health nursing related recommendations forward.
- Alternatively, add public health CNO and OPHNL representation to existing technical tables.

In Closing

It is an exciting, transitional and potentially transformational time for Ontario's public health system. Those of us working in public health have an unprecedented opportunity to make choices and changes that better us to continue our legacy of making significant contributions to the health of Ontarians. OPHNL and public health CNOs are committed to working with the provincial government and other stakeholders to make the necessary changes happen. Our knowledge, skills and ability position us to be effective population health and health system champions. We are ready and waiting to be called to action where we are needed.

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