Association of Ontario Public Health Nursing Leaders Response to Ontario Ministry of Health Discussion Paper on Public Health Modernization

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OPHNL

Leading the Way for Public Health Nursing

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INTRODUCTION

Thank you for inviting the input of the Ontario Public Health Nursing Leaders (OPHNL) about Public Health Modernization. We would be pleased to provide any additional information or clarification on the perspectives provided in our response.

As an organization of Public Health Nurse leaders from across Ontario, OPHNL's mission is to promote and protect the health of Ontarians through excellence in public health nursing leadership.

As public health professionals, we are proud of the vital role our sector plays in Ontario's health care system. Its view of health is holistic, with a strong focus on health promotion, health protection, prevention of illness and chronic disease, and reduction of health inequities. As such, public health supports and complements the work of primary care practitioners and hospitals.

Public health surveillance and research help to identify health needs and inequities in our communities. We help Ontarians respond to health emergencies from weather warnings, to disease outbreaks such as the COVID-19 virus, to opioid abuse. In carrying out its responsibilities, public health works with a wide variety of partners including primary care practitioners and hospitals, schools, social agencies, governments, client groups and businesses.

Public Health Nurses are vital players in the public health system, comprising over half of the professional staff in health units. The community health nursing profession is guided by national standards that are updated periodically. Provincial and national nursing organizations like the Registered Nurses Association of Ontario and the Canadian Nurses Association provide instrumental support for Public Health Nurses to develop their skills by publishing best practice guidelines and community health nursing standards. In health units across Ontario, nurses take leadership roles in management, in program and service delivery, and in building relationships with a broad spectrum of community partners.

OPHNL believes that public health system reform in Ontario should have, as its primary goal, the improvement of population health outcomes through delivery of evidence-informed programs and services. To this end, we believe that any changes to the public health system should:

- Maintain/enhance the capacity of local health units to respond in a timely and effective manner to the unique public health needs of their communities;
- Require health units to work to provincial standards in terms of core program and service delivery while providing flexibility in how the standards are implemented locally;
- Foster evidence-based research, health status surveillance and continuous quality improvement; and
- Support a skilled and well-educated workforce, maximize public health roles and include a strong framework for nursing leadership.

The consultation document identifies four Key Challenges which are discussed below. OPHNL concludes the discussion with additional recommendations for consideration in this public health modernization initiative.

RESPONSE TO THE CONSULTATION PAPER'S KEY CHALLENGES

Building Consistent Capacity

Ontario's health units vary considerably, in geographic area and population size, priority population health needs and available resources. At times this variation leads to inconsistency in service delivery. OPHNL believes that all Ontarians are entitled to public health programs and services that are based on recognized standards, population health needs and scientific evidence, and are appropriately resourced. In addition, public health funding should include provision for surge capacity, to enable health units to respond rapidly and effectively to within-year changes in their population demographics/health status as well as emergencies. Our response to specific questions is below.

What is working with respect to consistent service delivery across units of varying sizes?

The following components of public health program and service delivery support effective outputs and outcomes:

- A clear, consistent province-wide mandate and framework exists for all public health units through the Health Protection and Promotion Act and the Ontario Public Health Standards;
- Public Health Nurses and other professionals that are committed, skilled, well-educated and flexible when responding to public health emergencies and emergencies with public health impacts;
- Certain functions have been centralized and are working effectively e.g. the Panorama *vaccination registry, the* provincial vaccine repository, training for Tobacco Enforcement Officers;
- Certain functions have been regionalized and are working effectively e.g. Tobacco Control Area Networks;
- Public Health Ontario (PHO) and the Ministry of Health provide overarching coordination of the provincial public health response to emergencies such as major disease outbreaks;
- Public health is able to leverage support from local partners like primary and acute care, school boards and community agencies to develop systems-level responses to urgent and emergent issues like COVID19.

What are some changes that could be considered to address the variability in capacity in the current public health sector?

OPHNL recommends the following actions to help address variability in the capacity of our current public health sector:

- Clarify roles and responsibilities of public health and other systems partners regarding primordial, primary and secondary prevention. This would ensure prevention is fully addressed and prioritized in an integrated way to end hallway medicine;
- Consider centralization or regionalization of functions like Human Resources, Finance, and Information Technology (particularly for smaller health units) and reinvest eventual cost-savings in the delivery of public health programs and services to better address capacity challenges;
- Enable mechanisms at the local health unit level that allow movement of human resources to where they are most needed e.g. mutual aid agreements, secondments;
- Provide supplemental funding to regions that face unique service delivery challenges such as northern health units;
- Secure sufficient funding and support establishment and maintenance of relationships with municipal governments, community service providers, and hospitals to ensure effective

emergency planning, education, and deployment of staff to support population health crises;
- Ensure funding decisions respond, in real time, to changes in population size and need e.g. influx of refugees.

What changes to the structure and organization of public health should be considered to address these challenges?

The Health Protection and Promotion Act and the Organizational Requirements of the Ontario Public Health Standards should be revised to:
- Include broader representation from the municipal sector, citizen representatives, provincial appointees and others on Boards of Health to better reflect the communities they serve. Board members should have the experience, knowledge, education and skills required for effective oversight and decision making;
- Require health units to have a senior public health leadership team consisting of a Medical Officer of Health (MOH), Chief Nursing Officer (CNO), Associate Medical Officers of Health (as required by population size) and leaders from other public health disciplines;
- Assign oversite of core functions like continuous quality improvement, professional practice, and risk management to CNOs.

Additional considerations in terms of structure and organization include the following:
- Because of their complexity and the difficulties involved, mergers and similar organizational changes should be voluntary and undertaken carefully. The recent merger experience of Elgin-St. Thomas Health Unit and Oxford County Public Health resulted in some key learnings that have been shared with the Ministry of Health. These learnings could help inform the design and execution of any future health unit mergers.

Aligning Health, Social and Other Services

Public health has a unique function in Ontario's health care system that is associated with defined core competencies. As such, it should remain a discrete entity with its own governance and funding. Shared accountability with other health systems partners would augment the province's ability to end hallway health care, through prioritization of health promotion, health protection, prevention of illness and chronic disease, and reduction of health inequities.

Public health already has considerable success in developing inter-organizational relationships with a variety of partners, including government, social services and businesses, and OPHNL supports initiatives that will continue to enhance collaboration and partnership development.

What has been successful in the current system to foster collaboration among public health, the health sector and social services?

The following strategies have been successful in fostering collaboration among public health and other health and social system partners:
- Shared health goals among partners;
- Shared geographic boundaries with other partners (e.g., school boards, social services, community agencies, health care providers) facilitate more effective and efficient service delivery;
- The broad knowledge and expertise that public health practitioners bring to discussions with partners within and outside the health care system, on issues such as urban planning or promoting health in the workplace, contributes to a shared language and fosters collaboration between various sectors.

- Public health's access to surveillance and population health assessment data, and public health's ability to translate that data into meaningful information about community needs, health status, and emerging issues, supports effective and collaborative planning.

How could a modernized public health system become more connected to the health care system or social services?

A modernized public health system could become more connected to the health care system or social services by:

- Using the development of Ontario Health Teams (OHTs) as an opportunity to strengthen partnerships between public health and the rest of the health system, where appropriate, including clarification of relationships and development of guidelines for collaboration. For example, the Registered Nurses' Association of Ontario's Best Practice Spotlight Organization (BPSO) Initiative is working with four OHTs on a pilot project to implement evidence-based practice guidelines. Six public health units are also working with RNAO on the BPSO Initiative, some with other health system partners. This is a model that could be explored further, as partnerships such as these can strengthen the quality of health care and are conducive to the development of care pathways for interventions like smoking cessation, violence prevention, and others;
- Leveraging Public Health Nurses' experience working with a wide range of health and social services, making them valuable participants in initiatives to improve transitions from one level of care to another and across service providers and sectors e.g. care of novel infectious illnesses;
- Requiring other provincially-funded partners to work with public health to support effective collaboration (e.g., school boards).
- Adopting a Health in All Policies (HIAP) approach through inter-ministerial collaboration. Based on experience in other jurisdictions, the HIAP approach provides a common framework and focus for government policy-making, considers health implications of decisions, produces synergies between entities and prevents unintended and potentially harmful consequences on population health.

What are some examples of effective collaborations among public health, health services and social services?

Public health collaborates regularly with governmental, non-governmental, health, social service, and other community partners; many examples of such collaboration exist. For instance:

- Public Health Nurses and Ontario Works case workers collaborate to ensure that clients of the Healthy Babies Healthy Children Program are connected to Ontario Works when needed, and vice versa;
- Public Health Nurses work with the business community on strategies to promote the health of their employees; for example, looking at ways to promote smoke-free workplaces, and working with stakeholders on active travel and built environment issues;
- Public health staff works with hospitals to coordinate the delivery of services, such as tuberculosis clinics, to prevent the duplication of assessments.

Reducing Duplication of Effort

Public health's roots in the local community are one of its great strengths, and the source of many of its successes, therefore it might not be possible or beneficial to eliminate duplication altogether. However, addressing the duplication of effort would

be helpful in strengthening certain areas such as research capacity, data collection and reporting, knowledge exchange, generic health promotion messaging, and shared priority setting among public health units.

Whatever changes are made in the public health system, functions and roles at the provincial, regional, and local levels should be clearly defined and articulated in order to maximize use of public health expertise and resources and minimize confusion and rework.

What functions of public health units should be local and why?

- **Community-level data collection and community health status assessment**, particularly when data is either qualitative and/or unique to a priority population. Local public health practitioners understand the nuances and unique considerations within their communities and can leverage community relationships to enhance local participation in assessment endeavours.

- **Local input into health needs and priorities;** this supports local engagement in assessment, ensures meaningful priority-setting, and contributes to the development of solutions with a higher chance of success because they reflect participants' unique perspectives.

- **Programs and services that are tailored to the needs of unique local populations**, such as Anabaptist populations in Southwestern and Northern Ontario, or newcomer populations across the province. This ensures greater impact of programs and services on health outcomes and health inequities.

- **Collaboration with local partners.** To effect changes in population health, public health units must, of necessity, have well-established working relationships with key partners. These existing relationships enable effective community mobilization to address many public health issues, and support efforts during public health emergencies e.g. COVID19 epidemic.

What population health assessments, data and analytics are helpful to drive local improvements?

OPHNL recognizes that members of the Association of Public Health Epidemiologists in Ontario are best positioned to provide recommendations. However, OPHNL considers the following assessments, data and analytics helpful to drive local improvements:

- Community health status reports by health unit, by municipality, and by neighbourhood (when possible);
- Health status reports on population sub-groups (e.g. children under age 6, school age children, young adults, older adults);
- Health equity indicators that contribute to identification of potentially underserved populations (e.g. race, gender);
- Information about environmental and policy factors that influence the prevalence of risk factors and diseases e.g. social factors that drive the opioid crisis.

What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the Province?

The following changes should be considered to strengthen research capacity, knowledge exchange and shared priority-setting:

- Assist public health units to develop ways to use health and health equity data to better inform program and service planning and delivery. This

should include identification of valid and reliable indicators to identify priority populations and to measure and monitor performance in redressing health equity gaps e.g. race-based indicators;
- Support public health units to identify emerging issues and trends, and to implement innovative interventions, that could be scaled-up province-wide and added to Ontario's Public Health Standards if beneficial;
- Provide provincial data on specific populations, with analysis completed as needed, to support public health prioritization and identification of population health outcome targets
- Develop a systematic and standardized methodology and templates to support program planning and evaluation;
- Consider regionalized and/or centralized functions such as epidemiology, quality improvement, professional development, ethics review, research and evaluation. However, these regional/central entities should remain accountable to local units and the connections between the levels should be articulated clearly;
- Provide a readily accessible, user-friendly and centralized repository of research resources, including evidence on the effectiveness of various public health strategies and interventions. This could include a provincial database of evidence-based research results, rapid reviews and other resources;
- Foster enhanced collaboration with academic partners through cross-appointments, and support of research projects at the local level.

What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level?

The following public health functions, programs or services could be strengthened if coordinated or provided at the provincial level:

- Coordinated approaches to public health issues such as physical activity, healthy eating, substance use, and healthy growth and development that are informed by the successes of the provincially-coordinated tobacco control strategy, where it makes sense;
- A provincial inventory of personal protective equipment (PPE) made available to health units during emergencies and on a regular basis, as needed;
- Procurement of clinical supplies like syringes, condoms and birth control – at lower cost – to support health unit program and service delivery;
- Delivery of online programs and services, such as universal online prenatal education, a provincial website with up-to-date accurate information on public health topics with links to local health units for the general public, and social media and social marketing campaigns on provincially-relevant topics;
- Provincial or regional strategies that can be adapted at the local level and implemented in a way that meets local needs.

What are public health functions, programs or services that could be strengthened if coordinated or provided by Public Health Ontario?

A number of recommendations noted above in could be coordinated or provided by PHO. Additionally, PHO can support local health units by providing:

- Laboratory services;
- Access to systematic reviews of public health interventions;
- Development of public health best practice guidelines;
- Access to expert consultation regarding novel public health issues;
- Ethics review of proposed research projects;
- Assistance in workforce development e.g. learning opportunities.

Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

The provincial government can be of considerable help to local health units in making optimal use of technology by:

- Establishing common province-wide electronic client records that meet regulatory standards and privacy requirements. This will enable health units to communicate in real time with each other, as well as with health system partners such as OHTs, and will provide the opportunity for shared measurement and reporting;
- Developing templates for documenting policies, and for document labelling and storage. This work is common to all health units and, at present, there is no mechanism to support consistency or best practice;
- Providing incentives that encourage primary care providers to make use of existing technology, e.g. entering data into the Panorama vaccination record system;
- Investigating the use of technology to deliver public health programs; for example, through telehealth, video conferencing or mobile applications;
- Coordinating the development or purchase of consistent Human Resources and Information Technology software for use across the province;
- Creating an IT Centre of Excellence with other health system providers;
- Promoting technology investment in non-health sectors known to be associated with improving health outcomes e.g. early childhood development (virtual parenting support), local food systems, agriculture;
- Promoting access to mobile apps that promote health with target groups e.g. those transitioning to young adulthood.

Increasing Consistency in Priority Setting

The consultation paper identifies inconsistency in priority setting as a key challenge, including the variety of governance and leadership models which make it hard for the sector to take collective action on provincial issues. Total consistency in priority setting is unlikely, because local communities vary in their needs and health units differ in their funding and capacity to deliver programs and services. However, it is possible to improve consistency, as discussed below.

What processes and structures are currently in place that promote shared priority setting across public health units?

Various models are in place, such as regional networks and communities of practice, that help to identify/develop shared approaches to specific public health issues e.g. health equity, continuous quality improvement. The recently discontinued strategy of Locally Driven Collaborative Projects (LDCP), involving representatives from interested health units with leadership from PHO, encouraged shared priority-setting across health units; OPHNL recommends this strategy be reinstated. A shared enterprise approach helps to strengthen connections between health units, augment the capacity of smaller entities, model collaboration, and support broader strategizing and implementation.

What should the role of Public Health Ontario be in informing and coordinating provincial priorities?

Public Health Ontario could develop and implement an iterative process with built-in feedback loops such that local data informs provincial priority-setting that, in turn, informs core interventions implemented at the local level. Oversight of the LDCP process and projects, should this initiative be reinstated, would also be a valuable coordinating role for PHO. The

Healthy Growth and Development Evidence Network recently initiated by PHO is an excellent example of the role PHO can take in informing and coordinating provincial priorities. As mentioned previously, it is recommended that PHO retain and enhance its role as a centre for surveillance, and as a provincial repository of public health knowledge and resources, and as a source to inform ministerial knowledge and prioritization.

What models of leadership and governance can promote consistent priority setting?

OPHNL believes the following promote consistent priority setting by public health units:

- The existing provincial legislative framework that lays out common standards, guidelines and protocols;
- Autonomous Boards of Health for independent or municipally-based health units;
- Strong and independent senior leadership teams, which include the health unit's Chief Nursing Officer, reporting directly to Boards of Health;
- Health units that are adequately resourced and of sufficient size to support longer term strategic and program planning.

Indigenous and First National Communities

OPHNL supports the health-related recommendations in The Truth and Reconciliation Commission's Calls to Action report. Some progress has been made in building meaningful relationships/working with Indigenous communities, Indigenous-led organizations, and urban Indigenous populations. The Eastern Ontario Health Unit, for example, has formal collaborative agreements with local First Nations in Ontario and Quebec. Successes should be leveraged and learnings should inform work going forward.

What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?

The expectation of meaningful engagement has been clearly articulated by the Ministry of Health. While significant progress is still required, public health units are working to build trust with Indigenous communities by striving to:

- Respect Indigenous self-determination;
- Promote the vision for a holistic, coordinated, and culturally safe approach to Indigenous health and wellbeing, using the lens of cultural humility;
- Build Indigenous engagement in the public health system (e.g. through membership on committees, participation in planning processes, and shared development of public health programming) with the type and intensity of engagement determined by Indigenous communities, clients and partners;
- Support Indigenous-led initiatives to address self-identified health needs;
- Participate in and/or lead research, data collection and analysis that is respectful of OCAP (ownership, control, access, possession) principles.

Are there opportunities to strengthen Indigenous representation and decision-making within the public health sector?

The following may be helpful at all levels in strengthening the Indigenous voice in public health:

- Assessments (at the population, community, family and individual level) that allow for Indigenous self-identification;
- Effective and culturally-sensitive strategies for recruiting Indigenous leaders on Boards of Health with structure and process changes that increase the likelihood of their continued participation;
- Structured linkages between Boards of Health and First Nations, Indigenous-led organizations and/or Indigenous populations to advise directions and decisions of Boards of Health;

- Formal structures to facilitate collaboration and knowledge exchange between Indigenous communities and public health (as well as health care and other intersectoral partners) to promote shared priority setting and integrated health service planning;
- Development of an Indigenous public health work-force through targeted recruitment and education of Indigenous public health professionals and through hiring of employees who identify as Indigenous;
- Support of knowledge exchange between public health staff and Indigenous communities by providing mutual mentoring opportunities;
- Requirement for health units to provide provincially-funded Indigenous cultural safety training to employees and Boards of Health.

Francophone Communities

There is great variability in the size of Francophone communities across the province; in some parts of Ontario, they comprise 85% of the population. Irrespective of population size, all Ontarians should be able to access services and resources in the official language of their choice. However, many public health resources are not readily available in French, and the provincial translation service has capacity challenges that impact its ability to respond in a timely manner. Limitations in health unit staff's capacity to provide bilingual services is also a barrier to accessibility.

The following measures could be implemented to enhance Francophone services:

- Clearly articulated regulations requiring that services be delivered in both official languages where the Francophone population warrants;
- Adequate provincial resources to create French-language programs and materials, translate important English-language programs into French, and provide French-language training for the public health workforce;
- A requirement that all health promotion resources produced by the province be published in both French and English;
- Strong partnerships with the six French Language Health Networks in Ontario;
- Partnerships with Community Health Centres and Community Resource Centres to offer bilingual services tailored to local groups with special needs (e.g. Gay Zone);
- Strategic partnerships with Francophone Schools of Nursing to help recruit Francophone nurses in the workforce;
- Francophone representation on Boards of Health in communities that have a high percentage of French speakers.

OTHER ISSUES

In addition to the challenges identified by the discussion document, OPHNL has identified other recommend-dations for public health modernization that we believe warrant the Ministry's attention.

Appropriate and Dedicated Funding

Investment in public health is critical to reducing hallway health care and preventing disease before costly medical interventions are required. Therefore, we recommend the following measures:

- Ensure funding that incorporates inflationary increases and addresses on-going variability in population health needs. This will allow health units to plan longer term and thereby influence population health outcomes;
- Ensure adequate and equitable distribution of funding to local public health;
- Establish consistent budget frameworks for public health;

- Establish consistent criteria and processes for regular, evidence-informed resource reallocation within local health units (e.g., Program and Budget Marginal Analysis);
- Ensure that funding is maintained during organizational changes and that savings from any efficiencies are reinvested in local or regional programs.

Workforce Development

An appropriate number of dedicated, skilled, well-educated and satisfied employees is vitally important to an effective public health system. Education, professional development, leadership development, a positive workplace climate and culture, and adequate financial resources are all necessary to foster and retain a strong, skilled public health staff.

Therefore, OPHNL recommends the following:

- Maintain and/or augment consistent education and professional development for health unit staff across the province;
- Provide timely surge funding and education to ensure the right number and mix of staff are available to respond to emerging issues such as the COVID-19 virus, to protect core services while simultaneously enabling adequate emergency response;
- Require higher academic degrees for public health leaders, with continuing education related to leadership and management;
- Require health units to foster participative workplace cultures through strategies such as the incorporation of employees' input into decision-making;
- Optimize the role of Chief Nursing Officers within local health units.

The Role of Nursing in Public Health

Nurses are key to providing meaningful public health programs and services. Public Health Nurses serve clients populations in a variety of settings including homes, schools, clinic settings, and community centres. Because they are trusted experts in their field, they foster strong collaborative relationships with diverse community partners.

Public Health Nurses are the only public health professionals with transferrable skills that enable them to contribute to the public health mandate across most standards and interventions, and to fully engage in public health emergency response in situations such as the current COVID-19 pandemic. OPHNL believes that for nurses in public health to perform their role effectively, the following factors are required:

Nursing Governance:

- Every health unit should have a Chief Nursing Officer position at the senior leadership level with responsibility for providing nursing leadership, supporting professional development, promoting nursing practice quality and excellence, and participating in strategic planning and decision-making;
- The role of the Provincial Chief Nursing Officer should be maintained, with strong linkages to the Chief Nursing Officers in public health.

Nursing Practice:

All levels of public health should ensure that nurses can operate to the maximum scope of their competencies, by:

- Implementing RN prescribing where appropriate (e.g., immunization, home visiting, school health);
- Clarifying the public health nursing role in the planning, evaluation and implementation of public health programs and services, and it's distinction

from and/or intersection with other public health staff (e.g. health promoters, dietitians, planners, evaluators);

- Looking for opportunities to expand public health nursing's unique role in home visiting with a wider variety of populations (e.g. those who are homebound and isolated, women exiting situations of intimate partner violence); supporting surge capacity (e.g. pandemic or disease outbreak response); policy work (e.g., related to social determinants of health); and health promotion and disease prevention (e.g., neighbourhood planning and mobilization).
- Strengthening the role of nurses with advanced public health nursing knowledge, expertise, and graduate education, to fill dedicated specialist roles in public health across the province (e.g., professional practice leads)
- Considering opportunities to appropriately implement or strengthen the use of nurse practitioners in public health.

CONCLUSION

OPHNL believes that the process of modernizing public health can provide an opportunity to improve public health program and service delivery, enhance supportive structures for provincial and local public health, and streamline administrative services. Ideally, changes to Ontario's public health system will leverage existing strengths to enhance current programs and services, support continued and/or augmented collaboration with other health and social service system partners, improve the use of technology to generate better and more consistent data for planning and evaluation purposes, maximize the role of public health practitioners and leaders including nurses and Chief Nursing Officers, optimize opportunities for regional and/or provincial coordination, and ensure public health units have skilled and committed governance and workforce to effectively address the public health challenges of today and of the future, with the vision of improving the health of all of Ontario's people.