

Ontario Nurses' Association

Submission to the Ontario Ministry of Health Public Consultation

Public Health Modernization

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1. Introduction

The Ontario Nurses' Association (ONA) is the union representing 68,000 registered nurses (RNs) and health-care professionals, as well as 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, the community, clinics and industry.

On behalf of our thousands of members in Ontario's public health units across the province, we are responding to the consultation launched by the Ministry of Health, titled Public Health Modernization. To prepare for this submission, ONA conducted extensive consultations with our public health nurse members and their representatives from every corner of the province. Accordingly, consider the content of this submission to be a dispatch from the front-lines of public health, and valuable feedback to the government during this period of proposed restructuring. This submission will comprehensively cover the themes and questions raised in the Discussion Paper as well as some additional points of feedback.

It is the belief of ONA public health members that "modernization" can be undertaken in certain instances to improve service delivery and effectiveness. Our recommendations are noted herein. However, there is considerable concern among the front-line public health nurses that the government's proposed restructuring plans are wrongheaded and could actually undermine the embeddedness of public health programming. Surely the stellar response of Ontario's public health system to the outbreak of the 2019 coronavirus (nCoV) in January and February 2020 provides a timely reminder of what is at stake.

2. Fiscal Choices

Though not specifically included in the questions enumerated within the consultation's November Discussion Paper, we will begin our feedback with some comments on the fiscal funding situation for Ontario public health care. According to Ministry of Finance documents, the annual funding increase for public health in Ontario between 2017/18 fiscal year and 2019/20 fiscal year was 1.9 per cent.ⁱ This annual funding increase amounts to a purchasing power reduction for public health as inflation rose by 2.2 per cent in a similar time period, the annual population growth rate was 1.4 per cent and the growth in the proportion of the population over the age of 65 years was 2 per cent.ⁱⁱ These statistics demonstrate what is widely known already across health care in Ontario: that every year the purchasing power of public health care funding decreases. This is true in public health, in hospitals, and in long-term care. The chronic underfunding in one sector increases pressures on the others.

The inadequacy of funding to keep pace with growing cost pressures to health care must be a point of departure for all public conversations and debates around health-care reform. For if the government sincerely endeavors to overcome hallway health care and improve overall health services for Ontarians, the chronic underfunding of health services across all sectors of the health-care system must be reversed. Chronic underfunding is an upstream cause of many of the challenges facing public health identified in the Discussion Paper: understaffing, inequitable service delivery and so on. In this public consultation, modernization cannot be a smokescreen for continued or worsening underfunding. The government cannot continue to ask health-care workers and nurses to do more with less.

In response to the government's questions enumerated in the Discussion Paper, the following information reflects grassroots feedback to government regarding the questions asked.

3. Insufficient capacity

- **What is currently working well in the public health sector?**

ONA members overwhelmingly believe that the public health sector is doing a successful job embedding itself in communities and responding to local needs. Strong partnerships with community partners, schools boards, primary care, social services and community groups has created winning conditions to improve services such as sexual health clinics, harm reduction, epidemic responsiveness, vaccinations, vision health and so on. Despite eroding resources, public-health staff are highly skilled and deliver community-specific and evidence-informed programming.

Ontario is a province of great diversity, from urban to rural and remote, from new arrival to long-standing settler communities and Indigenous communities. In this context, the on-the-ground knowledge and partnerships of public health units generate upstream health-care solutions. By preventing disease, injury and illness, public health units help to reduce the future burden on hospital care.

The role of the Chief Nursing Executive is beneficial to the functioning of public health units, although ONA members believe it could be strengthened by improving funding to support this role and to promote professional nursing practice.

Standard messaging is regularly localized to reflect community needs. There is collaboration between health units whenever possible.

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

Overwhelmingly, ONA's public health nurses identify funding shortfalls as the core issue driving the variability in the capacity across the public health sector. The funding shortfalls are specific to the public health system, but also to the overall health-care system. Underfunding in one sector of health care and public services has a reverberating effect on other sectors, and public health is often left to pick up the pieces. Further, some regions of the province face demand pressures due to a higher population of patients without OHIP cards that turn to public health units – who do not require OHIP cards – for health services.

With respect to existing funding, members believe the province ought also to establish an accountability and reporting mechanisms to ensure that the funding directed to specific initiatives within public health is successfully delivered.

Focusing on overcoming inequities in service delivery, our members identify other areas of public health in need of improvement. Members believe that public health would benefit from a central province-wide data repository, or central agency with this mandate. If public-health data was collected provincially and made available in real-time to each local unit, public health units could focus more of their resources on front-line services rather than duplicative research. This would make a positive difference specifically for smaller public health units with more limited resources and personnel.

ONA public health nurses also believe the government should mandate the Ministry of Education to work in partnership with public health units.

A formalized relationship of this kind would bring public health care into schools across the province and improve early intervention and care for Ontarian children in need.

In a similar vein, some of our members expressed concerns about the level of training that Ontario physicians receive regarding the treatment and prevention of Sexually Transmitted Infections (STIs). Given the unique role of public health nurses to educate to prevent the spread of STIs, ONA believes that better sexual health policies and guidelines by the Ministry of Health could help bring STI treatment out of acute care facilities and into the public health domain. This would save money and improve care. In order to successfully address this issue and others, ONA encourages the Ministry of Health to do everything in its power to ensure public health nurses are practicing to their full scope, including RN dispensing.

Ongoing staffing vacancies are created by gapping of positions when staff are seconded to other programs or on approved leaves of absence. Health units consistently try to recoup savings from gapping of positions for many months or over a year to use these funds elsewhere. This results in fewer staff available to meet client needs and increased workload for those remaining to provide services. It should be mandatory to have minimum staffing expectations for programming to meet client needs.

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

ONA public health nurses believe the government should consider a number of approaches to address the variability in capacity across the province.

First, we believe it is crucially important for the government to return public health to the clinic-based services previously provided by public health units. This would respond to the concerns raised above about the growing number of patients without OHIP cards and health benefits. Providing primary health care to those without the means to access health care through a physician's office or a hospital is an upstream solution to health care in a province as diverse as Ontario.

As stated above, the local knowledge and partnership of public health units across Ontario are essential to the success of the model. That is why ONA opposes the proposed amalgamation of public health units from 35 to 10 across the province. Billed as a cost-saving mechanism, this reform will erode the capacity of public health in Ontario to respond effectively to local, community needs.

As stated above, ONA believes the creation of an Ontario public health agency serving as a repository of data and easily accessible to local public health units would improve efficiency by eliminating duplication and redundancies in research work. Our members also believe it is time for the government to begin considering staff ratios for front-line public health nurses. If any restructuring is to occur, it should involve only the reduction of upper management levels in order to enhance front-line services.

Lastly, by leveraging real-time audio-visual technologies in order to overcome access barriers, ONA believes the government can begin to roll out virtual visit options for patients. Services that might be undertaken virtually could include breastfeeding support, tobacco cessation and virtual home visits. This could provide new access possibilities for patients with transportation or logistical barriers to accessing public health services.

4. Misalignment of Health and Social and other Services

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

The co-location of public health offices with social services, children's aid and family health teams facilitates meaningful collaboration, information sharing and learning. Where possible, the Ministry of Health should foster the geographic clustering of services with public health offices.

Similarly, it is crucial that public health units formalize collaborative relationships with other community institutions to meet people where they are at. The success of sexual health clinics in schools, educating students about treatment, prevention and birth control, is noteworthy because students are accessed in their own environment. This is also true for the healthy babies, healthy children (HBHC) program, which involves hospital liaison nurses collaborating with hospitals to ensure high-risk mothers and newborns immediately have access to public health when they leave hospital.

Public health care succeeds the more embedded and knowledgeable its teams are about local community needs and characteristics. This knowledge base takes years to develop. It is therefore essential not to disturb the good work that has already been done by allowing public health units to continue to operate and thrive in their geographic settings. In many instances, public health teams have developed a shared vision with community and health partners to address local challenges. Often these visions are developed with the help of population health data that informs smart programming decisions.

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

The root of many of the health-care challenges is the funding shortfall across all sectors. As a starting point, it is crucial that the provincial government implement funding formulas that are tied to real cost-pressures and that ensure equitable funding across all program areas.

Solutions to better connect the public-health system to broader services are myriad. Some of them have been touched on before, including the importance of clustering services together to facilitate collaboration and shared learning.

It is also crucial that the government undertake awareness-raising efforts to educate other services and health sectors about the value of public health to ensure a broader understanding of its benefits.

This could perhaps be achieved through the programming of bi-annual connections between public health teams and other health and social service providers to foster collaboration and discuss local community priorities.

Another solution would be to create regional structures with both public and social services that would include guidelines to help prevent services from fighting over pots of public funding.

Overall, access and connectedness would improve if public health were simply embedded in other systems, for example by opening public health sub-offices at local hospitals, Ontario Works/ODSP or child protective service offices.

Too often, due to a lack of awareness of the role of public health among acute-care institutions and social services, important referral opportunities are missed.

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

ONA public health nurses can name many different examples of successful collaborations that improve the seamlessness and quality of care for Ontario patients.

Collaborative relationships between public health and hospitals make a world of difference. This includes public health nurse visits to maternity units and then later home visits to assist with breastfeeding and screening. The next step is the Healthy Baby, Healthy Children (HBHC) program, which works with families to connect them to relevant service providers, including Early Child and Family Centres. Public health nurses have also had success working with hospitals on smoking cessation, in particular with the Ottawa Smoking Cessation Model. In another example, the opioid task force successfully brought together public health and hospital nurses into collaborative working relationships.

Where they occur, public health nurses' secondments to family health teams have helped to foster improved care for patients living at home.

As well, by liaising with school boards, public health units have been able to bring consistent messaging to students on contraception and STI prevention. Work within schools also includes partnerships with social services to promote The Canada Learning Bond, assisting children reaching their educational goals over the long term.

In circumstances of infectious disease outbreaks, public health continues to prove its enormous value to society through collaborative work with other services.

Public health nurses conduct the vital work of immunization, tracking and quarantining that contain contagious pathogens and save lives. This collaboration with hospitals, schools and other services met enormous success in the H1N1 outbreak, in Ebola preparedness and – to date – in the outbreak of 2019 novel coronavirus (nCoV). The expertise, vigilance and thorough work of our public health heroes allow us all in Ontario to rest assured.

In other cases, successful collaborations have occurred with First Nations communities for services such as baby wellness assessments, vaccinations, diabetes care, managing infectious diseases and so on.

In vulnerable areas, local HUBs run by public health, police, physicians and other service providers have had a positive impact on the communities.

5. Duplication of Effort

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

It is vital that programming decisions be made at a local level. The embedded knowledge of local teams translates into better decision making to meet local needs. A one size fits all approach does not work in public health. Public health nurses overwhelmingly believe the established relationships with other health-care providers and social services should not be disrupted by health-care restructuring efforts. Many of these institutional relationships have been built over years and are achieving important successes.

Local decision-making improves the ability of public health units to nimbly identify the needs of different priority populations, such as teen populations with higher rates of pregnancy, communicable disease issues, and cycles of poverty and in other areas.

Often there are many co-occurring health issues that are unique to a locality. Client service delivery must remain local because of the expertise developed by front-line teams in the particular needs of communities.

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

To improve the delivery of public health care, it is crucial that public health units enjoy easy access to the latest population data.

ONA members specifically identified the importance of the following kinds of data: teen pregnancy rates, STI rates, breast feeding rates, crime rates, school board data on students (where

appropriate). Access to these kinds of data would help improve the delivery of public health care in the communities.

More broadly, in order to effectively discharge their duties, public health nurses need access to reliable and current epidemiological data, and the kind of societal demographic data that provides a portrait of the social determinants of health. With this available information, deductions can be made about the risk groups in populations of people that enable better planning.

As stated earlier, ONA recommends the creation of a central agency that would provide the latest health and population data with local granularity to public health units across the province to reduce the duplicative research work often done.

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

The creation of a central database would improve efficiencies for public health units by conveniently disseminating the latest population health and research data to the frontlines. This new database could be modelled from Cancer Care Ontario. In addition to research and demographic data, the database could also host best practice information, educational materials for programs and have content translated into a variety of different languages.

To deepen the evidence base, ONA members believe it is time for the provincial government to facilitate research partnerships between public health units and post-secondary institutions. In order to do this, the provincial government must guarantee sustainable funding for Public Health Ontario to resume the coordination and funding of locally-driven collaborative research programs. Alongside alPHa and the OPHA, Public Health Ontario should continue to coordinate the Ontario Public Health Conference to further learning in this field.

- **What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?**

Public health nurses are clear that front-line services and the 35 public health units should not be jeopardized through any “modernization” effort. It has taken years to develop the front-line expertise, knowledge and institutional relationships that make the work of Ontario’s public health units so successful.

Nevertheless, there are some opportunities to find efficiencies in the centralization of certain kinds of work under the umbrella of some kind of central agency and/or data base.

In addition to being a repository of useful resources and research, part of the mandate of this agency could become the facilitation of knowledge sharing across jurisdictions inside and outside of Ontario. With better comparative analysis, public health nurses would be able to sharpen the effectiveness of programs applied locally.

It would also be fitting for the central agency to carry out the dissemination of big picture communications across the province's public health units. For example, the centralized production of flu promotion material – physical and digital – would reduce workloads on the frontlines and ensure consistent messaging across Ontario for an issue affecting all Ontarians.

While most public health programs should be developed locally, Public Health Ontario ought to continue to develop the Ontario Public Health Standards to drive planning of local health unit functions.

In addition to these functions, ONA members believe that select managerial and “back office” work could be centralized, including human resources and payroll to reduce the burden on the public health units.

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

ONA's public health nurses believe there are numerous technological solutions that could be developed to improve the function of public health. Indeed, some of these could be applied more broadly to the whole health-care system.

Specifically, ONA public health nurses propose the creation of a centralized immunization database for all Ontarians. This would markedly improve tracking and help raise vaccination rates.

To improve intra-unit communications, nurses propose the creation of an online internal chatting platform as well as synchronized online appointment scheduling tools. The addition of a mobile evaluation platform and electronic charting systems would also help to streamline documentation systems and improve efficiency. Matched with a work-from-home policy, front-line public health nurses who often have to travel to patients could reduce their travel time.

On an institutional level, public health nurses believe it's time to replace the Integrated Services for Children Information System (ISCIS) that backs up Healthy Babies, Healthy Children. The system is over 15 years old and widely viewed as no longer effective.

Finally, public health nurses believe the Ministry of Health should improve the education policies and, in particular, the online content available on reproductive health and safer sex. If the goal is to ensure that the right information reaches the right people, then surely savvy online platforms are needed to target younger generations of Ontarians about safer sex.

6. Inconsistent Priority Setting

Setting consistent priorities across the entire public health system is a prerequisite to delivering quality public health services to everyone in Ontario. To do this, the provincial government must strengthen standards and ensure their consistent application across the province.

The Ontario Public Health Standards are the foundation of consistent priority setting and care delivery.

As a result, they must be developed further to reflect the needs of the moment. In order to fully implement the standards, the government must leverage Public Health Ontario's capacity to build on the existing infrastructure of regional committees of senior leadership, including aPHa, the Chief Nursing Officer and various public health divisions.

These institutions, through the leadership of Public Health Ontario, can coordinate the implementation of the main priorities across the province. By ensuring equitable decision-making power and funding allocation, the quality of program delivery can be equalized across the province.

It is vital that public health be insulated from political interference, including eliminating values-based restrictions on important public health information such as sexual health.

The government ought to look into the Magnet Hospital recognition program and some of the research relating to the meaningful valuation of nursing talent in the workplace. Public health nurses believe by improving professional autonomy and consultation with front-line staff, the government will raise staffing morale and productivity.

7. Indigenous and First Nations Communities

Public health nurses view this as a high-priority issue and one that is key to improving health-care services in historically underserved Indigenous communities as well as supporting reconciliation.

To date, there have been some important examples of successful partnerships between public health units and First Nations communities. In particular, the current partnership in the Durham region.

In Durham, public health nurses have received Indigenous cultural training while working closely with a local First Nation community on delivering a smoking cessation program. This two-way exchange is a win-win for all involved.

ONA's public health nurses believe it is time for the government to hire Indigenous strategy specialists to liaise with Indigenous communities, support Indigenous culturally-appropriate training for nurses and thereby facilitate the development of customized Indigenous health strategies. Partnerships between public health staff and Indigenous education councils could yield important results.

However, beyond training, the provincial government must make efforts to improve Indigenous representation from leadership tables to the frontlines. For starters, there should be Indigenous representation on every board of health that represents an Indigenous community. Similarly, the provincial government must make a concerted effort to recruit and retain Indigenous nurses to work in public health and to serve Indigenous communities. Recruiting locally would have an even more meaningful impact.

8. Francophone communities

Regarding the needs of the francophone community, ONA public health nurses believe there have been some noteworthy policy successes, including the translation of most of the health promotion materials as well as the hiring of bilingual nurses in programs that directly service francophone populations.

However, there are still gaps in the availability of bilingual health promotion materials, an issue that needs to be addressed. There is often a shortage of bilingual staff in regions requiring this capacity, and the government should endeavor to rectify this.

Public health nurses believe the government should create a francophone strategy (similar to Indigenous strategies launched by many municipalities) to inform and respond to the unique needs of the francophone community. This would include an environmental scan of the health and social services available in French to facilitate referrals and service provision when needs arise. In order to prevent public health nurses from having to seek out their own translation services, the ministry should make governmental translation services easily available to frontline staff.

There is also untapped opportunities for public health nurses to integrate into existing francophone interagency networks in municipalities to improve connection with francophone/bilingual organizations. Furthermore, by launching some form of communication platform for public health nurses across Ontario, the government would facilitate the connectivity of French-speaking nurses across the province as they seek to troubleshoot care delivery to francophone Ontarians.

To facilitate access to Public Health Services for francophones, all board of health and municipal websites with public health contacts should be made bilingual. And websites should clearly direct francophone patients to providers that offer services in French.

Better health data on the francophone population would also assist in the delivery of more customized services to this population.

9. Learning from Past Reports

Overall, the government needs to appropriately fund health care in order to achieve the sought after improvements in care.

Public health nurses are concerned by the growth in middle management to the detriment of front-line staff. In particular, there is growing concern about the Medical Officer of Health model for administering public health. Many front-line staff believe this model should be reviewed and comparable models in other jurisdictions studied to determine if it is still the best fit for Ontario's public health system.

10. Conclusion

Public health plays a vital role in the delivery of quality health care to populations across Ontario. The guiding principle of the government in this "modernization" process should be to do no harm. Restructuring must protect front-line staff positions and be sensitive to the impact on the current organizational culture and the gains made over years of community connectedness. Simply put, ONA's public health nurses oppose the reduction in the number of public health units from 35 to 10.

Moreover, in order to improve quality of care in public health and across the system, it's time that the government commit to proper funding to meet the needs of Ontarians. Current funding levels are inadequate and fail to meet the yearly increase in cost pressures. This amounts to a substantive (inflation adjusted) annual cut in public health funding, an unsustainable and unacceptable reality.

Nevertheless, ONA's public health nurses raise many proposals to improve the functioning of the public health system, enumerated in this document. There are opportunities for centralization of work, including in organizational logistics, data-keeping and messaging for province-wide campaigns.

The centralization of these functions could liberate capacity within public health units to focus exclusively on what they do best: delivery of front-line public health promotion and prevention. Improved flexibility and efficiencies could be achieved through the roll-out of new IT solutions, especially for public health nurses who consistently work in the field.

The government must use this consultative process to listen to the perspectives of front-line public health nurses who know best what is working in the system and what needs improvement.

ⁱ <https://www.ontario.ca/page/expenditure-estimates-ministry-health-and-long-term-care-2019-20#vote5>

ⁱⁱ <https://www.fin.gov.on.ca/en/economy/demographics/quarterly/dhiq1.html#f9>