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Roselle Martino
Assistant Deputy Minister
Population and Public Health Division
Ministry of Health and Long-Term Care
College Park
19th Floor, Suite 1903
777 Bay St.
Toronto, ON M7A 1S5

Dear Roselle,

Re: ONA Input on the Standards for Public Health Programs and Services - Is this the Demise of PHNs and the Delivery of Public Health Programs?

While we understand that public health units were asked to consult with their frontline staff regarding the new Standards for Public Health Programs and Services, the Standards were not circulated by all health units to all program areas for feedback. As a result, ONA has consulted with our members working on the frontlines in public health.

Is this the Demise of Public Health Nurses (PHNs) and the Delivery of Public Health Programs?

Our members are extremely concerned with the direction being taken in the new standards. Our members view the standards overall as moving away from prevention interventions. There is an obvious shift from the delivery of programs by public health units to other providers in the community. This direction is not acceptable to ONA and our members.

This shift to alternative providers combined with the replacement of PHN work with the movement to Health Promoters, raises significant concerns for ONA and for the future of our members working in public health units. Are the Standards a concerted effort to reduce the role of PHNs and to reduce the scope of public health programs delivered through public health units in Ontario? Our clients will suffer needlessly if indeed this is the long-range plan to shift services to alternative providers.

It is not possible to assess the impact on public health unit staffing at this time but our members have expressed strong reservations about the role of public health nurses and the delivery of public health programs to our clients. As well, our members suspect the Standards may have a negative impact on the existing social determinants of health positions.

Effective Public Health Practice

The new foundational standard on Effective Public Health Practice is certainly timely and shows promise for introducing practices into public health that are well-developed in other sectors through Local Health Integration Network (LHIN) accountability processes. In particular, the requirement for public health units to submit to the Ministry, and provide to the public, an Annual Service Plan and Budget Submission describing planned public health programs and services will be extremely valuable to improve both accountability and transparency. While we realize that this requirement will require further guidance and delineation, the role for frontline nurses is not specifically spelled out as it is under Regulation 965 of the *Public Hospitals Act* with respect to Fiscal Advisory Committees in hospitals. We also recommend that any Ministry audits of public health units should also be made public as part of this foundational standard as you specifically reference for inspections.

In addition, our members are asking if this annual plan and submission will be the sole process that will be used to communicate any reduction in public health programs/services or when there are changes to delivery by alternate service providers. Our clients deserve full notice.

Program Standards

Our members identified specific areas in the new Standards where public health programs have been added as well as areas where public health programs appear to have been reduced or eliminated. We start with the program areas where there is a reduction in expectations of program delivery by public health units.

While this may not be an actual reduction in public health programs, the new Standards have removed the mention under the Statutory Basis section regarding the Health Babies Health Children (HBHC) program being administered by the Ministry of Children and Youth Services. There is a reference to the HBHC program under the Healthy Growth and Development program standard. As you know, ONA has concerns related to the flatlining of funding under this program area and the negative impact on staffing for delivery of this program.

In summary, there are reductions in the following program areas: sexual health clinics; harm reduction; breastfeeding; cancer screening; prenatal parenting; smoking cessation, healthy eating, and travel clinics. In addition, the volume of immunization programs, while still a standard, is declining as a result of the shift to access to immunization from other service providers.

For example, with respect to harm reduction, the program standard is now shifting to ensure 'access to' harm reduction services and supports rather than provision by health units. Similarly, with healthy sexuality programs, with breastfeeding programs, with prenatal parenting programs, they are now considered by public health units "based on an assessment of local needs" and in consultation/collaboration with local stakeholders in relevant sectors.

There is also concern expressed related to immunization program areas "based on an assessment of local needs" (such as travel immunization and promoting immunization). We also note that public health units shall provide consultation on immunization to community partners but "based on local needs and as requested."

Our members question how an assessment of local needs will be conducted? Is there a process in place to track current clients accessing services as part of this local needs assessment? Is the intent to have PHNs as part of the local needs assessment?

The new standards have removed increasing public awareness of the benefits of screening for early detection of cancers and other chronic diseases of public health importance and removal of the nutritious food basket protocol. How will these programs be replaced? Our clients deserve to be informed of the context in which these changes were made.

Regarding the new program standard on School Health, our members have identified a number of questions that we ask you to consider during the implementation phase. As we understand it, the new School Health standard is intended to further strengthen the relationship between boards of health and schools for a greater impact on the health of children and youth. It is not obvious to our members how this will strengthen relationships.

For example, how will this happen? Will there be, for example, a minimum provincial baseline requirement for public health nurses in a healthy schools role for provincial standardization/consistency? Is there an agreement between the Ministry of Education and Ministry of Health regarding the role of PHNs in schools that Boards of Education and school principals will be advised of, for example, requiring all schools to have school staff designated as the healthy school contact person?

For example, would this mean building such guidance into the responsibilities of the school that is similar to all schools that have a Safe School Plan/Committee? Can schools be required to have a PHN sit on their Safe School Committee as part of the Well-Being Strategy for Education? Is there a standardized expected/understood/regulated role of PHNs in schools related to the Well-Being Strategy for Education as opposed to it being introduced individually by each school/principal?

With respect to the requirement for health units to offer support for implementation of a health-related curriculum in schools, our members query how this might be delivered by public health units: does this involve PHNs doing in-class consultations on health topics with teachers, modeling/co-facilitating in-class teaching/content delivery?

Our members have identified the removal of the promotion of workplace health, but recommend that this could still fit within the School Health standard in terms of working with school staff on staff wellness and responding to staff needs. Our members strongly advocate for a comprehensive workplace wellness program to be reconsidered and inserted back into the standards.

While there is now a new standard for Visual Health, which supports program provision by health units, it is in collaboration with community partners. Obviously additional work will need to be done to determine how this requirement will be put into operation. Who will be doing screening, for example?

In conclusion, we expect that the size of some smaller public health units and their communities in particular may offer challenges regarding alternative service providers being able to meet local community needs. How will the smaller health units be supported?

How will program and service changes be communicated to communities and our clients?

Overall, the new standards shift focus from some specific health promotion standards to more health protection standards.

How will our members be involved in a meaningful way in the development of protocols and other guidance documents as the new standards are implemented? They are also extremely concerned about the direction that these standards raise for the future delivery of public health programs - both the role of PHNs and the role of public health units.

Thank you for the opportunity to provide feedback on the new standards on behalf of our members working in public health units. Our members expressed strong views about the impact of the standards on their future role and how their clients will access programs.

We would be pleased to provide any additional follow-up the Ministry may require. We ask for a strong expression of commitment from the Ministry that public health units and PHNs will continue to have a leading role in the delivery of public health programs in Ontario.

Thank you.

Sincerely,

ONTARIO NURSES' ASSOCIATION

Linda Haslam-Stroud, RN
President

lhs/lw

C: Marie Kelly, ONA CEO/CAO
Hon. Dr. Eric Hoskins, Minister of Health and Long-Term Care
Dr. Bob Bell, Deputy Minister of Health and Long-Term Care
Derrick Araneda, Health Minister's Chief of Staff