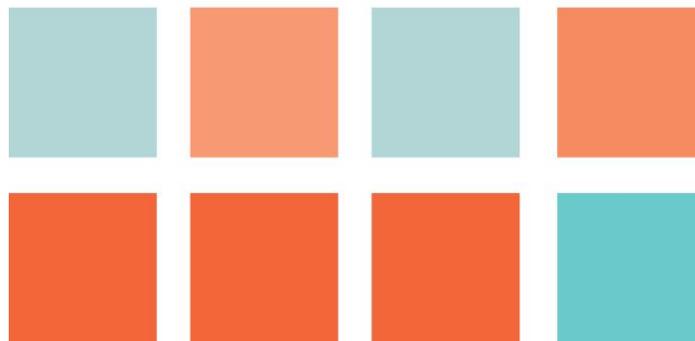




## **RNAO comments on the Report of the Minister's Expert Panel on Public Health**

Submission to Population and Public  
Health Division, Ministry of Health and  
Long-Term Care

October 31, 2017



## **Summary of RNAO Recommendations**

**Recommendation 1.** As a first step, RNAO supports the expert panel’s recommendation of proceeding with the establishment of 14 independent regional public health entities strongly linked and aligned with their LHIN counterparts. We also support establishing local service delivery sites within each regional public health entity to meet the needs of unique populations and to maintain local relationships.

**Recommendation 2.** RNAO urges the provincial government to ultimately promote the integration of public health with the rest of the health system under the umbrella of the LHINs, whereby each LHIN provides funding to an independent regional public health entity, and enters into accountability agreements with them.

**Recommendation 3.** RNAO supports the proposed leadership structure for public health and particularly the recommendation to establish a qualified Chief Executive Officer (CEO) from one of the public health disciplines, including nursing sciences.

**Recommendation 4.** RNAO recommends having strong nursing leadership at all levels of the regional public health entity including a regional Chief Nursing Officer and nursing leadership at the local level.

**Recommendation 5.** RNAO supports having Boards of Health that are reflective of the local population and have the appropriate skills, competencies, and commitment to improving health.

**Recommendation 6.** RNAO recommends that the province ensure public health funding be at a minimum maintained at current levels and ideally increased to ensure more upstream programs focused on population health.

## **Introduction**

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP), and nursing students in all settings and roles across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contributions to shaping the health system, and influenced decisions that affect nurses and the public they serve.

RNAO welcomes the opportunity to provide feedback to the Ministry of Health and Long-Term Care (MOHLTC), Population and Public Health Division, on the Report of the Minister's Expert Panel on Public Health entitled "Public Health within an Integrated Health System".<sup>1</sup> Together with the input of RNAO's Community Health Nurses' Initiatives Group (CHNIG), experts working in public health settings across Ontario, we offer our response and recommendations.

## **Organizational structure and geographic boundaries**

As highlighted in the expert panel report, public health and health care operate separately in Ontario. Public health focuses on population health and upstream community-wide interventions, and health care concentrates on diagnosing, treating and improving individual health outcomes.<sup>2</sup> This artificial separation does not reflect nor does it do justice to the reality of factors influencing health in Ontario's communities.

RNAO has long advocated for public health to be better integrated within the health system through our two "Enhancing Community Care for Ontarians" reports (ECCO 2012, 2014).<sup>3 4</sup> We have also been actively engaged in providing evidence-informed solutions to achieve health system transformation, including the "structural changes that are necessary to achieve an improved, integrated, and efficient health system in Ontario that moves to one that is more person centered".<sup>5</sup> RNAO strongly believes that the health system must be fully integrated across all sectors with a focus on advancing health equity through measures to improve the social determinants of health, and ongoing research to support population health initiatives.

The expert panel report recommends that Ontario establish 14 independent regional public health entities geographically aligned with the 14 LHINs. This will allow public health to work closely with their LHIN counterparts to ensure more frequent and effective communication at all levels and better integration of services.<sup>6</sup> It will also benefit the LHINs' system planning efforts, since positioning public health units within LHIN boundaries will better align public health with the rest of the system, and can stimulate a broader reach of health promotion principles in other sectors. Establishment of 14 regional public health units presents an important first step in aligning public health units with the rest of the health system. RNAO strongly advocates including all health sectors within the mandate of LHINs in order to advance co-ordination and integration of service, reduce duplication, and more effectively meet the needs of people.<sup>7</sup>

RNAO believes that geographically aligning public health with LHINs is insufficient on its own. While this may stimulate collaboration, it will likely have only limited success in facilitating whole system integration and extending the health promotion capacity of public health throughout the system. Public health must ultimately

be under the umbrella of the LHINs.

RNAO's ECCO model (Appendix A) proposes that public health units remain as independent entities but be within the LHIN mandate.<sup>8</sup> Public health units would receive their funding from LHINs and enter into an accountability agreement with them. Under such a scenario, the LHIN Integrated Health Service Plan would include public health components resulting in more coordinated and comprehensive population-based health planning that focuses on health equity. We believe this is a key enabler of health system transformation and will shift attention from illness care and addressing problems as they occur to preventing them and keeping people healthy.<sup>9</sup>

### **Local Public Health Service Delivery Areas**

RNAO supports the expert panel's recommendation to establish local public health service delivery areas to meet the needs of unique populations and maintain local relationships with service providers. This will also help to preserve the important relationship between public health and municipalities in addition to maintaining local relationships with non-health sectors (e.g. public health programs in schools, planning, housing, transportation) and community partners. Other advantages of local public health delivery areas would be increased responsiveness to public health outbreaks, and the development of public health programming and services tailored to meet the unique needs of the population within the boundaries.

**Recommendation 1.** As a first step, RNAO supports the expert panel's recommendation of proceeding with the establishment of 14 independent regional public health entities strongly linked and aligned with their LHIN counterparts. We also support establishing local service delivery sites within each regional public health entity to meet the needs of unique populations and to maintain local relationships.

**Recommendation 2.** RNAO urges the provincial government to ultimately promote the integration of public health with the rest of the health system under the umbrella of the LHINs, whereby each LHIN provides funding to an independent regional public health entity, and enters into accountability agreements with them.

### **Optimal leadership structure**

The proposed regional alignment of public health entities with multiple local service delivery areas requires a strong leadership structure. According to the Expert Panel report, research into effective leadership composition demonstrates that large health organizations would be most effective having a single leader as opposed to a joint leadership model.<sup>10</sup> In this case, it is proposed that the newly established regional public health entity would be led by a Chief Executive Officer (CEO) who would report to the Regional Board of Health. RNAO supports the proposal outlined in the Expert Panel report. We agree that the CEO must be a person with the knowledge, skills, and aptitude to run a multi-million dollar, non-profit corporation and should be recruited from one of the public health disciplines to ensure strong knowledge of public health's mandate and goals. We also agree that robust public health leadership skills are required in addition to academic credibility, including education and training in one of public health disciplines such as nursing science, public health, social sciences, or biomedical

sciences.<sup>11</sup> Appointing a CEO to oversee regional public health units would allow the Medical Officer of Health (MOH) to have the necessary authority and resources to carry out public health's mandate, including protecting the public in emergency situations, without bureaucratic or political hindrances.<sup>12</sup> Although a MOH may have the qualifications to take on a CEO role, the two must remain as separate positions in the leadership structure.

PHUs under the proposed model will require leadership at all levels to ensure quality public health services are integrated with the rest of the health system. As public health nurses make up an essential part of the public health system and represent the bulk of the workforce, it is important to ensure strong nursing leadership at all levels of the proposed leadership structure. RNAO supports having a Chief Nursing Officer appointed at the regional level in addition to local nursing leaders to ensure the application of public health nursing research on effective and evidence-based population health interventions.

**Recommendation 3.** RNAO supports the proposed leadership structure for public health and particularly the recommendation to establish a qualified Chief Executive Officer (CEO) from one of the public health disciplines, including nursing sciences.

**Recommendation 4.** RNAO recommends having strong nursing leadership at all levels of the regional public health entity including a regional Chief Nursing Officer and nursing leadership at the local level.

### **Optimal governance representation**

RNAO supports Boards of Health that are reflective of the local population. This includes having Indigenous and Francophone representation in addition to respecting the diversity and inclusion of various populations. Broad representation and citizen membership will allow for meaningful engagement and active voice in the oversight of public health programs and services. It is also important to ensure Boards of Health have the right skills, competencies, and commitment to improving health to facilitate strong working relationships with LHIN boards.<sup>13</sup> RNAO believes it is imperative for Boards of Health to remain locally focused in the oversight of programs and services.

**Recommendation 5.** RNAO supports having Boards of Health that are reflective of the local population and have the appropriate skills, competencies, and commitment to improving health.

### **Implementation**

Although implementation considerations fell outside the mandate of the Expert Panel, a number of factors will need to be deliberated in order to apply the proposed plan. Significant pieces of legislation would need to be amended to realize the full potential of public health units aligning with LHIN boundaries and mandate. For example, to preserve public health's core functions – population health assessment, health surveillance, health promotion, disease and injury prevention, and health protection<sup>14</sup> - legislation governing public health (*Health Promotion and Protection Act*) would need to be aligned with legislation governing LHINs (*Public Hospital's Act*). In essence, LHIN's would need to increase the reach of their mandate to include the preventative aspects

of health and allow for a system-wide acknowledgement of upstream approaches to health protection and promotion which address the root cause of ill health.

## **Funding**

If the expert panel's recommendation to establish 14 regional public health units is accepted, it is critical that the level of public health resources and investment be maintained and not lost to other areas of the system.

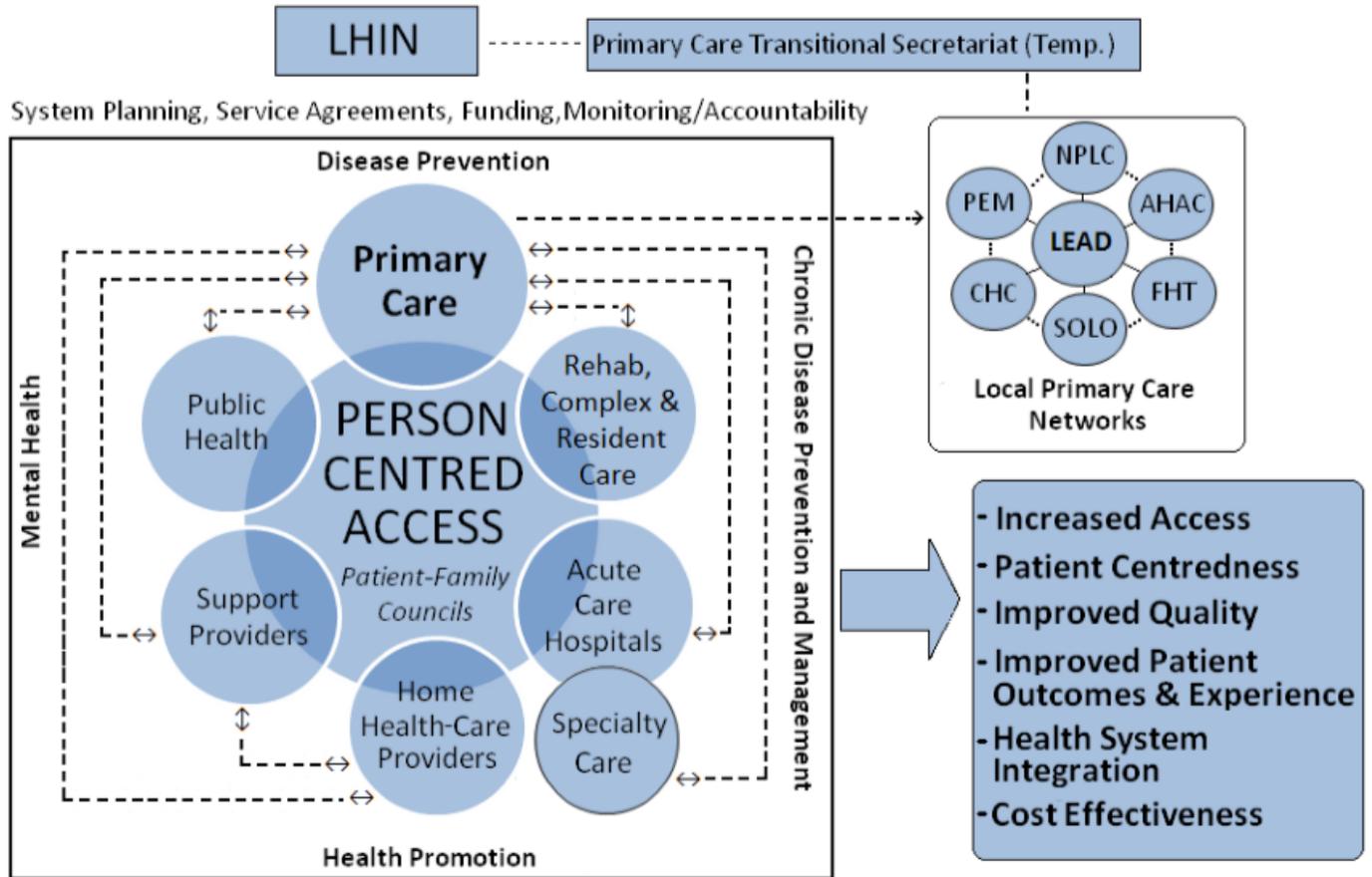
**Recommendation 6.** RNAO recommends that the province ensure public health funding be at a minimum maintained at current levels and ideally increased to ensure more upstream programs focused on population health.

In considering the recommendations proposed in the Expert Panel Report, it is imperative to reflect on all aspects of the modernization efforts for public health transformation including; the government's *Patients First: Action Plan for Health Care* report,<sup>15</sup> the public health work stream, and the standards for public health programs and services. These combined efforts will shape the future of public health and move towards an integrated and transformed health system which puts clients and patients at the centre.

RNAO appreciates the opportunity to provide feedback on the Minister's Expert Panel on Public Health report. Thank you for considering our feedback in pursuit of an integrated health system.

# Appendix A

Figure One – ECCO Model Overview



RNAO - ECCO MODEL 2.0

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## References:

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- <sup>2</sup> Ibid.
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- <sup>6</sup> Minister's Expert Panel on Public Health (2017). Public Health within an Integrated Health System. [http://www.health.gov.on.ca/en/common/ministry/publications/reports/public\\_health\\_panel\\_17/expert\\_panel\\_report.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/public_health_panel_17/expert_panel_report.pdf)
- <sup>7</sup> Ibid
- <sup>8</sup> Registered Nurses' Association of Ontario. (2014). Enhancing Community Care for Ontarians: ECCO 2.0. [http://rnao.ca/sites/rnao-ca/files/RNAO\\_ECCO\\_2\\_0.pdf](http://rnao.ca/sites/rnao-ca/files/RNAO_ECCO_2_0.pdf)
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- <sup>12</sup> RNAO. (2005). Revitalizing Ontario's Public Health Capacity: A Nursing Response. Submission to the Capacity Review Committee. Toronto.
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