



Honourable George Smitherman
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

July 10, 2006

Dear Minister Smitherman:

We are writing to congratulate you and the Capacity Review Committee for the excellent recommendations contained within their final report that will, if implemented, strengthen our public health system to better serve the people of Ontario. Minister, we urge you to implement all the recommendations of *Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee*.

Following extensive consultation with members of the Registered Nurses' Association of Ontario, and specifically the Community Health Nurses' Initiatives Group, we would like to speak in support of measures that will improve health through a revitalized public health workforce. We concur that the first priority for action should be the development of a comprehensive Public Health Human Resources Strategy. It is essential that more public health nurses be hired in order to meet the needs of Ontarians. The knowledge, skills, and judgment of public health nurses enables them to work on strategies to improve individual and family health while also addressing issues in population health that have an impact at the community level.¹

While we support the goal of strengthening public health units, we also acknowledge that dramatic changes such as amalgamation of health units can be difficult for the individuals involved. Some of our members have expressed fears of job loss, worries over service loss or disruption especially among smaller health units, and anxiety about changing models of service delivery and administration. Our members have told us that the best way to support their nursing practice during this time of transition is by ensuring a transparent communication, inclusive decision making, nursing networks, and strong, supportive, and knowledgeable nursing leadership at the local and provincial levels. Members would also like to know that their knowledge and skills will not go to waste but used fully to improve the health of people living in our communities.

Front-line nurses have told us of their concerns about the impact of non-nurse managers on their practice and stressed the importance of supportive and experienced nursing leadership. For this reason, we strongly support the recommendation that the Ministry enforce the 2000 directive regarding the appointment of a senior nurse leader in each health unit. Achieving good client care and the recruitment and retention of nursing staff

are linked to the quality of nursing leadership. In support of this goal, RNAO developed a healthy work environment best practice guideline titled *Developing and Sustaining Nursing Leadership*.²

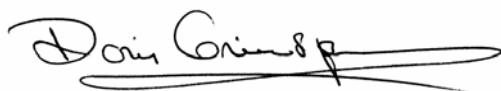
We are aware of, and support, the work Public Health Nursing Management (ANDSOOHA) started with a framework to delineate the responsibilities of provincial professional leaders in their letter of June 20, 2006. We would like to build on their recommendations by suggesting that an additional strategy to support healthy work environments would be to link best practices in nursing leadership with recommendation #16 related to mandatory accreditation of all public health units. *Developing and Sustaining Nursing Leadership* provides evidence supporting the role of nursing leadership in quality care and recommends that best practices be reflected in standards for accreditation.³

While we are supportive of the general direction of the final report, there are three outstanding issues that we wish to draw to your attention:

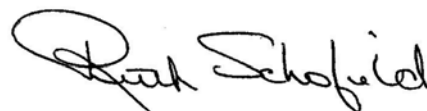
- The roles, functions, and skills of the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) are distinctly different. There should not, therefore, be a legislated mandate for the local MOH to have CEO authority for public health services. There are many nurses and other public health practitioners grounded in the art and science of public health that have the needed strong administrative and leadership skills required to be effective CEOs.
- All public health units should have an appointed Chief Nursing Officer and the *Health Protection and Promotion Act* should legislate that all public health units have an appointed Chief Nursing Officer.
- We continue to urge for a system wide view of public health that strikes a balance in the reinvestment of resources between infectious diseases and public health emergencies and other public health mandates that address determinants of health, health promotion, and disease and injury prevention.

Once again, we sincerely congratulate you and the Capacity Review Committee on this ambitious plan to revitalize our public health system in Ontario. We very much look forward to working with you throughout the report's implementation phase and contributing to a strengthened public health for Ontarians.

With warmest regards,



Doris Grinspun, RN, MSN, PhD(c), O.Ont.
Executive Director, RNAO



Ruth Schofield, RN, MScT
President, CHNIG

cc: Honourable Dalton McGuinty, Premier

Honourable Jim Watson, Minister of Health Promotion
Dr. Sheela Basrur, Chief Medical Officer of Health
Dr. Sue Matthews, Provincial Chief Nursing Officer
Dr. George Pasut, Executive Lead, Public Health System Transformation
Dr. Susan Tamblyn, Chair, Capacity Review Committee
Mr. Brian Hyndman, Co-Chair, Capacity Review Committee
Dr. Garry Aslanyan, President, Ontario Public Health Association
Ms Carol Timmings, President, ANDSOOHA

¹ Registered Nurses' Association of Ontario (2005). Policy Statement: Vision for Nursing in Public Health. Toronto: Author, 2.

² Registered Nurses' Association of Ontario (2006). *Developing and Sustaining Nursing Leadership*. Toronto: Author, 17.

³ Registered Nurses' Association of Ontario (2006). *Developing and Sustaining Nursing Leadership*. Toronto: Author, 73.