Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

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

April 7, 2009

Dear Minister Caplan:

This letter is to request that the *Health Protection and Promotion Act* be revised to improve capacity of local public health units by making two important changes. The first improvement is to legislate that all public health units have an appointed Chief Nursing Officer (CNO). The second improvement would restructure the current legislated requirement of the local Medical Officer of Health (MOH) to have administrative responsibility for public health services and programs. These are both urgent issues as the Public Health Division of the Ministry of Health and Long-Term Care (MOHLTC), in consultation with the Ministry of Health Promotion, is currently seeking sectoral engagement on building public health capacity.

Significant attention within the current sectoral engagement process has been paid to the challenges that many boards of health have in filling vacant MOH positions.[1] [2] David Williams, Acting Chief Medical Officer of Health most recently reported that in 2007, nearly one-third of the province's 36 local public health units were without a permanent MOH.[3] What is not on the policy agenda is recognition of the negative impacts resulting from the fact that the great majority of public health units do not have a permanent Chief Nursing Officer on staff.

Nurses make up 47% of the direct program delivery staff in Ontario's public health units and the majority of these are public health nurses.[4] Front-line nurses have repeatedly reported to RNAO their concerns about the detrimental impact of non-nurse managers on their practice and stressed the importance of supportive and experienced nursing leadership. An Association of Nursing Directors and Supervisors of Official Health Associations in Ontario survey conducted in the Spring of 2001 identified only 50% of provincial health units had a Chief Nursing Officer or equivalent position.[5] RNAO has communicated these concerns to government and we have supported, in the strongest possible terms, recommendation #4 of the Capacity Review Committee that the MOHLTC "should enforce the 2000 directive regarding the appointment of a senior nurse leader in each health unit."[6]

There is clear evidence that there is a correlation between nurses reporting to nursing leaders, provision of quality care, team functioning, and morale that has implications for overall recruitment and retention.[7] Literature reviews by RNAO's Healthy Work Environment Best Practices Guidelines Program have found excellent leadership makes a difference in improving client care, implementation and sustainability of best practices, and organizational effectiveness. Transformational and relationship based leadership has been associated with positive outcomes for clients such as increased client satisfaction; improved quality of life for clients; and improved clinical outcomes. Such leadership has been shown to lead to increased job satisfaction, quality of life, and empowerment for nurses; decreased absenteeism; increased perceived unit effectiveness; and increased retention of nurses.[8]

As the MOHLTC is not enforcing the 2000 directive, it is paramount that the *Health Protection and Promotion Act* be amended to legislate that each public health unit have an appointed Chief Nursing Officer or Chief Nursing Executive. RNAO looks to the *Public Hospital Act's* definition of the Chief Nursing Executive as "the senior nurse employed by the hospital who reports directly to the administrator and is responsible for nursing services provided in a hospital" as a model.[9] In the public health unit, a Chief Nursing Office would report to the CEO as described below and distinct from the MOH.

The second important change to the *Health Protection and Promotion Act* that RNAO recommends entails a separation between the roles of a Chief Executive Officer (CEO) and that of the Medical Officer of Health (MOH). This recommendation is based on the rationale that the roles, functions, and skills of a MOH are distinctly different from those of a CEO. Thus, there should not be a legislated mandate for the local MOH to have CEO authority for public health services and programs. Given the long-standing MOH vacancies in some health units for even longer than 11 years,[10] and evidence that non-physician leaders in other jurisdictions are delivering effective local public health services,[11] [12] [13] we believe it will be in the public's interest to separate both roles and responsibilities.

The Public Health Division's discussion paper that was a companion piece to the survey did not fully represent key findings from the public health literature on characteristics of public health agency directors with higher performance. Within the guidance from the literature section of this paper, Erwin was cited as a source for organizational characteristics that were positively correlated with performance including "a director with higher academic degrees."[14] Without further research this statement could be seen to support the discussion paper's underlying assumption that "every health unit requires a full-time permanent MOH".[15]

If one goes back to Erwin's original literature review, it states that the agency directors with higher performance were "more likely to be have a female head of agency, a director who was full-time and experienced, having a master's or bachelor's degree, and functioning within a management team (as opposed to autocratically)".[16] Backtracking further, the superior effectiveness of female directors was explained by the authors as a proxy for working full-time and as "significantly more likely to have a BSN degree". [17]

Schutchfeld's results showed "agencies whose directors have master's or bachelor's degrees had significantly higher performance scores than those with a medical degree".[18] The supplementary background paper on critical mass provided by the MOHLTC[19] also gave a superficial treatment of the current requirement that each public health unit have a full-time MOH. The rationales given were:

1. Explicitly required in the HPPA
2. Required to fulfill the legislative authorities under the HPPA
3. Highly trained specialists that bring a range of skills and expertise to the spectrum of public health issues[20]

Minister, as you know, legislation is always changing to meet evolving scientific evidence and changing community needs. While public health physicians play, and must continue to play, a vital role in a robust public health system for the province, the roles and functions of other disciplines have been grossly underutilized to the public's detriment. The time for change is now, if we are to protect and serve Ontarians.

There are individuals with exquisite CEO expertise and skills, from various disciplines -- including nursing -- that have the administrative and public health knowledge, skill, and experience to serve as full-time CEOs for every public health unit in the province. Having the possibility of separating out the specialized domain of public health medicine as MOH from administrative CEO functions, by changing the legislation, will increase capacity of public health medicine and service delivery by public health units in the province.

Thank you for considering these suggested amendments to the *Health Protection and Promotion Act* and we look forward to your response.

Kind regards,

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Ruth Schofield, RN, MSc(T)
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cc: Honourable Margarett Best, Minister of Health Promotion
Vanessa Burkoski, Chief Nursing Officer
David Williams, Chief Medical Officer of Health (A)
Susan Kniahnicki, President, ANDSOOHA
Carol Timmings, President, Ontario Public Health Association

References

[1] Public Health Division (2009). *Building Capacity for Local Public Health in Ontario: A Discussion Paper.* Toronto: Ministry of Health and Long-Term Care, 8.
[2] Moloughney, B. (2005). *Defining "Critical Mass" for Ontario Public Health Units.* Toronto: Public Health Division, Ministry of Health and Long-Term Care, 18.
[3] Williams, D. (2008). *Working Together to Build a Stronger Public Health System: 2007 Annual Report of the Chief Medical Officer of Health to the Ontario Legislative* Assembly. Toronto: Ministry of Health and Long-Term Care, 18.
[4] Tamblyn, S. & Hyndman, B. (2005). *Interim Report of the Capacity Review Committee. Revitalizing Ontario's Public Health Capacity: A Discussion of Issues and Options*, Toronto: Ministry of Health and Long-Term Care, 32.
[5] Association of Nursing Directors and Supervisors of Official Health Associations in Ontario. (2002). *Leadership in Public Health: A Nursing Perspective*. Toronto: Author.
[6] Tamblyn, S. & Hyndman, B. (2006). *Revitalizing Ontario's Public Health Capacity: The Final Report of the Capacity Review Committee*, Toronto: Ministry of Health and Long-Term Care, 19.
[7] Canadian Nursing Advisory Committee. (2002). *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses.* Ottawa: Advisory Committee on Health Human Resources. Registered Nurses' Association of Ontario and Registered Practical Nurses' Association of Ontario. (2000). *Ensuring the Care Will Be There: Report on Nursing Recruitment and Retention in Ontario.* Toronto: Author.
[8] Registered Nurses' Association of Ontario (2006). *Developing and Sustaining Nursing Leadership*. Toronto: Author.
[9] Public Hospitals Act, R.R.O. 1990, Regulation 965, subsection 1(1). http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900965_e.htm
[10] Public Health Division, 8.
[11] Handler, A. & Turnock, B. (1996). Local Health Department Effectiveness in Addressing the Core Functions of Public Health: Essential Ingredients. *Journal of Public Health Policy.* 17 (4), 460-485.
[12] Schutchfield, F. , Knight, E., Kelly, A., Bhandari, M. & Vasilescu, I. (2004). Local Public Health Agency Capacity and its Relationship to Public Health System Performance. *Journal of Public Health Management Practice*. 10 (3), 204-215.
[13] Erwin, P. (2008). The Performance of Local Health Departments: A Review of the Literature. *Journal of Public Health Management*, 14(2), E9-E18.
[14] Public Health Division, 6.
[15] Public Health Division, 8.
[16] Erwin, E14.
[17] Handler, et al., 478.
[18] Schutchfield et al., 208.
[19] Moloughney, B. (2005). *Defining "Critical Mass" for Ontario Public Health Units.* Toronto: Public Health Division, Ministry of Health and Long-Term Care.
[20] Moloughney, 18.