



RNPAO

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

Speaking out for health. Speaking out for nursing.

Canadian Council on Health Services Accreditation
1730 St. Laurent Blvd.
Suite 100
Ottawa, ON K1G 5L1

July 27, 2007

Regarding: Request for feedback on draft National Public Health Standards

The Registered Nurses' Association of Ontario (RNAO) is the professional association for registered nurses in Ontario. RNAO represents nurses who practice in all roles and sectors across the province, including public health nurses through the Community Health Nurses' Initiatives Group (CHNIG). Our mandate is to advocate for healthy public policy and for the role of registered nurses in enhancing the health of Ontario residents. We welcome this opportunity to provide feedback on the Canadian Council on Health Services Accreditation's (CCHSA) draft **Standards for Public Health**.

1. *To what extent are the standards clear and easy to understand? How can the language be improved?*

The format of this document is easy to read and understandable. Our suggestions for changes to the language are addressed below.

2. *To what extent are the standards complete? What topics are missing? What topics are redundant?*

Overall, the standards recognize the five public health functions plus emergency preparedness at a community and population level with key indicators to meet the standards. Primary health care principles, although not explicit, are well integrated. We strongly endorse using a social determinants of health approach as a framework of standard 1.2. Other strengths evident in the draft standards include the assets and needs approach to health promotion, integration of the Ottawa Charter, building partnerships and capacity through community development, and the inclusion of the public health core competencies.

The following suggestions will strengthen and value the work of all public health practitioners, particularly the practice of nurses, who comprise the largest component of the public health workforce.

- It should be made explicit that the client that public health standards serve may include individuals, families, groups, communities, populations, systems, and/or society.^{1 2} In addition to understanding community assets, needs, and resources, public health practice in a particular context will also include building specific knowledge of individual, families, and groups in order to provide services.
- 2.5 and 3.3 Language needs to be inclusive of both qualitative and quantitative methods of building knowledge.
- 4.2 Language of communication strategies should be respectful of and reflect the diversity of Canada. This implies more than an instrumental approach to target audiences perceived to be at high risk. All clients should be able to see, hear, and feel that their identity is acknowledged and welcomed.³
- 5.0 Strengthen this statement to go beyond “facilitates the integration” to modify practice based on the best health evidence. A stronger statement would be “the organization changes programs and services based on best health evidence.”
- 6.7 Add: “The organization monitors health outcomes, including tracking improvements in health disparities, achieved through community partnerships.”
- 8.0 Developing policy needs to go beyond “monitoring and participating” to advocating for healthy public policy. This is consistent with the social determinants of health framework and might include examples such as advocating for interministerial policy structures to address issues that cross sectors.⁴
- 10.0 There needs to be organizational indicators as well as human resource competencies. For example, the organization should be able to demonstrate that they have integrated processes (such as CQI) to achieve quality assurance.
- 10.0 Add an indicator under the human resource standard for recruitment and retention of public health practitioners.
- 10.2 It is important to include discipline specific competencies as well.
- 11 and 13 could be integration to reduce redundancy. These sections could be reframed to recognize multiple health promotion and prevention interventions within multiple sectors to address determinants of health including behavioural health, environmental, economic, cultural, and political issues. Examples of prevention and health promotion activities should include poverty, violence, child health, and aboriginal health.
- 12 It is also important to build skills and capacity at the individual, family, and group level as well as larger community levels.

3. *To what extent are the standards relevant to public health services in Canada?*

The standards will provide a bench mark for provinces and territories to improve public health services.

4. *To what extent are the standards achievable? Can compliance be measured?*

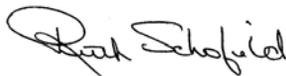
It is not clear within which time frame, short term or long term, these standards should be understood.

5. *To what extent will the standards drive public health services toward excellence?*

These standards provide a strong perspective on health promotion which will influence provincial public health standards.

Thank you for the opportunity to provide feedback on this important initiative.

With warm regards,



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President, CHNIG

¹ Registered Nurses' Association of Ontario (2006). *Client Centred Care*. Toronto: Author, 12.
http://www.rnao.org/Storage/15/932_BPG_CCCare_Rev06.pdf

² Canadian Community Health Nursing (2003). *Standards of Practice*. Toronto: Author.
http://www.chnac.ca/index.php?option=com_content&task=view&id=20&Itemid=38

³ Registered Nurses' Association of Ontario (2007). *Position Statement: Respecting Sexual Orientation and Gender Identity*. Toronto: Author, 7.
http://www.rnao.org/Storage/30/2486_Respecting_Sexual_Orientation_and_Gender_Identity.pdf

⁴ Lefebvre, S., Warren, C., Lacle, S. & Sutcliffe, P. (2006). *A Framework to Integrate Social and Economic Determinants of Health into the Ontario Public Health Mandate: A Discussion Paper*. Sudbury: Sudbury & District Health Unit.
http://www.sdhu.com/uploads/content/listings/SDOHFrameworkDiscussionPaper_March_2006.pdf