



Registered Nurses'
Association of Ontario

L'Association des
infirmières et infirmiers
autorisés de l'Ontario

Ontario's New Public Health Agency: A Nursing Response

Submission to the Agency Implementation Task Force

*Community Health Nurses' Initiatives Group/Registered Nurses'
Association of Ontario*

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Summary of Key Messages/Recommendations

1. Agency has important role in knowledge generation and synthesis to inform and improve public health practice.
2. Population health approach as a guiding principle is key to reducing health inequalities and improving health for all people in Ontario.
3. Population health assessment, one of the five essential functions of the public health system, has not been identified as a program area.
4. Agency has the opportunity to provide leadership in advancing understanding of the social determinants of health to inform health policy and healthy public policy.
5. CEO for new Agency with strong academic credibility and public health leadership skills could be recruited from a variety of disciplines.
6. Senior nursing leader appointed to the Agency could play pivotal role in advancing public health nursing research and practice.
7. Link activities of the Agency with evidence-based population health goals that bind all government ministries and government funded agencies.
8. International, national, and local governmental and non-governmental bodies can advance professional excellence and diffuse best public health research, policy, and practice.

Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association for registered nurses in Ontario. RNAO represents 24,000 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 respond to the Report of the Agency Implementation Task Force titled **Building an Innovative Foundation: A Plan for Ontario's New Public Health Agency**.

CHNIG/RNAO supports the Agency Implementation Task Force (AITF)'s vision of a Public Health Agency for Ontario (Agency) that will be "dedicated to the promotion and protection of the health of all Ontarians through the application and advancement of science and knowledge" (p. 1). This report makes a compelling case for the many benefits of this proposed Agency that will help improve the capacity of Ontario's public health system. In a context of multiple health system reform initiatives, the Agency has the potential to play an important role in being a hub for knowledge generation and synthesis by coordinating the collection and diffusion of high quality evidence to inform practice.

Guiding Principles

CHNIG/RNAO strongly endorses the guiding principles articulated by AITF: "The work of the Agency will be guided by a population health approach that supports improvements in the health of all Ontarians throughout their lives and commits to supporting a reduction of inequalities in health status between population groups. The Agency recognizes that there are multiple factors contributing to a disparity in health status among populations, including material and social inequities" (p. 19). A population health approach is consistent with the principles of primary health care,¹ supported by the weight of accumulating evidence² and aligned with global initiatives such as the World Health Organization's Commission on Social Determinants of Health.³

The Agency would be strengthened if program areas were explicitly congruent with the articulated guiding principles. We are concerned that population health assessment⁴ has not been identified as a program area for the Agency, especially as the Agency is perceived as having a key role in shaping research agendas and providing leadership in the public health arena (p. 6).

The initial program areas for the Agency of infectious diseases; health promotion, chronic disease and injury prevention; environmental health; and emergency management support (p. 2) could be implemented, as they have been traditionally, without attention to who specifically is healthy and who is not in a community.⁵ While tools to respond effectively to complex emergencies, infectious disease, and environmental threats are obviously needed, it is also crucial that scientific rigour be brought to bear on how morbidity and mortality are reflections of how society is organized. To be effective in reducing inequalities in health status between population

groups, then there must be a strategy of data collection/assessment, intervention across sectors, and evaluation informed by the wide-angle lens of a population health approach.⁶

Four of the five essential functions of the public health system are well addressed in this report: health surveillance; health promotion; disease and injury prevention; and health protection.⁷ Adding population health assessment will build on the efforts of Operation Health Protection to revitalize the capacity of the public health system. Opportunities will be created not only to inform health policy and front-line practice (p. 23) but the Agency should also aspire to shaping healthy public policy. This would be analogous to the activities of the Institut national de santé publique du Québec, which includes informing government “of the impact of public policies on the health status of the people” p. 8. A commitment to reducing health inequities and improving the health of the people of Ontario in an evidence-based manner is incompatible with neglecting the social determinants of health.

Governance

CHNIG/RNAO supports the independent, transparent, and accountable features of the proposed Agency. The selection of a chief executive officer by the Board in a transparent process is welcomed. We agree that the CEO could be recruited from any of the public health disciplines as long as that person has the appropriate mix of knowledge, skills, and aptitude. Strong public health leadership skills are needed as well as academic credibility. Scientific skills in this instance should be understood broadly to include nursing science, public health, and social sciences as well as biomedical sciences. As nurses make up an essential part of the public health system, both as a large percentage of the workforce and for the work that they do, it is important that their work be supported by strong nursing leadership. In addition to strengthening the public health nursing presence within the Public Health Branch and within each public health unit by appointing a Chief Nursing Officer, we recommend that the proposed Agency have a senior nurse leader.⁸ This person could play a pivotal role⁹ in moving ahead the application of public health nursing research on effective population health interventions. Nursing research on the implementation of the Intervention Wheel population-based practice model, for example, demonstrates the importance of community health assessment linked with 17 public health interventions that span individual/family, community, and systems level of practice. Each intervention at each practice level contributes to improving population health.¹⁰

Relationships

CHNIG/RNAO supports a multi-dimensional accountability framework for local and provincial public health that will span across Ministries such the Ministry of Health and Long Term Care, Ministry of Health Promotion, Ministry of Child and Youth Services, Ministry of Education, Ministry of the Environment, etc. The activities of the Agency could be linked with population health goals that are evidence-based and that bind all government ministries and government funded agencies.

In addition to agency relationships outlined in Figure 3 on page 27, public health bodies working internationally may be able to share their experience with applying population health principles across surveillance, epidemiology, and integrated health promotion. In the United Kingdom, for example, a study of obesity among children under 11 years considered variables that included not only household income but also social position and area deprivation using the Index of Multiple Deprivation.¹¹ Socio-economic data showed that children from the lowest levels of income, social class, and living in the areas of greatest deprivation had higher levels of obesity than children living at the opposite end of the spectrum. Along with their other findings, this information will then be used to develop an evidence-based approach to the prevention, management, and treatment of childhood obesity that will involve multiple sectors.

In terms of professional development, knowledge exchange, and recruitment and retention issues, professional associations such as CHNIG/RNAO and the Ontario Public Health Association can be ideal partners to advance professional excellence and diffuse best practices.

Conclusion

With health care system reform initiatives occurring simultaneously with the introduction of Local Health Integration Networks, primary care projects such as Family Health Teams, and the capacity review of the public health system, the Agency is ideally situated to make a significant contribution to knowledge generation and transfer during a key time of transition. The Agency could have a key leadership role in the health care system by advancing understanding of the social determinants of health through research that will inform program delivery and human resource planning. The Agency will also be able to advance policy change through their partnerships with other sectors.

Let's make it so.

References

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- ² Evans, R., Barer, M., & Marmor, T. (1994). **Why Are Some People Healthy and Others Not?: The Determinants of Health of Populations**. New York: A. de Gruyter.
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- ³ Additional resources are available at the Commission on Social Determinants of Health website at http://www.who.int/social_determinants/en/
- ⁴ The five essential functions of the public health system are population health assessment; health surveillance; health promotion; disease and injury prevention; and health protection. Canadian Institutes of Health Research—Institute of Population and Public Health. (2003). **The Future of Public Health in Canada: Developing a Public Health System for the 21st Century**. Ottawa: Author. <http://www.cihr-irsc.gc.ca/e/19573.html>
- ⁵ Four different and yet all essential questions by different branches of health activity are as follows: Public Health asks: "what must we do to keep people healthy?"; Medicine asks: "How do we diagnose and treat people?"; Health Promotion asks: "How do we improve the health of the population?"; and Population Health asks: "Why are some people healthier than others?" Hayes, M., & Glouberman, S. (1998). **Population Health, Sustainable Development, and Policy Futures**. Ottawa: Canadian Policy Research Networks. <http://www.healthandeverything.org/pubs/PopHealth.html>
- ⁶ The Saskatchewan Department of Health uses a helpful metaphor: "The approach to health is like choosing different lenses when taking pictures. A treatment approach is like looking through a close-up lens. A lifestyles approach is like looking through a portrait lens; and a population health approach is like looking through a wide-angle lens." Population Health Branch. (2004). **Healthier Places to Live, Work and Play: A Population Health Promotion Strategy for Saskatchewan**. Regina: Government of Saskatchewan. http://www.health.gov.sk.ca/ic_phb_hlthbook.pdf
- ⁷ Canadian Institutes of Health Research—Institute of Population and Public Health. (2003). **The Future of Public Health in Canada: Developing a Public Health System for the 21st Century**. Ottawa: Author. <http://www.cihr-irsc.gc.ca/e/19573.html>
- ⁸ Association of Nursing Directors and Supervisors of Official Health Associations in Ontario, Registered Nurses' Association of Ontario, Community Health Nurses Initiatives Group. (2004). **Creating a Balanced Public Health System in Ontario**. Toronto: Author.
- ⁹ Evidence of the importance of strong nursing leadership and strategies for nurse leaders to create an empowering work environment may be found in Registered Nurses' Association of Ontario. (In press). **RNAO Healthy Work Environment Best Practices Guidelines: Developing and Sustaining Nursing Leadership**. Toronto: Author.
- ¹⁰ Keller, L.O., Strohschein, S., Lia-Hoagberg, B. & Schaffer, M. 2004. Population-Based Public Health Interventions: Practice-Based and Evidence Supported. Part 1. **Public Health Nursing**. 21, 453-468. Keller, L.O., Strohschein, S., Schaffer, M. & Lia-Hoagberg, B. (2004). Population-Based Public Health Interventions: Innovations in Practice, Teaching, and Management. Part II. **Public Health Nursing**. 21, 469-487.
- ¹¹ Social position if represented within five occupational categories: managerial and professional; intermediate (clerical, administrative, sales); small employers and self-employed; lower supervisory and technical; and semi-routine and routine. The Index of Multiple Deprivation takes

into account the level of deprivation of local areas by considering six area characteristics: income; employment; health deprivation and disability; education, skills and training; housing; and geographical access to services.

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