



June 28, 2024

Hon. Sylvia Jones  
Minister of Health  
438 University Avenue, 4th Floor  
Toronto, ON. M7A 1N3

Dear Minister Jones,

**Re: Ontario Public Health Standards Review – Consultations in the Public Health Sector**

I am writing to you on behalf of the 68,000 registered nurses, health-care professionals, and over 18,000 nursing student affiliates represented by the Ontario Nurses' Association (ONA). ONA's membership, which includes public health nurses (PHNs) and health-care professionals providing care and services in public health units across the province, is dedicated to advocating for improvements in this sector. We want to strengthen the public health sector and ensure robust prevention programs.

ONA is aware that the Ministry of Health (MOH) is currently reviewing Ontario's Public Health Standards (OPHS), which establish the minimum requirements for fundamental public health programs and services to be delivered by each Board of Health. While reviewing protocols is invariably beneficial, the COVID-19 pandemic has demonstrated the imperative for frontline nurses and health-care professionals to provide feedback through their union on standards they must uphold and adhere to. ONA's voice is paramount and must be considered in the consultation process to ensure the efficacy of the protocols. It is deeply concerning that thus far in the process, the government has not provided a space for the critical input of ONA. In contrast, the Association of Public Health Epidemiologists in Ontario, the Ontario Association of Public Health Nursing Leaders, and the Ontario Association of Public Health Dentistry were given the opportunity to provide feedback among other stakeholders. This approach is detrimental and indicative of a lack of serious commitment to fostering a collaborative and effective public health strategy. The pandemic should have served as a wake-up call for the government to value and actively listen to ONA and unions representing front-line nurses and health-care professionals and to recognize the importance of a truly collaborative consultation process.

ONA is aware that the government is considering a new draft standard named, the Comprehensive Health Promotion Standards. This new standard replaces the former School Health Standard, Healthy Growth and Development Standard, Chronic Disease Prevention and Well-Being Standard and Healthy Environment Standard. Further, injury prevention has been moved from the Substance Misuse Standard and is to be captured under Comprehensive Health Promotion Standard. We have serious concerns that this new standard lacks significant requirements for Boards of Health and could harm public health programming for specific

populations. It also lacks guidance on what specific topics to cover under health promotion, thereby jeopardizing the health and well-being of our communities, particularly the most vulnerable among us.

The new standards must protect public health programming for specific populations such as early childhood, school-aged children, older adults, and those in child-bearing years. For instance, in School Health, there must be specifics regarding necessary topics for school-based programming. Similarly, in Healthy Growth and Development, Chronic Disease Prevention and Well-Being, and Injury Prevention, there must be clear guidance on essential health promotion strategies, otherwise it leaves the execution of these programs ambiguous and inconsistently applied across health units. PHNs and health-care professionals overwhelmingly believe that health-care restructuring efforts should maintain the established relationships with other health-care providers and social services. These relationships are not just beneficial but crucial in determining the success of our programs, and any ambiguity in the new standards could jeopardize them, thereby undermining the effectiveness of public health services.

Any changes to standards involving health promotion must include identifying topics that may be considered based on local needs and surveillance data in the areas of School Health, Healthy Growth and Development, Chronic Disease Prevention and Well-being and Injury Prevention. Removing specific guidelines and topics from the standards will result in a fragmented approach to health promotion, varying widely between health units based on geography, local interpretations, and budgetary constraints. For example, in a recent update to the Board of Health, Dr. Ian Arra, the Medical Officer of Health for Grey Bruce, reported an increase in anxiety and mental health-related issues within the Healthy Babies, Healthy Children Program's catchment area. In response, the local public health unit ensured that staff were specially trained to provide a higher level of service. We need clear guidelines in the new draft standards.

A one-size-fits-all approach does not work in public health. The importance of local programming decisions cannot be overstated. These decisions empower teams to make choices that best meet their community's needs. As much of this current work that would be captured under the Comprehensive Health Promotion Standard is done through cost-sharing programs, there is a significant risk that municipalities will not fund the programs as there is no requirement in the OPHS for specific topics to be covered or any guidelines to be followed. Programming may be tailored to budgetary constraints compared to requirements set forth by the OPHS.

Additionally, within the current OPHS, there is a requirement to develop and implement a budgeted plan. This is absent from the new draft of the OPHS. ONA is concerned that the lack of transparency and oversight may lead to the misappropriation of funds, which we have seen a history of in public health units. The root issue of many challenges is the funding shortfall in this sector. The MOH must implement funding formulas tied to real cost pressures to ensure equitable funding across all program areas and commit to not cutting funding for public health.

The vague requirements in the draft standards pose a direct threat to the roles and employment of our dedicated PHNs and health-care professionals, who bring a wealth of expertise and experience to their work. Maintaining the detailed requirements and specificity in the standards is imperative to ensure that PHNs can do their work in service to Ontarians. For instance, the development and delivery of prenatal and parenting classes, the dissemination of various health

promotion topics in schools, immunization services, falls prevention programming in older adult centers, and participation in community meetings to develop healthy public policy are all essential services that rely on clear, consistent standards.

In conclusion, ONA members are committed to working with the MOH to improve the public health sector and ensure that Ontarians can access robust prevention programs. This commitment is only possible if the MOH collaborates with ONA and unions representing front-line nurses and health-care professionals. ONA strongly urges the reconsideration of these changes to provide robust, equitable, and clearly defined health promotion standards that safeguard both public health and the professional integrity of our public health members.

Sincerely,

A handwritten signature in black ink, appearing to read 'Erin Ariss', with a stylized flourish at the end.

Erin Ariss, RN  
President, Ontario Nurses' Association

Cc: Dr. Kieran Moore, Chief Medical Officer of Health for Ontario