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Constituent Societies

Association of Ontario
Health Centres

Association of Public Health
Epidemiologists in Ontario

Association of Supervisors of
Public Health Inspectors of
Ontario

Canadian Institute of Public Health
Inspectors (Ontario Branch)

Community Health Nurses'
Initiatives Group (RNAO)

Health Promotion Ontario

Ontario Association of Public
Health Dentistry

Ontario Dietitians in Public Health

The Ontario Association of Public
Health Nursing Leaders

Ontario Society of Physical
Activity Promoters in Public Health

Charitable Registration
Number 11924 8771 RR0001

December 20th, 2017

Ministry of Health and Long-Term Care
777 Bay Street, 19th Floor, Suite 1903
Toronto ON, M7A 1S5

Re: Qualifications for Public Health Professionals Protocol, 2018

Dear Ms. Martino,

On behalf of the Ontario Public Health Association, I am writing in response to your division's consultation on the draft *Qualifications for Public Health Professionals Protocol, 2018*. We appreciate the opportunity to provide feedback and have outlined in the section below five main recommendations. These are put forward on behalf of our members and constituent societies who have reviewed and commented on the proposed document. OPHA's members and 10 constituent societies include the various disciplines working at all levels in Ontario's public health units, as well as representatives from the voluntary, academic and private sector, other parts of the health care system, students and individuals. OPHA is a non-partisan, non-profit member based organization that brings together a broad spectrum of groups and individuals concerned about people's health.

This past November, OPHA responded to the Ministry of Health and Long-Term Care's (MOHLTC) proposal to amend the *Health Protection and Promotion Act* (HPPA) around qualifications for staff employed by boards of health. In our [submission](#), we brought forward the views articulated by our members, which prioritized among all considerations the common goal of preserving the credibility and scope of practice for public health professionals. It is reassuring to see that despite the amendments to the HPPA, the qualifications are being outlined as enforceable under the *Ontario Public Health Standards, 2017* (OPHS) and a protocol document is being drafted to set the minimum expectations. The recommendations we make below are consistent with the aim of preserving the high integrity of the public health system through more consistent language, roles and responsibilities. Recognizing that boards of health should maintain an appropriate degree of flexibility to accommodate varying circumstances, the following suggestions take a balanced approach to reflecting the realities and diversity of public health teams that are essential to tackling modern day work in public health. These recommendations are outlined below.

1) Include a wider range of professions that are essential to public health work

As research continues to draw links between the world around us and the wicked problems that threaten public health today, it has become common for public health teams to look to a variety of skillsets that contribute to advancing work in public health. And while there is variation among public health units on exactly what expertise is drawn together to comprise the overall team, there are certain roles that have come to be recognized as essential. As examples, but not limited to, professionals with expertise in epidemiology, physical activity, health promotion, or environmental health have become common hires among public health units throughout the province. OPHA believes that the process of revisiting the qualifications of public health professions should be leveraged as an opportunity to create a more inclusive protocol than the previous version of the HPPA permitted. By formalizing the roles for a variety of professions that impact public health and are required to accomplish the work as set out in the Ontario Public Health Standards, this can help to eliminate bias and strengthen public health.

As an example, we reference a statement by the Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH), that explains how positions relating to work in physical activity promotion generally fall within two categories; those of nursing and health promotion professionals. With the inclusion of one profession and not the other, this can create bias around hiring practices when public health could potentially benefit from employees in health promotion coming from a variety of backgrounds. The ministry could look to the Pan-Canadian Health Promoter Core Competencies for example to inform what qualifications for health promoters could look like. Similar measures could be taken to include other professions not currently listed where affiliation to a professional college is not a requirement. As an extension to this point, we are supportive of our colleagues at Health Promotion Ontario (HPO) who highlight that by including some professions and not others that are core to public health, it begs the question as to what the criteria for inclusion are.

2) Add language that outlines the eligibility for appointment as specific to the role and scope of each profession.

In the section on “Operational Roles and Responsibilities”, the title appears to be misleading in that it does not include the roles and responsibilities of the public health professions listed. Outlining the responsibilities according to the scope of each profession would be helpful to ensure that boards of health are well equipped to navigate the slight nuances in scope where professions are best suited to practice. As an example, we reference the Dietitians of Canada, who state that “Registered Dietitians are the only health care professionals qualified to translate the science of food and nutrition into solutions and programs for their communities”. As such, we strongly recommend in this example that additional wording be added to support the context of the role of a dietitian. Specifically, we recommend the following wording be added as the responsibilities accorded to Dietitians:

“The board of health shall only employ Dietitians with the following qualifications to provide overall guidance and expertise for the planning, implementation and evaluation of healthy eating and nutrition public health interventions”.

OPHA recommends adding similar context around other listed professions by consulting with the respective professional organizations.

3) Ensure clear and consistent language throughout.

The current protocol wording may create confusion as there are some inconsistencies; these inconsistencies may lead to varying interpretations as to the level of flexibility boards of health can exercise in deviating from the listed professions. As an example, wording for Public Health Dentists and Public Health Inspectors specifies that the “board of health shall employ only...” whereas wording for Dental Hygienists and Dietitians are slightly different in stating that the “board of health shall only employ...”. This slight variation has caused some confusion among our members in that the latter can be interpreted to mean that when employing the listed profession the board of health must adhere to the listed qualifications, though the possibility of otherwise employing others in place of the listed profession seems to be left open ended in these two instances. Contrarily, the former wording can be interpreted as more rigid by instructing boards of health to employ only the profession listed. OPHA urges the MOHLTC to use clear and consistent language throughout to minimize confusion.

4) Revise and expand existing wording, especially around qualifications that are specific to public health.

In preparing this response, OPHA has consulted with its constituent societies, of which those who represent the professions listed have provided comment on the wording specific to their qualifications. Below we have provided their comments and are supportive of the proposed changes.

Public Health Dentists and Dental Hygienist

The Ontario Association of Public Health Dentistry (OAPHD) has provided the following recommendations with respect to the listed dental professions:

- The section on Public Health Dentist should note that these requirements do not apply to clinical dentists who work in Public Health.
- There should be a separate section on dentists who work in Public Health and provide clinical treatment. This section would note that these providers should be members of the RCDSO.
- Section 1(b) should be revised to state “...an approved diploma or degree program in dental public health...” rather than public health.

- For section 1(b), an example should be given of an approved program. For example, University of Toronto Graduate Masters Program.
- The section on Dental Hygienist should include the designation Registered Dental Hygienist.
- “Member in Good Standing” should be added to all qualifications.

Public Health Inspectors

The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO), as well as The Canadian Institute of Public Health Inspectors (Ontario Branch) (CIPHI) have provided the following recommendations with respect to the listed profession of Public Health Inspectors:

- In regards to the CPHI(C) designation, the Association wishes to raise with the Ministry that prior to July 1, 1979, the Certification CPHI(C) was under the authority of the CPHA and not CIPHI. Accordingly, any person with a CPHI(C) prior to 1979 does not have a certificate from CIPHI. As a result, in its current draft, several practicing Public Health Inspectors would not meet the requirements as written.

In addition, CIPHI has suggested the qualification in the protocol reference “active” Certificate granted by the Board of Certification. CIPHI advises that this will empower boards of health to take the necessary action to meet the intent of the protocol when an employee fails to maintain their qualification.

Suggested amendments to the wording in the consultation draft are shown below:

- PUBLIC HEALTH INSPECTOR 3) The board of health shall employ only Public Health Inspectors with the following qualification: an active Certificate granted by the Board of Certification of The Canadian Institute of Public Health Inspectors.

Dietitians

OPHA suggests adding the following wording, slightly nuanced from that offered by our colleagues, with respect to the qualification listed for Dietitians:

- a) Member of the College of Dietitians of Ontario;

Additionally, for specialized Dietitian roles in population health assessment, promotion and evaluation, Dietitians should have:

- b) Advanced population and public health training (e.g. Master’s level degree) from an accredited University with a concentration in community nutrition or public health nutrition (or equivalent).

5) Delay finalizing the protocol to allow for additional consultation with the affected professional groups.

In this final recommendation, we strongly emphasize the value of having more time to refine this protocol through a collaborative process. By allowing more time to engage those who represent the respective professions in helping define the qualifications, the protocol can be more reflective of foreseeable changes to professional requirements.

OPHA urges the ministry to consider a delay in finalizing this protocol so that more in depth consultations can occur. We would like to conclude by echoing a comment submitted by our constituent society, The Ontario Association of Public Health Nursing Leaders (OPHNL) with regards to the *Qualifications for Public Health Professionals Protocol*; they also recommend the ministry work closely with those affected by these changes, ensure an ongoing and collaborative process, and carefully consider the potential impact on quality of care.

We thank you again for the opportunity to provide feedback and look forward to connecting on any of the recommendations above should further information be helpful in your endeavour.

Yours sincerely,



Pegeen Walsh
Executive Director
The Ontario Public Health Association