

**Capacity Mapping in Public Health:
Results of a Survey and Key Informant Interview Process
with OPHA Constituent Societies and Related Associations and Groups**

EXECUTIVE SUMMARY

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April 2005

Purpose

Input from the OPHA Constituent Societies was considered necessary by the MOHLTC so as to support their comprehensive Public Health Review process and to complement information on public health in Ontario being gathered from several other sources and perspectives. The focus of the required information was to be on the public health workforce and related issues from the perspective of each of the groups. It was, however, not the intention of this data gathering initiative to address specific evaluative or needs assessment questions, for example, whether the workforce is adequate to meet public health goals or whether it is supported by sufficient infrastructure. Rather the intention was to serve as an efficient conduit for information into the Public Health Review from the important and diverse stakeholder groups comprised of the OPHA Constituent Societies and related associations and groups. In this vein the results are presented below in a descriptive manner.

Approach

A questionnaire was developed by the consulting team¹ and OPHA managers and in collaboration with MOHLTC staff involved with the Public Health Review process. The questionnaire included quantitative questions as well as open-ended questions for more qualitative input. Topic areas included:

- *Association profile*
- *Membership profile*
- *Education and professional development*
- *Addressing capacity issues /gaps and potential solutions*

The questionnaire and supporting cover letter from the OPHA were sent to the designated contact for nine of the 10 OPHA Constituent Societies², as well as a contact for two affiliated associations/groups. These two additional groups were the Council of Ontario Medical Officers of Health (COMOH) and the Association of Ontario Public Health Business Administrators (AOPHBA)³. In some instances the questionnaire was passed on to another individual to take the lead in its completion, for example, the President of the Constituent Society. Regardless of the person taking the lead in completing the survey, input was sought in all instances from other colleagues who were typically members of the association's Executive Committee.

¹ Brian Rush and Cindy Andrew of VIRGO Planning and Evaluation Consultants

² The survey did not include the Association of Ontario Health Centres

³ A table at the end of the document provides a list of the names of the associations/groups surveyed and their acronym.

A 100% participation rate in the survey was obtained within a two and a half week data collection window. This level of participation under rather severe time constraints is a measure of the interest and commitment among all the participating associations and groups to the Public Health Review process.

The main caveat on the data is the limitation imposed by the short turnaround time required for the feedback, and the limited opportunity for a full canvassing of all members in each association to get their input directly by a more comprehensive survey method.

Results

Association profile

The survey information highlighted the many services and supports the various organizations provide to their members including: advocacy, educational and professional development, conferences/events and networking opportunities. The organizations are partnered with many other organizations and involved in the production of many important priority or position papers. Most also engaged in studies of the profession they represent and several provided additional material to supplement their survey responses. The most frequently cited involvement was in the area of competencies (8 of 11) and about half the group (6/11) also reported studies of both present and future capacity in the field.

An estimate of the number of members belonging to these organizations is 4790. Given different levels of membership in many of the organizations (e.g., full, associate, student) we estimated the number of full members at 4606. After removing the estimated duplication in the memberships we subsequently arrived at an unduplicated estimate of 4446 individuals across the 11 organizations surveyed. The largest membership was that of the RNAO in general, and the Community Health Nurses Initiatives Group within the RNAO specifically. The organizations have a long-standing history in the province, the oldest organizations being RNAO at 40 years and CIPHI-O at 92 years. The organizations have broad coverage across Ontario, with the large majority of them having representation among their membership from each of the health units/departments and regions of the province.

Membership profile

The majority of members had over 10 years experience and the average age across all the organizations was estimated at 42 years. For the majority of public health professionals in Ontario retirement at age 65 would seem to be on a 10-15 year horizon. Comments provided in the open-ended sections of the questionnaire would suggest that workforce instability and loss due to poor retention are more significant issues for some associations and groups than retirement *per se*. Exceptions to this would perhaps be the dentists within OAPHD and the public health inspectors in ASPHIO both of which reported a higher percentage of projected retirements in the next 2-6 years. As a group the organizations tended not to have a great deal of information concerning trends in people entering their field or migration from other jurisdictions or sectors.

The estimated number of full members in the various organizations who are working in Health Units/Departments is 2776. The majority work full-time and in a front-line capacity, although these data are influenced considerably by the size of the membership in RNAO which is comprised of predominantly front-line staff. Four of the organizations (AOPHBA, COMOH, ASPHIO, and ANDSOOHA) have 100% of their membership in a supervisory role. The percentage of members estimated to be working effectively in the French language ranged from 2% to 35%, with the most typical response being in the 5% range.

Education and professional development

Given the different roles and responsibilities of individuals who belong to the various organizations the results varied with respect to education and professional development. For example, a wide range of undergraduate and graduate preparation was cited as well as subsequent certification processes and continuing education and training. Eight of the 11 organizations reported that their members are regulated through a certification or regulation process or processes.

We asked about the training and education needs that were most currently voiced by members. The following areas were identified as cutting across more than one organization:

- Evaluation methods including questionnaire design, qualitative methods and many examples of advanced techniques;

- Health promotion, including the broad determinants of health, as well as selected capacity areas such as working with the media, social marketing, web skills, advocacy, coalition-building and health public policy;
- Evidence-based practice and knowledge transfer, including national standards and certification processes;
- Management practices such as project management; change management, organizational management and development, human resource management and improving interpersonal relations and conflict resolution;
- Education approaches such as preceptorship, mentorship and adult education.

Addressing capacity issues /gaps and potential solutions

Participants were asked to consider the perspective of their membership and comment on the current gaps in capacity in the field represented by their membership base. They also commented on primary challenges being experienced; the most pressing needs with respect to human resource issues and their organization's strategic directions.

Through the resulting qualitative data the following themes were identified:

- lack of qualified personnel
- lack of resources dedicated to the public health system as a whole or in key areas
- gaps in training and education
- poor equity and high variability across the province
- limited career growth potential
- under-recognition of the value of their work
- under-recognition/lack of health promotion/determinants emphasis
- lack of leadership
- need for best practice/standards and competencies
- need for more centralized resources
- geographical challenges
- challenges of cultural diversity and francophone issues

When asked to comment on needs that went beyond issues related to training and education, other themes emerged related to communication and the need for technological supports as well as better access to information and expertise.

Glossary of Association/Group Acronyms

AOPHBA	Association of Ontario Public Health Business Administrators
APHEO	Association of Public Health Epidemiologists in Ontario
COMOH	Council of Ontario Medical Officers of Health
HPO.ph	Health Promotion Ontario: public health
RNAO/CHNIG	Community Health Nurses Initiatives Group
PHRED	Public Health Research, Education and Development
CIPHI-O	Canadian Institute of Public Health Inspectors, Ontario Branch
OAPHD	Ontario Association of Public Health Dentistry
OSNPPH	Ontario Society of Nutrition Professionals in Public Health
ASPHIO	Association of Supervisors Public Health Inspectors of Ontario
ANDSOOHA	Public Health Nursing Management