

# Nursing Health Services Research Unit

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## Nurses in Public Health in Ontario

Recent events such as SARS and threats of a pandemic outbreak have raised concerns about public health capacity in Ontario and throughout Canada.<sup>1</sup> Assessment of capacity requires:

- Analysis of the demographic characteristics of professionals working in public health
- Articulation of their skills and knowledge (core competencies)
- Identification of the enablers and/or barriers that affect them in performing these skills

This fact sheet analyzes the College of Nurses of Ontario (CNO) data to clarify the supply trends as well as the age, education and registration profile of nurses who work in this sub sector.

A variety of professionals are employed in the public health sector, including nurses, physicians, inspectors, epidemiologists, nutritionists and health promotion specialists. It is estimated that nurses represent approximately 50% of all professionals working in public health.

Public health nurses (PHNs) may practice in homes, schools, shelters, clinics, community agencies or on the street. They may collaborate with members of the community in designing and implementing various strategies (e.g., community development, health promotion and disease prevention). Health promotion for individuals, families and the community is a primary goal of professional nursing practice in the public health sub sector.

Nurses who work in public health are registered with the CNO and can be divided into four categories:

- Registered nurses (RNs) who have baccalaureate degrees
- RNs who are not university prepared
- Registered practical nurses (RPNs)
- Nurse practitioners

Under provincial legislation, PHNs are required to have at least one academic year in public health nursing or a nursing degree that includes public health education. RNs without university preparation can be assigned to more circumscribed roles within the sub sector such as immunization programs. RPNs may be assigned to screening or immunization services.

### Funding

Most Public health services in Ontario are funded by the Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Health Promotion (MHP), through the Public Health Division, and from the local municipal tax base. The exact proportions have varied. In January 2007, the provincial government is raising its contribution to 75% for mandatory programs, and the municipal government will cover 25%. In contrast, the Healthy Babies Healthy Children program is 100% funded by the provincial Ministry of Children and Youth Services. It was introduced into the public health system in 1997. By 2002, 1033 nurses were working in the program, accounting for 33% of the total public health nursing complement, which has contributed to sustaining a fairly constant number of public health nurses.

### About the Findings

The yearly registration data provided by CNO for 1993 to 2006 inclusive was analyzed. Table 1 shows the total number of nurses working in public health, the percentages of RNs/RPNs, the educational preparation of the nurses and their age categories. This sub sector differs from others (e.g., acute care, long term care) by having a very high proportion of RNs, which reflects the complexity and autonomy of public health nursing work and legislative mandates. There is a high--and increasing--proportion of degree prepared nurses.

<sup>1</sup> Baumann, A., Blythe, J., Underwood, J., & Dzuiba, J. (2004). *Capacity, Casualization, & Continuity: The Impact of SARS*. Report to the Walker Expert Panel, Possible Impact of Nurse Staffing Policy on Disease Transmission. Nursing Effectiveness, Utilization and Outcomes Research Unit, McMaster University Site.

Table 1 *Characteristics of Nurses Working in the Public Health Sub Sector by Year, 1993-2006*

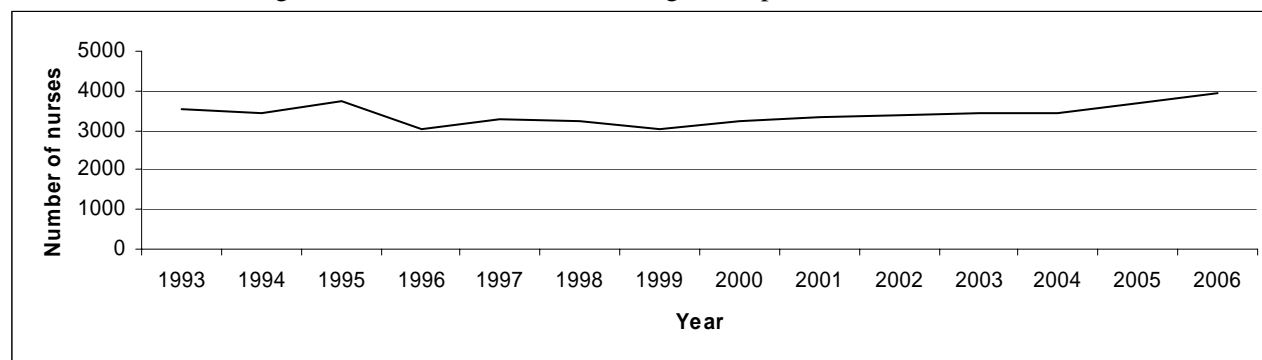
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Total	3553	3413	3749	3029	3269	3217	3046	3242	3327	3396	3423	3443	3695	3919
<b>Education</b>														
% certificate/ diploma	50.5	32.9	35.0	38.6	36.8	19.3	31.5	29.0	23.0	20.9	16.9	15.4	**	**
% degree (BScN)	47.0	64.6	62.4	58.5	59.6	76.3	65.1	67.5	73.3	75.3	79.2	80.4	**	**
% graduate degree	2.5	2.6	2.7	2.9	3.4	3.8	3.4	3.5	3.7	3.8	3.9	4.2	**	**
<b>Age</b>														
% 18-34	28.6	26.7	25.2	23.8	22.8	20.8	17.3	17.7	20.5	22.2	23.2	23.4	23.3	24.7
% 35-44	35.3	35.3	35.9	35.1	34.3	35.4	35.7	34.3	33.3	32.1	30.2	30.2	28.8	27.7
% 45-54	25.4	27.3	28.6	31.1	32.2	32.2	33.8	34.2	32.4	30.7	31.0	30.4	30.5	28.8
% 55-64	10.7	10.7	10.3	10.0	10.7	11.6	13.2	13.8	13.8	15.0	15.6	16.0	17.4	18.8
<b>Registration Category</b>														
% RNs in public health*	91.2	90.2	88.6	90.2	89.6	89.7	90.7	92.5	93.4	94.8	95.6	96.9	97.0	97.1
% RPNs in public health	8.8	9.8	11.4	9.8	10.4	10.3	9.3	7.5	6.6	5.2	4.4	3.1	3.0	2.9

\* Compares to a relatively stable 77% or higher of RNs of all active nurses in the workforce.

\*\* Data not available at this time.

Compared to nurses in other sectors, public health is characterized by a relatively stable workforce. The lack of sector growth has led to few new hires. Consequently, the proportion of nurses aged 18-34 dropped from about 28.6% in 1993 to 17.3% in 1999. However, it has begun to recover (to 24.7% in 2006) as the oldest nurses retire, thus making positions available for younger nurses. The proportion of nurses aged 55-64 increased steadily from 1996 to 2006.

Figure 1: Number of nurses working in the public health sub sector, 1993-2006.



In conclusion, the total number of nurses employed in public health has been remarkably stable despite population growth and increased demands for services (see Figure 1). On average, the public health nursing workforce is slightly younger than the Ontario nursing workforce overall. The population of nurses working in public health, mainly funded through the MOHLTC and MHP Public Health Division, has remained relatively stable because it is augmented through funding from the Ministry of Children and Youth Services.

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