ASPHIO

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White Paper

Highlighting the Vital Role of Public Health Inspectors Within a Responsive and Effective Public Health Workforce

A REPORT TO THE ONTARIO MINISTRY OF HEALTH

June 2023

The Association of Supervisors of Public Health Inspectors of Ontario

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Executive summary

As Ontario continues its shift from managing the COVID-19 pandemic to living and operating with endemic COVID-19, directors and managers responsible for programs and services delivered by public health inspectors (PHIs) are reflecting on how to reframe their operations and build upon the adaptability and versatility demonstrated by PHIs during the pandemic.

This White Paper was initiated by members of the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) at their annual conference in November 2022 as they reflected on the impact of the COVID-19 pandemic on PHIs and environmental health programming in the post acute-phase of the pandemic and the critical contributions that PHIs made to Ontario's pandemic response.

Members supported the development of a working group that would be co-led by the past-chair of ASPHIO and a professor of the Bachelor of Environmental Public Health Program at Conestoga College. Further collaboration was sought from Toronto Metropolitan University, the Canadian Institute of Public Health Inspectors (CIPHI - ON branch) and the Ontario Public Health Association (OPHA) to support the development of the research methodology, data collection and analysis, report writing and dissemination and promotion of the White Paper.

Findings from the survey and the focus groups employed for this White Paper provide a snapshot of the crucial role PHIs played in responding to the pandemic, the impact of the COVID-19 pandemic on the programs and services delivered by PHIs in Ontario public health units, and the challenges PHIs, managers, supervisors and directors face as they resume pre-pandemic work and plan for the future.

This White Paper will be shared with the Ministry of Health and the broader ASPHIO membership. It offers recommendations for the Ministry, ASPHIO, local Boards of Health, Public Health Ontario, post-secondary institutions and other partners for planning and assessment of the PHI workforce to optimally support the delivery of programs and services mandated by the Ontario Public Health Standards (OPHS).

The Association of Local Public Health Agencies (alPHa) was kept informed throughout the development of this White Paper and will be encouraged to share it with its members, including the Council of Ontario Medical Officers of Health (COMOH) and other affiliates.

The following recommendations are intended to help ensure that PHIs are equipped to maintain essential public health services and be prepared for emerging issues and future emergencies, as part of the larger multi-disciplinary public health workforce in Ontario health units:

ASPHIO recommends that the **Government of Ontario** increase base funding to Boards of Health that is sufficient, stable, and sustained so that they may:

- Deliver programs and services in accordance with the OPHS
- Clear the service backlog from the COVID-19 response
- Address local priorities that have emerged since the acute phase of the pandemic
- Continue to respond to COVID-19
- Respond to emerging public health issues
- Prepare for future public health emergencies

ASPHIO recommends a collaborative approach with a range of partners to ensure a sufficient, skilled and resilient PHI workforce now and into the future through support and investments at every stage of the professional pipeline.

ASPHIO recommends that **post-secondary institutions** ensure a sufficient number of qualified graduates per year from post-secondary environmental health programs to meet demand. Based on anticipated need, increasing the number of students accepted into programs while maintaining the same standards for program acceptance and successful completion.

ASPHIO recommends that the **Ministry of Health in collaboration with other relevant provincial ministries and post-secondary institutions** provide tuition support programs for PHI students in accredited environmental health programs (with a focus on areas with current and historical human resource challenges, including within Northern Ontario).

ASPHIO recommends that the **Ministry of Health and Boards of Health** offer a sufficient number of practicum positions (Boards of Health), with an adequate amount of funding (Ministry of Health) to support these positions, and timely administration of funding.

ASPHIO recommends that **Boards of Health, Public Health Ontario and the Ministry of Health** develop mentoring, coaching, and skill development plans with inter-PHU support for implementation as necessary.

ASPHIO recommends that **Boards of Health** develop succession plans to ensure qualified PHIs are ready to fill positions, including ongoing workforce status assessment.

ASPHIO recommends support and investments in collaboration with a range of partners for the development and maintenance of innovative and responsive programming, meaningful indicators, and consistent tracking processes.

ASPHIO recommends that **Boards of Health, Ministry of Health and Public Health Ontario** develop new ways to deliver environmental health programs, including leveraging technology without sacrificing quality and community connections.

ASPHIO recommends that the **Ministry of Health** develop meaningful provincial indicators (in consultation with the field) that assess the effectiveness of the work of PHIs and the status of environmental health programming.

ASPHIO recommends that the **Ministry of Health** develop and maintain a standard provincial data collection system across PHUs (in consultation with the field) that allows the collection of indicators and careful assessment of the effectiveness and efficiency of PHI work.

PREFACE

Public health inspectors are continuously called upon to respond to urgent and emergency situations and are well equipped and prepared to respond to infectious disease outbreaks, as evidenced by their response to the COVID-19 pandemic.

The COVID-19 pandemic has highlighted the importance of the PHI workforce and their role in protecting and promoting the health of communities. In addition, it has underscored their specialized training, skills, and competencies, including their remarkable ability to adapt to changing conditions while responding to a wide range of public health challenges.

With their skills in risk assessment, community engagement, health hazard identification, infection, prevention and control (IPAC) competencies, regulatory policy, and effective communication, PHIs are optimally positioned to play a proactive role in supporting the COVID-19 recovery process and as a vital component of Ontario's public health workforce as the work of public health evolves.

However, the resources to support the recruitment, retention, professional development, training and mentoring of PHIs are limited, and additional investments and efforts are required to support workforce development.

Purpose of the White Paper

The purpose of this White Paper is to provide a snapshot of how the performance of programs and services delivered by PHIs in Ontario public health units (PHUs), have been impacted by the COVID-19 pandemic and how the versatility, flexibility and adaptability of PHIs were invaluable throughout the pandemic response. Further, the White Paper will highlight the vital role of the PHI workforce and summarize the findings of managers and directors of pre-existing human resource challenges exacerbated by the pandemic (i.e. burnout, retirements, resignations, uncertainty, and compensation).

This paper will present findings of mixed-methods research that was completed by ASPHIO as the province was moving out of the acute phase of the COVID-19 pandemic. It will highlight many of the significant contributions of PHIs in program areas beyond traditional environmental health programming mandated by the Ontario Public Health Standards. The impact of additional demands on PHIs to deliver traditional programs and services in addition to pandemic roles, and the concerning impact of the pandemic on various aspects of the PHI workforce will be described.

The ultimate aims of this White Paper are to strengthen the PHI workforce and facilitate recovery; make improvements in PHI programs and services; and ensure continuous quality improvement for environmental health programs and services, indicators and related processes that help ensure a sustainable PHI workforce that is equipped to address current and future public health priorities for the ongoing protection and promotion of health and well-being of Ontarians.

It is hoped that this White Paper will promote regular communication between ASPHIO and the Ontario Ministry of Health and be used to support workforce planning, the development of programs and services, continuous quality improvement and budgetary feedback.

Background on the role of public health inspectors

EDUCATION AND TRAINING

Public health inspectors (also known as environmental health officers) are essential to keeping our water, food, land, air, and facilities safe. They have specific professional skills obtained through specialized post-secondary education in applied science, practicum training, and national certification from the Canadian Institute of Public Health Inspectors (CIPHI).

They receive extensive training in microbiology, risk assessment, epidemiology, food science, environmental science and technology and have skills and knowledge related to tracking and controlling communicable diseases and investigating and enforcing legislation related to public health and the environment.

Public health inspectors are also trained in IPAC practices and procedures that, when applied consistently in health care settings and congregate living settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, clients, patients, residents and visitors.

Public health inspectors are required to maintain their technical skills and knowledge to navigate the complex and ever-changing public health sector, while building a range of other qualities that play an essential role in their day-to-day work, including effective communication and problem-solving skills, empathy, curiosity, and a desire to make a difference.

TRADITIONAL ROLES OF PHIs

A PHI's primary objective is identifying and eliminating public health hazards. They conduct risk assessments, perform inspections, follow up on complaints, collect samples, and enforce various pieces of provincial public health legislation, including but not limited to, the *Health Protection & Promotion Act*, the *Healthy Menu Choices Act*, the *Skin Cancer Prevention Act*, the *Smoke-Free Ontario Act*, the *Building Code Act* (Part 8 - Sewage Systems), and their respective regulations.

They continually learn and adapt to anticipate and address public health hazards. Most PHIs are employed by local public health units, playing a significant role as the field representative for the medical officer of health, but they can also work with the Ministry of Health, Ministry of Long-Term Care, the Ministry of the Environment, Conservation and Parks, Ministry of Agriculture, Food, and Rural Affairs, Health Canada, Indigenous Services Canada and various private businesses.

Public health inspectors work as part of a multi-disciplinary team within their public health unit and across the public health sector. They also collaborate with partners outside the public health sector, including business owners, health system providers, municipalities, consultants, community associations, other interest groups, and various provincial ministries.

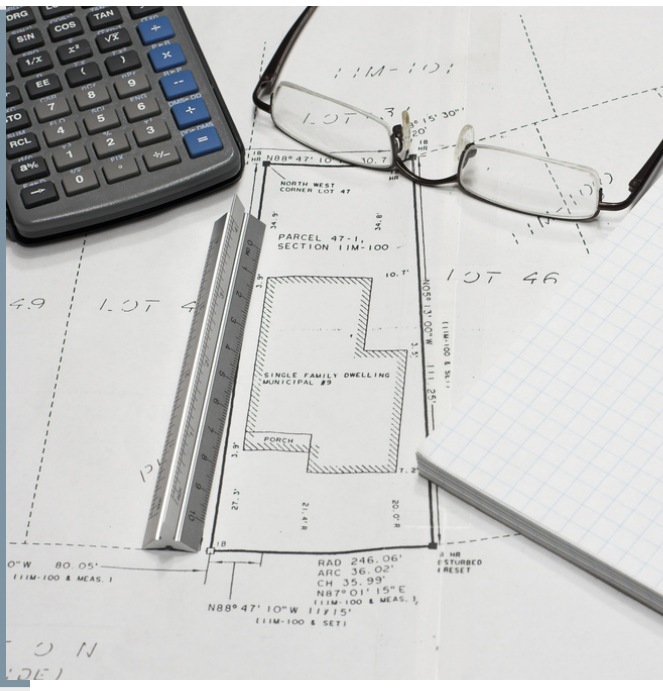
As part of their work, PHIs conduct inspections and investigations at facilities such as restaurants and other food production facilities, recreational water facilities, childcare facilities, recreational camps, arenas, schools, personal services settings (such as tattoo and body piercing shops), rental housing, drinking water facilities, and congregate living settings, for conformance with public health and safety standards.

Public health inspectors also bring their expertise in environmental health and regulatory compliance to support climate change adaptation and mitigation measures. By integrating public health considerations into climate change adaptation and mitigation measures, they contribute to building resilient and healthy communities.

They share information on how to prevent the spread of communicable diseases such as rabies and food poisoning, test drinking and recreational water supplies and promote ways to protect them from contamination by harmful chemicals and sewage. They rely on operator education as a primary tool to gain legislative compliance but can escalate enforcement activities if education is unsuccessful, due to their designation as provincial offences officers.

In addition to inspecting fixed public facilities and investigating potential health hazards, PHIs routinely receive and investigate reports of infectious and communicable disease to prevent and control transmission and respond to outbreaks of infectious disease at high-risk premises such as long-term care and retirement homes, congregate living settings, and hospitals.

Public health inspectors also assess facility plans and land use applications, evaluate complaints from the public regarding potential health hazards, and test and monitor other environmental factors to ensure public safety.



Public health inspectors and the COVID-19 response

Since the World Health Organization (WHO) declared a pandemic on March 11, 2020, PHIs have been at the forefront of the pandemic response, managing outbreaks in long-term care homes, retirement homes, and other congregate living settings; supporting and conducting case and contact management, assessing and reinforcing infection prevention and control practices in various settings and acting as information ambassadors to owners, operators, and members of the public across the province.

This was in addition to new roles and responsibilities triggered by the pandemic, including:

- Enforcing the *Reopening Ontario Act (ROA)* and Section 22 Orders prescribed under the *Health Protection and Promotion Act (HPPA)*
- Enhancing protection provisions on farms that employ international agricultural workers to prevent and mitigate the spread of COVID-19 and/or other infectious diseases to ensure a tailored response to each outbreak scenario
- Managing outbreaks in premises such as offices and factories, that are not used to having public health interventions imposed on them
- Supporting mass vaccination clinics (e.g. logistics, IPAC advice, etc.)
- Applying principles of IPAC and risk assessment to unfamiliar settings and new methods of service delivery (e.g. congregate living settings, ghost kitchens, home catering)
- New or intensified work with equity-seeking groups to reduce the risk of transmission while challenged with health equity issues (e.g. shelters)

This was in addition to responding to the 24/7 requirements prescribed in the Ontario Public Health Standards. Throughout the pandemic, PHIs continued to respond to animal bite reports, adverse water quality incidents, foodborne illnesses, other diseases of public health significance, and health hazards investigations.

The efforts of PHIs have been critical in mitigating risk in communities across Ontario, thereby supporting and promoting the well-being of Ontarians.

Methodology

A mixed-methods approach was used to gather quantitative and qualitative data from PHIs, supervisors, managers and directors employed in public health units in Ontario who were involved in the COVID-19 pandemic response. Details of the data collection strategy can be found in Appendix A.

A survey was sent in March 2023 to ASPHIO members in all 34 Ontario public health units requesting information on inspection, enforcement, complaint and workforce indicators from 2019 to 2022.

Focus groups were employed to gather qualitative responses from ASPHIO members and frontline PHIs (CIPHI members) regarding their experiences working through the peak of the COVID-19 pandemic response and transitioning into routine programming. Four focus groups were conducted with 19 ASPHIO members and one with 14 frontline CIPHI members during the same period (March 2023).

Focus group participants were asked about their experiences as a front-line PHI (or supervisor) in their health unit during the COVID-19 response and since returning to regular (pre-pandemic) duties as the COVID-19 restrictions were lifted. They were also asked about the unique skills and competencies of PHIs and what impact the changing workforce had on the delivery of environmental public health programs throughout the pandemic response and what is happening currently.

The objectives of the mixed methods data collection were to:

1. Examine the current status of the PHI workforce (e.g. full-time equivalents, staffing changes)
2. Identify the skills and non-traditional roles that PHIs played in the pandemic response
3. Understand how the pandemic impacted routine programs and services delivered by PHIs

The data collected is not identifiable to individual ASPHIO members, CIPHI members or PHUs; however, some focus group comments reference broad geographical areas (e.g. Northern Ontario, Southern Ontario). Such comments are included in the paper as they are relevant to the paper's aims.

Limitations

There are some limitations in the data collected for this White Paper related to the response rate and the differences in data reporting systems amongst health units.

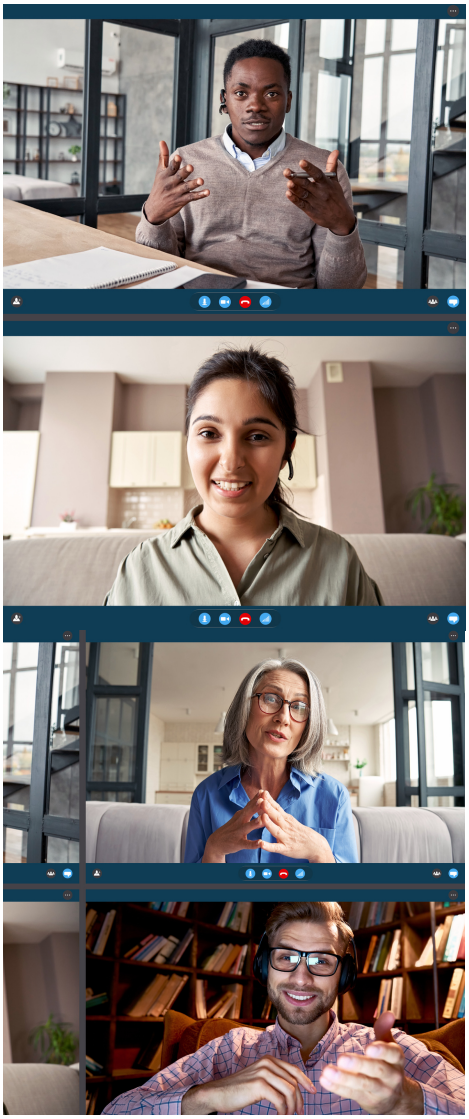
While ASPHIO members from all 34 Ontario public health units were invited to respond to the survey, seven public health units did not respond. Several ASPHIO members indicated that the timing for completion of the survey and participation in the focus groups conflicted with other priorities as health units were exiting the acute phase of the pandemic and resuming routine programming.

Of the 27 health units that responded to the survey; many did not provide all the data requested. For example, the lowest response rate was for workforce data provided from 15-21 health units. Additionally, two of the workforce indicators (formal harassment reports and anticipated retirements from 2023 to 2025) were deemed to have high levels of uncertainty according to many of the respondents.

It was also challenging to compare and combine data as health units in Ontario use different data management systems. For example, some health units use Hedgerow (formerly Hedgehog) while others use HS Govtech (or HealthSpace) among others. This impacts the findings' accuracy and reliability. Additionally, the interpretation of critical issues/infractions varied between health units, which can lead to misinterpretation of data, making it challenging to draw meaningful conclusions in this area.

Findings

Data from the survey and focus group discussions provide a snapshot of the activities and experiences of PHIs, managers, supervisors and directors during the peak of the COVID-19 pandemic response and the transition back to regular, pre-pandemic programming. The data collected also points to general trends across environmental health programming and the PHI workforce in Ontario public health units.



Three key themes emerged from the focus group discussions:

1. Public health inspectors played a crucial role in responding to the COVID-19 pandemic due to their specialized training, skills and competencies.
2. COVID-19 had a considerable impact on environmental health programs and the PHI workforce.
3. Public health inspectors, managers, supervisors and directors face significant challenges as they resume pre-pandemic work and plan for the future.

Several trends emerged from the analysis of the survey data with respect to inspections, complaints, enforcement activities, outbreak investigations and workforce changes. Trends and themes will be expanded below, along with a sampling of quotes from focus group participants, as they provide relevant context that may enhance the interpretation of the focus group responses.

Public health inspectors played a crucial role in responding to the COVID-19 pandemic due to their specialized training, skills and competencies.

Focus group participants described PHIs as being uniquely suited to a wide range of roles responding to the COVID-19 pandemic, due to their training and experience in anticipating and addressing a range of hazards to the public's health. Their versatile skill set and knowledge related to IPAC, tracking and controlling communicable diseases, investigating and enforcing legislation related to public health and the environment, as well as emergency preparedness allowed them to fill multiple roles; many of which they had never done before (see Appendix B for a summary of PHI skills and roles).

> "The risk assessment skills of inspectors are so huge. Inspectors do what is needed quickly. It is second to none. It has elevated the profession beyond what I ever thought it was previously."

Focus group participants mentioned that PHIs are flexible, can take on multiple roles, and collaborate with different public health professionals and community agencies. This allowed them to quickly take on roles in areas with the greatest need for additional skilled staff. For example, with their skills in communicable disease and outbreak management, PHIs often had roles in case and contact follow-up, mitigating the spread of the disease within households, workplaces, healthcare facilities and public settings.

> "I had many roles, from lead, to supervisor at a vaccine clinic. I had the opportunity to showcase the skills of PHIs. Due to the training, experience, and environments that PHIs are in on a daily basis and the skills, mindset, response times, and adaptability, PHIs were able to successfully transition to the pandemic work more smoothly than many others."

Public health inspectors must often adapt broad, non-specific guidelines to address new situations and changing needs. Participants discussed tailoring existing resources to meet emerging needs in various settings throughout the pandemic.

> "I was the lead for congregate living settings where there was initially no guidance. I was able to help tailor the existing guidance to suit those settings. That was one of my areas of interest; working with marginalized populations. I also trained others to do site visits in settings such as schools."

Public health inspectors, supervisors, managers and directors shared that by quickly adapting to a rapidly changing environment and applying pre-existing knowledge, skills, and abilities, PHIs played a vital role in the COVID-19 response. Frontline PHIs adapted well to changing conditions while assuming different roles, working in different areas, including enforcement and Section 22 orders, and balancing critical routine environmental health programming. The pandemic highlighted the critical importance of the PHI workforce and underscored the need for increased investment in the PHI workforce and the infrastructure that supports the workforce.

> "Often in a health unit, if something doesn't conform to a structure or a standard, it gets put to an inspector. I like to say if it doesn't fit, an inspector can usually figure out how to deal with it. But during the pandemic, that was taken to the next level because we have that versatile skill set; like being able to read legislation and work through problems very quickly."

Respondents highlighted the heightened need throughout the pandemic for effective communication skills such as conflict management, negotiation, diplomacy and empathy, which PHIs demonstrated exceptionally with business owners and operators, members of the public and community partners.

> "Inspectors have it in their DNA to talk to people who are pushing back. That ability to negotiate. Supporting people who call in "hot". PHIs were loved at call response. They would just take care of the call, when others couldn't handle them. The difficult calls went to inspectors."

The COVID-19 pandemic highlighted and exacerbated existing health disparities in communities, including low-income communities, racial and ethnic minorities, people who were homeless and those with underlying health conditions, experiencing a disproportionate burden of disease and death. Respondents noted they could connect people with resources and gain compliance through a compassionate and health equity lens. For example, they helped organize on-site testing and immunization at farms with international agricultural workers and liaised with community healthcare providers to expand access to care.

Participants from the ASPHIO focus groups reported that they heard nothing but positive feedback for the work PHIs did from other managers; from workplace or institutional outbreaks, to call response. They say that PHIs were “amazing.” They just did the work and didn't complain about doing it. They did a great job and used their skill set in a variety of roles.

> "I've had nurses come up to me and say like your inspectors, wow, I never knew they could do what they could do. They handle themselves very well. They call it like it is. They have that risk assessment skill set and they know what to do. They know what to say. They know how to prioritize and they know how to get the work done."

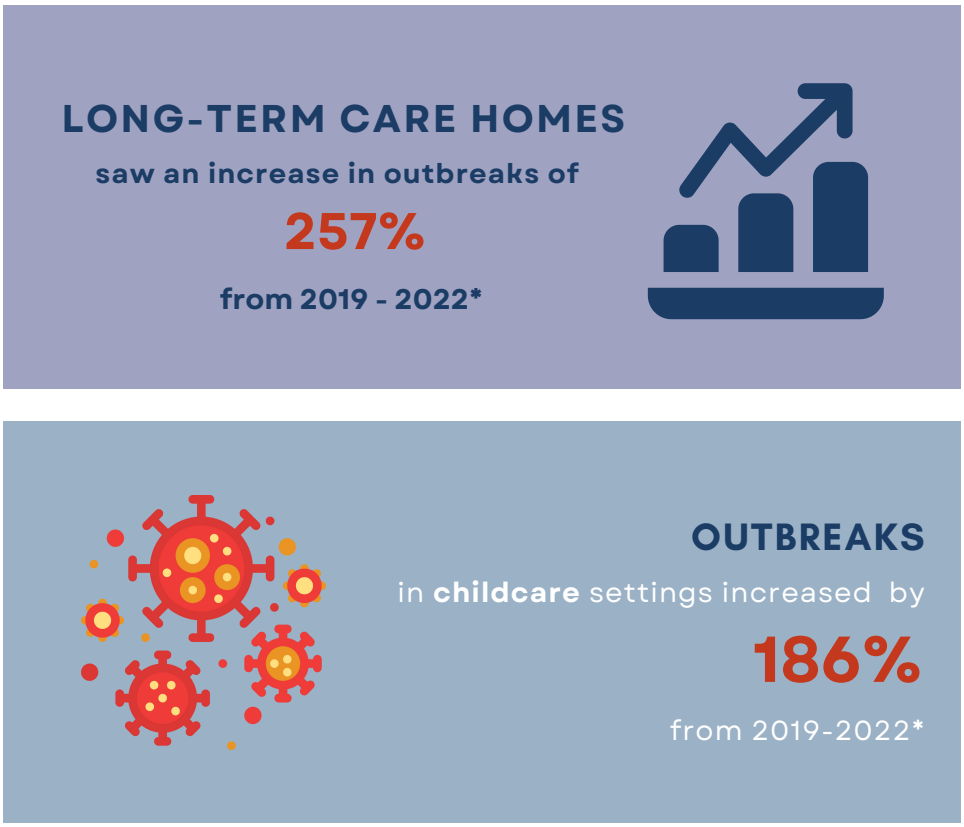
Participants shared that the pandemic provided PHIs, managers, supervisors and directors opportunities to demonstrate and strengthen their innovation, collaboration and adaptability skills in changing circumstances. For example, advanced virtual work platforms allowed PHIs to deliver programs and services through the use of technology in certain situations. This created new opportunities for public health to reach underserved populations in the remote areas of the province and build on existing relationships. Technology also facilitated collaboration with colleagues from different regions to enhance consistency in delivery to local populations.

COVID-19 had a considerable impact on the PHI workforce and environmental health programs

There was a great deal of discussion in the focus groups about the impact of the pandemic on the PHI workforce and environmental health programs. The pandemic created an increased demand for public health inspection services in new and expanding program areas including in unfamiliar settings, with long working hours, challenging conditions, and evolving regulatory requirements. Managers, directors and supervisors worked long hours over extended periods due to the increased volume and intensity of work, different work and fast-paced changes.

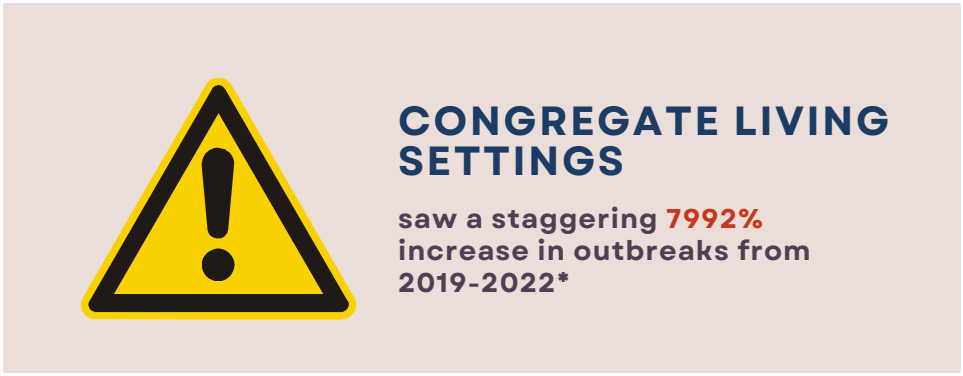
"We were building the plane as the plane was taking off. There were not enough hours in the day to catch up."

Not surprisingly, the survey demonstrated a significant increase in the number of respiratory outbreaks in long-term care homes and childcare centres from 2019 to 2022. Public health inspectors played a critical role in managing these outbreaks, often during times of staff shortages.



*As reported from 22 Ontario public health units

The pandemic exceptionally impacted congregate living settings. The staggering increase in the number of outbreaks reported in these settings during this period may be due to a combination of historic underreporting by many congregate living settings as well as a true reflection of how much these settings were impacted. Working with staff in congregate living settings to support vulnerable residents is an example of an area of environmental health programming that pre-dated the pandemic but expanded significantly during the pandemic and continues today.



*As reported from 22 Ontario public health units

PHIs response to rapidly changing regulations

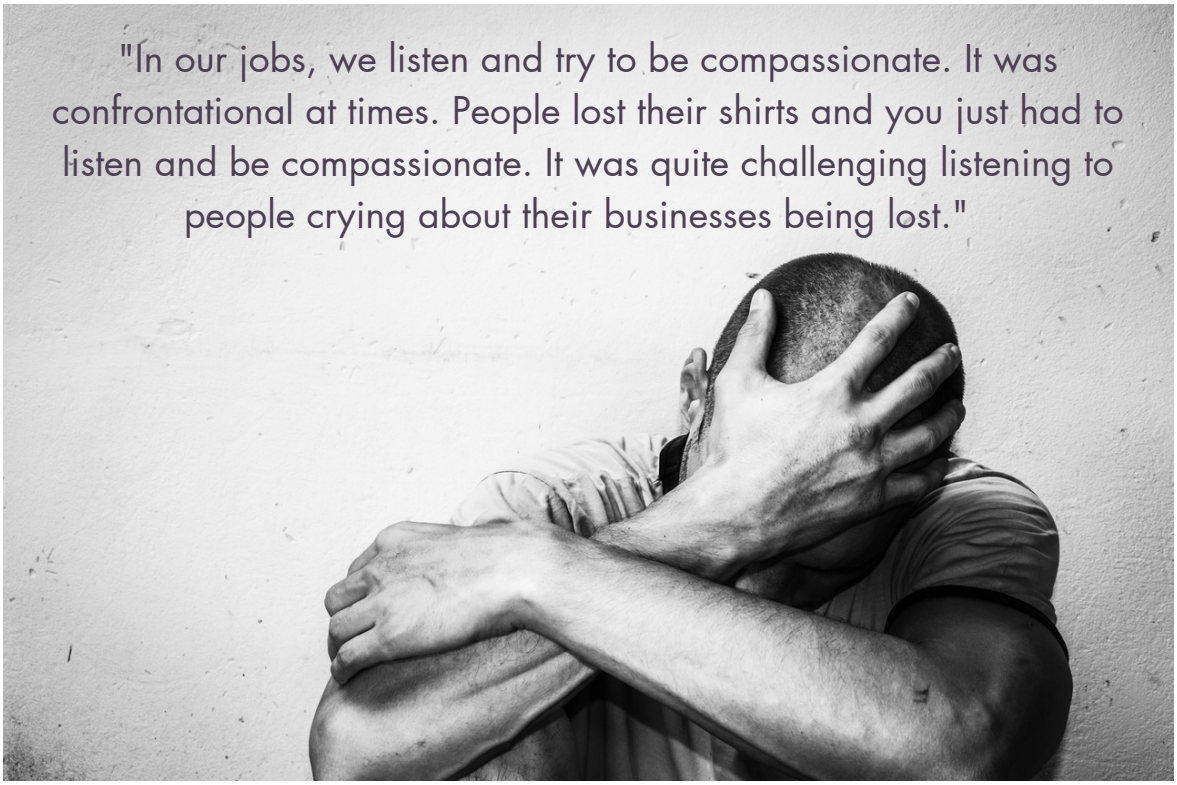
The COVID pandemic necessitated implementing controls in some parts of society not previously under direct public health regulations. Public health inspectors were charged with educating operators and others on the evolving COVID requirements, while at the same time enforcing the ROA (in many jurisdictions), as well as the *Emergency Management and Civil Protection Act* and *Health Promotion and Protection Act*. While it was challenging at times keeping up with the rapidly changing regulations, participants said they were able to leverage their communication skills to effectively relay these rapidly changing requirements, in part due to their familiarity with other public health legislation/regulations.

Impacts on PHI relationships with operators

Participants shared that the PHI role under the ROA was different than pre-pandemic enforcement, which impacted their relationships with operators. PHIs worked with operators pre-pandemic to ensure compliance with regulations on food safety, smoking and other issues via a progressive enforcement approach. They worked hard to build relationships with operators, which has shown to be effective in gaining compliance. The approach to enforcing the ROA in the context of the global pandemic moved quickly to enforcement-related activities as Provincial Offence Notices (tickets), Part 3 summons, and Orders (including closures). At this same time, businesses were struggling to comply and to survive.

As a result of enforcing the COVID-19 requirements, PHI-operator relationships have been negatively impacted and these impacts will likely be long-lasting.

"The ROA generated so much work and destroyed so many relationships that the PHIs worked so very, very hard to build."



PHI workforce impacts

Focus group participants identified that managers, supervisors, directors and frontline PHIs experienced varying degrees of burnout and mental distress throughout the acute phases of the pandemic. They attributed the uncertainty and fear brought on by the pandemic, increased workload and balancing changes in their home situations and personal lives to a wave of resignations, leaves, and retirements in health units across the province. This exacerbated pre-existing human resource challenges, leading to staff shortages at many health units, creating additional stress and burden on those who remained, leading to burnout and increased turnover.

> "For those who were holding the fort, who remained doing the normal work, it became harder for them to stay motivated. And even people taking on those different roles, like during those peak, peak times, those subvariant times, people were burning out. We lost a lot of people to short term leaves. And those remaining were impacted negatively."

Many respondents shared that they were subjected to harassment during the peak of the pandemic as they delivered messages to the public on public health control measures related to isolation and work exclusion periods, and to operators around capacity limits, masking and other regulations that could negatively impact their businesses.

63 FORMAL HARASSMENTS

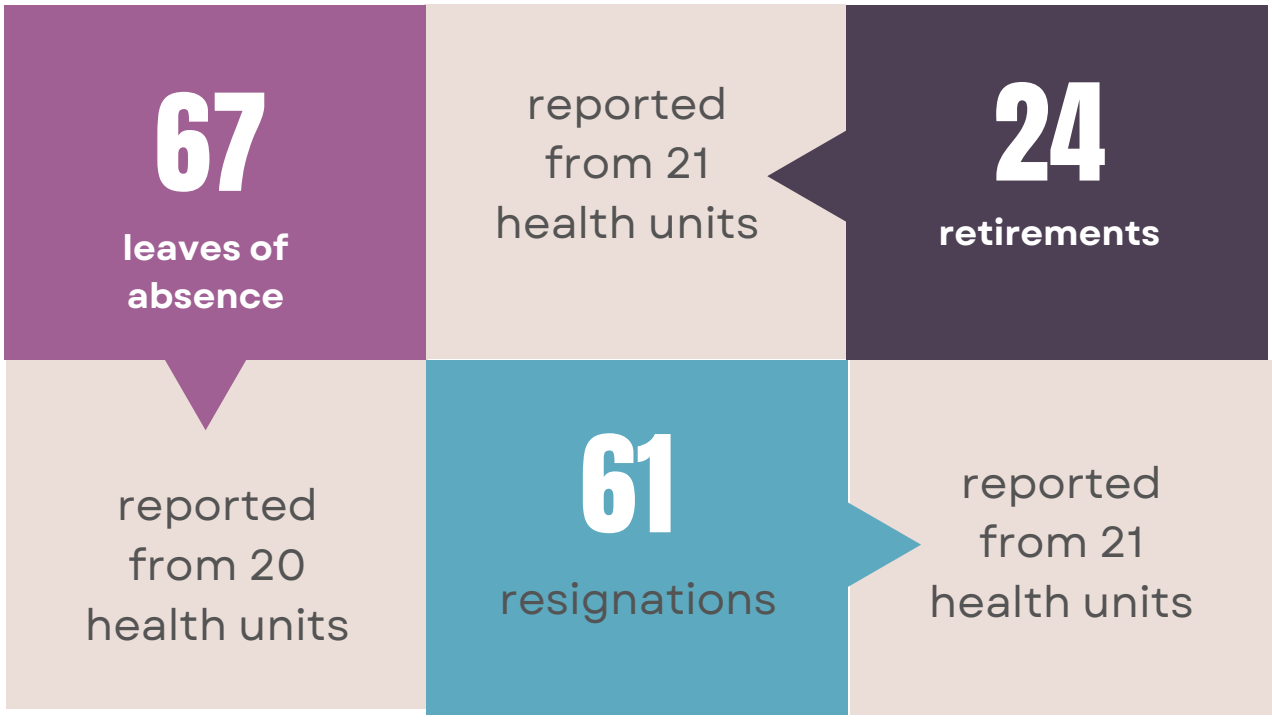
were reported by PHIs in 15 public health units in Ontario during the peak of the COVID-19 pandemic response

"By the end, I think PHIs were almost getting afraid to do their work because of the backlash. I probably dealt with more cases of verbal abuse with my inspectors; although I did have a physical abuse situation too. I probably dealt with more abuse in the 2 ½ years of COVID than I did in my 23 plus year management career."

Public health units in Northern Ontario have a long history of recruitment and retention challenges with the PHI workforce. Supervisors, managers and directors in northern health units described how this worsened throughout the COVID-19 pandemic response. Ultimately, PHIs left their positions in the northern PHUs to take temporary contract positions in the south to be closer to family.

> "We couldn't buy an inspector. Unfortunately, anybody new and certified coming out could get temporary positions down in southern Ontario, and that's where they wanted to stay."

From 2020-2022, a high number of resignations, retirements, and leaves of absence were reported. These vacancies left a knowledge gap, with fewer experienced PHIs to mentor new PHIs entering the field.



Public health inspectors, managers, supervisors and directors face significant challenges as they resume pre-pandemic work and plan for the future.

The pandemic has profoundly impacted the public health system, requiring health units to shift their focus to responding to the pandemic. As Ontario emerges from the acute phase of the pandemic, PHIs, directors, managers and supervisors in public health units face the challenge of resuming their pre-pandemic work while still addressing the ongoing COVID-19 concerns and impacts. These challenges include staff facing high levels of stress and burnout, staffing shortages, a backlog of regular programming stopped or reduced during the pandemic, and new and expanding roles, including in congregate living settings and home-based food operations.

"Routine" inspections were not like before

For PHIs, managers, supervisors and directors, once routine public health inspections resumed, it was evident that things were not returning to "normal." Some public health units found that the rates of non-compliance increased, others found significant staff turnover had occurred in fixed premises, which resulted in a loss of knowledge and historical progress, and others found that the role of public health under the ROA had a damaging effect on relationships with local owners and operators and these would take time to rebuild. As a result, inspections were taking significantly longer than before the pandemic. Participants reported having completed four to five inspections pre-pandemic in the time it took to conduct one or two currently. They also found that more re-inspections were required because they observed more infractions and knowledge gaps.

> "Some operators were surprised to see an inspector. They didn't think we would go back to doing routine inspections. When we go back for the re-inspection, nothing has been done. It's slow progress. It's not going to change overnight. There are new operators. There is a lack of education, and we need to re-teach. There is going to be more infractions for a while."

New PHIs lack non-COVID experience

The pandemic has also brought new public health challenges and priorities to the forefront that require further consideration to understand the operational impacts, including the training, tools and supports that may be required to address these changing needs. For example, many new PHI graduates hired during the pandemic only have COVID experience. As a result, they lack experience with routine programming and the non-COVID work environment, including the critical role of relationship building.

Individual health unit examples - pre-pandemic vs acute phase

PANDEMIC STATISTICS in one health unit 2020 - 2022

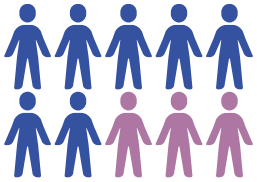
To demonstrate the impact of the pandemic on the PHI workforce locally, from 2020-2022, one health unit reported an over 200% increase in both complaint investigation and outbreak investigations, all being responded to by 30% of their normal PHI FTE base.

OUTBREAKS:

↑ 231%

COMPLAINTS INVESTIGATED:

↑ 223%

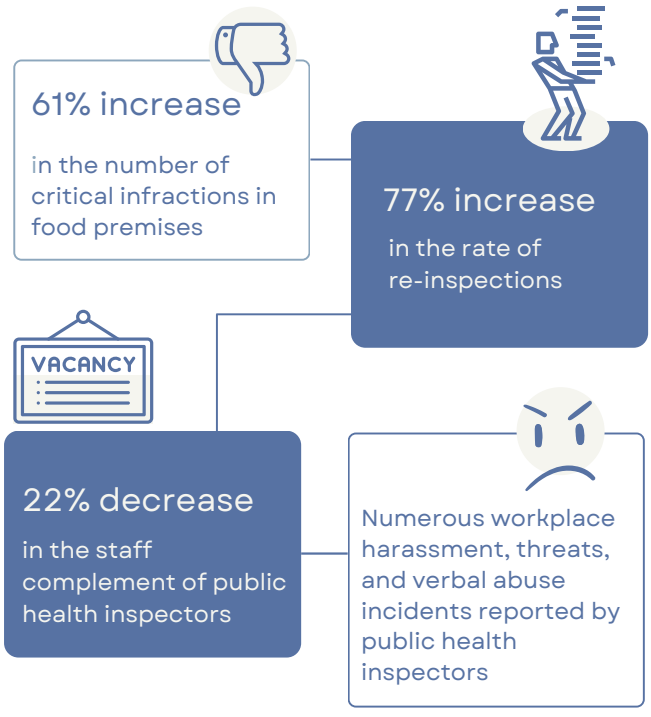


7 OUT OF 10

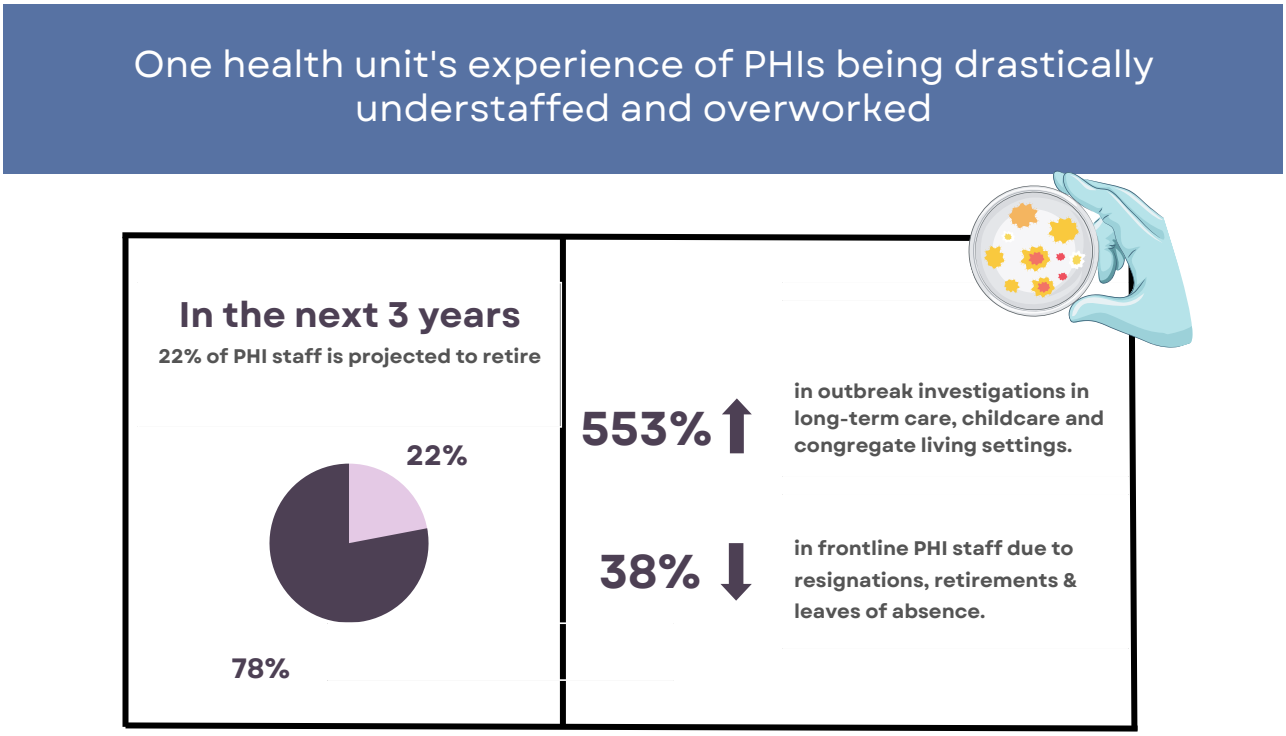
public health inspectors left their positions (leaves & resignations)

The impact of COVID-19 on the work of PHIs & environmental health programs in one health unit

In another health unit, when comparing pre-pandemic with a return to routine inspections once provincial restrictions were lifted, it was noted that the number of critical infractions in food premises had increased by 61%, and the rate of re-inspections had similarly increased by 77%. In addition, as PHIs resumed their routine programming, they faced a hostile environment, with many reporting harassment, threats, and verbal abuse from owners/operators and members of the public.



Another health unit shared significant increases in workload while managing a high number of vacancies, as well as difficulty recruiting to fill these vacancies. Within the next three years, they project that 22% of their remaining PHI workforce will retire.



Experienced PHIs leaving positions

Many PHIs, supervisors, managers and directors are choosing to retire, and some are leaving for other jobs. Participants expressed concern that some health units have decided not to rehire for their positions and instead are dispersing their work to the other PHIs. In some cases, PHIs have taken on additional work, such as enforcing the *Smoke-Free Ontario Act*.

Participants noted that the acute phase of the pandemic response was extremely intense and gruelling, and though PHIs worked alongside other professionals, their hard work and dedication was often behind the scenes and went without public recognition or retention pay. In addition, the public (including business owners/operators) often did not know the important roles PHIs played during the pandemic and often blamed PHIs directly for the frequently changing public health measures.

> Participants expressed that public recognition of the ongoing professional value of certified PHIs would go a long way toward increasing and maintaining morale.

Managers, supervisors and directors also expressed that retention with PHIs is very difficult, especially for northern Ontario. Many noted that they are struggling to fill staff complements, and retention pay could have been an effective tool that northern Ontario health units could have used to promote retention of PHIs.

Discussion

The pandemic has emphasized the importance of a sufficient, versatile and adaptable PHI workforce that can respond to a wide range of environmental health challenges and work effectively with other public health professionals and with various community partners, businesses and agencies to protect and promote the health of communities, including equity-seeking populations.

Findings from the survey and the focus groups employed for this White Paper provide a snapshot of the crucial role PHIs played in responding to the pandemic, the impact of the COVID-19 pandemic on the programs and services delivered by PHIs in Ontario public health units, and the challenges PHIs, managers, supervisors and directors face as they resume pre-pandemic work and plan for the future.

Crucial role PHIs played in responding to the pandemic

The findings demonstrated that PHIs played a crucial role in responding to the pandemic due to their specialized training, experience and skill set. PHIs could pivot quickly to activities intended to control the transmission of the virus and address new and emerging environmental health challenges related to the spread of the virus. They developed and implemented strategies for identifying and controlling outbreaks of COVID-19 in congregate settings, long-term care homes, correctional facilities, hospitals and retirement homes during overall staff shortages.

To respond to the needs of different populations, PHIs demonstrated flexibility and adapted to changing circumstances in various settings, including collaborating with healthcare professionals, emergency management personnel, municipalities, owners and operators of businesses and other public health professionals to identify and address public health risks related to the pandemic.

In addition, PHIs worked closely and proactively with a wide range of community partners to effectively assess and address the public health impacts of the pandemic, which for some was an expanding area of work. It is anticipated that these relationships will be maintained and that partners in long-term care homes, retirement homes, and congregate living settings will continue to report suspected respiratory and enteric outbreaks to PHIs and that these partners will continue to seek guidance and support from PHIs.

Impact of the COVID-19 pandemic on environmental health programs

The COVID-19 pandemic significantly impacted the delivery of environmental health programs. Public health inspectors were primarily deployed to pandemic response roles and were not able to fully deliver traditional environmental health programs and services as mandated by the OPHS in addition to pandemic roles.

This impacted the relationships that PHIs had developed with business owners/operators and subsequent compliance with regulations. Further, new types of premises emerged during the pandemic, requiring PHIs to be equipped with new tools and knowledge to respond effectively.

The pandemic highlighted the importance of collaboration and communication between PHIs and owners and operators of businesses to support the reopening of businesses and changes in regulations. This has led to changes in how they interact, the length of the interactions and how they work together. This collaboration will be critical in helping identify and address issues quickly to ensure businesses operate safely and effectively in the new normal.

Challenges PHIs, managers, supervisors and directors face as they resume pre-pandemic work and plan for the future

Several challenges have emerged for PHIs, managers, supervisors and directors as they resume pre-pandemic work and plan for a sufficient, skilled and resilient PHI workforce and innovative and responsive environmental health programming captured through meaningful performance quality and outcome tracking indicators and processes, now and into the future.

Workforce challenges

The pandemic exacerbated long-standing human resource challenges for PHIs, managers, supervisors and directors, including burnout, retirements, resignations, uncertainty, and disparities in recognition and compensation. The resulting loss of experience and mentors for new staff puts the profession in a vulnerable position, as it can take years to replace organizational intelligence and confidence.

The future of the PHI workforce requires investment and a coordinated effort between public health employers, accredited academic institutions, and the Ministry of Health to provide education and training to ensure adequate numbers of PHIs are entering the field of practice.

Recovery needs

As the province began to emerge from the acute phase of the pandemic, PHIs quickly resumed pre-pandemic work, faced with limited opportunities to recover themselves before returning to work in the field. Related to these challenges is the need identified by focus group participants to address the mental health and well-being of PHIs to prevent further deterioration of well-being and attrition in the workforce. Frontline PHIs, managers, supervisors and directors may need stress management, trauma-informed training, de-escalation, and self-care training to support themselves and be equipped to continue responding to their communities needs.

Performance quality and outcome tracking challenges

While the collection and analysis of survey data were not intended to be rigorous, more opportunities for analysis in this White Paper were anticipated. Limitations were partly due to inconsistencies in data management systems as well as information captured through existing provincial indicators in environmental health program reporting across Ontario health units. It would be beneficial for PHIs, supervisors, managers and directors and environmental health programs to use standardized data management systems, and meaningful indicators to ensure that data provides valuable insights into the work done by PHIs across Ontario.

Training needs

The findings of this paper highlight the need for ongoing PHI professional development, and the required investment to create and provide these development opportunities.

The COVID-19 pandemic highlighted the need for PHIs to learn and apply new knowledge and skills quickly. For example, PHIs had to become proficient in using new technologies for inspection and investigation purposes, interpreting legislation, remote communication and data collection, and implementing innovative strategies to contain the spread of the virus and supporting communities, owners, and operators of premises affected by the pandemic.

The pandemic also underscored the importance of emergency management skills and knowledge as public health units have the lead role in managing pandemics and other infectious disease emergencies as per the OPHS. Frontline PHIs, as well as supervisors and managers, worked collaboratively with enforcement partners, including local police, Ontario Provincial Police (OPP) and by-law officers to ensure the ROA and associated regulations were applied at the local level, and were often relied upon to provide guidance and advice to these partners. Many PHIs expressed that they felt well-equipped to respond to the COVID-19 emergency; however, this is a key area in which additional training would be beneficial, especially with respect to coordinating with other sectors.

The COVID-19 pandemic has highlighted existing health disparities and inequities. Current and new PHIs would benefit from training on health equity and the social determinants of health to support them in their work with priority populations and help advance health equity in their communities.

Priorities for action

This White Paper has identified vulnerabilities that currently exist in the PHI workforce and the importance of PHIs being prepared to effectively respond to future public health emergencies. Pre-existing human resource challenges have been exacerbated as the number of resignations, retirements, and leaves of absence increased. As a result, valuable skills and experience are being lost, leaving newly hired PHIs with fewer mentorship opportunities.

There is an urgent need to address the loss of skilled PHIs prompted by the pandemic to ensure PHI skills are maintained and developed to the level required for the future. There is also an urgent need for overall public health system readiness to respond to the next emergency and to leverage opportunities and apply lessons learned from our COVID-19 pandemic response.

Recovery efforts

The recovery stage of a global crisis presents a unique leadership challenge with balancing competing priorities, maintaining staff engagement and motivation, and avoiding burnout within a volatile, uncertain, complex, and ambiguous post-emergency environment (1). Additionally, the recovery stage offers unprecedented opportunities to capitalize on improvisations, innovations, collaborations, and lessons learned during the emergency stages to improve performance and care and to address the needs of, and inequalities in communities.

PHI workforce development

Considering the critical role of PHIs in promoting and protecting the public's health in emergency and non-emergency situations, it is critical to invest in PHI workforce development planning. Furthermore, given the likelihood of increasing outbreaks and future global pandemics, strategies to improve recruitment and retention must be prioritized now (1).

To maximize current resources, policies and interventions that build better systems to recruit and retain public health workers should focus on improving educational access, modernizing talent acquisition, and improving workplace culture; training existing workers; and improving systems to monitor and track workforce trends over time (2).

Preparedness of PHIs for future emergencies

The Chief Medical Officer of Health's 2022 Annual Report, Being ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics (3), is a call to take key lessons from the pandemic, as well as H1N1 and SARS, to ensure Ontario is ready for any future outbreak or pandemic, whenever it might occur.

Public health inspectors and supervisors have shown their value in responding to the COVID-19 pandemic, therefore, investments in PHIs and environmental health will be critical in preparing for future emergencies.

The future is set to have many complex environmental public health issues that will require PHIs to optimally leverage technology, ensure transparency and accountability, and implement innovative and promising practices.
This may include:

CLIMATE CHANGE

- Applying risk assessment and health equity lenses to consider the impacts of decisions and public health interventions
- Providing input into programs, services and reports that consider mitigation strategies

INDOOR AIR QUALITY

- Assessing air handling systems to ensure indoor built environments are as safe as possible to reduce transmission of airborne pathogens
- Recommending measures to mitigate risk in high-risk settings or where transmission of respiratory infections is occurring

INFECTION PREVENTION AND CONTROL

- Supporting the development and implementation of a paradigm of additional precautions that incorporates our new knowledge of respiratory pathogens and aerosol science
- Investigating IPAC lapse sterilization failures, potential bloodborne exposures
- Preparing healthcare providers to manage emerging and novel pathogens that may arise at any time and any place
- Continuing to support systems thinking that considers the complexity of human interactions (global travel, global supply chains, health equity issues, desire for profit over health, etc.) that will factor into future pandemics

ENCAMPMENTS

- Managing complex sensitive environments that have no quick solutions
- Working with multiple partners on short-term relief for acute situations and long-term solutions that deal with root causes of homelessness

FUNCTIONING IN THE POST-ACUTE PHASE COVID MISTRUST AND MISINFORMATION ENVIRONMENT

- Continuing to act as knowledge brokers & promoting science literacy to the public, business owners & operators
- Implementing new strategies to engage partners, operators, & the public that considers general apathy & mistrust of the population

Recommendations

The following recommendations are intended to help ensure that PHIs are equipped to maintain essential public health services and be prepared for emerging issues and future emergencies, as part of the larger multi-disciplinary public health workforce in Ontario health units:

1. Greater investments in local public health
2. Ensuring a sufficient, skilled and competent PHI workforce now and into the future
3. Innovative and responsive environmental health programming and performance quality and outcome tracking indicators and processes

1 Greater investments in local public health

The Chief Medical Officer of Health's annual report (3) is a call to learn from the pandemic response and previous public health emergencies. This includes a call to end the “boom and bust” cycle of funding and ensure sustained investment over time in public health preparedness to build and maintain overall readiness to respond to the next public health emergency.

The Association of Local Public Health Agencies (alPHa) outlined in their 2022 report Public Health Resilience in Ontario (4), that additional investments in public health will be required to clear the backlog, resume routine programs and services in compliance with the OPHS, and maintain an effective pandemic response.

Therefore, sufficient, stable and sustained investments in the public health system are critical to ensure that Ontario public health units are prepared to respond to the next public health threat and are well-positioned to help build a strong and resilient public health system and communities.

ASPHIO recommends that the **Government of Ontario** increase base funding to Boards of Health that is sufficient, stable, and sustained so that they may:

- Deliver programs and services in accordance with the OPHS
- Clear the service backlog from the COVID-19 response
- Address local priorities that have emerged since the acute phase of the pandemic
- Continue to respond to COVID-19
- Respond to emerging public health issues
- Prepare for future public health emergencies

2 Ensuring a sufficient and competent PHI workforce now and into the future

Findings from this White Paper demonstrate the vital role of a sufficient, skilled and resilient PHI workforce in addressing current and future public health priorities for the ongoing protection and promotion of the health of Ontarians.

The loss of skilled PHIs through resignations and retirements prompted by the pandemic must be addressed to ensure PHI skills are maintained and developed to the level required for the future. In addition, there is an urgent need for training and mentorship of new PHIs.

ASPHIO recommends a collaborative approach with a range of partners to ensure a sufficient, skilled and resilient PHI workforce now and into the future through support and investments at every stage of the professional pipeline.

ASPHIO recommends that **post-secondary institutions** ensure a sufficient number of qualified graduates per year from post-secondary environmental health programs to meet demand. Based on anticipated need, increasing the number of students accepted into programs while maintaining the same standards for program acceptance and successful completion.

ASPHIO recommends that the **Ministry of Health in collaboration with other relevant provincial ministries and post-secondary institutions** provide tuition support programs for PHI students in accredited environmental health programs (with a focus on areas with current and historical human resource challenges, including within Northern Ontario).

ASPHIO recommends that the **Ministry of Health and Boards of Health** offer a sufficient number of practicum positions (Boards of Health), with an adequate amount of funding (Ministry of Health) to support these positions, and timely administration of funding.

ASPHIO recommends that **Boards of Health, Public Health Ontario and the Ministry of Health** develop mentoring, coaching, and skill development plans with inter-PHU support for implementation as necessary.

ASPHIO recommends that **Boards of Health** develop succession plans to ensure qualified PHIs are ready to fill positions, including ongoing workforce status assessment.

The above recommendations include additional roles for CIPHI, ASPHIO, employers including PHUs, and individuals.

It is acknowledged that while public health programs and services are in a recovery phase, so too is the public health workforce. As part of COVID-19 post-emergency phase workforce recovery planning, steps must be taken to address recovery and self-care amongst frontline PHIs and their supervisors.

It is recommended that public health leaders (including ASPHIO members) utilize an evidence- and expertise-informed framework to support recovery planning for their organization, themselves, and staff.

3 Innovative and responsive environmental health programming and performance quality and outcome tracking indicators and processes

ASPHIO recommends support and investments in collaboration with a range of partners for the development and maintenance of innovative and responsive programming, meaningful indicators, and consistent tracking processes.

ASPHIO recommends that **Boards of Health, Ministry of Health and Public Health Ontario** develop new ways to deliver environmental health programs, including leveraging technology without sacrificing quality and community connections.

ASPHIO recommends that the **Ministry of Health** develop meaningful provincial indicators (in consultation with the field) that assess the effectiveness of the work of PHIs and the status of environmental health programming.

ASPHIO recommends that the **Ministry of Health** develop and maintain a standard provincial data collection system across PHUs (in consultation with the field) that allows the collection of indicators and careful assessment of the effectiveness and efficiency of PHI work.

Conclusion

The COVID-19 pandemic caused extraordinary challenges for public health units in Ontario, stretching capacity and professional limits for an extended period. All public health professionals should be recognized and commended for their role in providing an effective pandemic response and saving lives.

Notably, PHIs played a crucial role in the success of Ontario's COVID-19 response in new and expanding program areas. They demonstrated exceptional versatility and adaptability by applying their unique skills and core competencies to new and rapidly evolving situations, contributing to various components of the pandemic response, including regulatory enforcement, infection prevention and control, outbreak management, case and contact management, and ensuring that essential business continued with ongoing 24/7 response.

The Chief Medical Officer of Health of Ontario's 2022 Annual Report (3) stresses the need for ongoing investment in public health and health system readiness to detect and manage outbreaks. The report identifies workforce priorities, including building a skilled, adaptable resilient public health workforce, cross-trained in public health core competencies with the surge capacity to respond to outbreaks, pandemics, and other emergencies while maintaining essential public health services. The specialized training and skillset of a PHI align perfectly with this call for "Being Ready," as outlined in the report.

Increased and sustained funding for public health overall, with an adequate allotment toward a robust certified PHI workforce that is part of the larger multi-disciplinary public health workforce in all local public health units across the province, will help create a state of readiness for rapid response to new and emerging public health threats.

The Association of Supervisors of Public Health Inspectors of Ontario is committed to supporting the recovery of the health system overall and is poised and ready to work with ministries and partners with evidence, expertise, and guidance to help ensure the recovery, sustainability and resilience of PHIs and the health, safety and well-being of the communities they serve.

Encompassing vital aspects of our lives, from air to water to food, environmental public health and the work of PHIs is critical to preventing disease in populations and protecting and promoting the health of communities.

Acknowledgements

The Association of Supervisors of Public Health Inspectors of Ontario would like to express their sincere appreciation for the contributions of the following organizations and individuals for their guidance, subject matter expertise, financial and in-kind contributions to the development of this White Paper.

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Julie Ingram – ASPHIO representative

John Atkinson – Ontario Public Health Association (consultant)

Sandy Maxwell – Ontario Public Health Association (consultant)

Appendix A - Data Collection Strategy

The objectives of the White Paper that are supported by the qualitative data collection are as follows:

- To assess the state of programs and services pre-pandemic, during and after the acute phase of the pandemic delivered by public health inspectors. To use the data to assess the disruption to routine programming caused by the pandemic.
- To highlight the state of the public health inspector workforce and promote its versatility by linking its core functions and tying it to other public health functions.

Quantitative data collection

A survey was sent in March 2023 to ASPHIO members in all 34 Ontario public health units requesting information on inspection, enforcement, complaint and workforce indicators from 2019 to 2022.

Status of compliance of fixed premises

One major responsibility of PHIs is the inspection of fixed premises to assess compliance with provincial regulations made under the Health Protection and Promotion Act (HPPA). Compliance inspections help identify, mitigate and control health hazards. All PHUs in Ontario collect data through inspection software (Hedgehog, HealthSpace, etc.). These systems were the source for much of the quantitative data collected.

The data collected is not intended to describe the total workload of environmental health teams in Ontario's PHUs, but rather to provide a snapshot of the compliance in food premises, public pools/spas, and personal service settings. These premises were selected as these categories cover the majority of the fixed premises and are part of the regular reports made to the Ministry of Health and PHU disclosure systems.

The items in the table below were requested from each PHU for the four-year period of January 1, 2019, to December 31, 2022. This time frame was selected because it allows data to be analyzed from the perspective of before the COVID-19 pandemic, during the various phases of the response to COVID-19 and during the start of the recovery period.

Setting	Indicators
Food premises (all types)	# Inspections
	% Inspections requiring re-inspections
	# Closures
	# Provincial offences notices
Public pools/spas (all types)	# Inspections
	% Inspections requiring re-inspections
	# Closures
	# Provincial offences notices
Personal service settings (all types)	# Inspections
	% Inspections requiring re-inspections
	# Closures
	# Provincial offences notices

The number of complaints during the timeframe January 1, 2018, to December 31, 2022, was requested to assess trends over time that may be a result of a lack of oversight.

- # Complaints in fixed premises (separated by premises type)
- # IPAC complaints
- # Complaints in non-fixed premises (health hazards, etc.)
- # Small drinking water system adverse reports

PHI workforce status report

The items in the tables below provide an indication of staffing levels before and after the COVID-19 pandemic, the impact of COVID-19 on staff, and a glimpse into staffing gaps in the future.

PHI staff type	# in 2019 (pre-COVID)	# in 2022 (start of COVID recovery)
Full-time equivalent		
Full-time permanent		
Full-time temporary		
Part-time permanent		
Part-time temporary		

PHI staffing changes	Number
Additional PHIs hired during the COVID response	
Resignations of PHIs during COVID response (2020-2022)	
Unexpected retirements of PHIs during COVID response (2020-2022)	
Leaves of absence of PHIs granted during COVID response	
Current vacancies in PHI positions (in total FTE)	
Projected PHI retirements in the next 5-10 years (in total FTE)	
Formal harassment reports made by PHIs related to operator/owner/public behaving aggressively toward them	

Qualitative data collection (focus groups)

Focus groups were employed to gather qualitative responses from ASPHIO members and frontline PHIs (CIPHI members) regarding their experiences working through the peak of the COVID-19 pandemic response and transitioning into routine programming. Four focus groups were conducted with 19 ASPHIO members and one with 14 frontline CIPHI members during the same period (March 2023).

Participants

Participation was open to ASPHIO members (directors, supervisors, managers) who had worked before and through the COVID-19 pandemic. An email was sent to ASPHIO members at the end of February 2023, inviting them to participate. In addition, interested participants attended one of four focus groups offered. An additional focus group of frontline PHIs was held with interested CIPHI members.

Obtaining consent

Participants were provided with information related to the collection, storage and dissemination of focus group data with the meeting invitation. Consent was implied by participants attending the focus group.

Discussion questions

Focus group participants were asked about their experiences as a PHI (or leader) in their health unit during the COVID-19 response and since returning to regular (pre-pandemic) duties as the COVID-19 restrictions were lifted. They were also asked about the unique skills and competencies of PHIs, what impact the changing workforce had on the delivery of environmental public health programs throughout the pandemic response, and what is happening currently.

Discussion questions and prompts (ASPHIO groups, n=4)

1. What was your experience as a leader in your health unit during the COVID-19 response? New staff, new roles, supporting staff?
2. What was the experience of PHIs in your health unit during the COVID-19 response? What non-traditional roles were they deployed to? How did they respond? What experiences did they have with enforcement/outbreak management? What were the challenges? Successes?
3. What has been the experience of PHIs when returning to regular duties (pre-pandemic) once the COVID-19 restrictions were lifted? How has the relationship changed between PHIs and operators? Do PHIs find a change in the amount of time required for inspections? Why? What are the factors impacting this?

4. What impact has the changing workforce had on PHIs and the delivery of environmental public health programs? New staff coming in during the pandemic, onboarding/training/ mentoring limitations, re-deployment, working relationships, team building, remote working and retirements/LOAs/unfilled vacancies? How has this impacted practice?

Discussion questions and prompts (CIPHI group, n=1)

1. What was your experience as a PHI in your health unit during the COVID-19 response? What non-traditional roles were you deployed to? New leadership roles? Opportunities for professional growth? What experiences did you have with enforcement/outbreak management? What were the challenges? Successes?
2. What has been your experience as a PHI when returning to regular duties (pre-pandemic) once the COVID-19 restrictions were lifted? How have your relationships changed with operators? Do you find a change in the amount of time required for inspections? Why? What are the factors impacting this?
3. What impact has the changing workforce had on you as a PHI and the delivery of environmental public health programs? New staff coming in during the pandemic, onboarding/training/mentoring limitations, re-deployment, working relationships, team building, remote working and retirements/LOAs/unfilled vacancies? How has this impacted practice?

Poll: How important is addressing the mental health of PHIs, in the aftermath of the COVID-19 pandemic response? (Scale of 1-5, 1 = not important, 5 = extremely important)

Focus group details:

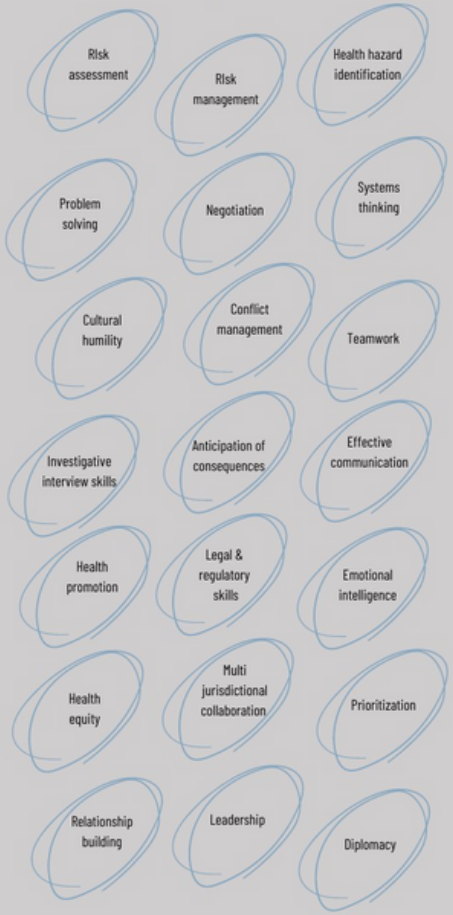
The focus groups were 90 minutes in duration and took place virtually via MS Teams between March 8 and March 31, 2023. They were facilitated by a staff member of OPHA. The sessions were recorded to ensure accuracy of notes taken (to be deleted when project concludes).

Procedures for maintaining confidentiality throughout this project include:

- All those involved in the survey and reporting of results shall agree to this assurance of confidentiality.
- All survey and focus group administrators and members of the working group shall keep the following completely confidential: names of respondents, all information or opinions collected, any information about respondents learned incidentally.
- Individual responses or data potentially traceable to an individual will not be shared for any purpose.
- Survey and focus group administrators and members of the Working Group shall exercise reasonable caution to prevent access by others to survey data in their possession.
- Conestoga College, Toronto Metropolitan University, and the Ontario Public Health Association must sign a Non-Disclosure Agreement with ASPHIO.

The Vital Role of Public Health Inspectors

Core skills and key roles that public health inspectors use on a daily basis



Public health inspectors (PHIs) help keep individuals and communities safe and healthy in many ways. They are dedicated, caring professionals with specialized training and experience in many areas of environmental and public health.

1 INFECTION PREVENTION & CONTROL

Infection, prevention & control (IPAC) activities (inspections, investigations & response) including proactive, complaints & lapses in the following: personal service settings (tattoo studios, aesthetic studios, hair salon/barbers, facials, laser hair removal, micropigmentation, floatation tanks, piercing, nail salons, microblading), childcare centres, & clinical office practice (dental clinics, other healthcare sites) Assessment of IPAC practices in healthcare and residential facilities (long-term care, retirement, hospitals, group homes).

2 HEALTH HAZARDS

Investigation of non-communicable disease clusters, inspections, monitoring & communication in the following: housing (hoarding, mould, landlord-tenant issues & more), international agricultural worker housing, camps in unorganized territories, recreational camps, adverse weather protocols, extreme temperature advisories, indoor air quality, infestations, radon, asbestos, gas leaks, environmental spills & contaminated sites, non-communicable disease investigations (e.g. cancer clusters), & health impact assessments (e.g. large infrastructure project - landfill site).

3 COMMUNICABLE DISEASE & OUTBREAK MANAGEMENT

Interview cases of diseases of public health significance, vectorborne disease (mosquito trapping, tick dragging & ID, site visits & assessments of standing water complaints), community outbreaks related to food and water borne illness, outbreaks in childcare & institutional settings, advise on IPAC measures, investigate sources, communication to all stakeholders in outbreaks, including other healthcare settings), rabies (animal bite investigations, risk assessments, promotion of rabies vaccine, PEP)

4 EMERGENCY MANAGEMENT

Risk assessment, planning, education and response, input into hazard identification risk assessment processes and emergency preparedness plans (including continuity of operations), preparing the public to be ready for emergencies at a personal level, inspections of evacuation shelters, direction for management of hazards (flooding, power outages, etc.), and building relationships with partners during planning that will be beneficial during response.

5 LAND USE PLANNING & BUILT ENVIRONMENT

Inspections, assessments & stakeholder analysis in the following: inspections to approve business licences, assessments to approve land-use plans, review Official Plans & Master Plans, climate change adaptation & mitigation strategies, zoning changes & land-use changes, & Part 8, Ontario Building Code (private, on-site sewage systems) as applicable.

6 RECREATIONAL WATER

Inspections, investigations (complaints) & monitoring in the following: beach water sampling, blue-green algae, public swimming pools, splash pads, wave pools, waterslide receiving basins, hotel swimming pools recreational camp waterfront & wading pools.

7 FOOD SAFETY

Inspections, investigations (foodborne illness & complaints), auditing (food recalls) & education (food handler training and more) in the following: restaurants, healthcare, childcare, special events, farmer's markets, farm gates, recreational camp kitchens, cafeterias, snack bars, private clubs, food trucks, churches, grocery & food stores, school nutrition programs, & convenience stores.

8 TOBACCO & VAPING CONTROL

Inspections & surveillance related to: sales to youth, enforcement, education of vendors & schools and more.

9 DRINKING WATER

Inspections, monitoring, interpretation of lab results & enforcement action in the following: small drinking water systems, private well water, issuing of advisories (boil water advisories, drinking water advisories) and advocacy for fluoride in water.

Learn more about how public health inspectors help keep you and your community healthy and safe at CIPHI.ca.

No attempt to improve public health will succeed that does not recognize the fundamental importance of providing and maintaining in every local health agency across Canada an adequate staff of highly skilled and motivated public health professionals.

Our national aim should be to produce a cadre of outstanding public health professionals who are adequately qualified and compensated and have clear roles, responsibilities and career paths.

Without urgent implementation of a public health human resources strategy, that aim cannot be achieved.

National Advisory Committee on SARS and Public Health (5)

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