



An Atlantic and Manitoba Perspective for a Path Toward Developing Public Health Capacity

A Partnership Report of the Canadian Public Health Association, Manitoba Public Health Association, New Brunswick and Prince Edward Island Branch CPHA, Newfoundland and Labrador Public Health Association, Public Health Association of Nova Scotia, Heart and Stroke Foundation of Canada, Heart and Stroke Foundation of Manitoba, Heart and Stroke Foundation of New Brunswick, Heart and Stroke Foundation of Prince Edward Island, Wellness Advisory Council of Newfoundland and Labrador and Heart and Stroke Foundation of Nova Scotia

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This Project is undertaken by the Atlantic and Manitoba provincial public health associations in partnership with the Heart and Stroke Foundation of Canada and its provincial foundations, and in Newfoundland and Labrador, the Provincial Wellness Advisory Council in collaboration with the Canadian Public Health Association, with the financial support of the Government of Canada provided through the Public Health Agency of Canada.

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Background

Public health's goal is to *"fulfill society's interest in assuring conditions in which people can be healthy"* (Institute of Medicine, 1988). Public health operates on the principles of disease prevention, health promotion and protection, and healthy public policy. The public health system is the primary means we have chosen to achieve the goal of a healthy population (Public Health Capacity framework narrative, March 2003).

Public health's success has led to a gradual erosion of the infrastructure needed to enable the public health system to function effectively. Increasing our investment in public health is essential for reducing the burden of illness and injury on families, communities, and the health care system.

A renewed focus for public health has emerged partly resulting from the Kirby and Romanow reports. This has led to the creation of the Public Health Agency in September 2004, appointment of a new Chief Public Health Officer, and allocation of federal dollars for public health in Canada.

Working in collaboration with partners, the new agency will, as part of its mandate, "focus on emergency preparedness and response, infectious and chronic disease prevention and control, and injury prevention".

This renewed interest, with a focus on prevention, protection, and promotion, has made it increasingly important that health professionals, governments, non-governmental organizations, voluntary organizations, and the public develop a common understanding of what public health does and what is needed to achieve public health goals.

In 2003, the Public Health Association of Nova Scotia (PHANS) developed a framework that provides a snapshot of public health capacity for Nova Scotia and offered a quick way for decision-makers and the public to identify what programs and resources are necessary to reach these goals (See Appendix A for the original framework).

Through discussions with the Canadian Public Health Association (CPHA) and other provincial and territorial public health associations, the framework was modified by

representatives from CPHA, and the public health associations of Manitoba, New Brunswick and Prince Edward Island, Newfoundland and Labrador, and Nova Scotia (See Appendix A for the modified framework). A project emerged to further refine the framework to be applicable for all of Canada. This project was funded by the Government of Canada through the Public Health Agency of Canada.

The purpose of this project implemented by the Canadian Public Health Association (CPHA) and its Atlantic and Manitoba provincial public health associations in partnership with the Heart and Stroke Foundation of Canada and its provincial foundations, and in Newfoundland and Labrador, the Provincial Wellness Advisory Council, is to:

- 1) develop a framework for national consideration that provides a snapshot of public health capacity throughout Canada including:
 - a) identifying strengths and gaps,
 - b) defining priorities,
 - c) informing stakeholders, and
 - d) focusing on new initiatives and research;
- 2) introduce public health, its functions and its impacts to partners and government;
- 3) provide an opportunity for partners and government to envision what achieving public health capacity would mean to them and those they serve;
- 4) support the development of meaningful results indicators; and
- 5) explore ways to develop and sustain a collaborative process for influencing public health (“healthy”) policy development and public health capacity.

It is intended that the framework that develops from this project will be used to help educate, plan, collaborate, develop healthy public policy, and monitor progress towards achieving public health capacity appropriate to achieving the goal of public health in Canada.

The Consultation and Revision Process

Between October and December 2004, the four Atlantic Provinces and Manitoba undertook a series of consultations to revise and refine the modified public health capacity framework. A total of 270 participants, from thirty working groups, examined the modified framework and provided feedback on its content, format and potential uses (See Appendix B for the individual provincial reports)

The initial overview of the four provincial consultation reports indicated that there were some recurring issues that would have significant impact on the structure and usability of the framework (See Appendix C for the project report). In reviewing the comments, it became clear that structural issues needed to be addressed in order for the framework to be useable and accessible. For example, there appeared to be some confusion about the nature of appropriate results indicators. Participants consistently spoke of the need for broad, high-level results indicators but suggested very specific low-level results indicators for inclusion in the framework. In some instances they were confused by the lack of a one-to-one connection that would give each requirement a specific indicator.

Similar themes recurred repeatedly for each results area of the framework - for example, the need for education and communication and the need for integrated information systems. Taking these into consideration would also require a rethinking of the structure of the framework because these recurring issues, common to most of the provinces, address some fundamental components that are integral to achieving success in all results areas. Listing them separately under each results area would imply that each result area would need to be dealt with separately and could lead to increased fragmentation and isolation within the public health system. The repetition would also make the framework unnecessarily long and cumbersome.

As well, there was an expressed desire for the content to be more readable, easier to understand, and use less public health jargon.

To address the structural, language, and content issues that arose during the consultations, a preliminary revision of the framework was done using the following principles:

- identify the elements common to all results areas as “elements that must be integrated into all aspects of the public health system” and place them in the header that recurs on each page of the framework;
- collapse the categories of “core elements” and “requirements” into a single column;
- rename the columns using a clearer language; and
- make the relationship between indicators and requirements clearer.

This revised framework was circulated to representatives from CPHA and its Atlantic and Manitoba provincial public health associations and partner members from the Heart and Stroke Foundation of Canada and its provincial foundations and in Newfoundland and Labrador, the Provincial Wellness Advisory Council (See Appendix A for the revised framework).

After an individual review of the revised framework, this group of representatives gathered together in early January 2005 at a Forum. This Forum provided an opportunity for this group of representatives to discuss extensively the revised framework both in terms of the critical issues and specific content (See Appendix C for the results from the Forum).

Based on these discussions at the Forum, additional changes were made to the revised framework established on the following principles:

- The framework is to be a high-level document, with broad, rather than specific requirements and indicators.
- The framework needs to be as succinct as possible so it remains a useable framework but does not need to be limited to two sides of one page at this point.
- A preamble / introduction would be inserted to set the context for the framework. It would include:
 - context;
 - scope;
 - definitions of results, requirements, indicators, and determinants of health; and
 - some uses for the framework.

- The common requirements would remain in the header, but be labeled “Foundational Requirements.” To emphasize the importance of these elements, the term “Foundational Requirements” would also be inserted as the first bullet in the requirements column of each results area on the framework.
- Columns will be labeled,
 - “Results”
 - “Requirements: What’s needed” and
 - “Indicators: How will we know”
- Requirements should be clear and comprehensive and describe what is needed for an effective public health system.
- Indicators will be worded as samples or examples of possible ways of measuring progress toward meeting the requirements and achieving the desired results. This would recognize that while requirements are standard, indicators must be flexible depending on the way the framework is being used.
- More reference to the determinants of health should be included, but the framework should not stray too far from the core requirements needed for achieving basic public health capacity.

The final framework and introductory page follows.

A Path Toward Building Public Health Capacity

“Public health [is] what society does collectively to assure the conditions for people to be healthy.”

- Institute of Medicine, November 2002

The goal of public health is the health of the population. Public health operates on the principles of disease prevention, health promotion and protection, and healthy public policy.

Over time, we have come to take our public health system for granted and this had led to an erosion of public health infrastructure and capacity. Increasing our investment in, and understanding of, public health is essential for reducing the burden of illness and injury on families, communities, and the health care system, as well as for ensuring our ability to respond to disasters and epidemics.

Renewed recognition of the critical importance of an effective public health system makes it increasingly important that health professionals, governments, non-governmental organizations, voluntary organizations, and the public develop a common understanding of what public health does and what is needed for the system to function effectively—both on a day-to-day basis and in emergencies.

Definitions

- **“Results”** are the outcomes of an effective public health system.
- **“Requirements”** describe what is needed to achieve each result. Requirements aim to be clear and comprehensive.
- **“Foundational Requirements”** are the essential elements that are required for an effective public health system—they apply to each result and must be integrated into all aspects of the system.
- **“Indicators”** are examples of ways to track how well we are meeting the requirements and achieving the results. Indicators are both broad and flexible. They are offered as examples, recognizing that, while the requirements of a public health system are standard, the indicators for progress will differ depending on how the framework is being used.
- **“The Determinants of Health”** are factors that affect our health. They are: income and social status; social support networks; education; employment and working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture.

A public health system:

- protects individuals and communities from epidemics and disease;
- mobilizes communities to prevent and manage unintentional and intentional injuries;
- protects individuals and communities from environmental hazards;
- supports healthy living through public policy and healthy community function and design;
- prepares individuals and communities for disasters and assists in response and recovery; and
- assures that individuals and communities have access to quality health services and programs that are based in the determinants of health.

A Path for Building Public Health Capacity is a flexible framework that can be used for:

- facilitating multi-sectoral and intergovernmental collaboration on public health;
- educating the public and students about the scope of public health;
- planning and monitoring public health systems;
- identifying strengths and gaps in the system;
- defining priorities;
- developing healthy public policy;
- identifying areas for new initiatives and research;
- advocating for support, resources, and funding for public health; and
- evaluating progress toward an effective public health system.

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY

Foundational Requirements

Population health focus; research; leadership and management; healthy public policy; advocacy; program development, implementation and evaluation; partnerships and collaboration; communications and education; integrated information system (including data collection, analysis, interpretation and dissemination); community development and capacity building; adequate financial, human, and infrastructure resources.

Results	Requirements: What's needed	Indicators: How will we know?
Individuals and communities are protected from epidemics and disease	<ul style="list-style-type: none"> ▪ Foundational requirements ▪ Clinical prevention services including a national standardized and funded immunization strategy and program ▪ Surveillance systems to monitor and report: <ul style="list-style-type: none"> ▪ Chronic disease ▪ Communicable disease ▪ Health practices and risk behaviours ▪ Outbreak investigation and response including: <ul style="list-style-type: none"> ▪ Formalized network of all community agencies/levels of government that might be potentially involved in epidemics ▪ Identify core skilled professionals with specific skills for public health teams and provide ongoing training and upgrading ▪ Establishment of an emergency response team (along the lines of HERT) ▪ Accessibility to a provincial and territorial stockpile of necessary medications, equipment, etc. ▪ Access to labs and other resources needed for response 	<ul style="list-style-type: none"> ▪ Clinical prevention services, such as: <ul style="list-style-type: none"> ▪ Maintenance of a national immunization strategy ▪ Immunization rates meet or exceed standards of national strategy ▪ Percent reduction of non-vaccine communicable, preventable diseases such as TB, STDs, HIV ▪ Surveillance systems, such as: <ul style="list-style-type: none"> ▪ Maintenance of a national chronic disease monitoring system ▪ Maintenance of a national communicable disease monitoring system ▪ All systems tested and updated annually ▪ Outbreak investigation and response, such as: <ul style="list-style-type: none"> ▪ Network maintained and tested annually ▪ Core professionals available and trained ▪ Response team identified and trained ▪ Annual inventory and updating of provincial, territorial, and federal stockpiles ▪ Laboratory access available and tested annually

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Results	Requirements: What's needed	Indicators: How will we know?
Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries	<ul style="list-style-type: none"> Foundational requirements Comprehensive injury prevention strategy that includes: <ul style="list-style-type: none"> Community-based programs designed for specific injuries, age groups, and settings Systems to monitor and track unintentional and intentional injuries Family violence, bullying, and self harm programs Workplace health and safety programs and sufficient systems to monitor, regulate, and enforce occupational health and safety Mental health promotion, early intervention, and community support programs 	<ul style="list-style-type: none"> Comprehensive injury prevention strategy, for example: <ul style="list-style-type: none"> A measurable reduction in: preventable deaths and injuries and the rate of impairment due to injuries Programs, for example: <ul style="list-style-type: none"> A measurable reduction in the mortality and injury rate due to motor vehicle collisions, the rate of hospitalization due to falls, and the rate of childhood injuries Monitoring, for example: <ul style="list-style-type: none"> Development (by 2008) and on-going maintenance of a standardized national surveillance program (what, where, to whom, age, sex, why) Violence, self harm, for example: <ul style="list-style-type: none"> A measurable reduction in injuries related to family violence, bullying, and self harm, and in reported abuse and crimes of violence Workplace, for example: <ul style="list-style-type: none"> A measurable decrease in the number of workplace related injuries and illnesses, and in the number of lost-time claims Mental health, for example: <ul style="list-style-type: none"> A measurable reduction in waiting times for access to mental health services

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Results	Requirements: What's needed	Indicators: How will we know?
Individuals and communities are protected from environmental hazards	<ul style="list-style-type: none"> ▪ Foundational requirements ▪ A coordinated/integrated approach to preventing and responding to environmental issues ▪ Sufficient systems to monitor, regulate, and enforce waste management (industrial and household) and air (indoor and outdoor), water, food, and soil quality and to monitor and upgrade current infrastructure ▪ Process and standards to regulate and enforce clean up of contaminated sites 	<ul style="list-style-type: none"> ▪ A coordinated/integrated approach, initiated nationally, provincially and territorially, such as: <ul style="list-style-type: none"> ▪ Environmental strategy ▪ Intersectoral long-term cooperative planning around environmental impacts on industry, land, population and the ecosystem ▪ Monitoring systems <ul style="list-style-type: none"> ▪ Adequate public health staff to ensure monitoring, follow-up and prevention ▪ Meet standards for water treatment and quality, air quality, soil quality, and waste management ▪ Clean up of contaminated sites <ul style="list-style-type: none"> ▪ Process and standards to regulate and enforce environmental clean-up in place and enforced
Public policies and community function and design support healthy living	<ul style="list-style-type: none"> ▪ Foundational requirements ▪ Integrated policy development by all government departments that have an impact on health determinants and outcomes. This includes implementation of an integrated strategy to reduce poverty and the health inequities that poverty and other social determinants lead to. ▪ Implementation of integrated, comprehensive strategies for: <ul style="list-style-type: none"> ▪ Child development 	<ul style="list-style-type: none"> ▪ Health promotion and chronic disease prevention, for example: <ul style="list-style-type: none"> ▪ Measurable reductions in rates of Type 2 Diabetes, smoking, and adult and childhood obesity ▪ Integrated policy development <ul style="list-style-type: none"> ▪ Reduction of poverty and health inequities, for example: <ol style="list-style-type: none"> i. Measurable increase in rate of literate individuals ii. Measurable increase in number of government policies from all sectors reflecting healthy public policy iii. Measurable reduction in the rate of low income families iv. Initiation of strategies to improve access to higher education

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Results	Requirements: What's needed	Indicators: How will we know?
	<ul style="list-style-type: none"> ▪ Mental health ▪ Health promotion ▪ Chronic disease prevention ▪ Healthy and safe communities ▪ Active living 	<ul style="list-style-type: none"> ▪ Implementation of a healthy and safe communities strategy, for example: <ul style="list-style-type: none"> ▪ Implementation of a 5-year national housing policy ▪ Active living strategies, for example: <ul style="list-style-type: none"> ▪ Measurable increase in reported rates of physical activity ▪ Development of policies to support opportunities for physical activities throughout the life cycle (provincial, territorial, and municipal levels) ▪ Food security strategy, for example: <ul style="list-style-type: none"> ▪ Measurable reduction in the number of people experiencing food insecurity ▪ Healthy child development strategy, for example: <ul style="list-style-type: none"> ▪ Measurable reduction in the number of low weight babies ▪ Measurable increases in breast feeding rates and in number of children participating in early childhood education programs ▪ Strategy to promote positive mental health, for example <ul style="list-style-type: none"> ▪ Measurable reductions in Canadians reporting stress and/or time stress and in the rate of diagnosed mental illness
Individuals and communities are prepared for disasters and assist in response and recovery	<ul style="list-style-type: none"> ▪ Foundational requirements ▪ Comprehensive, integrated, and appropriately resourced national, provincial and territorial disaster plans that are supported by a legislative framework (Acts and Regulations) that include: 	<ul style="list-style-type: none"> ▪ Legislative framework (Act and Regulations) to support a comprehensive, integrated, appropriately resourced national disaster plan that includes: <ul style="list-style-type: none"> ▪ Emergency preparedness, for example: <ul style="list-style-type: none"> • National standards and guidelines developed and

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Results	Requirements: What's needed	Indicators: How will we know?
	<ul style="list-style-type: none"> ▪ Emergency preparedness ▪ Response and recovery ▪ Continuous training, updating and testing of plans ▪ Sufficient surge capacity including personnel and supplies ▪ Prevention and risk analysis 	<ul style="list-style-type: none"> implemented <ul style="list-style-type: none"> • Warning systems in place • 3 tiered laboratory network for biological agents in place • Pre-positioned, trained medical response teams (HERT-health emergency response teams) • Measurable increase in number of communities with disaster preparedness plans • Strategies in place to reduce risk and vulnerability and to prevent hazards ▪ Response and recovery, for example: <ul style="list-style-type: none"> • Response times meet national standards • Measurable increase in number of communities with disaster recovery plans ▪ Continuous training, updating and testing of plans, for example: <ul style="list-style-type: none"> • National, provincial, territorial and community disaster plans tested and evaluated regularly based on standards • National plans reviewed and revised annually based on testing results • Regular and continuous training for emergency response ▪ Sufficient surge capacity including personnel and supplies, for example: <ul style="list-style-type: none"> • Measurable increase in number of personnel with proper training • Adequately funded national, provincial and territorial emergency stockpile system

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Results	Requirements: What's needed	Indicators: How will we know?
Individuals and communities are assured integrated, quality, and accessible health promotion and primary prevention services and programs grounded in the determinants of health	<ul style="list-style-type: none"> ▪ Foundational requirements ▪ Universal access to culturally relevant, integrated, and timely public health services across the continuum of care ▪ A system is in place to assist consumers in accessing the appropriate health services and programs ▪ Interventions and existing services and programs are monitored, evaluated, and improved 	<ul style="list-style-type: none"> ▪ Emphasis on health promotion and prevention, for example: <ul style="list-style-type: none"> ▪ Evidence of integrated, collaborative, determinants of health approach in primary care services ▪ Universal access to culturally relevant, integrated, and timely health services, such as: <ul style="list-style-type: none"> ▪ Measurable increase in number of community health clinics and community-based primary health care services ▪ Measurable increase in availability of remote access and telephone health link services ▪ Measurable reductions in waiting times to see the appropriate health care provider, to access primary health services, and for diagnostic services ▪ Measurable increase in culturally sensitive training for all service providers ▪ Navigation system, for example: <ul style="list-style-type: none"> ▪ Measurable increase in number of consumers accessing navigation system ▪ Interventions and existing services are assessed for effectiveness, such as: <ul style="list-style-type: none"> ▪ System in place for regular review of effectiveness of services

Next Steps

Participants at the Forum were asked to contribute possible next steps for the framework. They proposed both short- and longer-term steps.

Short Term

- Build on the relationships initiated during the project by providing feedback to participants in the provincial consultations, including:
 - summary of findings;
 - revised framework; and
 - indications of the next steps for the framework.
- Engage the CPHA Board in a discussion of how this framework can increase overall awareness of public health and strengthen CPHA and its Atlantic and Manitoba provincial public health associations.
- Explore collaborative efforts with our partners to develop strategies for increasing public health capacity.
- Decide on a “message” about how to use the framework and the degree to which it can be altered for specific uses.
- Develop an information sheet with specific advice on how to use the framework. This is to be circulated with the framework.
- Capitalize on current government reviews, through advocacy and written submissions.

Longer Term

- Use the opportunities created by the consultations and the activity of moving the framework forward as a means to build on the partnerships that were established during this project and to connect with partners who were not part of the consultation.
- Use the framework to advocate for support for public health services.
- Undertake specific initiatives to move the framework forward in CPHA, the provinces and territories.
- Look at how we can work together to use the framework to strengthen CPHA, and the provincial and territorial public health associations.