

Public Health Review - Actions for System Renewal as of June 21, 2010

In April 2009, H1N1 arrived in Nova Scotia with a pandemic being declared in June 2009. This required the public health to be fully engaged system from April 2009 through January 2010 in the largest immunization campaign ever undertaken in Nova Scotia and Canada. About 60% of Nova Scotians were immunized against H1N1 from October through December 2009. Many initiatives related to public health renewal had to be put on hold during this time. Work has now resumed and an update on progress is provided in the table below.

(Bold Italic font in 'Update' column represents new/updated information since last report)

Action for System Renewal as outlined in Report (2006)	Update
<p><u>Action 1:</u> Articulate and be guided by a collective vision for the public health system that integrates and supports the fulfillment of public health's core functions that effectively contribute to:</p> <p>a) Improving levels of health status of the population and decreased health disparities b) Decreasing the burden on the personal health services system and thereby contribute to its sustainability c) Improving preparedness and response capacity for health emergencies.</p>	<ul style="list-style-type: none"> ▪ <i>Strategic planning process completed using Theory U approach. Over 60 dialogue interviews, 7 in-depth site visits (learning journeys) and 4 stakeholder gatherings (approximately 450 people) provide insight, direction and clarity around purpose and areas for action. Through Strategic planning and leadership development a vision – Understand and Act – Together – established.</i> ▪ <i>Purpose statement: Public health works with others to understand the health of our communities and acts together to improve health.</i> ▪ <i>The areas for action are: (1) early years, (2) effective relationships/innovation, (3) creating an environment where culture of our workforce is aligned with purpose and (4) one door/every door is the right door.</i> ▪ <i>The next phase is implementation of initiatives of the action areas from which to learn as well as some intentional work to develop a clear understanding of the purpose and its impact on change and innovation in public health work.</i>
<p><u>Action 2:</u> Establish a single leadership position for Nova Scotia's public health system:</p> <p>a) Lead provincial public health organization and be responsible for overall system coordination and development b) Reporting to DM c) Highly developed competencies: public health, leadership, and management (may also fulfill legislated CMOH responsibilities if appropriate) d) Clearly defined roles and responsibilities e) Independence – reporting to public, legislature f) Competitive, transparent selection process with renewable 5-year term</p>	<ul style="list-style-type: none"> • Complete! • Dr. Robert Strang, Chief Public Health Officer (CPHO) appointed in August 2007. The CPHO also has the responsibilities of the Chief Medical Officer of Health under the Health Protection Act. • CPHO reports to the Deputy Minister, sits at the Executive table at HPP, attends Vice President of Community Health, attends Council of CEOs (at/upon request), and represents Nova Scotia at the FPT Public Health Council Network

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<p>Action 3: Establish integrated public health organization at provincial system level</p> <p>a) Created by consolidating current 3 public health “entities” (i.e. Office of Chief Medical Officer of Health; Population and Public Health Division; Nova Scotia Health Promotion and Protection)</p> <p>b) Fulfills 5 public health core functions in integrated fashion: population health assessment, surveillance, health promotion, disease prevention and health protection</p> <p>c) Structure similarly to other leading domestic and international public health agencies by programmatic area</p> <p>d) Choose name for the public health organization that clearly identifies its responsibilities to staff, decision makers and the public.</p>	<ul style="list-style-type: none"> • Complete! • Re-organization of Department of Health Promotion and Protection announced in March 2007. Directors of responsibility centers, Senior Director, Public Health Renewal and MOHs report to the CPHO. • Budget organized by responsibility centers
<p>Action 4: Decide whether the consolidated provincial public health organization is best located within or outside the Department of Health and establish appropriate Ministerial oversight.</p>	<ul style="list-style-type: none"> • Complete! Creation of a separate department, Nova Scotia Health Promotion and Protection in February 2006. • Department inclusive of Addiction Services and Physical Activity, Sport and Recreation and Volunteerism. • <i>On going close working relationship with Department of Health. In June 2009, Minister responsible for both Departments of Health and Health Promotion and Protection.</i>

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<p>Action 5: Transition the sub-provincial public health system level in a controlled manner from the existing Shared Service Area model to one based within District Health Authorities.</p> <p>This will require:</p> <ol style="list-style-type: none"> a) Being guided by the vision of a public health system that is vertically integrated between the provincial and DHA system levels, each of which are integrated horizontally with the rest of the health system b) Clear roles, responsibilities and accountabilities of the two system levels c) Directors of public health in <i>each</i> DHA to manage and be responsible for public health programming within the DHA and to provide population-level analysis and advice to senior executive and the board of the DHA d) Maintaining an intact public health team headed by the Director of Public Health e) Adequate capacity at both system levels in order to fulfill roles and responsibilities f) Expectations and commitment for mutual aid among DHAs to address surges in demand (e.g. outbreaks, emergencies) g) Medical Officers of Health to have dual roles: <ol style="list-style-type: none"> i) Be MOH for one or more DHAs ii) Be member of a provincial programmatic team. 	<ul style="list-style-type: none"> • Organizational review of local level of the system, sponsored by the Vice Presidents' of Community Health and CPHO had two meetings - October 22 and November 13, 2008. There was agreement that there is a need to strengthen local level public health management and a continued need to collaborate across DHAs and with HPP to create a public health system. • <i>Each shared service area currently reviewing its need for local management and shared service accountability. Collaboration with HPP related to role and interface of Coordinators at HPP. Ongoing dialogue with VPs Community Health and Directors Public Health to ensure needs of local level and the broader public health system are met.</i> • <i>AVH, SSH, SWH maintaining a shared service public health director. Each District will have a local public health manager and a healthy communities content lead. A healthy development and communicable disease prevention and control content lead will be at the shared service level</i> • <i>CEHDHA, CHA, PCDHA continuing with a shared service Director. There is a trial of a shared service team lead position in Communicable Disease Prevention and Control that will be evaluated in 1 year.</i> • <i>GASHA has appointed a Director of Public Health and Primary Health Care.</i> • <i>CBDHA has appointed a Director of Public Health.</i>

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<p>Action 6: The Departments of Health, Environment and Labour, and Agriculture and Fisheries embark on a collaborative process to achieve the following:</p> <p>a) Identify, from the perspective of the three departments, the key issues and concerns regarding the current distribution of public health responsibilities and resources.</p> <p>b) Identify the range of public health issues and corresponding programming that needs to be provided.</p> <p>c) Identify the optimal distribution of responsibilities and resources required to address the findings identified in “b” above.</p> <p>d) Develop an implementation plan to achieve “c” above.</p>	<ul style="list-style-type: none"> • The Environmental Health Secretariat is established. Departments of Agriculture, Environment (new department April 1, 2008) and Health Promotion and Protection are collaborating to enhance partnerships in the delivery of environmental health services. The Secretariat is housed at HPP. • <i>A national scan of environmental health programs and services and identified key gap areas requiring further analysis. These gaps and options for resolution will be further explored by HPP and working groups to be established by JEHPC.</i> • <i>A core team was established in November 2009 to further contribute to the ongoing work of the term consultants with respect to environmental health renewal. This core team, consisting of staff from the departments of Agriculture, Environment and HPP began a process to co-create a vision and direction for environmental health programming in Nova Scotia.</i> • <i>The core team work has culminated in the establishment of key action areas for system renewal by identifying key issues regarding the distribution of resources and responsibilities among the departments.</i> • <i>The Environmental Health Responsibility Centre enhanced focus on support for regional medical officers of health and district health authority program staff by locating both environmental health consultants within district offices. This will ensure district support for environmental health issues that arise at the local level while at the same time ensuring coordinated response by HPP, Agriculture, Environment and DHA’s.</i>
<p>Action 7: Establish and implement a public health workforce development strategy with particular emphasis on critical gaps in the existing workforce.</p>	<ul style="list-style-type: none"> • <i>A process for creating role profiles for team lead and manager positions for the system has been developed. These profiles will feed into the career framework for the public health system.</i> • <i>A logic model and a work plan for formally incorporating the Core Competencies into daily practice have been developed.</i> • <i>A comprehensive workforce strategy will be developed based on framework and will be informed by Public Health Renewal strategic planning.</i> •

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<p>Action 8: Expand overall size of the workforce, as well as those with specialized skill sets including, but not limited to:</p> <p>a) Epidemiologists b) Professional Masters trained public health professionals c) DHA Directors of public health.</p>	<ul style="list-style-type: none"> • <i>Evaluation of Coaching Workshop for Public Health Inspectors and Practicum Placements completed.</i> • Market analysis for epidemiologist role completed and work continues with the PSC to develop a competitive compensation approach for this specialty. <i>Job descriptions re-written. Reclassification on hold by Public Service Commission until Excluded Classification Plan implemented.</i> • <i>Three new hires (Manager, Epidemiologist and Data Manager) for Population Health and Surveillance</i>
<p>Action 9: Partner with the academic sector to expand/establish training programs and practicum settings including supporting the development of a teaching health unit.</p>	<ul style="list-style-type: none"> • <i>Program outcomes for Dalhousie MPH developed collaboratively. Revised MPH program proposal currently going through approval process at Dalhousie University. Governance and distance education opportunities being addressed. HPP, Dept of Education and Dept of Health working collaboratively for process of new program.</i> • Pending approvals, MPH program planned for first admission September 2011/January 2012. • <i>Engagement with Dalhousie University School of Medicine related to curriculum re-design.</i> • <i>Strengthening relationship with Community Health and Epidemiology since appointment of new Director, Dr. Adrian Levy.</i> • <i>Exploratory meetings with Cape Breton University regarding establishment of Population Health Research Unit.</i>

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<p>Action 10: Review, update and implement an IT strategy to improve the information infrastructure to support public health core functions and programming.</p>	<ul style="list-style-type: none"> • Nova Scotia is participating in the Pan-Canadian CDC Case Management/ Surveillance Infoway Project (Panorama). Panorama will provide Nova Scotia with the enhanced ability to perform notifiable disease case management and surveillance, outbreak management, materials and vaccine management, work management, health alerts and an immunization management/registry. • <i>The implementation planning phase of the Panorama project was completed Mar 31/09.</i> • <i>During the review of the plans, several issues had been highlighted that needed to be addressed before the project could move forward. Most notably were:</i> <ul style="list-style-type: none"> - <i>human resource availability within the Public Health System and other stakeholder groups</i> - <i>alignment and coordination of the NS project with the national project.</i> ▪ <i>It was anticipated that this work would take place during the spring/summer months of 2009, however the arrival of the H1N1 pandemic impacted HR resources within the Public Health System therefore delaying project implementation.</i> ▪ <i>Commitment continues to the Pan Canadian vision for Panorama and to inform and advise the project at the national level. Established criteria for moving the project forward are assessed regularly and a decision will be made when there is confidence that those criteria have been met.</i>
<p>Action 11: Establish evidence-based standards for Nova Scotia's public health system applicable to provincial and DHA levels that provide flexibility for tailoring to local circumstances and that support local and provincial level planning.</p>	<ul style="list-style-type: none"> • <i>The Core Programs Framework working group met 7 times from Feb until October 2009 and due to H1N1 and the need for input from strategic planning process, put work on hold. Work completed includes literature review and environmental scan, identifying how public health does its work, areas of focus. Given the purpose statement and 4 initiatives from the strategic planning process, the specificity that will comprise the core program framework needs to be clarified.</i>

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<p>Action 12: Establish a multi-component accountability mechanism for the public health system:</p> <p>a) Planning, priority setting and implementation of evidence-based interventions b) Financial tracking of system investment and its application c) Reporting on system performance d) Reporting on health of the public.</p>	<ul style="list-style-type: none"> • Consolidated public health budgets in to 1 lead-sheet for DHAs for 08/09 budget year. Realigned budgets at DHA level consistent with CIHI MIS Guidelines. • <i>Participating with Department of Health on funding approach as well as accountability framework for district health authorities.</i> • <i>Developing core program framework from which standards and accountability mechanisms can be developed</i> • <i>Evaluation of the Public Health Funding Approach has draft results. Presented at American Public Health Association meeting in November 2009 and at Canadian Public Health Association in June 2010.</i> 		
<p>Action 13: Develop and implement strategic plan to ensure high quality public health laboratory services in Nova Scotia by the provincial public health laboratory and a provincial laboratory network that are accountable for public health functions to the public health system.</p>	<ul style="list-style-type: none"> • The Public Health Laboratory Network now in place and continues to address technical and capacity issues across the system. • <i>The public health laboratory was instrumental during the H1N1 pandemic.</i> 		
<p>Action 14: Prepare public health legislation to comprehensively describe the public health system's functions, approaches, structures, roles and accountabilities.</p>	<ul style="list-style-type: none"> • <i>Public health legislation has been identified as part of government's 5 year legislative plan.</i> 		
<p>Action 15: Ensure the preparedness of the public health system to address outbreaks and other public health emergencies by:</p> <p>a) Resources to plan, train and exercise for emergencies b) Sufficient ongoing and surge capacity.</p>	<ul style="list-style-type: none"> ▪ <i>H1N1 provided the opportunity for the public health system along with the broader health system to demonstrate its response to planning and surge capacity within the system.</i> ▪ <i>Overall, the public health system was responsive and an in-depth process to learn from the event has been undertaken.</i> ▪ <i>Business continuity planning was implemented and identified opportunities for improvement.</i> ▪ <i>The event identified some areas of vulnerability specifically related to epidemiology and surveillance capacity, information systems (lack thereof), and opportunities for mutual aid.</i> 		
<p>Action 16: Implement a multi-year plan (i.e. 5-10 years) to achieve a doubling of current public health system funding to improve the capacity of the province's public health system to optimally promote health, prevent disease and injury, and be prepared to address the occurrence of public health emergencies. [Current public health system funding accounts for approximately 1.2% of provincial</p>	Year	New PH System Funding	New Vaccines
	06-07	\$3.3m = \$1.1m (renewal) + \$2.25m (programs)	0
	07-08	\$3.6 m	\$3.2 m
	08-09	\$2.7 m	\$1.2 m

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health system expenditures, or \$31 million, not including vaccine or PHI costs].	09-10	\$3.1 m
	10-11	(\$1.0m)
	11-12	
<p>Action 17: Engage the academic sector within Nova Scotia to discuss opportunities for collaboration with the public health system in training, applied research and service.</p>	<ul style="list-style-type: none"> • <i>Establishing a better working relationship and interface with Dalhousie University, (Community Health and Epidemiology) to enhance research and teaching opportunities. Participating on medical school curriculum design.</i> • Worked with DOH, Dalhousie and Nova Scotia Research Foundation to develop a proposal for a Health Policy Research Center. • 	
<p>Action 18: Engage Atlantic Canada regional bodies and other Atlantic provinces to discuss opportunities for collaboration with mutually beneficial public health system functions and infrastructure development.</p>	<ul style="list-style-type: none"> • Ongoing.. 	
<p>Action 19: Partner with the federal government and the Public Health Agency of Canada to collaboratively strengthen public health system in Nova Scotia.</p>	<ul style="list-style-type: none"> • <i>During H1N1, Nova Scotia played a strong role in the Special Advisory Committee (SAC) and all the issues surrounding H1N1 vaccine and vaccine supply.</i> • Continued active participation on the Public Health Network (PHN); initiated the re-instatement of the Task Group on Public Health Human Resources. HPP Deputy Minister (Duff Montgomerie) Liaison Deputy between Conference of Deputy Ministers of Health (CDMH) and PHN. 	
<p>Action 20: Engage the non-governmental sector to discuss opportunities for greater collaboration between the formal and informal public health systems in Nova Scotia.</p>	<ul style="list-style-type: none"> • Collaboration with multiple partners is central component of local and provincial level action. CPHO responsive to requests of NGO community/sector partners to collaborate on shared areas of interest 	
<p>Action 21: Establish a dedicated team to project manage the implementation of the foregoing strategic actions. This will be a multi-year undertaking requiring a minimum team of 5 individuals to manage the implementation of the foregoing actions.</p>	<ul style="list-style-type: none"> • <i>The Project Executive- Public Health System Integration is a position filled on a 1 year secondment basis. This provides opportunity for system learnings at both levels of the system. The filling of this position by Kim Barro (CDHA) has the Public Health Renewal team fully staffed.</i> 	