

# An Overview of the Current State of Public Health in Canada

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# Public Health

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- Comprised of services, programs, and policies
  - Health promotion, injury and chronic disease prevention, health emergency response
- In Canada, it is provided through collaboration between 3 levels of government
- Currently organized to reflect challenges that were faced throughout the country's history and lessons learned from these experiences

# Presentation Objectives

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- To overview public health in Canada including:
  - its organization
  - the inter-relationship between different levels of government
  - the role that various professionals and public health practitioners play in the system

# Methods

- Narrative literature review focused on public health in Canada
- Included:
  - Peer-reviewed publications
  - Grey literature
    - Official reports
    - Budgetary documents
    - Governmental and non-governmental websites
- Languages – English and French
- Particular focus on literature published after 2004
- Identified articles were classified according to overarching themes identified

# Historical Shifts in Public Health

- Early to mid-20<sup>th</sup> century:
  - Medical and public health advancements contributed to a decline in infectious disease
  - Shift to the treatment of chronic diseases
  - Increases in hospital funding
- Key governmental reports and strategies:
  - Focused on prevention strategies with emphasis on investing in preventative efforts
  - The application of the determinants of health in these initiatives

# History Continued

- New millennium:
  - Dangers of infectious diseases with rapid transmission and devastating impacts brought to light
    - 2003: Severe Acute Respiratory Syndrome which caused 438 suspected and probable cases and 44 deaths
- Challenges revealed in the country's public health system including collaboration issues between levels of government

# Public Health Agency of Canada

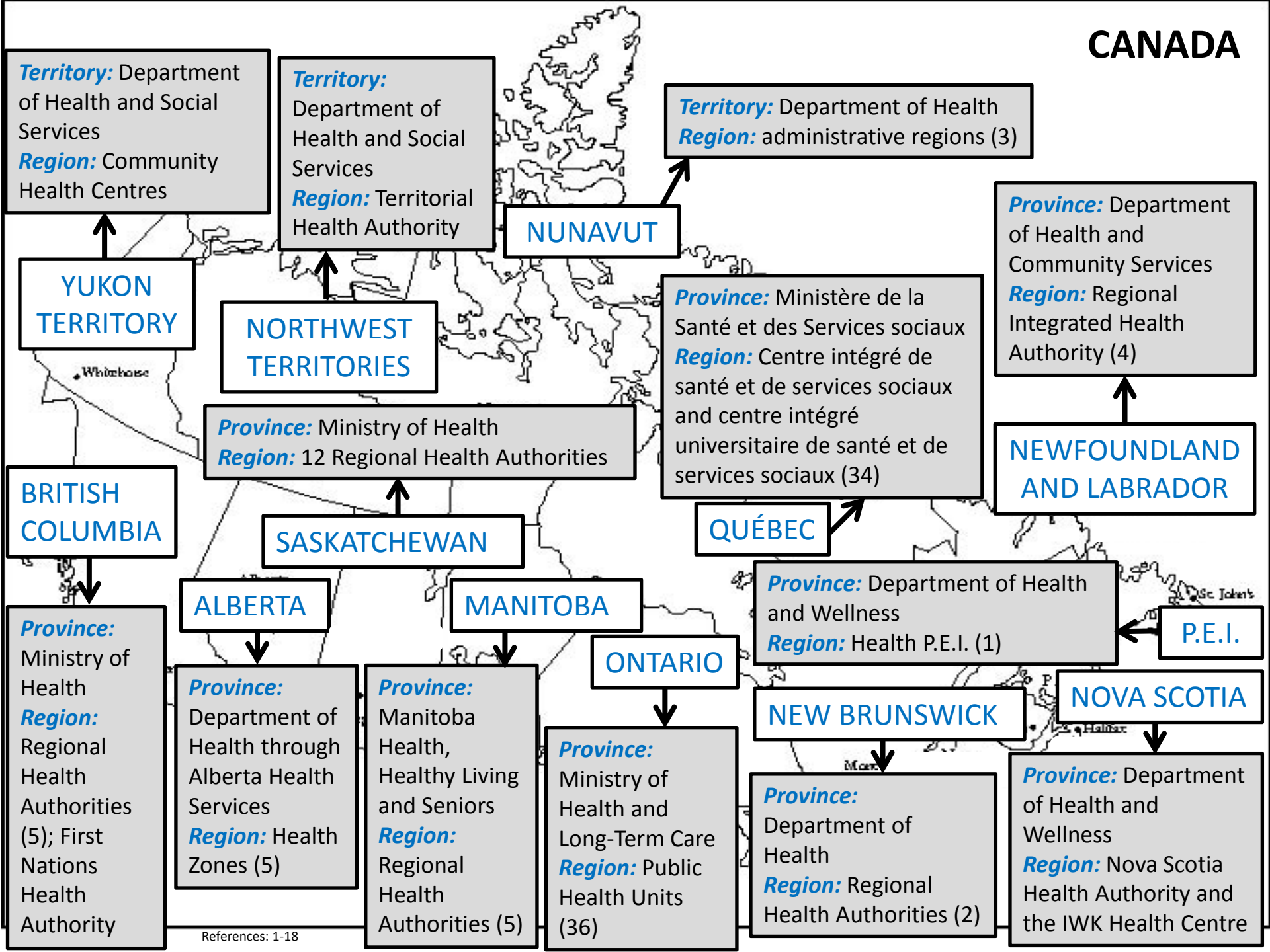
- Gained legal authority in 2006 (*Public Health Agency of Canada Act*)
- Under the 'Health Portfolio' of the Government of Canada's Minister of Health
- Responsibilities:
  - Infectious diseases, chronic diseases, travel health, food safety, immunizations and vaccines, emergency preparedness and response, health promotion, injury prevention, laboratory biosafety and biosecurity, and surveillance at the federal level
- Deputy head of PHAC (Chief Public Health Officer) is lead health professional responsible for public health in Canada
  - Advises on public health matters to the federal government and the Minister of Health, acts as the main liaison for public communications/media relations, ensures coordination across different levels of government in Canada

# Organization of Public Health

- Federal:
  - PHAC is responsible for public health at the federal level, coordinating a joint governmental response to public health events and communicating with international agencies as required
- Provincial/Territorial:
  - Administered through Ministries or Departments of Health with an appointed Chief Medical Officer of Health
- Municipal/Regional:
  - Regional Health Authorities, Public Health Units or Health Centres



# CANADA



# Organization of Public Health

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- Other organizations and institutions:
  - National public health body and provincial and territorial public health associations
  - Schools or Departments of Public Health and academic centres that are involved in public health research
  - Public health organizations such as National Collaborating Centres for Public Health

# Funding for Public Health

- Federal and provincial divisions of responsibility for health care (financial and administrative nature) are based on constitutional interpretation and subsequent legislation
- While public health is a shared responsibility between all levels of government, the volume and direction of allocated resources varies between provinces and territories and by source of funding

# Funding for PHAC

- The PHAC's operating budget is provided directly by the Federal Parliament
- In the 2015-2016 year: \$567 million
  - Public Health Infrastructure (\$115 million)
  - Health Promotion and Disease Prevention (\$297 million)
  - Health Security (\$60 million)
  - Internal Services (\$96 million)

# Public Health Spending (2014 CAD)

Federal	Provincial/ Territorial	Municipal	Social Security Funds	Total Spending on Public Health
1,794.3 million	8,828.9 million	453.2 million	409.3 million	<b>11,485.8 million</b>

- In 2014, \$11.5 billion was spent on public health with over three-quarters of the funds coming from provincial budgets
  - 5.3% of total health care spending in 2014

# Public Health Spending by Province (2014 CAD)

Province or Territory	Population (2014)	Health Care Spending (CAD in millions)	Public Health Spending (CAD in millions)
Ontario	13,678,700	80,709.4	4,700.1
Québec	8,214,700	46,138.7	1,310.6
British Columbia	4,631,300	27,299.2	1,820.4
Alberta	4,121,700	27,821.7	1,770.3
Manitoba	1,282,000	8,541.3	592.5
Saskatchewan	1,125,400	7,255.3	618.6
Nova Scotia	942,700	6,364.7	186.2
New Brunswick	753,900	4,797.8	177.3
Newfoundland and Labrador	527,000	3,654.2	120.6
Prince Edward Island	146,300	944.0	49.2
Northwest Territories	43,600	534.1	40.3
Nunavut	36,600	474.0	51.9
Yukon	36,500	372.8	47.8

# Public Health Professionals

- Front line providers, consultants or specialists
  - Various disciplines and professions
    - E.g. medicine, nursing, epidemiology, biostatistics, behavioural sciences, and social sciences
  - Directly involved with general public and subsets of at-risk populations and/or indirectly involved with the public through monitoring, surveillance, and/or administrative work
- Range of educational backgrounds
  - Training in specific registered health professions
  - Bachelor's degrees specializing in public health or health studies
  - Graduate degrees
    - E.g. research-oriented Master degrees or professional Master of Public Health degrees

# PHAC's Core Public Health Competencies

- 7 core competency statements for public health, describing 36 core competencies
  - Public health sciences; assessment and analysis; policy and program planning, implementation and evaluation; partnerships, collaboration, and advocacy; diversity and inclusiveness; communication; leadership
- Public health work is aligned with specific standards, which are consistent across different areas and organizations of public health
- Assist organizations in achieving common goals to fulfill specific public health functions and can provide organizations with a rationale for funding particular programs and services



# Nursing Contributions to Public Health

- Form the **core** of a variety of community health settings in Canada
  - Public health, community health centers, home care, primary care
- Three recognized categories of nurses:
  - Licensed/Registered Practical Nurses (LPNs)
  - Registered Nurses (RNs)
  - Nurse Practitioners (NPs)
- Percentage that work in community health settings:
  - LPNs: 10%
  - RNs: 13%
  - NPs: > 50%
- Important roles in health promotion, disease prevention and management, community development, health surveillance, and emergency preparedness and response
- Deliver holistic care and consider the social determinants of health in their activities

# Physician Contributions to Public Health

- Long history of physician engagement in public health and health promotion
- Public health physicians are involved in governmental organizations at all levels, as well as in non-governmental organizations, academic settings, clinical practice, and health administration
- Roles focus on:
  - Promoting health, preventing illness, and averting premature death in communities
  - Identification of health needs and problems among population groups
  - Creation and implementation of public health programs
  - Policy development
- The Chief Public Health Officer is responsible for public health nationally
  - Each province and territory has a Chief Medical Officer of Health (or equivalent) who is the lead public health professional in the region

# Further Considerations

- The current organization of the public health system in Canada reflects the many historical epidemiological challenges
- It has been recognized that public health infrastructure needs to be reorganized and strengthened to be better prepared for public health emergencies and to address the fundamental influences that determine one's health
- Greater emphasis has been placed on the determinants of health and the understanding that health does not exist in an independent state

# Further Considerations

- Further collaboration between municipal, provincial/territorial and federal governments will need to be strengthened to ensure the proper coordination of resources in dealing with public health problems and emergencies
- The roles of public health professionals should be reviewed to ensure that their knowledge and skillsets are being utilized in an efficient manner to optimize and strengthen the public health system across the provinces and territories in Canada, as well as at the national level
- As new health difficulties arise and existing health challenges persist, the public health landscape in Canada will continue to evolve to meet the growing needs of its population

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