Appendix A: Framework Evolution

Original PHANS framework
Framework used during the consultations
Initial revision discussed at the Forum
Revised Framework

PUBLIC HEALTH ASSOCIATION OF NOVA SCOTIA (PHANS)
THE PUBLIC HEALTH CAPACITY FRAMEWORK- MARCH 2003

Public Health Results	Markers (Capacities needed to ensure results)	Developing the Case for Public Health
Individuals and communities are protected from epidemics and the spread of **disease**	• Active surveillance system monitoring chronic, communicable & risk of bioterrorism •National Immunization Program	❑ The US Centers for Disease Control Best Practices suggest that **10% of tobacco control funding be allocated to surveillance**. *What is the evidence for a % allocation to surveillance?* ❑ SARS in Ontario – Tourism room revenue losses through the 2nd Quarter totaled $318 million, with total accommodation industry losses from all sources approaching $500 million (Pannell Kerr Forster); $128 million tourism recovery package with a 5 month exemption from the five-per-cent Retail Sales Tax (RST) for hotel and motel accommodations and entertainment ❑ SARS in Ontario - **$720 million assistance** package to benefit health care workers, facilities and emergency services affected; government will also cover up to 100 per cent of the extraordinary costs -- estimated at more than **$10 million** -- incurred by the GTA municipalities and Simcoe County Eligible costs include emergency medical services, emergency operations centres and staff overtime. ❑ Ontario government approximately $1 billion higher budgetary expenditures related to the SARS outbreak and requests $965 million in SARS relief
Individuals and communities are protected from **environmental hazards**	• Sufficient systems to monitor, regulate & enforce the quality of air, water, food, soil and waste management • Sufficient systems to monitor, regulate & enforce occupational health & safety • Process & standards enforced to clean-up contaminated sites	❑ The Walkerton Inquiry recommendations required a one-time cost of **$280 million** (provinces, municipalities, individuals) and ongoing cost of about $50 million (2002 Ontario Budget Speech); these costs directly related to the erosion of the public health system ❑ "Workplace health actions that include smoking cessation and weight loss programs, provision of healthy cafeteria and vending machine choices, onsite blood pressure monitoring and counseling, have been shown to save an average of **$2 in reduced operational costs and productivity gains for every $1 invested**." (GPI, 2002, p. 96) ❑ "The cost-effectiveness of school-based smoking prevention . . . with field trials demonstrating a **$15 saving** in avoided health care costs and economic losses for every $1 invested." (GPI, 2002, p.98)

Individuals and communities are mobilized to prevent and manage unintentional and intentional **injuries**	• Integrated, comprehensive injury prevention strategy, standards that are implemented and monitored for intentional injuries • Integrated, comprehensive injury prevention strategy, standards that are implemented and monitored for unintentional injuries • Integrated, comprehensive management response for injuries is implemented, monitored and evaluated	
Individuals and communities are mobilized to choose **healthy behaviors**	• • •	❑ The US Centers for Disease Control and Prevention (CDC) estimates that the cost of a comprehensive state-wide tobacco control program would be **from US$5 to $16 per capita per year**, depending on the population size of the state (for a population the size of Canada, Cdn$9.00 and $24.00 per capita) (Kenny). Of this, US$1 to $3 per capita per year would be needed for mass media communications.
Individuals and communities are prepared for **disasters** & assisted in response and recovery	• Integrated, organized disaster plan and training • Integrated, organized response to disasters • Integrated, organized recovery that includes prevention	
Individuals and communities are assured **quality health** services	•Population health approach with intersectoral collaboration on determinants of health •Public participation, capacity development, empowerment •evaluation •Policies supportive of health	
Individuals and communities are assured **accessible health** services	• Universal access to culturally-relevant integrated & timely primary health services • Universal access to culturally-relevant integrated & timely secondary health services • Universal access to culturally-relevant integrated & timely tertiary health services	
All levels of government develop, implement, monitor & evaluate **public policy** that supports health	• Health impact assessments support decisions • •	

FRAMEWORK USED DURING THE CONSULTATIONS
OCTOBER 25, 2004

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – October 25, 2004

Expected Results	Core Elements	Requirements	Indicators	Provincial Infrastructure Requirements	Provincial Investment Requirements
Individuals and communities are prepared for disasters and assisted in response and recovery	- Legislative framework (Act and Regulations) - Emergency preparedness and responses - Policy development - Leadership and management - Program development, implementation and evaluation	- Integrated, organized disaster plan and training - Integrated, organized response to disasters - Integrated, organized recovery that includes prevention - National standards & guidelines - $6-7 M invested in the National Emergency Stockpile System - 3 tiered laboratory network for biological agents -Pre-positioned, trained medical response teams(HERT) - Sufficient surge capacity (e.g., personnel, systems, blood supply)			
Individuals and communities are protected from environmental hazards	- Risk management - Inspection - Enforcement - Policy development - Leadership and management - Program development, implementation and evaluation	-Sufficient systems to monitor, regulate and enforce the quality of air, water, food, soil and waste management - Sufficient systems to monitor, regulate and enforce occupational health and safety - Process and standards enforced to clean-up contaminated sites	• We will meet standards for water for treatment and quality of water source • We will manage our land to increase the amount of organic matter in the soil and reduce the use of pesticides • Our air quality will meet the standards for particulates and greenhouse gasses • We will manage our waste and meet the national standards		
Individuals and communities are protected from epidemics and	- Early detection/screening - Clinical preventive services - Data collection, analysis, interpretation and dissemination	- Active surveillance system monitoring chronic and communicable disease and risk of bioterrorism - Immunization strategy and program - Integrated information systems	- We will reduce the rate of children under age 2 with invasive pneumoccocal disease per 100,000 - We will reduce the rate of children under		

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – October 25, 2004

Expected Results	Core Elements	Requirements	Indicators	Provincial	
				Infrastructure Requirements	Investment Requirements
disease	- Outbreak investigation and response - Communication - Information management - Policy development - Leadership and management - Program development, implementation and evaluation		age 2 diagnosed with invasive meningococcal disease per 100,000 - We will experience no increase in the number of children under age 5 diagnosed with Haemophilus Influenza type b (Hib)		
Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries	- Building health public policy - Creating supportive environments - Strengthening community action - Developing personal skills - Re-orienting health services - Advocacy - Communication - Policy development - Leadership and management - Program development, implementation and evaluation	- Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals - 90% of new policies use the process and reflect healthy policy	- We will meet standards for using seatbelts - We will meet the standards for children traveling in approved child safety seats that are used properly - We will reduce the mortality rate due to motor vehicle collisions per 100,000 people - We will reduce the mortality rate due to suicide per 100,000 people - We will reduce the rate of people hospitalized due to falls per 100,000 people - We will reduce lost time claims per 100,000 people		
Individuals and communities are	- Building health public policy - Creating supportive environments	- Implementation of a food security strategy - Implementation of an integrated, comprehensive	• We will reduce our rate of smoking • We will reduce our rate of obesity		

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – October 25, 2004					
				Provincial	
Expected Results	Core Elements	Requirements	Indicators	Infrastructure Requirements	Investment Requirements
able to choose healthy behaviors	- Strengthening community action - Developing personal skills - Re-orienting health services - Advocacy - Communication - Policy development - Leadership and management - Program development, implementation and evaluation	chronic disease prevention strategy - Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals - 90% of new policies use the process and reflect healthy policy	• Fewer Canadians will report being lonely • We will increase our physical activity • We will reduce the number of low weight babies • We will reduce our rate of Type 2 Diabetes • Fewer Canadians will report stress and/or time stress • We will live longer		
Individuals and communities are assured quality and accessible health services	- Developing a population health profile - Identifying inequalities in health - Assessing economic burden of health - Assessing effectiveness of interventions - Assessing effectiveness of existing services - Trend reporting - Advocacy - Communication - Policy development - Leadership and management - Program development, implementation and evaluation	- Population health approach with intersectoral collaboration on determinants of health - Public participation, capacity development, empowerment - Policies supportive of health - Universal access to culturally-relevant integrated and timely *primary* health services - Universal access to culturally-relevant integrated and timely *secondary* health services - Universal access to culturally-relevant integrated and timely *tertiary* health services - Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals - 90% of new policies use the process and reflect healthy policy	- We will rate access as "very easy" or "easy"" - We will reduce waiting times to see a family physician - We will reduce waiting time to see a specialist physician -We will reduce waiting time to access hospital services		

INITIAL REVISION DISCUSSED at the FORUM- ROLL-UP of PROVINICAL REPORTS JANUARY 5, 2005

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY—January 5, 2005

Elements that must be integrated into all aspects of the Public Health System:
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

Result	What's needed	How will we know?

Individuals and communities are protected from epidemics and disease	• Clinical prevention services including a national standardized and funded immunization strategy and program
	• An active surveillance systems to monitor:
	  o chronic disease
	  o communicable disease
	  o risk of bioterrorism
	• Outbreak investigation and response including:
	  o Formalized network of all community agencies/levels of government that might be potentially involved in epidemics
	  o Identify core skilled professionals with specific skills for public health teams and provide ongoing training and upgrading
	  o Establishment of an emergency response team (along the lines of HERT)
	  o Accessibility to a provincial stockpile of necessary medications, equipment, etc
	  o Access to labs and other resources needed for response
		• Clinical prevention services
		  o Maintenance of a national immunization strategy
		  o Immunization rates meet or exceed standards of nation strategy
		  o Percent reduction of non-vaccine communicable, preventable diseases such as TB, STIs, HIV
		• Surveillance systems
		  o Maintenance of a national chronic disease monitoring system
		  o Maintenance of a national communicable disease monitoring system
		  o Monitoring and surveillance systems for bioterrorism established and maintained
		  o All systems tested and updated annually
		• Outbreak investigation and response
		  o Network maintained and tested annually
		  o Core professionals available and trained
		  o Response team identified and trained
		  o Annual inventory and updating of provincial and federal stockpiles
		  o Laboratory access available and tested annually

Individuals and communities are mobilized to prevent and manage	• Comprehensive injury prevention strategy that includes:
	  o Community-based programs designed for specific injuries and age groups
	  o Systems to monitor and track unintentional and
		• Comprehensive injury prevention strategy
		  o Percent reduction in preventable deaths and injuries
		  o Percent reduction in rate of impairment due to injuries
		• Programs

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY—January 5, 2005		
Elements that must be integrated into all aspects of the Public Health System: 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		
Result	**What's needed**	**How will we know?**
unintentional and intentional injuries	intentional injuries o Family violence, bullying, and self harm programs o Workplace health and safety programs and sufficient systems to monitor, regulate, and enforce occupational health and safety o Mental health programs	o Percent reduction in the mortality and injury rate due to motor vehicle collisions per 100,000 people o Percent reduction in the rate of hospitalization due to falls per 100,000 people o Percent reduction in childhood injuries • Monitoring o Development (by 2008) and on-going maintenance of a standardized national surveillance program (what, where, to whom, age, sex, why) • Violence, self harm o Percent reduction in injuries related to family violence bullying and self harm o Percent reduction in reported abuse o Percent reduction in crimes of violence • Workplace o Percent decrease in number workplace related injuries and illnesses o Percent decrease in lost time claims per 100,000 people • Mental health o Percent reduction in waiting times for access to mental health services
Individuals and communities are protected from environmental hazards	• A coordinated/integrated approach to preventing and responding to environmental issues by the new public health agency • Sufficient systems to monitor, regulate, and enforce waste management 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	• A coordinated/integrated approach o Public health agency initiates environmental strategy o Intersectoral long-term cooperative planning around the impact on industry, land, population and the ecosystem • Monitoring systems o Adequate Public Health Staff to ensure monitoring, follow-up and prevention o Meet standards for water treatment and quality, air

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY—January 5, 2005		
Elements that must be integrated into all aspects of the Public Health System: 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		
Result	**What's needed**	**How will we know?**
	of contaminated sites	quality, soil quality and waste management • Clean up of contaminated sites o Process and standards to regulate and enforce environmental clean-up in place and enforced

Individuals and communities are able to choose healthy behaviors	• Implementation of an integrated, comprehensive health promotion and chronic disease prevention strategy
	• Integrated policy development by all government departments that have an impact on health determinants and outcomes, including:
	  o Implementation of an integrated strategy to reduce poverty and the health inequities that poverty and other social determinants lead to
	  o Implementation of a healthy and safe communities strategy
	  o Implementation of active living strategie*s*
	  o Implementation of a food security strategy
	  o Implementation of an integrated strategy to promote healthy child development
	  o Implementation of an integrated strategy to promote positive mental health
		• Health promotion and chronic disease prevention
		  o Percent reduction in rate of Type 2 Diabetes
		  o Percent reduction in rate of smoking
		  o Percent reduction in rates of adult and childhood obesity
		• Integrated policy development
		  o Reduction of poverty and health inequities
		    - Percent increase in rate of literate individuals
		    - Percent increase number of government policies from all sectors reflecting healthy public policy
		    - Percent reduction in the rate of low income families
		    - Initiation of strategies to improve access to higher education
		  o Implementation of a healthy and safe communities strategy
		    - Implementation of a 5-year national housing policy
		  o Active living strategie*s*
		    - Percent increase in reported rates of physical activity
		    - Development of policies to support opportunities for physical activities throughout the life cycle (provincial and municipal levels)
		  o Food security strategy

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY—January 5, 2005

Elements that must be integrated into all aspects of the Public Health System:
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

Result	What's needed	How will we know?
		- Percent reduction in the number of people experiencing food insecurity o Healthy child development strategy - Percent reduction in the number of low weight babies - Percent increase in breast feeding rates - Percent increase in number of children participating in early childhood education programs o Strategy to promote positive mental health - Percent reduction in Canadians reporting stress and/or time stress - Percent reduction in the rate of diagnosed mental illness
Individuals and communities are prepared for disasters and assisted in response and recovery	• Legislative framework (Act and Regulations) to support a comprehensive, integrated, appropriately resourced national disaster plan that includes: o Emergency preparedness o Response and recovery o Continuous training, updating and testing of plans o Sufficient surge capacity including personnel and supplies	• Legislative framework (Act and Regulations) to support a comprehensive, integrated, appropriately resourced national disaster plan that includes: o Emergency preparedness - National standards and guidelines developed and implemented - Warning systems in place - 3 tiered laboratory network for biological agents in place - Pre-positioned, trained medical response teams (HERT- health emergency response teams) - Percent increase in number of communities with disaster preparedness plans - Strategies in place to reduce risk and vulnerability and to prevent hazards o Response and recovery

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY—January 5, 2005		
Elements that must be integrated into all aspects of the Public Health System: 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		
Result	**What's needed**	**How will we know?**
		- Response times meet national standards - Percent increase in number of communities with disaster recovery plans o Continuous training, updating and testing of plans - National, provincial 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 o Sufficient surge capacity including personnel and supplies - Percent increase in number of personnel with proper training - Adequately funded national and provincial emergency stockpile system
Individuals and communities are assured quality and accessible health services	• Universal access to culturally relevant, integrated, and timely health services, with policies to support sustainable promotion and primary prevention services and to reduce barriers to accessing health services (not only medical services) • A navigation system is in place to assist consumers in accessing the appropriate health care services • Health services include a renewed emphasis on health promotion and prevention • Interventions and existing services are assessed for effectiveness	• Universal access to culturally relevant, integrated, and timely health services o Percent increase in number of community health clinics and community-based primary health care services o Percent increase in availability of remote access and telephone health link services o Percent reduction in waiting times to see the appropriate health care provider o Percent reduction in waiting time to access primary health services o Percent reduction in waiting times for diagnostic services o Percent increase in culturally sensitive training for all

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY—January 5, 2005		
Elements that must be integrated into all aspects of the Public Health System: 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		
Result	**What's needed**	**How will we know?**
		service providers • Navigation system o Percent increase in number of consumers accessing navigation system • Emphasis on health promotion and prevention o Evidence of integrated, collaborative, determinants of health approach in primary care services • Interventions and existing services are assessed for effectiveness o System in place for regular review of effectiveness of services

REVISED FRAMEWORK
JANUARY 10, 2005

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	▪ Foundational requirements
	▪ Clinical prevention services including a national standardized and funded immunization strategy and program
	▪ Surveillance systems to monitor and report:
	  ▪ Chronic disease
	  ▪ Communicable disease
	  ▪ Health practices and risk behaviours
	▪ Outbreak investigation and response including:
	  ▪ 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
		▪ Clinical prevention services, such as:
		  ▪ 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:
		  ▪ 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:
		  ▪ 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

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 mobilized to prevent and manage unintentional and intentional injuries	▪ Foundational requirements
	▪ Comprehensive injury prevention strategy that includes:
	  ▪ 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
		▪ Comprehensive injury prevention strategy, for example:
		  ▪ A measurable reduction in: preventable deaths and injuries, and, the rate of impairment due to injuries
		▪ Programs, for example:
		  ▪ 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:
		  ▪ 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;
		  ▪ A measurable reduction in injuries related to family violence bullying and self harm, reported abuse, and crimes of violence
		▪ Workplace, for example:
		  ▪ A measurable decrease in the number of workplace related injuries and illnesses, and in the number of lost time claims
		▪ Mental health, for example:
		  ▪ A measurable reduction in waiting times for access to mental health services

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 environmental hazards	▪ 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
		▪ A coordinated/integrated approach, initiated nationally, provincially and territorially , such as:
		  ▪ Environmental strategy
		  ▪ Intersectoral long-term cooperative planning around environmental impacts on industry, land, population and the ecosystem
		▪ Monitoring systems
		  ▪ 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
		  ▪ Process and standards to regulate and enforce environmental clean-up in place and enforced

Public policies and community function and design support healthy living	▪ 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:
	  ▪ Child development
	  ▪ Mental health
	  ▪ Health promotion
	  ▪ Chronic disease prevention
		▪ Health promotion and chronic disease prevention, for example:
		  ▪ Measurable reductions in rates of Type 2 Diabetes, smoking, and adult and childhood obesity
		▪ Integrated policy development
		  ▪ Reduction of poverty and health inequities, for example:
		    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
		▪ Implementation of a healthy and safe communities strategy, for

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?

	▪ Healthy and safe communities
	▪ Active living
		example:
		▪ Implementation of a 5-year national housing policy
		▪ Active living strategies, for example:
		  ▪ 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:
		  ▪ Measurable reduction in the number of people experiencing food insecurity
		▪ Healthy child development strategy, for example:
		  ▪ 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
		  ▪ 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	▪ 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:
	  ▪ Emergency preparedness
	  ▪ Response and recovery
	  ▪ Continuous training, updating and testing of plans
		▪ Legislative framework (Act and Regulations) to support a comprehensive, integrated, appropriately resourced national disaster plan that includes:
		  ▪ Emergency preparedness, for example:
		    • National standards and guidelines developed and implemented
		    • Warning systems in place
		    • 3 tiered laboratory network for biological agents in place
		    • Pre-positioned, trained medical response teams (HERT-

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?
	▪ Sufficient surge capacity including personnel and supplies ▪ Prevention and risk analysis	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: • Response times meet national standards • Measurable increase in number of communities with disaster recovery plans ▪ Continuous training, updating and testing of plans, for example: • 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: • Measurable increase in number of personnel with proper training • Adequately funded national, provincial and territorial emergency stockpile system
Individuals and communities are assured integrated, quality, and	▪ Foundational requirements ▪ Universal access to culturally relevant, integrated, and timely public health services across the continuum of	▪ Emphasis on health promotion and prevention, for example: ▪ Evidence of integrated, collaborative, determinants of health approach in primary care services ▪ Universal access to culturally relevant, integrated, and timely health

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?
accessible health promotion and primary prevention services and programs grounded in the determinants of health	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	services, such as: ▪ 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: ▪ Measurable increase in number of consumers accessing navigation system ▪ Interventions and existing services are assessed for effectiveness, such as: ▪ System in place for regular review of effectiveness of services

Appendix B: Provincial Reports

Manitoba
Newfoundland and Labrador
New Brunswick and Prince Edward Island
Nova Scotia

Defining Public Health Capacity – An Atlantic and Manitoba Perspective Manitoba Report

A) BACKGROUND

The Manitoba Public Health Association participated as one of the partners in a project to develop an interdisciplinary template to assess public health capacity. The partnership also included the Canadian Public Health Association, the Canadian heart and Stroke Foundations, the Public Health Associations of the Atlantic Provinces and the provincial Heart and Stroke Foundations of the respective provinces. The National Public Health Agency funded the project .

Our participation was undertaken with the understanding that we would receive a minimum amount of the grant funding, and attempt to augment the amount through contributions from local government and public health organizations. The timeframe for the project made it impossible to both secure additional funding and carryout the project mandate in the allotted time. It was therefore decided to carry out the mandate using only grant funds.

B) METHODOLOGY

Six groups in Manitoba agreed to participate in the project. Two Regional Health Authorities, one northern, and one rural; one group from Health Canada; and one from the Heart and Stroke Foundation of Manitoba. The sixth group was comprised of representative from the Manitoba branch of the Canadian Institute of Public Health Inspectors. All groups discussed and completed the template.

Urban Sessions

The Project Coordinator contacted the leaders of several key groups. The objectives of the project were outlined. If the group leader/chair was willing to participate the coordinator asked to “piggyback” on their next scheduled meeting for approximately 45 minutes to an hour. To complete the process within the project timeframe it was decided to use previously planned meetings rather than calling a meeting specifically for the project. This insured attendance and did not add another meeting to the agendas of very busy individuals. The letter of introduction and the template were sent to the chair who d sent out with the agenda in advance of the meeting. At the meeting the Project Coordinator described the project and outlined the expectation of the session. The group was then divided into five groups, one for each of the expected results, (a national group is currently addressing the “disaster management expected result” therefore it was not included in the discussions). Each group was assigned one “Expected Result” and asked to discuss it, rate the requirements and the indicators, comment on each, add any additional ones and comment on areas that should be included or deleted. This was completed in approximately

25 minutes. The templates were then handed in and when time was available the content and the process were discussed.

Rural and Northern Sessions
The process for participation of groups in northern and rural Manitoba was slightly different. Again, leaders were contacted, the project was described, and the information including the letter of introduction and the template were sent to the leader. The project coordinator was available by phone or e-mail for any questions or clarification by the group leader prior to the meeting. Time on the agenda of their next meeting was given to discuss and fill out the template under the guidance of the leader. The completed templates were then returned to the project coordinator via e-mail.

C) PARTICIPANTS

Urban Community Health Centres - 10
Regional Health Authorities - 2
Heart and Stroke Foundation of Manitoba
Manitoba Branch of the CIPHI
Health Canada, Regional Executive Committee

Total number of participants-approx 45,will do a total count after final session

Type of Organization:	**Profession:**
X Government	**X** Government official
X Non Government Organization	**X** Public Health Professional
X Community Agency	**X** Other Health Professional
X Other CIPHI	**X** Student

D) ANALYSIS

1) EXPECTED RESULT

Individuals and communities are protected from environmental hazards
Comment
It was suggested that "having an understanding of scope and nature of the potential problems" be included as an expected result

Public Health personnel, specifically Public health Inspectors available in appropriate numbers to assure routine monitoring.
Although suggested as additional "expected result" could alternatively be included as Requirements.

1a) REQUIREMENTS
All respondents agreed with all requirements
Sufficient systems to monitor regulate and enforce the quality of air water, food and waste management
Rating- #1 Majority of respondents
Comments
Add funding and land use to the requirement
Include wording or a separate requirement to put more emphasis on prevention/education in addition to monitoring

Sufficient systems to monitor regulate and enforce occupational health and safety
Rating-#2
Comments
Include emphasis on public education/awareness

Process and standards enforced to clean-up contaminated sites
Rating- varied, either #1or #3,majority rated as #1
Comments
Need to monitor as well as process and enforce
Have available public health staff, MOH's PH nurses, and PH inspectors to ensure follow-up and preventative education

1b) ADDITIONAL REQUIREMENTS SUGGESTED
Sufficient systems to monitor regulate and enforce environmental public health and safety
Identification of high-risk areas, or activities
Knowledge of current contaminated sites

1c) INDICATORS
All agreed with the indicator statements, however a number of participants stated that they sounded more like objectives than indicators.
Comments
Concern was expressed regarding standards; the availability, need for improvement, and the general awareness.

Concern was also expressed about the emphasis only on monitoring, which is seen as relatively easy and inexpensive compared to enforcement and dealing with the hazard, particularly with pollution from international sources.
It was suggested that more indicators are needed for this expected result as the ones identified dwelt mainly with the first requirement.

Rating-varied, majority rated "*We will meet standards for water for treatment and quality of water source*" as #1.

1d) ADDITIONAL INCICATORS SUGGESTED
We will have opportunity/incentives for recycling available in every community
We will have public information and education on appropriate waste management readily available
We will have on the job accident rates posted in all industries
We will have penalties enforced for violators of industrial safety standards

2) EXPECTED RESULT

Individuals and communities are protected from epidemics and disease
Comments
A national strategy was stress including all levels of government

2a) REQUIREMENTS
General agreement on all requirements
All the requirements are interconnected cannot have one without the others
Increased public education needs to be mentioned in each of the requirements

Ratings- varied, majority rated all requirements as #1,

Active surveillance system monitoring chronic and communicable disease and bio terrorism
Comments
Communication needs to be built in at all levels
Clarity of roles needs to be defined to eliminate confusion and duplication

Immunization strategy and program
Comments
Research and development for vaccines needs to be included in the requirement

Integrated information system

Comments

Shared system needed including all levels of government; municipal/federal/provincial

2b) ADDITIONAL REQUIREMENTS SUGGESTED

A national system to track injury/cause of death that includes primary incidents that led to death, chronic disease, or disability

2c) INDICATORS

Rating-varied

Comments

The indicators seem too disease specific, either need to be more general or if there is a need to be specific more diseases need to be included, such as STD's food borne illnesses diabetes etc
Indicators on bio terrorism needed

2d) ADDITIONAL INDICATORS SUGGESTED

All members of the health care team will have appropriate access to client information in "real time" nationally
A national immunization schedule for all children
A national education strategy on the benefits of immunization, including morbidity and mortality information on vaccine preventable diseases

3) EXPECTED RESULT

Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries

Comments

General agreement on all requirements and indicators

.

3a) REQUIREMENTS

Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals

Rating**-**#1 majority

Comments

Not a clearly stated requirement should include evaluation and development of policies within the framework of provincial health goals.

90% of new policies use the process and reflect healthy policy.

Rating- #2 majority

Comments

Should be applied to both current and new policies

Suggested 100% of policies

3b) ADDITIONAL REQUIREMENTS SUGGESTED

Community/individual education /awareness programs on the prevention of injuries

Rehabilitation /programs for habitually high risk behavior

Social marketing campaign to address high-risk issues

3c) INDICATORS

Comments

Generally rated all as important, and agreed with all

Stressed that we initially need to focus on indicators that can show the greatest success

3d) ADDITIONAL INDICATORS SUGGESTED

Major discussion on need for additional indicators for children in the areas of helmet wearing, burns, tap water scalds, and farm injuries.

4) EXPECTED RESULT

Individuals and communities are able to choose healthy behaviors

Comments

There was general agreement on all requirements and indicators, with the exception of the two requirements.

Rating was really varied, unable to give any clear preferences

4a) REQUIREMENTS

The two requirements mentioned above are;

Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals and that 90% of the policies use the process and reflect healthy policy. The discussion suggested that these requirements referred more to administration process and management strategy, and not be included as requirements.

4b) ADDITIONAL REQUIREMENTS SUGGESTED

Several areas for additional requirements were identified;

5-year strategy for basic income protection,
5-year national housing policy,
healthy and safe communities
higher education opportunities and active living strategies

4c) INDICATORS

Rating-the indicators on obesity and smoking were consistently rated high, the others varied.

Comments

The major issues identified were that the indicators such as "*We will increase our physical activity"* was really not an indicator, it is more of an objective, that in turn needs indicators identified to determine if the objective has been met. Similar comments on the indicators referring to low weight babies, and diabetes were discussed.

The second major issue identified in this section was that it did not deal with the disparity between upper and lower income.

4d) ADDITIONAL INDICATORS SUGGESTED

Specific indicator should to be developed to address the disparity gap. Also the reduction of smoking indicator could either state all age groups or specify the high-risk targets.

5) EXPECTED RESULT

Individuals and communities are assured quality and accessible health services.

Comments

There was general agreement on all requirements and indicators. A considerable amount of discussion on this section occurred, regarding the achievability of some of the requirements, such as the "government policies within the framework of provincial health goals". Many areas for additional indicators were identified.

5a) REQUIREMENTS

Rating-The requirements stating "universal access to culturally relevant integrated and timely primary, secondary and tertiary care" were consistently rated as #1.

Comments

The first three requirements are seen as process. It suggested that "*policies supportive of health"* should be stated as "Policies inclusive of evaluation and supportive of health". Another suggestion related to the three requirements referring to primary secondary and tertiary services was to include a fourth one referring to "entry to public health services" as equal entry to these

services may prevent the need for other three levels of service. Also it was suggested that the term "quality" be added to these four requirements.

5b) INDICATORS
Rating- varied, all agreed with intent of the indicators
Comments and Suggestions
There was considerable discussion on these indicators. The suggestions were numerous and therefore to capture as much as possible they are listed below;

- -the first indicator is too subjective, not consistent with typical Likert Scale measurement.
- -the remaining three, interdisciplinary aspect not captured, 24 hr clinics and the use of the nurse practitioner
- -remote access
- -telephone health link
- -language of choice
- -public participation in health care planning
- -confidence in health care practitioners
- -access to primary health care provider
- -increase communication and collaboration between specialist, physicians and other health care providers
- -decreased waiting time for procedures and testing
- -add quality of service indicators such as; decreased medical errors, screening rates, and immunization rates
- increased number of community health clinics/primary health care access

E) EVALUATION

Evaluation data was obtained through discussion, as the time for the sessions was limited. The most frequent comments were as follows;

- -with further refinement the template will be a valuable tool, particularly with the indicators, it was generally felt that there were too many levels of specificity, need to be modified and all kept at a high level

- -most groups were very supportive of the project and expressed keen interest in receiving updates on the development of the template.

- -most appreciated the condensed format for the sessions, and indicated that influenced their decision to place it on their agendas

- -one telling quote on the condensed format "we only need about three to five minutes to make our intelligent comments, any additional time we are only being unnecessarily verbose"

- -minimal discussion on determinants of health, high level indicators referring to determinants were identified in the areas of housing, decreased income disparity and access to secondary education

Defining Public Health Capacity – An Atlantic and Manitoba Perspective
New Brunswick and Prince Edward Island Report

The project, Defining Public Health Capacity – An Atlantic and Manitoba Perspective, was sponsored by the Canadian Public Health Association and its Atlantic and Manitoba provincial associations in collaboration with the National Heart and Stroke Foundation and its provincial foundations. The project was to develop a Framework to help educate, plan, collaborate, develop policy and monitor progress toward achieving public health results. The Government of Canada provided funding through Health Canada.

The project goal was to develop a collaborative process that:

- introduces public health and its functions and
- impacts to partners and government;
- provides an opportunity for partners and government to envision what achieving public health capacity would mean to them and those they serve;
- supports the development of meaningful indicators; and
- explores ways to develop and sustain a collaborative process for influencing public health ("healthy") policy development and public health capacity.

The outcomes for the Project included:

- An easily understood two-page framework (tool) that provides a common language/messaging about public health and can be used as a lens for educating, collaborating, planning, developing policy, and evaluating our collective progress
- Establish a mechanism for partner organizations to go forward with a common understanding of working towards the same public health goals
- Increased collaboration between government and partner organizations to develop strategies for increasing public health capacity
- Initiate the use of a common "public health" language between the Provincial and National Associations, partner organizations, and Government.

METHODOLOGY

Focus groups were to be held in New Brunswick, Prince Edward Island, Nova Scotia, Newfoundland and Manitoba to obtain feedback on the Public Health Capacity Framework that is currently in development. The groups were to review the document "A Path Toward Building Public Health Capacity" which had 4 main sections including Results, Elements, Requirements and Indicators. There were a total of six results areas to be reviewed. The groups were to choose one result at time and give feedback on the Requirements and Indicators sections of each result area. The question to be answered in the requirements section included:

1. Are the requirements clear and understandable? If not what changes would you suggest?
2. Are there other requirements that you'd add?
3. Are there any requirements that you'd remove?
4. Which 3 requirements do you believe are the most critical to focus on?

The question to be answered in the indicators' section included:

1. Are the indicators clear and understandable? (Both by you and the public) If not, what changes would you suggest?
2. Are the indicators relevant and useable?
3. Are there indicators that are you believe should be added or deleted?
4. Which 3 indicators do you believe are the most critical to measure?

REPORT

The participants were drawn from government, non-government, school, university and community agencies throughout New Brunswick and PEI. There were a total of 8 focus groups and several individual consultations scheduled with one focus groups session cancelled due to unforseen circumstances. There were a total 75 participants, representing both front line, management, department and policy staff as well as university professors. The participants represented a number of professional groups including nursing, social work, nutrition, environmental health, evaluation and medicine.

Type of Organization	Profession:
Government Non Government Organization Community Agency University Other	Government official Public Health Professional Other Health Professional Academic Researcher Student General public Other

The following organizations were represented:

• New Brunswick Public Health Region 1 • New Brunswick Public Health Region 2 • New Brunswick Public Health Region 3 • New Brunswick Public Health Region 4 • New Brunswick Public Health Region 5 • River Valley Health • Faculty of Nursing UNB • New Brunswick Public Health Miramachi • New Brunswick Public Health Bathurst • Medical Health Officer Region 3 • Canadian Cancer Society • PEI Dept. of Health and Social Services • Queens Health Authority • Heart and Stroke Foundation of P PEI • Chief Health Office for PEI • Evaluation Services PEI Health and Community Services • Faculty of Nursing UPEI • Child & Family Services Kings Health Authority, • Acute and Continuing Care, Kings Health Authority • Family Health Centre, Kings Health Authority • Maintenance and Support, Kings Health Authority • Administration, Kings Health Authority • Public Health, Queens Health Authority	• Administration, Kings Health Authority • Public Health, Queens Health Authority • Public Health, King Health Authority • Public Health, Kings Health Authority • Public Health, East Prince Health Authority • Public Health, West Prince Health Authority • Manager Environmental Health for PEI • Public Health Nurse, Queens Authority • New Brunswick Public Health Services, Region 2 • Central Office, Regional Health Authority 2 • UNB Nursing • University of Moncton • Hospital ;GL Dumont • Ecole-Mathieu-Martin • Chances CAP-C • Chances-CDNP • Chances CPNP

ANALYSIS

The participants' responses were documented and clustered into common themes for analysis. The participants were also requested to complete an evaluation form at the end of each focus group.

Result 1
Individuals and communities are prepared for disasters and assisted in response and recovery

Framework Requirements

- *Integrated, organized disaster plan and training*
- *Integrated, organized response to disasters*
- *Integrated, organized recovery that includes prevention*
- *National standards & guidelines*
- *$6-7 M invested in the National Emergency Stockpile System*
- *3 tiered laboratory network for biological agents*
- *Pre-positioned, trained medical response teams (HERT)*
- *Sufficient surge capacity (e.g., personnel, systems, blood supply)*

This section was generally viewed as comprehensive, covering most areas, but at a very high level. Participants raised concerns about their communities' capacity to respond to emergencies despite the number of emergency plans in place. Some issues identified were around the type of leadership, issues of coordination and the resources required to implement the plans; the capacity to respond. It was felt that the requirements section could be expanded to add that infrastructures and resources have to be in place for implementation. There were also issues raised about the updating and testing of plans.

Some comments were raised about the need for clarity around terms like "prevention". Was this meant to infer an approach that looks at reducing risk and vulnerability and preventing hazards? If this was the case, it could have its own separate section, rather than be attached to the recovery requirement.

Many comments were focused on the most critical features for dealing with disasters(mostly at the next level down), that needed to be in place to have capacity to respond. At the same time, there appeared to be a lot of activity happening both regionally and nationally to attempt to be prepared for disasters. Some issues raised:

- **Clarity**
- **Community Involvement**
- **Infrastructure**
- **Comprehensive**
- **Integrated and Coordinated**
- **Communication**
- **Testing**

- **Standards need to be set**

Clarity

- Integrated, organized recovery that includes prevention (clarify what prevention means”,
- Is the Provincial level missing ..too high level,
- Rather than pre-positioned teams there needs to be specialized teams, consisting of individuals who can be freed up in an emergency.

Community Involvement

- Core element and requirement is “Building community capacity”,
- Community preparedness and individual’s awareness of their responsibility to be prepared is required,
- Educate the population about prevention,

Infrastructure

- Infrastructure, infrastructure/leadership, resources needs to be in place in regions,
- Supplies should be identified and agreements on sharing (organizations, regions, provinces),
- Access to resources needs to be pre-planned and agreed upon,
- Training,
- Keeping lists of resources updated is a challenge.

Comprehensive

- Need a comprehensive approach.

Integrated and Coordinated

- Integration across sectors,
- Coordinated approach(national, provincial and regional) coordination is critical, Lack of coordination of large issues,
- Need continuity plans in place,
- Clear roles and responsibilities assigned.

Communication

- Communication networks well spelled out,
- Need communication/media.

Testing

- Standards, guidelines for testing plans,
- Table top/ mock exercises,
- Reporting monitoring,
- Keep list updated is a challenge.

Standards need to be set

- No standards or consistency,
- PIC lists (people on call lists)..not standardized or updated,
- Many things still need to be done.

Indicators

Individuals and communities are prepared for disasters and assisted in response and recovery

The Framework had not identified indicators for discussion. The groups identified several indicators for consideration that needed to be in place such as plans developed, plans being tested. Some indicators focused on post-disaster measurement.

Pre-event

- # of written documents municipal disaster plans in place
- Broad representation of groups in the development of planned
- Number of plans tested
- Updating of plans based on schedule
- Plan communicated
- Clarity on roles and responsibilities
- MOU's in place
- Role and responsibility defined
- # of personnel with proper training
- Mock disaster plans tested and evaluated based on standards
- Warning systems in place
- Line of communication in-place
- Accessibility to level 1, 2 3, 4 resources

Response

- Containment of disease
- Evaluation after fact to see if things went well (Post-debriefing)
- # of recommendation from disasters
- # of deaths due to disasters
- Response rates to disasters

Result 2

Individuals and communities are protected from environmental hazards

- *Sufficient systems to monitor, regulate and enforce the quality of air, water, food, soil and waste management;*

- *Sufficient systems to monitor, regulate and enforce occupational health and safety;*
- *Process and standards enforced to clean-up contaminated sites;*

This requirement brought out some lively discussion. There was general agreement with the requirements but they were viewed as too broad. They were seen as covering almost everything, described as motherhood statements and it was felt that the requirement needed to more specific. Strong support existed for a greater emphasis to be placed on enforcement.

A requirement was suggested around education and prevention and a proactive strategy to address this area, targeted both to the public and to industry. Many concerns were expressed about having adequate resources to carry out the requirements. Concerns were expressed about the current infrastructure (i.e Sewage, water systems) and the need to review and upgrade those systems. Another requirement was focused on intersectoral long-term cooperative planning around the impact on industry, land, population and the ecosystem and strategies to address those issues.

Meeting the requirement for protection against environmental hazards was viewed as critically important but was recognized as a great challenge. Certainly, there are some positive initiatives being undertaken in this area, but with much to be done. Issues raised included:

- **Planning/Comprehensive Approach**
- **Legislation**
- **Better knowledge**
- **Enforcement**
- **Education**
- **Infrastructure/resources**

Planning/Comprehensive Approach

- Many actions are reactive vs. proactive: Need to look at the long term: some changes have created more problems,
- Industry also needs to lead the way,
- There are a need to look at the broader impacts; land use; expanding urbanization; impact on farmers; land use policies.

Legislation

- Policies required around take home foods(i.e community suppers),
- Control and impact of outside food sources,
- Regulations around spraying.

Better Knowledge Base

- Need research and information to the public on household products, gardening, etc,
- Issues related to pesticide use and effect on environment,
- Pesticide monitoring: Better research into pesticide hazards.

Education

- More Focus on prevention and education,
- Education public on provincial/municipal rates of hazards/compliance**.**

Enforcement

- Process and standards enforced to clean-up contaminated sites,
- More focus on enforcement,
- Resource issue re food monitoring.

Infrastructure/resources

1. Contaminants: regulations monitoring,
2. Planning and regulations are great but there is a cost impact of enforcing and also the impact on certain industries when enforced,
3. More resources exist on the Environment side and less on health.

Indicators

Individuals and communities are protected from environmental hazards

- The quality of our water meets the standards for treatment and quality of water source
- We manage our land to increase the amount of organic matter in the soil and reduce the use of pesticides
- Our air quality meets the standards for particulates and greenhouse gasses
- We manage our waste and to meet the national standards

Comments were made that the indicators are mostly process rather than outcome orientated. Indicators identified by the groups were both process and outcome with some emphasis on enforcement indicators. Health related indicators such as rates of illness should also be added.

- Pesticide indicators
- Food poisoning rates
- Facilities meeting standards of food safety
- Other indicators(noise/light pollution)
- % smoke free places

- # of charges
- # not complying
- Low rates of illnesses
- # of boil water orders
- Deaths due to contaminants
- Capacity and Resource standards
- Sewage systems standards compliance/upgrades

Result 3
Individuals and communities are protected from epidemics and disease

- *Active surveillance system monitoring chronic and communicable disease and risk of bioterrorism*
- *Immunization strategy and program*
- *Integrated information systems*

The group felt that the requirements were relevant and important but they were too broad. A requirements is required to deal with their issue of capacity to respond. It was suggested that the immunization strategy could be broken into other parts. In addition, requirements around education and prevention should be added and also requirements around the involvement of the community, focusing more on community capacity.

There was strong support for an integrated information system, but there were many questions about what that would encompass. One group raised concerns about the current processes in place in hospitals for tracking viruses and identified the need for improved information systems. The lack of integration with community systems between hospital and community was also highlighted.

Concerns were also raised about the lack of standards across the country and even within provinces around immunizations. There were a calls for a “universal” national immunization program that has the commitment of the both federal and provincial governments, supported by adequate funding. There were also areas that needed more emphasis such sexually transmitted diseases. A number of groups also saw the close relation between this result area and 2. Issues raised included:

- **General**
- **Education/Prevention**
- **Community Involvement**
- **Coordination**
- **Skill development and Support**

- **Accountability**
- **Hospital based diseases**
- **Resources**

General:

- What do we mean by an immunization strategy: Immunization strategy defined better,
- Active surveillance should be broken into separate strategies such as harm reduction strategies, infection prevention control processes and treatment and containment,
- Where is Health promotion?
- Need to consider travel tropical diseases.

Education/Prevention

- More education needed,
- Public education,
- Immunization needs also to be prophylaxis,
- Early intervention/detection is necessary,
- Integrated systems needed.

Community Involvement

- Where is the public in all of this? Need more emphasis on community involvement,
- Too much "we" will do to others,
- Public and community development and awareness,
- What does the community know about prevention?
- Role of the public needs to be elevated: education and person preparedness.

Coordination

- Coordinated response,
- -Practice - Mock Disasters
- High level infectious disease plans need to be in place with each disease are outlined as an appendix,
- Access to labs and other resources,
- Capacity to respond needs to be considered.

Skill development and Support

- Need upgrade and keeping up of skills and knowledge,
- Need continuous quality improvement,
- Set goals and increase skill to meet them,
- Need staff education and knowledge kept up,

- Education upgrading skills,
- Training and Access to expertise,
- Education component,
- Need to be nimble and light to respond,
- We are entrenched in the day-to-day.

Accountability
- Why is there not central group responsible for immunizations,
- Need for clarify identification of roles and responsibilities,
- Need better Fed/Prov coordination and cooperation,
- More accountability of the provinces for a national public health program,
- Need a national immunization strategy: need standardized coverage across Canada for immunizations,
- Legislation for immunizations,
- Vaccination program provided universally,
- Provincial direction and leadership for STD's and Aids.

Standards and Adherence
- There are guidelines but adherence is a problem,
- There are many variation in reality: Need standards across the board i.e requirements to give vaccines..some need training and others don't,
- Fed need to fund a core PH program,
- Community strategies and protocols,
- Communication strategy.

Hospital based diseases
- Need a passive as well as an active surveillance system to monitoring chronic and communicable disease for hospitals etc.,
- Poor information systems in place,
- Need more integration with hospital systems: poor reporting systems Not integrated with community,
- Pockets of data-services,
- Hospital surveillance strategies,
- -structure
- -processes
- -capacity
- Need MOU between organizations,
- Need pre-positioned.

Resources
- Resources on the ground,
- Funding for crisis response,
- Once again focus on requirements on the ground to provide response,

- Resources needed to respond,
- Problem responding to unique situations,
- Readily available supply of vaccines.

Indicators
Individuals and communities are protected from epidemics and disease

- *Reduce the rate of children under age 2 with invasive pneumoccocal disease per 100,000*
- *Reduce the rate of children under age 2 diagnosed with invasive meningococcal disease per 100,000*
- *Experience no increase in the number of children under age 5 diagnosed with Haemophilus Influenza type b (Hib)*

The groups felt the list of indicators, although relevant, were too narrow. There were many questions about why one indicator around a specific area was picked and another area was not chosen. The Indicators did not appear to match the requirements as listed. It was suggested that we should start with areas where rates were already being measured. A number of suggestion for specific Indicators were provided

General
- The list is very specific-too narrow-could be a very long list
- The core elements are broader than the requirements and the indicators
- Indicators may need to start at broader level and move to the specific
- Need to look at indicators that can be reported and are being currently tracked
- Other areas may need more focus

Indicators
- Flu watch reports as an indicator
- West Nile, Hep C
- # of detection of diseases thru early detection
- Immunization rates
- Influenza monitoring
- Reduction in influenza
- # of diseases spread in hospitals
- Response rates/immunization rates/mortality and morbidity rates
- Safe water, food etc...need more environmental
- Rates of opting out of immunization
- Reduced hospitalization rates for children’s diseases
- Reduced hosp for infections diseases
- Influenzas rates in LT facilities
- % access to information on prevention

- Rate of education for parents
- Access to hygiene supplies (water soap in schools, churches, public places etc. Make health easier

Result 4
Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries

- *Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals*
- *90% of new policies use the process and reflect healthy policy*

The groups felt that there needed to be more requirements added to this section. The need for overall leadership and an integrated strategy was identified. Part of this requirement was on education and prevention, targeted both to the public and the business community. Several risk areas for injuries were identified. The need for community ownership and buy-in was emphasized with another requirement being needed on improved legislation and enforcement. Issues raised included:

- **Leadership**
- **Education**
- **Communication Strategy**
- **Enforcement**

Leadership
- Organizational structure/leadership to move injury prevention forward,
- Need to have an integrated strategy and programs/services will come out of that,
- Working out roles and responsibilities.

Education
- Focus on prevention: i.e graduated licensing system,
- Workplace prevention strategies: job training prevention,
- Workplace injury prevention,
- Increase community awareness,
- More monitoring go safe environment: school playgrounds.

Communication Strategy
- Need a culture of prevention,
- Community buy-in,
- strategies around injuries to be prevention,
- bike helmet,

- Drinking and driving,
- Supervision young children,
- Farm safety/industry safety,
- Recreational injuries,
- Strategies to deal with abuse.

Enforcement

- Investment in enforcement,
- Resources to enforce,
- Regulations/policy work,
- Legislation missing,
- Legislation focused on hi risk activities.

Indicators

Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries

- *We meet the standards for using seatbelts*
- *We meet the standards for children traveling in approved child safety seats that are used properly*
- *We have reduced the mortality rate due to motor vehicle collisions per 100,000 people*
- *We have reduced the mortality rate due to suicide per 100,000 people*
- *We have reduced the rate of people hospitalized due to falls per 100,000 people*
- *We have reduced lost time claims per 100,000 people*

The groups wanted to expand on the indicators focusing on prevention and also added some injury related indicators.

Prevention

- Child playground equipment meeting standards**,**
- # repeat drinking drivers,
- Smoke detectors in homes,
- Compliance for bike helmets,
- Playground equipment compliance,
- # of coaches trained for injury prevention**,**
- Needle exchange/harm reduction,
- # of strategies around injuries to be prevention,
- # of fall for seniors, inappropriate use of medications,
- # of businesses/facilities with safety programs in place,
- Reduction of child hood injuries, burns etc.,
- Fewer head injuries,
- Access to community resources: defibulator**,**

- Fires safety regulations in place,
- Access to community prevention resources: i.e. defibulator.

Disability/Disease indicators

- # of injuries at work **:** Workman compensation claims,
- Reduction of child hood injuries, burns etc.,
- Fewer head injuries,
- Disability Rates due to accidents,
- Reduction of abuse,
- Incidence of violence,
- Rate of impairment due to injuries,
- Hospitalizations due to injuries,
- ER visits due to injuries,
- # of injuries related to sports/recreation i.e boating.

Result 5
Individuals and communities are able to choose healthy behaviors

- *Implementation of a food security strategy*
- *Implementation of an integrated, comprehensive chronic disease prevention strategy*
- *Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals*
- *90% of new policies use the process and reflect healthy policy*

This requirement had the most discussion of all the requirements. The participants had a great deal of interest and knowledge about this areas. Several themes evolved from the group discussions. It was emphasized that there needed to be a stronger emphasis on prevention and health promotion. Statements like *the absence of disease does mean one is healthy* highlighted this approach. In addition, there was support from several groups to focus on early intervention and services to children.

The determinants of health and population health were also mentioned as critical to any public health framework looking at healthy choices. A good deal of discussion focused on the issues of barriers to health such as poverty or even the availability of services and supports. There was emphasis on the need to be comprehensive and consistent in any strategy related to prevention. A recurring theme was the need to include the community in any strategy that attempts to address healthy choices. The issue of government commitment or often perceived lack of commitment for prevention

was raised and the resulting lack of adequate and consistent funding for this area was a common theme. One group stated that the most important requirements for success in this area were leadership, community buy-in and resources. Issues raised included:

- **General Comments**
- **Community**
- **Education**
- **Population Health**
- **Comprehensive**
- **Health Promotion**
- **Leadership**
- **Resources**

General Comments
- Define food security
- Need also to look at existing policies not only new policies,
- They are very broader need to beak it down ,
- Very general: needs to be more defined,
- Too medical and illness focused; More than chronic diseases,
- Generally very disease prevention focused and not health and prevention focused,
- Public Health is more than preventing chronic diseases,
- Absence of disease does mean one is healthy,
- Focus on health behaviors,
- Families should be mentioned,
- Legislation is necessary in certain areas,
- Rural vs. urban issues,
- Understand the changing demographics,
- Access to health choices.

Community
- More community involvement should be added,
- Look at community capacity building,
- Community is left out,
- Need to capacity to mobilize community,
- Public Health is a victim of its own success...public are complacent,
- Communication is essential,
- Needs to be more positive and more public ownership.

Education
- Education is a requirement,
- Education on Healthy Behaviours.

Population Health

- Needs to look at determinants of health in requirements,
- Socio-economic determinants of health need to considered,
- Population Health needs to be added,
- Does not cover all the determinants of health,
- Economic Development,
- Look at broader areas such as housing,
- Access related to finances/poverty,
- Urban planning,
- Education and literacy,
- Poverty issues: a need a requirement.

Comprehensive

- Comprehensive/holistic/ multi-sectoral,
- Strategies need to be more global: Broad, this is key but a major challenge,
- More integrated approach: Structure of programs are a problem ..need more integrated approach,
- Need an overall strategy"broad",
- Define scope and work with those outside of health,
- Collaborative approach.

Health Promotion

- Where is health Promotion?
- Needs to have focus on primary prevention,
- Healthy lifestyles should be a focus,
- Focus on healthy behaviors,
- Promote a culture of healthy lifestyles,
- Build more public knowledge of prevention,
- Physical activity,
- Look at New Brunswick Wellness action study for a model framework,
- Needs followup evaluation, feedback and support,
- Need a best Practices database,
- Investing in education, parenting, children, not only preschool but also up to 19,
- Focus on Health behaviors in schools,
- Early intervention,
- Initiatives like "Participation" are needed,
- Access to health choices: Reduce barriers.

Leadership

- There needs to be a body in every province responsible for Health promotion,
- Need Health Promotion policies,
- Need to set priorities,
- Supportive work policies.

Resources

- Need to have time and longer term commitment: sustainable resources

Indicators

Individuals and communities are able to choose healthy behaviors

- *We have reduced our rate of smoking*
- *We have reduced our rate of obesity*
- *Fewer Canadians report being lonely*
- *We have increased our physical activity*
- *We have reduced the number of low weight babies*
- *We have reduced our rate of Type 2 Diabetes*
- *Fewer Canadians report stress and/or time stress*
- *We are living longer*

The groups felt that the indicators did not flow from the requirements. There were questions around why some areas were chosen such as diabetes and other areas like addictions were not mentioned. At the same time, it was mentioned that the list of diseases could become very long. A suggestion was to start at the broader category of indicators, rather than being so specific. It was also suggested that the indicators could focus on categories such a promotion/prevention, population health and disease related Indicators. There was a suggestion to frame the indicators in more positive terms. For example, rather than *reduce a problem* suggest *increase rates of positive behaviors*. Their was strong support for adding Indicators related to healthy communities.

General

- They don't flow from the results/requirements
- Reduce is negative
- Make them more positive
- Too much "we"..doing to
- Focus on health eating versus obesity..Positive indicators
- health eating (food and vegetable consumption)
- Promotion indicators
- Need a strategy for all diseases: Reduce rate of preventable chronic diseases (why center on diabetes)
- Need more social indicators
- Population health indicators needed
- Quality of life
- Other disease indicators
- Indicators around poverty line (also on the determinants of health)

Promotion/Prevention

- Health behaviors indicators
- -eating
- -exercise
- Increase physical exercise for children
- Wellness indicators
- Increase resilience
- Self esteem
- Level of stress
- Use of safe sex practices
- Increase rates of breast-feeding
- Individuals protected from diseases
- % increase funding in early intervention
- Pre natal indicators

Disease/Disability

- Fewer low birth weight babies
- Addictions and gambling rates
- STD's as indicators
- Chronic disease/reduced morbidity
- Stress on children
- Child behavior problems
- Suicide rates
- Mental illness rates
- Hospital days
- Length of treatment
- Teen pregnancies

Social community

- Literacy levels
- Family violence indicators
- Rate of unemployment
- Awareness of community resources
- Use of food banks
- Reduce # of low income families
- School drop out rates
- Quality of life
- increase volunteerism
- Smoke free places

Miscellaneous

- Indicators around standards i.e compliance
- % intersectoral participation

Result 6
Individuals and communities are assured quality and accessible health services

- *Population health approach with intersectoral collaboration on determinants of health*
- *Public participation, capacity development, empowerment*
- *Policies supportive of health*
- *Universal access to culturally-relevant integrated and timely primary health services*
- *Universal access to culturally-relevant integrated and timely secondary health services*
- *Universal access to culturally-relevant integrated and timely tertiary health services*
- *Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals*
- *90% of new policies use the process and reflect healthy policy*

This section was considered to be very comprehensive and covered almost all areas related to quality accessible health services, but at a high level. At the same time, there was much discussion around the elements and aspects of the requirements. It was suggested that some words such as sustainable, affordable and accessible be added to the sections on universal access. There was a good deal of discussion on what some of the words implied such as universal access and health services. There were concerns about the barriers related to access such as available services, resources to access etc. As well, there strong support for clarity around health services. Some concerns were raised, especially when looking at the indicators for this section, that health services may be perceived as only doctors and hospitals. There was strong support to include other services such as speech therapy, public health nursing, community services as examples of health services. Issues raised included:

- **General Comments**
- **More comprehensive definition of health**

General Comments

- All are vital and important,
- More focus on consistent policy should be first requirement,
- Language not user friendly,
- Why 90% of policies,
- Very comprehensive but terms can mean many things i.e. universal,

- Some of these such as population health could and should be in other results areas,
- Appropriate services provider is critical,
- May want to add the word sustainable to primary, secondary, and tertiary is the key factor,
- People need access around choice of services. Choices limited by resources,
- Access to information and early intervention to detect problems,
- Focus on need for social justice: equity of access, barriers to access such money, locations,
- Access to health services, medications, etc.: Reduce barriers to health,
- Affordable accessible childcare,
- Look at special populations..disadvantage....special groups..marginalized groups,
- Access includes distance, feeling comfortable to access.

More comprehensive definition of health

- Need to have a comprehensive approach: health is more than medical/physician access,
- Reflect the spectrum of care,
- Political will is needed to expand understanding of health,
- Support for philosophy is important....resources,
- Support from the top,
- Cultural relevance is important.

Indicators

Individuals and communities are assured quality and accessible health services

- *Percent rating access "very easy" or "easy"*
- *Waiting time to see a family physician*
- *Waiting time to see a specialist physician*
- *Waiting time to access hospital services*

This section was seen as very narrow and did not reflect the broad spectrum of requirements outlined. There was strong support to add indicators related to population health. Some of these were discussed in a previous section. It was suggested to add indicators that reflect the broad spectrum of "health services" beyond physician and hospital access.

General Comments

- The current indicators are limited and superficial
- They are too narrow
- Access to other health services besides docs and hospitals such as Public Health Nursing, Mental Health, Speech etc.

- Do not reflect the first 5 or 6 points in the requirements. i.e. Nothing on Primary Care
- Do they fit with the results?
- Quality is not just about access; access is not just time
- Wait time doesn't tell everything about accessibility and in fact can be deceptive
- Accessibility indicators
- Availability of programs: including programs that into just Acute Care
- Indicators on access to other health services: Equity of access
- Accessability to early intervention
- Accessibility to community supports
- # traveling outside for care

Other Indicators

- Appropriateness
- Readmission rates
- Look at indicator like efficacy, efficacy, and accessibility..standard indicators form CIHI
- Accessibility to medications-Working poor..other resource needs
- Indicators around inequalities
- Knowledge around the use of the system
- Human resource indicators
- Population health profiles/indicators
- Self rated health
- National benchmarks
- Satisfaction
- Measure around healthy child development
- Reduction of abuse
- Low birth weight
- Birth outcomes
- Healthy community indicators

Parked Issues

Some issues raised might have been considered as parked issues such as emphasis on determinants of health, leadership and resources. However, they appeared to be critical to the concept of capacity building and as such to the Framework. Therefore, they were included in the appropriate results sections and in the findings.

EVALUATION

Results of the Focus Groups

Evaluation forms were completed at the end of all focus groups. The evaluation consisted of 4 questions. Question number 1 asked : How has this working session contributed to your understanding about what is required to build public health capacity, on a scale of 1 to 5 with 5 being excellent?

The participants rated as follows:

Scale	Rating
One	
Two	
Three	26.47%
Four	50%
Five	23.53%

Question number two asked the participants to identify how they might use the framework by choosing among six choices from educating to evaluating progress. There was also a section that the participants could add other areas. It was seen to have use in all areas but was identified as most useful for education followed closely by collaboration and planning.

	Use of Framework
Educating	43
Collaborating	36
Planning	34
Monitoring	20
Developing policy	22
Evaluating Progress	20
Other	

Some of the comments under Other included:

- I may not but PH will.
- In an expanded and revised format, I could see using it in a variety of ways
- Has potential: still in early stages
- All of them are important. unfortunately we are not making the decisions. The Fed/Prov governments should do the same exercise together
- Will use once updated
- Good to use as a discussion tool- not complete at this time
- Needs a great deal of more workforce to will be helpful

3. How do you see your organization working with other organizations to increase public health capacity?.

Collaborating and partnering appeared to major components of any attempt to build public health capacity. Program development and working together around issues such as disaster planning were also seen as ways to build capacity.

General Comments

- PH services will hopefully be a leader in our community and bring together, organizations to discuss this,
- We do this now to some extent: need to expand,
- Would like to participate,
- I need more information,
- Also contact with continual communication,
- Need for federal; standards that will ensure provincial compliance,
- More education, resources, communication,
- We want to make sure we are included: Prevention needs to be a big focus.

Collaboration

- Through education of the role & collaboration with others to assist with consistence,
- Collaborate with other regions, government and community groups,
- Partnership and community groups- professional and community,
- Working with other organizations is the only way to build capacity,
- Intersectoral collaboration: We can use the document to increase discussion around public health capacity,
- I would see my organization and all of us as part of a global approach**,**
- The research facilities of Universities could be tapped into to increase PH capacity,
- We are a part of many collaborative groups and can work to improve community capacity in public and advocate for changes needed to build this,

- Collaborating on education, research, identification of priorities,
- Evaluating as long as it is done in collaboration.

Partnering

- Very broad focus with community involvement,
- Partnership is really important for Public Health but for the whole community also.,
- Working with Education, etc.**,**
- Partnering and many other community organizations to coordinate scarce resources,
- A definite need to work together. This is very important,
- It is imperative to be involved in capacity building. Work in partnership. Get the tools required to be able to build capacity,
- Involving the client in every stage of programming,
- Universal language/issues.

Planning

- Could discuss gaps and work with others who are interested**,**
- Hope to prevent too much duplications of services,
- SWOT analysis and develop plan to build strengths, reduce gaps**,**
- Coordinating networks with community agencies and government,
- Use the framework as a guide to plan for the future of the organizations**,**
- Intersectoral Committees at various levels (Policy to program levels) through formal strategy,
- It can help us identify some of our strengths and weaknesses**.**

Increasing awareness

- Making communities aware of our services,

Policy Development

- Discussing developing policy and strategy,
- Public Health Nursing needs to be integrated to this process with policy making and planning,
- Should be a part of planning and policy making,
- Focus on prevention.

Strategy Development

- Use around disaster planning,
- Working with communities in disaster planning,
- Partnering with other groups re: disaster planning,
- Have specific role via existing programs/structures,
- i.e immunization, disaster planning,

- We have a big role to play in this. We are getting ready for a Pandemic disease/disaster such as smallpox or other emerging disaster,
- Developing Health living strategy.

Program Development
- Strong solid infrastructure put in place,
- Public Health is an part of the services we prioritize and collaboration and integration are critical,
- We must be able to prioritize and work on specific areas,
- Increase human resources.

4. Could you identify some ideas for encouraging organizations to use the Framework?

Collaboration around the framework itself was seen as one way to encourage organizations to use the framework. As well, access and communication around the framework were also seen as important. In addition using it for advocacy, setting priorities as well as in planning and program development were highlighted.

- I think that it needs more work before I can comment on this,
- This framework isn't yet developed enough to use for other discussions at this point. A good start but needs to be developed more,
- After it is completed only!
- The discussion certainly helps. Education is helpful as well. We need to see where it fits,
- More user friendly language,
- Very interesting, thanks.

Collaboration
- Include people with experience. Wide distribution: Education,
- Share with community partners,
- Include them (client) in development process,
- Share with colleagues,
- Public need more education in this area-more public input into this framework is essential.

Communication and Accessibility
- Accessibility to Framework in a variety of formats re: web, PDF, etc.,
- If going to develop it, the make sure people have access to it,
- Communication,
- Education,
- Increase awareness that it exists,

- Increase education re: Framework,
- This framework could be used in schools universities, and physicians/nursing journals,
- Using the media to frame their views. Articles around this framework,
- Piggy backing with it with other meetings, especially one where universal sectors are represented,
- Place on agenda of already existing groups,
- Education and focus groups,

Advocacy and Priority Setting

- Use to determine better allocation of resources (people and money),
- National recommendations,
- Advocacy for effective changes- the framework will help define common indicators, knowledge etc.,
- Have discussion with politicians and other government departments,
- Make a presentation with Dept of Health and Wellness in NB. They need to see Health as a whole because we put too much time and energy into secondary and tertiary care,
- Emphasize the importance of public health,

Planning and Program Development

- Planned focus group meetings,
- Collaborating with all stakeholders,
- Should be more collaboration with stakeholders involved in planning and implementation,
- Link with their individual organizations and operational plans,
- Activities where people were together to analyze solutions and monitor progress
- Health system planning day,
- Have opportunity for other organizational reps to participate in planning, etc.,
- Planning, community access to health,
- Disaster planning: Be prepared, it could happen to you,
- Planning would help as would collaboration,
- Planning long-term improvement in health for population.

Results of Monthly Reports

The ability to achieve the time lines as outlined by the original plan was not possible due to the delay in start-up time for the project. At the same time, the expected results were able to be achieved. The major challenge was the ability to recruit participants who were very busy and in many cases already fully booked. The time of year also created some challenges as most people are very busy in the Fall and with the holiday season approaching, they had less flexibility around their schedules. The strategy that seemed to work best was to connect with currently planned meetings to

hold the focus groups. Another issue was the weather that was a factor in the cancelling of one focus group.

A further challenge was having to deal with two provinces including issues around coordination and travel. In addition, an added expectation was that some groups were to be conducted in French. In the end, one group was held in an English/French format, with the special help of a bilingual CPHA member. Documents were translated into French and the meeting was conducted both in English and French. The group appeared to be very satisfied with the outcome.

Factors that contributed to the project's progress and outcomes included the leadership of the CPHA steering committee and the cooperation between Atlantic and Manitoba groups. In addition, the Board of Directors of the PEI/NB Branch of CPHA were extremely helpful in organizing some of the focus groups and were also supportive of the process. The informal feedback received from the groups was that this was a good process and they appreciated the opportunity for input and to have a chance to discuss those issues that were very important to them.

Lessons Learned

The main lessons learned were:

- Need more up front time for time to plan and implement
- Local chapters of CPHA need to have some administrative/costs/resources assigned as part of implementing the project
- Need more time for ongoing coordination
- Recognition for bilingual translation of some areas requiring special resources around areas like translation
- More time is needed to review and roll-up the provincial reports in preparation for the Forum, considering the depth and scope of the focus group information.

FINDINGS AND RECOMMENDATIONS

The concept of capacity building in public health was of a great interest to the participants. The participants were generally able to take the Framework and apply it to their own experiences. Some key themes that emerged around building capacity for Public Health included:

Need for a national voice, a national vision, national standards and leadership and guidelines.

To achieve public health capacity, there was seen to be a need for more of a national program. It appeared to many that there a lack of planning and/or commitment to the same set of standards and guidelines between the Federal/Provincial/Territorial systems when it came to developing public health capacity. In as much as many high level plans may be in place, when it came to implementation, many gaps and often a lack of commitment appeared to exist. It was suggested by one group that perhaps the new chief Health officer of Canada should have it as his role to develop such a more national program where there are more expectation of compliance from each provincial group. It was suggested that incentives for compliance should be built into all Federal/Provincial/Territorial agreements.

The need for more supports and resources

A theme closely connected to the need for national standards was the need to have resources to implement the high level plans. Resources are necessary to be have the capacity to respond. There were a number of examples given where there in spite of the national recognition of the urgent need to build public health capacity, public health resources are being reduced at the provincial levels. One suggestion was that "capacity building" resources be built into all funding agreements. Included in this was the need to have the proper infrastructure in place including increased public health staff, supplies, and equipment.

More focus on education and prevention

There was a strong emphasis placed on the importance of prevention and promotion in the framework. Included in this was a need to focus more on early intervention and especially children. A need was identified for a greater focus on the determinants of health and working more closely with the community to achieve capacity. One suggestion was to establish an overall arching program based on determinants of health.

There were a number of examples given where public policy is in place around prevention but often a problem exists with the commitment to follow through. There was support for the need for treatment resources, but there a sense that prevention and promotion were falling further behind. One suggestion was that we should try some new approaches and language around health and health promotion. One person said they have been coming to sessions like this for 10 years and stated; "Language like population health becoming too familiar and people have heard it all"

Resulting Framework

The Framework was viewed by the participants as a useful guide and tool, while at the same time is seen as work in progress. Not all found the language user friendly. One group that would be described as outside the formal health system found the document somewhat difficult as there were many terms that may be familiar to Public Health but not to those outside the system. Others found that some of the terms needed definitions to ensure they were clear and understood.

There were few comments on the Results section, viewing the six results areas as relevant and legitimate. There were a number of recommendations around the flow of the framework from results and elements through to requirements and indicators. Some of the requirements were seen as narrow and the connections to the indicators was often questioned. While the document was to be focused at a high level, there were times when the requirements and more often the indicators were very specific. Many questions were asked about why some indicators were chosen like diabetes while others were not included.

There were also comments that the document did not seem to have a strong public health flavor and was seen as more medical/ disease focused. One quote was "the Philosophy of Public Health needs to be up front. " It was suggested that the framework focus more on the on the global and on population health. More emphasis was required for health promotion and prevention, and there should be a stronger recognition of the communities role and responsibility in building Public Health capacity and the need to enhance partnerships and collaboration.

Recommendations for Building Capacity

The recommendations below are contained in each results area as well as in the section above:

- The Framework should be more global, broad and consistent. Indicators should start at a much broader level.

- The language and terms used need to be more user friendly and the terms clearly defined.
- The Public Health approach to prevention and promotion needs to be prevalent throughout the document.
- There needs to be more emphasis on the “Determinants of Health”.
- Capacity building needs to speak to the issue of resources.
- There needs to be stronger focus on the community and the need to build capacity with communities; Less “we will....”
- More clearly defined standards for Public Health both nationally and provincially needs to highlighted.
- Strong leadership and infrastructure needs to be in place to build Public Health capacity and should be recognized in the requirements
- There needs to be a more public education and awareness around building Public Health capacity and related issues.
- A requirement needs to recognize and address the barriers to health whether they be financial resources or lack of access or availability of services.
- There needs to be more focus in the framework on coordination, partnering and commitment between Federal and Provincial/Territorial counterparts
- There needs to be more emphasis on legislation especially related to enforcement

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY			
Expected Results	**Core Elements**	**Requirements**	**Indicators**
Individuals and communities are prepared for disasters and assisted in response and recovery	- Legislative framework (Act and Regulations) - Emergency preparedness and responses - Policy development - Leadership and management - Program development, implementation and evaluation	- Integrated, organized disaster plan and training with infrastructures and resources in place for implementation -Ongoing updating and testing of plans -Strategies in place to reduce risk and vulnerability and preventing hazards. -Community preparedness and individual's awareness of their responsibility to be prepared	-# of written documents municipal -disaster plans in place -Number of plans tested -Updating of plans based on schedule -Plan communicated -Clarity on roles and responsibilities -MOU's in place -Role and responsibility defined -# of personnel with proper training -Mock disaster plans tested and evaluated based on standards -Warning systems in place -Line of communication in-place -Accessibility to level 1, 2 3, 4 resources -Containment of disease # of recommendation from disasters # of deaths due to disasters -Response rates to disasters

Individuals and communities are protected from environmental hazards	- Risk management - Inspection - Enforcement - Policy development - Leadership and management - Program development, implementation and evaluation	-Sufficient systems to monitor, regulate and enforce the quality of air, water, food, soil and waste management - Sufficient systems to monitor, regulate and enforce occupational health and safety - Process and standards enforced to clean-up contaminated sites -Proactive strategy around education and prevention -Intersectoral long-term cooperative planning around the impact on industry, land, population and the ecosystem -Monitoring and upgrading of current infrastructure (i.e Sewage, water systems)	•The quality of our water meets the standards for treatment and quality of water source •We manage our land to increase the amount of organic matter in the soil and reduce the use of pesticides •Our air quality meets the standards for particulates and greenhouse gasses •We manage our waste and meet the national standards -Pesticide indicators -Food poisoning rates -Facilities meeting standards of food safety -Other indicators(noise/light pollution) -% smoke free places -# of charges -# not complying -Low rates of illnesses # of boil water orders -Deaths due to contaminants -Capacity and Resource standards -Sewage systems standards (compliance/upgrades)
Individuals and communities are protected from epidemics and disease	- Early detection/screening - Clinical preventive services - Data collection, analysis, interpretation and dissemination - Outbreak investigation	- Active and passive surveillance system monitoring chronic and communicable disease and risk of bioterrorism -Access to labs and other resources to respond - National and provincial coordinated Immunization strategy and program including harm reduction strategies, infection prevention control processes and treatment and containment -Standards and guidelines in place for immunizations	- Reduce the rate of children under age 2 with invasive pneumoccocal disease per 100,000 - Reduce the rate of children under age 2 diagnosed with invasive meningococcal disease per 100,000 - Experience no increase in the number of children under age 5 diagnosed with Haemophilus Influenza type b (Hib) -Flu watch reports as an indicator

	and response - Communication - Information management - Policy development - Leadership and management - Program development, implementation and evaluation	-Ongoing training and upgrading of knowledge and skills - Integrated information systems (between programs, provinces and national) -Prevention and education program for communities and the public -Programs to deal with sexually transmitted diseases	West Nile, Hep C -# of detection of diseases thru early detection -Immunization rates -Influenza monitoring -Reduction in influenza # of diseases spread in hospitals -Response rates/immunization rates/mortality and morbidity rates -Safe water, food etc...need more environmental -Rates of opting out of immunization -Reduced hospitalization rates for children's diseases -Reduced hosp for infections diseases -Influenzas rates in LT facilities % access to information on prevention -Rate of education for parents -Access to hygiene supplies(water soap in schools, churches, public places etc.

<table>
<tr>
<td>Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries</td>
<td>- Building health public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Re-orienting health services
- Advocacy
- Communication
- Policy development
- Leadership and management
- Program development, implementation and evaluation</td>
<td>- Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals
- 90% of new policies use the process and reflect healthy policy

-Organizational structure/leadership to move injury prevention forward
-Education prevention strategy and program targeted to the community around reduction of hazards and prevention of injuries
Adequate legislation and enforcement to prevent injuries</td>
<td>- We meet the standards for using seatbelts
- We meet the standards for children traveling in approved child safety seats that are used properly
-We have reduced the mortality rate due to motor vehicle collisions per 100,000 people
- We have reduced the mortality rate due to suicide per 100,000 people
-We have reduced the rate of people hospitalized due to falls per 100,000 people
-We have reduced lost time claims per 100,000 people
-Child playground equipment meeting standards,
repeat drinking drivers,
-Smoke detectors in homes,
-Compliance for bike helmets,
-Playground equipment compliance,
# of coaches trained for injury prevention,
-Needle exchange/harm reduction,
# of strategies around injuries to be prevention,
# of fall for seniors, inappropriate use of medications,
# of businesses/facilities with safety programs in place,
-Reduction of child hood injuries, burns etc.,
-Fewer head injuries,
-Access to community resources: defibulator,
-Fires safety regulations in place,
-Access to community prevention resources: i.e. defibulator.
# of injuries at work : Workman compensation claims,
-Reduction of child hood injuries, burns etc.,
-Disability Rates due to accidents,</td>
</tr>
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			R-eduction of abuse, -Incidence of violence, -Rate of impairment due to injuries, -Hospitalizations due to injuries, -ER visits due to injuries, # of injuries related to sports/recreation i.e boating.

Individuals and communities are able to choose healthy behaviors	- Building health public policy - Creating supportive environments - Strengthening community action - Developing personal skills - Re-orienting health services - Advocacy - Communication - Policy development - Leadership and management - Program development, implementation and evaluation	- Implementation of a food security Implementation of a food security strategy including (definition?) - Implementation of an integrated, comprehensive chronic disease prevention strategy - Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals - 90% of new policies use the process and reflect healthy policy -Comprehensive global intersectorial collaborative strategy to address prevention and health promotion with leadership, commitment and resources to implement -Strategy to support and build community capacity -Strategies and programs that address the determinants of health	•We have reduced our rate of smoking •We have reduced our rate of obesity •Fewer Canadians report being lonely •We have increased our physical activity •We have reduced the number of low weight babies •We have reduced our rate of Type 2 Diabetes •Fewer Canadians report stress and/or time stress •We are living longer **Promotion/Prevention** -eating -exercise -Increase physical exercise for children -Wellness indicators -Increase resilience -Self esteem -Level of stress -Use of safe sex practices -Increase rates of breast-feeding -Individuals protected from diseases % increase funding in early intervention -Disease/Disability -Pre natal indicators -Fewer low birth weight babies -Addictions and gambling rates -STD's as indicators

			-Chronic disease/reduced -morbidity -Stress on children -Suicide rates -Mental illness rates -Hospital days -Length of treatment -Teen pregnancies **Social community** -Literacy levels -Family violence indicators -Rate of unemployment -Awareness of community resources -Use of food banks -Reduce # of low income families -School drop out rates -Quality of life -Increased volunteerism -Smoke free places

Individuals and communities are assured quality and accessible health services	- Developing a population health profile - Identifying inequalities in health - Assessing economic burden of health - Assessing effectiveness of interventions - Assessing effectiveness of existing services - Trend reporting - Advocacy - Communication - Policy development - Leadership and management - Program development, implementation and evaluation	- Population health approach with intersectoral collaboration on determinants of health - Public participation, capacity development, empowerment - Policies supportive of health - Universal access to sustainable culturally-relevant integrated and timely *primary* health services - Universal sustainable access to culturally-relevant integrated and timely *secondary* health services - Universal access to sustainable culturally-relevant integrated and timely *tertiary* health services -Reduced barriers to access around health services (not only medical) including costs, availability etc. -Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals - 90% of new policies use the process and reflect healthy policy	-Percent rating access "very easy" or "easy" -Waiting time to see a family physician -Waiting time to see a specialist physician -Waiting time to access hospital services -Appropriateness -Readmission rates -Look at indicator like efficacy, efficacy, and accessibility..standard indicators from CIHI -Accessibility to medications-Indicators around inequalities -Knowledge around the use of the system -Human resource indicators -Population health profiles/indicators -Self rated health -Satisfaction -Measure around healthy child development -Reduction of abuse -Low birth weight -Birth outcomes -Healthy community indicators

Defining Public Health Capacity – An Atlantic and Manitoba Perspective
Newfoundland and Labrador Report

NLPHA
Building Public Health Capacity

The Newfoundland and Labrador Public Health Association (NLPHA) was pleased to be able to work in partnership with the other Atlantic provinces, Manitoba and the Canadian Public Health Association (CPHA) on this ground breaking project. In keeping with the intent of this project NLPHA selected the Provincial Wellness Advisory Council as their voluntary sector partner in this project. The Wellness Council is a group comprised of government departments and community agencies/groups that have an interest in the health and well being of individuals, groups and communities. As a council the group is responsible for advising the minister of Health and Community Services on wellness strategies to improve the health and well being of the citizens of the province.

To fulfill their obligation in conducting extensive consultations on the original PHANS public health capacity framework, the NLPHA and Wellness Council issued a call for proposals. The successful bidder was Ann Ryan, researcher with the Community Health Faculty of Medicine, Memorial University of Newfoundland.

Methodology

Working groups

The methodology that was selected was to hold a number of working groups comprised of individuals who had expertise in specific areas of public health. The project partners felt that it would be most beneficial to have the working groups examine one or two “expected results” rather than using their limited time to try and examine the entire framework.

There were 9 working groups undertaken in the province from November 30 to December 15, 2004:

- 7 within the Northeast Avalon
- 2 outside the Northeast Avalon

The two outside the Avalon were in the Western Health Region (Corner Brook) and the Central Health Region (Gander). These two working groups and one other, the Wellness Council working group, discussed two ‘expected results’/issues each, while the remaining working groups were issue specific i.e. in the workshop dedicated to the discussion of ‘individuals and communities are able to choose healthy behavious,’ only that issue was addressed.

Ann Ryan, Senior Researcher for the Health Research Unit, Community Health, Faculty of Medicine, MUN facilitated for all working groups. In each session one person was designated as the recorder.

A. Central NL- Gander

The first working group was held in Gander on Tuesday, November 30 and focused on two "expected results" from the original PHANS framework:

- Individuals and communities are protected from epidemics and disease
- Individuals and communities are able to choose healthy behaviors.

There were ten local public health practitioners that participated in this group. A variety of areas and disciplines were represented including public health administrators, health educators, nutritionist, mental health, medical officers of health, reproductive health and regional social planners.

B. Western NL – Corner Brook

The working group in Corner Brook met on December 1, 2004 and focused on the following two "expected results":

- Individuals and communities are prepared for disasters and assisted in response and recovery;
- Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries.

This working group was able to draw on the local public health expertise from the Health and Community Services Western Region. There were 10 participants in the group including a Parent and Child Health Coordinator, Manager of Health Protection, Health Educator, Medical Officer of Health, Public Health Nurse, Communicable Disease Control Nurse, Director of Community Health , Manager of Health Promotion and the Assistant CEO Community Health and Home Support.

C. Northeast Avalon – Group 1

The first working group to meet on the Northeast Avalon gathered on December 6, 2004 to discuss the "expected result" referencing healthy behaviors:

- Individuals and communities are able to choose healthy behaviors.

There was significant interest in this area and we were able to engage 10 participants representing very diverse groups and organizations. The group consisted of individuals

associated with the NL Department of Tourism, Culture and Recreation; NL Dietetic Association, Department of Health and Community Services, Seniors Resource Centre, Department of Education, Children's and Women's Health Division of the Health Care Corp St. John's, Canadian Mental Health Association, and Health and Community Services St John's Region.

D. Northeast Avalon – Group 2

There is significant interest in the public health environment around the topic of emergency and disaster planning. A working group of individuals interested in this topic convened on December 7, 2004 to discuss the related "expected result":

- Individuals and communities are prepared for disasters and assisted in response and recovery.

There were 14 participants that contributed to this timely discussion and they represented a cross section of government departments, health organizations, emergency responders and planners. We were fortunate to be able to tap into the experience and expertise of individuals representing the Canadian Blood Services, Jema International Travel Clinic, the Canadian Red Cross, Emergency Planning at Environment Canada, the Canadian Food Inspection Agency, Emergency Planning at the RCMP, Strategic Planning and Research at the Royal Newfoundland Constabulary, City Planning at the City of St John's and Emergency Planning, Environmental Health and Communicable Disease at Health & Community Services- St Johns.

E. Northeast Avalon – Group 3

On December 8, 2004 a working group was held to look at two related "expected results" and to share insights on the following areas:

- Individuals and communities are able to choose healthy behaviors
- Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries.

The nine participants who met to talk about these areas were all members of the Provincial Wellness Advisory Council but they also represented the organizations and groups that they are affiliated with either as volunteers or paid staff. The organizations represented included the Wellness Division of the Department of Health and Community Services, the Association of Registered Nurses of NL, Community Health at the Faculty of Medicine, the Northeast Avalon Strategic Social Plan Committee, the Seniors Resource Centre, the City of Mount Pearl Parks and Recreation Dept, Health and

Community Services St. John's, the Heart and Stroke Foundation and the NL Teacher's Association.

F. Northeast Avalon – Group 4

On December 13, 2004 a very specialized group of individuals that work within the area of injury prevention gathered to discuss this "expected result":

- Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries

There were five participants in this working group but they represented a variety of groups and coalitions including the Injury Coalition/ NL Safety Council, Health and Community Services Eastern, the Workplace Health and Safety Commission, and Kids in Safe Seats.

G. Northeast Avalon – Group 5

The group that gathered on December 14, 2004 had been selected for their expertise in the area of environmental hazards and they utilized their time to discuss the following "expected result":

- Individuals and communities are protected from environmental hazards.

We were very fortunate to have nine participants in this group that represented a cross section of government departments that have responsibility for environmental issues. This group indicated that they rarely have an opportunity to meet to discuss common issues and were very pleased to have this opportunity to share ideas. The group was comprised of representatives from the Canadian Food Inspection Agency, the Dept.of Health and Community Services, the Dept of Environment and Conservation, the Animal Health Division of the Department of Natural Resources, the Government Service Centers and Health & Community Services St John's Region.

H. Northeast Avalon – Group 6

On December 15, 2004 a group of public health practitioners met to discuss the expected result related to epidemics. This "expected result" is stated in the original framework as

- Individuals and communities are protected from epidemics and disease.

The interest in this topic was evidenced by the considerable discussion and representation that responded to the invite to participate. The group was comprised of 11 participants representing Health and Community Service St. John's Region, Health and Community

Services Eastern Region, Jema International Travel Clinic, the Health Care Corp of St. John's, the Animal Health Division of the Department of Natural Resources, and Disease Control and Epidemiology at the Department of HCS.

I. Northeast Avalon – Group 7

The last working group met on December 16, 2004 and discussed the following "expected result":

-Individuals and communities are assured quality and accessible health services.

There were eight participants in this group and once again we were very fortunate to have a very diverse group of individuals and organizations represented. Participating in the discussion were representatives from the Association for New Canadians, Jema International, the Health Care Corporation of St. John's, the Provincial Primary Health Care Initiative, and the Multicultural Women's Organization.

In summary there were a total of 86 participants in the 9 working groups. As illustrated in the working group descriptions, the representation cut across a number of government departments, agencies and regional boards. The outstanding factor, however, was the number of community based and voluntary groups that expressed an interest and willingness to engage in this discussion. The experience and expertise that each individual brought to the table made for an enrichment of the public health capacity framework as will be evident in their feedback on each of the expected results.

Feedback on the PHANS Framework

Participants provided feedback in each of the "expected results" focusing mainly on the requirements and suggested indicators. Specific comments regarding additions, changes and areas to omit were documented on the recording templates for each "expected result". These templates have been attached to the report in the form of appendixes. The following is a summary of the feedback captured around each "expected result".

Individuals and communities are prepared for disasters and assisted in response and recovery

In Newfoundland and Labrador participants examining this area suggested that there be one coordinated and consolidated plan for use at the provincial, regional and local level. In addition it was suggested that a national universal influenza program and the appropriate resources to develop surge capacity be added to the requirements. Support for communities in developing and testing plans; ensuring adequate stockpiles of supplies; education, network and key stakeholder development were all identified as additional requirements in building an infrastructure at the local level. Indicators suggested for inclusion were the number of communities with disaster and emergency preparedness plans, the number of plans tested on a regular basis and the percentage of the population immunized against influenza

Individuals and communities are protected from environmental hazards

The participants supported the requirements as stated but felt that indoor and outdoor air quality, water, food, soil and waste management should be broken down into separate components because each is such a large and complex issue. There was also a suggestion that the monitoring and regulation of genetically modified organisms also be added to the list. Additional requirements identified included a system to perform gap analysis of all these components; databases for pesticide use, municipal water systems, forestry and agriculture. A need for promotion campaigns and skill development for practitioners in this area was also highlighted. Participants noted that it is not always desirable for provinces to have to abide by national standards because national issues may not always coincide with provincial priorities thus shifting resources away from regional/provincial priorities.

Individuals and communities are protected from epidemics and disease

In Newfoundland and Labrador commentary around the existing requirements indicated that an immunization strategy needs to be standardized and funded; that information systems need to be standardized as well as integrated and that surveillance systems of both an active and passive nature need to be implemented. Additional requirements called for an integrated communications/public awareness strategy, a defined office for public health at the provincial level, a service delivery model rooted in the concepts of community development, establishment of an emergency response team, formalized networks of responders, and documented prevention/ promotion strategies.

Participants also spoke to the need for a research fund that could be dedicated to emergency public health situations and the requirement for a core team of skilled public health professionals to respond to outbreaks. The unique experience of the response to the Sept 11 disaster in the US highlighted the new for island provinces like NL to be self sufficient in responding to emergencies/outbreaks as the infrastructures that we depend on, like air transport, may not necessarily be available to us in times of disaster.

Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries

The group participants affirmed the requirements listed and suggested that additional requirements be added to speak to the need for dedicated funding to create supportive environments, interdepartmental/interagency communication plans; education and awareness campaigns based on community needs assessments; integrated information systems that are accessible to front line providers and the community; development of collaborative networks associated with injury prevention; regular program evaluation, and surveillance systems that measure the state of unintentional injuries. Additional indicators included the percentage increase in funding for supportive environments, an increase in the number of partners engaged in injury prevention work and a current, accessible inventory of those partners.

Individuals and communities are able to choose healthy behaviors

Participants indicated that they would like to see more emphasis on the determinants of health and that there should be a requirement to reflect the need for integrated policy by all departments that have an impact on health outcomes. There was a request to include indicators that represent the social determinants in the framework as those sited focused almost exclusively on issues related to physical health. Members of the group felt that chronic disease often “plays second fiddle” to communicable disease and to ensure this

doesn't continue the requirement for a chronic disease prevention strategy should be further highlighted in the requirements. Given the extensive work that has been already completed in the province members of the working group felt that the implementation of a provincial wellness strategy should be included as a requirement within the framework.

Individuals and communities are assured quality and accessible health services

Participants debated as to whether or not waitlist were appropriate indicators to be including in a public health capacity framework. Most felt that the framework needed to focus more on qualitative indicators that measure capacity outside the traditional health care system such as the degree of intersectoral collaboration around an issue. The issue of surge capacity was discussed in the context of accessing services and participants felt that and indicator of surge capacity should go beyond the ability to respond in an emergency. Core public health functions need to continue in the event of emergencies and any measurements of surge capacity should be considered in that context.

Evaluation

There were 86 participants in the working groups and 68 of these completed and returned evaluation forms for a response rate of 79 %.Inadvertently, two versions of the evaluation form were used. . The analysis of all questions from both forms is given below.

"How has this working group session contributed to your understanding about what is required to build public health capacity?"

Participants were asked to rate their answer on a scale of 1 – 5.

Total answers: 48
2 = 6
3 = 20
4 = 18
5 = 4

"Will you use this Framework for (please check all that apply)"

Total answers: 68
Education: 32
Collaboration: 45
Planning: 48
Monitoring: 24
Developing policy: 32
Evaluating progress: 35
Other: 10 including 'communication and understanding between agencies' and 'advocacy'

"How do you see your organization working with other organizations to increase public health capacity?"

There were 41 responses to this question. Responses included:

"develop interest in PH involvement in broad-based injuries"
"increase communication between departments"
"increase collaboration with environmental health coordinator, HCS, and interprovincially."
"through partnerships, increased capacity will be achieved
"partnership on mental health promotion"
"integrating and information sharing are paramount"

"Could you identify some ideas for encouraging organization to use the Framework?"

There were 28 responses including:

"increase/more funding"
"need more explanation to encourage use"
"PR, planning, policy development"
"get out of their "silos", clarify what public health is"
"clarity & educate. when presented, to ensure up-take"
"workshops, multi-agency approach"
"review own internal plans & see how they measure to the Framework"
"implement policy around FW, establish guidelines, standards, outcomes"
"readable/practical, broad distribution, public launch with promotion"

"Can you identify what is required to support the use of the Framework?"

There were 18 responses including:

"full scale gap analysis is needed"
"identify gaps, allocate resources, central agency for info dissemination
"central agency to unify all the stakeholders, resources"
"commitment by some level of government that surveillance of diseases in important"
"planning staff required to ensure up to date and meaningful warning"
"dedicated funding, good communication, surveillance systems (act/pas)
"funds, committed parties"
"human & financial resources"
"resources, money/staff"
"commitment from providers, policy makers, other organizations"
"resources, government policy"

"Do you believe processes and activities have been identified to continue the partnership for furthering public health capacity?"

Respondents were asked to indicate a "yes" or "no" responses. There were 20 responses:

Yes: 18
No: 2
If No, explain:
"unless we do a gap analysis"
"with government support for sustainability"

"How would you rate your commitment to continue to collaborate toward making progress on public health goals?"

There were 19 responses to this question with the majority of those responding indicating they were very committed to continuing to collaborate.

Somewhat committed: 1
Committed: 4
Very Committed: 14

Common Themes

A number of common themes emerged form each of the working groups that will need to be considered in moving forward to refine the public health capacity framework.

- Funding and human resources for existing programs with the health system are strapped as it is and need to be increased for any additional responsibilities that this framework proposes.
- For each expected result there needs to be an effective communication/public relations plan.
- In certain cases national standards many not be appropriate to each province (need to focus on provincial and regional issues).
- When designing indicators, like x per 100,000 we need to consider that these may not be appropriate with small provincial populations.
- As an island Newfoundland needs to be self sufficient for issues such as stockpiling and surge capacity in an emergency/disaster situation.
- Isolated areas such as Labrador and Northern Newfoundland have issues that are not likely to be addressed in these working groups and fiscal restraints did not allow us to conduct working groups in these areas of the province.

Parked Items

Although individuals were advised that the wording of the "expected results" was not to form part of the discussion there was considerable feedback on this area and their association with the requirements/indicators. It was agreed that these comments would be captured in a "parking lot" and would be highlighted in the provincial report for consideration as refinement of the framework moves forward.

- under "Individuals and communities are protected from epidemics and disease" working groups felt that surveillance systems for bioterrorism was more to do with enforcement and policing systems and beyond the mandate of this framework.

- Working groups felt that "Individuals and communities are protected from epidemics and disease" should be changed to "Individuals and communities are protected from epidemics and communicable disease."

- Working groups felt that “Sufficient systems to monitor, regulate and enforce occupational health and safety” should be moved to “Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries.”

- Working groups felt that where the statement “90% of new policies use the process and reflect healthy policy” appears as a requirement, it should be moved to the indicator column.

APPENDIX 1

GROUP #1

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Implementation of a lens to screen public policy from the perspective of reducing poverty	No.1		Need to be aware of vulnerable populations like single parents, seniors.	**- 90% of new policies use the process and reflect healthy policy**			indicators around housing (waitlist for social housing; access to housing repair programs); indicators for food bank useage e,g, number of food banks and changes in number of people using food banks.
Individuals and communities are able to choose	- Implementation of a food security strategy				Increase % of individuals who are eating healthy in accordance with Canada's foodguide;			indicators for food bank useage e,g, number of food banks and changes in number of people using food banks.

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Implementation of an integrated, comprehensive health promotion and chronic disease prevention strategy			Chronic disease often plays second fiddle to communicable disease even though it may cost the system more.	•We will reduce our rate of obesity •We will increase our physical activity •We will reduce our rate of smoking • We will reduce rate or cardiovascular disease • We will reduce the rate of diagnosed mental illness OR •More people are seeking treatment for mental illness •We will reduce the number of low weight babies •We will reduce our rate of Type 2 Diabetes •Fewer Canadians will report stress and/or time **stress** **•Reduce rate of sexually transmitted diseases** (need to look at behaviours from a sexual health perspective – unplanned (pregnancy; rate of STI, HIV/AIDS)			Indicators are focusing on physical health almost exclusively – need to include social indicators that give information around the mental health of a community. Need public relations campaign around how there needs to be a coordinated effort between all levels of governance – municipal, provincial, across all sectors and departments. Need to raise awareness of what role the different partners can play. We cannot expect communities to engage in community development unless we educate them.

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals			Too limiting to just say ‘evaluating’. Need to look at a comprehensive process that brings together all government departments whose policies have an impact on health outcomes, i.e. income support, transportation, tourism, education, etc.				
	~~- 90% of new policies use the process and reflect healthy policy~~			Moved to indicators				
	Integrated policy development by all government departments that have an impact on health determinants and outcomes.				**- 90% of new policies use the process and reflect healthy policy**			
					•Fewer Canadians will report being lonely			Deleted due to self reporting and unreliability
					•We will live longer			

GROUP # 2

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are able to choose healthy behaviors	~~- Implementation of a food security strategy~~ Implementation of the NL Provincial Wellness Strategy; to include a food and nutrition strategy (as per the "Supporting Vulnerable populations), physical activity, mental health, tobacco reduction; injury prevention, healthy environments, etc	**No. 1**			• We will reduce the number of low weight babies • We will Increase fruit and vegetable intake • We will increase breast feeding rates • We will decrease food bank useage			Most indicators 0can be obtained from "Health Scope", a NL document attached here.

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Implementation of an integrated, comprehensive health promotion and chronic disease prevention strategy				•We will reduce our rate of obesity •We will reduce our rate of smoking; decrease in # of youth who start smoking; increased protection from second hand amoke •We will increase our physical activity; increased opportunities for physical activities throughout the life cycle **•We will reduce our rate of Type 2 Diabetes** **• Decrease incidence of heart disease and strokes** • Increased child attachment to at least one caregiver • decrease the number of children who need protective intervention services • increase in age appropriate development •~~Fewer Canadians will report stress and/or time stress~~ Decrease in unhealthy levels of stress; increased knowledge of			These help address healthy child development

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	~~- Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals~~ (a) In development of framework in society (at all levels of government and industry) the health impact needs to be assessed. (b) The determinants of health to be used when assessing these policies			- 90% of new policies use the process and reflect healthy policy				
	Build capacity at all levels including government, community and individual							Indicators should come from already existing strategies/research/ groups
					~~•We will live longer~~			Did not think this was such a good indicator because we may be living longer but quality of life may be decreased.

GROUP #3 – Wellness Committee

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are able to choose healthy behaviors	- Implementation of a food security strategy				•We will reduce the number of low weight babies			
	- Implementation of an integrated, comprehensive chronic disease prevention strategy				•We will reduce our rate of obesity •We will reduce our rate of smoking •We will increase our physical activity			Demographic changes in province need to reflected here
	- Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals				**- 90% of new policies use the process and reflect healthy policy**			
	~~- 90% of new policies use the process and reflect healthy policy~~							

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Implementation of an integrated strategy to promote healthy child development							(There are appropriate indicators for this within this discipline)
	Implementation of an integrated strategy to promote positive mental health				•Fewer Canadians will report stress and/or time stress policy •Fewer Canadians will report being lonely			
	Implementation of an integrated strategy to utilize the capacity, wisdom, and skills of seniors.							
	Promotion campaign to reorient the public's perception about the value of reacting vs prevention			Need to encourage a proactive approach by individuals, increase their awareness, knowledge, skills about the impact of unhealthy behaviours				

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Implementation of an integrated strategy to reduce the inequities that poverty and other social determinants have on health	No.1		If we are talking about what will affect health most then the greatest requirement is reducing inequities.				
					•We will live longer			

APPENDIX 2
GROUP #1

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are assured high quality and accessible, appropriate and sustainable health services *	- Population health approach with intersectoral collaboration on determinants of health				Evidence of integrated, collaborative, determinants of health approach -We will rate access as "very easy" or "easy" -We will reduce waiting times to see a family physician -We will reduce waiting time to see a specialist physician -We will reduce waiting time to access hospital services			CPHA and CIHI are presently working together on indicators for this. -Participants did not believe that these indicators (re wait times) had anything to do with public health capacity -Need new measures for indicators for population health indicators particularly healthy child development; can also use various Canadian health surveys. -Need to identify other sources of indicators connected to public health capacity such as Canadian Institute of Child Health.

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
								-Most appropriate indicators can come from 'Health Scope 2004' (see attached) - Invest in **qualitative** indicators to measure public health capacity i.e. measure the things outside the traditional health system like public health capacity in the education system, municipalities, services groups like Lion's Clubs; Integrate into overall broad population health framework
	- Public participation, ~~empowerment~~ (as indicator)			Engagement of public	Public is empowered			
	Capacity development			Need to separate public participation and capacity development				

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Policies supportive of sustainable promotion and primary prevention services with appropriate linkages to secondary and tertiary health care and primary prevention health services.			Need to ensure appropriate indicators are developed re healthy child development; Should focus on breath of work carried out by Public Health re mental health promotion, healthy child development, healthy aging.				
	- Universal access to culturally-relevant integrated and timely *primary* health services							
	~~- Universal access to culturally-relevant integrated and timely *secondary* health services~~							
	~~- Universal access to culturally-relevant integrated and timely *tertiary* health services~~			Secondary and tertiay should be covered if focus is TRULY 'Primary Health Care'				

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Implementation of a comprehensive process for evaluating all government policies ~~within the framework of provincial health goals~~, programs and services to determine the extent that health goals are actually 'upstream' ie. preventative				- 90% of new policies use the process and reflect healthy policy			
	~~- 90% of new policies use the process and reflect healthy policy~~							
	Implement a public awareness campaign to educate the public re the determinant s of health			The public should be more aware that medical services are only one small part of the determinants of health. This is vital if we are to truly build health capacity				

- Statement re surge capacity: It is vital that there be a commitment of resources for core public health functions during emergencies because presently surge capacity only addresses disasters, emergency preparedness and epidemics. But life still goes on during these times, and services and programs are still needed (e.g. babies still get born). Because of scarce resources already in this area, an emergency situation will decimate these programs during and after response time.

GROUP #2

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are assured quality, meaningful* and accessible health services	- Population health approach with intersectoral collaboration on determinants of health	No.1			Evidence of intersectoral collaboration on determinants of health.			
	- Public participation, capacity ~~development, empowerment~~ building within communities			Public participation from communities; community advisory groups to health	An indicator of 'true' community advisory groups would be the number of community members involved and the number who are from vulnerable and marginalized groups.			
	-Government (all departments) policies supportive of health that are evidenced based and reflect the changing needs of communities							

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Universal access to culturally-relevant integrated and timely *primary* health care services			Culturally appropriate health literature, language and literacy appropriate; cannot always rely on community resources to provide this. If true primary health care it should be providing preventative health care and therefore alternative health services should be included	-We will reduce waiting times to see ~~a family physician~~ the appropriate health care provider -We will rate access as "very easy" or "easy" -We will reduce waiting time to see a ~~specialist physician~~ primary health services -We will reduce waiting time to access hospital services -Reduction in # of visits to lone physician - 90% of health care practitioners are satisfied with their scope of practice			If true primary health care goals are met people should be visiting other health care providers such as nurse practitioner and there should be more satisfaction among other health disciplines.
	- Universal access to culturally-relevant integrated and timely *secondary* health care services				Mandatory culturally sensitive training and practice of all service providers.			

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Universal access to culturally-relevant integrated and timely *tertiary* health care services			Meal services, spiritual needs and pastoral care and alternative therapies should be availability in culturally relevant manner Evidence based diagnostic services are accessible	Reduction in waiting times for diagnostic services			
	- Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals			In NL the Strategic Health Plan and the Strategic Social Plan would be the framework of provincial health goals	- 90% of new policies use the process and reflect healthy policy			
	~~- 90% of new policies use the process and reflect healthy policy~~							

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Immigration services to work collaboratively with health services to ensure an orientation is provided to health services			A system should be in place to provide newcomers with an orientation to health services. Direct links should be established between Immigration services and Health. Changes in immigration guidelines to ensure new residents are provided current and appropriate information on relvant health care services.				
	Clear and concise public education campaign to inform the consumer on how to access the appropriate primary health care services			People are so used to a 'doctor centric' health system and they need to be encouraged to think more broadly.				

* Meaningful to the consumer (i.e. culturally appropriate)

APPENDIX 3
GROUP 1

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are protected from epidemics and communicable disease	- Active surveillance system monitoring (a) chronic and (b) communicable disease and (c) risk of bioterrorism			Need different systems for monitoring each of a, b, and c. Each province to have a chronic disease 'prevention and management' strategy pertinent to the issues of that jurisdiction. Unsure what to use for surveillance for bioterrorism (beyond this mandate; more to do with enforcement and policing systems)	- We will reduce the rate of children under age 2 with invasive pneumoccocal disease per 100,000 - We will reduce the rate of children under age 2 diagnosed with invasive meningococcal disease per 100,000 - We will experience no increase in the number of children under age 5 diagnosed with Haemophilus Influenza type b (Hib) Reduce rates of non-vaccine communicable preventable diseases such as TB, STIs, HIV.			The 'chronic' part of this should be in the 'healthy behaviours' ; just deal here with 'communicable' disease.

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- A national, standardized and funded immunization strategy and program	No.1		A national registry needs to be part of the strategy – to roll up from provincial strategies; must have sufficient infrastructure and human resources for implementation; standard setting and funding from federal government and the remainder should be the responsibility of the provincial governments				Incorporate an indicator for all vaccine preventable diseases e.g. "we will reduce the incidence of all vaccine preventable diseases in children, youth and adults…"
	- Integrated and standardized information systems for pharmacy, registries, health services, etc.			When we talk 'integration' we often cannot do comparisons/integration due to lack of consistency and standardization.				
	- Integrated communication strategy			Definition of 'integrated' needs to be inclusive of communication, and not just physical computer networks but also that there should be a coordination/collaboration and communication between agencies	Number of partnerships developed around chronic/communicable diseases			Demonstrates communication/partnerships

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings									
Expected Results	Requirements	Feedback			Indicators	Feedback			
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change	
	- An integrated public relations/awareness strategy			Need to have public communication campaigns that are funded and coordinated	Increase in public awareness around specific public health issues; some issues to have timelines associated with them e.g. % of time we are able to meet established timeframces in reporting communicable diseases and test results (e.g. are we able to meet the established time frames for water testing – from testing to reporting?				
	Defined office for public health at the provincial level			Need a champion for each of the core elements of public health at the provincial level i.e. a coordinator for provincial immunization strategy, coordinator for chronic disease, etc. people to provide leadership, recognition of public health issues and moving the significance of public health issues up the ladder.					

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	A service delivery model that is rooted in the concepts of community development.							

Need an integrated communication strategy for ALL '**expected results**'. This strategy needs to be adequately resourced (human resources and financial).

GROUP 2

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are protected from epidemics and disease	- Active and passive surveillance system monitoring chronic and communicable disease and risk of bioterrorism			- active surveillance presently limited to influenza, rubella, C. difficile, pre-natal testing for HB, rubella, pre-employment. Usually responding only. Need to review the process for assessment of international students/foreign-born/immigrants. - Enhancement of passive surveillance; needs to include risk behaviours; determinants of health and syndromic surveillance. - bioterrorism issue requires levels of security that we do not have; no system in place to clear US – signed agreements - systems must be effective, accessible and report regularly.				

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Universal Immunization strategy and program			- Universal program for recommended vaccines with administrative resources - records of adult immunization to be included in universal program.	- A functional registry to determine coverage rates. - We will reduce the rate of children under age 2 with invasive pneumoccocal disease per 100,000 - We will reduce the rate of children under age 2 diagnosed with invasive meningococcal disease per 100,000 - We will experience no increase in the number of children under age 5 diagnosed with Haemophilus Influenza type b (Hib)			- outcome indicators – coverage rates for immunization programs. - Disease rates need to be appropriate for the population size of the province.
	- Integrated information systems			- technical/IT (registries; surveillance for zoonotic diseases, West Nile, Avian influenza; speed of sharing this information)	Assessment process for foreign travelers, babies adopted from foreign countries, foreign students Canadian schools, etc.			See recommended report of the National Immunization Strategy.

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Formalized network of all community agencies/levels of government that might be potentially involved in epidemics			- communication at all levels (various departments e.g. agriculture, animal health, public health lab, environment, HRE etc.)	# of meetings held; # of groups attending meetings;			
	Identify core skilled professionals with specific skills for public health teams	No. 1		Need core skills and training opportunities available; certification like CPR	Availability of core professionals: i.e. provincial epidemiologist, PHN, environmental health officer, etc.			
	Establishment of an emergency response team (along the lines of HERT)			Could possibly use HERT teams? Or establish team along the same concept lines.	Availability of emergency response team			
	Accessibility to a provincial stockpile of necessary medications, equipment, etc.			Because of NL isolated geography (an island; and many remote areas) when an emergency happens we have to be self sufficient and not rely on getting the necessary things to the island by boat or plane; must have the infrastructure in place to function.	Availability of necessary stocks in the province; process to keep stock current and maintained.			

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Dedicated, quickly accessilble research funding for emergency public health situations			When a PH problem arises that needs some research done quickly, there is presently nowhere to apply for funds. Also, the new agency could provide consultant services for such problems and could review research projects.				
	Dedicated public health promotion and prevention strategies				Dedicated prevention activities ongoing; routine water monitoring of water supply, food supply.			

APPENDIX 4

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are protected from environmental hazards	-properly resourced, sufficient systems to monitor, regulate and enforce the quality of (a) air (indoor and outdoor), (b) water, (c) food, (d) soil and (e) waste management (f) genetically modified organisms			- Need to break this down into 5 separate components because each is so large and complex e.g. responsibility for air quality is covered by many sectors and agencies and even indoor air quality must be broken down into residential and occupational/workplace - Always need to reflect and link back to their impact on public health	•We will meet standards for water for treatment and quality of water source •We will manage our land to increase the amount of organic matter in the soil ~~and~~ •We will reduce unnecessary use of pesticides in each component a thru d •Our air quality will meet the standards for particulates and greenhouse gasses •We will manage our waste and meet the national standards • we will reduce the number of smokers in the population • we will reduce ETS in public areas/workplace …			

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	~~- Sufficient systems to monitor, regulate and enforce occupational health and safety~~			Move to 'injuries'?				
	- Process and standards enforced to clean-up contaminated sites							
	A coordinated/integrated approach to environmental issues by the new public health agency.	No. 1		e.g. there is no one monitoring and maintenance of residential air quality;	Keeping historic records/databases			
	Sufficient systems in place for identify and evaluate a gap analysis of each component (a thru f) to identify and address trends/needs.			Need to identify stakeholders and do a gap analysis e.g. needs to be done for all 6 components ('a' thru 'f');				
	Development of a shareable/coordinated			Database could be GIS based and linked to 'Community Accounts'				

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	database for pesticide use, municipal water systems, forestry and agriculture			Need knowledge transfer between groups/agencies involved with emvironment.				
	Campaign for promotion, prevention and public education.			A promotion campaign modeled along the lines of healthy behaviours e.g. Education for public/ private homeowners re: indoor air quality; develop a process for home monitoring ; self management				
	Ongoing and continuous education for operators/agencies involved in environmental public health issues.							

Comment: Not always best for province to have to abide by national standards because 'national' issues may not be a priority for province; mandatory standards can take resources away from setting regional/provincial priorities.

APPENDIX 5

GROUP #1 - Commented that the indicators are not written in 'indicator' format – more in 'goal' language.

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries	- Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals				~~- 90% of new policies use the process and reflect healthy policy~~ Comprehensive process exists; # of policies consistent with framework ——— # of polices developed (this should be national as well as provincial)			
	Environmental scan of what provincial health policies exist and identify gaps in collaboration with key stakeholders across the country.				Completion of environmental scan of what provincial health policies exist.			

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Dedicated funding to creat supportive environments e.g the NL Injury Prevention Coalition, Mental health support funding.			There should be a funding shift from treatment to prevention, 'upstream' as well as 'downstream' funding.	% increase in provincial and national funding towards creating supportive environments in community mental health and injury prevention initiatives at the community level.			
	Interdepartmental and interagency communication plan developed on intentional and unintentional injuries with focuses on building community capacity				Communication plan in place.			

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Education and public awareness on prevention of unintentional and intentional injuries based on community needs assessments			Strengths and partnerships and build new ones on prevention and management of unintentional and intentional injuries Coordination role for prevention and management of unintentional and intentional injuries must be clearly defined and funded	# of communities with completed needs assessments / # of communities # of new partners involved / # of previous partners % of dedicated funding to coordination			

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Coordination and better linked reporting system and information management that facilitates sharing of information to the frontline and community.			Comprehensive surveillance system already exists including community based provider data (mortality/morbidity data)	- We will meet the standards for children traveling in approved child safety seats that are used properly -We will reduce the mortality rate due to motor vehicle collisions per 100,000 people - We will meet standards for using seatbelts -We will reduce the rate of people hospitalized due to falls per 100,000 people -We will reduce lost time claims per 100,000 people - We will reduce the mortality rate due to suicide per 100,000 people			

GROUP #2

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are mobilized to prevent and manage unintentional ~~and intentional~~ injuries *	- Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals				- 90% of new policies use the process and reflect healthy policy			
	Identify and establish a collaborative network of professionals/agencies in each province/territories that are involved with unintentional injuries			Some provinces already have this e.g. in Ontario and NL, online "smartrisk.ca" Also NS Division of Injury Prevention in the Office of Health Promotion Need collaboration because some issues fall under several different mandates e.g. car seats	Completion of an environmental scan for all professionals/groups and agencies that should be involved in IP. A current, accessible (online) inventory of professionals, groups and agencies and their injury prevention programs (in all provinces) Or: updated inventory for provinces that currently have an inventory 90% commitment of inventoried groups to a national IP strategy; to increase % each year.			

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Establish as system of program review for each agency/group etc to evaluate and assess their mandate according to the standards and indicators and identify gaps in injury prevention surveillance programs and education.			Also to look at its capacity to provide services (their ability to deliver, provide, and participate in this process). Some will not have the resources. Evaluation of who is to do what, how it will be enforced. Etc.	100% of new policies of current IP inventoried groups reflect healthy IP policies.			
	Identify and establish a co-ordinator/office able to move past the boundaries of the different agencies, professionals and groups.	No. 1		This office will lead the development of national and provincial IP strategies that include all the other points discussed here.	The existence of a resources office, provincially and nationally, properly mandated to lead the Injury Prevention Initiative (with specific goals and objectives, accountable position)			
	Identify and develop national standards and coordinate surveillance systems that will effectively measure the state of unintentional injuries				The development of a standardized national surveillance program by 2008 (what, where, to whom, age, sex, why)			

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	Develop and 'brand' and injury prevention strategy with a national campaign			Model after "Participaction" with overall message, logo, marketing strategy, advertising; collaborate and coordinate with all agencies.	Measures of participation in educational programs e.g. "Passport to safety" ; SWOP (student work monitor program)			

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
					- We will meet the standards for children traveling in approved child safety seats that are used properly -We will reduce the mortality rate due to motor vehicle collisions per 100,000 people - We will meet standards for using seatbelts -We will reduce the rate of people hospitalized due to falls per 100,000 people -We will reduce lost time claims per 100,000 people - We will reduce the mortality rate due to suicide per 100,000 people -We will reduce the rate of people hospitalized due to recreational vehicle accidents.			Indicators for road related injuries can be obtained from Transport Canada's "Road Safety vision 2010:" (Online) Falls and other motor vehicle indicators can be obtained from "Economic Burden of Unintentional Injury" Need to address the specifics of youth work injury (i.e. short term and part time students); recreational injuries

*There was some discussion by this group that intentional injuries should not be included here, but with healthy behaviours under 'stress'.

APPENDIX 6
GROUP #1

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate* top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are prepared for disasters and assisted in response and recovery	~~- Integrated, organized disaster plan and training~~ One national, comprehensive emergency preparedness plan that is coordinated and consolidated for use at the provincial, regional and local level with appendices for specific hazards.	No.1		CBRN (Chemical and Biological Response Network) comprehensive education sessions to all stakeholders	Presence of national comprehensive plan # of communities in province with disaster preparedness plans ——— # of communities #of provincial/territorial emergency preparedness plans ——— # of provinces/territories All plans are tested; plans are reviewed and revised based on tests.			Need resources to support communities in development of emergency preparedness plans. Communities have access to community trauma response teams.
	~~- Integrated, organized response to disasters~~ Implementation of a national, universal influenza program			Key messages to the general public.	# of people who are immunized against influenza ——— total # of people			

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate* top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	~~- Integrated, organized recovery that includes prevention~~ Appropriate resources including surge capacity and local levels to implement an integrated approach to emergency preparedness							
	- National standards & guidelines							
	- $6-7 M invested in the National Emergency Stockpile System			Regular testing of plan to ensure all provinces and territories receive supplies from stockpile in timely fashion	National plans reviewed and revised annually based on testing results.			
	- 3 tiered laboratory network for biological agents							
	-Pre-positioned, trained medical response teams(HERT)				Test response teams and review and revise according to test results.			

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate* top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Sufficient surge capacity (e.g., personnel, systems, blood supply)				Indicators for all the above would read "Presence of…."			

GROUP #2

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	**Requirements**	**Feedback**			**Indicators**	**Feedback**		
		Rate* top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
Individuals and communities are prepared for disasters and assisted in response and recovery	- Updated, Integrated, organized disaster plan and training			Must be a national template, according to established protocols; a graduated, step process/protocols.	# of committees struck and # of meetings held; MOUs between groups; training courses available for emergency planning.			
	- Integrated, organized response to disasters			Need to establish list of key stakeholders for network. Must be a tiered response as per other organizations like Environment Canada's protocols; appropriate communication structure – protocols – legislated mandates.	Networking			
	- Integrated, organized approach ~~recovery~~ that includes (a) prevention/public awareness (b) continuous training (c) Mitigation			These three address 'preparedness, response, and recovery'. Must be debriefing after emergencies and tests because changes are particular to each situation. Debriefs will give some preventative aspects.	Information is accessible for all; Testing regularly (annually?) Debriefing and revisions			

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings

Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate* top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- National standards & guidelines			Identify key players and chain of command; guidelines must be flexible to accommodate diversity, situation, region, etc.				
	~~- $6-7 M~~ Adequate invested in the National and provincial Emergency Stockpile System			Must be self sufficient in NL Medications and equipment are maintained (current and up to date).	Currency of materials; monitoring, maintaining and monitoring through a designated coordinator; incorporate the use of stockpiles in emergency exercises.			
	- 3 tiered laboratory network for biological agents			Is three tiered national, provincial, regional? What is relation to CBRN? Need Health Canada's input here. We have insufficient lab response capability here in NL.				
	-Pre-positioned, trained medical response teams(HERT)			Central point of contact is essential – needs to be developed. NL used to have an emergency response team – could use this model.	Regular and continuous training for emergency response.			

A PATH TOWARD BUILDING PUBIC HEALTH CAPACITY – Template for Recording Group Findings								
Expected Results	Requirements	Feedback			Indicators	Feedback		
		Rate* top 3	Agree or disagree	Comments – how would you change		Rate top 3	Agree or disagree	Comments – how would you change
	- Sufficient surge capacity (e.g., personnel, systems, blood supply)			This is crucial in NL; need to identify capacity in NL for specific resources (should be specific part of overall disaster plan)	Identify/establish resource base; trained personnel etc.			
	Most of these requirements need a stable health care structure to work in a consistent and continuous manner. This is difficult when system is always being restructured.							

Defining Public Health Capacity – An Atlantic and Manitoba Perspective
Nova Scotia Report

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 eating away at 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 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.

To identify and make progress towards achieving positive public health capacity the framework offered a quick way for decision-makers and the public to identify what programs and resources are necessary to reach these goals.

Through discussions with other provincial and territorial associations and the Canadian Public Health Association (CPHA), the framework was modified by representatives in Nova Scotia, New Brunswick and Prince Edward Island, Newfoundland and Labrador and Manitoba. 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.

The purpose of this project implemented by the CPHA and its Atlantic and Manitoba provincial public health associations in partnership with the Heart and Stroke Foundation of Canada and its provincial foundations, is to develop a framework for national consideration that provides a snapshot of public health capacity throughout Canada including:

- Identifying strengths and gaps;
- Defining priorities;
- Informing stakeholders; and,
- Focusing on new initiatives and research.

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

METHODOLOGY

A pre-established framework for this project was developed and approved by the partnership committee comprised of representatives from the provincial public health associations of Nova Scotia, New Brunswick and Prince Edward Island, Newfoundland and Labrador and Manitoba. This framework was the tool working group members in the consultation sessions used to provide feedback. This pre-established framework consisted of six expected results areas, with each containing specifics on core elements, requirements and indicators (Appendix A). A working copy was created from this framework that provided an area for working group members to rank in order of importance requirements and indicators for each expected results area and to provide comments.

A common guide for conducting the working groups was developed by the partnership committee. This guide consisted of the background provided to the working group members, the process for completing the work and the Public Health Capacity Framework for comment and review by the working group members.

Eight working groups were identified for providing expert opinion on the framework. The targeted groups were confined to those who directly work within the public health system or have a direct public health connection within the health system. It was acknowledged that public health affects a diverse population including, for example, those involved in education, transportation and the environment. However, due to the limitations of the project, it was agreed to focus only on those who are directly involved in public health.

The working groups were provided through email with an introductory letter explaining the project and a copy of the framework for their review prior to meeting.

At the start of each working group the facilitators explained the scope of the project and provided a brief background of the project's intent. Once questions by the working group members were answered, the process for the group was discussed. The working group was subdivided if there were eight or more participants. If the group had fewer than eight participants they worked as one group. The working groups choose the expected results areas in which they felt most comfortable providing feedback.

The facilitators reviewed the process of what` the working groups were expected to do. This process involved:

- Reviewing the requirements and indicators of each expected result area;
- Affirming the requirements and indicators for relevance;
- Refining the requirements and indicators;
- Adding or removing requirements and indicators as the group felt appropriate; and,
- Rank in order of importance the most important requirements and indicators for each result area.

The groups were reminded that their focus was not to discuss the expected result areas or core elements or the intent of public health but to focus only of the requirements and indicators.

Groups were asked to nominate a facilitator and a recorder. The working group sessions lasted 50 to 60 minutes for discussion on the task at hand. The facilitators did not provide any input for the discussion but simply listened, took additional recordings and answered any questions the group had.

In addition the facilitators briefly described, at the beginning of the session two different ways that the working group members could view indicators. These were:

- High level from a population health perspective, and/ or
- Micro level, where an indicator is chosen which subsumes several related health issues underneath it, such as those diagnosed with type 2 diabetes.

Groups were encouraged to put additional issues which arose into a separate section for parked ideas which would be incorporated into the report.

Upon completion of the working group sessions where the group was subdivided members came back together and shared their findings with the full group. Participants who were in another subgroup and wished to provide comments on what was presented were given the opportunity in the full group discussion.

In instances where participants who had wished to contribute but were unable to be present for their respective working group, comments in writing were accepted. These additional comments were incorporated into the analysis.

REPORT

Overview of Consultation Process

The consultation process occurred from early November to mid-December 2004. Each session lasted one and half hours. Seven working groups were consulted, and three individuals submitted comments. Two of the seven groups were broken into 2 subgroups. In these groups one group commented on expected results area 1,3, 5 and the other subgroup on expected result area 2,4,and 6. One group was broken into three subgroups. Each took 2 expected results areas. In the four groups, two groups reviewed all six expected results areas. One group addressed the last three expected result areas and one group spent time on only the first and last expected result areas.

The number of participants within each consulted group varied with three groups having eight or more participants and the rest fewer than eight. In total 64, participants provided feedback. Two of the groups were outside Halifax metro with excellent representation (19 and 10 participants). Four of the groups were government agencies. Two were non-government agencies and one represented the universities. The majority of participants were public health professionals. Seven academics and seven government officials also participated in the working groups.

List of Organizations

The following groups were consulted:

- Nova Scotia Department of Health - Public Health and Health Promotion;
- Dalhousie Faculty of Health Professions;
- Capital District Health Authority;
- Members of Public Health Association of Nova Scotia;
- Colchester East Hants Health Authority;
- Health Charities Network; and
- Cape Breton District Health Authority.

The Annapolis Valley South Shore Health Authority was scheduled for consultation but had to be canceled due to a winter storm.

Analysis- the Framework

The results of the working groups are reviewed by expected results area. Each expected results area is subdivided into a requirements, indicator and general comments section. The results from the working groups are amalgamated into common findings and themes. Comments on requirements and indicators are up into a summary table for each expected results area.

Parked issues are those which arose from the discussion but were beyond the scope of the expected results areas. These are captured separately following the analysis of the expected results area and are sub-categorized by common themes.

Expected Results Area: Individuals and communities are prepared for disasters and assisted in response and recovery

Requirements

Six of the seven groups reviewed and commented on the requirements of this expected results area. In general, many of the groups agreed with the requirements provided in the initial framework, particularly the disaster planning components, the national standards, and surge capacity. In addition the groups identified the need for a communications strategy and community capacity building. A summary of the findings by group is provided following the specific comments.

Integrated and organized disaster planning components

All the groups felt that there was a need for a plan. Five of these groups felt the first three requirements identified in the framework should be retained but rolled into one requirement. These are:

- Integrated, organized disaster plan and training;
- Integrated, organized response to disasters; and
- Integrated, organized recovery that includes prevention.

Specific comments surrounding these requirements were:

Clarity and language:

- Define integration to include sectors such as community health boards, acute care, non profit organizations, police, port authority, municipalities, and districts;

- Clearly define roles and responsibilities for different disasters. This includes identifying lead organization for disasters;
- Clearly defined language; for example change “integrated, organized recovery that includes prevention” to “post-disaster evaluation and improvements based on findings”; and
- Change language from “disaster” to “a critical incident”.

Components of plan:
- Recovery needs to be an integrated process between different jurisdictions;
- Recovery and prevention need to be separate;
- Plan needs to include public health as part of the team;
- Public health needs to be involved in all aspects of disaster planning and that public health has clear guidelines for epidemic control;
- Plan needs to include volunteer sector, community mapping, training beyond emergency responders; and
- Explicitly identify that there may be two types of prevention a) how to prevent a critical incident from happening again and b) how to minimize the effect of the current incident.

It was also mentioned that in developing a disaster plan, best practices should be reviewed for relevance such as Quebec’s plan that was developed as a result of the 1998 ice storm.

National standards and guidelines

One group ranked national standards and guidelines as requirement to remain in the framework where as two other groups rolled this requirement into the integrated plan.

One group stressed the need to ensure that national standards are relevant at provincial levels and one group noted that national standards need to apply to all communities in Canada.

Communications strategy

One group ranked the need for a communication strategy as one of the most important requirements. Although only one group rated this as a requirement, three other groups specifically discussed and made mention of the importance of a communications strategy.

Comments surrounding the communications strategy included: the need to educate the community and its members what to do in the event of a disaster;

the need to communicate to the stakeholders who can assist as well as to the general public during a disaster; the use of appropriate methods of communications to get messages out (e.g. radio, word of mouth in communities); keeping preparedness as a constant; and realizing the need for different strategies between urban and rural areas.

Surge capacity

Three groups identified sufficient surge capacity as an important requirement which is needed to meet the expected results area. Surge capacity as identified in the framework includes personnel and systems. One group specified that surge capacity needs to include backup power supply.

Community capacity building

Two groups identified the importance of community capacity building around disaster planning. It was mentioned community engagement needs to be ensured by a plan for volunteer engagement, training needs for people in communities beyond emergency medical personnel, and inter-provincial collaboration. Further it was identified that communities need to maintain a list of high at-risk community members who require additional attention during disasters. This list could include the elderly and sick.

Miscellaneous requirements

In addition to the common themes for requirements identified above, groups also identified the following:

- Need for legislation;
- The importance of clearly defining what each of the three laboratory levels do;
- Pre-positioned trained response teams – not just medical teams; and
- Clearly defining what is included in the stockpile if it is to remain as a requirement.

Indicators

Five of the six groups identified specific indictors in this section. One group referred to the emergency response plan as a source for identifying indicators. In general, the indicators reflected the requirements identified and are detailed below.

Existence and testing of plan

- A current plan in place including updated community lists;
- Response times meet national standards;
- The plan includes a component that includes communities
- The number of employees who receive training; and
- There is annual testing of the plan such as a mock disaster.

Communications and education

Three groups identified indicators for this theme area
- Knowledge by staff of what to do in an emergency; and
- Communication strategy exists about the plan;

Miscellaneous indicators

- Policy supports and legislation are in place; and,
- There is a financial commitment for increasing recruitment and training needs.

General Comments

This expected results area is more reactive than proactive and needs to ensure the requirements are focused with this in mind.

Two groups identified the need for people to take some personal responsibility to be prepared for emergency situations.

One group stressed the importance that public health not take a leadership role in this area but provide more a consultative role depending on the disaster.

Expected Results Area: Individuals and communities are protected from environmental hazards

Two of the seven working groups felt that they lacked expertise to provide comments on the requirements and indicators for this expected results area. One working group did not have time to address this area.

Requirements

Four of the seven working groups provided feedback on the requirements of this expected results area. In general, groups agreed that requirements relating to sufficient systems and standards should remain in the framework. However, groups also identified the need for requirements around communications and education. The specific results follow.

Sufficient systems and standards

Three of the working groups felt that the requirements provided in the original framework should remain in a revised framework. As detailed in the framework these requirements are:

- Sufficient systems to monitor regulate and enforce the quality of air, water, food, soil and waste management. This needs to include new and emerging as well as existing situations; and
- Sufficient systems to monitor, regulate and enforce occupational health and safety
- Process and standards enforced to clean up contaminated sites.

Groups mentioned the need to clearly define the words "sufficient" so that the requirements can be measured. Further it was noted that there needs to be clear definitions on what is monitored and regulated and how the monitoring occurs.

Education and communication

One of the working groups felt that two requirements are missing from the framework. These are:

- Educate the general public about what to expect and how to respond; and
- Develop a communications strategy tied to the requirements.

Information technology systems

A working group identified the importance of implementing and applying technology as a requirement for this expected results area. It was suggested that coordination across key federal, provincial and territorial government departments be established to share information electronically. Another suggestion mentioned the need to implement a public health information system across departments.

Planning, measurability and accountability

- Clear identification of the lines of reporting and accountability;
- Protection is in place for whistle blowers;
- There is a multi-year plan to deal with known hazards which included funding and action for clean up,
- Systems in place to monitor natural occurrences; and
- Audits and reports are regularly completed.

Indicators

Only one working group ranked indicators for this results area. The three top indicators chosen by this group were:
- We will meet standards for water treatment and quality of water source;
- Our air quality will meet the standards for particulates and greenhouse gasses; and,
- We will manage our waste and meet the national standards.

An individual suggested that the second indicator be changed to include particulates and other pollutants.

Two working groups identified the following additional themes:
- Education and Communication
    - There is evidence of an informed public;
    - Workers are aware of their rights;
- Workplace health
    - A comprehensive workplace health program in place;
- Environmental hazards
    - We will prevent environmental hazards;

One group suggested that indicators will develop out of a clear definition of what “sufficient” means. Another group felt that the indicators in the current framework were more like objectives and were too broad. It was also noted that there is a

wealth of information and knowledge that currently exists on environmental hazards which have the largest impact on the health of the population and action needs to begin with those areas.

General comments

A key point raised was the importance of intersectoral collaboration and focusing on larger natural issues and not on bioterrorism-related hazards. It was noted that an environmental hazard can be the result of a natural event or series of events or a deliberate act. An additional comment asserted the need to ensure environmental issues are included within public health.

Expected Results Area: Individuals and communities are protected from epidemics and disease

One group did not address this expected result area as it felt it was outside their expertise. One group did not have sufficient time to address this area but did state that public health needs to take a lead role in pandemics. One of the groups felt the wording of the expected results area should be clearer and say "Individuals and communities are protected from epidemic communicable diseases that are preventable".

Requirements

Five of the seven groups reviewed and commented on the requirements for this expected results area. They affirmed that all three requirements identified in the path should remain in the framework. An additional requirement by the groups was the need to include communications and public education. The details from the groups follow.

Integrated information system

Five groups agreed that the framework should have an integrated information system.

In addressing the integrated information system comments included:
- Ensure the system is linked to emergency departments, as well as nationally;
- The information system must be kept up to date;
- An information system should include case management, outbreak management, outcomes measures, and to a lesser extent the risk of bioterrorism;
- The information system needs to be linked at a district, provincial and national level;
- The system should be used to build provincial and local capacity;
- Adapt the Newfoundland and Labrador Community Accounts as a template;
- Ensure the system does not consume all available resources; and
- The system needs to monitor all the determinants of health.

Immunization strategy

Four groups agreed that the framework should include an immunization strategy and program. Three groups commented on the importance of a national immunization system that is consistent, accessible, kept up to date and includes the National Advisory Committee on Immunization guidelines.

Active surveillance system

Four of the seven groups felt that "an active surveillance system monitoring chronic and communicable disease and risk of bioterrorism" needs to remain as a requirement for achieving the expected results area. Overall, however, the groups felt that chronic, communicable and risk of bioterrorism should be separate requirements as different strategies are needed to address each one. However, two groups believed that chronic disease should not only be separate from this one but should be included in the expected results area focusing on healthy behaviours.

Communications and public education

Two of the seven groups identified communications and public education as a critical requirement for achieving this expected result area. One of these two groups stressed the importance of public education regarding prevention and treatment of communicable and non -communicable disease. Further, it was stressed that a communications strategy needs to include probable, possible and real aspects of epidemics and disease. Multiple strategies to address how communities and individuals can protect themselves from infectious and communicable disease also should be included.

Miscellaneous requirements

In addition to the common requirements which emerged, groups identified the following additional requirements:

- A national standard plan;
- Travel health plan;
- A process to identify threats of new disease;
- An early-warning system;
- Integrated chronic disease prevention strategy with community capacity investment to support this; and
- Multi-year plan that deals with known hazards.

Indicators

Immunization rates

In reviewing indicators four groups felt that immunization rates should be included. However each group had different ways to report this indicator. Suggested indicators included:

- No increases in vaccine preventable illnesses in children or reduction in the number of children who get chicken pox;
- Meeting established national or international standards, and
- Maintaining the cold chain for immunization medications.

Miscellaneous indicators

Other suggested indicators included:

- Travel health strategy exists;
- Developed and supported integrated chronic disease strategy;
- Accessibility of wellness initiatives – part of protection from disease;
- Strategy for sharing of local data with communities exists;
- Able to identify threats or predict new disease and emerging pathogens; and
- Indicators to measure policy issues.

One of the groups stressed that more indicators are needed for this section than what are presented and felt it was inappropriate to rate such a small number. It was also mentioned that indicators need to focus on the risk factors and not the disease.

Expected Results Area: Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries

Five of the seven groups commented on this expected results area. It was suggested that workers compensation and occupational health agencies should be consulted to provide input into relevant indicators.

Requirements

Five of the seven groups reviewed this expected results area. However, only two groups ranked the requirements. The groups made many suggestions for new requirements for this expected results area. The common themes which emerged included public education, systems to track unintentional and intentional injuries, violence and self-harm programs, and comprehensive injury prevention programs. A few groups suggested only one of the two requirements in the current framework remain namely, implementation of a comprehensive process. The details of the findings follow.

Implementation of a comprehensive process

One group ranked the requirement “Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals” to be included on the framework and interpreted this requirement to mean that all government departments review policies to ensure injury prevention is included in their respective policies and is operationalized.

Public education

Two groups addressed the importance of education and public awareness. This includes informing the public on what potential sources of injury exist. The requirement identified was:

- Sufficient public education program that is community-based and targets injury- prevention initiatives.

Systems to track unintentional and intentional injuries

Two groups identified the need to track unintentional and intentional injuries. One of the groups which ranked requirements stated the requirement to be:

- Sufficient systems to monitor, regulate and enforce occupational health and safety with regard to workplace injury and working conditions.

Another group identified the requirement as a means to identify and track both unintentional and intentional injuries, where provincial data are coordinated and connected to a national system.

Violence and self-harm

Two groups identified the need for a requirement on family violence and self-harm programs.

Comprehensive injury prevention strategies

Two groups mentioned the need for comprehensive strategies. One group identified the need for a comprehensive injury prevention strategy across sport, recreation, leisure, active transportation and across ages that is linked with workplaces, homes, schools and is national in scope. A second working group mentioned that a comprehensive falls prevention strategy is necessary requirement.

Miscellaneous requirements

The following additional requirements were also identified:
- Appropriately resourced mental health system;
- Child motor-vehicle safety programs;
- Adequate employee assistance programs;
- Comprehensive workplace wellness development strategy; and
- Standardized reporting system for injuries and near misses.

Indicators

Only one working group ranked the indicators. This group felt that the following two indicators should remain on the framework:
- We will meet standards for using seatbelts; and,
- We will meet the standards for children traveling in approved child safety seats that are used properly.

It was also noted that indicators such as morbidity and mortality do address the true story and that we need more appropriate targeted indicators. In addition to these specific indicators the following general themes with suggested indicators were identified among the groups:

Violence prevention

- Reduction in community violence;
- Violence issues relating to bully proofing;
- Reduction in reported number of family violence injuries;
- Reduction in violent outcomes; and
- Number of programs/educational events to reduce self harm/ violence.

Workplace wellness

- Comprehensive workplace wellness strategies are in place;
- Prevalence of workplace awareness campaigns for healthy mental health; and
- Reduction in reported number of workplace bullying complaints.

Injuries

- Reduction in recreational sport injuries;
- Use of protective equipment for recreation and leisure activities; and
- Reduction of spinal cord and head injury.

Vehicle safety

- Reduction in number of motor vehicle collisions. This should be comprehensive to include speed and alcohol-related accidents;
- Reduction in bicycle related accidents; and
- Car seats need to be regularly checked and enforced.

General comments

A general comment which evolved in this discussion was the need to ensure programs are developed to meet standards instead of developing and changing standards to meet programs. It was also noted that there needs to be linkages with community health boards and other agencies surrounding injury prevention programs.

Expected Results Area: Individuals and communities are able to choose healthy behaviors

Six of the seven working groups provided feedback on this expected results area. One group suggested that wording of expected results should change to "communities are designed in a way to support choosing healthy behaviours".

Requirements

Only two groups ranked the requirements in order of priority for inclusion on the framework. In examining the feedback the working groups agreed that the requirement of a chronic disease prevention strategy remain in the framework. However, the working groups had mixed views on including the requirement of "implementation of a comprehensive process". Other requirement areas identified included education, collaboration, and healthy public policy and a legislative framework. The following sub –section discuss these in turn.

Chronic disease prevention strategy

Two groups who ranked requirements identified the importance of including "implementation of an integrated, comprehensive chronic disease prevention strategy" in the framework. It was noted by groups that a food security strategy is part of a healthy eating strategy which is a component of a chronic disease strategy. In developing a chronic disease strategy it was stressed that adequate funding needs to be provided. Also the program needs to have a surveillance component. Other requirements proposed by groups included:

- Programs to address obesity; and,
- Importance of addressing issues of access to tobacco products and not only discouraging people from taking up smoking.

Implementation of a comprehensive process

The requirement "Implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals" received mixed responses from the groups. Some groups felt this did not belong here as a requirement, while other groups ranked it as remaining in the framework for this expected results area.

Education

Groups mentioned the need to develop programs to create awareness and education for this expected results area. It was noted that education needs to be interdisciplinary in nature and an integrated approach is needed for providers..

Collaboration

Groups identified the need for a collaborative agreement with communities and that providers and professionals need to work together.

Healthy public policy and legislative framework

Healthy public policy and a legislative framework were identified by two groups as a requirement for this expected results area. It was mentioned by groups that resources need to be allocated where they are most needed in communities and to high at-risk populations. It was suggested that the New Zealand model where resources are provided based on need should be examined for relevancy. A final point was the need to ensure that policies and programs which are developed reflect a broad group of elements such as healthy eating, lifestyle factors, physical activity, healthy sexuality, and healthy relationships.

Miscellaneous requirements

The groups identified the following additional requirements:
- Develop an accountability report card to communities on health status, inclusive of a population health approach;
- Develop programs that allow affordable access to activities such as skating rinks;
- Develop programs focusing on addiction prevention and treatment such as alcohol, drugs, and problem gambling; and,
- Develop a comprehensive workplace wellness strategy for government that is linked to civil engagement; and
- Build community capacity.

Indicators

Six of the seven groups examined indicators for this expected results area, although only two groups rated the most importance indicators. Many of the groups did identify additional indicators. These indicators can be grouped into a few key themes as follows:

Government policies

- Number of new government policies from all sectors reflecting healthy policy;
- Legislative frameworks in place to support healthy public policy;
- Number of government policies in place to review funding for food for a family if they are on social assistance on yearly basis; and
- An active provincial or territorial healthy public policy committee with a plan and outcomes is formalized.

Chronic disease

In choosing appropriate indicators for chronic disease it was suggested that there are four to five key indicators that should be included in the framework such as incidence/ prevalence of cancers, cardiovascular and pulmonary disease. Groups generally agreed the following indicators should be included in a revised framework.

- We will reduce our rate of smoking by x%;
- We will increase our physical activity by x% or We will decrease our physical inactivity;
- We will reduce our rate of type 2 diabetes by x%; and
- X number of programs is in place to address obesity.

Food security

- Percentage of government institutions offering X% of locally produced foods;
- Percentage of local foods available in supermarkets; and,
- Reduce the number of people, children living in poverty, experiencing food insecurity.

Determinants of health

An area of significance which was raised in examining this expected results area was the importance the determinants of health and the impact aspects such as literacy, level of education, employment rates have on choosing healthy behaviours. Indicators it was suggested should include those that examine a person's ability to choose. Further indicators that measure poverty and marginalized person's should be captured. Other suggested indicators included:

- Those persons on income assistance;
- Management of resources to support health and choice; and
- The gap between the rich and poor.

Miscellaneous indicators

Additional indicators identified by groups included:

- Reduce the number of low-weight babies;
- Increase consumption of fruits and vegetables;
- Reduce the rate of addiction including alcohol, gambling, and other drugs;
- Reduce sales for alcohol and gambling;
- Increase number of disability free years;
- Increase breast feeding rates and breast feeding continuation rates;
- Access to poor choices will be lessened;
- Increase the number of safe parks, walking trails and biking trails;
- Individuals quality of life will improve; and
- Provide early healthy childhood development.

Groups noted that indicators chosen are focused only on individuals and not communities. Groups emphasized that indicators chosen need to be more general and should include all age groups; early childhood, childhood, adolescents, adults, and seniors.

General Comments

In examining people's ability to choose healthy behaviours, factors that affect a person's ability to choose such as adequacy of resources, and managing resources appropriately need to be considered.

Expected Results Area: Individuals and communities are assured quality and accessible health services

All seven groups commented on this expected results area, although only three groups ranked the requirements and one group ranked the indicators.

Requirements

In examining the requirements for this expected results area, groups discussed the importance of using a population health approach. The discussion emerged from one of the requirements in the framework. The population health approach discussion expanded from this expected results areas to being inclusive in all of the expected results area. For this reason, the population health approach is identified in this expected results area as well as in the parked issues. In addition to the population health approach as an identified requirement, the groups identified universal access, implementation of a comprehensive process, establishment of a navigation system, collaboration and health promotion and prevention as requirements of the framework. The details of the discussions follow.

Population health approach

Two of the seven groups ranked the requirement "population health approach with interectoral collaboration on determinants of health" as essential to remain in the framework. To support a population health approach one group emphasized that "public participation, capacity development and empowerment" and "policies supportive of heath" need to be included. Another group echoed the importance of public engagement and emphasis the importance of creating a civic society where people vote and participate. Groups mentioned that poverty and literacy issues must be addressed and included in the framework if progress is to occur in the expected results areas.

Universal access

Three of the groups stated the following requirements should remain in the framework

- Universal access to culturally-relevant integrated and timely primary health services;
- Universal access to culturally-relevant integrated and timely secondary health services; and

- Universal access to culturally-relevant integrated and timely tertiary health services.

However these three groups indicated these requirements should rolled up into one requirement and not be separate requirements. One of the working groups felt that these three requirements are really indicators and that only primary health services are relevant to public health and that secondary and tertiary health services focuses on the medical model. It was also mentioned that “access” needs to be defined clearly in order for it to be measured.

Implementation of a comprehensive process

The requirement “implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals” is important. It was noted in group discussions that a public policy lens should be useful in building capacity within health care organizations. This lens would assist in developing, planning, implementing and evaluating. Further discussions centred on the need for a non political organization to work with governments and over see the progress made towards achieving the provincial health goals.

Navigation of system

Groups suggested the need to establish navigation system, which could be community based, to facilitate access to services, support and information. This may include the development of an ombudsman whose role would include helping people navigate through system, sort out complaints and hold the system accountable.

Collaboration

Groups mentioned that scope of services discussed should go beyond medicine. It was also noted by groups that those who work outside of the health system need to be recognized as being part of the continuum of care. One group suggested the interprofessional model used by the health professions at Dalhouise University should be adopted for integration of health professionals in the system. Finally it was suggested that there is a need to connect the different organizations with each other.

Health promotion and prevention

Groups identified the need to focus health services on health promotion and prevention. Specific suggestion included:

- Developing health promotion programs around mental health specifically youth mental health services;
- Restructuring and reorienting health services towards a community health model with a focus on primary health care and prevention; and
- Making health promotion and prevention services and supports readily available;

Miscellaneous requirements

In addition to common themes above, the following suggested requirements are noted:

- Every one has access to sexual heath clinics across Canada;
- Travel clinics are being developed and implemented;
- Universal access is being addressed; and
- A Youth health centre exists with educational component

Indicators

Access

- 100% of the population is covered for medical treatment and drugs;
- 100% of the population is able to access the services they need when they need them. It was suggested by a group that the indicators in the framework would fall underneath this indicator(i.e. we will reduce waiting times to see a family physician, and we will reduce waiting times to see a specialist);
- Improved access to primary care.

Community

One group felt that the indicators provided were totally contradictory to public health. It was mentioned that these indicators focus solely on the individual not the community. It was stressed that indicators need to focus on community issues such as housing, and employment. Groups identified indictors for services but stressed that these indicators need to measure at the community level. The following indicators were suggested:

- Reduced requirements for hospital services because primary health care services are available in the community;
- Appropriate and sufficient services are available to meet community needs and are community based;

- Access to primary health care services at the community level;
- Revive connection of primary health networks with the community; and
- The number of collaborative partnership on policy programs will increase

Services

Groups identified numerous indicators that focused on service issues. The following are some of the group's suggestions:

- Services are culturally relevant;
- Quality and accessible health services exist;
- Meet the standard for the response rate for emergency health services;
- We will reduce waiting times to see a family physician by x time;
- Holistic services are provided for families;
- Increased # of breast friendly initiative hospitals; and
- Appropriate programs are created for high risk groups.

General comments

It was noted by groups that available services should be inclusive of all people across all demographics with particular emphasis on marginalized and vulnerable populations. These would include funding for care givers providing: respite care; palliative care, and home care.

Parked Issues

The working groups identified similar parked issues. These issues can be categorized into six key themes. The first theme is the importance of ensuring the framework uses a population health approach in addressing the expected results area. The second theme discusses the contextual aspects of the framework. Third, a general public health discussion raised points which need to be captured as they add value to enhancing the framework. Fourth, healthy policy was mentioned as being critical to all expected results areas. Fifth, collaboration was mentioned as a critical component for contributing to the success of the expected results areas. Finally, research, the groups noted, was necessary throughout all expected results to monitor progress towards the indicators and to assist in determining which requirements will provide the most return on investment towards achieving the expected results areas. The details of the findings follow.

Population health approach using the determinants of health

The groups mentioned that the framework is medical model-focused and it needs to change to reflect a population health approach with core elements such as leadership, and surveillance highlighted.

Groups noted that the broader determinants of health need to be reflected in the framework as a requirement for all expected results areas but stressed the importance of ensuring suggestions for the requirements and indicators are attainable. Suggested emphasis in the framework needs to include determinants of health such as poverty, unemployment, meaningless employment and literacy.

In determining the appropriate indicators for use, groups suggested that indicators should be those that make the greatest difference to the overall health of the population and that indicators must be carefully chosen so as not to mask the real issues such as poverty.

A recommendation from a working group suggested that other health systems be reviewed for creative ideas on assessing the determinants of health and health of the population. In addition, the following suggestions were made for inclusion in the framework:

- Develop a new expected results area titled policy and social justice. This would include a requirement on a policy development process that supports the health of the population.
- A requirement would be that policies support healthy public policy development.

- An indicator could be the reduction in the gap between the low and high resourced communities.
- Indicators which examine the gap between the rich and poor also need to be included.
- Indicators which reflect quality of life need to be included in the framework.
- Requirements and indicators should address poverty issues.
- Requirements and indicators should examine public engagement.

Contextual aspects of the framework

Many of the groups felt the current framework was difficult to understand and needs to be simplified so it can be implemented. Another comment included changing the order of the expected results areas so that those that require a leadership role from public health should be first. In addition to the general comments the following list provides comments specific to the requirements and indicators.

Requirements

- The requirements section may be too high-level for the public. Instead two versions of this document might be appropriate. One version would be for the general public and another version with the requirements section would be used by the system people.

Indicators

- Measure the indicators that make the greatest difference to overall population heath. There is enough evidence to support which ones do.
- Indicators in general need to be more specific.
- There needs to be clarity around language. It was suggested by one group to change the language to “standards will be met” from “we will meet standards.”
- Indicators need to be clearly linked to expected results.

General discussion on public health

Although the discussions in the groups focused on the task at hand, the role of public health was also discussed. It was stressed that there needs to be clear definition surrounding public health’s responsibility. It was stressed that public health cannot nor should not be responsible for everything. In fact, there needs to be clear definition of where public health plays a leadership role and where public health acts in a consultative and supportive role. One suggestion from the discussions was the importance of developing national public health goals where the focus of investment should be on high-risk areas. A final point noted was the

need to develop national standards and ensure standards are consistent across jurisdictions.

Public health, the groups identified, needs to play an advocacy role. Public health should be advocate for the determinants of health and government should invest where the need is greatest. In its advocacy role public health also should need to hold governments accountable. A final point noted was the need to ensure that there are sufficient resources to move the public health agenda forward. This not only includes financial resources, but infrastructure and personnel as well. In a discussion, it was mentioned that there is a need to have expertise and training in all areas relating to public health.

Healthy policy

Three of the expected results areas in the framework identified “90% new policies use the process and reflect healthy policy”. Groups discussed this as being encompassing of all the expected results areas. Further, it was suggested that 100% of policies and not 90% of policies reflect healthy policy. Groups differed in identifying this as a requirement or an indicator.

Collaboration

Groups stressed the importance of building and working collaboratively to achieve public health capacity. Many of the groups felt that collaborative partnerships between communities, organizations, government departments, and levels of government are necessary if progress is to occur in the expected results areas. This collaborative effort needs to be intersectoral. It was stressed that this is important as action in one area can impact other areas.

Groups mentioned that community development is critical for making progress in the expected results areas. To work towards this goal it was suggested that the requirement found in some of the expected results areas, “implementation of a comprehensive process for evaluating all government policies”, should be an overall requirement of all expected results areas.

Research

Numerous groups identified the need for research to support the indicators and requirements chosen. The use of best practices and approaches can play a substantive role in determining where resources should be focused to make the

most significant progress to achieving the expected results areas. One group recommended a review of literature from other countries and not to reinvent the wheel. This same group also discussed the need to continue discussions on public health capacity and they also undertook to look for research grants to address healthy communities.

EVALUATION RESULTS

Results of focus group evaluations

Thirty-nine of a total of 64 participants completed the feedback questionnaire. Four questions were asked on the evaluation form. The following information details the question and results.

Question 1
How has this working session contributed to your understanding about what is required to build public health capacity, on a scale of 1 to 5 with 5 being excellent?

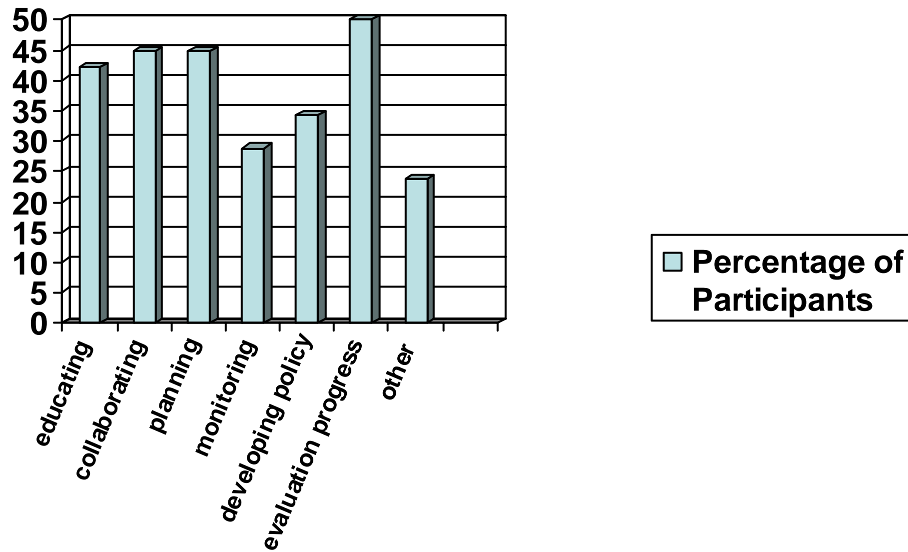
Results:
A large majority of the respondents (76.4%) said the working group discussions contributed to some degree towards their understanding about what is required to build public health capacity. The model value was between three and four.

Question 2
Will you use this Framework for (please check all that apply):

- ☐Educating
- ☐Collaborating
- ☐Planning
- ☐Monitoring
- ☐Developing policy
- ☐Evaluating progress
- ☐Other

Results:
It is clear, as depicted in the below graph, that 50% of the respondents felt the framework presented could be used for evaluating progress to building public health capacity. They further believed that the framework could be used for planning, collaborating and educating.

The graph also shows that the respondents did not overly endorse the usefulness of the framework in its current form for any of the suggested areas. These survey results, it could be inferred, suggests that the framework needs to be refined to make it a useful tool.



Question 3
How do you see your organization working with other organizations to increase public health capacity?

Results:
Participants felt that working collaboratively, partnerships, communicating and educating are key ways for organizations to work together to increase public health capacity.

Question 4
Could you identify some ideas for encouraging organizations to use the Framework?

Results:
Participants identified the need to make the framework user friendly, educate people about the framework and communicate with organizations about the framework.

Results of monthly reports

The following summarizes the report findings for all four months; September through December 2004.

Project activities

Throughout the project the planned versus actual implementation timeline was not on target as a result of a late start and accommodating certain working groups.

In addition, not all planned activities and outputs remained on target. In some instances working groups did not rank the most important requirements and indicators. A few working groups did not have sufficient time to provide feedback all expected results areas and related requirements and indicators. Some working groups felt that they were unable to comment certain expected results areas, specifically environmental hazards, as the group felt it lacked the expertise to provide intelligent feedback.

Partner activities

When appropriate, facilitators participated in the partnership conference calls. Further, partnership committee members informed the facilitators in a timely fashion of any changes or requirements for completing the work

Working group sessions

In reviewing the reports, working group sessions were unable to follow the facilitator guide in groups that had small numbers. The facilitator guide had groups of ten broken into two subgroups each examining three expected result areas. However, the facilitator guide did not account for smaller groups and the process to be used in this scenario. Four of the seven groups were not broken into subgroups. In one instance one group was broken into three subgroups as a result of its large size (nineteen participants). Further, the facilitator guide did not provide a detailed explanation of how groups could look at indicators, which was provided to the six of the seven groups. As a result of weather conditions, one working group session of the projected eight was not conducted.

Quality management

Having a contact person who was willing to help organize a group of participants, pass information along and arrange the logistics assisted greatly in the projects progress and outcomes.

The facilitator guide required that a group member act in a facilitator role for the sub group. One of the drawbacks of this was that having a participant facilitate the discussion may have hindered reaching the desired outcomes of choosing requirements and indicators especially in the more complex discussions around the last two expected results areas.

Lessons learned

In reflecting on the working groups, lessons learned can be sub-categorized into a) working group process, and b) working group perspectives on public health.

The working group process in retrospect did not provide enough time for members to provide feedback. Further, having a group member facilitate may have been a contributing factor for not having enough time to discuss all the group's expected results areas, or in not ranking the top requirements and indicators. Finally, it is important to note that participants interpretations of requirements may be different.

Members were genuinely interested in the framework and wanted to spend time providing thoughtful feedback. Those working in public health are committed and are open to new ideas to improve public health capacity.

FINDINGS AND RECOMMENDATIONS

In examining the results from the analysis of the expected results areas and the parked issues, key findings and recommendations emerged.

The parked issues address some fundamental components which are integral to achieving success in all expected results areas and to developing public health capacity. The groups observed that four critical components are required for the framework's success. These are the determinants of health and population health approach, collaboration, research, and healthy public policy.

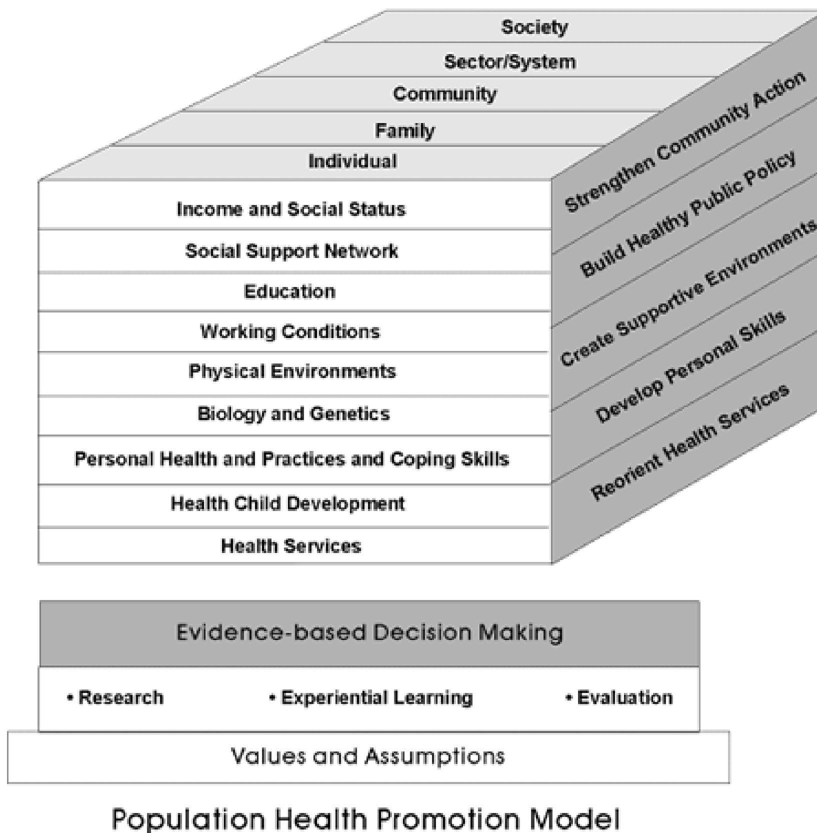
There was discussion about developing these key themes as additional expected results areas. However, upon review of the framework, the core elements identified make reference to many of these theme areas. Further, upon reflection these core components are foundation elements that encompass all six expected results areas and separating them into an expected results area may not do justice to their importance in the framework.

Population health approach to achieve public health capacity

Findings

All groups identified the impact which the determinants of health have on the health of the population. Specifically, it was mentioned aspects such as literacy, education levels, employment, housing and poverty play a substantive role in a person's health. Discussions also emphasized that population health must support the core elements of public health capacity such as leadership and health surveillance. Remarks by the groups emphasized the need for national public health goals that centre of the determinants of health.

The population health promotion model developed by Health Canada provides an overall context of the relationship between population health and health promotion (see accompanying figure). As stated by Health Canada the model "shows how a population health approach can be implemented through action on the full range of health determinants by means of health promotion strategies."



Population Health Promotion Model

Source: http://www.phac-aspc.gc.ca/ph-sp/phdd/php/php.htm

Recommendation

The public health capacity framework has drawn on aspects of the population health model; however, a more comprehensive inclusion of features of the population health model in the public health capacity framework is required. This includes a broader spectrum in the expected results areas of societal groupings from “individual” to “society”. As identified in the analysis there needs to be mention in the framework of indicators such as:

- Gap between the rich and poor is lessening;
- Overall quality of life is improving; and
- Rate of poverty is decreasing.

Collaboration to achieve public health capacity

Findings

To achieve public health capacity collaboration among various groups and sectors is mandatory. Groups stressed the importance that societal groupings such as individuals and communities, need to work together. The findings emphasize the importance of building and strengthening collaborative partnerships and the relationship policies in different sectors have on public health and the expected results areas.

Recommendation

Collaborative mechanisms need to be in place for all expected results areas.

Research to achieve public health capacity

Findings

Research was mentioned by the groups as important for guiding decision-making. Best practices and established approaches are important to help guide the discussion in choosing effective requirements and indicators. Research allows choices to be made that provide the greatest impact with resources available.

Recommendation

Research should be applied to all expected results areas.

Healthy public policy to support public health

Findings

Policy development process that supports the health of the population is critical for achieving public health capacity. The implementation of a comprehensive process for evaluating all government policies needs to be a component of the framework.

Recommendation

Healthy public policy must be considered in all expected results areas.

Requirements for expected results areas

The findings and recommendations for the requirements of the expected results areas were based on ensuring those identified were process and systems-focused. Groups were able to identify requirements but were not as successful in ranking the requirements.

Expected Results Area: Individuals and communities are prepared for disasters and assisted in response and recovery

Findings

The groups affirmed three of the current requirements and identified two new requirements. These are:

- Integrated, organized disaster plan, training, response and recovery;
- National standards and guidelines;
- Sufficient surge capacity;
- Communications strategy; and
- Community capacity building.

Recommendation

It is recommended that these five requirements are identified in the revised framework.

Expected Results Area: Individuals and communities are protected from environmental hazards

Findings

The groups affirmed three of the current requirements identified in the framework and identified two additional requirements for inclusion in the expected results area. These are:

- Sufficient systems to monitor regulate and enforce the quality of air, water, food, soil and waste management;
- Sufficient systems to monitor, regulate and enforce occupational health and safety;

- Process and standards enforced to clean up contaminated sites;
- An education strategy for the general public;
- A communication strategy; and
- Information technology systems.

Recommendation

It is recommended that these five requirements are identified in the revised framework.

Expected Results Area: Individuals and communities are protected from epidemics and disease

Findings

Groups mentioned the importance on focusing on the risk factors and not the disease. The groups affirmed three of the current requirements and identified one new requirement. These are:
- Immunization strategy;
- Integrated information system;
- An active surveillance system monitoring chronic and communicable disease and risk of bioterrorism; and
- Communications strategy; and
- A public education strategy.

Recommendation

It is recommended that these four requirements are identified in the revised framework.

Expected Results Area: Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries

Findings

Most groups identified requirements for this expected results area but typically they were not successful in ranking them. The groups did not keep any of the current requirements and identified four new requirements for the framework. These are:
- Sufficient public education program that is community-based and targets injury prevention initiatives;
- Systems to monitor and track unintentional and intentional injuries;

- Family violence and self-harm programs; and
- Comprehensive injury prevention strategy.

Recommendation

It is recommended that the new requirements replace the current requirements in the revised framework.

Expected Results Area: Individuals and communities are able to choose healthy behaviors

Findings

The groups affirmed one of the current requirements, modified a current requirement and identified a new requirement. These are:

- Implementation of an integrated, comprehensive chronic disease prevention strategy;
- Healthy public policy and development of a legislative framework; and
- Education awareness strategy.

Recommendation

It is recommended that these three requirements are identified in the revised framework.

Expected Results Area: Individuals and communities are assured quality and accessible health services

Findings

The groups affirmed one current requirement and identified two new requirements. These are:

- Universal access to culturally relevant, integrated and timely health services;
- A navigation system is in place; and
- Health services include a renewed emphasis on health promotion and prevention.

Recommendation

It is recommended that these three requirements are identified in the revised framework.

Indicators for expected results areas

In reviewing the discussion and suggestions regarding indicators one overall fining is that the suggested indicators are a mix of indicators, requirements and resources. It could be inferred that the groups were having difficulty distinguishing between requirements (which deal with systems and processes) and indicators (which are outcome's- based and measurable). Groups had difficultly ranking the indicators.

A general finding and recommendation is that indicators should be linked to expected results areas and should be measurable.

Expected Results Area: Individuals and communities are prepared for disasters and assisted in response and recovery

Findings

It is important to have indicators which will measure preparation and assistance capability. The groups identified the following possible indicators:

- Response times meet national standards;
- Existence of a current plan including updated community lists of the high at-risk people;
- Knowledge by staff of what to do in an emergency;
- Communication strategy exists about the plan; and
- Yearly mock disaster.

Recommendation

It is recommended that three of these suggested indicators be added to the framework based on measurability for preparation and assistance. These are:

- Response times meet national standards;
- Existence of a current plan including updated community lists of the high at-risk people; and
- Communication strategy exists about the plan.

Expected Results Area: Individuals and communities are protected from environmental hazards

Findings

It is important to have indicators which will measure protection from environmental hazards. The groups affirmed two indicators and identified three new indicators:

- Meet standards for water, air, soil and waste management;
- A comprehensive workplace wellness program is in place;
- Communications – there is evidence of an informed public;
- National standards are met for air quality, water quality, soil quality; and
- Environmental hazards are prevented.

Recommendation

It is recommended that all five indicators be added to the framework as they measure protection.

Expected Results Area: Individuals and communities are protected from epidemics and disease

Findings

It is important to have indicators which will measure protection from epidemics and disease. The groups identified two new indicators:

- Immunization rates meet or exceed standards; and
- No increase in vaccine-preventable illness.

Recommendation

It is recommended that both indicators be added to the framework as they measure protection.

Expected Results Area: Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries

Findings

It is important to have indicators which will measure injury prevention. The groups affirmed three indictors and identified two new indicators. These are:
- Meet standards for using seatbelts;
- Meet the standards for children traveling in approved child safety seats that are used properly;
- There is a reduction in violent outcomes;
- Comprehensive workplace wellness programs are in place;
- Injury reduction; and
- Reduction in the number of accidents from various forms of transportation.

Recommendation

It is recommended that the following indicators be added to the framework:
- Meet standards for using seatbelts;
- Meet the standards for children traveling in approved child safety seats that are used properly;
- Comprehensive workplace wellness programs are in place;
- Reduction in the rate of accidents from various forms of transportation.

Indicators that look at injury reduction and reduction in violent outcomes need to be identified. Indicators could include time loss injuries or crimes by type of offence.

Expected Results Area: Individuals and communities are able to choose healthy behaviors

Findings

It is important to have indicators which will measure healthy behaviours and choice. Indicators should include those which affect a person's ability to choose. The indictors shown in the current framework measure indirectly whether healthy behaviour choices have been made. The groups identified four new indicators. These are:
- Legislative frameworks are in place to support healthy public policy;
- Number of government policies from all sectors reflecting health public policy;
- Decrease our rate of physical inactivity by x%; and
- Reduce the number of people experiencing food insecurity.

Recommendation

Indicators need to address and measure socio economic variables. It is recommended that these indicators be added to the framework.

Expected Result Area: Individuals and communities are assured quality and accessible health services

Findings

In identifying indictors it is important to find those which will measure assured quality and access to health services. The groups identified a variety of indicators. The indicators suggested were grouped into three categories: access, community and services. The following provides an example from each category

- 100% of the population is able to access the services they need when they need them;
- Access to primary health care services at the community level; and
- Holistic services are provided.

Recommendation

It is recommended that indicators be chosen keeping these three categories in mind. In reviewing available indicators from statistics Canada, the following are suggested:

- Access to selected health care services
- Contact with alternative health care providers

It needs to be noted however, that appropriate indicators may not be currently measured to address the findings.

Additional findings and recommendations

Findings

In reviewing the suggestions from the groups, it is important to note that the groups emphasized the need to simplify the framework to make it user-friendly. Groups felt that the indicators and requirements needed to complement one another. However, the appropriate perspective is that the requirements and indicators should relate directly to the expected results areas.

Recommendations

- The framework needs to be simplified.
- The language used needs to be easily understood by the general public.
- Two frameworks should be developed: one for the general public which is high- level and one more detailed that would be used by those who work in the system.
- Reposition the expected results areas so that those key to public health are first. The reordering should be: epidemics, unintentional and intentional injuries, environment, healthy behaviours, disasters and services
- Indicators chosen for the framework need to be measurable and tied to the expected results areas.
- Develop an instruction guide on how to use the framework as a management tool.

Revised Public Health Capacity Framework

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY					
				Provincial	
Expected Results	Core Elements	Requirements	Indicators	Infrastructure Requirements	Investment Requirements
Individuals and communities are protected from epidemics and disease	- Early detection/screening - Clinical preventive services - Data collection, analysis, interpretation and dissemination - Outbreak investigation and response - Communication - Information management - Policy development - Leadership and management - Program development, implementation and evaluation	• Immunization Strategy; • Integrated Information System; • An active surveillance system monitoring chronic and communicable disease and risk of bioterrorism; and • Communications and public education strategy.	• Immunization rates meet or exceed standards; and • No increase in vaccine-preventable illness.		
Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries	- Building health public policy - Creating supportive environments - Strengthening community action - Developing personal skills - Re-orienting health services - Advocacy - Communication - Policy development - Leadership and management - Program development, implementation and evaluation	• Sufficient public education program that is community based and targets injury prevention initiatives • Systems to monitor and track unintentional and intentional injuries • Family violence and self harm programs • Comprehensive injury prevention strategy	• Meet standards for using seatbelts; • Meet the standards for children traveling in approved child safety seats that are used properly; • Comprehensive workplace wellness programs are in place; • Reduction in the rate of accidents from various forms of transportation. • Crimes by types of offence		
Individuals and communities are protected from	- Risk management - Inspection - Enforcement	• Sufficient systems to monitor regulate and enforce the quality of air, water, food, soil and waste management;	• Meet standards for water, air, soil and waste management; • A comprehensive workplace		

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY

Expected Results	Core Elements	Requirements	Indicators	Provincial	
				Infrastructure Requirements	Investment Requirements
environmental hazards	- Policy development - Leadership and management - Program development, implementation and evaluation	• Sufficient systems to monitor, regulate and enforce occupational health and safety; • Process and standards enforced to clean up contaminated sites; • An education strategy for the general public; • A communication strategy; and • Technology systems.	wellness program is in place; • Communications – there is evidence of an informed public; • National standards are met for air quality, water quality, soil quality; and • Environmental hazards are prevented.		
Individuals and communities are able to choose healthy behaviors	- Building health public policy - Creating supportive environments - Strengthening community action - Developing personal skills - Re-orienting health services - Advocacy - Communication - Policy development - Leadership and management - Program development, implementation and evaluation	• Implementation of an integrated, comprehensive chronic disease prevention strategy; • Healthy public policy and development of a legislative framework; and • Education awareness strategy.	• Legislative frameworks are in place to support healthy public policy; • Number of government policies from all sectors reflecting health public policy; • Decrease our rate of physical inactivity by x%; and • Reduce the number of people experiencing food insecurity.		
Individuals and communities are prepared for disasters and assisted in response and recovery	- Legislative framework (Act and Regulations) - Emergency preparedness and responses - Policy development - Leadership and management - Program development, implementation	• Integrated, organized disaster plan, training, response and recovery • National standards and guidelines • Sufficient Surge Capacity • Communications strategy • Community capacity building	• Response times meet national standards; • Existence of a current plan including updated community lists; and • Communication strategy exists about the plan.		

A PATH TOWARD BUILDING PUBLIC HEALTH CAPACITY

Expected Results	Core Elements	Requirements	Indicators	Provincial	
				Infrastructure Requirements	Investment Requirements
	and evaluation				
Individuals and communities are assured quality and accessible health services	- Developing a population health profile - Identifying inequalities in health - Assessing economic burden of health - Assessing effectiveness of interventions - Assessing effectiveness of existing services - Trend reporting - Advocacy - Communication - Policy development - Leadership and management - Program development, implementation and evaluation	• Universal access to culturally relevant integrated and timely health services; • A navigation system is in place; and • Health services include a renewed emphasis on health promotion and prevention.	• Access to selected health care services • Contact with alternative health care providers •		

Appendix C: Detailed Project Report

BACKGROUND

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.

PROVINCIAL REPORTS

Methodology

The four provinces were given a set of tools used for conducing their respective working group sessions. These tools included a facilitator guide, an introduction letter describing the project, and the framework used during the consultation (see Appendix A for the framework). Although all provinces used the framework to guide the discussion, the facilitation guide was adjusted to suit the specific needs of the provincial consultations (see Appendix B for the provincial reports).

In Manitoba, many of the consultations "piggybacked" on existing meetings. The time for working group sessions was reduced from one hour and 30 minutes to 45 minutes to one hour. Each working group session was broken into five groups—one for each of the expected results areas except "disaster management" which was being examined nationally.

The New Brunswick report did not provide specific information on the process used in the working group consultations.

In Newfoundland and Labrador, the working groups were issue specific. Each group addressed one or two expected results areas and individuals were invited to participate based on their area of expertise. The project partners felt that this revision of the process would be more beneficial in providing feedback than using the groups' limited time to try and examine the entire framework.

In Nova Scotia the working group sessions followed the facilitation guide with groups that had eight or more participants. In working groups with fewer than eight participants, the group remained as one large group and worked on the expected results areas with which they felt most comfortable providing feedback. The facilitators did provide a more in-depth explanation of results indicators than was provided in the facilitator guide. This explanation consisted of two different ways to look at results indicators: high level from a population health perspective or micro level where a results indicator is chosen that subsumes several related health issues underneath it.

In both Manitoba and Nova Scotia the introduction letter and framework were sent to participants via email prior to the working group sessions.

Participant characteristics

In Manitoba approximately forty-five participants provided feedback on the framework. The working group sessions included both rural and urban groups. Working group participants included those from government, non-government organizations, community agencies and other CIPHI. Professions consulted included government officials, public health professionals, other health professionals, and students.

The participants throughout New Brunswick and Prince Edward Island were drawn from government, non-government, school, university and community agencies. There were a total of seventy-five participants. The professions consulted were government officials, public health professionals, other health professionals, academics, researchers, and students.

In Newfoundland and Labrador, eighty-six participants represented both urban and rural sectors. The participants included those in government, non-government, university and community agencies. The professions consulted were government officials, public health professionals, other health professionals, non health professionals, academics, and researchers.

In Nova Scotia sixty-four participants were consulted on the framework. The working group participants included both rural and urban groups. Working group participants included government agencies, non-government organizations and a university. The professions consulted were public health professionals, other health professionals, academics and government officials.

Summary of findings and recommendations

In Manitoba the groups identified the need for high level results indicators in the areas of decreased income disparity, housing and access to secondary education. However, overall there was minimal discussion on the determinants of health.

In New Brunswick and Prince Edward Island, certain key findings emerged. It was apparent that national standards, a national vision and leadership were needed to achieve public health capacity. It was stressed that resources and supports were required to implement and

achieve capacity building. There was a strong emphasis placed on prevention and promotion within the framework. Groups also echoed the importance of focusing on the determinants of health and the community.

In Newfoundland and Labrador it was noted that a communications/public relations plan was needed for all expected results areas. It was identified that funding and human resources were needed to meet the responsibilities of this framework. National standards, although important may not be appropriate for each province.

In Nova Scotia, issues that were outside the scope of the discussion were “parked.” However, these parked issues identified some fundamental components that were integral to achieving the expected results areas. These components identified were: determinants of health and population health approach, collaboration, research, and healthy public policy.

Findings for each results area

Individuals and communities are prepared for disasters and assisted in response and recovery

Manitoba did not address this expected results area as it was being examined nationally.

The groups in New Brunswick and Prince Edward Island felt that the requirements covered most areas. The groups felt these requirements were covered at a high level. Suggestions for additional requirements included looking at areas around infrastructure, and resources for implementation. Issues around updating and testing of plans were also raised. Results indicators suggested by the groups were sub-categorized into pre-event (such as number of plans tested, warning systems in place and defined roles and responsibilities) and response (such as response rates, number of deaths from disasters and containment of disease).

In Newfoundland and Labrador participants examining the disaster preparedness issue suggested that there be one coordinated and consolidated plan for use at the provincial, territorial, regional and local level. In addition it was suggested that a national universal influenza program and the appropriate resources to develop surge capacity be added to the requirements. Support for communities in developing and testing plans, ensuring adequate stockpiles of supplies, education, an improved network, and key stakeholder development were all identified as additional requirements in building an infrastructure at the local level.

Results indicators suggested for inclusion included the number of communities with disaster and emergency preparedness plans, the number of plans tested on a regular basis and the percentage of the population immunized against influenza.

In Nova Scotia, the groups affirmed three of the current requirements (integrated, organized disaster plan, training, response and recovery; national standards and guidelines; and sufficient surge capacity) and identified two new requirements. These were: a communications strategy; and community capacity building. Results indicators suggested for inclusion in the framework were: response times meet national standards; existence of a current plan including updated community lists of the high at-risk people; and a communication strategy exists about the plan.

Individuals and communities are protected from environmental hazards

In Manitoba all respondents agreed with all the requirements. Although participants agreed with the Results indicators, they felt they were more like objectives. There were suggestions for additional results indicators that addressed education and public information, and that related to industries, such as penalties for violating industrial safety standards.

In New Brunswick and Prince Edward Island, the groups generally agreed with the current requirements but viewed them as too broad. The working groups suggested additional requirements in the areas of education, prevention, adequate resources, infrastructure and related systems, and intersectoral planning. The working groups felt the results indicators presented were mainly process focused, and that results indicators looking at enforcement and health such as rates of illness should be added.

In Newfoundland and Labrador, the participants supported the requirements but felt that indoor and outdoor air quality, water, food, soil, and waste management should be broken down into separate components because each topic areas is such a large and complex issue. There was also a suggestion that the monitoring and regulation of genetically modified organisms also be added to the list. Additional requirements identified included a system to perform a gap analysis of all these components; and, a database for pesticide use, municipal water systems, forestry and agriculture. A need for promotion campaigns and skill development for practitioners in this area was also highlighted. Participants noted that it is not always desirable for provinces to have to abide by national standards because national

issues may not always coincide with provincial and territorial priorities thus shifting resources away from regional/provincial/ territorial priorities.

In Nova Scotia, the groups agreed with the current requirements. The groups suggested three additional requirements: an education strategy for the general public; a communication strategy; and an information technology system. The groups affirmed two results indicators (meet standards for water, air, soil and waste management, and national standards are met for air quality, water quality, soil quality) and identified three new results indicators: a comprehensive workplace wellness program is in place; communications – there is evidence of an informed public; and environmental hazards are prevented.

Individuals and communities are protected from epidemics and disease

In Manitoba, all the respondents agreed with the list of requirements and felt that education needs to be mentioned for each requirement. A national system to track injury and cause of death was suggested as an additional requirement. Agreement among the results indicators varied but, overall, participants felt they were too disease specific and should be more general. An additional suggestion was for a national immunization strategy and for an education strategy on immunizations.

Groups in New Brunswick and Prince Edward Island felt the requirements were relevant but were too broad. The groups suggested the following additional requirements: capacity to respond, education, prevention, and involvement of the community. Groups stressed the need for a national immunization program. The groups felt that the results indicators provided were too narrow. Participants offered a number of suggestions, including immunization rates, access to information, and influenza rates.

In Newfoundland and Labrador commentary around the existing requirements included indicating that an immunization strategy needs to be standardized and funded; that information systems need to be standardized as well as integrated; and that surveillance systems of both an active and passive nature need to be implemented. Additional requirements called for an integrated communications and public awareness strategy, a defined office for public health at the provincial and territorial level, a service delivery model rooted in the concepts of community development, establishment of an emergency response team, formalized networks of responders, and documented prevention and promotion strategies. Participants also spoke of the need for a research fund that could be

dedicated to emergency public health situations and the requirement for a core team of skilled public health professionals to respond to outbreaks.

Groups in Nova Scotia mentioned the importance of focusing on the risk factors and not the disease. The groups affirmed three of the current requirements (immunization strategy; integrated information system; and an active surveillance system monitoring chronic and communicable disease and risk of bioterrorism) and identified two new requirements: a communications strategy, and a public education strategy. The groups also identified two new results indicators: immunization rates meet or exceed standards, and no increase in vaccine-preventable illness.

Individuals and communities are mobilized to prevent and manage unintentional and intentional injuries

In Manitoba there was general agreement on the requirements and results indicators. Additional suggestions for requirements included education and awareness programs, and high-risk behaviour programs. In general participants agreed with the results indicators but felt the results indicators that show the greatest success should be focused on first.

The working groups in New Brunswick and Prince Edward Island felt that additional requirements specifically around leadership and an integrated strategy needed to be added. Additional requirements included a focus around education and prevention. A further requirement identified by the groups was the need for improved legislation and enforcement. In examining the results indicators, the groups wanted to expand on the current list of results indicators and injury-related results indicators—such as reduction of child hood injuries, number of injuries at work and reduction of abuse.

In Newfoundland and Labrador the group participants affirmed the requirements listed. Additional suggested requirements included: the need for dedicated funding to create supportive environments, interdepartmental/interagency communication plans, education and awareness campaigns based on community needs assessments, integrated information systems that are accessible to front line providers and the community, development of collaborative networks associated with injury prevention, regular program evaluation, and surveillance systems that measure the state of unintentional injuries. Additional results indicators included the percentage increase in funding for supportive environments, increase in number of partners engaged in injury prevention work and a current, accessible inventory of those partners.

In Nova Scotia, most groups identified requirements for this expected results area but typically they were not successful in ranking them. The groups did not keep any of the current requirements and identified four new requirements for the framework. These new requirements were: a sufficient public education program that is community-based and targets injury prevention initiatives, systems to monitor and track unintentional and intentional injuries, family violence and self-harm programs, and a comprehensive injury prevention strategy. The groups suggested the results indicators include two existing indicators (standards for seatbelt use, and children traveling in approved safety seats) and add results indicators around a comprehensive workplace wellness programs and rates of accidents from various forms of transportation. In addition the groups suggested that results indicators need to address injury reduction and reduction in violent outcomes.

Individuals and communities are able to choose healthy behaviors

In Manitoba, the rating was varied for both requirements and indicators. The participants felt that two of the requirements presented on the framework (implementation of a comprehensive process for evaluating all government policies within the framework of provincial health goals, and 90% of new policies use the process and reflect healthy policy) referred more to administrative process and should not be included as requirements for this expected results area. Participants suggested new requirements addressing the determinants of health—such as a national housing policy, healthy and safe communities, and higher education opportunities. Results indicators that examined obesity and smoking were consistently rated higher than the others. It was suggested that a results indicator which addresses the income disparity gap needed to be included in the framework.

New Brunswick and Prince Edward Island working groups emphasized the need for a stronger representation on prevention and promotion in this expected results area. The discussion centered around barriers to health such as poverty and the availability of services and supports. Requirements which the groups felt were necessary for success included those in the areas of leadership, community buy-in, and resources. Groups felt that the results indicators should be broader and could focus on categories such as promotion/ prevention, population health and chronic disease. There was strong support for adding results indicators relating to healthy communities.

In Newfoundland and Labrador the group participants indicated that they felt the priority requirements in this area were the implementation of a lens to screen public policy from the perspective of reducing poverty and the implementation of the Provincial Wellness Strategy that is currently under development. The groups felt there should be a higher emphasis placed on health promotion and that the requirement for a chronic disease strategy should be rephrased to include a comprehensive health promotion and chronic disease prevention strategy. Participants indicated that they believed there were several key requirements missing from this element. They recommended including implementation of strategies to promote healthy child development and positive mental health, to reduce the inequalities that poverty and other social determinants have on health and to reorient the public's value of prevention services. With respect to results indicators the groups felt that the indicators listed focused primarily on physical health and that a greater emphasis needed to be placed on social results indicators such as availability of social housing, and utilization of food banks. Participants referenced results indicators that are being utilized in provincial, territorial, and national reports such as Health Scope and recommended that the framework be examined to ensure congruency with these indicators where appropriate.

The groups in Nova Scotia affirmed one of the current requirements (implementation of an integrated, comprehensive chronic disease prevention strategy), modified a current requirement (healthy public policy, and the development of a legislative framework) and identified a new requirement (an education and awareness strategy). The groups stressed the importance of results indicators that would measure healthy behaviours and choices. Results indicators should include those which affect a person's ability to choose. The groups felt the indictors provided in the current framework measure indirectly whether healthy behaviour choices have been made. The groups identified four new results indicators. These were: legislative frameworks are in place to support healthy public policy; there are a number of government policies from all sectors reflecting health public policy, there is a decrease in the rate of physical inactivity by x%, and there is a reduction in the number of people experiencing food insecurity.

Individuals and communities are assured quality and accessible health services

In Manitoba there was general agreement on all requirements and indicators. The requirement that looked at universal access to culturally relevant, integrated, and timely primary, secondary and tertiary care was consistently ranked as number one. The first three requirements (population health approach with intersectoral collaboration on determinants

of health; public participation, capacity development, and empowerment; and policies supportive of health) were seen as being related to process. Although participants agreed with the intent of the results indicators, the ratings varied.

Working groups in New Brunswick and Prince Edward Island felt the requirements in this section were comprehensive. The discussion focused on language—such as adding the words “sustainable, affordable and accessible” to the sections on universal access. There was also a need to clarify what the words implied—for example, what is meant by “health services.” It was stressed that other health professions need to be included in this expected results area. There was strong support for adding results indicators relating to population health—for example, those that look at inequalities and that reflect a broad spectrum of health services, such as healthy child development and availability of programs.

Participants in Newfoundland and Labrador questioned whether or not the requirements referencing secondary and tertiary health care should be included in a public health capacity framework. The groups recommended that new requirements be added or existing requirements be modified to reflect this intent. These requirements include: government policies that are evidence based, reflective of changing community needs and supportive of sustainable promotion/primary prevention services with appropriate linkages to secondary and tertiary health care; and public awareness strategies that educate the public around the determinants of health, the impact of preventive services and accessing primary health care services. There were concerns expressed by the participants that results indicators, such as wait times and wait list, were not appropriate for a public health framework. Participants indicated a need for more population health and qualitative results indicators. Specific areas mentioned where results indicators were required included healthy child development, mental health promotion and healthy aging. A need to develop results indicators that measure the degree of citizen engagement was also brought forward.

In Nova Scotia, the groups affirmed the requirement on the framework “universal access to culturally relevant, integrated and timely health services”. The groups also felt the need for a requirement around a navigation system and a requirement on health services that emphasize health promotion and prevention. They wanted results indicators that would measure assured quality and access to health services. The groups identified a variety of results indicators that were grouped into three categories: access, community and services.

EVALUATION RESULTS

Three of the four provinces provided results based on the evaluation forms and one province obtained evaluation data based on discussion. This evaluation examines both those components that relate to the framework and the process of the sessions.

Evaluation of the Framework

Perceived Uses of the Framework

The three provinces that provided data had different perspectives on the most common potential uses of the framework. The results of New Brunswick and Prince Edward Island showed that 57.3% of participants felt the tool would be most useful for educational purposes. Collaboration and planning were also highly ranked at 48% and 45.3% respectively of participants. In Newfoundland and Labrador, 70.6% of respondents felt that the framework was useful for planning. The respondents also felt the framework was useful for collaborating (66.2%) evaluating progress (51.5%), educating (47.2%) and developing policy (47.1%). Fifty percent (50%) of the participants of Nova Scotia felt that evaluating progress was the best potential use for the framework. However, education (42%), collaboration (44.7%) and planning (44.7%) were also rated highly by participants. Only the respondents in Newfoundland and Labrador very strongly endorsed one of the suggested areas for using the framework: Planning. Participants at the forum suggested that the diversity of uses for the framework may result from the current focus and needs of the participants.

Groups were supportive of the project and felt that the framework was potentially useful. Groups did note that the framework required additional refinement and revision. Group participants felt the framework was still in the early stages of its development and were interested in receiving more information about the framework as it evolved.

	New Brunswick	Newfoundland and Labrador	Nova Scotia
Education	57.3 %	47.1%	42.0 %
Collaborating	48.0 %	66.2%	44.7 %
Planning	45.3 %	70.6%	44.7 %
Monitoring	26.7 %	35.3%	28.9 %
Developing policy	29.3 %	47.1%	34.2 %
Evaluating progress	26.7 %	51.5%	50.0 %
Other	n/a	14.7%	23.7 %

Working Collaboratively

Participants in the provinces agreed that collaboration and partnerships were major components in building public health capacity. Broad-based intersectoral collaboration—with other regions, governments, professional groups, community groups, etc.—were seen as critically important. Although the groups identified the need and areas in which they could see themselves collaborating—for example disaster planning, mental health promotion, policy development, and community development—they did not offer specific ideas on how they would go about collaborating. They did point out that communication and education were the first steps in fostering collaboration and raising awareness about public health and the uses of the framework.

Other comments

One observation was reflected in all provincial findings—that is, that while participants stated that high level results indicators were needed, they focused on very specific and detailed results indicators when working with the framework. This seems to indicate that there was some confusion about the concept of high level results indicators and how they

can imply a lot of information and play a role in keeping the framework short and easy to understand. Participants seemed more comfortable with the detailed and specific lower level results indicators.

Evaluation of the Process

The condensed sessions in Manitoba were appreciated and influenced the decision to place the consultation on the agenda. There was minimal discussion on the determinants of health and high level results indicators were identified that referred to the determinants.

Time constraints to conduct the working group sessions, coordination of the sessions and resource constraints were factors that impacted on the process of the project in New Brunswick and Prince Edward Island. Unlike the other provinces, New Brunswick and Prince Edward Island had two additional challenges: the need for bilingual documentation and working group sessions; and the extensive travel covering two provinces. Both of these challenges were overcome.

Newfoundland and Labrador did not provide information on the evaluation of the process.

In Nova Scotia the working group process did not provide enough time for members to provide feedback in all expected results areas. Having a group member facilitate the session may have been a contributing factor for not completing all the requirements of the working sessions specifically as it related to discussing all the group's expected results areas, and ranking the top requirements and indicators. Finally, it is important to note that participants' interpretations of the requirements on the framework may have been different.

FORUM

On January 10, 2005, a facilitated, one-day forum was held to allow the provincial consultants and members of the Partnership Group the opportunity to review the preliminary findings of the consultation, consolidate a framework and refine the collaborative process for moving forward.

Participants

In all, eleven people participated in the Forum, representing the Canadian Public Health Association (CPHA) and its Atlantic and Manitoba provincial public health associations, the partners from the provincial foundations of the Heart and Stroke Foundation of Canada and in Newfoundland and Labrador, the Provincial Wellness Advisory Council and the consultants who worked on the project. Participants were:

Canadian Public Health Association:	• Karen Hill, Senior Policy Analyst, CPHA
Manitoba:	• Sue Hicks, Consultant and Manitoba Public Health Association (participated by phone)
New Brunswick / Prince Edward Island:	• Sharon Lawlor, NB/PEI Public Health Association • Gordon MacKay, Partner Group representative
Newfoundland and Labrador:	• Rosemarie Goodyear, Newfoundland and Labrador Public Health Association • Ann Manning, Partner Group representative • Ann Ryan, Consultant (reported on the provincial consultations by phone)
Nova Scotia:	• Susan McBroom, Public Health Association of Nova Scotia • Jane Farquharson, Partner Group representative • Andrea Hilchie-Pye, Consultant • Jan Catano, Consultant
Joanne Marshall-Forgie facilitated the Forum.	

The revised framework and a summary of critical issues were circulated prior to the forum.

Discussion Summary

Following introductions, Karen Hill presented an overview of the larger project of which this Atlantic/Manitoba project is a part. The overall goal is to build multi-sectoral collaboration and action on public health. The framework produced as a result of the Atlantic/Manitoba project, is to be a tool to facilitate collaboration.

Provincial Presentations

The provincial consultants reviewed the process, summarizing their challenges, limitations and learnings, and giving their assessment of the usefulness and limitations of the framework and its applicability to multi-sectoral collaboration. The main points of these presentations are summarized below.

Challenges

- The short time available for consultation made it difficult for some interested contacts to participate.
- Time and budget limitations made for difficulty in accessing participants, particularly Francophone populations and distant populations in Labrador and Northern Newfoundland.
- It was difficult to access sufficient multi-sectoral input—for example, around the environmental result.
- Some participants had difficulty understanding the relationship between results indicators and results.

Learnings

- There is a need to recognize the impact that financial limitations and a lack of resources have on public health capacity.
- A communications/public relations/public education plan is essential to carry the framework forward.
- It will be very important to provide feedback so that participants can see that their input has been used.
- Multi-sectoral input is vital, and needs to continue.

- There is a need for some caution that public health might be held accountable for all of the components in the framework without resources (or mandate) to do the work
- Research is necessary to the maintenance of an effective public health system.
- There is a need to think about what results indicators are used in the framework for several reasons:
  - National standards may not be appropriate or useable in the Atlantic Region and in Manitoba because of small populations.
  - There was confusion around the level of results indicators—some were high-level, some were not. There is a need to be consistent.
  - Overall, participants preferred use of high-level results indicators for a bird's-eye-view of capacity across the country.
  - Provinces and territories could develop their own, more specific, results indicators.
  - Participants wanted results indicators more reflective of the determinants of health—for example, on access to higher education, housing, and to address income disparity.
  - It is important to use results indicators that are measurable in some way.
- More emphasis on determinants of health is needed in both the framework (although participants cautioned that this should not overwhelm the focus on basic public health core capacity) and in public and government recognition. It was felt that there seems to be a lack of high-level government support for the determinants of health vs. the acute care environment.
- The framework needs to be more user-friendly and easier to read.

Usefulness of Framework

- The framework will be useful if it's language is clearer and it is less complicated
- Possible uses include:
  - as a starting point for discussion
  - as a way to measure basic capacity
  - for further consultations
- The framework can be adapted for use at different levels of government and by different agencies
- Primary proposed uses of the framework differed:
  - Education (NB)
  - Evaluation progress (NS)
  - Planning (NF)
  - Education/Evaluation (MB)

Limitations

- National standardization may not speak to provincial and territorial issues. The framework needs to be flexible.
- Results indicators may not reflect provincial and territorial status and need to be broader.
- Language and terms used may not be accessible to the public.
- Framework is too "medical model" and need more focus on prevention.
- Results indicators need to be on a consistent level – using high-level results indicators could reduce the number needed and make them more concise and more adaptable by provinces.

Applicability to multi-sectoral collaboration

- This collaboration must occur, but time money and human resources are limited.
- Question: who would "own" the framework?
- Question: what is the provincial/ territorial process for adoption?

- Multi-sectoral collaboration cannot be at the cost of adequate resources to build capacity within public health.

Conclusions

The discussion following these presentations reached several conclusions relevant to the revision and the future uses and prospects of the framework.

- The framework must be flexible enough to meet the differing expectations of the groups who will be using it—for example, provincial and territorial governments or non government organizations (NGOs). Federal, provincial, territorial, and municipal governments could use it for planning and resource allocation. NGOs could use the framework to see their role in public health and to advocate for public health resources.
- Though the determinants need to be reflected and clearly connected to public health work, the framework should be a core elements tool looking at basic capacity.
- NGOs could “own” the framework and encourage governments to use it.
- There will be a need to lobby government at a high level to ensure that the framework becomes a national tool. This would require commitment at the federal and provincial/territorial levels.
- Public education is essential to insure the publics understanding of and support for public health.
- The need for additional infrastructure and resources to support the basic work of public health, as well as for multi-sectoral activities, needs to be acknowledged.
- The continuing tendency to work in isolated groups known as silos is affecting public health priorities and must be addressed.

Critical Issues Discussion

A summary of the critical issues that led to the preliminary revision of the framework had been circulated prior to the Forum, and this was reviewed and discussed. (The critical issues summary is included on page 26 of this appendix.)

This presentation led to a wide-ranging discussion on the purpose, use and scope of the framework and how it could best facilitate the development of public health capacity and readiness—both capacity within the system and connectedness with other agencies—and raised many issues.

- The critical issue is that public health should not remain invisible. Is public health ready to "advance its own issues" within other areas?
- Should the framework focus on basic public health capacity or the state of readiness of the system—that is, basic capacity vs surge capacity? Continual "gap analysis" should be a requirement of the system—that is, the gap between public health's presence as core services and its response to capacity.
- Should the framework look at the "reality vs the dream"—that is, should it take a narrow focus or address the broader possibilities of the public
- Does this tool work to:
    - communicate what public health is and does?
    - communicate connections to other sectors?
- What are the possible uses of the framework:
    - Communicate what public health is
    - Enable NGO partners so they can see themselves and where they fit
    - Keep the public health system accountable
    - Use as an advocacy platform
    - Initiate/maintain dialog with partners
    - Engage others in conversations and actions to support public health
    - Provide a picture of what system looks like when it's working

- How can we make this tool flexible enough to meet the different expectations of the groups that will be using it? For some purposes, more complexity is wanted, for others, more simplicity.
- How adaptable should the framework be? Can it be changed by provincial/ territorial groups? In what ways?
- How can we set the context for the framework so that it addresses questions users will have?

Conclusions

Based on this discussion, the following guidelines for refining the framework were agreed on:

- The framework should focus on the core public health functions, with some reference to the determinants of health.
- The framework should remain a high-level document and the results indicators should reflect this.
- 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.
- Expected results areas should remain stable.
- Requirements should be comprehensive, with results indicators given as examples, using terms like “such as.” Requirements should be stable, results indicators flexible.
- A preamble is needed to set the context for the document. It should contain:
  - Context
  - Scope
  - Definitions of results, requirements, indicators, determinants of health
  - Uses for the framework

Review of the Revised Framework

Forum participants did a line-by-line review of the wording and content of the revised framework that had been circulated prior to the Forum. The outcome was a series of changes and refinements that have been worked in to the framework. (See Appendix A and the report for the revised framework)

Conclusions

In addition to many specific changes in the wording and order of requirements and indicators, the following major points were agreed on:

- The common requirements will remain in the header, but be labeled "Foundational Requirements." To emphasize the importance of these elements, the term "Foundational Requirements" will 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."
- The Result relating to healthy behaviours will be reworded as follows: Public policies and community function and design support health living.

Lessons Learned

Forum participants were asked to share the lessons they had learned from participating in the project. These were:

- It is very difficult is balance the "less is more" philosophy when the day-to-day reality emphasizes that "more is better". Hence, it is difficult to keep in mind that a few results indicators can gauge meaningful progress and can help engage us all in moving forward in a practical way.
- There was and is value to collecting information in the manner that makes the most sense for the community and multi-sectoral collaboration. For example, the methodology for this project varied across the provinces involved. This variability added richness to the information collected. A restrictive approach would have reduced meaningful collaboration and results.
- It is important to have parameters/boundaries for the work and proceed without preconceived notions about the outcome. By doing so, you increase the likelihood of initial and ongoing engagement.
- There are challenges to working across sectors and between provincial, territorial, and national organizations. At the core is the necessity for relationship building and convergence of provincial, territorial, and national priorities.
- Having an interested and supportive organizational partner was very valuable.

- Having a consultant that was interested and well versed on public health, as well as known throughout the system, allowed for easier access to participants.
- More up front time to plan and implement is necessary.
- Local chapters of CPHA would benefit with some resources assigned to cover administrative costs as part of implementing the project.
- Recognition of the cost of bilingual translation is needed.
- Public health participants expressed a sense of isolation. They really appreciated meeting and having a forum and an opportunity to discuss common concerns.

Forum Evaluation

At the close of the Forum, participants were asked to complete a short evaluation questionnaire. Three questionnaires were returned.

Question 1: Will you use this framework for:

- Educating: 3 of 3 responses
- Collaborating: 1 of 3 responses
- Planning: 2 of 3 responses
- Monitoring: 1 of 3 responses
- Evaluating progress: 1 of 3 responses

Question 2: Can you identify what is required to support the use of the framework?

- A clean concise final draft
- A training package with support; consider putting into health promotion clearinghouse and CHPNA
- Adequate support from local branches and education and understanding of content

Question 3: Do you believe processes and activities have been identified to continue the partnership for furthering public health capacity?

- Yes: 3 of 3 responses

Question 4: How would you rate your commitment to continue to collaborate toward making progress on public health goals?

- Committed: 2 of 3 responses
- Very committed: 1 of 3 responses

FRAMEWORK REVISION

The framework was revised based on the findings of the provincial consultations and the discussions at the Forum.

The initial overview of the four provincial consultation reports indicated that there were some reoccurring issues that have significant impact on the structure and usability of the framework. These are summarized in Table 1.

Table 1: Summary of Critical Issues

ISSUE	PROVINCES			
	NFLD	NS	NB & PEI	Man
Structural Issues				
Confusion about "core elements" and "requirements"		X		
Confusion because indicators did not mesh or link one on one with requirements	X	X	X	
Format too complex		X		X
Language Issues				
Too much public health jargon/ difficult language		X	X	
Content Issues				
Too " medical model"/ disease specific	X	X	X	X
Not enough reference to population health, social determinants of health, promotion, prevention, social justice, poverty	X	X	X	X
Need for national strategy, registry, goals, leadership	X	X	X	X
Integrated information systems	X	X	X	X
More education and communication	X	X	X	X
Healthy public policy and legislative framework needed	X	X	X	
Focus on collaboration, partnerships, joint policies	X	X	X	
Focus to capacity to respond, capacity building, community development	X	X	X	
Research component needed		X		X
More focus on advocacy needed		X		

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 connections that would give each requirement a specific results indicator.

Similar themes reoccurred repeatedly for each expected 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 expected results areas. Listing them separately under each expected results area would imply that each expected 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 less use of public health jargon.

To address the structural, language, and content issues that arose during the consultation, 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.

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

- The Framework does not need to be limited to two pages at this point.
- The framework needs to be as succinct as possible so it remains a useable tool 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 tool.
- 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 framework was revised based on these principles and on the detailed review of the framework by Forum participants. The revised framework is described in the main report.

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 CPHA Board in a discussion of how this tool 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 advocate 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 from health accord funds.
- Undertake specific initiatives to move the framework forward in the provinces.
- Look at how we can work together to use the framework to strengthen national, provincial and territorial public health organizations.