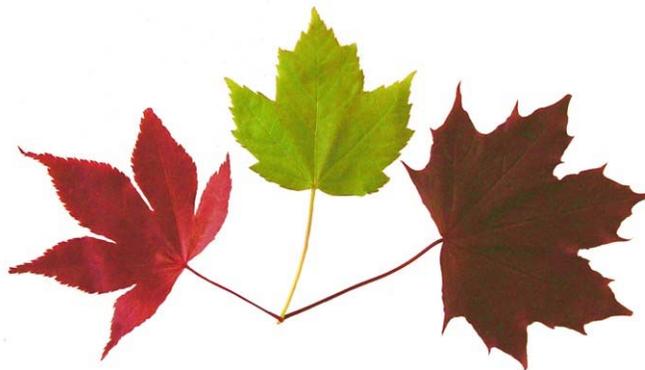


A Path Toward Building *Public Health Capacity*



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

- Institute of Medicine, November 2002

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

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



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



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

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

Definitions

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

A Path Toward Building *Public Health Capacity*



A public health system:

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

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

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

A Path Toward Building *Public Health Capacity*

Adequate financial, human, and infrastructure resources

Advocacy

Communications and education

Community development and capacity building

Healthy public policy

FOUNDATIONAL



REQUIREMENTS

Integrated information system (including data collection, analysis, interpretation and dissemination)

Leadership and management

Partnerships and collaboration

Population health focus

Program development, implementation and evaluation

Research

RESULT #1

Individuals and communities are protected from epidemics and disease

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

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RESULT #2

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

REQUIREMENTS: What's needed

INDICATORS: How will we know?

- Foundational requirements (listed above)

- **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, and in 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

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Program development, implementation and evaluation

Research

RESULT#3

Individuals and communities are protected from environmental hazards

REQUIREMENTS: What's needed	INDICATORS: How will we know?
<ul style="list-style-type: none"> ▪ Foundational requirements (listed above) 	
<ul style="list-style-type: none"> ▪ A coordinated/integrated approach to preventing and responding to environmental issues 	<ul style="list-style-type: none"> ▪ A coordinated/integrated approach, initiated nationally, provincially and territorially, such as: <ul style="list-style-type: none"> ▪ Environmental strategy ▪ Intersectoral long-term cooperative planning around environmental impacts on industry, land, population and the ecosystem
<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Monitoring systems <ul style="list-style-type: none"> ▪ Adequate public health staff to ensure monitoring, follow-up and prevention ▪ Meet standards for water treatment and quality, air quality, soil quality, and waste management
<ul style="list-style-type: none"> ▪ Process and standards to regulate and enforce clean up of contaminated sites 	<ul style="list-style-type: none"> ▪ Clean up of contaminated sites ▪ Process and standards to regulate and enforce environmental clean-up in place and enforced

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REQUIREMENTS

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Partnerships and collaboration

Population health focus

Program development, implementation and evaluation

Research

RESULT#4

Public policies and community function and design support healthy living

REQUIREMENTS: What's needed	INDICATORS: How will we know?
<ul style="list-style-type: none"> ▪ Foundational requirements (listed above) 	
<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ Health promotion and chronic disease prevention, for example: <ul style="list-style-type: none"> ▪ Measurable reductions in rates of Type 2 Diabetes, smoking, and adult and childhood obesity ▪ Integrated policy development <ul style="list-style-type: none"> ▪ Reduction of poverty and health inequities, for example: <ul style="list-style-type: none"> • Measurable increase in rate of literate individuals • Measurable increase in number of government policies from all sectors reflecting healthy public policy • Measurable reduction in the rate of low income families • Initiation of strategies to improve access to higher education
<ul style="list-style-type: none"> ▪ Implementation of integrated, comprehensive strategies for: <ul style="list-style-type: none"> ▪ Child development ▪ Mental health ▪ Health promotion ▪ Chronic disease prevention ▪ Healthy and safe communities ▪ Active living 	<ul style="list-style-type: none"> ▪ Implementation of a healthy and safe communities strategy, for example: <ul style="list-style-type: none"> ▪ Implementation of a 5-year national housing policy ▪ Active living strategies, for example: <ul style="list-style-type: none"> ▪ Measurable increase in reported rates of physical activity ▪ Development of policies to support opportunities for physical activities throughout the life cycle (provincial, territorial, and municipal levels) ▪ Food security strategy, for example: <ul style="list-style-type: none"> ▪ Measurable reduction in the number of people experiencing food insecurity ▪ Healthy child development strategy, for example: <ul style="list-style-type: none"> ▪ Measurable reduction in the number of low weight babies ▪ Measurable increases in breast feeding rates and in number of children participating in early childhood education programs ▪ Strategy to promote positive mental health, for example ▪ Measurable reductions in Canadians reporting stress and/or time stress and in the rate of diagnosed mental illness

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Leadership and management

Partnerships and collaboration

Population health focus

Program development, implementation and evaluation

Research

RESULT#5

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

REQUIREMENTS: What's needed	INDICATORS: How will we know?
<ul style="list-style-type: none"> ▪ Foundational requirements (listed above) 	
<ul style="list-style-type: none"> ▪ Comprehensive, integrated, and appropriately resourced national, provincial and territorial disaster plans that are supported by a legislative framework (Acts and Regulations) that include: <ul style="list-style-type: none"> ▪ Emergency preparedness ▪ Response and recovery ▪ Continuous training, updating and testing of plans ▪ Sufficient surge capacity including personnel and supplies 	<ul style="list-style-type: none"> ▪ Legislative framework (Act and Regulations) to support a comprehensive, integrated, appropriately resourced national disaster plan that includes: <ul style="list-style-type: none"> ▪ Emergency preparedness, for example: <ul style="list-style-type: none"> • National standards and guidelines developed and 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) • Measurable increase in number of communities with disaster preparedness plans • Strategies in place to reduce risk and vulnerability and to prevent hazards ▪ Response and recovery, for example: <ul style="list-style-type: none"> • Response times meet national standards • Measurable increase in number of communities with disaster recovery plans ▪ Continuous training, updating and testing of plans, for example: <ul style="list-style-type: none"> • National, provincial, territorial and community disaster plans tested and evaluated regularly based on standards • National plans reviewed and revised annually based on testing results • Regular and continuous training for emergency response ▪ Sufficient surge capacity including personnel and supplies, for example: <ul style="list-style-type: none"> • Measurable increase in number of personnel with proper training
<ul style="list-style-type: none"> ▪ Prevention and risk analysis 	<ul style="list-style-type: none"> ▪ Adequately funded national, provincial and territorial emergency stockpile system

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REQUIREMENTS

Integrated information system (including data collection, analysis, interpretation and dissemination)

Leadership and management

Partnerships and collaboration

Population health focus

Program development, implementation and evaluation

Research

RESULT#6

Individuals and communities are assured integrated, quality, and accessible health promotion and primary prevention services and programs grounded in the determinants of health

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