

**Canadian  
Coalition  
for Public  
Health  
in the 21<sup>st</sup>  
Century**

**Closing the "Naylor Gap"**

**A Contribution from**

**the Canadian Coalition for Public Health in the 21<sup>st</sup>  
Century**

**to the**

**Standing Committee on Finance**

c/o Canadian Public  
Health Association  
400-1565 Carling Avenue  
Ottawa, Ontario  
K1Z 8R1

Tel: 613-725-3769  
Fax: 613-725-9826  
E-mail: [coalition@cpha.ca](mailto:coalition@cpha.ca)

# **Closing the "Naylor Gap"**

## **Presentation to the Standing committee on Finance Of the Canadian Coalition for Public Health in the 21<sup>st</sup> Century**

### **Introduction**

The Canadian Coalition for Public Health in the 21<sup>st</sup> Century (CCPH21) is pleased to be making its first presentation to the Standing Committee on Finance. The purpose of our presentation is to make sure that the forthcoming budget recognizes public health as the national priority it must be.

CCPH21 is a partnership of 37 national non-government, professional, health, and research organizations and coalitions committed to making Canadians the healthiest people in the world by advocating for an effective integrated public health system.

The Coalition came into existence in May of 2003, while SARS was still claiming victims in Canada. The SARS outbreak drew public attention to the urgent need for reform of this country's public health system, and the federal government responded by establishing the Naylor Advisory Committee on SARS and Public Health. Many of this committee's recommendations were subsequently acted upon; as a result we now have a Public Health Agency of Canada (PHAC) and a Chief Public Health Officer, so that public health now has a visible "face". The government has also committed \$665 million over 3 years to national public health functions, in addition to the existing \$400 million that is being transferred from Health Canada to the new agency.

These are good first steps, but a gap remains between the Naylor Committee's recommendations and the federal government's actions. In our pre-budget submission, CCPH21 outlines its recommendations for closing this gap, and ensuring the effective public health system Canadians need.

Though health services are labeled a matter of provincial jurisdiction, the health of Canadians, and the means to maintain it are matters of national and pan-Canadian importance.

### **The Nature of Public Health**

Public health focuses on the social, environmental and economic factors affecting health as well as on the communities and settings where people gather, work, play and live. It has five key functions:

- health promotion (actions to affect overall health and well being)
- prevention (of specific diseases, injuries and social problems)
- health protection (preventive and emergency services)
- health surveillance (keeping track of patterns of risk factors and disease to enable timely action).
- population health assessment (measuring, monitoring and reporting on the status of the health of communities)

Because its focus is on preventing problems before they occur, public health receives little attention until something goes wrong. The SARS outbreak was a dramatic example of what can happen when something does go wrong. Unfortunately, Canada continues to face public health threats, from obesity, avian flu, West Nile Virus, food- and water-borne illnesses, prevention of injuries, food insecurity and many other issues. These problems require appropriate federal and provincial/territorial investment in public health. In this submission the Coalition has identified six priority areas in which the federal government should specifically provide financial and policy support.

## **1) More Resources to the Front Lines**

The First Ministers acknowledged the need to improve public health infrastructure and increase institutional, provincial and territorial capacity, and the 2004 Federal Budget set aside funds for what it labeled a ‘first installment’ for public health. Recently, a “Ten-Year Plan” by the federal government called for \$41 billion in additional funding in transfers to provinces and territories to meet health care problems; but none was earmarked for public health.

We are concerned that the First Ministers commitments to public health may not be reflected in practice –and it must be, for regional and local public health systems face the same problems as do federal ones. Though local public health services are the “front lines” when a public health emergency strikes, they are often under-resourced. A 2001 study reported to the Federal, Provincial and Territorial Deputy Ministers of Health documented many of the ‘capacity’ issues faced by front line public health services.<sup>1</sup> The new funding may continue to go disproportionately to disease treatment, at the expense of public health services that prevent illness and promote health. This must not happen.

Funding must be allocated to the ‘upstream’ activities that are integral to a public health approach.

### **Recommendation #1**

**The federal government call on the provincial/territorial governments to earmark a portion of the increased resources provided in the 10-year plan for public health activities, and for transparency in spending.**

## **2) Funding for the Public Health Agency of Canada (PHAC)**

In 2003 the Naylor Advisory Committee recommended \$700 million annually in incremental funding for public health infrastructure and programming, including:

- \$200 million for the Public Health Agency of Canada
- \$300 million for partnerships
- \$100 million for communicable disease surveillance and control
- \$100 million to bolster the National Immunization Strategy.<sup>2</sup>

---

<sup>1</sup> “Survey of Public Health Capacity in Canada: Technical Report” Report to the Federal, Provincial Territorial Deputy Ministers of Health, by the Advisory Committee on Population Health, February 2001. Available through Access to Information”

<sup>2</sup> “Renewal of Public Health in Canada – Learning from SARS. . .”

This is in addition to \$404 million funding for ongoing activities previously provided within Health Canada.

The 2004 federal budget promised \$665 million over 3 years - \$221 million annually – substantially less than the \$700 million annually in incremental funding that the Naylor Committee recommended. Moreover, Naylor’s original estimate did not include other vital public health functions, such as surveillance and control of non-communicable diseases, and support for the Pan-Canadian Public Health Network to build capacity and provide coordinated responses to public health emergencies nationwide, whose development Health Canada is facilitating.

In recent years, many non-governmental initiatives dealing with public health issues have arisen – this Coalition is an example, as is the Chronic Disease Prevention Alliance, and the Joint Consortium on Health Promotion Research, and the School Health Consortium. The upcoming federal budget should remedy the ‘Naylor Gap’; and build on the strengths of emerging non - governmental activities.

## **Recommendation #2**

**The federal government should increase to \$1 billion per year its core funding for federal public health functions, including the establishment and ongoing operation of the Public Health Agency of Canada, public health partnerships and the prevention and control of communicable and non-communicable diseases, and to promote the health of all Canadians. This funding should be reviewed every three years.**

### **3) A National Public Health Workforce Strategy**

Experts all agree that Canada has a serious shortage of appropriately trained workers at all levels in public health. Many current front-line practitioners are public health nurses, but the workforce also comprises staff from other disciplines (e.g. health inspectors, nutritionists, health promoters, community development specialists, public health dentists, researchers, epidemiologists). Few front-line people are graduate-level public health professionals, and those that do exist are not equitably distributed across jurisdictions. In addition, though front line practitioners require a broad range of skills and knowledge to allow them to work effectively on increasingly complex public health issues, there are virtually no resources dedicated to addressing their continuing education needs. The picture at management and leadership levels is similar.

The Naylor Committee concluded that the only way forward was a coherent national public health human resources strategy, and it recommended that Health Canada engage provincial and territorial ministries of health, as well as a wide range of non-governmental partners, in immediate discussions around the initiation of this strategy. Naylor also recommended that the Strategy should include funding mechanisms to support public health human resource development on a continuing basis.<sup>3</sup> CCPH21 concurs wholeheartedly with this recommendation.

---

<sup>3</sup> Naylor, page 138.

We also note that the broader issue of health human resources is under review, and we urge the Public Health Agency of Canada, Health Canada, and Human Resources and Skill Development Canada to develop a coordinated strategy that includes both public health and health care human resource issues.

For example, Human Resources and Skills Development Canada is currently conducting sector studies on a number of health disciplines: medicine, nursing, pharmacy, oral health and home care. These sector studies have been effective in bringing stakeholders together to identify workforce-specific problems and their solutions. Public health could benefit from a sector study of its own. Given the multi-disciplinary nature of public health, this study would have the additional value of being the first to analyze public health human resource needs across disciplines.

### **Recommendation #3**

**The federal government should allocate sufficient funds, through the Public Health Agency of Canada, Human Resources and Skills Development Canada and Health Canada, for the conduct of a multidisciplinary sectoral study of Canada's public health workforce and the development of a long-term strategy for its renewal and sustainability. As well, Health Canada should integrate public health human resource issues into its broader study of health care human resources.**

#### **4) A National Immunization Strategy**

Vaccines are among the greatest public health achievements of the 20th century. Thanks to immunization, infectious diseases, once a leading cause of death in Canada, now account for less than 5% of this country's mortality. Immunization is also one of the most cost-effective health interventions available, and the World Bank calls it the first public health initiative in which governments should invest.

Record-keeping regarding immunization varies across provinces in both definition and frequency: comparative statistics are not available. However, federal statistics show that the coverage for government—funded vaccines for preventable childhood diseases is less than the optimal rate required to control disease (90%). As well, immunization coverage for children has fallen over the last ten years. And, for adults, and for vaccines for which governments do not pay, the coverage rate is thought to be substantially lower.

Finally, immunization coverage varies from province to province. There are continuing differences in the vaccines that are covered by provincial immunization schedules. These differences may increase with the ongoing development of new vaccines, which provinces may be reluctant to fund if they are costly. It has also been suggested that some jurisdictions are reluctant to spend 2004 one-time funding included in the Federal Budget, claiming they will face even more pressure from the public for more vaccine expenditures.

Canada's health ministers have approved a National Immunization Strategy, with the strong encouragement of Health Canada; however it has not yet been fully implemented. In 2003 Health Canada provided \$45 million over 5 years for the Strategy's development and implementation. This is a good start, but more is needed. The Naylor Committee recommended funding of \$100M per year for the National Immunization Strategy.

#### **Recommendation #4**

**The federal government should make a long-term funding commitment to a national immunization program including \$100 million annually to the provinces and territories to initiate and sustain immunization programs and \$10 million annually to support the National Immunization Strategy. This commitment should be reviewed every three years.**

#### **5) Data Requirements - Prevention and Control of Disease**

In current deliberations on public health in Canada, most of the attention has been given to control of infectious disease. However, PHAC's mandate also includes prevention of non-communicable and chronic disease, including health promotion programs to reduce the prevalence of risk factors such as tobacco use, unhealthy eating and physical activity. Traditionally disease prevention and health promotion have not been a high financial priority with decision-makers, possibly because their economic benefits are not immediately apparent. However, preventable chronic diseases and injuries, for example, impose a heavy economic burden on Canadians, in terms of health care expenses, disability pensions, lost productivity and other costs.

Health Canada releases sporadic reports on the economic burden of disease in this country; the most recent editions were published in 1993 and 1998. These reports suggest that our research priorities do not necessarily correspond to the economic burden of disease. For example, musculoskeletal diseases cost Canada \$16.4 billion per year in 1998, ranking 9<sup>th</sup> in terms of direct cost, and 3<sup>rd</sup> in terms of indirect cost; yet they received only 1.3% of research funding in 1998.

If economic considerations are to influence Canada's research and programming agendas, it follows that we should devote resources to health conditions commensurate with their economic burden on the country. Economic burden data should form part of Health Canada's sustainable development report. If reports on the economic burden of disease are prepared on a regular basis instead of sporadically, Canada would have better data to help re-calibrate programming and research.

#### **Recommendation #5**

**That Health Canada update the Economic Burden of illness report every three years and formally incorporate this concept into its sustainable development strategy with respect to the balancing of surveillance, prevention, programming and research.**

## 6) **Benchmarks for Public Health Performance**

On September 15, 2004, all fourteen of Canada's First Ministers agreed on a *Ten-year Plan to Strengthen Health Care*. The Plan established a requirement for evidence-based benchmarks, comparable indicators, clear targets and transparent reporting to the public. The following month, the Throne Speech committed governments, for the first time, to setting goals and targets for improving the health status of Canadians, with the Health Council of Canada being responsible for providing an annual report on health status and outcomes. (These would undoubtedly complement work by the Canadian Institutes for Health Information such as 'Improving the Health of Canadians'.) To provide an adequate picture of the determinants of this country's health status, the Health Council must incorporate public health benchmarks on system performance, activities, and outcomes in its annual reports.

### **Recommendation #6**

**The federal government should direct the Health Council of Canada to include the performance of the public health system in its reporting to Canadians.**

## **Conclusion**

The SARS outbreak was a wake-up call to Canada; since then, few Canadians remain unconvinced that our public health system must be supported and improved to make it the best in the world. The Canadian Coalition for Public Health in the 21<sup>st</sup> Century congratulates the Government of Canada for the considerable progress it has made in this direction. Our members are committed to working with you to further improve Canada's public health system, for the sake of the health and safety of Canadians.

<b>CANADIAN COALITION FOR PUBLIC HEALTH</b> <b>in the 21st Century</b> <b>Membership (November 10, 2004)</b>
Association of Canadian Academic HealthCare Organizations
Association of Medical Microbiology and Infectious Disease Canada
Canadian Alliance on Mental Illness and Mental Health
Canadian Association of Occupational Therapists
Canadian Association for School Health
Canadian Association of Public Health Dentistry
Canadian Cancer Society
Canadian Chiropractic Association
Canadian Dental Association
The Canadian Coalition for Immunization Awareness & Promotion
Canadian College of Health Service Executives
Canadian Dental Hygienists Association
Canadian Diabetes Association
Canadian Healthcare Association
Canadian Institutes of Health Research, Institute of Population and Public Health
Canadian Medical Association
Canadian Nurses Association
Canadian Paediatric Society
Canadian Pharmacists Association
Canadian Psychological Association
Canadian Public Health Association
Canadian Society for International Health
Canadian Society for Medical Laboratory Science
Canadian Veterinary Medical Association
Chronic Disease Prevention Alliance of Canada
Community & Hospital Infection Control Association Canada
Dietitians of Canada
Heart and Stroke Foundation of Canada
Institute of Population Health - University of Ottawa
National Specialty Society for Community Medicine
St. John Ambulance
Ontario Public Health Association
Physicians for a SmokeFree Canada
Safe Kids Canada
The Lung Association
University of Toronto, Department of Public Health Sciences, Faculty of Medicine
YMCA of Canada
Regional representatives of public health concerns – Claire Betker, Susan McBroom
Special Advisors – Maureen Law, Jack Lee, Larry Chambers
<i>For more info: <a href="mailto:coalition@cpha.ca">coalition@cpha.ca</a></i>