CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

STRENGTHENING PUBLIC HEALTH SYSTEMS

in Canada

THE VOICE OF PUBLIC HEALTH

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice. We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wide-ranging discussions and information sharing.

We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

OUR VISION

Healthy people and communities thriving in inclusive, equitable, sustainable environments

OUR MISSION

To enhance the health of all people and communities in Canada, particularly those who are structurally disadvantaged, and to contribute to a healthier and more equitable world

Suggested Citation

Canadian Public Health Association (CPHA). Strengthening Public Health Systems in Canada. December 2022. Available at https://www.cpha.ca/sites/default/files/uploads/advocacy/strengthen/strengthening-ph-systems-brief-e.pdf

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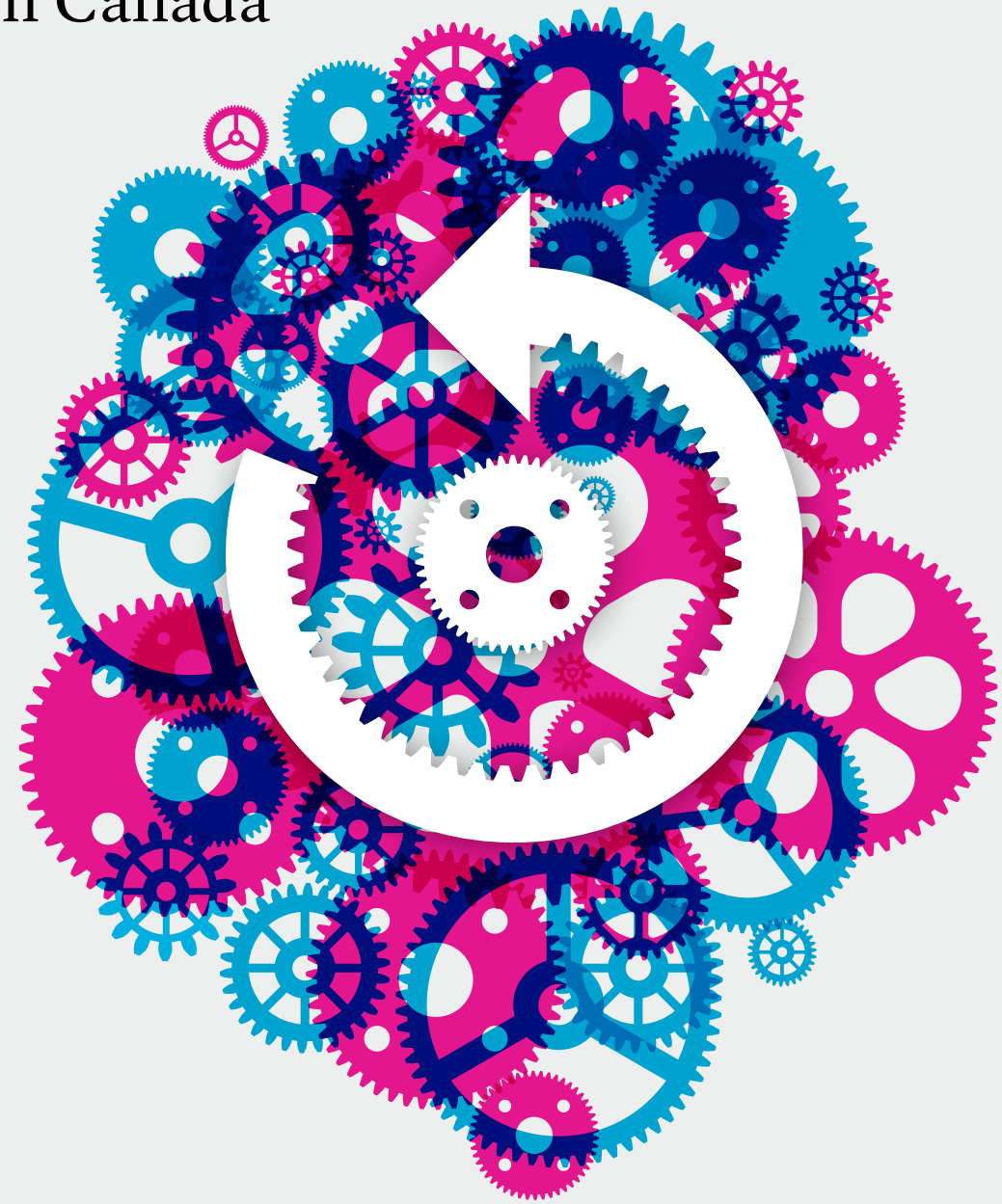


The Canadian Public Health Association calls on the federal government to lead provincial and territorial governments and other stakeholders in creating cohesive, comprehensive and accountable public health systems in Canada.

STRENGTHENING PUBLIC HEALTH SYSTEMS IN CANADA

Executive summary

The COVID-19 pandemic illuminated shortcomings in Canada's public health systems that were diagnosed decades ago.

The Canadian Public Health Association calls on the federal government to lead provincial and territorial governments and other stakeholders in creating cohesive, comprehensive and accountable public health systems in Canada. Doing so will improve population health outcomes nation-wide and protect the primary and acute care systems from being overburdened. In a country that so highly values portable and universal medical care for individuals, the same standards should hold for the public health services that protect and improve the health of Canadian populations.

The six core functions of Canada's public health systems are population health assessment, health protection, health surveillance, disease and injury prevention, health promotion, and emergency preparedness and response. In practice, however, many details of their content and translation into action are not well defined or well realized. The federal government should establish a cross-jurisdictional Public Health Systems Working Group whose mandate would begin by defining a common set of core public health functions, along with a common framework of high-level goals and outcome metrics for the provision of public health services.

The public health workforce draws on diverse professional and disciplinary backgrounds yet requires a common grounding in foundational approaches and skills of public health as well as skills to meet evolving public health needs. For this reason, strengthening Canada's public health systems requires updated workforce competency descriptions to be developed and embedded into workforce planning and resourcing.

Across Canada, there is a significant gap in training resources for practitioners entering the public health workforce or seeking to upgrade their knowledge and skills. This presents a substantial obstacle both to the delivery of high-quality public health services and to workforce mobility. Federal leadership is needed to design and deliver flexible, comprehensive training for public health practitioners in Canada.

In the area of governance, the federal government should lead by establishing a new Canada Public Health Act that would detail the federal mandate for supporting public health services, allocate new targeted public health transfers for provincial and territorial capacity-building, ensure reporting on outcomes, and support emergency planning. It should also introduce governance mechanisms enabling public health expertise to inform other departments' policies and programs affecting population health.

Federal leadership is just a first step. With collaboration by provincial and territorial governments and other stakeholders, we can build the cohesive, comprehensive and accountable public health systems that citizens deserve, and that will strengthen Canada as a whole.

SUMMARY OF RECOMMENDATIONS & IMMEDIATE ACTIONS

RECOMMENDATIONS		IMMEDIATE ACTION
CORE FUNCTIONS	• Convene provincial and territorial governments to create a pan-Canadian statement of core public health functions, establishing a shared commitment to the mandate of public health services.	• Establish a cross-jurisdictional 'Public Health Systems Working Group', the first charge of which will be to define the core functions of public health services in Canada.
POPULATION HEALTH GOALS	• Work as a partner with provincial and territorial governments to translate agreed-upon core public health functions into a set of high-level population health goals specifying outcomes that public health services will be accountable to deliver for Canadian populations. • Seek agreement on pan-Canadian outcome indicators to measure progress toward achieving these population health goals.	• Formalize linkages between the new 'Public Health Systems Working Group' and the federal government's Pan-Canadian Health Data Strategy initiative in order to ensure that public health data systems are capable of providing suitable outcome indicators to meet systemic needs.
WORKFORCE COMPETENCIES	• Collaborate with provincial and territorial governments, and with relevant stakeholders, to produce an updated list of public health competencies.	• Establish a sub-group of the new 'Public Health Systems Working Group', expanded to include public health practitioners, professional training programs, academics, and post-secondary education programs, to define an updated list of public health competencies.
WORKFORCE TRAINING	• Lead consultations on a pan-Canadian training program for public health professionals based on a renewed set of public health competencies. Determine optimal formats for training delivery. • Commit to funding an online training platform for the public health workforce, to be developed and delivered by the Public Health Agency of Canada or delegated to a qualified stakeholder organization.	• Establish a sub-group of the new 'Public Health Systems Working Group' to lead consultations on developing a pan-Canadian training program for public health workers.
GOVERNANCE	• Lead the creation of a new Canada Public Health Act. • Adopt governance practices enabling public health expertise to inform healthy public policy.	• Establish a sub-group of the new 'Public Health Systems Working Group' to begin studying governance mechanisms and making recommendations to ensure that all levels of government are held accountable for delivering and supporting consistent high-quality public health services.

Toward cohesive, comprehensive and accountable public health systems in Canada

According to Government of Canada figures, as of 5 December 2022, the total number of cases of COVID-19 in Canada was 4,423,053, including 48,044 deaths. According to the Parliamentary Budget Office, the Government of Canada's COVID-19 Economic Response Plan will cost an estimated $258.5 billion between fiscal years 2019-20 and 2021-22, which does not include the hundreds of millions of dollars spent by provinces and territories. Nor does it capture the myriad impacts on the lives of individuals, families, and communities in Canada. These costs would have been much less if this country had faced the pandemic with strong, cohesive, well-functioning public health systems in place.

The lack of such systems in Canada has been known for decades. In 2003, the National Advisory Committee on SARS and Public Health noted that unlike Canada,

> *...many countries have coherent strategies with nationally-agreed health goals. These nations link legislation, programs, monitoring, standards, funding and accountability to a national strategy and objectives.*

Today it is time for the federal government to lead the way in supporting the creation of cohesive, comprehensive and accountable public health systems for the benefit of each person in Canada and the country as a whole.

The Canadian Public Health Association (CPHA) asks the federal government to lead governments across Canada in creating structurally cohesive and comprehensive public health systems that will make everyone in Canada healthier, better prepare us to cope with future public health crises, and lessen the burden on acutely stressed medical systems nation-wide.

The analysis and recommendations in this brief focus on core structural elements of public health: the *what, who* and *how* of public health service delivery in Canada. The brief also focusses primarily on steps that must begin at the federal level. Other levels of government and other sectors beyond government must also collaborate in this effort, addressing areas of the public health systems that intersect with their mandates and activities. To date, however, the contributions by subsidiary levels of government and other sectors have produced a piecemeal, inadequate patchwork of arrangements precisely because federal leadership in this area has been lacking.

THE VIEW OF CANADA'S CHIEF PUBLIC HEALTH OFFICER

In her 2021 annual report, Theresa Tam, Canada's Chief Public Health Officer (CPHO), states:

> *The pandemic has highlighted the strengths of our system but it has also exposed long-standing cracks in the foundation. The public health system lacks the necessary resources and tools to carry out its critical work, and is the subject of "boom and bust" funding cycles that leave us ill-prepared in the face of new threats.*

The report identifies four priority action areas and associated actions to stimulate system transformation: "Fostering excellence in the public health workforce; Improving our tools; Modernizing our models of governance; and, Ensuring stable and consistent funding." These are highly congruent with CPHA's recommendations. They also closely align with recent recommendations by a blue-ribbon commission of American public health experts for building a national public health system capable of addressing current and future health challenges in the United States.

What is public health?

Canadians often misunderstand 'public health' to mean the publicly-funded medical care systems that restore individual patients to health when they are injured or sick. In fact, public health is the organized societal effort to keep people healthy and prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote the health of all Canadians (PHAC, 2008). The preventive work of public health is often invisible, but its impact on collective health is profound.

The 'patients' of public health systems are geographically located populations as well as sub-populations defined by age, gender, socio-economic status, race or ethnicity, and other criteria. Public health interventions aim not only to protect and promote the health of all populations but also to improve health equity—unfair and avoidable differences in health status—across populations.

Public health practice is based on:

- Evidence-informed policy and practice;
- Principles of social justice, human rights and equity; and
- Attention to underlying ('upstream') social and ecological determinants shaping population health.

Public health success in protecting Canadians

The average lifespan of Canadians has increased by more than 30 years since the early 1900s, and 25 of those years are attributable to advances in public health. These public health advances include:

- Control of infectious diseases
- Healthier environments
- Tobacco control
- Safer and healthier foods
- Vaccination

THE IMPERATIVE FOR INDIGENOUS PUBLIC HEALTH SYSTEMS

CPHA's focus on strengthening public health systems across Canada does not address the public health challenges facing Indigenous communities nor these communities' efforts to serve their citizens' public health needs. This deliberate silence honours Article 23 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP):

> *Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, [I]ndigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions. (UN General Assembly, 2007)*

The 2021 report by the National Collaborating Centre on Indigenous Health, *Visioning the Future: First Nations, Inuit, & Métis Population and Public Health*, is a collaborative statement by Indigenous peoples and public health experts from coast to coast to coast. It presents detailed analyses of why Indigenous public health systems are needed and what elements they must include.

> *"As the Government of Canada has committed to develop distinctions-based Indigenous health legislation, First Nations must be provided with the necessary tools and resources to implement a successful process for legislation and health governance.... We envision a transformative system that is grounded in culture and led by First Nations to inspire, protect, and support individual and collective wellness."*
>
> *"The Métis National Council's public health vision involves inclusive, community-based, holistic health programming and research focused on prevention and improved health outcomes in the Métis population."*
>
> *"Inuit self-determination in public health programs, services, and policies promoting health and preventing injury, illness, and premature death will be essential for confronting the systemic discrimination and racism that created and perpetuate unacceptable health equity gaps for Inuit."*

The federal government must deliver on its responsibilities and commitments to distinctions-based public health services in collaboration with First Nations, Inuit and Métis communities, in a manner that supports their self-governance and their inherent and inalienable rights. As well, public health systems across Canada must offer culturally appropriate and inclusive access to Indigenous persons they serve.

The economic case

The Canadian Institute for Health Information (CIHI) estimates that 2020 spending on public health services amounted to barely 6% of total health expenditures in Canada (with hospitals at 26% and pharmaceuticals at 15%). Even this amount is likely an overestimate, due to cross-jurisdictional differences in categorizing public health services and reporting on health spending.

Common sense and evidence tell us that preventing illness and injury in populations is less expensive than curing people once they're sick.

Yet the spending tallies show that Canadian governments prioritize medical services to treat disease and injury in individuals vastly more than the public health services that keep populations healthy. This status quo serves neither public well-being nor economic efficiency.

A 2017 meta-analysis of studies of industrialized countries with universal health care shows that every $1 invested in public health interventions brings a median return of over $14 saved in costs to health and economic sectors. It is difficult to quantify return on investment for public health services because disease and injury prevention and health promotion activities rarely have direct causal paths to identifiable impacts, and because their impact cannot be measured on short-term timelines. As the 2021 CPHO report notes, public health "is the outbreak that did not happen, the traumatic injury that did not occur, and the [drug poisoning] that was avoided."

Evidence for the economic benefit of public health interventions

- Every $1 spent on immunizing children with the measles-mumps-rubella vaccine saves $16 in health care costs.
- Every $1 invested in child car seats saves $58 in avoided medical costs.
- Every $1 invested in fluoridated drinking water saves $26 in dental care.
- Every $1 invested in tobacco prevention programs saves $22 in societal costs.
- Every $1 spent on mental health promotion and early intervention for children and youth saves $2-17 in societal costs.
- Every $1 spent on early childhood education and care saves up to $6 in future social spending.

With the COVID-19 pandemic pushing medical care facilities and workforces across Canada further into crisis, it is clear that the pressure on medical systems must be reduced by keeping populations healthier. Only by strengthening public health systems can Canadians be assured of getting access to the medical services they need if they do become injured or sick.

Why federal leadership is needed to strengthen public health

At present, provincial and territorial governments act independently in defining the legislative mandates for public health services and in organizing service delivery. There are no nationally-defined goals for service delivery outcomes, no national standards for public health data collection or workforce skills, and no national monitoring and accountability for outcomes.

Until Canada's public health systems become more cohesive, coherent and accountable, spending on public health will have less impact than it could in creating healthy populations and reducing health inequities.

The costs at stake are measured not only in dollars or lives, but also in the violation of fundamental national values. In a country that so highly values the *Canada Health Act's* guarantee of portable and universal services to treat sickness and injury, the same standards should be expected of the public health services that protect and improve the health of Canadians.

For all of these reasons, it is time for federal government to lead in strengthening the foundational structural elements of public health systems in Canada: through legislation, goals, standards, professional training and better governance approaches. Federal leadership will enable provinces and territories to shape their public health service delivery in ways that still meet the distinctive needs of their own populations while delivering better and more equitable outcomes nation-wide. The federal government's leadership in addressing these

Who is responsible for public health in Canada?

Responsibility for providing health care services falls under the authority of provinces and territories, and each jurisdiction describes its public health mandate in its own legislation, regulations and other supporting documents. The federal government has constitutional authority over some areas of health, and has assumed other responsibilities for public health defined in various Acts of Parliament. It provides a national coordinating function, programming to address areas of common interest, and management of international relations.

Currently, there is no single Act that comprehensively describes the federal government's responsibilities for public health.

structural elements is the first essential stage in strengthening public health systems across Canada. Subsequently, provinces and territories must collaborate in endorsing national goals, standards and strategies, and in reshaping their provision of public health services. Coordinated public health data systems must be built. Professions, higher education sectors and health care organizations must do their part in supporting a highly-skilled public health workforce.

This brief focusses on the first step to reaching those subsequent ones: what the federal government must do to strengthen five structural components of Canada's public health systems by ensuring they are cohesive, comprehensive and accountable.

STRUCTURAL COMPONENTS OF COHESIVE, COMPREHENSIVE, AND ACCOUNTABLE PUBLIC HEALTH SYSTEMS

WHAT	WHO	HOW
public health does	delivers public health	public health is organized
↓	↓	↓
1 Core functions	3 Workforce competencies	5 Governance
2 Population health goals	4 Workforce training	

1. Core functions

The core functions of public health systems in Canada are commonly stated as:

- **Population health assessment:** gathers data about the health of communities and specific populations, and identifies factors underlying good health or health risks, in order to inform better policies and services.
- **Health protection:** ensures that water, air and food are safe, controls infectious disease, protects against environmental threats, and advises food and drug safety regulators.
- **Health surveillance:** collects and analyzes health data to track and forecast health events and risks.
- **Disease and injury prevention:** investigates and prevents outbreaks of infectious disease, promotes healthy lifestyles, and reduces preventable illness and injury.
- **Health promotion:** works with communities and intersectoral partners, shapes physical and social environments to support health, and advocates for health-promoting public policies.
- **Emergency preparedness and response:** plans for disasters and major disease outbreaks in order to minimize serious illness, deaths, and societal disruption.

While the scope of these six functions is broadly endorsed, in practice their content is variably defined and their translation into action is variably realized in different jurisdictions. Each province and territory describes the mandate of its own public health system in distinct legislation and regulations identifying functions, roles and responsibilities to be undertaken by the bureaucracy. As a 2019 CPHA report notes, in many jurisdictions this legislation is decades old and does not adequately define or specify all six core functions. Jurisdictions with more modern legislation generally define roles and responsibilities in ways that better reflect current descriptions of the core functions of public health.

This variation is incompatible with achieving cohesive, comprehensive and accountable public health systems across Canada. For instance, while the federal government makes national recommendations regarding childhood vaccinations, each province and territory prescribes its own vaccination schedule, leading to unequal protection for children against preventable diseases. Many other gaps and inconsistencies in the provision of public health services reflect grey zones where public health intersects with primary care, where roles lack clarity and coordination, or where the public health field confronts evolving societal and ecological conditions.

A notable shortcoming with the current patchwork approach to defining core public health functions is that the function of health promotion tends to get short shrift. In part this is because it addresses the upstream determinants of health and health inequities through an intrinsically diverse and open-ended sphere of activities and policy areas. Policy levers for the health-promoting change it seeks often lie in sphere of other government departments' responsibilities (e.g., urban planning, social services, environmental protection, or education). Health promotion also often requires approaches such as policy advocacy, community engagement, and public participation. The administrative and resourcing commitments needed for the function of health promotion to be effective must be supported by a cohesive structure of legislation, goals and accountabilities.

Only the federal government can lead in working with other jurisdictions to define an up-to-date, comprehensive and pan-Canadian understanding of the core public health functions and what these entail. Taking this step is the foundation of all further work in shaping coherent, comprehensive and accountable public health systems. The definition of core functions can then ground further foundational elements of a cohesive system.

These further elements will include:

- High-level goals that public health services aim to achieve for Canadian populations;
- The accountabilities that such goals enable;
- Workforce competencies needed to work effectively toward these goals; and
- Professional training to support those competencies across the public health workforce.

A comprehensive and purpose-designed national data system for public health will be essential to inform service delivery, assess outcomes and compare system performance across jurisdictions.

A national public health data system

In 2022, the Expert Advisory Group on a Pan-Canadian Health Data Strategy delivered its final report, providing a vision for "a world-class health data system guided by common principles" and recommendations for essential components of such a system that include:

- Support for Indigenous data sovereignty;
- Accountable governance for a learning health system;
- Meaningful engagement and communication with the public and stakeholders;
- Frameworks for health data stewardship and policy;
- Common data standards and data architecture; and
- Data literacy and capacity.

RECOMMENDATION	IMMEDIATE ACTION
CORE FUNCTIONS **WE CALL ON THE FEDERAL GOVERNMENT TO:** • **Convene provincial and territorial governments to create a pan-Canadian statement of core public health functions, establishing a shared commitment to the mandate of public health services.**	• **Establish a cross-jurisdictional 'Public Health Systems Working Group', the first charge of which will be to define the core functions of public health services in Canada.**

2. Population health goals

The second requirement for strengthening Canadian public health systems is a nationally-endorsed set of high-level population health goals that public health services should be expected to fulfil. Currently, such common goals exist to some degree in documentation across Canadian jurisdictions, but with disparate language and conceptual framings. This patchwork approach across the provinces and territories produces inconsistent public health goals and significant difficulties in measuring and reporting outcomes across jurisdictions. It stands in the way of nation-wide comparisons and of accountability for the effective design of public health systems and the use of workforce and funding resources.

These foundational elements must be agreed upon in order to strengthen public health systems, even though provinces and territories will remain in charge of determining how best to deliver services that meet their populations' needs. High-level population health goals must be associated with indicators suitable for regular reporting and analysis. These criteria should include the evidence base linking them to the population health goal, their sensitivity to equity and variations in populations, and the availability of nation-wide data sources. Measures must regularly be updated as surveillance capacity and infrastructure improve, in order to ensure they best measure intended outcomes.

In recent years, many provinces and territories have reorganized the administration of their overall health systems with the aim of streamlining costs and more closely aligning public health with primary care. CPHA's 2019 position statement Public Health in the Context of Health System Renewal in Canada notes that such moves could produce negative impacts such as loss of mandate, resourcing and disciplinary cohesiveness for core public health functions. In light of past and potential future administrative reorganizations, a national articulation of population health goals would aid the continuity of high-quality public health service delivery by defining aims and outcomes that governance and resource allocations must support.

Pan-Canadian population health goals and indicators would also enable better collaboration among the wide range of stakeholders whose involvement is needed to advance health promotion. Many problems that look like issues of individual choice—from substance use and vaccination to healthy eating and physical activity—are rooted in complex social, psychological, technological, ecological and economic forces operating globally, nationally and in communities. Tackling these issues with a common set of population health goals sanctioned by provinces and territories would help focus efforts by multisectoral stakeholders.

In summary, a cross-jurisdictional set of population health goals would:

- Describe what high-level outcomes the core public health functions aim to produce;
- Support benchmarks to inform organizational planning and priorities;
- Inform organizational resource requirements (personnel, budgets);
- Inform outcome measures for assessing system performance and planning investments;
- Provide a basis for public accountability by enabling cross-jurisdictional comparisons as well

as measurement and reporting on jurisdictional and national progress; and
- Inform federal priorities for supporting provinces and territories with fewer resources to strengthen their capacity to deliver a national-standard level of public health services to their populations.

Federal leadership is needed to spur cross-jurisdictional consensus on these goals as part of the effort to create a cohesive, comprehensive and accountable public health system in Canada. It must be part of progress toward a Canada Public Health Act providing for comprehensive and universal public health services, in keeping with the principles for health care identified in the *Canada Health Act*.

Provincial and territorial public health services will always need the flexibility to respond to the specific needs of particular populations. This flexibility is fully compatible with the major gains to be made by adopting nationally-agreed-upon population-level goals.

RECOMMENDATIONS	IMMEDIATE ACTION
POPULATION HEALTH GOALS **WE CALL ON THE FEDERAL GOVERNMENT TO:** • Work as a partner with provincial and territorial governments to translate agreed-upon core public health functions into a set of high-level population health goals specifying outcomes that public health services will be accountable to deliver for Canadian populations. • Seek agreement on pan-Canadian outcome indicators to measure progress toward achieving these population health goals.	• Formalize linkages between the new 'Public Health Systems Working Group' and the federal government's Pan-Canadian Health Data Strategy initiative in order to ensure that public health data systems are capable of providing suitable outcome indicators to meet systemic needs.

3. Workforce competencies

Beyond a nation-wide set of core functions and goals defining the 'what' of Canada's public health systems, an equally important need for strengthening these systems involves the 'who': the professional workforce that carries out these functions within provincial, territorial and federal jurisdictions as well as local and regional health authorities.

The public health workforce draws on a diverse range of professional and disciplinary backgrounds. Some enter the workforce with specialized education in public health, but many do not. For example, nurses who decide to move from working in a hospital into a public health service are likely untrained in the population-level approaches. Such professionals must learn the foundational approaches of public health and acquire the skills to address complex and evolving public health issues.

In order to ensure that incoming and existing members of the public health workforce are capable of carrying out public health functions and delivering high-quality services, professional training must be available. A prerequisite for this training is an updated and comprehensive set of public health competency descriptions.

In 2007, the Public Health Agency of Canada (PHAC) released the Core Competencies for Public Health in Canada, which was intended to be an evergreen document revised as needed to reflect the evolving needs of public health practice in Canada. It lays out 36 core competencies transcending the boundaries of specific disciplines, intended to provide building blocks for effective use of a public health approach fulfilling the core functions of public health. These are organized into seven broad functional categories and include examples of how the competencies might be demonstrated in practice across various organizational levels and roles.

However, this 2007 description of public health competencies is high level, lacking detailed content, sub-competency analyses and assessment criteria. Nor does it reflect the evolving nature of public health, particularly with respect to competencies needed for health promotion. Gaps include competencies in Indigenous health and ecological determinants of health, consideration of equity, risk communications, cross-sectoral collaboration, community engagement, and leadership.

For these reasons, an updated set of public health competency descriptions, cohesively aligned with statements of core public health functions and goals, is needed to underpin a cohesive and comprehensive national public health system.

It should serve to:

- Build shared workforce understanding of the knowledge, skills, attitudes and values expected of public practitioners;
- Inform competency-based job descriptions and performance appraisal criteria;
- Inform training and professional development curricula;
- Improve organizational planning and resourcing; and
- Aid cross-jurisdictional workforce planning and deployment.

An updated list of public health competencies should be explicitly linked to a commitment within public health jurisdictions to embed the exercise of these competencies into planning and resourcing in order to affirm their relevance in organizational practice.

Defining competencies needed for 21st century public health professionals will be effective only if mandates and incentives align to require the use of these competencies. This is particularly needed for public health functions where structures supporting their exercise are less formalized—namely, in the health promotion functions and their associated skills such as community engagement and communication.

An updated public health competency list should also define relevant sub-competencies, including Indigenous health, health equity, anti-racism and anti-oppression approaches, community engagement, healthy public policy, ecological determinants, risk communications, data use and leadership. It should be designed to facilitate further work by educational and training programs to define attainment criteria and performance evaluation for each sub-competency. As well, the updated competency descriptions should facilitate analysis of necessary organizational measures required to enable practitioners to exercise competencies in practice in order to improve the delivery of public health services.

Federal leadership is needed to bring together provincial and territorial jurisdictions, and other workforce stakeholders, to develop an updated list of public health workforce competencies. Doing so is essential to achieving coherent, comprehensive and high-quality public health systems.

The public health workforce

The public health workforce spans diverse professions within the medical system, communities, laboratories, academic institutions and all levels of government. These professions include:

- Communications experts
- Community developers
- Dentists and dental hygienists
- Dietitians
- Elders, traditional healers, and cultural knowledge keepers
- Epidemiologists and biostatisticians
- Health and natural sciences researchers
- Health promotion specialists
- Mathematical modellers
- Microbiologists and infectious disease experts
- Occupational therapists
- Pharmacists
- Physiotherapists
- Policy analysts
- Psychologists
- Public health inspectors
- Public health physicians and nurses
- Social and behavioural scientists
- Social workers
- Speech-language pathologists and audiologists
- Veterinarians

RECOMMENDATION	IMMEDIATE ACTION
WORKFORCE COMPETENCIES **WE CALL ON THE FEDERAL GOVERNMENT TO:** • **Collaborate with provincial and territorial governments, and with relevant stakeholders, to produce an updated list of public health competencies.**	• **Establish a sub-group of the new 'Public Health Systems Working Group', expanded to include public health practitioners, professional training programs, academics, and post-secondary education programs, to define an updated list of public health competencies.**

4. Workforce training

Many public health practitioners in Canada believe that the field's workforce lacks an adequately shared knowledge of core public health approaches as well as a common set of competencies, skills and values.

In a 2015 CPHA survey of the public health workforce, the majority of respondents did not strongly identify themselves with the field or understand what it is. One reason for this finding lies in the composition of the public health workforce. Workers come to the field with diverse professional and academic education, which often includes little or no focus on public health.

Another reason consists in the current gap in training resources for practitioners who enter the public health workforce from other professions or seek to upgrade their skills. Over the past two decades, the availability of systematically coherent and comprehensive public health training in Canada has waxed and waned. In its 2003 report, the National Advisory Committee on SARS and Public Health highlighted the need for a comprehensive public health workforce strategy, including training. Subsequently, Canadian universities introduced a host of new Masters of Public Health programs and other programs of public health education. These programs' curricular content was informed by consultations with PHAC and by a pan-Canadian Public Health Human Resources Task Group.

In order to improve training for practitioners already in the workforce, PHAC developed a highly-regarded Skills Online program for continuing education, which was aligned with its list of public health competencies. It offered online skills development and continuing education training for public health practitioners and other professionals.

However, PHAC discontinued the Skills Online program in 2018. Today, accessible and bilingual part-time online training to upgrade public health competencies exists only in an incomplete and fragmented state in Canada. This situation poses a substantial obstacle to the delivery of high-quality public health services by a workforce with mastery of required competencies.

Re-establishing a high-quality training program is essential for Canada's public health systems to meet two pressing demands confronting its workforce. First, training is needed for the flood of new workers who entered the public health field during and after the COVID-19 pandemic, and who lack a grounding in fundamental public health approaches and skills. Second, the public health workforce must cultivate a growing range of complex skills to meet the needs of 21st century populations, emerging health risks, and organizational contexts. Major skills gaps currently exist in areas including Indigenous health, ecological determinants, community engagement, data management, risk communication and leadership.

Addressing workforce training needs at the national level, rather than through a patchwork of disjointed training programs, will advance systemic coherence and quality as well as improve workforce mobility.

For these reasons, the federal government must support the creation of a new high-quality and comprehensive professional training system for public health practitioners in Canada, with content informed by nationally-defined public health functions and goals, and based on a renewed set of public health competencies. It should develop this training system in consultation with stakeholders including provincial and territorial health departments, professional associations comprising the public health workforce, academic public health programs and experts, local public health agencies and community organizations. Consultations should also address optimal delivery formats for training in foundational public health approaches and for continuing professional development.

RECOMMENDATIONS	IMMEDIATE ACTION
WORKFORCE TRAINING **WE CALL ON THE FEDERAL GOVERNMENT TO:** • Lead consultations on a pan-Canadian training program for public health professionals based on a renewed set of public health competencies. Determine optimal formats for training delivery. • Commit to funding an online training platform for the public health workforce, to be developed and delivered by the Public Health Agency of Canada or delegated to a qualified stakeholder organization.	• Establish a sub-group of the new 'Public Health Systems Working Group' to lead consultations on developing a pan-Canadian training program for public health workers.

5. Governance

At present, the governance of public health systems has diverse shortcomings that require federal leadership to address directly and to model action for other jurisdictions.

I. Formalizing federal responsibilities for public health

Many current gaps in the governance of public health systems in Canada originate with the currently ambiguous role of the federal government in public health. While a narrow set of federal responsibilities is assigned by *The Constitution Act* (1867), in practice the federal government takes on a broader set of responsibilities in the public health landscape. Its activities include supplying public health evidence to inform federal decision-making, informing Parliamentarians and Canadians on public health updates and issues, as well as shaping and funding the public health research ecosystem.

There are also strong reasons for assigning to the federal government responsibilities for:

- Developing and delivering public health data systems, services and programs that can be most efficiently paid for, coordinated or administered at the national level;
- Supporting nation-wide capacity to plan for and respond to public health emergencies and epidemics; and
- Bolstering the availability of public health services across less-well-resourced jurisdictions.

The coherence of Canada's public health system could be strengthened if these roles received an explicit legislative mandate through a new Canada Public Health Act. Together with the articulation of agreed-upon public health functions and population health goals, this new Act could be the foundation of cohesive, comprehensive and accountable public health systems.

II. The impacts of administrative models on public health service delivery

Canada's public health systems are governed with little harmonization across federal, provincial, territorial, regional and municipal levels.

Jurisdictions set up responsibilities, authorities, organizational models and leadership in different ways, shaped to varying degrees by their separate legislative frameworks. Intersections between the governance of public health and the broader health care systems also vary widely. While Ontario has freestanding public health units, other jurisdictions disperse public health functions into provincial/territorial health authorities without any overarching public health oversight.

Governments have justified these changes in terms of better aligning public health services with those of health care delivery, and improving management of health system costs. However, many stakeholders believe that these changes risk lowering the quality of public health services and programs by diminishing the autonomy, capacity and leadership authority of public health. Public health professionals report that

negative impacts of such changes have included less public health representation at executive decision-making tables; silos between dispersed public health teams making prioritization, goal-setting and coordinated action more difficult; lack of role clarity across teams and governmental levels; and loss of formal mechanisms for local engagement.

Due to a dearth of reporting and research, scant evidence exists to substantiate what the actual impacts of structural reorganization and funding reallocations have been on the quality of public health services delivered, or to establish which forms of governance would produce better results.

III. The underprioritization of health promotion in public health governance

In a coherent public health system, governance is designed to optimize progress toward population health and equity goals, with spending levels and service outputs monitored as guideposts. However, in some domains of public health—specifically health promotion—impacts are difficult to assess, to attribute, and to sustain commitment toward. This is because many policy levers shaping population health outcomes belong to other government departments' mandates, and because causal factors interact in complex ways. Furthermore, population health outcomes emerge only in the medium to long term, which is at odds with governmental performance assessment horizons. The upshot is that the health promotion function, and health promotion professionals, are often underprioritized in terms of administrative, financial and workforce resources.

A further governance obstacle to the effectiveness of health promotion activities consists in the difficulty its practitioners face in having impact on policies and programs that fall under the mandate of other departments yet have significant influences on the health and well-being of populations (e.g., urban planning, transit, education, environment, income support, recreation). Barriers to collaborative governance across departments are a well-known reality.

To improve collaboration toward health-promoting policies, the federal government could use targeted governmental mechanisms and mandates to ensure that public health expertise informs cross-government policymaking.

Such measures could include:

- Establishing a standing Cabinet committee on public health or a special time-limited Cabinet Committee in the post-pandemic period;
- Issuing mandate letters requiring certain ministers and their deputies to collaborate in addressing public health issues; and
- Requiring that governmental processes (e.g., Memoranda to Cabinet or Treasury Board submissions) developed by non-health departments consider public health implications of proposed policies and programs.

IV. Governance design to foster stakeholder participation

Strong public health systems require distributed governance in order to represent and engage diverse populations at all levels of decision-making. Advancing this aim through the design of governance processes and protocols is about more than just accountability. Community-level and diverse participation in governance is essential to producing decisions that meet the health needs of specific populations in specific locations. Even in emergencies such as the COVID-19 pandemic, better public health decisions could be made by drawing on community-level evidence and resources.

V. Clarifying the governance role of chief medical officers of health

Because public health is an evidence-based practice, its practitioners must have an effective role in providing high-level scientific advice to decision-makers responsible for policies affecting public health. This need is reflected in the current role of chief medical officers of health (CMOHs) across most public health jurisdictions. However, responsibilities attached to this role can lead to conflict and confusion, as seen during the high-profile period of the COVID-19 pandemic.

CMOHs are variously expected to serve internal-facing roles as senior public servants giving confidential advice and managing administration while also taking on outward-facing roles as public communicators and forceful advocates for the public interest. These functions are intrinsically in conflict, and expectations of the CMOH (and other medical officers of health) are often not clear to the public or to officials. Sound governance of public health systems requires clear choices to be made about which functions are most central to the CMOH, and clear communication of these role expectations.

Provincial and territorial commitment to strengthening public health governance

Since public health services are delivered by provinces and territories, their adoption of system-strengthening governance practices will be essential. While this brief focuses on initial steps to be taken by the federal government, CPHA calls on provincial and territorial governments to:

- **Commit to updating and expanding their respective public health legislation to reflect cross-jurisdictionally-endorsed public health core functions and goals to be defined; and**
- **Commit to assessing whether the current organization and resourcing of public health services within their overall health systems is adequately supporting the delivery of public health services in a way that effectively promotes population health and health equity.**

RECOMMENDATIONS	IMMEDIATE ACTION

GOVERNANCE
 	
WE CALL ON THE FEDERAL GOVERNMENT TO:
 	
• **Lead the creation of a new Canada Public Health Act that would:**
  • Define core functions and goals of public health services in Canada;
  • Detail the federal mandate for supporting public health at the national level and in collaboration with provinces and territories;
  • Allocate targeted new funding transfers to provinces and territories that would fill gaps in their capacity to provide public health services;
  • Assign accountabilities for reporting, monitoring and evaluating public health outcomes within provincial and territorial health systems, and require annual reporting on nation-wide progress toward meeting population health goals; and
  • Support public health emergency planning and define in legislation federal public health emergency powers related to areas in which pan-Canadian coordination is essential (e.g., immunization, manufacturing capacity, and data reporting).
• **Adopt governance practices enabling public health expertise to inform healthy public policy by:**
  • Identifying performance measurement indicators best suited to assess the impacts of public health in improving health and promoting health equity;
  • Establishing targeted governmental mechanisms to foster cross-departmental collaboration to promote population health; and
  • Structuring governance bodies and processes to increase the voice and authority of affected communities both in routine governance of public health and during public health emergencies.
	• **Establish a sub-group of the new 'Public Health Systems Working Group' to begin studying governance mechanisms and making recommendations to ensure that all levels of government are held accountable for delivering and supporting consistent high-quality public health services.**

Other essentials for building stronger Canadian public health systems

In addition to the five structural elements that are the focus of this brief, other contributions by a spectrum of public health stakeholders will be needed to reap the benefits of stronger public health system foundations. These include:

- A pan-Canadian system for public health data generation, sharing, analysis and reporting, as recommended in the final report of the Expert Advisory Group on a Pan-Canadian Health Data Strategy;
- Better resourcing (personnel and funding) for public health services;
- Planning for workforce surge capacity in extended public health crises;
- Stronger collaboration and exchange between public health workplaces and academic public health programs;
- More research (academic, government and community-based) on public health systems;
- Trust- and partnership-building between public health organizations and the communities they serve; and
- Comprehensive efforts to support Indigenous public health through Truth and Reconciliation, learning, advocacy, research and service delivery, all in partnership with Indigenous Peoples, their governance structures, and their communities.

Conclusion

CPHA's call for federal leadership in strengthening the structural elements of public health systems only begins to address the full scope of changes needed to promote healthy populations and health equity in Canada.

In order to realize the full potentials of systemic change, progress on these structural elements must be amplified by collaboration from communities, universities, civil society, and professional organizations. Action by governments must come first, however, since governments are responsible for the structural elements of Canada's public health systems.

We call on the federal government to lead Canadian jurisdictions to act on these responsibilities by seizing this moment of great need and great public engagement in public health. Over the next decade, these efforts can achieve the high-quality public health services and excellent population health outcomes that Canadians deserve.

Glossary

Determinants of health: Humans depend upon natural ecosystems and social systems, and health depends on how these systems function and interact. The social determinants of health are "the conditions in which people are born, grow, live, work and age". They are shaped by the distribution of money, power and resources, which causes health inequities across populations. Determinants include income, education, gender, physical environment, social environment, access to health services, and childhood conditions. (WHO)

Health: is a state of physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO)

Health Equity: is "the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically". Pursuing it "means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions." (WHO)

Health Promotion: is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. (WHO)

Public Health: The organized efforts of society to keep people healthy and prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote the health of all Canadians. (CPHA)

Public Health Practice: An approach to maintaining and improving the health of populations that is based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. (CPHA)

Public Health Services: Those services that address health promotion, health protection, population health surveillance, and the prevention of death, disease, injury and disability. (CPHA)

Population Health: An approach that aims to improve the health of the entire population and to reduce health inequities among population groups. (PHAC)

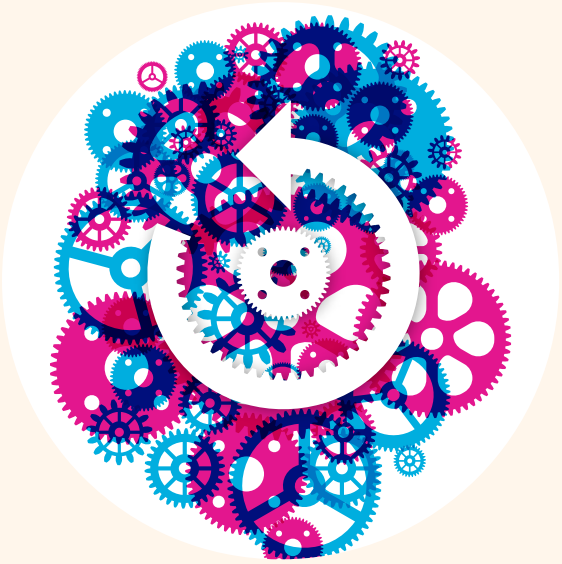
Population Health Interventions: Population-level health interventions are policies or programs that shift the distribution of health risk by addressing the underlying social, economic, and environmental conditions. (Hawe & Potvin)

Population Health Outcomes: Metrics that reflect a population's dynamic state of physical, mental and social well-being. Positive health outcomes include being alive; functioning well mentally, physically and socially; and having a sense of well-being. Negative outcomes include death, loss of function, and lack of well-being. (Parrish)

With collaboration by provincial and territorial governments and other stakeholders, we can build the cohesive, comprehensive and accountable public health systems that citizens deserve, and that will strengthen Canada as a whole.

In a country that so highly values portable and universal medical care for individuals, the same standards should hold for the public health services that protect and improve the health of Canadian populations.

How CPHA developed this brief



The analysis and recommendations of this brief draw on published research and opinions of a broad range of public health stakeholders and organizations. They were also informed by an ad-hoc advisory committee of public health leaders and by interviews with other expert informants, as well as by CPHA's Indigenous Advisory Committee, Public Policy Committee, and Board of Directors.

CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

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