

Strengthen Canada's Public Health System Now

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Previous editorials and reports¹⁻³ have consistently focused much-needed attention on the fragile state of Canada's public health system, and questioned its ability to adequately respond to current and emerging threats to the public's health. In the wake of recent infectious disease outbreaks such as SARS and continuing chronic disease epidemics such as obesity, there have been in 2003 reports by the National Advisory Committee on SARS and Public Health, chaired by Dr. David Naylor; the Standing Senate Committee on Social Affairs, Science and Technology led by Senator Kirby; and the Canadian Institutes of Health Research (CIHR) – Institute of Population and Public Health. All these documents further echo the need to revamp the public health system *now*. Given this consensus on the diagnosis of the system's problems, all three reports essentially recommend the same remedy – a call to action for modernizing the public health system at national, provincial/territorial, regional and local levels.

In this brief editorial update, we will describe some of the Institute of Population and Public Health-initiated events that led to that report in May of 2003. The Institute-led process underscores the need to sustain cross-country momentum if we are to rebuild a public health system that has been severely neglected over a number of years.

The CIHR Institute of Population and Public Health (IPPH) was established to support research into the complex interactions (biological, social, cultural, environmental) that determine the health of individuals, communities, and populations; and its application into effective program and policy interventions. This assumes, as a pre-requisite, a well-functioning public health system able to effectively utilize research evidence to inform effective policies, programs and practice.

Public health's invisible but important role in addressing both the communicable *and* non-communicable disease challenges of our time, through population and community-level interventions, was further underscored during the Institute's national consultation tour⁴ in 2001, co-sponsored with the Canadian Institute for Health Information – Canadian Population Health Initiative. These consultations emphasized the importance of strengthening the *overall* national system, to allow public health to do its job effectively and not just focus on the emergencies of the day. We are fully aware that many of the same system elements required to drive a robust public health response to new epidemics are also essential to the control and prevention of what is otherwise the fastest growing but potentially *reversible* epidemic of our times – obesity. Only a strong national public health system can protect and promote the health of our citizens, in partnership with communities, and institutions such as schools and recreational facilities, and implement evidence-based programs that address the socio-cultural and environmental factors underlying this "slow" epidemic of excess weight. Significant improvements in population-level patterns of chron-

ic disease and its risk factors cannot be realized merely by individual one-on-one "patient education" approaches, which are traditionally delivered through the health *care* system, but rather require in addition a strong public health infrastructure to help shift the upstream forces that are the "causes of incidence, not merely the causes of cases."⁵ Programs need to be informed by evidence, carefully planned with relevant sectors and rigorously evaluated to ensure that all groups in society benefit.

Under the expert guidance of a multi-stakeholder ad hoc steering committee, comprised of two dozen public health leaders from across the country, IPPH undertook an international comparative study in August 2002, with a view to developing recommendations that would lead to improvements in the way in which the public health infrastructure is currently funded and organized in Canada.

The Institute commissioned an expert consultant (the third author of this editorial) to conduct a review of organization and funding models for public health services in comparative nations – the UK, Australia, New Zealand and the US. In addition, Quebec's recently redesigned public health system was reviewed in the same context. A draft report outlining the scope and functions of public health, current challenges faced by the system, and proposing the required elements for creating and sustaining a robust public health infrastructure in Canada, was submitted for action by multiple levels of government and ratified at a national Think Tank, held in Calgary just prior to the 2003 Canadian Public Health Association (CPHA) Conference. The Think Tank assembled public health and health system experts, representatives from national professional associations such as the Canadian Medical Association and the Canadian Nurses Association, non-governmental organizations, researchers and politicians, in addition to the CPHA. Think Tank participants unanimously agreed on the urgent need to address the recommendations and provided additional revisions to strengthen the report. The final report on the Future of Public Health in Canada: Developing a Public Health System for the 21st Century⁶ and Proceedings of the Think Tank on the Future of Public Health... *continues on page 11*

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Health in Canada⁷ summarize the prescription for reform in greater detail, and are congruent with the recommendations emanating from the subsequent Naylor and Kirby Reports. Briefly, the recommendations call for the following key infrastructure elements of a national public health system:

- Clearly defined essential functions of public health;
- Defined roles and responsibilities at each level of the system (national, provincial/territorial, regional/local);
- Consistent, modern legislation within each jurisdiction across the country to support those functions, roles and responsibilities;
- Appropriate delivery structures to accomplish functions, roles, and responsibilities within each jurisdiction;
- Appropriate funding levels and mechanisms that ensure equitable availability of public health services to all Canadians;

- Appropriate numbers of well-trained staff;
- Appropriate information systems to support assessment and surveillance;
- Access to expertise and support to develop a prospective vision, carry out these responsibilities expertly and efficiently, and support innovation and evaluation;
- Accountability mechanisms at each level of the system.

The window of opportunity for strengthening public health in Canada is now. With the assistance of the newly established Canadian Coalition for Public Health and a mobilized public health constituency consisting of practitioners, decision-makers and researchers, we can ultimately make a difference in the health of all Canadians by urging our governments to take the necessary steps to immediately strengthen our public health infrastructure across the country. There is no time like the present.

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