

Are We Close to Systems Thinking in Public Health in Canada?

Dear Editor:

In two previous letters (CJPH 2010;101(6) and 2012;103(2)), public health leaders wrote about the establishment and reported on the outcomes of a forum during the annual conferences of the Canadian Public Health Association (CPHA) on the need for systems thinking in public health. Again, at the 2012 conference, we came together to understand the horizontal and vertical system challenges and assess whether we are closer to systems thinking in public health in Canada. In order to have a shared understanding of the terms used, we started our discussion by reflecting on what we mean when we refer to systems thinking in public health. We have agreed that a systems thinking approach views the public health system as a whole rather than its component parts at various jurisdictional levels.

As in preceding years, the panel reviewed the recent changes in Canada's public health landscape, with particular attention to the work that involves many sectors. In Alberta, an intersectoral collaboration dynamic catalyzed implementation of *The Alberta Nutrition Guidelines for Children and Youth*, which describe a course of action for schools and other facilities to promote healthy eating. A number of provincial ministries and school boards realized the need to work together for health, even if health was not their primary mandate. However, within Alberta's health sector, including public health, system-wide changes introduced in 2011 are still being worked through, signifying ongoing system challenges. In Ontario, a Commission on the Reform of Public Services was established by the government to identify cost-saving opportunities, pointing to a need to better integrate public health within the 14 Local Health Integration Networks (LHINs). At the national level, the restructured Pan-Canadian Public Health Network is making progress in public health information sharing between information systems within the country. NGOs and national coalitions in Ottawa are gearing their advocacy efforts and asking what is their role and *modus operandi* for their national voice. The increased recognition that public health spans many sectors provides an opportunity for national NGOs to work through new channels such as the Council of the Federation and to advocate for shifting resources into prevention, protection, and promotion to increase well-being and grapple with strained acute care budgets. When it

comes to research, the Canadian Institutes of Health Research (CIHR) is making strategic and longer-term investments in Signature Initiatives. Of particular pertinence to intersectoral public health approaches are the Community-based Primary Health Care and Pathways to Health Equity for Aboriginal Peoples initiatives.

Reflecting on these and other changes and trends that came up during the panel discussion, we offer some observations. First, Canada's public health system remains a "system of systems" at the local, regional, provincial/territorial and federal levels. Second, attempts to coordinate these systems and interlink them with groups outside the public health sector are beginning to yield some results. Third, advocacy efforts led by NGOs are demonstrating the importance of new avenues of national dialogue outside of the health sector. Last, the strategic research initiatives launched by CIHR that involve comparative studies across jurisdictions and implementation science (what works, for whom and under what conditions) signal the importance of systems-oriented questions.

Are we close to systems thinking in public health in Canada? We are probably closer than ever, but strengthening system-oriented approaches to public health issues requires further creative systems thinking on the part of public health, and strategic collaborations between parts of the system.

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