

Structural Profile of Public Health in Canada

Methodology

December 2013

The structure of public health in Canada is complex. The federal government, the ten provinces and three territories are all structured differently. How are public health functions organized within each of these jurisdictions? The structural profile is designed to provide readers with the means to answer this question.

The information in the profile was collected by studying websites and official government publications from each jurisdiction. Websites from other relevant organizations were also consulted. The collection was completed with information drawn from interviews.

Online data collection was conducted between July 2012 and April 2013. This information was reviewed and verified by key informants during interviews conducted in April and May 2013¹.

Information on public health responsibilities was captured by category using the *Five Essential Public Health Functions*, which were recommended by the Federal/Provincial/Territorial Public Health Working Group of the Advisory Committee on Population Health².

The text that follows briefly describes each of these functions and what they entail.

Five Essential Public Health Functions

POPULATION HEALTH ASSESSMENT

This includes population/community health needs assessment, health status reports and system

reports. This is generally carried out by a public health authority.

HEALTH SURVEILLANCE

This includes periodic health surveys, cancer and other disease registries, communicable disease reporting, ongoing analysis of data to identify trends or emerging problems, reporting to practitioners of increasing threat, what they need to look for and intervention required. This is generally carried out by a public health authority.

HEALTH PROMOTION

This includes intersectoral community partnerships to solve health problems, advocacy for healthy public policies, catalyzing the creation of physical and social environments to support health (e.g., bike paths, promoting access to social networks for institutionalized seniors). This is generally carried out by a public health authority but also includes numerous other actors. This function is particularly concerned with the social determinants of health.

DISEASE AND INJURY PREVENTION

This includes immunization, investigation and outbreak control, encouraging healthy behaviours (e.g., not smoking, healthy eating, physical activity, bicycle helmet use). This is generally carried out by a public health authority.

HEALTH PROTECTION

This includes restaurant inspections, child care facility inspections, environmental health monitoring (drinking water, air quality, etc.), and emergency planning, and would be carried out by a public health authority or by a public authority with experience in workplace health, environment, nutrition, etc.

See Table 1 for examples of public health programming for each essential function.

¹ The National Collaborating Centre for Healthy Public Policy (NCCCHPP) first collected data in 2006. This information was updated and validated by key informants in each province and territory in 2007 and then again in 2009-2010. In 2011, we significantly revised and expanded the section on Aboriginal health. With a major addition for 2013, the Structural Profile of Public Health in Canada now includes a portrait of public health at the federal level.

² Federal Provincial and Territorial Advisory Committee on Population Health. (2002). *Survey of public health capacity in Canada: highlights*. Ottawa: The Advisory Committee.



Table 1: Examples of Public Health Programming for Each Essential Function.

Essential Function	Programming Examples
Population health assessment	<ul style="list-style-type: none"> • Population/community health needs assessment; • Health status report, system report card.
Health surveillance	<ul style="list-style-type: none"> • Periodic health surveys; • Cancer and other disease registries; • Communicable disease reporting; • Ongoing analysis of data to identify trends or emerging problems, (e.g. recognition of increasing syphilis cases); • Report to practitioners of increasing threat, what they need to look for, and intervention required.
Health promotion	<ul style="list-style-type: none"> • Intersectoral community partnerships to solve health problems; • Advocacy for healthy public policies; (including an implicit or explicit responsibility for monitoring and advocating for policies around fundamental determinants of health including income, education, housing, access to affordable and personally acceptable food, safe communities, green-space, etc.) • Improving personal skills; • Creating physical and social environments to support health (e.g. bike paths, brokering access to social networks).
Disease and injury prevention	<ul style="list-style-type: none"> • Immunizations; • Investigation and outbreak control; • Encouraging healthy behaviours (e.g. not smoking, healthy eating, physical activity, bicycle helmet use); • Early detection of cancers (e.g. breast cancer screening).
Health protection	<ul style="list-style-type: none"> • Restaurant inspections; • Child care facility inspections; • Water treatment monitoring; • Air quality monitoring/enforcement.

Source : Frank, J., Di Ruggiero, E., Moloughney, B. & the Ad Hoc Committee on the Future of Public Health in Canada. (2003). *The Future of Public Health in Canada: Developing a Public Health System for the 21st Century*. Toronto: Canadian Institutes of Health Research-Institute of Population and Public Health.

An English summary is available at: <http://www.cihr-irsc.gc.ca/e/19573.html>

HELP US KEEP THIS RESOURCE UP TO DATE

Organizational structures in government are subject to changes in priorities, reforms, and other structural changes. The information presented here requires

constant updating. Please help us to keep this tool up to date by alerting us to any changes or additional information.

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The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

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This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Healthy Public Policy website at: www.ncchpp.ca.

La version française est également disponible sur le site Web du Centre de collaboration nationale sur les politiques publiques et la santé (CNPPS) au : www.ccnpps.ca.

Information contained in the document may be cited provided that the source is mentioned.

