

# Structural Profile of Public Health in Canada

## Methodology and Data Collection

September 2011

The information presented in this table was gathered by surveying provincial and territorial government websites and official publications to identify where public health responsibilities resided in each jurisdiction. In some cases, the information was completed by data provided by key informants in the province or territory.

A large portion of the information presented comes from ministries responsible for health in each province and territory. Other ministries such as Environment, Agriculture and Aboriginal Affairs were also reviewed to identify public health-related functions such as food, water and air programs and Aboriginal health initiatives.

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 Health.\* Responsibilities relating to Aboriginal health were also included in this project.

The NCHPP first collected data in 2006. This information was updated and validated by key informants in each province and territory in 2007, in 2009-2010, and for Aboriginal health, in 2011.

Organizational structures in government are subject to changes in priorities, reforms, and other structural changes. The information presented here will require constant updating. Please help us to keep this tool up to date by identifying any changes or additional information.

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

## Five Essential Public Health Functions

### POPULATION HEALTH ASSESSMENT

Population/community health needs assessment, health status reports and system reports;

### HEALTH SURVEILLANCE

Periodic health surveys, cancer and other disease registries, communicable disease reporting, ongoing analysis of data to identify trends or emerging problems, reports to practitioners of increasing threat, what they need to look for and intervention required.

### HEALTH PROMOTION

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.

### DISEASE AND INJURY PREVENTION

Immunization, investigation and outbreak control, encouraging healthy behaviours (e.g. not smoking, healthy eating, physical activity, bicycle helmet use).

### HEALTH PROTECTION

Restaurant inspections, child care facility inspections, water treatment monitoring, air quality monitoring/enforcement.

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



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

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

Source: Frank, J., Di Ruggiero, E., et al. (2003). The Future of Public Health in Canada: Developing a Public Health System for the 21st Century. Canadian Institutes of Health Research. p. 4. Retrieved from: [http://www.phac-aspc.gc.ca/php-bsp/pdf/future\\_o\\_public\\_health\\_in\\_canada\\_june2003.pdf](http://www.phac-aspc.gc.ca/php-bsp/pdf/future_o_public_health_in_canada_june2003.pdf).

A French summary is available at: <http://www.cihr-irsc.gc.ca/f/19573.html>

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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](http://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 (CCNPPS) au : [www.ccnpps.ca](http://www.ccnpps.ca).*

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

