SUBMISSION TO
THE COMMISSION ON THE FUTURE
OF HEALTH CARE IN CANADA

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Introduction

The Association of Local Public Health Agencies (alPHA) represents Ontario’s 37 public health units, their boards of health, medical officers of health and senior public health managers in dentistry, epidemiology, health promotion, inspection, nursing, nutrition and business administration. alPHA’s mandate is to advocate for public health policies, programs and services on behalf of its member health units in the province. We appreciate this opportunity to submit input into the commission and to share the views of our members concerning the need for a national public health strategy.

The Commission’s research to date has found that Canadians want a health care system in which there is value for money and is one that will stand the test of time (Commission Interim Report 2002, pg. 8). Public health, as part of the health care continuum, is such a system. It is a cost-effective approach to achieving good health that has had its beginnings in the 1800’s when towns hired physicians and inspectors to protect health in an era of early industrialization. Today, it continues to play a crucial role in keeping Canadians healthy.

Public Health vs. Health Care System

We define public health as the programs and services that protect, prevent and promote good health among the members of a population. Through a population-based perspective, public health views the health of the whole community, not just the individual within a community. It involves health protection and promotion and disease and injury prevention strategies that focus on the entire population or segments of it such as high risk groups. Because public health emphasizes the population, it works with members of communities and community agencies to ensure long-range health. Below are the types of strategies employed by public health to do this:

- **disease and injury prevention**: surveillance for outbreaks, screening for cancer, immunization to control infectious diseases
- **health promotion**: public education on healthy lifestyles, community partnerships and advocacy for public policy that promote good health at the population level
- **health protection**: regulatory inspections and enforcement to control infectious disease and prevent/reduce exposure to environmental hazards

Sometimes the health care system or Medicare, which primarily focuses on treating as opposed to preventing illness, is referred to as a public health system. Medicare is a public system because it is meant to ensure that any member of the public in need of health care would receive it. However, to those in the public health field, a public health system is one that focuses on protecting and promoting health as well as preventing disease from a population perspective. It is a necessary component of the overall health care system in Canada.
Government Support for Public Health

Fortunately, there has been and continues to be growing support at federal levels for a greater emphasis on illness prevention in this country. In 1974, the Lalonde Report recognized that lifestyles and health promotion services can make an important contribution to health. In 1978, Canada endorsed the Alma-Ata Declaration which identified primary health care as key to achieving Health for All by the Year 2000. Within the Declaration, the principles defining primary health care as essential health care were the same as those guiding public health:

- **research-oriented**: is based on results of research and public health experience
- **community-oriented**: addresses the main health problems of the population by promoting, preventing and rehabilitating
- **cross-sectoral**: involves sectors besides health such as food, housing, industry
- **progressive**: achieves progressive improvement of everyone’s health and gives special attention to those at risk or most in need
- **multidisciplinary-oriented**: involves a team of trained professional health practitioners made up of physicians, nurses, community workers, etc.

In 1986, the Canadian government once more supported health promotion and prevention services as vital components to the health care system through the Epp framework and through the co-authoring of the Ottawa Charter for Health Promotion. The federal government also reiterated support in the final report of the National Forum on Health. More recently, in June 1998, then federal health minister Allan Rock promised to make “health promotion and the prevention of illness true national priorities” in an address to the Canadian Nurses Association.

Erosion of Public Health

However, in spite of the growing acknowledgement of the value of promotive and preventive services, public health is not seen as part of a large government prevention strategy and may have less impact than it would as part of an overall public health campaign. Further, public health strategies, services and programs are neither preserved nor protected under federal legislation. Provincially, labour shortages in the public health sector are being experienced as they are across the broader health care spectrum. In Ontario, public health units and departments that employ public health workers are increasingly finding it difficult to recruit medical officers of health, public health dentists, nurses, epidemiologists, health inspectors, health promoters and nutritionists.

Adding to a lack of public health workers is the reduction of public health services and programs due to restructuring. Funding responsibility for provincially mandated programs have been downloaded from the province to municipalities in Ontario. Municipalities are hard-pressed to provide more funding in the face of competing demands of other municipal services such as garbage collection and road maintenance. This has led to increased gaps in the delivery of public health programs and services, especially to higher-risk segments of the population, including the elderly, those with mental health problems and the homeless. The vulnerability and gaps of the environmental health system in Ontario were sadly highlighted in the Walkerton water tragedy.
In addition to an erosion of public health at local levels, governments have been applying cost-containment strategies to reduce the escalating costs of Medicare, resulting in reduced access to health services and lowered confidence in the government’s ability to fund public services.

The Canada Health Act

Such legislative changes (affecting the funding of public health programs) and cost-containment measures threaten the spirit and principles of the Canada Health Act. They also undermine public health’s essential contribution to primary health care and its embodiment of the Act’s five principles:

- **Public Administration** – The privatization of previously funded services such as community-based mental health, health promotion for seniors, and heart health contradict the criterion that health care insurance plans operate on a non-profit basis.
- **Comprehensiveness** – Provinces are challenged to provide comprehensive health services if public health services are not sufficiently funded or protected by legislation.
- **Universality** – Cutbacks in public health that, for example, limit the role of public health nurses as advocates for community members who feel overwhelmed by our complex health care system may compromise the availability of services to 100% of residents.
- **Portability** – Without a national public health service, programs delivered will vary among the provinces and within provinces from one region to another, compromising portability.
- **Accessibility** – The more pressured government is to reduce rising Medicare costs and the fewer the public health services and programs being delivered, the less access Canadians will have to the means of achieving and maintaining good health.

Since public health programs and services are not protected by the Canada Health Act, opportunities are lost for government to improve overall health and control costs. Whereas the primary objective of the Act speaks to disease prevention and health promotion at the individual and community level, the Act does not include public health programs, services and strategies in its definition of “insured health care services.” With much of the focus on personal health services, hospitals and medical services, resources are disproportionately directed at treatment services that are costly. A lack of proportionate spending on health promotion, prevention and protection initiatives has played a role in the continued occurrence of avoidable illnesses, injuries and premature deaths. As a result, the human and economic costs are often staggering. Furthermore, the spending imbalance has made providing the investments necessary for long-term health and sustainability of the system more difficult.

A Shift Toward Wellness

Instead of spending more on treatment, the Canadian government has a choice; it could adopt the wellness approach embodied in public health and apply it to the health care system. Public health
would provide an excellent foundation to Medicare given its mandate to protect and promote health. Public health interventions can substantially reduce costs to the health care system by reducing the need for more expensive treatment and related services. An example are prenatal programs that provide support to young women during pregnancy, leading to healthier babies and children in the long run. A cost savings is achieved when interventions that are aimed at entire groups or populations prevent further illnesses and deaths. Healthier populations have less need for medical and treatment services. Even with advances in medical technology, preventing diseases and illnesses and promoting health is far more effective in saving lives than treating them.

This “upstream” approach of public health has the added advantage of focusing on the social determinants of health and illness. These include living and working conditions such as income, education, work and physical environments; individual behaviours including smoking, eating and physical activity; and social supports. These factors drive, in large part, the health and the need for health care services among members of a community. The determinants of health and illness, therefore, are vital to sustaining health care in any country. In its report Caring for Medicare: Sustaining a Quality System (April 2001), the Saskatchewan government recognized the importance of these social determinants: “Without an enhanced focus on these upstream efforts, the strong foundation of health on which treatments can be more effective and affordable is lost.”

The need for upstream investments is clearly illustrated in high risk groups such as First Nations and northern groups. The unique challenges faced by these peoples – poverty, unemployment, low levels of education – combined with geographic location can make it difficult to improve overall health status in these communities. Yet, by adopting a public health strategy that reflects their cultural and spiritual beliefs, the federal government may begin to address these serious health and social issues affecting our Aboriginal people.

**Public Health: An Untapped Resource**

Despite recognition that they are a comparatively low cost strategy of enormous benefit to all, public health approaches remain vastly underutilized, due partly to the lack of funding for research, development and dissemination of cost-effective initiatives. Although the federal government funds the Canadian Institute for Health Information and the Canadian Institute for Health Research, the scope of these two organizations lies primarily within the acute care system and does not focus on population health issues and initiatives.

A well-funded, strong and dynamic public health strategy in the national health care system, however, would provide an excellent mechanism for improving and maintaining health status, containing service delivery costs and increasing the cost-effectiveness of health care delivery. National public health goals could be clearly defined, articulated and measured under such a strategy for all Canadians, including First Nations and Aboriginal groups. Federal investments could be made in research and development of public health strategies such as national health surveys, coordinated national disease and injury surveillance systems, a national emergency response capacity and the dissemination of best practices. These investments would enable better public health planning, organization and response to emerging health issues across the country.
Conclusions

1. Including public health in the definition of “insured health care services” within the Canada Health Act would help to ensure a sustainable and truly comprehensive health care system.

2. Canada’s health care system needs to be rebalanced toward promoting wellness and preventing illness. Public health is a sound investment in the health of citizens; health promotion and disease prevention must become the foundation of Medicare.

3. The federal government can lead the country to better health outcomes by developing a national public health strategy that will:
   a) increase funding of public health programs, services and strategies across all provinces and territories;
   b) strengthen existing and creating new federal initiatives that are aimed at protecting and promoting health from a population-based perspective; and
   c) invest in research and development of public health strategies that will reduce the demand on a costly, increasingly burdened national health care system.

4. Current health care delivery approaches need to be supported by public health strategies such as surveillance and population assessment of health issues and gaps, needs-based assessment and greater linkages between community and academic partners.