

**Public Health Renewal in British Columbia:**  
*An Overview of Core Functions In Public Health*

**Population Health and Wellness  
Ministry of Health Services**

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## **1. Purpose**

The Ministry of Health Services acts as a steward of the health system. Using strategic plans, legislation, policy, performance expectations and other tools, the Ministry works with health authorities and health providers to achieve the goals set out by the Service Plan. Based upon this stewardship role, it is important and timely for the health system in British Columbia to review and renew its public health services. As demonstrated in recent Canadian reports<sup>1</sup>, public health needs to be better structured and resourced, in order to improve the health of the population.

The directional document, *A Framework for Core Functions in Public Health*, is part of this public health renewal. This document provides a framework to help strengthen public health and improve population health in British Columbia. It is the intent of the Ministry of Health Services that Core Functions in Public Health (Core Functions) will identify the key set of public health services that health authorities will provide and will strengthen the link between public health, primary care, and chronic disease management.

The development of core functions, and the revised *Public Health Act*, which will reference core functions in broad terms, will put British Columbia at the forefront of modern-day public health. It will help improve the health of the population and will help to reduce direct and indirect health costs. The ability to reduce pain, suffering, and premature death make public health a worthwhile investment.

The Ministry of Health Services has been working with health authorities and other interested stakeholders to develop this Framework for Core Functions in Public Health. Core functions include long-term core programs, representing the minimum level of public health services that health authorities would provide in a renewed and modern public health system, and also include public health strategies that can be used to implement these core programs. The Framework for Core Functions in Public Health defines the system capacity requirements required for success, such as health information systems and quality management, and ensures that populations of concern are of high priority by the use of population and inequalities lenses.

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<sup>1</sup> *Learning From SARS, Renewal of Public Health in Canada, A Report of the National Advisory Committee on SARS and Public Health* (the Naylor Report) and *The Future of Public Health in Canada: Developing a Public Health System for the 21<sup>st</sup> Century* (the CIHR Report)

## **2. Why is Public Health Important?**

Public health – “the science and art of promoting health, preventing disease, prolonging life and improving quality of life through the organized efforts of society” – is fundamental to a modern, 21<sup>st</sup> century health system. Public health shares the same goals as the rest of the health care system – to reduce premature death and to minimize the effects of disease, disability, and injury. The intent of public health is to promote a healthier population and reduce demand on the health care system. This is also expected to defer and potentially reduce medical costs and eliminate the need for other medical services as a result of more appropriate and lower utilization of the health care system.

The direct cost of illness in British Columbia in 1998 was almost \$11 billion, while the indirect cost, measured as the value of economic output lost, was a further \$11 billion (Health Canada, 2002). These costs place a burden on the provincial economy and make it difficult to achieve the Government of British Columbia’s goals of a strong and vibrant provincial economy, a supportive social infrastructure, safe and healthy communities, and a sustainable environment, as well as its health goals of improving the health and wellness of British Columbians, and creating an affordable and sustainable health care system.

Public health programs that reduce the burden of disease, disability, and injury and improve the overall health and well-being of British Columbians should be considered as important as medically necessary services. As such, the Ministry of Health Services has been moving forward on many substantial and innovative initiatives, including:

- *ActNow BC* - an initiative that will strive to make British Columbia one of healthiest jurisdictions ever to host the Olympic Games by targeting common risk factors for chronic diseases and taking an integrated approach to reducing these risk factors. Specifically, *ActNowBC* will promote physical activity, healthy eating, living tobacco free and making healthy choices during pregnancy;
- updating legislation, such as the *Community Care Facility Act* (which is now called the *Community Care and Assisted Living Act*);
- developing a new *Public Health Act*; and
- providing various new childhood and adolescent vaccine programs such as the implementation of a varicella program that encompasses infants, preschool, grade six and targeted high risk individuals; a meningococcal program for two years for grade nine youth; and an influenza program for children six to twenty-three months of age and their household contacts.

### 3. Public Health Renewal

In Canada, recent reports such as *Learning From SARS, Renewal of Public Health in Canada, A Report of the National Advisory Committee on SARS and Public Health* (the Naylor Report) and *The Future of Public Health in Canada: Developing a Public Health System for the 21<sup>st</sup> Century* (the Canadian Institutes of Health Research Report) noted that the public health infrastructure needs to be strengthened. These reports have provided an opportunity to reinforce the importance of public health in Canada and British Columbia (see information box). As part of its stewardship role, and in recognition of these recent national reviews of public health, the Ministry of Health Services is committed to renewing and strengthening public health in BC.

The **Naylor Report** was a federal/provincial response to provide a comprehensive assessment of public health. Its key messages are that public health is undervalued - only noticed when there is a crisis, and that if public health infrastructures are enhanced, we will be prepared for the next 'surge'. This presents an opportunity to strengthen British Columbia's core public health functions.

The **Canadian Institutes of Health Research (CIHR) Report** discusses the current state of Canada's public health system and how it can be better structured and resourced.

The 2003 report by the Canadian Institutes of Health Research (CIHR), in particular, recommends key elements for a national (and by extension a provincial) public health system:

- Clearly defined essential functions;
- Defined roles/responsibilities at each level;
- Consistent, modern legislation;
- Appropriate delivery structures;
- Appropriate funding levels;
- Appropriate numbers of well-trained staff;
- Information systems to support assessment and surveillance;
- Access to expertise and support; and
- Accountability mechanisms.

These recommendations for public health renewal fit well with current Ministry initiatives. For example, the Ministry is working towards consistent, modern legislation with its development of a new *Public Health Act* to replace the old, outdated *Health Act*, and the implementation of a new *Community Care and Assisted Living Act* to streamline, update, and modernize the regulation of community care and child care facilities. Examples of accountability mechanisms include the performance agreements with the health authorities, or the Health Service Redesign and Budget Management Plans. *Core Functions in Public Health* fits into public health renewal as a means of establishing the essential functions of the public health system within BC.

## 4. History of Core Functions Development

### *Why Establish Core Functions?*

The role of the Ministry of Health Services has evolved over the past several years. The current role is to exercise stewardship for public health services by providing effective direction, meaningful support, targeted monitoring, rigorous evaluation, and strategic intervention where appropriate.

The development of the Core Functions Framework is part of a larger effort to renew public health in British Columbia. As identified by the CIHR, an effective public health system needs clearly defined essential functions. The Core Functions Framework establishes these essential functions.

### *Steps Taken to Date*

The Ministry undertook a review of public health in several jurisdictions to help form the basis of core functions. Various publications on public health, such as the Naylor Report and the CIHR Report, were reviewed, as well as the public health acts and mandatory programs developed in Ontario, Saskatchewan, and Quebec.

The Ministry also established a Professional Advisory Group to provide advice and leadership to the Ministry on the development and finalization of the list of core programs. The Professional Advisory Group has representation from the six health authorities, public health professional organizations, and the academic community.

To guide the development of the list of core programs, a set of criteria was developed. These criteria will also be used for any future core programs that may be identified (see information box).

Consultations took place in October 2003, with a larger stakeholder workshop to finalize the list of core programs. To date, various evidence papers have been developed in support of these core programs. The process in 2004/05, and continuing into 2005/06, includes further work on the evidence papers for priority core programs, and developing, in collaboration with the health authorities, a process for implementation that will include a preliminary set of performance expectations.

#### **Criteria for Determining Core Programs**

- ✓ They include primary, or early secondary prevention interventions.
- ✓ They either:
  - ✓ prevent diseases or conditions that are important contributors to the burden of disease; and/or
  - ✓ prevent diseases or conditions that are potentially important threats to health; and/or
  - ✓ improve the overall health and resilience of the population, or some part of the population.
- ✓ There is reasonable evidence of their effectiveness in the scientific literature or in reviews of 'best practices'.
- ✓ There is reasonable evidence of their cost-effectiveness.
- ✓ Indicators are available or can be developed that will measure their impact.
- ✓ They fall within the mandates of the health authorities and/or the Ministry of Health Services.

## **5. The Core Functions Framework**

The concept of essential functions was used by the Ministry to give context to the Core Functions Framework. There are two different categories of essential functions:

1. those that are unique and are specifically geared towards public health (they are the essence of what public health does); and
2. those that help the health system to carry out its core programs or services. This set of functions is common to the entire health system.

The Core Functions Framework includes both of these essential functions. The unique public health functions and services are reflected in both the core programs and the public health strategies by which those core programs are implemented. The more generic maintenance and support functions are considered to be aspects of overall health system capacity.

Core functions primarily target both those diseases and injuries that have the largest effect on the population, such as cardiovascular disease, cancer, or diabetes, and those diseases with the potential to have a major health impact, such as water or food-borne illness, new diseases such as West Nile Virus, or re-emerging diseases such as Tuberculosis.

### ***The Framework***

The main components of the framework are:

- Core Programs – long-term programs, representing the minimum level of public health services that health authorities would provide in a renewed and modern public health system. Core Programs are organized to improve health; they can be assessed ultimately in terms of improved health and well-being and/or reductions in disease, disability, and injury.
- Public Health Strategies – strategies by which core programs are implemented.
- The Lenses – the Population Lens and the Inequalities Lens ensure the health needs of specific populations are addressed.
- System Capacity – the health information systems, quality management, research and knowledge development, and staff training and development capacity needed to apply public health strategies and implement core programs.

These components are described in more detail below, and are represented visually in Appendix 1 – the Core Functions Framework.

### **Core Programs**

Each core program will have clear goals, measurable objectives, and an evidentiary base that shows it can improve people's health and prevent disease, disability, and/or injury. Programs will be supported through the identification of best practices and national and international benchmarks.

Core programs will target one of four broad categories. These are not mutually exclusive, and there will be overlap:

- *Health Improvement Programs* – intended to improve overall health and well-being, and prevent a wide range of acute and chronic disease and disability, as well as injuries.
- *Disease, Injury and Disability Prevention Programs* – intended to prevent specific health problems that make, or might make, a significant contribution to the burden of disease.
- *Environmental Health Programs* – intended to protect people from environmental hazards, whether caused by natural or human agency, in the built and natural environments.
- *Health Emergency Management Programs* – intended to coordinate available resources to deal with emergencies effectively, thereby saving lives and avoiding injury or disease.

#### **Core Programs:**

*long-term programs, representing the minimum level of public health services that health authorities would provide in a renewed and modern public health system.*

### **Public Health Strategies**

Core programs will be implemented using a variety of public health strategies, which are based upon the unique functions essential to public health. These strategies will include:

- *health promotion* – strategies that range from health advocacy for change in public policy or private sector practices, to partnership building and coalition development, to education that helps people develop personal skills for health;
- *health protection* – strategies that protect people through legislation, regulation, inspection and, if necessary, enforcement and prosecution;
- *preventive interventions* – strategies that include immunization, counseling, screening and early detection, and prophylactic or in some cases preventive treatments; and
- *health assessment and disease surveillance* – strategies critical for monitoring population health status, detecting and responding to outbreaks of disease or other health-related issues, and assessing the effectiveness of public health programs and services.

#### **Public Health Strategies:**

*strategies by which core programs are implemented*



### *The Lenses for Populations of Concern*

There are two lenses through which government ensures the health needs of specific populations are addressed.

- *The inequalities lens* – addresses reducing inequalities in health within and between different groups in British Columbia. Health authorities will be requested to assist in reducing these inequalities by, for example, ensuring that those in greatest need of public health services, or those most vulnerable or at-risk, receive more attention.
- *The population lens* – ensures that all core programs are focused on groups for whom the service is particularly applicable or where intervention is known to be most effective (e.g. prevention of smoking in young people), and in the settings that make the most sense (e.g. schools).

#### ***The Lenses:***

*Ensure the health needs of specific populations are addressed*

### *System Capacity Requirements*

A supportive infrastructure and capacity to deliver core programs is another essential component of the Core Functions Framework. To ensure public health has the basic platform and capacity, system capacity building is required at both the provincial level and in the health authorities.

Capacity requirements include adequate numbers of trained and competent staff; information systems to support management of programs and services; research to support innovation; the capacity to properly plan, manage, and deliver programs; evaluation and quality management; and the capacity to undertake policy analysis and development and to advocate for policy change.

#### ***System Capacity:***

*health information systems and quality management capacity needed to apply public health strategies and implement core programs and services*

## **6. Next Steps**

The identification of core programs was the first step in the process of renewing and strengthening public health services in British Columbia. The next steps – which are already underway – are to develop a series of evidence papers for each core program and define best practices in public health that will form the basis for performance management and improvement.

Health authorities will be requested to identify gaps between core programs and best practices, and what services are actually provided. The Ministry envisions that the results of these assessments will assist with, and become linked to, future Health Service Redesign Plans and activities, and will assist the Ministry in the allocation of future public health funding. At the same time, the development of indicators and information systems will be in progress.

The Ministry also believes it is important that health authorities begin to prepare population health status assessments. For many, this will entail collecting and updating previous reports.

While the full implementation of a comprehensive set of core functions across the province is the goal, it is recognized that it will take time to build the capacity to achieve this goal. We will have to build on collaborative activities among health authorities to realize the best return on our investments in capacity. Province-wide and regional priorities within core functions will need to be identified.

## **7. Conclusions**

As part of the larger renewal process for public health, it is anticipated that Core Functions in Public Health will assist the health authorities in providing effective public health services, thereby strengthening our prevention activities to better complement the system of care and treatment. Health authorities will be expected to monitor and report on their achievements in implementing core functions. In addition to providing the core functions, they will be expected to develop and deliver services to meet local needs.

It is anticipated that the new *Public Health Act* will reference core functions in broad terms. A combination of best practice guidelines, benchmarks and outcome-based expectations will be used to ensure that these core programs are implemented consistently across the province.

Core functions will provide context for the *2005/06 to 2007/08 Health Service Redesign Plan*, which has identified prevention and promotion as a key priority. It will help inform health authority strategic plans, most of which identify population health improvement as an important focus.

## **8. References**

Health Canada. (2002). *Economic burden of illness in Canada, 1998*. Ottawa, ON: Health Canada (See also the charting application at [http://ebic-femc.hc-sc.gc.ca/home\\_e.php?Lang=e](http://ebic-femc.hc-sc.gc.ca/home_e.php?Lang=e) for BC data).

Institute of Population and Public Health, Canadian Institutes of Health Research. (2003). *The Future of Public Health in Canada: Developing a Public Health System for the 21<sup>st</sup> Century*. Toronto: Institute of Population and Public Health.

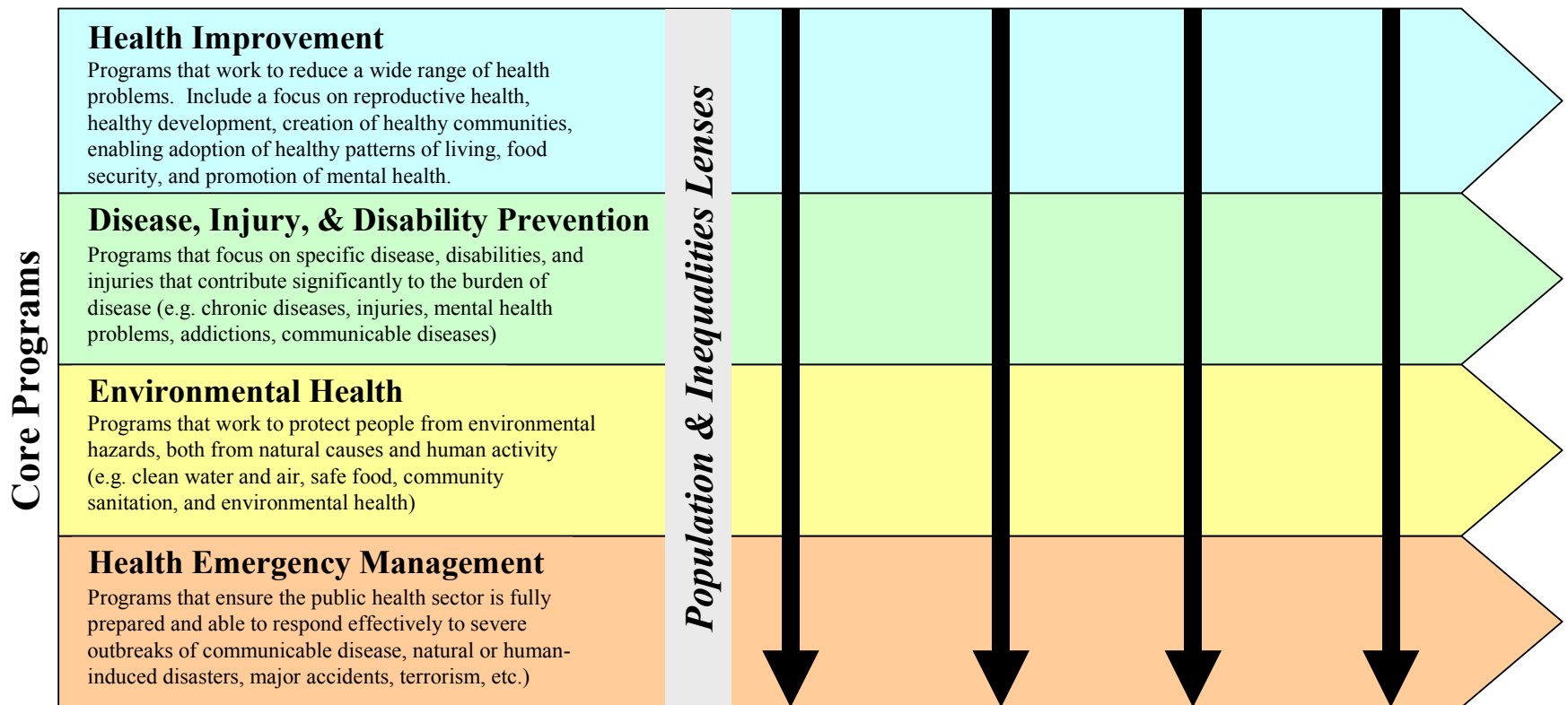
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# Appendix 1

## CORE FUNCTIONS FRAMEWORK

### Public Health Strategies

Health Promotion	Health Protection	Preventive Interventions	Health Assessment & Disease Surveillance
Develop healthy public policy; advocate/create supportive environments; strengthen communities; develop personal skills; build partnerships	Legislate, Regulate, Tax, Inspect, Enforce, Punish	Immunize, Screen, Counsel, Support behaviour change, Treat	Public health epidemiology, clinical epidemiology, health lab networks, analysis and dissemination



Health information systems and quality management capacity