
A Suite of Definitions for Advancing the Comparative Study of Local Public Health Policy and Practice in Canada

Charles Plante, Thilina Bandara, Navdeep Sandhu, Cory Neudorf

Johnson Shoyama Graduate School of Public Policy and the College of Medicine,
University of Saskatchewan

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Introductions

- I am the Houston Family Postdoctoral Research Fellow at the Johnson Shoyama Graduate School of Public Policy
- My co-authors and I are members of the Urban Public Health Network Research team at the University of Saskatchewan
- Headed by Dr. Neudorf, Dr. Bandara and myself
- The Urban Public Health Network consists of the Chief Medical Health Officers of the largest cities in each province
- The UPHN + the research team form the UPHN IKT Collaborative



Outline

- What is local public health and why does it matter?
- Public health systems and services research (PHSSR)
- Key characteristics of provincial and local public health
- A suite of definitions
- Implications for future research

**What is local public health and
why does it matter?**

“‘Public health’ and ‘public health care’ are not synonymous” - Fierlbeck 2011

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What is public health?

- Public health is a field of medical practice that treats population health. Its patients are groups not individuals:

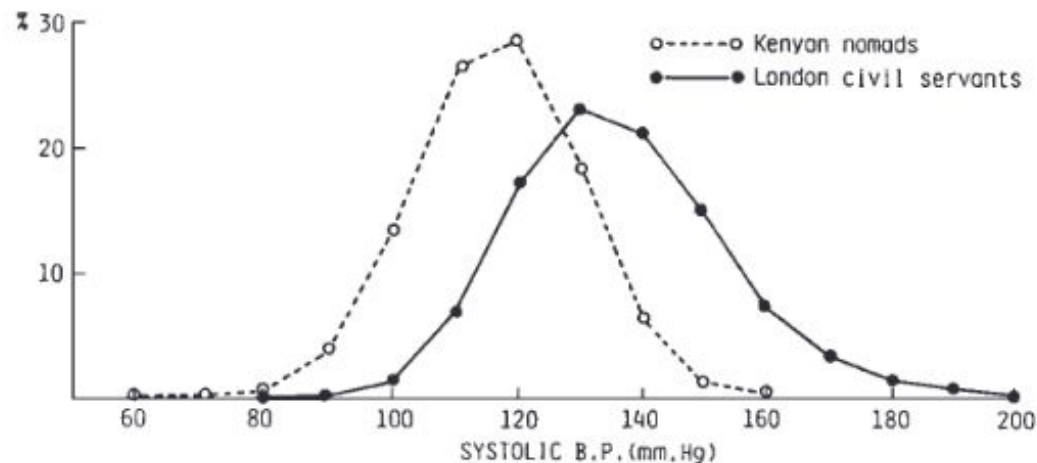


Figure 2 Distributions of systolic blood pressure in middle-aged men in two populations^{2,3}

(Rose 2001)

Public health looks different

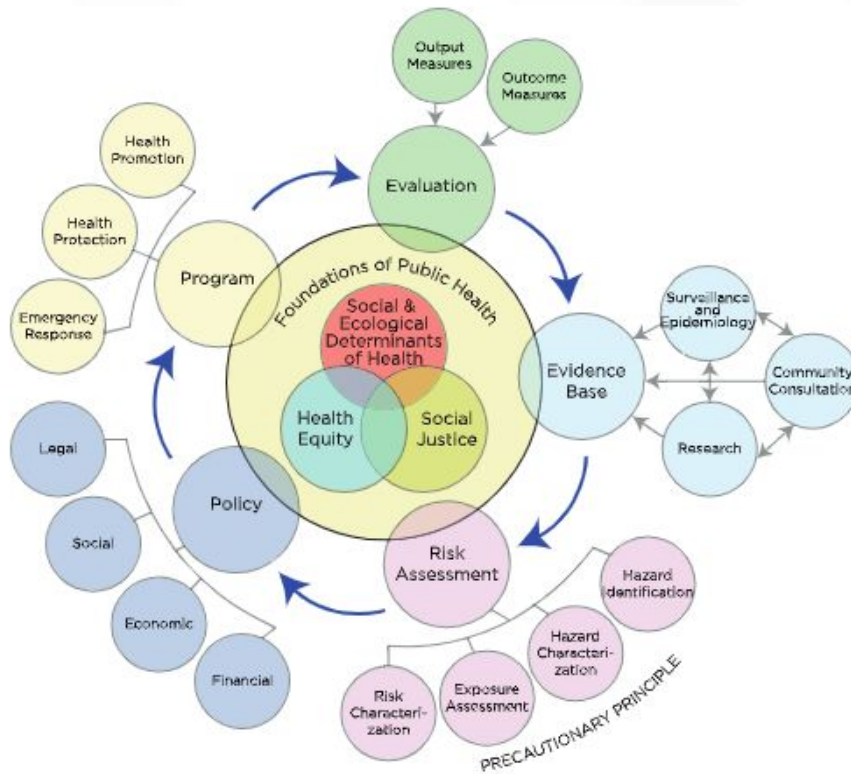


Figure 1: A conceptual framework for public health



Public Health Achievements

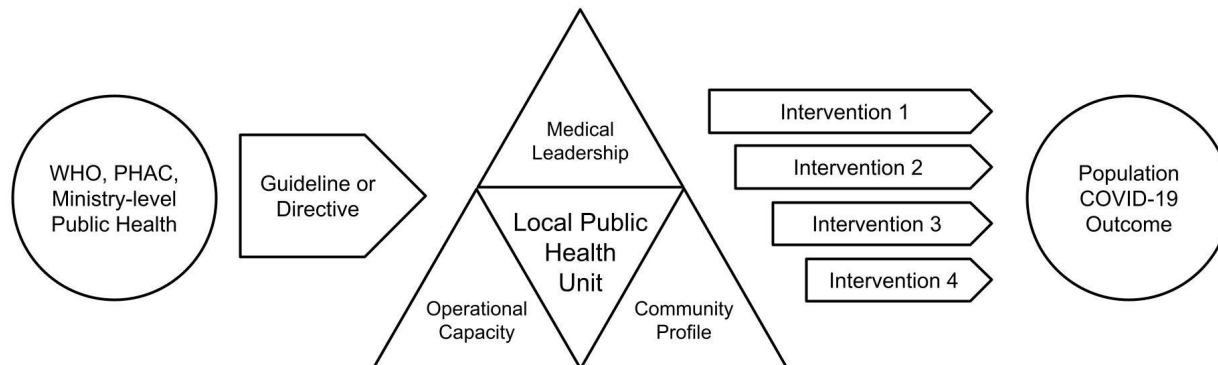
- “Since 1900, the average lifespan of persons in the United States has lengthened by >30 years; 25 years of this gain are attributable to advances in public health” ([CDC 1999](#)).

Ten Great Public Health Achievements — United States, 1900–1999

- Vaccination
- Motor-vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

The promise of local public health

- Not all populations are the same
- Theoretically, local public health provides boots on the ground which:
 - Monitor and react to local public health needs and emergencies
 - Tailor higher level policies and orders to unique local contexts



Public health systems and services research (PHSSR)

“Very few people are familiar with everything public health does [...] this situation poses a threat to the survival of its prevention mission” - Litvak et al. 2020

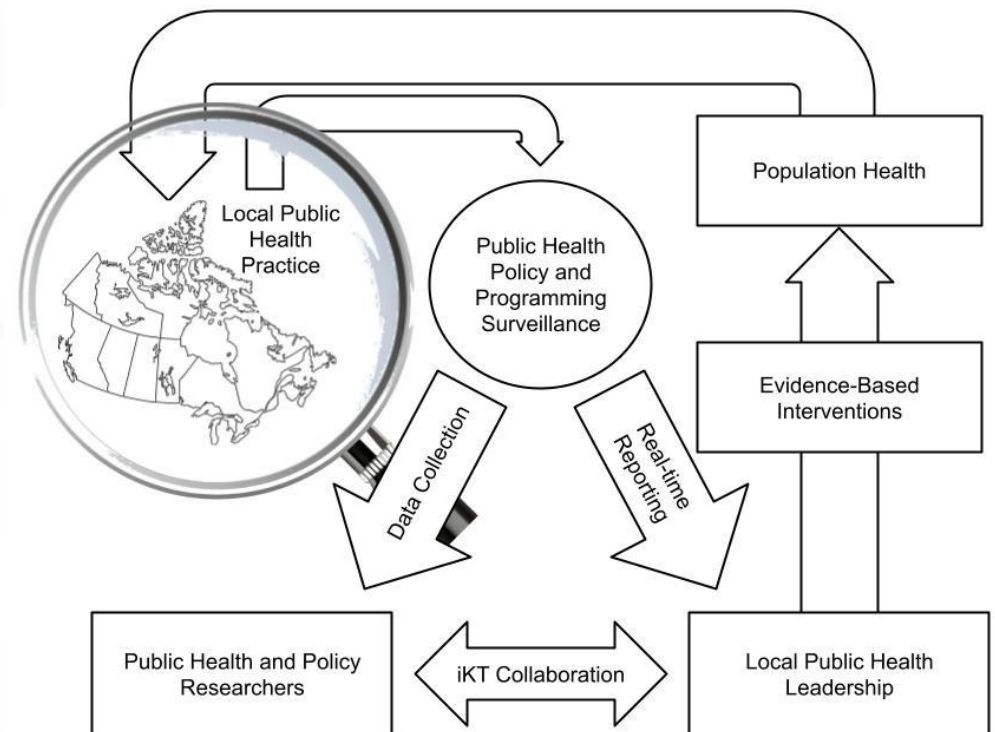
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Public Health Systems and Services Research

- Public Health Systems and Services Research (PHSSR) is a relatively underdeveloped field in Canada
- It is far more developed in other countries like the U.S. and Australia
- A think tank held in 2011 identified 8 priority areas in which advancement was needed
- “Data development/Public Health Information Systems” was at the top of the list

Towards a policy surveillance framework for local public health

- In 2020, our research team was awarded funding from CIHR to develop a policy surveillance framework for monitoring the response of local public health in Canada to COVID-19





Common data needs common definitions

- One of our first tasks has had to be to define what local public health is
- Common definitions are needed to advance:
 - Uniform and so comparable data collections across diverse jurisdictions
 - Common language for documenting and understanding the work of local public health in Canada
 - Comparative studies of local public health efforts that can support intraregional evidence-based policy learning

Key characteristics of provincial and local public health

Public Health Regionalization/Amalgamation

- Over the past decade, public health governance has changed across the country
- For example, amalgamation commonly entails the centralization of oversight and administration responsibilities for public health at the provincial level (e.g. Saskatchewan, Nova Scotia)
- However, regionalization/amalgamation has been carried out in very different ways across provinces
- Regionalization/amalgamation has made it difficult to identify, track, and compare local public health operations
 - Between provinces,
 - And within provinces over time



Key characteristics of provincial and local public health bodies

1. Scope of public health functioning
2. Level of independent (or delegated) authority
3. Led (or co-led) by qualified public health personnel
4. Having authority for the administration of public health programs and services



1. Scope of public health functioning

- In recent years, representative public health bodies have made efforts to define the scope of the field
- In Canada, six categories of essential public health functions are most widely recognized:
 - health protection
 - health surveillance
 - health promotion, and, sometimes
 - population health assessment
 - disease and injury prevention
 - disaster response



2. Level of independent (or delegated) authority

- This characteristic defines the “local” in “local public health”
- The most local public health units are those with the lowest unit of delegated authority
- Note, however, that local does not necessarily need to be defined geographically
 - E.g. First Nations Health Authority (FNHA) in British Columbia

3. Led (or co-led) by qualified public health personnel

- Public health units should be headed by a qualified MHO/MOH having authority to oversee and administer public health
- There are organizations which provide public health services but which are not headed by public health professionals
 - E.g. Community Health Centres which take a more holistic approach to primary care



4. Having authority for the administration of public health programs and services

- It is becoming increasingly common to see MHO/MOH in Canada having no effective power to actually directly fulfill public health responsibilities delegated to them by various Public Health Acts
- In effect, these local MHO/MOH now operate as local public health consultancy offices
- It is very unclear what impact this is having on population health



A suite of definitions



“Local Public Health Unit”

- Working with the above four characteristics, we propose that a **local public health unit** can be defined as:
 - *The lowest unit of independent (or delegated) responsibility for a defined population, having authority for the administration of public health programs and services, and led (or co-led) by a qualified Medical Health Officer/Medical Officer of Health*



A fly in the ointment

- Although the above definition makes logical sense, as a result of how local public health operations have been organized and re-organized during the past 20 years, it is arguably the case that many provinces no longer have local public health units
- There are also provinces that have similar units at higher levels which share responsibilities with units at lower levels



“Regional Public Health Unit”

- Some provinces have what may be considered a “Regional Public Health Unit”:
 - *A unit that has independent (or delegated) responsibility for a defined population above the local level, having authority for the administration of public health programs and services, and led (or co-led) by a qualified Medical Health Officer/Medical Officer of Health*
- E.g. In British Columbia, we have regional Health Authorities and local Health Service Delivery Areas



Other important units

- **Local Public Health Delivery Point:** Not headed by MOH/MHO
- **Local Public Health Office(?):** Not having authority for the administration of public health programs and services
- **Ministry Public Health Office:** Sometimes not having authority for the administration of public health programs and services
- **Public Health Agency of Canada:** Not the lowest level of delegated authority



		Lowest unit of independent (or delegated) responsibility for a defined population.	
		Yes	No
Having authority for the administration of public health programs and services.	Yes	LPHU	RPHU
	No	LPHO(?)	Ministry Public Health Office

Table. Different categories of bodies that are led (or co-led) by a qualified Medical Health Officer/Medical Officer of Health



Implications for future research



Implications for future research

- Comparative research on local public health in Canada needs to be flexible enough to consider different levels of authority across jurisdictions
- It is also needs to consider the roles of and relationships between multiple levels within jurisdictions
- This will be especially important in some provinces which distribute responsibilities for different functions across levels
- Now we at least have a framework for identifying what is what and who we need to talk to...



Directions for future research

- Does the level of independent (or delegated) authority impact the capacity of an LPHU to affect population health?
 - E.g. How does the size of the population that the unit is responsible for mediate its impact? What about the geographic area?
- How does the distribution of responsibility for areas of public health functioning across levels affect the ability of the public health system to affect population health?
 - E.g. Do surveillance and population health need to be carried out at the local level to be most effective?

Directions for future research, continued

- How does administrative distance from the central Health Ministries impact the capacity of LPHU to affect population health?
 - E.g. What are the impacts of how public health is administered and mediated when LPHU are embedded in Ministry Public Health Offices?
- What are the impacts of Local Public Health Offices(?). Are they effective?
- How does capacity, in terms of resources, human and material, interact with all of the above?



JOHNSON
SHOYAMA

Thank you

Charles Plante
charles.plante@usask.ca
<https://www.charlesplante.net/>
@chukpl