

**CNA Brief to the  
Standing Senate Committee on  
Social Affairs, Science and  
Technology**

**PUBLIC HEALTH IN CANADA –  
STRENGTHENING THE FOUNDATION**

**8 October 2003**



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**CANADIAN NURSES ASSOCIATION  
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA**

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## Introduction

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Public health is the foundation of the health system in Canada. Governments have an opportunity – and an obligation – to strengthen this foundation. Action is needed on two fronts: recruitment and retention of public health workers and creation of a national public policy framework for public health.

Public health is based in communities – big and small, rural and urban. It tracks and manages issues and trends related to the health of people living in each community. The strength of the public health system comes from its knowledge of a community’s strengths, capacities and needs. This knowledge provides the foundation to deal both with day to day issues and to address emergency situations.

The Canadian Nurses Association (CNA) is pleased to address the Senate Committee on Social Affairs, Science and Technology. We represent more than 116,000 registered nurses in Canada. CNA is committed to ensuring that the public health system, and indeed the entire health system, responds to the needs and realities of Canadians. For nurses, as for most Canadians, investments in the health system are a priority<sup>1</sup> (Communication Canada, 2002). Canadians consider health care a key component of the value system that defines and identifies them as a people (Vail, 2000). Nurses hear that view expressed daily by patients and their families. Nurses also recognize the value of the health system to Canada’s economy.

Public health promotes healthy lifestyles and healthy communities, protects people from injuries and disease, contains the spread of communicable diseases and tracks or monitors the health status of Canadians. Public health focuses on the health, not illness, of populations and groups within these populations.

Nurses are concerned about the state of the public health system in Canada and are, therefore, encouraged that this committee has chosen to study this issue. We recognize that the terms of reference for this initial assessment are focussed on emergency preparedness; however, CNA believes it is almost impossible to focus only on emergency preparedness, because it is intricately connected to the health system, its human resources, facilities and technologies.

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<sup>1</sup> See for example the public opinion survey results contained in the annual *Health Care in Canada* reports published by the Pollara polling company. See as well Communication Canada’s Spring 2002 *Listening to Canadians Communications Survey* of more than five thousand Canadians between April 25 and May 13, 2002. This survey found that 93 per cent of those surveyed gave health care “high priority.” This is the highest interest rating of any issue – ahead of national security in the wake of the September 11 terrorist attacks in the United States, unemployment, the state of the economy, taxation, public debt or any other public policy issue. To read the survey results go to [http://www.communication.gc.ca/survey/comm\\_survey\\_spring2002.pdf](http://www.communication.gc.ca/survey/comm_survey_spring2002.pdf)

## **The Importance of Public Health Nursing**

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Nurses are key players in the public health system. Public health nurses make up 50 per cent of the public health workforce. In 2002, there were approximately 36,140 nurses working in the community. Of these 21,344 were employed in public health, community health centres/departments, day (care) centres, health service centres, rural nursing, school nursing or volunteer agencies (Canadian Nurses Association, 2003).

Public health nurses are active in all of our communities. They are in homes, schools, inner-city drop-in centres, churches, seniors' centres and palliative care facilities. They work with community groups and individuals to maintain and improve health. An important aspect of their job is infection control and emergency preparedness. However, the strength of public health, and the real impact that public health has, is that practitioners, particularly public health nurses, know their communities – and their communities and community members know them. So, when bio-terrorism threats and infection control become issues, as they have recently, the public looks to the public health nurse, and other public health workers, for advice and assistance.

*“The nurse in the community is often the first to know that there is a health issue and is in a good position to collect additional information for ongoing monitoring and surveillance, which can lead to developing appropriate actions – Nurses in the community are like the canary in the mine shaft – they are the first to know when there is a health issue in the community” (CNA, 2003, p. 4).*

Public health nurses are responsible for many public health activities in communities including, surveillance, home visiting, research, group facilitation and public education. Some examples of their involvement include:

- Visiting new parents and facilitating well-baby drop-ins;
- Working as school health nurses in the public school system with children and adolescents;
- Facilitating seniors' walking groups in the community;
- Visiting homes of people living with mental health difficulties;
- Providing immunizations to children and adolescents; and
- Facilitating community education sessions on tobacco control.

One example of the important role of the public health nurse is illustrated in the following example:

*“A street van in a large western city had initially employed nurses and generic health care workers but had taken the nurses off the van for budgetary reasons. In response, the community people had requested that the nurses be returned, but the generic health care workers said that it was “just a coincidence that prostitutes who participate in a street needle exchange program spoke of family and other health problems only when the nurses are present!” Clearly the needle users valued the nurses' depth of knowledge that covers the entire health spectrum, both for themselves and their family members. The benefits to the community of the nurses' expertise, although difficult to measure in financial terms, extended far beyond the needle exchange program's original goal.” (CNA, 2003, p. 7).*

## **Present State of the Public Health System**

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Public health measures have been responsible for many of the major improvements in the health of Canadians. Clean water, food safety, adequate housing, sexuality education, seniors centres and immunization are a few benefits of the public health system. The public health system has helped Canadians attain a quality of life and health that are the envy of many other countries.

When the system is operating effectively and the policy framework is clear, public health is almost invisible. The current attention to public health signals both operational issues and the absence of a clear public health policy.

In 2001, a report to the Federal, Provincial and Territorial Deputy Ministers of Health by the Advisory Committee on Population Health called a *Survey of Public Health Capacity in Canada* found that “Lack of resources and a lack of will to adequately support the public health component of Canada’s health care system were the most often noted barriers, at all levels, to public health’s ability to fulfill its mandate and respond to ongoing, emerging and urgent issues” (Federal, Provincial and Territorial Advisory Committee on Population Health, 2001, p. v). The report goes on to say that **“While the research does not indicate that the public health system in Canada is unable to function or is strained ‘beyond capacity,’ there appears to be agreement that only one crisis can be managed at a time”** (Federal, Provincial and Territorial Advisory Committee on Population Health, 2001, p. v).

The public health system has been challenged in the past 3 years: tainted water in Walkerton (Ontario), North Battleford (Saskatchewan), Newfoundland and elsewhere; the horrors of 9/11; the threat of bio-terrorism, Anthrax and Smallpox scares; the introduction of West Nile disease; BSE in the Canadian cattle industry; and the SARS outbreak. These events have had a tremendous impact on the physical and mental health of individuals and families, as well as on the nation’s economy. For example, the Walkerton water tragedy cost as much as \$155 million (Livernois, 2002). These events require clear public health policy and consistent interventions.

Moreover, the health of Canadians is deteriorating: evident by increasing levels of obesity in both adults and children and high rates of diabetes among Aboriginal Peoples. This month, the Centre for Research and Women’s Health at the Sunnybrook and Women’s Hospital in Toronto released findings that show that the prevalence of obesity among Canadian women has doubled over the last 15 years. The rates of obesity among men have more than doubled. This deterioration is reflective of the absence of effective public health policies.

In addition to the “front page” emergencies like SARS and West Nile, CNA contends that Canadian trends related to communicable disease and unintentional injuries also constitute emergencies.

Due to the inattention, both policy and fiscal, given to the public health system, the basic capacity of this system has been hampered. The public health system no longer has the capacity to conduct timely analyses; to accurately inform and support policy-makers, health stakeholders and the public; in addition to implementing appropriate services and community surveillance strategies.

## Priority Issues in Public Health

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There are both operational and policy issues related to public health. For CNA, the primary operational issue is HHR.

### Health Human Resources

In the last decade, the health workforce has been cut back and largely forgotten. This is particularly the case in public health. In addition, there are an increasing numbers of nurses working for multiple employers, often in different settings such as public health, home care, long-term care and acute care.

As a result, the surge capacity of the public health system to deal with emergencies is limited. The experience of the SARS outbreak illustrates this. Restrictions related to multiple employers constrained the numbers of nurses available to provide emergency care, other treatment and public health services. The challenge of staffing was further complicated by the quarantining of nurses and other health professionals.

Continuing education and ongoing skill development for public health practitioners is critical to both maintaining professional competence and being prepared for new and emerging situations. One example of a successful continuing education program is the *Skills Enhancement Surveillance Program* supported and delivered by Health Canada to public health professionals across Canada. More than 50 per cent of the participants thus far have been public health nurses. However, in the report done for the Federal, Provincial and Territorial Advisory Committee on Public Health, almost 50 per cent of the respondents reported that continuing education opportunities were completely or almost completely inadequate (Federal, Provincial and Territorial Advisory Committee on Public Health, 2001).

CNA recommends:

#### **1. the development of a national human resource strategy for the health sector, including public health.**

This strategy will address:

- basic and continuing education issues;
- workplace, retention and employment issues;
- scope of practice and training; and
- an increase in public and other health professional's awareness of the expertise and knowledge of various providers.

CNA believes the strategy must recognize the reality of multiple-employers for all health professionals. At the same time, the strategy should have the creation of permanent job opportunities as a principle.

## Increasing Incidence of Communicable Diseases and Unintentional injuries

CNA regards the increasing rates of communicable diseases as an emergency. The annual influenza epidemic, the resurgence of tuberculosis (TB) and rising rates of sexually transmitted diseases are examples. According to the Chair of the Canadian Immunization Awareness Program, “*Diseases like polio, measles, rubella and diphtheria are not gone, they are only under control because we immunize*” (Canadian Immunization Awareness Program, 2003).

The number of cases of TB is increasing worldwide. Various factors have influenced this rise in TB including global population movements. In Canada, TB is showing a resurgence in aboriginal communities, new Canadians and homeless people (Tapiéro & Lamarre, 2003).

Sexually transmitted infections are also increasing in Canada. The number of cases of gonorrhoea, for example, rose from 4,522 in 1997 to 6,222 in 2000 (Health Canada, 2002). Similar increases in rates of chlamydia and syphilis are being seen. At the same time, a recent survey found that many Canadian teens (Grades 7, 9 and 11) do not understand some of the basic facts about sexually transmitted disease (Council of Ministers of Education, Canada, 2003). In addition, from the same survey, students in 2002 generally exhibit lower levels of sexual knowledge than those who participated in the same survey in 1989.

Developing a cohesive national approach to dealing with communicable diseases will strengthen both the resilience of Canadians to resist new strains and the capacity of the public health system. These improvements will offer the basis to effectively deal with other community emergencies like SARS. They will provide a template to help communities and governments deal with future emergencies.

CNA recommends:

### **2. the development of a national approach to eradicating communicable diseases.**

This includes:

- establishment, within the next 12 months, of a national immunization program with the following functions: procurement and universal distribution of vaccines; monitoring and evaluation of health outcomes; development of standards for delivery; establishment of standardized reporting procedures and a national record system; and management of quality assurance of vaccines. Current approaches to immunization are uncoordinated, and therefore, threatened by the absence of comprehensive record systems, a multiplicity of delivery systems;
- establishment in 2004 of a coordinated national plan to address the reappearance of TB; and
- immediate expansion and strengthening of treatment centres for sexually transmitted diseases.

Each of these activities are timely and feasible in that they build on discussions and sporadic activities among all orders of government, the private sector, health professionals and community partners.

Unintentional and intentional injury is the leading cause of death for Canadians aged 1 to 44 (Health Canada, 1999), the leading cause of premature mortality in Canada and the largest single contributor

to potential years of life lost (PYLL) before the age of 65.<sup>2</sup> In terms of economic burden, injuries account for 11 per cent of the total economic burden of illness. Direct costs are related to treatment, care and rehabilitation; indirect costs of injuries include the high number of PYLL due to premature death and long-term disability. Injuries are responsible for more than 7 per cent of acute care hospitalizations. According to a 1998 study published by SMARTRISK, unintentional injuries alone cost \$8.7 billion annually in health care and indirect costs. Despite these statistics, Canada has no national infrastructure for research and coordinated action to reduce – and prevent injuries.

CNA recommends:

### **3. the development of a national approach to injury prevention.**

This includes:

- in 2004, establishing a national initiative to reduce injuries in the workplace. The initiatives would include collaborative work with public, private and voluntary sector organizations and agencies in the areas of transportation, education and health. The initiative would build on its road safety model. This model has included education on seatbelt use, impaired driving, bicycle helmets, changes to automobile and highway engineering and construction, visible enforcement programs, regulatory and legislative changes. The model involves partnerships among governments, the private sector and the public health system; and
- **immediate investment in a research agenda to address the gaps in our knowledge about injuries in sports.**

### **Public Policy Framework**

The second major issue is the absence of a national policy framework for public health. This framework would link the public health system with the acute care sector. It would tie surveillance activities with infectious disease specialists, the development of quarantine and other strategies with the delivery expertise of community health workers. The policy framework would also demonstrate the linkage between public health and other sectors such as transportation, education and social services. These linkages are crucial to emergency response.

The absence of a national policy framework for public health presents challenges for communications and coordination within the health system and beyond it. In emergencies as in non-emergency situations, the flow of information from communities to policy decision-makers must be facilitated. Grass roots practitioners need to know that they are being heard and that their issues are being addressed. In addition, the framework should clearly define the roles and responsibilities of the various players in the public health system. It must also make transparent the decision-making processes.

Inadequate communication infrastructures and processes are the most pervasive issues for nurses as well as the following.

- There are no formal mechanisms to share information among stakeholders.

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<sup>2</sup> Unpublished estimates of injury-related potential years of life lost, based on Statistics Canada data, obtained from the Child Injury Division, Laboratory Centre for Disease Control, Health Canada, 1999.

- There is no defined role for professional associations, with their networking mechanisms; expertise; positioning of their members; and knowledge of the system and its components, in the development of strategies to deal with public health emergencies (or non-emergencies).
- There are inconsistent and unclear messaging, delays in acquiring information and overlooked alerts.
- While there are many involved, it seems that no one is in charge.

During the SARS outbreak, nurses and nursing organizations identified the inability to get timely and reliable information and direction.

*“In the beginning, my best source of information was the Globe and Mail and CBC news.”*

*“Providers have no direct communication with the Ministry of Health and Long-Term Care and had to wait until the end of each day to receive communication from, and as interpreted by the Community Care Access Centres (CCACs). The CCACs (quite appropriately) do not have clinical expertise and on some occasions their approaches needed to be reviewed by service provider organizations. Vigorous advocacy efforts were required to ensure approaches were in keeping with clinical principles.”*

Again, related to the SARS experience, nurses also identified inconsistencies in information and advice.

*“It seemed as if the variability in direction from public health departments and CCACs was greater, the further they were located from the epicentre.”*

Nurses have expressed a lack of confidence in the infrastructure in their community to deal with a new infectious disease.

*“I urge those who are examining our ability to respond to look closely at the infrastructure, or lack thereof, in rural areas. We would not have been able to organize nor sustain a response to the level that Ontario did. It has been well recognized in recent reports that infectious disease such as SARS have no boundaries. We must, therefore, examine the potential that it could be in anyone’s back yard. What would these various responses look like?”*

- Nurses have also expressed concern about the lack of knowledge of policy-makers about community-based health services.

*“Infection control practitioners/experts tend to be hospital based because of funding models.”*

*“It was clear from early directives that the Ministry of Health Long-Term Care (MOHLTC) decision-makers did not have an understanding of home care delivery issues.”*

Communication and coordination issues are not new to public health. As identified in the Canadian Institute of Health Research (CIHR) document *The Future of Public Health in Canada: Developing a Public Health System for the 21<sup>st</sup> Century*, there is tremendous inequity in the public health system

capacity among different provinces and territories (Canadian Institute of Health Research, 2003). **Each province has its own public-health-related legislation, and there is no accepted list of expected public health functions for the Canadian public health system** (Canadian Institute of Health Research, 2003).

CNA recommends the:

**4. development of a national public health strategy that would have clear linkages with other components of the health system.**

The strategy would:

- include public/patient education, health surveillance, research and legislation;
- articulate a series of common health goals;
- articulate a framework to ensure the assessment of the health consequences in decisions related to environmental contamination, literacy, food security and health determinants;
- include the establishment of a national public health agency and leadership position;
- build on existing centres of expertise across the country and be arms-length from the government;
- recreate and maintain infection control expertise in Canada; and
- emphasize collaboration at various levels: intergovernmental and interprofessional.

**5. creation of a national communication infrastructure to support all providers and organizations, regardless of size.**

Starting principles for this system would include:

- all stakeholders must have timely access to the same quality and degree of clinical support;
- all providers need to be included when key decisions are taken;
- the communications system must also include a process to facilitate identification of issues and challenges by all providers; and
- the system needs to be coordinated across Canada, with particular attention paid to rural and remote areas.

## Conclusion

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In 1997, the World Health Organization identified deterioration of the public health infrastructure as a key factor in the emergence and re-emergence of infectious diseases (Federal, Provincial and Territorial Advisory Committee on Population Health, 2001). More recently, in a special report on public health in the Medical Post, Medical Officers of Health across Canada report that core public health programs such as seniors' health and chronic disease prevention are being ignored to keep other parts of the public health system strong, especially in the high profile area of infectious disease control. (Daniels, 2003).

CNA contends that Canada needs a coordinated, national public health system that is equally able to deal with emergencies, like SARS, and ongoing issues like school health and chronic diseases. CNA believes the public health system needs to maintain its focus on communities and not individual diseases or threats. The forte of the public health system is promoting health. Research confirms that healthy communities have the resilience to deal effectively with emerging health issues.

Thank you.

## References

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- Canadian Immunization Awareness Program. (2003). *Media advisory: Don't forget about the diseases we can prevent*. Retrieved October 1, 2003 from [http://www.immunize.cpha.ca/english/mediarm/news/nation/medadv\\_e.pdf](http://www.immunize.cpha.ca/english/mediarm/news/nation/medadv_e.pdf)
- Canadian Institute for Health Research. (2003). *Future of public health in Canada: Developing a system for the 21<sup>st</sup> century*. Ottawa: Author.
- Canadian Nurses Association. (2002). *Highlights of 2001 nursing statistics*. Ottawa: Author.
- Canadian Nurses Association. (2003). *The value of nurses in the community*. Ottawa: Author.
- Canadian Public Health Association. (2001). *The value of immunization in the future of Canada's health system*. Retrieved October 1, 2003 from [http://www.immunize.cpha.ca/english/resource/Immun\\_e.pdf](http://www.immunize.cpha.ca/english/resource/Immun_e.pdf)
- Council of Ministers of Education. (2003). *Canadian youth, sexual health and HIV/AIDS study: Factors influencing knowledge, attitudes and behaviours*. Toronto: Author.
- Daniels, C. (2003, July 29). Health promotion falls through cracks while MOHs are busy "putting out fires." *Medical Post*, 39(28). Retrieved from [http://www.medicalpost.com/mpcontent/article.jsp?content=20030723\\_135502\\_448](http://www.medicalpost.com/mpcontent/article.jsp?content=20030723_135502_448)
- Federal, Provincial and Territorial Advisory Committee on Population Health. (2001). *Survey of public health capacity in Canada: Highlights*. Ottawa: Advisory Committee on Population Health.
- Health Canada. (1999). *Canadian Injury Data: Mortality – 1997 and Hospitalizations – 1996-97*. Retrieved October 1, 2003 from <http://www.hc-sc.gc.ca/pphb-dgspsp/injury-bles/cid98-dbc98/index.html>
- Health Canada. (2002). *STD data tables: Reported gonorrhoea cases and rates in Canada by age group and sex, 1980-2000*. Ottawa: Author.
- Livernois, J. (2002). *The Walkerton inquiry – Commissioned paper 15: Value-of-life estimates in an economic cost assessment*. Toronto: Ontario Ministry of the Attorney General.
- SMARTRISK. (1998). *The Economic Burden of Unintentional Injury in Canada*. Retrieved October 1, 2003, from [http://www.smartrisk.ca/PDF/main\\_study\\_canada.pdf](http://www.smartrisk.ca/PDF/main_study_canada.pdf)
- Tapiéro, B. F., & Lamarre, V. (2003). Tuberculosis in Canada: Global view and new challenges. *Paediatrics & Child Health*, 8(3). Retrieved October 1, 2003 from [http://www.pulsus.com/Paeds/08\\_03/tapi\\_ed.htm](http://www.pulsus.com/Paeds/08_03/tapi_ed.htm)
- Vail, S. (2000). *Canadian's values and attitudes on Canada's health care system: A synthesis of survey results*. Ottawa: The Conference Board of Canada.