



Nova Scotia Public Health
Standards
2011-2016

ENTER



Preface

The *Nova Scotia Public Health Standards* establish the expectations for public health at provincial and District Health Authority (DHA) system levels. Their development is an important milestone to renew the province's public health system. These *Standards* have been driven by our purpose statement:

Public health works with others to understand the health of our communities, and acts together to improve health.

Achieving this purpose necessitates a shift in the emphasis of our work 'further upstream' to address the social, economic and physical environments that strongly influence the health of Nova Scotians. This shift in emphasis requires rebalancing the focus of our efforts from individuals to the health of groups and populations. These *Standards* have been written to support this shift.

Achievement of this shift will not occur overnight, but will be actively pursued as the Standards guide public health's actions over the coming five years. Many issues will need to be addressed at system, organization, team and individual levels. There is a recognition that 'some of the work of public health will remain, some will be enhanced, some will be new, some will change significantly or stop, some will be done with or by others'. Working with our partners, we can successfully achieve this shift to optimize our impact on the health of Nova Scotians. While there will likely be great interest in these issues of how to achieve the *Standards*, the purpose of this document and associated protocols is to describe what public health in Nova Scotia should be doing. This is a necessary prerequisite to being able to engage in the subsequent steps of achieving their implementation.

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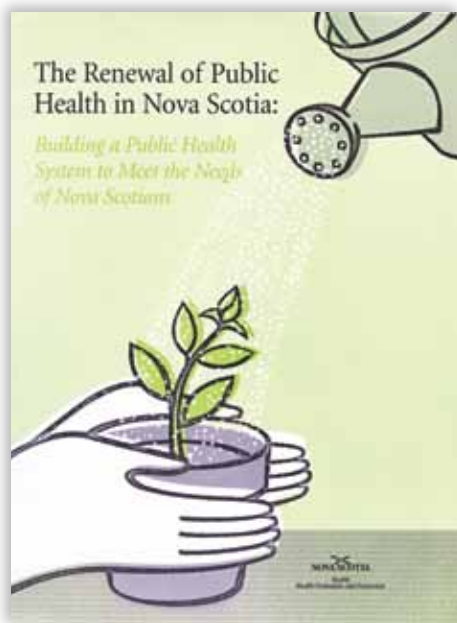
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Introduction

Historical Context

The establishment of a set of public health standards was identified as a key action in the 2006 report, *The Renewal of Public Health in Nova Scotia: Building a Public Health System to Meet the Needs of Nova Scotians*.¹ Consistent with the renewal report's recommendation, the intent is for the *Nova Scotia Public Health Standards* to apply to both provincial and DHA levels. In addition, the development and application of these *Standards* strive to achieve a desired balance between the consistency of actions required for effective collective action, with the need to provide flexibility for the tailoring of efforts to local circumstances.



Action for System Renewal #11

Establish evidence-based standards for Nova Scotia's public health system applicable to provincial and DHA levels that provide flexibility for tailoring to local circumstances and that support local and provincial level planning.

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Introduction

Strategic Direction

The 2006 renewal report emphasized the importance of the public health system being guided by a collective vision. A critical step prior to developing these *Standards* was embarking on a highly participatory, strategic planning process that set a clear direction for Nova Scotia's public health system.² That direction entails shifting the emphasis of our work 'further upstream' towards understanding and action to address the determinants for a healthy population. To accomplish this, the focus of our work will need to shift the emphasis from individuals to populations and will require working to a greater extent with other sectors to influence the social, economic, physical and policy environments for Nova Scotians.

This shift in focus is grounded on the landmark *Ottawa Charter for Health Promotion*, which identified five key strategies to achieve the prerequisites for health.¹ The envisioned shift in focus also aligns with a population health approach, which is an underlying principle for public health practice.⁴

¹ Prerequisites for health: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity.³

Action for System Renewal #1

Articulate and be guided by a collective vision for the public health system that integrates and supports the fulfilment of public health's core functions.

Ottawa Charter for Health Promotion

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services

Source: World Health Organization, Canadian Public Health Association, and Health Canada. Ottawa Charter for Health Promotion, 1986.

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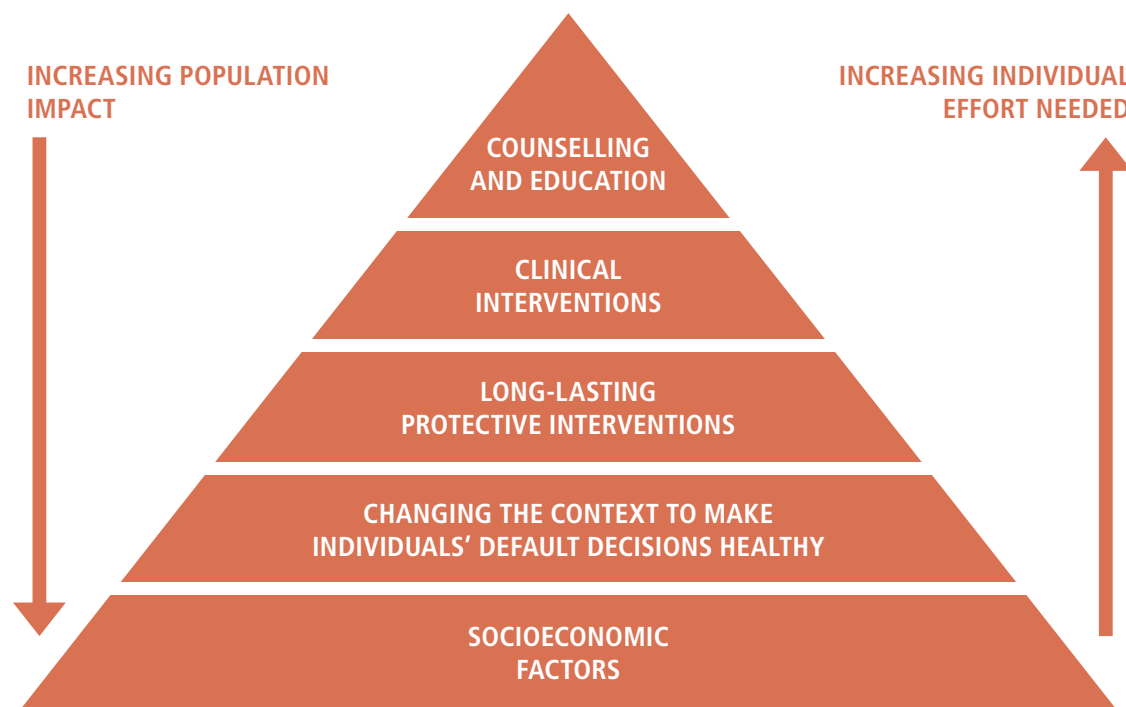
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The impetus to shifting the emphasis of public health actions reflects the relative impact of actions to improve the health of the public (see 'health impact pyramid' below). Considerable emphasis has been placed historically on individual-level interventions such as counselling and education, and the provision of clinical interventions. While important, such approaches have two major limitations from a population perspective. First, there is the challenge as to whether the services are reaching those most in need. Second, these interventions are often seeking behavioural change that may not be supported by the social, economic and physical environments where people spend the majority of their time.

Long-lasting protective interventions such as immunizations provide individual benefit, but their collective benefit is to make populations resistant to the introduction of diseases. As indicated in the health impact pyramid, in order to have a greater population health impact, interventions need to place greater emphasis on changing the context to make default decisions healthy (e.g., smoke-free places legislation, physical activity supporting built environments), and address socioeconomic factors (i.e., social determinants of health).⁵

The Health Impact Pyramid



Source: Frieden TR. A framework for public health action: The health impact pyramid. *Am J Public Health* 2010; 100(4): 590-595. Used with permission of publisher, The Sheridan Press/American Public Health Association.

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Through its strategic planning, public health identified 'six stakes' that articulate what public health now understands to be its work and what it is committed to do to improve the health of Nova Scotians.⁶

The 'six stakes' include the following:



- Public health is guided by its **purpose statement**: 'Public health works with others to understand the health of our communities, and acts together to improve health.'
- Public health is committed to develop and integrate **participatory leadership** and processes throughout our culture, working within our teams and our partnerships.
- Public health recognizes that meaningful **relationships are central** for our success and that public health is being called to strengthen its role as advocate, connector, collaborator, coach, mentor champion, catalyst and innovator.
- Public health is committed to the integration of the **five core functions** of public health with a focus on the population.
- Recognizing that social justice and understanding are key threads in everything public health does, the following are the **focus of our work**: healthy development, healthy communities, communicable disease prevention and control, and environmental health.
- Public health clearly recognizes the need to enhance our collective and individual **skills and competencies** and have adopted *The Core Competencies for Public Health in Canada Release 1.0* as foundational for all public health practitioners.



The strategic planning process and the development of the six stakes were important steps towards the development of these Public Health Standards.

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Developing the Standards

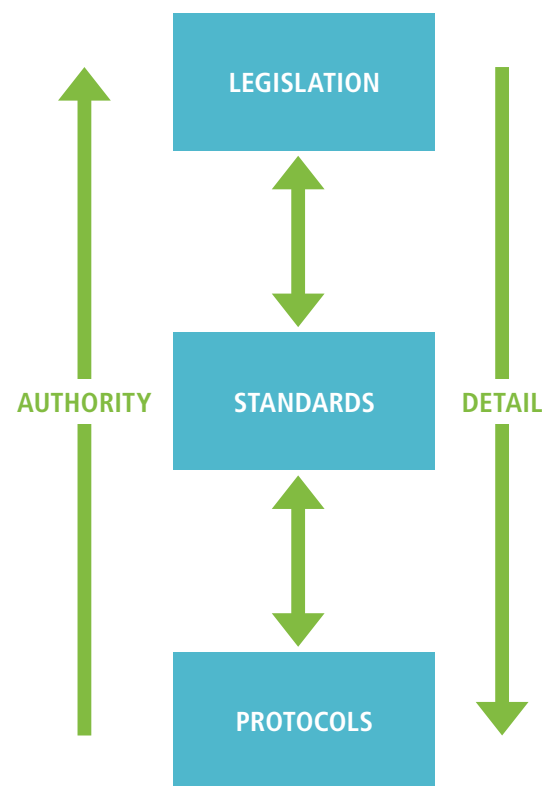
In developing this set of *Public Health Standards*, key 'givens' guiding their development included the following:

- Positioning the standards at a relatively high level in order to foster the change/ shift required in the public health system – more detailed expectations can be captured in protocols
- The eventual linkage of the standards to comprehensive public health legislation (action for system renewal #14)
- The standards being the basis for:
 - ▶ planning, reporting and funding
 - ▶ accountability
 - ▶ quality assurance.

These standards have therefore been developed with the intent to be at an intermediate level of detail as compared to the wording typically present in legislation and the much greater detail anticipated to be included within the protocols.

A limited number of other jurisdictions in Canada possess comprehensive public health standards, but these vary in level of detail and have been tailored to their particular provincial context. While reviewed, none were felt to sufficiently align with Nova Scotia's context and the key themes heard during the strategic planning process to be directly adoptable in this province. Existing evidence, from a variety of sources, was used to inform the development of these standards, as were public health accreditation standards.ⁱⁱ

ⁱⁱ Accreditation standards for public health and other healthcare services are established and assessed by Accreditation Canada.



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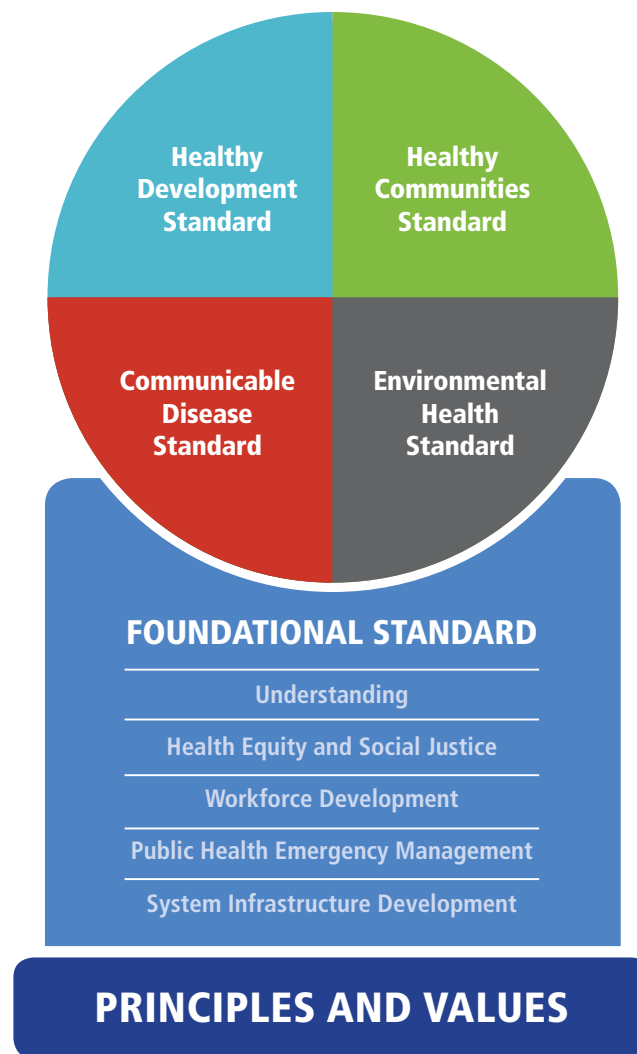


An intensive 3-day retreat was conducted in January 2011, in which provincial and local public health staff, as well as community partners and others developed the preliminary material for each of the four areas of focus from which this current version of the standards was prepared. Similar to other jurisdictions, it is anticipated that these standards will be updated on a periodic basis (e.g., every 5-10 years).

In developing these standards, it became increasingly clear that several important types of public health system activity and capacity apply to multiple areas of focus. Examples include workforce development, public health emergency management and system infrastructure development. While these topics have specific application for each area of focus, their achievement is broader than any one area of focus and requires targeted attention. Experience elsewhere has indicated that unless these important efforts are given the standing of a standard, there is a risk that they will be perceived as less important and treated accordingly. Therefore, *Nova Scotia's Public Health Standards* include a 'foundational standard' to support the fulfillment of the area of focus standards.

Public health's strategic planning placed particular emphasis on understanding (which includes population health assessment and health surveillance), health equity and social justice. To support their integration, they have been embedded in the foundational standard and within each area of focus standard.

This diagram illustrates the areas of focus supported by the foundational standard with the standards as a whole underpinned by understanding, health equity and social justice.



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Inter-Relationships Among Standards

While each standard is intended to be a coherent package, standards are not independent of each other. For example, healthy development is dependent on having healthy communities, the prevention and control of communicable diseases and the prevention, detection and mitigation of environmental health issues. Similarly, the prevention and control of communicable diseases is dependent on social, economic, and physical environmental conditions such as education, income, housing, and safe water, which impact the risk of the presence of, exposure to, and transmission of communicable diseases. Therefore, the conceptualization of these areas of focus needs to recognize that the standards as a whole are a package of requirements for public health organizations at both system levels. In addition, considering the inter-relationships among the areas of focus, the individual standards are not intended to define the specific organizational structure or design of a 'program'.

Layout of the Standards

Each of the standards contains the following:

- Set of societal outcomes:
 - ▶ Those results for which many actors contribute, including public health
- Set of public health outcomes:
 - ▶ Those results for which public health can be held accountable
- Set of requirements for public health action:
 - ▶ These are the specific statements of expected actions for the public health system. As previously indicated, it is envisioned that protocols will provide more detailed guidance on how the requirements will be operationalized/fulfilled.

Relation to Accountability

A key driver for public health action is to achieve population-level outcomes. However, achieving these changes is not solely within public health's sphere of influence. This is why partnership and collaboration are of central importance to public health action in order to achieve collective action to establish the social, economic, and physical environments to support health. From an accountability perspective, it is important to distinguish those outcomes that are the results of endeavours by public health (i.e., public health outcomes) versus those that result from the work of many sectors of society, including public health (i.e. society outcomes). This distinction is critical from an accountability perspective. While there is considerably more analysis and planning required to further develop accountability for public health, it is envisioned that it will include features related to structure, process and outcomes.

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As its name implies, the Foundational Standard addresses key elements upon which the area of focus standards are based. It includes a set of principles and values, as well as requirements for understanding (including population health assessment and health surveillance); health equity and social justice; public health workforce development; public health emergency management; and, public health system infrastructure development.

Principles and Values

Public health pursues the promotion and protection of the health of the public through organized and collective action. As noted in the renewal report:

"The essence of public health is that it adopts a perspective based on groups of people or the population... This therefore differs from, is complementary to, and requires strong linkages with the personal healthcare system with its particular strengths in [clinical prevention], diagnosis, treatment and rehabilitation. Organized societal efforts to improve health necessitate a strong governmental role that works collaboratively and in partnership with non-governmental sectors to achieve this mission."



It is important to acknowledge the following points as the underpinnings of the Standards:

- Public health's work is grounded in health equity and social justice. Public health strives to improve the health of the population overall *and* reduce health inequities among populations.
- Public health's focus is to:
 - ▶ Prevent disease or conditions that are important contributors to the burden of disease; and/or
 - ▶ Prevent disease or conditions that are potentially important threats to health; and/or
 - ▶ Improve the overall health and resilience of the population, or sub-population.
- Public health focuses on upstream prevention from a population perspective to influence social, economic, and physical environments that support health. This necessitates engaging and working with a variety of sectors and partners outside the formal healthcare system.
- Public health assesses strengths and needs, and plans, implements and evaluates its actions demonstrating:
 - ▶ A deep understanding of the health of communities
 - ▶ Collaborative/collective action
 - ▶ Participatory leadership
 - ▶ Meaningful relationships
 - ▶ Roles appropriate to the context. This includes a greater shift to: advocate, connector, collaborator, coach, mentor, champion, builder of competencies, facilitator, catalyst for change and innovator.

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Societal Outcomes

- Population needs are anticipated, identified, addressed, and evaluated.
- Emerging threats to the public's health are prevented or mitigated.

Public Health Outcomes

- The public, community partners and healthcare providers are aware of relevant and current population health information and have the information necessary for taking appropriate action.
- Public health programs and services are planned and implemented to address local population health needs.
- Public health involves community partners and stakeholders across multiple levels in collective action.
- Public health staff have the necessary competencies to perform their work.
- Public health establishes the necessary infrastructure to foster system functioning.
- Public health is prepared to detect and respond to public health emergencies and emergencies with public health impact.

Requirements – Understanding ⁱⁱⁱ

- Public health assesses the population’s health including the existence and impact of inequalities/inequities.
- Public health conducts surveillance to monitor trends in health to identify and investigate potential public health threats.
- Public health works with partners and communities to seek understanding of the meaning of information considering the ethical, political, scientific, socio-cultural and economic contexts.
- Public health provides population health information, including determinants of health and health inequities, to the public, community partners, and health care providers.
- Public health utilizes a population health approach/cycle to priority setting and planning that
 - ▶ Bases decisions on population health status; an analysis of health determinants; and, existing evidence
 - ▶ Emphasizes upstream action (i.e., ‘primordial prevention’)
 - ▶ Utilizes public involvement; multiple strategies; and intersectoral collaboration
 - ▶ Evaluates results. ⁴
- Public health tailors programs and services to meet population health needs including those of priority populations.

Note: a more detailed protocol for ‘assessment, surveillance, planning and evaluation’ is to be considered for development (e.g., range of data sources considering the areas of focus and perspective to upstream (primordial) prevention; periodicity of assessment activities; routine outputs such as health status reports and community profiles; relation of assessment/surveillance to planning; seeking a balance of universal and targeted approaches; etc.).

ⁱⁱⁱ ‘Understanding’ refers to population health assessment, surveillance, planning and evaluation.

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Requirements – Health Equity and Social Justice

- Public health assesses and reports on the health of populations describing the existence and impact of health inequalities and inequities and, effective strategies to address those inequalities/inequities.
- Public health modifies and orients its interventions to reduce inequities including the consideration of the unique needs and capacities of priority populations.
- Public health partners with other service providers to collectively address health inequities.
- Public health engages and enables communities and other stakeholders in policy analysis, development and advocacy.

Requirements – Public Health Workforce Development

- Public health periodically determines the competencies, composition and size of the public health workforce.
- Public health identifies and addresses gaps in the public health workforce.
- Public health identifies staff education and training needs and provides opportunities to develop core public health competencies and program-specific competencies to the levels required by their position.
- Public health fosters leadership development at all organizational and system levels.

Note: greater details are provided in a workforce development strategy. This may include a range of more detailed considerations (e.g., recruitment/selection of new staff; orientation; ease of acquiring training; sharing training opportunities with partners; career ladder/path; etc.).

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Requirements – Public Health Emergency Management

- Public health identifies and assesses the relevant hazards and risks to the public's health.
- Public health possesses a continuity of operations plan to sustain ongoing functioning of time-critical services during business disruptions.
- Public health, in consultation with partners, develops its emergency response plan for scenarios in which public health will have a lead role.
- Public health provides emergency preparedness and response education and training to its staff.
- Public health exercises its emergency management plans.

Note: greater details provided in emergency planning /documents.

Comment: Intent of these requirements is on public health emergency management, not the management of all health-related emergencies. This topic does not align with any one area of focus and requires organization/system-wide planning and responses, and therefore best fits within the Foundational Standard.

Requirements – Public Health System Infrastructure Development

- Public health establishes the necessary infrastructure to foster system functioning. This includes, but is not limited to,
 - ▶ public health legislation and associated regulations
 - ▶ detailed protocols in support of these standards
 - ▶ clarity of roles and responsibilities
 - ▶ accountability mechanisms
 - ▶ research and development
 - ▶ information systems.

Note: many of these items are addressed in the Renewal Report and other sources (e.g., Naylor Report; F/P/T strengthening public health system infrastructure report).^{1,8,9}

Healthy Development Standard

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Healthy Development focuses on improving the physical, social and mental well-being of Nova Scotia’s children, youth and families in a multitude of settings (home, school and community). There is a considerable body of evidence highlighting the importance of children’s early years. As noted in a recent Health Council of Canada report, “A child’s living conditions and experiences – determinants of health – shape his or her physical health, development and well-being, affecting not only childhood but the foundation of their health as adults.”¹⁰ Similarly, youth is a critical time of growth and learning representing a major transition to adulthood.

Reflecting the importance of these early lifestages, this area of focus places an emphasis on public health analysis and actions for the health and well-being of infants, children, youth and families (i.e., the continuum that includes: pre-conception, infant, early childhood, middle years, youth and young adults). While this standard includes requirements addressing the provision of clinical services, counselling and education, particular emphasis is given to shifting efforts upstream to enable, mediate and advocate for social, economic, and physical environments that support healthy development on a population basis.



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Societal Outcomes

- Social, economic, and physical environments are more supportive for healthy pregnancies, healthy birth outcomes, effective parenting, and healthy child and youth development (e.g., healthy public policies; service provision; reduced inequities in health determinants and health status).

Public Health Outcomes

- Public health works upstream to support social, economic, and physical environments for healthy pregnancies, healthy birth outcomes, effective parenting, and healthy child and youth development.
- Policy makers have the information required to amend current policies or develop new policies that support the health of infants, children, youth and families.
- Community partners are supported to assess, analyze and improve services for infants, children, youth and families.
- Priority populations are engaged in understanding and acting on health-related issues that affect infants, children, youth and families.
- Priority populations are supported and linked to information, program and services for infants, children, youth and families.
- People and communities are enabled to take collective action on issues affecting the health of infants, children, youth and families.

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Requirements

- Public health assesses, seeks understanding, and reports on the health of populations and health determinants regarding the health of infants, children, youth and families including the existence of inequalities/inequities and priority populations.
Note: see more detailed descriptions in the Foundational Standard and associated protocol.
- Public health applies comprehensive, evidence-informed, strategies to improve the health of infants, children, youth and families.
- Public health applies a population health (impact) lens to assess and plan programs/services/interventions to improve health *and* reduce inequities among infants, children, youth and families.
- Public health collaborates with a broad set of service delivery partners to support collective understanding, analysis and action to address the health of infants, children, youth and families:
 - ▶ Assess gaps and inequities in early identification, service provision and coordination
 - ▶ Ensure continuity and accessible primary health care services (e.g., accessible sexual health services; identification of women with at-risk pregnancies; breastfeeding support; child development assessments and provision of immunizations)
 - ▶ Contribute to service standards to support working towards common outcomes with partners
 - ▶ Enhance the model/process for early identification of infants and children living in conditions of risk.
- Public health collaborates with a broad set of partners and communities to support collective understanding and analysis to create supportive social, economic, and physical environments to support the health of infants, children, youth and families:
 - ▶ Assess the health impact of existing and suggested policies including their impact on priority populations/inequities
 - ▶ Understand and advocate for supports to enable families, children and youth to prosper (e.g., the Child and Youth Strategy table)
- Public health utilizes targeted strategies to reduce inequities in health status and determinants of infants, children, youth and families including:
 - ▶ Community development strategies to engage and support priority populations to achieve better conditions for their families.
 - ▶ Direct support to at-risk families.

Note: a more detailed protocol is to be considered for development to provide greater detail/guidance in how to fulfill these requirements particularly with respect to:

- The range of lifestages, each of which will have their own specific issues/nuances
- Shifting the balance towards upstream approaches.

Healthy Communities Standard

A healthy community meets the basic needs of its residents and removes barriers that inhibit people's ability to participate actively in social, economic, cultural and political life. "Depending on the nature of [the] environments [where people grow, live, learn, work, age], different groups will have different experiences of material conditions, psychosocial support, and behavioural options, which make them more or less vulnerable to poor health."¹¹ Our commitment is to improve the conditions within communities that help people reach their maximum potential and lead a flourishing life. The five strategies of the *Ottawa Charter for Health Promotion*^{iv} are the guideposts for this standard.³

Reflecting an emphasis on upstream approaches, the Healthy Communities Standard focuses on the development of partnerships to foster healthy public health policies and address the social determinants of health in a range of settings. This need to shift efforts upstream is critical.

"Although well-informed decisions can be valuable in influencing personal risks... such an approach has limitations as a means of reducing the population burden of disease. Many factors such as levels of air pollution, the availability of different foods, and the accessibility of environments for active ways of life are outside people's direct personal control... [and] need to be addressed in the public interest." ¹²

^{iv} Build healthy public policy; Create supportive environments; Strengthen community action; Develop personal skills; Reorient health services.



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Societal Outcomes

- Communities provide supportive social, economic, and physical environments that promote and protect the health of the public resulting in improved health and reduced inequities. Key concepts include:
 - ▶ prosperous/sustainable communities with built-in resiliency
 - ▶ supportive natural and built environments
 - ▶ equitable distribution of resources, power, goods and opportunities
 - ▶ engagement of community members
 - ▶ evidence-informed priority setting and action.

Public Health Outcomes

- Public health works upstream to create supportive social, economic, and physical environments to protect and promote health.
- Policy makers have the information required to address inequitable distributions of resources, power, money, good and opportunities.
- Healthy public policy development is supported in various settings (e.g., schools, workplaces, natural/built environments) to create social, economic, and physical environments that support health (e.g, healthy eating; regular physical activity; tobacco-free living; injury reduction; alcohol culture; food insecurity; clean air; etc.).
- Marginalized/priority/disadvantaged populations are engaged in understanding and acting on the health-related issues that affect them.
- People and communities are mobilized to take collective action on health-related issue(s).

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Requirements

- Public health assesses, seeks understanding, and reports on the health of populations emphasizing:
 - ▶ the existence and impact of inequalities/inequities and priority populations; and,
 - ▶ the extent there exist social, economic, and physical environments to support health.
Note: see more detailed descriptions in the Foundational Standard and associated protocol.
- Public health applies comprehensive, evidence-informed, strategies to improve the health of communities by:
 - ▶ Focussing on upstream determinants:
 - ▶ Social, economic, and physical environmental determinants that make healthier choices the easier choices (e.g., healthy eating; regular physical activity; tobacco-free living; injury reduction; alcohol culture; food insecurity; clean air; etc.)
 - ▶ Social determinants of health (e.g., income, education, housing)
 - ▶ Addressing a range of settings including workplaces, schools, homes and the broader community
 - ▶ Conducting policy analysis and seeking policy change to influence social, economic, and physical environments to better support health.
 - ▶ Applying a population health (impact) lens to assess and plan programs/services/interventions to improve the population's health *and* reduce inequities.
 - ▶ Collaborating with a broad set of partners to support action on health determinants through healthy public policy
 - ▶ Utilizing community development strategies to engage and support priority populations to achieve better conditions for health.

Note: a more detailed protocol is to be considered for development to provide greater detail/guidance in how to fulfill these requirements particularly in the context of the desired shift in emphasis. It is anticipated that analysis and action would need to address multiple dimensions including:

- Varying levels and types of health determinants
- Range of settings: schools, workplaces, homes, natural/built environments
- Balance of universal and targeted approaches
- Deploying the most appropriate role for public health depending upon context (e.g., facilitator, leader, catalyst, etc.).

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The roots of modern public health practice originated with efforts to understand, prevent and control the spread of communicable diseases. Despite the tremendous growth in scientific understanding, and the availability of immunizations and antibiotic therapy, the prevention and control of communicable diseases remain an ongoing challenge. The rapidity of modern travel, complexity of modern society and continuing emergence of new pathogens contribute to this situation. This past decade has provided repeated evidence of these concerns in Canada (e.g., Walkerton, SARS, listeriosis, pandemic H1N1).^{8,13-15} Furthermore, for many communicable diseases, the ongoing risk of exposure is strongly linked to social determinants of health.

Nova Scotia's *Health Protection Act* provides public health with considerable authority to take required steps to protect the health of the public.¹⁶ To ensure consistency and coordination of actions, a variety of manuals, policies and guidelines exist based on evidence and recommendations from national and international sources. Immunizations are one of the most cost-effective preventive interventions available. Public health provides leadership in managing the vaccine program to ensure high rates of vaccine use to prevent vaccine-preventable illnesses.



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Societal Outcomes

- Reduced incidence, morbidity and mortality of communicable diseases of public health importance
- Increased population prevalence of immunization.

Public Health Outcomes

- All notifiable diseases are followed up in accordance with legislation and protocols.
- Outbreaks and reported communicable disease scenarios of public health importance will be detected, investigated and managed effectively and efficiently to limit secondary cases/risks to the public.
- Effective partnerships and coordination exists to address infection prevention and control practices in healthcare settings.
- Surveillance/epi data, including health inequities, is used to influence the development of healthy public policy and programming to prevent and reduce the burden of communicable diseases of public health importance.
- Public health works upstream to create supportive social, economic, and physical environments and targeted approaches to reduce the risk of development and exposure to communicable diseases.
- Public health effectively manages a publicly funded immunization program to reduce or eliminate vaccine preventable diseases.

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Requirements – Communicable Diseases

- Public health conducts population health assessment and surveillance regarding communicable diseases and their determinants:
 - ▶ Identifying the existence and impact of inequalities/inequities and priority populations
 - ▶ Identifying trends including the detection of potential outbreaks.
Note: fulfillment of this requirement is dependent on a well-developed information infrastructure (e.g., case management and surveillance databases, immunization registry, timely reporting and analysis, etc.).
- Public health receives and investigates reports of communicable diseases and scenarios of public health importance within an appropriate timeframe in accordance with legislation, regulations, standards and protocols. Responsiveness is required on a 24/7 basis.
- Public health provides public health management of cases and outbreaks in accordance with legislation, regulations, standards and protocols.
Note: communicable disease outbreaks can escalate into public health emergencies - see Public Health Emergency Management requirements and related protocol.
- Public health works collaboratively with partners for early detection and control of outbreaks in community settings including, but not limited to, schools, daycares and prisons.
- Public health works collaboratively with institutional infection control services to implement/coordinate investigation and control measures in facility-based outbreaks.
- Public health communicates in a timely and comprehensive manner with the public, health care providers and other partners regarding the investigation and management of urgent/emergent situations.
- Public health institutes a quality assurance process to ensure the timely and effective investigation and management of communicable disease.
- Public health develops and maintains an accountability framework with relevant stakeholders establishing roles, responsibilities, and processes from detection through control of communicable diseases.
- Public health collaborates with community partners and engages with priority populations to:
 - ▶ Seek understanding and pursue collective action to address underlying determinants of inequities in communicable disease occurrence.
 - ▶ Use innovative strategies for investigation and case management.
 - ▶ Improve access to health and social services including harm reduction approaches.

Requirements – Immunizations

- Public health conducts population health assessment and surveillance on immunization coverage rates and immunization adverse events identifying the existence and impact of inequalities/inequities and identifying populations at risk due to low coverage rates.
Note: fulfillment of these requirements is dependent on a well-developed information infrastructure (e.g., immunization registry; adverse events surveillance).
- Public health works with community partners to improve public knowledge and confidence in immunizations.
- Public health engages stakeholders responsible for delivery of publicly funded vaccines in the development of the immunization program and its components including, but not limited to:
 - ▶ Vaccine management practices (e.g., storage, handling, cold chain)
 - ▶ An accountability framework consistent with roles and responsibilities.
- Public health receives, investigates and manages reports of adverse events following immunizations in accordance with standards and protocols.

Note: a more detailed protocol(s) for the communicable disease and immunizations' requirements is to be considered for development and exists to some degree with the existing CD/surveillance manual and guidelines.

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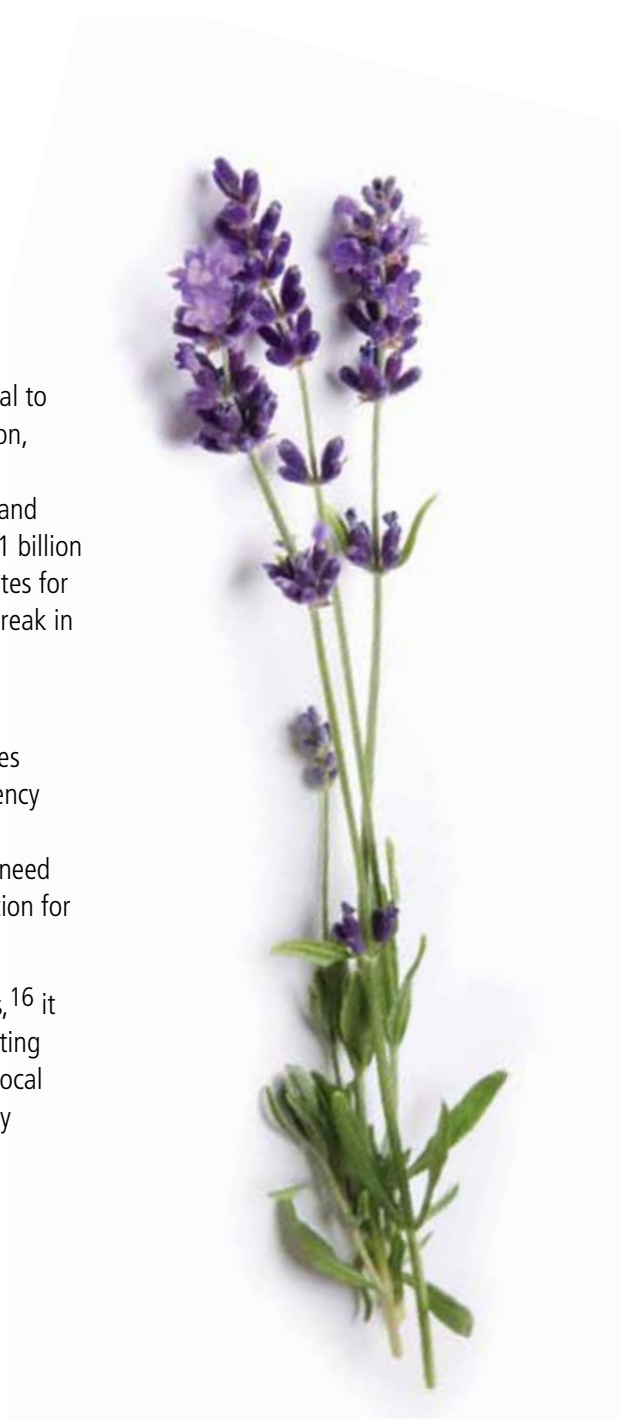


Environmental Health Standard

Environmental health refers to the physical, chemical and biological hazards, external to a person, that have the potential to affect human health. It includes the identification, assessment, control or elimination of these hazards to prevent disease and create environments that support health. It has been estimated that preventable diseases and deaths resulting from exposure to environmental contaminants account for \$3.6-9.1 billion dollars in annual health care costs in Canada.¹⁷ Safe food and water are prerequisites for health and the national listeriosis outbreak and the community drinking water outbreak in Walkerton, Ontario clearly highlight that such threats can have devastating effects.

Across Canada many jurisdictions have identified the need for improved scientific evidence, evaluation and surveillance on which to base environmental health services and programs.¹⁸ Other needs identified include the need for stronger laws, consistency of services among regions and the need for overarching strategies with goals and objectives. These standards for environmental health in Nova Scotia emphasize the need for understanding before action, provide the overarching goals as well as a foundation for stronger public health legislation and programming.

Although environmental health is grounded in legislated health protection activities,¹⁶ it is important to recognize the broad range of stakeholders that play a role in preventing disease and creating health supportive environments. These include municipal and local governments, non-government organizations, professional organizations, community activists and businesses.



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Societal Outcomes

- Communities are healthier, safer and more sustainable due to:
 - ▶ the prevention or elimination of environmental health hazards
 - ▶ equitable access to clean water, food, air and structural environments
 - ▶ ability to identify, anticipate and adapt to existing and emerging environmental health hazards
 - ▶ knowing where to go to get what they need to address environmental health issues.
- There is a decrease in environmental health risks and a decrease in food, water and vector borne diseases.

Public Health Outcomes

- Communities are engaged in inclusive, participatory decision making processes.
- Public health decisions (including policy advice) are based on evidence and reflect community need.
- Public health has 'reach' into appropriate forums and has clear processes for communication between partners, internal and external.
- There is timely identification and response to potential environmental health hazards, can anticipate emerging environmental health threats and can detect environmental health trends.

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Requirements

- Public health conducts population health assessment and surveillance seeking understanding regarding environmental health issues identifying the existence and impact of inequalities/inequities and priority populations.

Note: see more detailed descriptions in the Foundational Standard and associated protocol.

- Public health collaborates with environmental partners and stakeholders
 - ▶ to clarify roles and responsibilities
 - ▶ to foster action to improve environmental health
 - ▶ to provide strategic direction for environmental health.
- Public health monitors for, and responds to, health hazards in accordance with legislation and regulations.

Note: environmental health issues can escalate into public health emergencies - see Public Health Emergency Management requirements and related protocol.
- Public health assesses and addresses environmental health issues/risks.
- Public health strategically conducts policy analysis and seeks policy change to improve environmental health:
 - ▶ Identifies and addresses information gaps
 - ▶ Considers the needs of priority populations
 - ▶ Develops policies and positions that support an upstream approach to environmental health
 - ▶ Considers and acts on unintended impacts of existing legislation and policies
 - ▶ Ensure relevant evidence/information is available to inform the development and modification of legislation
 - ▶ Supports equitable distribution of environmental health services.
- Public health supports understanding and action by communities and individuals by:
 - ▶ Communicating environmental health risks in a variety of ways for different populations/audiences
 - ▶ Developing and providing tools and knowledge to enable communities to prevent, identify and respond to environmental health risks and needs
 - ▶ Facilitating access to knowledge and resources to navigate the environmental health system.

Note: a more detailed protocol for these requirements is to be considered for development.

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Term

Description

Core public health functions

Population health assessment
Health surveillance
Health promotion
Disease and injury prevention
Health protection¹⁹

Determinants of health

The range of personal, social, economic and environmental factors that determine the health status of individuals or populations. The Public Health Agency of Canada lists the following as examples of determinants of health:

- ▶ income and social status;
- ▶ social support networks;
- ▶ education and literacy;
- ▶ employment and working conditions;
- ▶ biology and genetic endowment and biology;
- ▶ social environments;
- ▶ physical environments;
- ▶ personal health practices and coping skills;
- ▶ healthy child development;
- ▶ health services;
- ▶ gender;
- ▶ culture.²⁰

Health inequalities

Differences in health experienced by various groups in society that can be the result of genetic and biologic factors, choices made or by chance and circumstance, but often are the result of differing income, education, employment and social supports.²¹

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Health inequities	Health disparities that are modifiable and that are deemed to be unfair or stemming from some sort of injustice. ²² Because identifying health inequities involves normative judgment, science alone cannot determine which disparities are also inequitable nor what proportion of an observed disparity is unjust or unfair. ²³
Population health approach	A population health approach focuses on improving the health status of the population. Action is directed at the health of an entire population, or sub-population, rather than individuals. Focusing on the health of populations also necessitates the reduction in inequalities in health status between population groups. An underlying assumption of a population health approach is that reductions in health inequities require reductions in material and social inequities. ²⁴
Primordial prevention	Consists of actions and measures that inhibit the emergence and establishment of environmental, economic, social and behavioural conditions, cultural patterns of living, etc., known to increase the risk of disease. ²⁵ Strategies and tactics that eliminate exposure to significant risk factors of disease. ²⁶
Priority populations	Specific populations that may require targeted approaches where evidence points to health inequities or where a sub-group of the population is disadvantaged in terms of their health outcomes. ²⁷
Program	A plan or schedule of activities, procedures, etc. to accomplish a specified end.
Protocols	A more detailed description of expectations for public health actions than appears in these standards.
Social determinants of health	The social conditions in which people live and work. ²⁸
Social justice	The equitable distribution of goods, resources and opportunities necessary for health. Social justice encompasses the concepts of human rights and equity.

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- (1) Nova Scotia Department of Health, Nova Scotia Department of Health Promotion and Protection. The renewal of public health in Nova Scotia: building a public health system to meet the needs of Nova Scotians. Halifax: Nova Scotia Health and Nova Scotia Health Promotion and Protection, 2006.
- (2) A journey towards renewal. Halifax: Nova Scotia Public Health, 2010.
- (3) World Health Organization, Health and Welfare Canada, Canadian Public Health Association. Ottawa charter for health promotion. Geneva: WHO, 1986.
- (4) Public Health Agency of Canada. Population health template: key elements and actions that define a population health approach. Ottawa: PHAC (formerly PPHB, Health Canada), 2001.
- (5) Frieden TR. A framework for public health action: the health impact pyramid. Am J Public Health 2010; 100(4):590-595.
- (6) The Six Stakes. Moving forward: A commitment to public health's future. Halifax: Nova Scotia Public Health, 2010.
- (7) Handler A, Issel M, Turnock B. A conceptual framework to measure performance of the public health system. Am J Public Health 2001; 91(8):1235-1239.
- (8) National Advisory Committee on SARS and Public Health. Learning from SARS: renewal of public health in Canada. Ottawa: Health Canada, 2003.
- (9) Advisory Committee on Population Health and Health Security. Improving public health system infrastructure in Canada: report of the Strengthening Public Health System Infrastructure Task Group. Ottawa: Public Health Agency of Canada, 2005.
- (10) Health Council of Canada. Stepping it up: Moving the focus from health care in Canada to a healthier Canada. 2010. Available from: www.healthcouncilcanada.ca/docs/rpts/2010/promo/HCCpromoDec2010.pdf. Accessed: 31-3-2011.
- (11) WHO Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Geneva: WHO, 2008.



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- (12) World Cancer Research Fund/American Institute for Cancer Research. Policy and action for cancer prevention. Food, nutrition, and physical activity: a global perspective. Washington: AICR, 2009.
- (13) O'Connor DR. Part one: a summary. Report of the Walkerton Inquiry: the events of May 2000 and related issues. Toronto: Ontario Ministry of the Attorney General, 2002.
- (14) Report of the independent investigator into the 2008 listeriosis outbreak. Government of Canada, 2009. Available from: www.listeriosis-listeriose.investigation-enquete.gc.ca/lirs_rpt_e.pdf. Accessed: 5-1-2011.
- (15) Lessons learned review: Public Health Agency of Canada and Health Canada response to the 2009 H1N1 pandemic. 2010. Available from: www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2010-2011/h1n1/pdf/h1n1-eng.pdf. Accessed: 5-1-2011.
- (16) Nova Scotia House of Assembly. Health Protection Act. 2004.31-3-2011.
- (17) National Collaborating Centre for Environmental Health. Systematic review of environmental burden of disease in Canada. 2010. Available from: www.nccch.ca/sites/default/files/Env_Burden_Disease_Oct_2010.pdf. Accessed: 31-3-2011.
- (18) National Collaborating Centre for Environmental Health. Environmental health needs and gaps in Canada: 2008-2009. 2010. Available from: www.nccch.ca/sites/default/files/NCCEH_2008-2009_Env_Scan_Report.pdf. Accessed: 31-3-2011.
- (19) Federal Provincial and Territorial Advisory Committee on Population Health (Can). Survey of public health capacity in Canada: highlights. Ottawa: The Advisory Committee, 2001.
- (20) Public Health Agency of Canada. What determines health? 2010. Available from: www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants. Accessed: 2-5-2011.
- (21) Federal Provincial and Territorial Advisory Committee on Population Health and Health Security. Reducing health disparities - roles of the health sector: discussion paper. Ottawa: Public Health Agency of Canada, 2005.
- (22) Health Officers Council of BC. Health inequities in British Columbia: Discussion paper. Victoria: Public Health Association of BC, 2008.
- (23) Chief Public Health Officer. The report on the state of public health in Canada, 2008 - addressing health inequalities. Ottawa: Minister of Health, 2008.
- (24) Public Health Agency of Canada. What is the population health approach? 2001. Available from: www.phac-aspc.gc.ca/ph-sp/approach-approche/appr-eng.php#health. Accessed: 10-8-2010.

- (25) Last J. A dictionary of epidemiology. 4th ed. Toronto: Oxford University Press, 2001.
- (26) Last J. A dictionary of public health. Toronto: Oxford University Press, 2007.
- (27) Region of Waterloo Public Health. Why we need to work with priority populations and how this relates to population health. 2009. Available from: [www.region.waterloo.on.ca/web/health.nsf/0/FD80C0D143A204F78525761D0061829A/\\$file/Population_HealthSummary.pdf?openelement](http://www.region.waterloo.on.ca/web/health.nsf/0/FD80C0D143A204F78525761D0061829A/$file/Population_HealthSummary.pdf?openelement). Accessed: 2-5-2011.
- (28) Daghofer D, Edwards P. Toward health equity: a comparative analysis and framework for action. Ottawa: Public Health Agency of Canada, 2009.

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