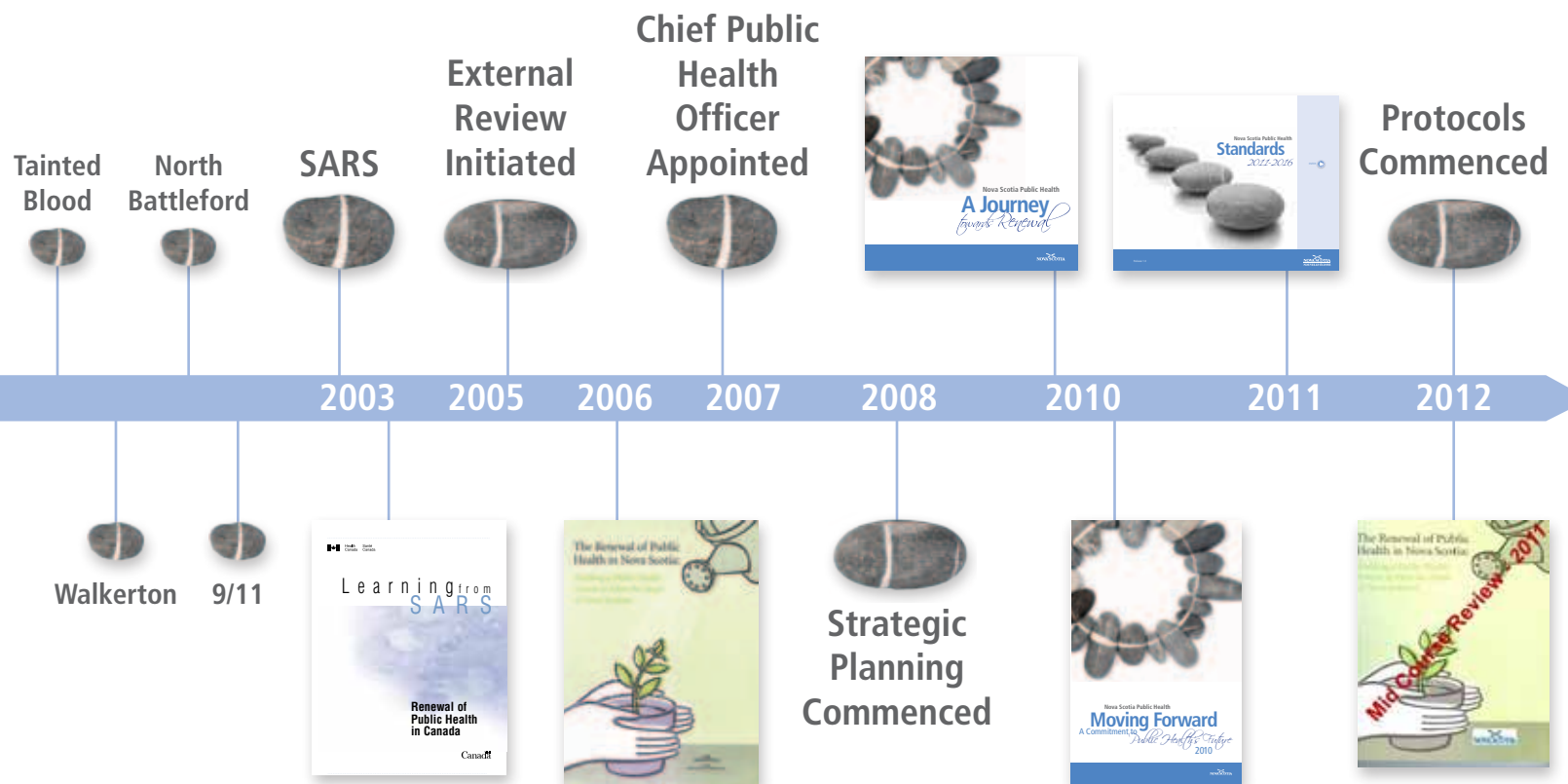


The Path of *Public Health's Future*

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1990s–2003

2005–2006

2007

2008–2010

2011

2011–2012



1990s–2003

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Following a decade of crumbling public health infrastructure and subsequent inquiries (Tainted Blood, Walkerton, North Battleford, and 9/11), Severe Acute Respiratory Syndrome (SARS) challenged the public health system of Canada in 2003. SARS demonstrated that the public health system was extremely fragile. *Learning from SARS* by Dr. David Naylor from the University of Toronto (known as the 'Naylor Report') identified the fragility of public health in Canada and highlighted many areas that needed strengthening, investment, and leadership.

Tainted
Blood



Walkerton



North
Battleford



9/11



SARS



2005–2006

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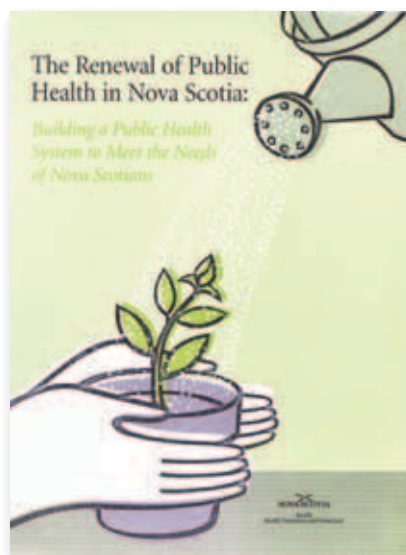
Following the release of the Naylor report, Nova Scotia wanted to assess current capacity, strengths, limitations, and opportunities to ensure the system was responsive, integrated, coordinated, efficient, and effective, and prepared for new, existing, and emerging public health issues. In 2005, Nova Scotia undertook an external review of its system resulting in the release of *The Renewal of Public Health in Nova Scotia: Building a system to meet the needs of Nova Scotians* (Renewal report).

The Renewal report outlined 21 actions for system renewal. These 21 actions clustered into five main groupings:

- Improve the structure and function of the provincial level of the system
- Improve the structure and function of the local level of the system
- Improve how these two system levels work together
- Improve how public health at both levels worked with the broader health system; and
- Improve the infrastructure supports in terms of organization, people and information

The Renewal report recognized the enormity of the work ahead, and outlined a ten-year plan. It recognized that all the actions were interrelated, that they could not be “cherry-picked”, and that most of the actions were major initiatives unto themselves. This is the plan for the renewal of our public health system.

External Review Initiated



2007

Upon the approval of the Renewal report, and building on the success of the Office of Health Promotion, the Department of Health Promotion and Protection was established which comprised all of public health, addictions and physical activity, sport and recreation. Dr. Rob Strang was appointed Nova Scotia's first Chief Public Health Officer in 2007 (Action for System Renewal #2). Action for System Renewal #3 recommended an integrated public health organization at the provincial level of the system consisting of responsibility centres. Responsibility centres were created as follows:

- Communicable Disease Prevention Centre
- Environmental Health
- Healthy Communities
- Healthy Development
- Population Health Assessment and Surveillance

Public Health Renewal Team (Action for System Renewal #21) was established to manage the implementation of the Actions for System Renewal.

Chief Public Health Officer Appointed



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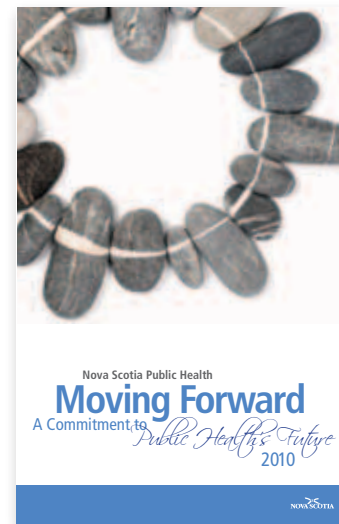
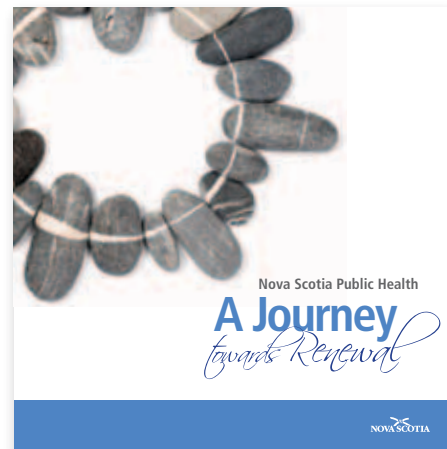
2011–2012

Action for System Renewal #1 in the Renewal report identified the importance of articulating and being guided by a collective vision. Strategic planning ensued over the next two years. The process and outcome of strategic planning is described in *The Journey to Renewal*. Strategic planning identified a purpose statement for public health: 'Public Health works with others to understand the health of our communities and acts together to improve health'.

This purpose statement brought clarity to our vision which was that our work needed greater emphasis on populations, needed to be focused further upstream and that our work needed to be entrenched in the determinants of health. To understand this better, *Moving Forward—The Six Stakes* was developed which highlighted and further articulated the work that public health is committed to, to improve the health of Nova Scotians. The Six Stakes are:

- Our purpose statement guides our work
- We are committed to participatory leadership
- Our roles as practitioners needs to expand to be advocate, coach, supporter, facilitator and collaborator
- Our commitment to all five functions of public health, the four areas of focus of our work—healthy development, healthy communities, environmental health, communicable disease prevention and control—all have a foundation and a fundamental connection to understanding and social justice
- Our stake related to the core competencies for public health.

Strategic Planning Commenced



2011

In 2011, public health proceeded with the development of *Public Health Standards* that further articulated the expectations around the areas of focus of our work (Action for System Renewal #11). Five standards emerged—a Foundational Standard along with standards for Healthy Communities, Communicable Disease Prevention and Control, Healthy Development and Environmental Health. Societal and public health outcomes were articulated and requirements were identified.



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[2007](#)

[2008–2010](#)

[2011](#)

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In 2011–2012, we also took stock on where we were in terms of the implementation of the Renewal report. It was a 10 year plan and five years into the plan, the *Mid-Course Review* was undertaken and released in 2012. Using an appreciative inquiry approach, we found that indeed all 21 actions for system renewal are all still applicable and there are 5 areas requiring sustained attention. These are environmental health, model of public health, information systems, surveillance capacity, and workforce development. As well, there are areas that require attention and discussion such as working as a system, Public Health System Leadership Team, primary care-public health interface, translating theory into practice and integrating public health infrastructure into the broader health system.

In Spring 2012, the process to develop the Protocols commenced. The Protocols will provide the next level of detail in relation to the Public Health Standards.



Protocols Commenced

