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Public Health Workforce Development in Canada

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Canada 

Overview of Presentation

- ❖ Canadian context;
- ❖ Workforce challenges;
- ❖ Current and planned initiatives.

Quick facts – Canada



5,500 km wide

- 31.8 million people
- Federation
 - 10 provinces
 - 3 territories
 - Health predominantly provincial responsibility

Public Health System

- ❖ Public health generally separate from delivery of personal health care services (universal health care coverage);
- ❖ 3 levels: federal; provincial/territorial; local/regional;
- ❖ Each province/territory is a system;
- ❖ Explicit federal transfer payments for public health have not existed.

Pre-SARS

- ❖ Multiple outbreaks
- ❖ The preventable goes unprevented
- ❖ Concerns regarding all aspects of public health infrastructure;
- ❖ Workforce: overall level of capacity & marked discrepancies between jurisdictions;

SARS (2003)

- ❖ Major gaps in infrastructure exposed;
- ❖ Lack of surge capacity;
- ❖ Inadequate capacity for epidemiologic investigation;
- ❖ Difficulty managing information;
- ❖ Lack of coordination;
- ❖ Weak links between public health and personal health care services;

Major Structural Responses

- ❖ Federal cabinet minister identified for public health;
- ❖ Creation of a Canadian Agency for Public Health;
- ❖ Creation of a Chief Public Health Officer;
- ❖ Federal funding for system development;
- ❖ In Ontario: creation of provincial agency, increased funding;

Workforce Development

- ❖ New area of examination;
- ❖ HR data is sparse, but know there is a crisis in the public health workforce:
 - Vacancies;
 - Poor distribution;
 - Aging workforce;
 - Insufficient training positions.

Assets

- ❖ Well established training programs;
- ❖ Professional masters programs;
- ❖ Increasing distance education;
- ❖ Field epidemiology program;
- ❖ Provincial PH agencies in 2 provinces;

Barriers

- ❖ Lack of commitment for PH training/education
- ❖ Lack of collaboration
- ❖ Academics, PH practice not well connected
- ❖ Need more practicum opportunities
- ❖ Little continuing education
- ❖ No strategy

Coordination & Assessment

- ❖ Established 2 national working groups to address:
 - System infrastructure priorities;
 - Public health workforce development;
- ❖ Review of workforce development strategies in the UK, Australia, and U.S.;
- ❖ Regional consultations with academics and practitioners to identify training needs and priorities;
- ❖ Preliminary attempts to count public health workforce;

Strategies, Actions, & Priorities

- ❖ Develop national strategy for workforce development;
- ❖ Develop range of training options
 - Levels: diploma, BSc, MSc, PhD
 - Distance, part-time, full-time;
 - Continuing education;
 - Inter-disciplinary;
 - Combine practice and academic learning (e.g. teaching health units)

Strategies, Actions, & Priorities (cont'd)

- ❖ Strengthen academic centres (chairs, clinician scientists, exchanges, consortia);
- ❖ Identify and apply public health competencies;
- ❖ Supports for training (financial barriers, backfilling positions)
- ❖ Expansion of Field Epi Program
- ❖ Respond to emerging areas (informatics, genomics, management, communication)

Development Steps to Date

- ❖ Identify public health competencies
 - Core competencies;
 - Discipline-specific (nurses, inspectors)
- ❖ On-line continuing education program being implemented and expanded;
- ❖ Federal budget (Spring 2004):
 - Expansion of field epi program;
 - “Fellowships, bursaries, chairs and community-based public health apprenticeships”

Development Steps (cont'd)

- ❖ Development of a national workforce development strategy;
- ❖ University responses:
 - More training programs (MPH, physician specialist);
 - Greater flexibility – modular designs;
 - “Schools of public health”

Short-Term Future

- ❖ Expect further action in follow-up to federal budget;
- ❖ Leadership of Chief Public Health Officer and national Agency;
- ❖ Impact of Ontario Agency (40% of pop'n)

References of Interest

- ❖ Report of the National Advisory Committee on SARS and Public Health (Naylor Report) – Oct 2003

www.hc-sc.gc.ca/english/protection/warnings/sars/learning.html

- ❖ Report of the Ontario Expert Panel on SARS and Infectious Disease Control (Walker Report) – April 2004

www.health.gov.on.ca/english/public/pub/ministry_reports/walker04/walker04_mn.html