

Extending the Principles of The Canada Health Act to Health Promotion and Disease Prevention Services

A resolution adopted at the 1999 OPHA Annual General Meeting

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Prepared by the **Community Health Nurses Initiatives Group of the Registered Nurses Association of Ontario**

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RESOLUTION

WHEREAS public health services, that is health protection and promotion and disease prevention services, have been seriously eroded in the 15 years since the Canada Health Act was passed;

WHEREAS the federal government, in various documents, such as the Lalonde Report of 1974, the 1986 Epp health promotion framework: Achieving health for all, and the 1986 Ottawa Charter for Health Promotion, has identified health promotion and disease prevention as critical to improving the health of Canadians; and

WHEREAS the federal government, in its endorsement of the Alma Ata Declaration in 1978, committed to the principles of primary health care as essential health care services that are an “integral part of the country’s health system” and key to improving the health of Canadians; and

WHEREAS despite the lack of a Canadian national public health service, provincial public health services have, until recent public health restructuring, contributed significantly to the provision of primary health care through the provision of “promotive and preventive” services, utilizing public health workers to respond to “expressed health needs of the community”, and facilitating and developing community and multisectoral participation; and

WHEREAS the federal Minister of Health has publicly reaffirmed his commitment to the 5 principles of Medicare enshrined in the Canada Health Act and acknowledged the need to extend those principles to Home Care and Pharmacare; and

WHEREAS, although not required by legislation, those 5 principles of comprehensiveness, universality, portability, public administration, and accessibility have, until recently, been hallmarks of Canadian public health services; and

WHEREAS recent trends in provincial restructuring of public health services, such as the downloading and partial uploading of funding responsibilities for public health to municipalities in Ontario, threaten to jeopardize both the role of public health in the provision of primary health care and its embodiment of the 5 principles of Medicare;

BE IT RESOLVED THAT the Ontario Public Health Association (OPHA), directly and through initiation of a partnership with Canadian Public Health Association (CPHA), lobby the federal government to ensure that health promotion and illness and injury prevention services are delivered in accordance with the five principles of the Canada Health Act;

BE IT FURTHER RESOLVED THAT OPHA propose that issues related to the sustainability and comprehensiveness of public health services be the topic of a future National Forum for public health involving stakeholders in health at the provincial and national level.

BACKGROUND

Although public health is not protected under the Canada Health Act, it has, until recently formed an integral part of the country's health care system, played a significant role in the delivery of primary health care, and embodied the five principles of Medicare: comprehensiveness, universality, portability, public administration, and accessibility. Recent public health restructuring, including the downloading of fiscal responsibility for public health to municipalities and subsequent partial uploading, has resulted in the elimination of and severe reductions to health promotion services provided by public health units to individuals, families, groups, and communities.

The erosion of health promotion/disease prevention services is inconsistent with the emphasis the federal government has placed on them over the last 25 years. As early as 1974, the Lalonde Report provided a vision for health promotion services as a crucial component of this country's health care system.¹ In 1978, Canada endorsed the Alma-Ata Declaration, identifying primary health care as the key to achieving Health for All by the Year 2000. The Declaration defined primary health care (PHC) as "essential health care. . . made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford. . . [It is the] first level of contact of individuals, the family and community with the national health system."² The centrality of public health to PHC is evident in the principles delineated in the Declaration. Primary health care:

- "Is based on results of research... and public health experience";
- "Addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services";

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- “Includes at least: education concerning prevailing health problems, ... promotion of food supply and proper nutrition, ... an adequate supply of safe water and basic sanitation, maternal and child health care, including family planning, immunization, [and disease prevention, treatment, and control services]”;
 - Involves a variety of sectors besides health, such as food, industry, housing, etc.;
 - Requires and promotes maximum community and individual self-reliance and participation;
 - Aims to achieve “progressive improvement of comprehensive health care for all [and gives] priority to those most in need”;
 - “Relies. . . on health workers, including physicians, nurses, midwives, auxiliaries and community workers . . . suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.”

In 1986, the federal government again reiterated its position that health promotion/disease prevention services were a critical component of the total health care system through the Epp framework,³ and later that year, through co-authoring the Ottawa Charter for Health Promotion. Federal support for promotive/preventive services was reiterated in the final report of the National Forum on Health and as recently as June, 1998 when the Honourable Allan Rock vowed to make “health promotion and the prevention of illness true national priorities” (Address to Canadian Nurses Association Annual General Meeting).

Despite such strong federal support, public health services are not protected under federal legislation. Recent provincial health care reform initiatives have eroded, and continue to threaten, many public health services. In 1996, The Canadian Public Health Association published a document examining the role of public health in a restructured health care system.⁴ It noted with alarm that in some jurisdictions “Public Health Units and specific categories of workers (e.g., public health nurses) are disappearing” (p. 1-12). Those observations are supported by recent studies documenting the significant reductions to both the number of public health nurses and elimination of many public health services.⁵⁻¹³ Since public health nurses have been a cornerstone of public health and represent the largest group of public health workers, their disappearance has significant implications for the structure of public health generally and for the ability of public health units to meet the needs of their communities. Concerns about the implications of these trends for the health of communities have been expressed in briefs to the government of Ontario by an OPHA constituent member society, the Community Health Nurses Initiatives* Group (CHNIG), and the Registered Nurses Association of Ontario (RNAO).^{14;15}

The erosion of public health services, however, is not only related to dwindling numbers of public health workers. Services have also been reduced or eliminated by changes in legislation and policy. On January 1, 1998, Bill 152 came into effect in Ontario, amending the *Health Protection and Promotion Act (HPPA)*, the legislation governing public health in Ontario. With its passage, the province continues to mandate services through revised *Mandatory Health Programs and Services Guidelines (MHPSG)*.¹⁶ Significant gaps in the mandated programs and services, particularly in relation to services that have historically been provided to vulnerable populations, further jeopardize the public’s health.¹⁷⁻¹⁹ The funding of the mandated services is a further concern. Although the

programs and services are mandated and monitored by the provincial government, for the most part, municipalities have had to assume a greater share of responsibility for funding them. At the municipal level, public health services must compete for funds with other municipal services such as road maintenance and garbage collection.

Such changes threaten both public health's essential contribution to primary health care and its embodiment of the five principles of Medicare. **Universality**, or the availability of services to 100% of Canadians, is directly tied to the other four principles and is confounded by variety of factors, such as lack of transportation, especially in rural areas, and disenfranchisement due to poverty, ethnicity, and gender. Universality has been compromised by public health cutbacks that limit the role public health nurses have traditionally assumed in advocating for clients who feel powerless and overwhelmed in the face of a complex and intimidating health care system. Shifting exclusively to population-focused services at the expense of individual/family health promotion services has resulted in public health care services that are less **comprehensive**. Privatization of previously funded services, such as community-based mental health, health promotion for elders, heart health, prenatal and parenting education, have undermined public **administration**. **Accessibility** to public health services has been curtailed by cutbacks. **Portability** is compromised because programs and services vary among provinces and within provinces from one region to another. The activities named in the resolution would empower OPHA to address the emerging gaps in public health services by advocating for the creation of a public health system that fully reflects the 5 principles of the Canada Health Act.

IMPLEMENTATION PLAN

1. The OPHA Board and appropriate subcommittees will take appropriate measures to bring this matter to the attention of the federal minister of health and federal Members of Parliament. This may be achieved through various means such as development and distribution of a position paper, raising the issue formally with CPHA, and letter-writing.
2. The OPHA President and Executive Director will seek to broaden the impact of a lobby to ensure that health promotion and illness and injury prevention services are delivered in accordance with the five principles of the Canada Health Act by forming coalitions with other supportive professional and consumer groups, e.g., the Association of Ontario Community Health Centres, alPHa, and professional groups, such as RNAO, and others.
3. The OPHA President and Executive Director will exert pressure upon the Federal Minister of Health to hold another National Forum on health in which this issue is placed on the agenda.

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