

**2010-11
Annual Progress Update:
Core Public Health
Programs**

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2010-11 Annual Progress Update Core Public Health Programs

Prepared for Lydia Drasic
Interim Executive Director,
Population Health Surveillance & Disease Control
Planning

By:
Tannis Cheadle

In collaboration with the PHSA Centres for
Population & Public Health

For further information please contact:

Tannis Cheadle,
Manager,
Population and Public Health Initiatives
Provincial Health Services Authority
700-1380 Burrard St.
Vancouver, BC
V6Z 2H3 Canada

<http://www.phsa.ca/HealthProfessionals/Population-Public-Health/Core-Public-Health-Programs/default.htm>

Introduction

The Provincial Health Services Authority (PHSA) has developed gap analyses and improvement plans for Core Public Health Programs since March 2006, as specified by the previous expectations of the provincial government for health authorities. Each year, a document is developed which describes progress in each Core Public Health Program against a specific set of deliverables. This year's document reports on the work of a number of programs which have completed their performance plans, namely Air Quality, Food Safety, Health Emergency Management, and Food Security.

The document also reports progress on the following Core Public Health Programs:

Programs completing their third year of implementation:

- Healthy Living-Healthy Communities
- Health Assessment & Disease Surveillance

Program completing its second year of implementation:

- Unintentional Injury Prevention

Programs completing their first year of implementation:

- Reproductive Health and Disability Prevention
- Mental Health Promotion & Mental Disorder Prevention and Prevention of Harms Associated with Substances

In April 2009, PHSA implemented nine Centres for Population and Public Health (CPPH) with membership from agencies and programs across PHSA, holding responsibility for the core program work within their mandates. The Centres have served as the coordinating mechanism for PHSA agencies and programs to collaborate on population and public health initiatives related to the Core Public Health Programs and primary prevention projects. In the past year, the CPPH have maintained a focus on the coordination of population and public health activities within PHSA.

Health care priorities, portfolios, reporting structures and political environments are all subject to change; these changes can affect organizations overall, sectors within the organization, roles and responsibilities. As the 2010-11 fiscal year comes to a close, a revision of the model is underway, intended to ensure that PHSA, its agencies and programs are well positioned to respond to changes within government, remain well aligned with PHSA Strategic Plan and Ministry of Health priorities, and build upon strong and viable relationships with external stakeholders. The revised model remains congruent with PHSA's support of the development of healthy public policy and consistent messaging, provision of expert advice, and support of surveillance activities.

Progress in Achieving Performance Targets

Significant progress has been achieved within many areas of Population and Public Health (PPH) endeavours. Many performance targets were met for the 2010-11 year, and in several cases, targets were exceeded. In the case of several core programs, while important first steps had been successfully taken and linkages established, contextual changes led some projects to be put on hold as key contacts and responsibilities within stakeholder groups changed, for example due to restructuring, or as other priorities came to the fore.

This progress report offers an opportunity to highlight several key accomplishments. In addition, the performance planning and monitoring process offered other intrinsic values, for example stimulating key stakeholders to engage and collaborate in different ways, while learning more about each other's activities and priorities and how programs can positively affect each other.

CPPH Program Funding and other PHSA PPH support also provided a value add to projects which took advantage of this support to attain the specific goals set for the projects' early days, then went on to build awareness and partnerships, transfer knowledge and in some cases, to attract further funding from other sources.

What follows next is a progress update for the programs which have completed their performance plans, as well as progress on Core Public Health Programs which are completing their first, second or third year of implementation.

Programs Which Have Completed Their Performance Plans

Air Quality

Air Quality has accomplished a number of significant initiatives between 2008 and 2011. Chief among these are: the recruitment of an air quality health expert shared between BC Centre for Disease Control (BCCDC) - Environmental Health Services Division (EHSD) – National Collaborating Centre for Environmental Health (NCCEH); the development of model provincial air quality advisories for use by Ministry of Environment air quality meteorologists and Regional Health Authorities when air quality falls below acceptable BC standards; assistance to Ministry of Environment in the development of BC ambient air quality guidelines and in communication modes to describe air quality monitoring results; the development of health authority response capacity around local air quality issues, reporting of those responses and their integration into practitioner training; the initiation of surveillance (who, where, and when affected) around forest fire smoke events; and participation in the Health Authority Quality Council.

Air Quality has identified two key priorities to shape its future direction, namely an increased focus on indoor air issues, and the development of guidelines and procedures to deal with air quality emergencies such as who to shelter, where, and when.

Food Safety

Accomplishments in Food Safety between 2008 and 2011 include: management of the Food Safety initiative; development of the MarketSafe education program; development and maintenance of BC temporary market food safety guidelines; stewardship of the transition of BC abattoirs to national hygiene standards; development of the ready-to-eat meat course for Regional Health Authorities (RHAs); development of the fish processing and inspection course for RHAs; updating of the BC Emergency Food Recall Directory and Manual; development, implementation and maintenance of the BC Foodborne Illness Outbreak Response Protocol and associated Information Sharing MOU .

Food Safety has also developed several research initiatives including an analysis of the effectiveness and longevity of food worker food safety training; investigating the prevalence of *Listeria* in ready-to-eat food processing facilities under provincial inspection authority in BC; development of semi-quantitative audit tools to address the risk of agricultural operations by commodity farmed and in fish processing facilities; a survey of all licensed fish processing facilities to characterize foods produced; investigation of cyclospora reporting rates and laboratory detection methods nationally and environmental testing versus end product testing as a means to more efficiently identify potentially contaminated foods.

October 2010 marked the start of the second year of the BC Trans Fat Regulations. Trans fat increases the risk of heart disease more than any other type of dietary fat, not only raising LDL (bad) cholesterol, but also lowering HDL (good) cholesterol, both of which are strongly associated with heart disease. According to a study published in the New England Journal of Medicine in 1999, and based on Harvard School of Public Health data, a high consumption of trans fat is responsible for an estimated 3,000 deaths from heart disease every year in Canada. Food Protection Services, BCCDC continued to assist the Ministry of Health and the regional health authorities in the enforcement of the voluntary Documentation Audit for Chain Restaurants, seeking confirmation that the trans fat content in fats, oils, and food ingredients meet the regulatory limits. As of October 2010, BCCDC had coordinated the review of 17 chain restaurants, representing 1600 sites, or 7.4% of food service establishments in BC. BCCDC is also a member of the BC Trans Fat Advisory Committee.

Two key initiatives now underway are developing support for risk-based regulatory approaches to food hygiene, and developing monitoring tools for the early detection of hygiene breaches in food produced and distributed in BC.

Health Emergency Management

The Provincial Health Emergency Management Council (HEMC), with representation from across the health sector, including various entities of PHSA including BCCDC and the BC Ambulance Service (BCAS), as well as each of the regional health authorities and Providence Health Care, provides the direction and deliverables for Health Emergency Management in British Columbia, under leadership provided through the Ministry of Health.

PHSA representatives from the organizations engaged in HEMC are implementing various components of the Health Emergency Management Strategic Plan; the 2010-11 performance targets have been achieved in keeping with the objectives identified by ongoing collaboration and priority setting amongst all HEMC members.

HEMC priorities for 2010-11 currently being implemented by PHSA include standardization of hospital colour codes, participation in and delivery of patient decontamination training at health facilities, and updating pandemic plans based on findings from completed H1N1 After Action Reviews. In addition, PHSA continues to provide leadership in implementing the delivery of the Provincial Disaster Psychosocial Program, BCAS Technical Advisor Program and has recently staffed the Clinical Operations Director position to further develop and implement the Operational Plan for the Mobile Medical Unit.

PHSA also facilitated earthquake exercises, focusing on 24/7 facilities to test Emergency Operation Centre capacity and coordination involving BC Cancer Agency (BCCA), BC Children's and Women's Hospital (BCCW), BC Mental Health & Addiction Services (BCMHAS), PHSA Corporate with participation from BCAS, Health Shared Services BC (HSSBC) and a cadre of Lower Mainland Consolidation (LMC) programs. In addition, just over 2000 PHSA staff participated in the "Drop-Cover-Hold-On" drill in January, 2011.

The Core Program in Emergency Management was one of the first completed in 2006; BCCDC has now undertaken an updating of the evidence paper on this Core Program to focus on the public health aspects of emergencies, and to account for events that have occurred since 2006.

Food Security

In 2009-10, the PPH Food Security Program involving the Ministry of Health Services and the RHAs identified a common suite of six indicators for the Food Security Core program. In 2010-11, all six indicators were field tested. All six indicators were endorsed for use within the Food Security Core Program, and collaborative efforts are underway to implement them. For example, the regional health authorities are assuming responsibility for collecting data on the cost of a nutritious food basket, required to calculate one of these indicators, and the PPH Food Security Program is providing provincial coordination of the data collection process.

In response to a request from regional health authorities, the PPH Food Security Core Program recently published a research booklet entitled *Food for Thought: the issues and challenges of food security*, and four companion information sheets. The booklet synthesizes current evidence on seven salient issues impacting food security in BC, including climate change, poverty, the built environment and economic well-being. The booklet was developed in partnership with regional health authorities, several provincial ministries (Health Services, Agriculture and Lands, Education and Social Development and Housing), the Union of BC Municipalities and the University of Victoria.

In partnership with the Ministry of Health, regional health authorities and Food Protection Services at the BCCDC, the PPH Food Security Program is facilitating a process to forge better alignment between the food security and food safety core programs. A discussion paper delineating the underlying issues contributing to tensions, as well as opportunities for mitigating these, served to cultivate a common understanding of issues and opportunities among key decision makers. A Provincial Reference Group was formed, involving representatives from both programs from the Ministry and six health authorities and since its inaugural meeting in November 2010, the Provincial Reference group has been working towards a plan of action.

Programs Completing Their Third Year of Implementation

Healthy Living & Healthy Communities

The 2004-2005 report by the Auditor General of BC “In Sickness and in Health” recommended that all health authorities consider ways to promote a healthy lifestyle within their employees. An inventory, completed and reported last year, indicated that PHSA activities related to physical activity, nutrition and tobacco are too often project-based, and rather sporadic. A plan was developed to effect improvement, with a focus on employee health and wellness; the intent was to implement the plan strategically across a new, more consolidated organizational structure. The reorganization of PHSA continues with its Employee Wellness program which includes a wide range of wellness activities and events to increase opportunities for healthy living and healthy behaviours in the workplace.

Health Assessment & Disease Surveillance

In the past year, the Health Assessment & Disease Surveillance (HADS) group has shared information on the work agencies are doing in Population and Public Health related to this core program, and completed the deliverable of developing a plan for improvement. The HADS group has identified the development of a microsimulation tool for use by decision makers as a key focus, and a related project plan for 2011-12 has been completed. Three other activities will continue to be on the agenda for the group. These include: continuing work on the feasibility of developing a joint PHSA-Ministry memorandum of understanding related to data sharing; monitoring the development of the Sentinel Survey by BCCDC and its relevance to PPH work; and continuing work with Human Resources to address issues of varying compensation, recruitment and retention for professionals who provide data analysis and interpretation services within PHSA.

Program Completing its Second Year of Implementation

Unintentional Injury Prevention

The Unintentional Injury Prevention Core Program falls within the work of the Centre for Injury and Violence Prevention. The Centre has completed several of its intended outcomes and objectives during 2010-11, exceeded expectations with regards to some objectives and accomplished considerable progress towards others.

For example, the *Safe Start multimedia resource*, a DVD that provides real stories and injury prevention tips on keeping children safe, has been revised this past year and has accompanying communications tools. The revisions reflect the input of stakeholders across BC and Canada. During 2010-11, some of the other highlights have included: making presentations to over 30 parent and baby groups; providing infant car-seat safety in-services to over 140 postpartum nurses; conducting helmet fitting sessions at both PHSA and community agencies and centres; and conducting safety information booths and presentations at local and provincial events and conferences.

During 2010-11, the *Online Data Mapping Tool* was made available to health authorities and other injury prevention stakeholders, and work is currently underway to include ICBC data.

During that same time period, a PHSA definition for unintentional injury prevention was developed and is nearing completion. This document will be posted online in a searchable format, reviewed by the BCIRPU biennially, and revised as required.

Participation in a number of venues and forums, and collaboration with various agencies and programs has enabled the sharing of knowledge, a deepening understanding of consistent injury prevention messaging, and increased clarity on the roles of PHSA agencies and programs in the primary prevention of unintended injuries.

Programs Completing their First Year of Implementation

Reproductive Health and Disability Prevention

The PHSA Centre for Women's Health (CWH) is co-led by representatives from the BC Perinatal Health Program and BC Women's Hospital & Health Centre, and includes members with expertise across the spectrum of women's health issues and expertise in population and public health from across PHSA agencies and programs.

A key focus of this Centre's improvement plan for this year was leadership and strategic planning, particularly clarifying the Centre's roles and relationships. The leaders of the Centre for Women's Health were active participants in discussions and activities related to clarifying a new approach within PHSA to support a shared PPH agenda. Members of the CWH were kept informed about these developments and their potential impact on the specific aims of the CWH. To date, progress has been made, and relationships built and strengthened among stakeholders interested in women's health, in keeping with the mandates and ongoing work of the BC Perinatal Health Program and BC Women's Hospital and Health Centre.

While one project funded by PPH on mental health promotion among agency personnel was placed on hold due to context changes, other activities identified by the CWH have proceeded and in some cases exceeded expectations. The Centre monitors the Women's Cardiovascular Disease Prevention project, which is implementing demonstration projects in the Lower Mainland and supporting the development of a heart health action framework. A sexual health framework, originally proposed by BC Women's leadership to address a gap in care associated with the reproductive core program, is now supported by the Ministry of Health (MoH) as a joint project. To date, a Sexual Health Steering Committee comprised of representatives from the MoHS, BC Women's Hospital, BCCDC, academic and community sector, have established a Project Charter and a draft framework of priority actions for review by an identified provincial working group to support the consultation of key stakeholders. The action plan examines key actions to improve access to contraceptive services, many of which can be undertaken at low to no cost, and will gain further benefit by leveraging existing resources.

The value add of PHSA PPH support during the early phases of a project can be seen in the progress of a program of work at the BC Centre of Excellence for Women's Health focused on preventing heavy alcohol use and related issues among girls and young women, now well along its trajectory into a third phase. The project used stimulus funding provided by PHSA PPH to raise awareness, build partnerships, share knowledge, and thereby attract other funding, including more than \$200,000 to date gained through successful applications to the Women's Health Contribution Program of Health Canada. The project's first phase, reported in the 2009-10 Core Programs report, involved a literature search, key informant interviews, a one-day symposium and the publication of a report; phase two saw the identification of promising

practices in health promotion programming for girls and young women. Phase three is focused on working with the Girls Action Foundation to do a detailed study of their girls empowerment program as a health promotion intervention.

Mental Health Promotion & Mental Health Disorder Prevention

The PHSA Centre for Mental Health Promotion includes representatives from across PHSA programs and services, including BC Mental Health and Addiction Services, BCCDC, Employee Wellness and Safety, and the PHSA Aboriginal Health Program. The Centre's focus has been on mental health promotion (MHP) strategies to decrease risk factors and increased protective factors shared by mental health and substance use, and they have carried out a number of related initiatives, including an environmental scan of MHP activities, using both surveys and focus groups. Work is also underway on the development of a Mental Health and Substance Use module for the PHSA Indigenous Cultural Competency Training Program. The module will be completed and pilot tested with PHSA staff in 2011-12.

Chief among the accomplishments of this Centre has been work on the PHSA Mental Health Promotion Capacity Building Project, designed to support PHSA staff and clinicians to incorporate MHP into PHSA's tertiary care services to promote the mental wellbeing of patients. Phase I (September 2009 – March 2010) examined the current state of MHP within PHSA's tertiary care services; building on the findings from Phase I, and in consultation with various stakeholders, Phase II and III (April 2010 – March 2012) will develop and pilot test MHP education and training resources to enhance mental-health-promoting technical and behavioural competencies among PHSA staff and clinicians.

Appendix A – Working Group-Centre Membership

AIR QUALITY	
Tom Kosatsky	BC Centre for Disease Control (BCCDC)
FOOD SAFETY	
Lynn Wilcott	BC Centre for Disease Control (BCCDC)
HEALTH EMERGENCY MANAGEMENT	
Bonnie Henry	BC Centre for Disease control (BCCDC)
Lydia Drasic	Population and Public Health (PPH)
Doreen Myers	Emergency Management
FOOD SECURITY	
Deepthi Jayatilaka	Population & Public Health (PPH)
HEALTHY LIVING – HEALTHY COMMUNITIES	
Sonia Lamont	BC Cancer Agency (BCCA)
Lynn Wilcott	BC Centre for Disease Control (BCCDC)
Shelina Babul	BC Injury Research and Prevention Unit (BCIRPU)
Ian Pike	BC Injury Research and Prevention Unit (BCIRPU)
Paola Ardiles	BC Mental Health and Addiction Services (BCMHAS)
Marilyn Ibraheem	BC Mental Health and Addiction Services (BCMHAS)
Shannon Griffin	BC Mental Health and Addiction Services (BCMHAS)
Susan Baer	BC Mental Health and Addiction Services (BCMHAS)
Jan Finch	BC Women’s Hospital & Health Centre (BCW)
Ann Pederson	BC Women’s Hospital & Health Centre (BCW)
Lydia Drasic	Population and Public Health (PPH)
Lori Nelson	BC Children’s Hospital (BCCH)
Ruth Abramson	Facilities & Planning
Kira Tozer	Employee Wellness

HEALTH ASSESSMENT & DISEASE SURVEILLANCE	
John Spinelli	BC Cancer Agency (BCCA)
Tom Kosatsky	BC Centre for Disease Control (BCCDC)
Sunny Mak	BC Centre for Disease Control (BCCDC)
Laura MacDougall	BC Centre for Disease Control (BCCDC)
Judy Isaac-Renton	PH LABS, BCCDC
Yin Chang	PH LABS, BCCDC
Shelina Babul	BC Injury Research and Prevention Unit (BCIRPU)
Ian Pike	BC Injury Research and Prevention Unit (BCIRPU)
Shannon Griffin	BC Mental Health and Addiction Services (BCMHAS)
Lily Lee	BC Perinatal Health Program (BCPHP)
Brooke Kinniburgh	BC Perinatal Health Program (BCPHP)
Mirek Piaseczny	BC Provincial Renal Agency (BCPRA)
Donna Murphy-Burke	BC Provincial Renal Agency (BCPRA)
Nasira Lakha	BC Trauma Advisory Council (BCTAC)
Richard K. Simons	BC Trauma Advisory Council (BCTAC)
Tracey Taulu	BC Trauma Advisory Council (BCTAC)
Ann Pederson	BC Women's Hospital & Health Centre (BCW)
Scott MacRae	BC Women's Hospital & Health Centre (BCW)
Sharon Relova	Cardiac Services BC
Lydia Drasic	Population & Public Health (PPH)
Tannis Cheadle	Population & Public Health (PPH)
Andrew Kmetic	Population & Public Health (PPH)
Cindy Brice	Information Access & Privacy

UNINTENTIONAL INJURY PREVENTION (Centre for Injury and Violence Prevention)	
Tom Kosatsky	BC Centre for Disease Control (BCCDC)
Debra Kent	BC Drug & Poison Information Centre (BCDPIC)
Shelina Babul	BC Injury Research and Prevention Unit (BCIRPU)
Ian Pike	BC Injury Research and Prevention Unit (BCIRPU)
Nasira Lakha	BC Trauma Advisory Council (BCTAC)
Richard K. Simons	BC Trauma Advisory Council (BCTAC)
Tracey Taulu	BC Trauma Advisory Council (BCTAC)
Jan Finch	BC Women's Hospital & Health Centre (BCW)
Karen Horn	BC Children's Hospital (BCCH)
Lydia Drasic	Population and Public Health (PPH)
Tannis Cheadle	Population and Public Health (PPH)
Leslie Varley	Aboriginal Health
Vicky Scott	Chronic Disease & Injury Prevention, MoH
Bob Brunham	BC Centre for Disease Control (BCCDC)
Lenore Riddell	BC Women's Hospital & Health Centre (BCW)
Shannon Griffin	BC Mental Health and Addiction Services (BCMHAS)
REPRODUCTIVE HEALTH & DISABILITY PREVENTION (Centre for Women's Health)	
Ann Pederson	BC Women's Hospital & Health Centre (BCW)
Kim Williams	Perinatal Services BC (PSBC)
Leanne Dahlgren	BC Women's Hospital & Health Centre (BCW)
Lenore Riddell	BC Women's Hospital & Health Centre (BCW)
Cheryl Davies	BC Women's Hospital & Health Centre (BCW)
Leslie Varley	Aboriginal Health
Sonia Lamont	BC Cancer Agency (BCCA)
Gina Ogilvie	BC Centre for Disease Control (BCCDC)

REPRODUCTIVE HEALTH & DISABILITY PREVENTION cont'd (Centre for Women's Health)	
Shannon Griffin	BC Mental Health and Addiction Services (BCMHAS)
Barb Selwood	BC Perinatal Health Program (BCPHP)
Nancy Poole	BCW & BC Centre for Excellence in Women's Health (BCCEWH)
Deborah Money	Women's Health Research Institute (WHRI)
Tannis Cheadle	Population & Public Health (PPH)
Lydia Drasic	Population and Public Health (PPH)
MENTAL HEALTH PROMOTION & MENTAL DISORDER PREVENTION AND PREVENTION OF HARMS ASSOCIATED WITH SUBSTANCES (Centre for Mental Health Promotion)	
Shannon Griffin	BC Mental Health and Addiction Services (BCMHAS)
Paola Ardiles	BC Mental Health and Addiction Services (BCMHAS)
Alana Rauscher	BC Mental Health and Addiction Services (BCMHAS)
Sarah Bell	BC Mental Health and Addiction Services (BCMHAS)
Marilyn Ibraheem	BC Mental Health and Addiction Services (BCMHAS)
Leslie Varley	Aboriginal Health
Jane Buxton	BC Centre for Disease Control (BCCDC)
Lauren Mathany	Employee Wellness
Tannis Cheadle	Population & Public Health (PPH)
Lydia Drasic	Population and Public Health (PPH)