



## Appendix C: Findings of the Environmental Scan

Table C-1: Pan-Canadian Scan of Public Health Legislation

Jurisdiction	Title of Statute	Relevant Part(s) and/or Section(s)	Equity Reference	Context
British Columbia	Public Health Act [SBC 2008] Chapter 28	<p><b>Part 2 — Public Health Planning and Reporting</b></p> <p><b>Division 1 — Making Public Health Plans</b></p> <p><b>Minister may require public health plans</b></p> <p>3 (1) To promote and protect health and <b>well-being</b>, the minister may by order require a public body to make, in respect of a specific issue or geographic area, a public health plan.</p> <p>(2) The minister may specify one or more of the following as the purposes of the public health plan:</p> <ul style="list-style-type: none"> <li>(a) to identify and address the health needs of <b>particular groups within the population, including aboriginal peoples;</b></li> <li>(b) to monitor and assess the status of the health of the population, including through public health surveillance and monitoring indicators of, or factors influencing, the health of the population;</li> <li>(c) to prevent and mitigate the adverse effects of diseases and disabilities, syndromes, psychosocial disorders, injuries and health hazards;</li> <li>(d) to identify, prevent and mitigate the adverse effects of health impediments;</li> <li>(e) to facilitate or plan for the delivery of core public health functions;</li> <li>(f) to achieve a prescribed purpose.</li> </ul>	<p><b>Health Status:</b> well-being</p> <p><b>Root Causes:</b> social determinants (indigeneity)</p> <p><b>Populations:</b> particular groups</p>	<p><b>Enabling legislation:</b> authority of the minister to require a public health plan</p>
		<p><b>Part 6 — Health Officials</b></p> <p><b>Division 1 — Minister</b></p> <p><b>Role of minister</b></p> <p>61 The minister must do all of the following:</p> <ul style="list-style-type: none"> <li>(a) inquire into the status of the health of the <b>population of British Columbia, including any differences between regions or classes of persons;</b></li> </ul>	<p><b>Health Status:</b> disparities</p> <p><b>Populations</b></p>	<p><b>Enabling legislation:</b> duty of the minister to monitor health of the population and to take appropriate action</p>



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		<ul style="list-style-type: none"> <li>(b) inquire into health hazards and health impediments faced by the population of British Columbia;</li> <li>(c) make recommendations and engage in planning in respect of health promotion and health protection, including in respect of                             <ul style="list-style-type: none"> <li>(i) variations in population health status, and</li> <li>(ii) health hazards and health impediments;</li> </ul> </li> <li>(d) evaluate, and advise the government on, those actions of government that may impact public health.</li> </ul>		
Alberta	Public Health Act Chapter P-37			
Saskatchewan	Public Health Act Chapter P-37			
Manitoba	C.C.S.M. c. P210 The Public Health Act	<b>Purpose of Act</b> 2 The purpose of this Act is to enable the delivery of public health services to protect and promote the health and well-being of the people of Manitoba.	<b>Health Status:</b> well-being	<b>Enabling legislation:</b> purpose of the Public Health Act
		<b>Minister's authority</b> 4 (1) The minister has the authority to protect and promote the health and well-being of Manitobans.	<b>Health Status:</b> well-being	<b>Enabling legislation:</b> authority of the minister
Ontario	Health Protection & Promotion Act. R.S.O. 1990, Chapter H.7			



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Quebec	Chapter S-2.2 Public Health Act	<p><b>CHAPTER I</b></p> <p><b>OBJECT</b></p> <p>1 The object of this Act is the protection of the health of the population and the establishment of conditions favourable to the maintenance and enhancement of the health and <b>well-being</b> of the general population.</p> <p>3 Other measures in this Act pertain to the prevention of disease, trauma and <b>social problems having an impact on the health of the population</b> and the means of exerting a positive influence on major <b>health determinants</b>, in particular through trans-sectoral coordination.</p> <p>These measures are intended to maintain and promote physical health and the mental and social capacities of persons to remain active within their environment.</p> <p>5 Public health actions must be directed at protecting, maintaining or enhancing the health status and <b>well-being</b> of the general population and shall not focus on individuals except insofar as such actions are taken for the benefit of the community as a whole or a group of individuals.</p>	<p><b>Health Status:</b> well-being</p> <p><b>Root Causes:</b> social determinants, socioeconomic, risk factors</p>	<p><b>Enabling legislation:</b> purpose of the Public Health Act</p>
		<p><b>CHAPTER II</b></p> <p><b>NATIONAL PUBLIC HEALTH PROGRAM AND REGIONAL AND LOCAL PUBLIC HEALTH ACTION PLANS</b></p> <p>7 In accordance with the multi-year strategic plan referred to in section 431.1 of the Act respecting health services and social services (chapter S-4.2), the Minister shall develop a national public health program that provides a framework for national, regional and local public health activities. The Minister shall assess the outcomes of the program and update it regularly. The Minister shall ensure national and interregional coordination of the program.</p> <p>8 The national public health program must contain orientations, objectives and priorities relating to</p> <p>(1) ongoing surveillance of the health status of the population and of <b>health determinants</b>;</p> <p>(2) the prevention of diseases, trauma and <b>social problems that have an impact on the health of the population</b>;</p> <p>(3) the promotion of systemic measures capable of fostering the enhancement of the</p>		



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		<p>health and <b>well-being</b> of the population;</p> <p>(4) the protection of the health of the population and the relevant health monitoring activities.</p> <p>The Minister may add orientations, objectives and priorities that relate to any other aspect of public health which the Minister considers necessary or relevant to include in the program.</p> <p>The Minister shall, in developing the components of the program that relate to prevention and promotion, focus, insofar as possible, on the most effective actions as regards <b>health determinants</b>, more particularly actions capable of having an influence on <b>health and welfare inequalities</b> in the population and actions capable of <b>decreasing the risk factors affecting, in particular, the most vulnerable groups of the population</b>.</p>		
		<p>11 The agencies must, in collaboration with, in particular the institutions that operate a local community service centre in their territory, develop, implement, evaluate and regularly update a regional public health action plan.</p> <p>A regional action plan must be consistent with the prescriptions of the national public health program and must take into account the <b>specific characteristics of the population</b> living in the territory of the agency.</p>		
		<p>12 The regional action plan must include a plan providing for the mobilization of the resources of the <b>health and social services institutions</b> in the territory concerned whenever such resources are needed by the public health director to conduct an epidemiological investigation or to take the measures considered necessary to protect the health of the population if it is threatened.</p>		
		<p>13 The regional action plan may provide that certain activities will be carried out or certain services will be offered to the population by other resources than public health departments or institutions operating a local community service centre. The plan must take into account the services and care offered by physicians practicing in the regional board's territory.</p> <p>The agency shall identify the responsibilities it entrusts to the <b>health and social services institutions</b> in its territory for the purposes of the regional public health action plan.</p>		
		<p>14 Each <b>health and social services institution</b> operating a local community service centre shall develop, implement, evaluate and regularly update a local public health action plan. The plan must be developed in collaboration with, in particular the community</p>		



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		<p>organizations concerned.</p> <p>The local plan must be consistent with the prescriptions of the national public health program and must define the measures to be taken at the local level to achieve the objectives identified in the regional action plan, having regard for the <b>specific characteristics of the population served</b> by the institution.</p> <p>15 Before implementing a regional public health plan, the agency must consult the people's forum created under section 343.1 of the Act respecting <b>health services and social services</b> (chapter S-4.2) and the various resources concerned by the plan.</p> <p>18 The Minister shall ensure <b>coordination between the health and social services network</b> and the Institut national de santé publique du Québec created under the Act respecting Institut national de santé publique du Québec (chapter I-13.1.1) as regards the delivery of the required public health services to the population and the carrying out of public health activities, as provided in the national public health program.</p>		
	<p><b>CHAPTER IV</b>  <b>ONGOING SURVEILLANCE</b>  <b>DIVISION I</b>  <b>GENERAL PROVISIONS</b></p>	<p>33 Ongoing surveillance of the health status of the population and of <b>health determinants</b> shall be carried out so as to</p> <ol style="list-style-type: none"> <li>(1) obtain an overall picture of the health status of the population;</li> <li>(2) monitor trends and temporal and spatial variations;</li> <li>(3) detect emerging problems;</li> <li>(4) identify major problems;</li> <li>(5) develop prospective scenarios of the health status of the population;</li> <li>(6) monitor the development within the population of <b>certain specific health problems and of their determinants</b>.</li> </ol> <p>38 The Minister and the public health directors may require physicians, public or private medical laboratories, <b>health and social services institutions</b>, any government department or anybody to provide them with the information necessary for a surveillance plan, in a form that does not allow the persons to whom the information relates to be identified</p>	<p><b>Root Causes:</b> risk factors, risk conditions, socioeconomic, social determinants (social safety net)</p>	<p><b>Enabling legislation:</b> required programs</p>



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		<p>but that enables such information to be obtained for each area served by a <b>health and social services institution</b> operating a local community service centre, each municipality, each borough or each ward.</p> <p><b>DIVISION II</b></p> <p><b>SURVEYS ON HEALTH AND SOCIAL ISSUES</b></p> <p>39 Periodic surveys on health and social issues shall be conducted to gather the recurrent information necessary for ongoing surveillance of the health status of the population.</p> <p>42 The carrying out of national surveys shall be entrusted to the Institut de la statistique du Québec created under the Act respecting the Institut de la statistique du Québec (chapter I-13.011), which shall comply with the objectives determined by the Minister.</p> <p>Public health directors may conduct <b>regional surveys on health and social issues</b>.</p> <p>43 Surveys on <b>health and social issues conducted for the purposes of surveillance of the health status of the population</b> must first be submitted to the ethics committee of the Institut national de santé publique du Québec for an opinion.</p> <p>However, the Minister may exempt a proposed national survey from that requirement if the ethical review of that survey is conducted by the ethics committee of the Institut de la statistique du Québec.</p>		
		<p><b>CHAPTER V</b></p> <p><b>COLLECTION OF INFORMATION AND REGISTRIES</b></p> <p>44 The Minister shall establish and maintain, in particular for the purposes of ongoing surveillance of the health status of the population, <b>a system for the collection of sociological and health-related personal or non-personal information</b> on births, stillbirths and deaths; the mechanics of the system shall be fixed by regulation.</p> <p>47 The Minister may also establish and maintain, in particular for the purposes of ongoing surveillance of the health status of the population, <b>systems for the collection of data and personal and non-personal information on the prevalence, incidence and distribution of health problems and in particular on problems having significant impacts on premature mortality and on morbidity and disability</b>; the particulars of the system shall be fixed by regulation.</p>	<p><b>Root Causes:</b> risk factors, risk conditions, socioeconomic</p>	<p><b>Enabling legislation:</b> authority of the minister</p>



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	<p><b>CHAPTER VI</b>  <b>HEALTH PROMOTION AND PREVENTION</b>  <b>DIVISION I</b>  <b>GENERAL PROVISIONS</b></p>		<p><b>Health Status:</b> well-being  <b>Root Causes:</b> risk factors, risk conditions, environment, social determinants (social safety net)  <b>Populations:</b> vulnerable</p>	<p><b>Enabling legislation:</b> authority of the minister and public health officials, public health mandate</p>
		<p>53 The Minister, public health directors and institutions operating a local community service centre may, each at the appropriate level of intervention, <b>for the purpose of preventing disease, trauma and social problems that have an impact on the health of the population and influencing population health determinants positively,</b></p> <ol style="list-style-type: none"> <li>(1) organize public information and awareness campaigns;</li> <li>(2) promote and support preventive health care practice among health care professionals;</li> <li>(3) identify and assess situations involving <b>health risks within the population;</b></li> <li>(4) establish mechanisms providing for concerted action between various resources able to act on <b>situations that may cause problems of avoidable morbidity, disability and mortality;</b></li> <li>(5) <b>promote health and the adoption of public social policies capable of fostering the enhancement of the health and welfare of the population</b> among the various resources whose decisions or actions may have an impact on the health of the general population or of certain groups;</li> <li>(6) support actions which, within a community, foster the creation of a <b>living environment conducive to health and well-being.</b></li> </ol> <p>55 Where a public health director becomes aware of the existence or fears the occurrence in the region of a <b>situation putting the population or a group of individuals at high risk of avoidable mortality, disability or morbidity</b> and, in the director's opinion, effective solutions exist for the reduction or elimination of those risks, the director may formally request the authorities whose intervention appears useful to participate in the search for a solution adapted to the circumstances.</p> <p>Authorities who receive such an invitation are required to participate in the search for a solution.</p> <p>Where one of the authorities is a department or body of the Government, the public health director may not formally request their participation without first notifying the national public health director.</p>		



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	<p><b>CHAPTER IX</b>  <b>COMPULSORY TREATMENT AND PROPHYLACTIC MEASURES FOR CERTAIN CONTAGIOUS DISEASES OR INFECTIONS</b>  <b>DIVISION I</b>  <b>CONTAGIOUS DISEASES OR INFECTIONS AND COMPULSORY TREATMENT</b></p>	<p>84 Any physician who observes that a person is likely suffering from a disease or infection to which this division applies must take, without delay, the required measures to ensure that the person receives the care required by his or her condition, or direct the person to a health and social services institution able to provide such treatments.</p> <p>85 In the case of certain diseases or infections identified in the regulation, any health or social services institution having the necessary resources must admit as an emergency patient any person suffering or likely to be suffering from one of those diseases or infections. If the institution does not have the necessary resources, it must direct the person to an institution able to provide the required services.</p>	<p><b>Root Causes:</b> social determinants (social safety net)  <b>Populations:</b> vulnerable</p>	<p><b>Enabling legislation:</b> physician’s duty to treat contagious diseases or infections; institutions’ obligation to treat; Minister’s authority (discretionary) to make regulations re: prophylactic measures;</p>
	<p><b>DIVISION II</b>  <b>COMPULSORY PROPHYLACTIC MEASURES</b></p>	<p>89 The Minister may, for certain contagious diseases or infections medically recognized as capable of constituting a serious threat to the health of a population, make a regulation setting out prophylactic measures to be complied with by a person suffering or likely to be suffering from such a disease or infection, as well as by any person having been in contact with that person.</p> <p>Isolation, for a maximum period of 30 days, may form part of the prophylactic measures prescribed in the regulation of the Minister.</p> <p>The regulation shall prescribe the circumstances and conditions in which specific prophylactic measures are to be complied with to prevent contagion. It may also require certain health or social services institutions to admit as an emergency patient any person suffering or likely to be suffering from one of the contagious diseases or infections to which this section applies, as well as any person who has been in contact with that person.</p>		





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		<p><b>CHAPTER XI</b>  <b>POWERS OF PUBLIC HEALTH AUTHORITIES AND THE GOVERNMENT IN THE EVENT OF A THREAT TO THE HEALTH OF THE POPULATION</b></p> <p><b>DIVISION I</b>  <b>EPIDEMIOLOGICAL INVESTIGATIONS BY PUBLIC HEALTH DIRECTORS</b></p> <p>97 Where during an epidemiological investigation, a public health director is of the opinion that he or she is unable to intervene effectively or within the time required to complete the investigation or to protect the health of the population, the director may implement the resource mobilization plan of the territory's <b>health or social services institutions</b> that was included in the regional public health action plan, and, in that case, the institutions are required to comply with the director's instructions.</p> <p><b>DIVISION II</b>  <b>POWERS OF THE MINISTER</b></p> <p>117 The Minister may, at the request of a public health director or the national public health director, mobilize the resources of any <b>health or social services institution</b> in Québec which the Minister considers necessary to respond to a public health emergency.                      In such a case, the <b>health or social services institutions</b> concerned are required to comply with the Minister's directives.</p>	<p><b>Root Causes:</b> social determinants (social safety net)</p>	<p><b>Enabling legislation:</b> requirement to undertake epidemiological investigations, where necessary; authority of the minister to mobilize resources to respond to public health emergency; duty of concerned institutions to comply</p>
Quebec	Chapter S-4.2 An Act Respecting Health Services and Social Services	<p><b>TITLE I</b>  <b>OBJECT</b></p> <p>1 The health services and social services plan established by this Act aims to maintain and improve the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume in a manner which is acceptable to themselves and to the groups to which they belong.                      The plan shall focus mainly on</p> <ol style="list-style-type: none"> <li>(1) reducing mortality caused by illness and trauma as well as morbidity, physical disabilities and handicaps;</li> <li>(2) acting on <b>health and welfare determining factors</b> and developing individual, family and community responsibility in that respect through prevention and promotion;</li> <li>(3) fostering the recovery of users' health and welfare;</li> <li>(4) fostering the protection of public health;</li> </ol>	<p><b>Root Causes:</b> risk factors, social determinants (race/ethnicity, disability, social safety net, social inclusion)</p> <p><b>Interventions:</b> closing the gap</p>	<p><b>Enabling legislation:</b> establishes responsibilities of health and social services agencies</p>



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		<ul style="list-style-type: none"> <li>(5) fostering the adjustment or rehabilitation of users as well as their <b>social integration</b> or reintegration;</li> <li>(6) reducing the impact of problems which threaten the stability, fulfilment or autonomy of users;</li> <li>(7) attaining <b>comparable standards of health and welfare in the various strata of the population and in the various regions.</b></li> </ul>		
	2	<p>In order to permit these objectives to be achieved, this Act establishes an organizational structure of human, material and financial resources designed</p> <ul style="list-style-type: none"> <li>(1) to ensure the participation of individuals and groups of individuals in the selection of orientations and in the setting up, improvement, development and management of services;</li> <li>(2) to foster the participation, in the various sectors of activity of the community, of all intervening parties whose action may have an influence on health and welfare;</li> <li>(3) to apportion responsibilities among public bodies, community organizations and other parties working in the field of health and social services;</li> <li>(4) to ensure that services are accessible on a continuous basis to respond to the <b>physical, mental and social needs</b> of individuals, families and groups;</li> <li>(5) to take account of the <b>distinctive geographical, linguistic, sociocultural, ethnocultural and socioeconomic characteristics</b> of each region;</li> <li>(6) to foster, to the extent allowed by the resources, access to health services and social services through adapted means of communication for persons with <b>functional limitations</b>;</li> <li>(7) to foster, to the extent allowed by the resources, access to health services and social services in their own languages for members of the various <b>cultural communities</b> of Québec;</li> <li>(8) to foster effective and efficient provision of health services and social services and respect for the rights of the users of such services; <ul style="list-style-type: none"> <li>(8.1) to ensure users the safe provision of health services and social services;</li> </ul> </li> <li>(9) to ensure participation of human resources of institutions referred to in Title I of Part II in the selection of orientations and the determination of priorities;</li> <li>(10) to promote research and education so as to respond more adequately to the needs of the population.</li> </ul>		



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Newfoundland & Labrador	SNL1995 Chapter P-37.1 Health and Community Services Act			
Nova Scotia	Health Protection Act Chapter 4 of the Acts of 2004. As Amended By 2010, C. 41, S. 112			
New Brunswick	Chapter P-22.4 Public Health Act	<p><b>PART V</b> <b>ADMINISTRATION</b> <b>General authority of Minister</b></p> <p>57 The Minister may protect the health and well-being of the people of New Brunswick by any means, including</p> <ul style="list-style-type: none"> <li>(a) establishing goals for the health of the population,</li> <li>(b) pursuing policies that promote and support the health of the population,</li> <li>(c) facilitating public awareness of health issues and changing health needs, and</li> <li>(d) monitoring and evaluating the efficiency of programs and services and their effectiveness in achieving goals established for the health of the population.</li> </ul> <p><b>Minister may enter into agreements</b></p> <p>58 (1) The Minister may, subject to the approval of the Lieutenant-Governor in Council, enter into and amend an agreement with</p> <ul style="list-style-type: none"> <li>(a) the government of Canada or the government of a state of the United States of America or a department, agency or body under the jurisdiction of that government,</li> <li>(b) the government of a province or a territory or a department, agency or body under the jurisdiction of that province or territory, or</li> </ul>	<p><b>Health Status:</b> well-being</p> <p><b>Populations</b></p>	<p><b>Enabling legislation:</b> general authority of the minister to protect health of population; specific authority of the minister to enter into agreements</p>



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		<p>(c) a band council as defined in the Indian Act (Canada), a municipality or a rural community,</p> <p>(d) for the purpose of the organization and delivery of public health programs and services, the prevention of diseases and injuries and the promotion and protection of the <b>health of the people of New Brunswick or any group of them.</b></p> <p>58 (2) The Minister may enter into and amend an agreement with any person for the purpose of the organization and delivery of public health programs and services, the prevention of diseases and injuries and the promotion and protection of the <b>health of the people of New Brunswick or any group of them.</b></p>		
Prince Edward Island	Chapter P-30.1 Public Health Act	<p><b>PART I</b> <b>ADMINISTRATION AND ENFORCEMENT</b></p> <p>3 (1) The Minister may protect the health and <b>well-being</b> of the people of Prince Edward Island by any means, and may</p> <p>(a) establish goals for the health of the population;</p> <p>(b) pursue policies that promote and support the health of the population;</p> <p>(c) facilitate public awareness of health issues and changing health needs;</p> <p>(d) monitor and evaluate the efficiency of programs and services and their effectiveness in achieving goals established for the health of the population;</p> <p>(e) coordinate measures for the protection of public health and the distribution, supervision and evaluation of health services;</p> <p>(f) collect and assess data on the causes of disease, injury, morbidity and mortality in the province;</p> <p>(g) take such measures as the Minister considers necessary for the prevention, interception and suppression of notifiable diseases and conditions, communicable diseases and other problems affecting the health of the public; and</p> <p>(h) facilitate the implementation of programs for education, training, research and information in the fields of prevention, diagnosis and treatment of disease, rehabilitation of the sick, injured and <b>handicapped</b>, and public health generally.</p>	<p><b>Health Status:</b> well-being</p> <p><b>Root Causes:</b> social determinants (disability)</p>	<p><b>Enabling legislation:</b> authority of the minister to protect health and well-being of populace by any means</p>



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Yukon	Public Health and Safety Act RSY 2002, C.176			
Northwest Territories	Public Health Act S.N.W.T. 2007,c.17			
Nunavut	Consolidation Of Public Health Act R.S.N.W.T. 1988,C.P-12 As Amended By S.N.W.T. 1998,C.5	<p><b>Regulations</b></p> <p>25 (1) On the recommendation of the Minister, the Commissioner may make regulations that the Commissioner considers necessary for the prevention and mitigation of disease and the promotion and preservation of health in the Territories, and, in particular, but not so as to restrict the generality of this power to make regulations, may for this purpose make regulations</p> <p>(c) respecting the location, construction, ventilation, lighting, heating, equipment, water supply, drainage, toilet and ablution facilities, excreta and garbage disposal, protection against rodents and vermin, cleansing, disinfection and disinfestation of, and the sanitary inspection and control of,</p> <p>(iii) hospitals, nursing homes, nursing stations, health centres, maternity homes, convalescent homes, orphanages, homes for the <b>aged and infirm</b> and homes for <b>physically and mentally disabled</b> persons,</p>	<p><b>Root Causes:</b> social determinants (disability)</p> <p><b>Populations:</b> vulnerable</p>	<p><b>Enabling legislation:</b> authority of the Commissioner to make regulations (institutional sanitation requirements)</p>