

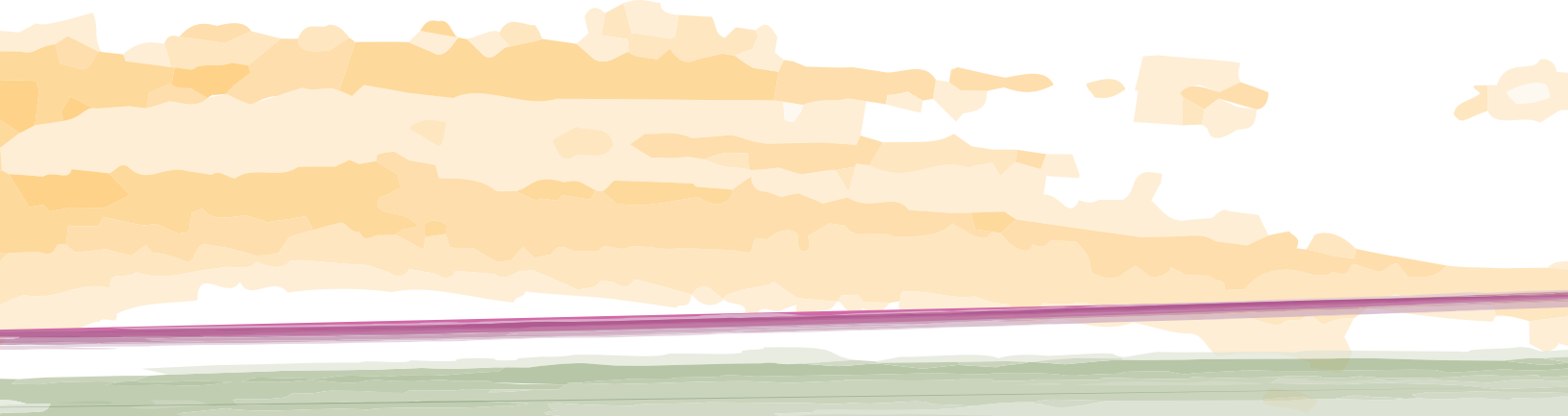


PROMOTE, PROTECT, PREVENT: Our Health Begins Here



Ministry of
Health

BC's Guiding Framework for Public Health



Ministry of Health

March 2013

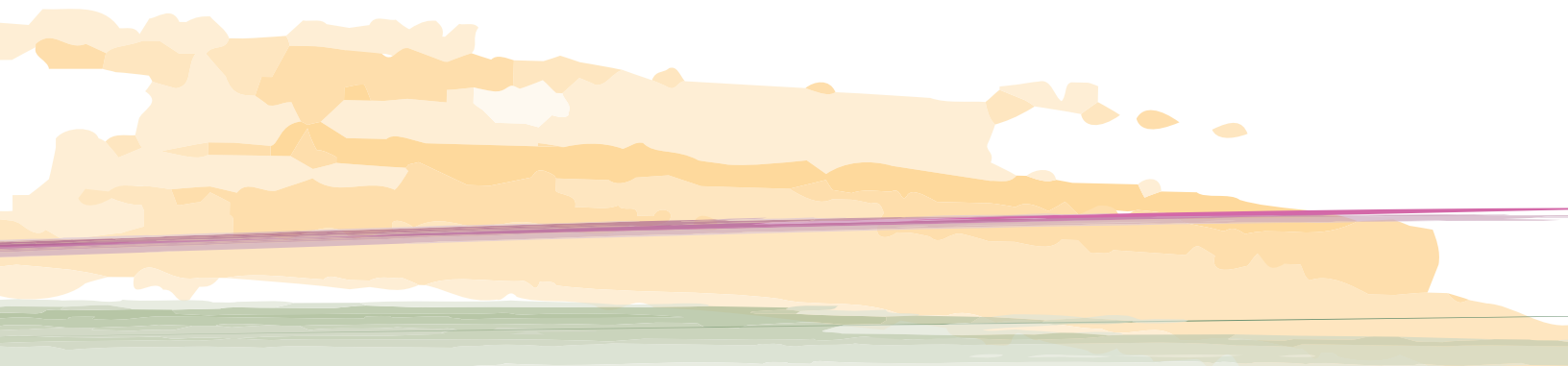
British Columbia

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STRATEGIC CONTEXT

Public health plays a wide variety of valuable roles in British Columbia, including developing and delivering vaccination programs, ensuring British Columbians have access to safe drinking water and food supplies, managing disease outbreaks, monitoring and reporting on health status and encouraging healthy behaviours to prevent disease, disability and injury.

Public health officials include doctors, nurses, public health inspectors, nutritionists, dental hygienists, vision screening technologists, mental health and addictions specialists, and a wide variety of other healthcare professionals. Public health is largely responsible for a 25-year increase in life expectancy across industrialized nations in the 20th century.¹ With so many factors affecting public health—including the emergence and re-emergence of infectious diseases, increasing awareness about health inequalities, chronic conditions associated with our aging population, and health effects linked to environmental factors, such as pollution—strong public health leadership is more important today than ever.

Canada has publicly-funded health care, often called “universal health care,” meaning that the overall health system is funded by taxpayer dollars, and as a result, the term “public health” is often confused with publicly funded and administered health systems. In fact, public health is a discipline within the health care system and this document speaks to public health practitioners and leaders as we look forward over the next ten years.

PURPOSE

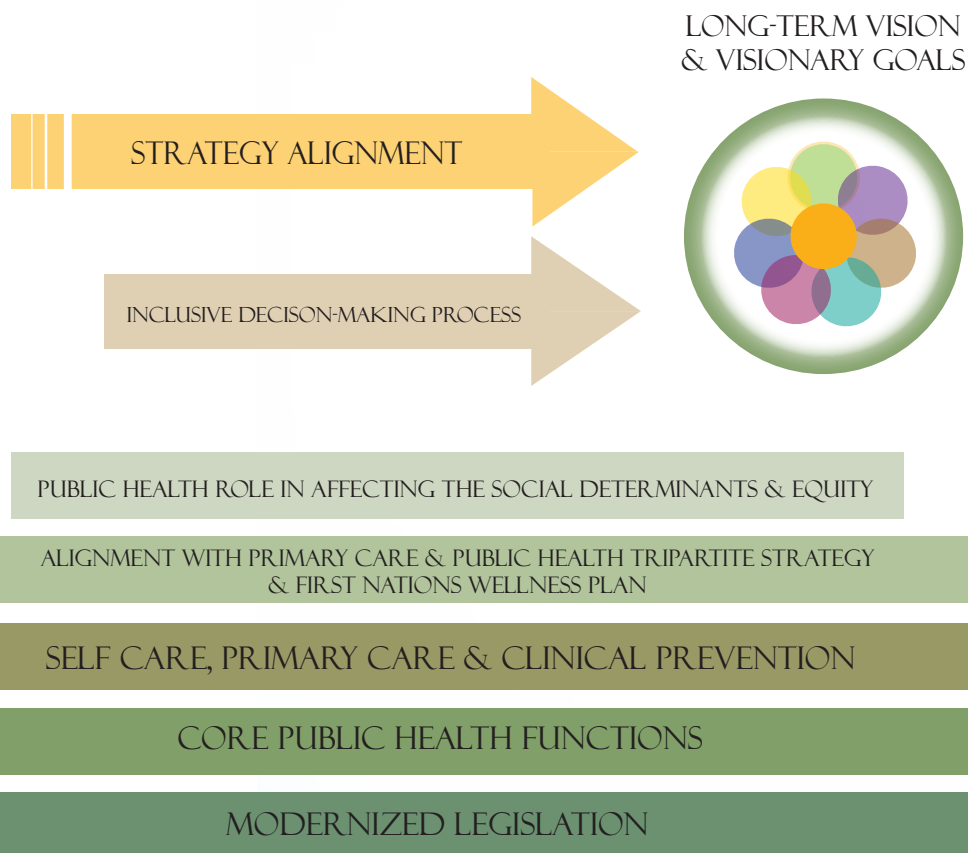
Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health (the Guiding Framework) aims to improve the health and well-being of British Columbians by:

1. **Creating a long-term vision for the public health system, which incorporates all pre-existing major public health strategies.**
2. **Formalizing a collaborative process to identify future public health priorities.**
3. **Reinforcing core public health functions as the foundation for public health services.**
4. **Supporting a population health approach and the public health role in health equity.**
5. **Connecting to and supporting self care, primary care, and clinical prevention.**



As a guiding document for the public health system, the Guiding Framework unifies resources and strategies that are in place to support public health and address key public health challenges. It defines a collaborative process to identify and set new priorities, make strategic investments and increase focus in areas that contribute to a strong, effective public health system. Furthermore, the Guiding Framework reinforces the importance of effective partnerships and strategic connections within the health system (particularly with the primary and community care sectors) and with external partners to support the broader population health approach. Implementation of the Guiding Framework will be done in collaboration with key partners, reinforcing continuous quality improvement and ensuring effective and efficient resource use to support the overall health and well-being of British Columbians and a sustainable public health system well into the future.

BC's Guiding Framework for Public Health



ACTION IS IMPERATIVE

BC has built a solid foundation for public health through the development and implementation of renewal activities such as core public health functions and a modernized *Public Health Act*, as well as the numerous targeted public health strategies that address a range of health issues. Despite this foundation, there are growing concerns about the increasing prevalence of chronic conditions and the associated rise in health care costs in the province. The largest contributors to the burden of disease are chronic diseases, followed by injuries and mental health disorders.² Further threats to our health include infectious disease, demographic changes and the impact of environmental challenges. With growing demand comes pressure on the whole health system in terms of capacity, efficiency and resources.

The public health system helps shift the focus towards upstream solutions to increase the level of health and wellness experienced by British Columbians. This overarching aim is an important task, not only to address the consequences and costs of ill health, but also to bring about significant benefits to individuals and communities and foster economic growth, productivity and prosperity. Public health is one component of a larger strategy to help bend the cost curve, and actions need to occur within and outside the health system to affect sustainable change. Strengthening public health action in BC requires constant efforts to increase capacity and new ways of working together to better anticipate, mitigate and/or respond to health risks.

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Chronic Disease

- One in three British Columbians is living with one or more diagnosed chronic conditions, and a further 2% of the population is living with four to six chronic conditions. It is estimated that a further 17% of British Columbians may be living with at least one undiagnosed chronic condition.²
- Those with chronic conditions account for 34% of the BC population, and they consume approximately 80% of the combined Medical Services Plan, PharmaCare and acute care budgets.²

Obesity

- Obesity is the second highest preventable, contributing cause of death in BC after cigarette smoking.²
- An estimated 2,000 British Columbians die prematurely each year due to obesity-related illnesses. Obese individuals are also more likely to die prematurely from all causes of death than those with a healthy body weight.³
- Obesity-related illnesses cost the BC health system an estimated \$380 million annually. When productivity losses due to obesity—including premature death, absenteeism and disability—are added, the total cost of obesity to the BC economy is estimated at \$730 to \$830 million per year.³
- BC parents are most likely (of Canadian parents) to describe their children as overweight.⁴

Other

- Each year, tobacco use kills over 6,000 British Columbians and costs the BC economy approximately \$2.3 billion.²
- Canadians' rating of their health status has declined since the late 1990s.⁵
- The decline in health status rating has been most marked among teenagers, which is worrisome, given that this age group is generally considered healthier than most.⁵
- From 1994 to 2010 the likelihood of depression increased by 3.6% among Canadians of all ages. From 2006 to 2010, an average of 5.6% of Canadians report depression, an 8% increase since 2005.⁵
- Mental illness will cost Canada about \$20.7 billion this year by affecting workforce productivity, and this cost is expected to grow to \$29.1 billion by 2030.⁶
- First Nations in BC have a diabetes rate 40% higher than the rate of the general population.⁷
- Despite government marketing campaigns, barely half of Canadians (53.2%) got flu shots in 2010, a number that has been dropping steadily since the peak of 64.4% in 2005.⁵
- A substantial proportion of alcohol consumed in BC is drunk in patterns that exceed guidelines set to reduce health and social harms; this is particularly true for younger drinkers (ages 15-24), among whom 85-90% of alcohol consumption is done in risky ways.⁸
- Studies have shown that the health of immigrants to Canada declines after arrival, with unhealthy levels of weight gain,⁹ increased likelihood of developing chronic conditions such as diabetes, high blood pressure, heart disease, and cancer,¹⁰ and increased rates of depression.¹¹

PRIMARY FOCUS

The Guiding Framework establishes a long-term vision and a set of goals which focus on services and policies that promote and protect health and wellness while aligning policies, programs and services to ensure the overall efficiency and sustainability of the public health system. It looks strategically at the factors that contribute to an effective and efficient public health system. It also supports population health and health equity through information, education, leadership for healthy public policy and intersectoral approaches and partnerships across all levels of government and within communities.

High quality public health interventions are integral to a well-functioning health system. The Guiding Framework supports the Ministry of Health's vision of "a sustainable health system that supports people to stay healthy, and when they are sick, provides high quality publicly funded health care services to meet their needs." The goals and objectives in the Guiding Framework align with the Ministry's strategic focus and further the mutual goal of system excellence. The Guiding Framework also supports the following Ministry of Health Goals:

- **Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.**
- **British Columbians have the majority of their health needs met by high quality primary and community-based health care and support services.**
- **Improved innovation, productivity and efficiency in the delivery of health services.**





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PUBLIC HEALTH IN BC

PUBLIC HEALTH

Public health is “the combination of sciences, skills and beliefs that is directed to the maintenance and improvement of the health of all the people.”¹² It is an organized effort by society to promote, protect, restore and improve people’s health through individual, collective or social actions. Public health investigates and identifies the causes of poor and good health and acts on those causes to improve the health of the population by preventing disease, illness and injury; protecting populations from health risks; and promoting healthy public policies, environments and behaviours.

In BC, public health interventions are delivered in accordance with core public health functions, which are based on the best available evidence and best practices.

PUBLIC HEALTH ROLE IN POPULATION HEALTH

Many conditions and factors (or determinants) influence the health of BC’s population, such as social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services. A population health approach has an upstream focus concerned with understanding the determinants of health across the life course and takes these interrelated factors into account when developing policies, programs and services to improve health outcomes for population groups. Addressing these determinants requires societal commitment and action, as many are beyond the jurisdiction of the health system. An example of this multifaceted approach to health improvement is seen in the Tripartite First Nations Health Plan, where partners are coming together to work towards health equity for First Nations and Aboriginal Peoples in BC through addressing a wide range of health determinants. Other sectors, whether governmental, not-for-profit or private sector, can play key roles in keeping people safe and healthy.

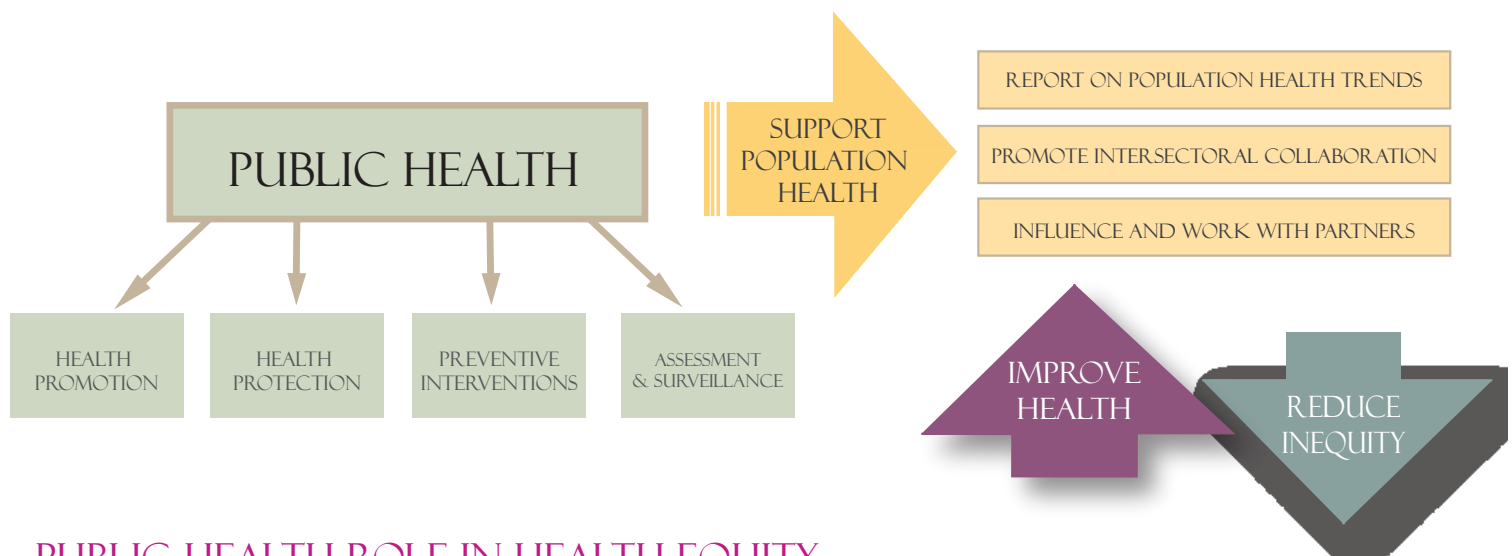
The Public Health Agency of Canada identifies the following as key health determinants:¹³

- Income/Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Aboriginal Self-Determination
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

BC's Guiding Framework for Public Health

Public health experts help other sectors gain a better understanding of the scale and impact of a specific health issue so they can take appropriate remedial action. Public health has the following roles with respect to population health improvement:

- **Monitoring and assessing the health of the population or sub-populations to identify health issues.**
- **Developing policies and designing programs and services to address them.**
- **Delivering services directly or working with stakeholders beyond the health system who may help reduce or eliminate risk factors that can cause or aggravate health problems.**
- **Helping policy makers and professionals in other sectors gain a better understanding of the scale and impact of a specific health issue so they can take appropriate strategic or remedial action.**



PUBLIC HEALTH ROLE IN HEALTH EQUITY

The Guiding Framework focuses on supporting better health for all British Columbians while promoting improved health equity across all population groups. Increasingly, we are coming to understand how vulnerability, especially early in life, is associated with poorer health outcomes, such as shorter life expectancy or more years living with disabling health problems. However, promoting health equity and reducing health disparities requires more than just focusing on the most disadvantaged groups. Initiatives and strategies need to be universal but with added scale or intensity for those experiencing short term or long term vulnerability. The impact on specific population groups, such as recent immigrants, women, men, First Nations and Aboriginal peoples, children, youth and seniors is an important consideration as public health services are developed and delivered.

For example, public health makes an important contribution in efforts to ensure every child gets a healthy start in life. All expecting parents are offered pre-natal classes, maternity and perinatal care, and post-natal public health nurse telephone assessment. Many parents and newborns benefit from short-term services with more intensity - for example breastfeeding support. A smaller group, such as young, first-time low income mothers, may participate in a program with longer-term regular public health nurse home visits, while the most vulnerable pregnant women in our province are offered high intensity supports through pregnancy outreach services. Taken together, this approach is intended to support good health outcomes for all

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newborns and infants and improve health equity, especially since a healthy start is an important predictor of positive health outcomes much later in life.

To support this approach, public health plays a critical and ongoing role in ensuring that protective factors, risk conditions and vulnerable populations are identified. Public health uses this information to design interventions, to inform decision-makers, both within and beyond the health system, and to support efforts to address the underlying causes of the disparities.

Public health has the following roles with respect to reducing health inequities:

- **Monitoring and reporting on health inequities.**
- **Ensuring that public health interventions are designed to support equitable health outcomes across population groups.**
- **Working actively with others in the health system to ensure that all health services are designed and delivered in a way that reduces health inequity.**
- **Working with other sectors to formulate policies and programs that will reduce health inequities.**
- **Collaborating with others beyond the health system to address the inequities among the broader environmental, social, economic and other determinants of health.**

PARTNERSHIPS AND COLLABORATION FOR EFFECTIVE PUBLIC HEALTH ACTION

The public health system relies on collaborative partnerships in order to support service delivery in the province. Strong connections across all sectors and levels of government, within communities, schools and workplaces, with academia and community-based and non-governmental organizations (NGOs) are vital in order to shape the way programs are developed and delivered, improve access to services, influence which policies are adopted, reduce inequities and ultimately improve individual and community well-being.

Partnerships at the local level can also play a key role in driving forward improvements in population health and can significantly influence the determinants of health. Public health staff work collaboratively with local governments across a range of activities that create health-promoting and health-protecting built and social environments. It is at the local level that citizens, NGOs, First Nations and Aboriginal groups, the private sector and government can come together to address local priorities that have a profound affect on the health of British Columbians.

Collaboration with NGOs is a vital component in the formulation and delivery of many public health programs. NGO involvement elevates the profile of critical health issues, improves reach and access, provides additional capacity and expertise and improves opportunities for integration into the broader community. For example, the Canadian Diabetes Association developed Food



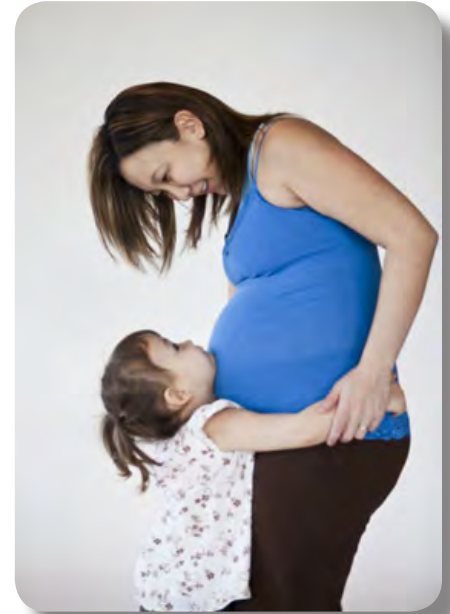
BC's Guiding Framework for Public Health

Skills for Families, which provides hands-on weekly cooking programs that teach healthy eating, shopping and cooking skills to at-risk populations.

Comprehensive School Health is an example of a key partnership between public health and a non-health partner—the education sector. Assisting schools to plan for public health interventions and support healthy living presents a real opportunity to bring integration into the school setting and build capacity for healthy outcomes in the future.

Public health also collaborates with other parts of the health system. With aligned objectives, the primary care, community care and acute care sectors work with public health to address key issues such as communicable disease outbreak and control, tobacco cessation and interventions to support patients in making healthier choices.

With these successful partnerships at all levels, far more can be achieved than by the public health system operating alone. Public health must continue to expand on and enhance existing partnerships while creating new ones and improving the ways we work together to find the best opportunities for success.



Patients and Communities as Partners

Individual and community engagement presents an opportunity for collaboration between primary care and public health. Patients as Partners is a philosophy and policy whose underlying principle is “nothing about me without me.” It is foundational to primary care quality improvement in BC.

Patients as Partners emphasizes the importance of patients, family and caregiver experience and expertise. This community development approach is familiar to public health, and provides several opportunities for collaboration. In particular, Patients as Partners has been working on developing health literacy (an important component of the determinant of health: personal health practices and coping skills) as a strategy to improve primary care and reduce inequities. Improving health literacy is also a strategy in public health for improving population health and reducing inequities.



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VISION, MISSION & VALUES/GUIDING PRINCIPLES

OUR VISION

Vibrant communities in which all people achieve their best health and well-being where they live, work, learn and play.

OUR MISSION

We promote, improve and protect the health and well-being of British Columbians through leadership, partnership, innovation and action.

The following are some of the ways we work to achieve our mission:

- Gathering, analyzing, interpreting and presenting data and information on the health status of the population to inform decision-making and action.
- Providing public health interventions that reach target populations, are culturally, developmentally and gender sensitive, and contribute positively to social, physical, mental, spiritual, economic and emotional well-being.
- Working with partners within and beyond the health sector to encourage health-enhancing services, policies and legislation (which includes working through the health governance partnership with BC First Nations to incorporate the First Nations' approach to health and wellness into the overall public health approach).
- Being accountable, effective and efficient, and engaging in continuous quality improvement to ensure a strong public health system.



VALUES/GUIDING PRINCIPLES FOR THE PUBLIC HEALTH SYSTEM

HEALTH SURVEILLANCE	We will provide quantitative health information, advice and support that are scientifically accurate, useful, timely and relevant. We will share health data in a format and manner that helps respond to and address real issues, while ensuring ethical data usage.
EVIDENCE, EVALUATION & INNOVATION	We will ensure that decisions are informed by the best available evidence and are monitored, measured and evaluated for success. We will continuously look for innovative ways of bridging research and practice, science and context. We will seek opportunities to create better or more effective programs, processes, policies, services and technologies.
EQUITY	We will improve health equity by supporting communities and individuals and ensuring equitable service delivery, planning and policy development. We will address conditions that create inequity, barriers to access and gaps in service; consider the specific needs of vulnerable or disadvantaged populations including First Nations and Aboriginal peoples; and implement supportive surveillance activities.
WORKING TOGETHER	We will build collaborative relationships and enhance understanding and planning with our partners including NGOs, BC First Nations and Aboriginal groups, the private sector, post-secondary research and training institutions and communities. This intersectoral collaboration is critical to building policies and services that support and contribute to improved health outcomes.
ACROSS THE LIFESPAN	We will implement a coordinated approach that addresses the various health conditions affecting people throughout their lives, with a particular focus on early childhood development to set healthy trajectories for outcomes later in life.
MULTIPLE SETTINGS & SUPPORTIVE ENVIRONMENTS	Using an inclusive, multifaceted approach, we will develop and implement interventions that consider the settings in which people achieve and maintain good health. We will work to actively engage with key partners in making these environments more supportive to positive outcomes.

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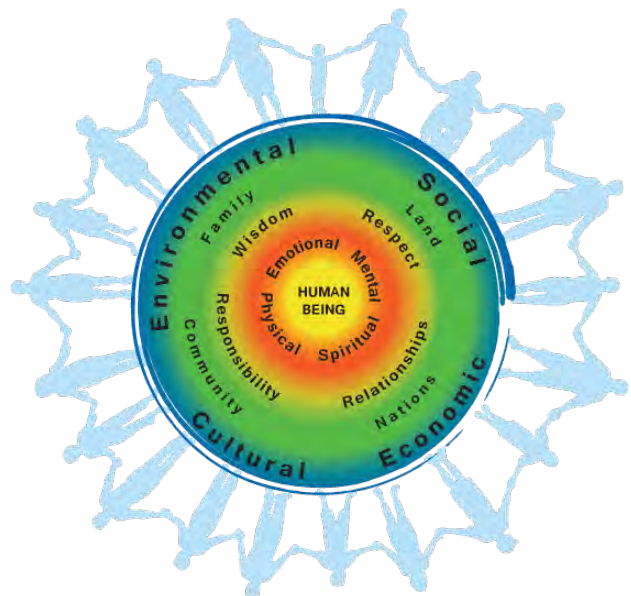
TRIPARTITE FIRST NATIONS HEALTH PLAN

The Government of BC, First Nations Leadership Council and the Government of Canada are partners in the Tripartite First Nations Health Plan (TFNHP), which commits to ensuring that First Nations in BC are involved in decision-making regarding their health.

The TFNHP supports First Nations in having a major role in the design and delivery of health services for their own people. This Tripartite plan includes many action items related to public health, and the Tripartite partners are working together to develop a future First Nations Public Health Plan for BC. In efforts to increase coordination and integration with the provincial health system, the First Nations Public Health Plan will be a complementary document to this Guiding Framework, and there will be alignment in the goals, objectives and performance measures. Therefore, First Nations are a unique population group considered within this document.

A First Nations Public Health Plan will be developed to provide room for regional planning and help address local and cultural differences while drawing on a First Nations' perspective of wellness. Such a plan will reflect the engagement of First Nations communities about their priorities in public health and will build a foundation for public health services that are both innovative and culturally responsive.

The TFNHP provides the foundation for supporting and developing a First Nations Public Health Plan for BC. This First Nations Public Health Plan will reflect the public health needs of the First Nations population and will include a public health approach that is grounded in the First Nations Perspective of Wellness. The image to the right is a visual expression of this perspective. The future First Nations Public Health Plan for BC will be supported by and will build upon this Guiding Framework.



PUBLIC HEALTH STRATEGIC FRAMEWORK

The Public Health Strategic Framework is the foundation of the Guiding Framework and represents how public health services and interventions are defined and implemented in the province. Core public health functions were identified collaboratively as part of the BC public health system renewal that began in 2003. The core functions define a comprehensive set of public health actions and are based on the best available evidence and best practices.

The strategic framework identifies three broad categories of public health functions:

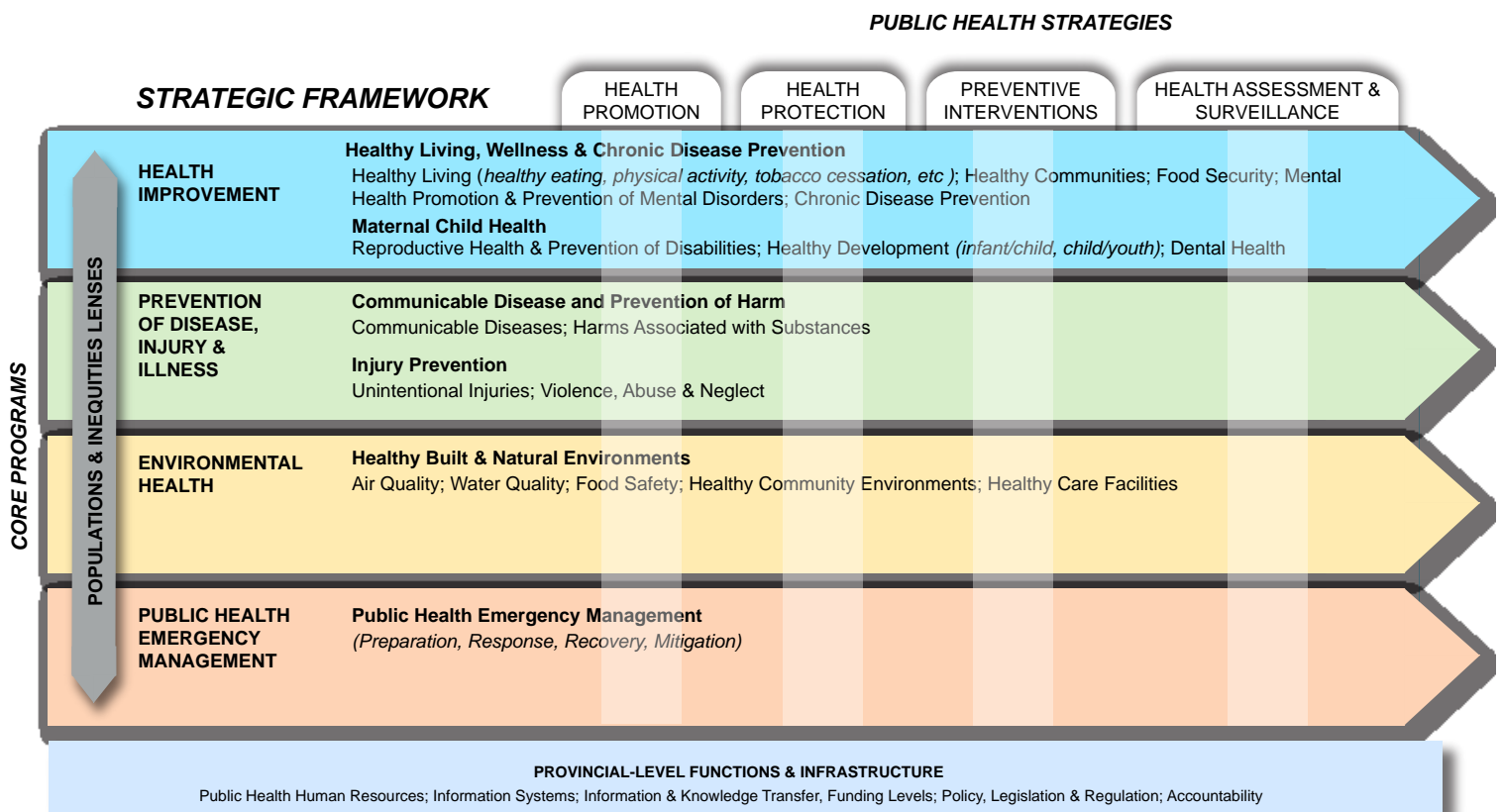
- **Core Programs:** Organized sets of services and activities intended to achieve specific health outcomes (health improvement; prevention of disease, injury and illness; environmental health; public health emergency management).
- **Public Health Strategies:** Ways of working that may be used by any program, including:
 - **Health promotion:** The process of enabling people to increase control over and improve their health by creating environments in which the healthy choice is the easy choice. The focus tends to be on groups or communities, rather than on individuals, and on changing the social norms that ultimately shape and support healthy behaviour.
 - **Health protection:** Strategies that protect people through legislation, regulation, inspection and, if need be, enforcement and prosecution.
 - **Preventive interventions:** Interventions such as immunization, counselling, screening and early detection, and prophylactic or in some cases preventive treatments.
 - **Population health assessment:** Monitor population health status, detect and respond to outbreaks of disease or other health-related issues, and contribute to assessing the effectiveness of public health programs and services.
- **Provincial-Level Functions and Infrastructure:** The set of organizational resources and services that support the development and application of public health programs (e.g., public health human resources; information systems; organizational competency/accreditation; information and knowledge transfer; funding; policy, legislation and regulations; accountability).



Two “lenses”—one for populations and one for inequities—are used to identify where inequities exist so the appropriate work can be done to reduce them.

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Core programs will be reviewed and refreshed regularly to reflect emerging trends and inform changes in program focus. These reviews continue to be used by health authorities to support ongoing public health quality improvement and to help plan new initiatives.

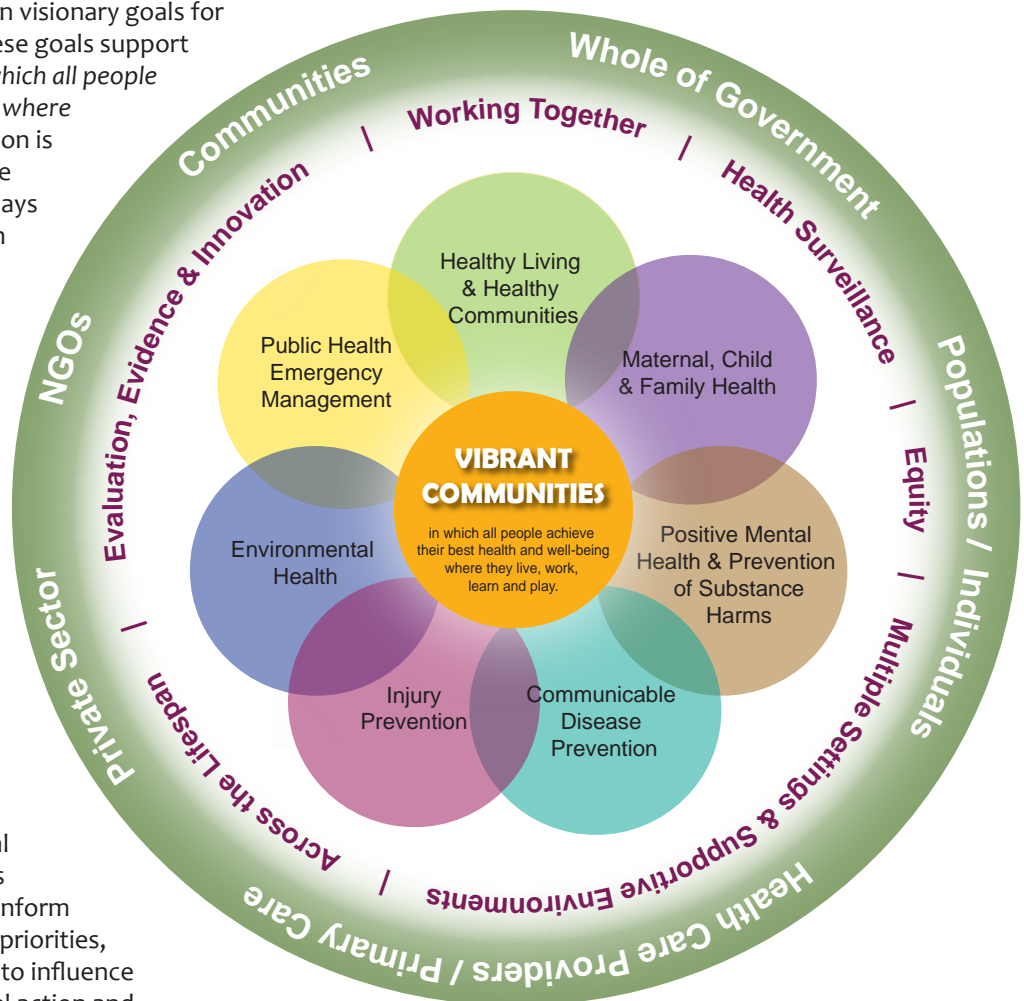


VISIONARY GOALS, OBJECTIVES & MEASURES

The Guiding Framework identifies seven visionary goals for the public health system. Together, these goals support the vision of “Vibrant communities in which all people achieve their best health and well-being where they live, work, learn and play.” This vision is shown in the middle of the figure to the right, representing the central role it plays in guiding the work of the public health system. The seven goals surround the vision and together represent the key areas of focus for BC’s public health system over the next 10 years. The inner ring of the circle illustrates the guiding principles/values for the public health system, and the outer ring symbolizes the critical connections required for the public health system to fulfill its role in improving population health and reducing health inequities.

The visionary goals are largely influenced by and aligned with service lines in the Public Health Strategic Framework. They are intended to organize existing provincial strategies and inspire action to address the burden of disease/injury. They will inform the development of new public health priorities, identify opportunities for key partners to influence population health through intersectoral action and form the basis of future strategic investment. Work across all visionary goals will consider the settings that affect people and the unique needs of different population groups, including differences in culture, gender and age, while ultimately aiming to maximize the reach and effectiveness of programs, policies, services and interventions.

In some instances, public health is well-positioned to provide overall coordination and guidance without directly delivering the required interventions. In other instances, the public health system has a long established history of providing critical interventions that are central to a broader integrated response.



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Objective statements describe key areas under each goal and are an end towards which public health action will be directed and coordinated. Each goal also has a set of performance measures to help measure progress over the next 10 years. These measures were drawn largely from existing strategies to further align efforts and ensure adequate data are available. Over time, as surveillance capacity and infrastructure improves, these measures will be revisited to align as closely as possible to the objectives and ensure they most appropriately track critical markers of success. The targets were determined through extensive consultation with stakeholders and are purposefully ambitious to motivate action and the cultivation of strong partnerships. All performance measures will be part of an accountability framework and will be reported on periodically to ensure we are successful in achieving the goals and objectives set out in the Guiding Framework.



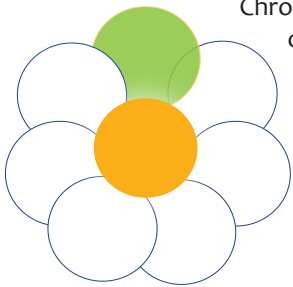
The public health system works closely with the First Nations Health Authority and Tripartite partners across all the goals and their respective objectives to design and deliver public health programs and services that meet the needs of First Nations communities and respond to specific health priorities for First Nations and Aboriginal people in BC. With leadership and support from the First Nations Health Authority, the public health system will apply a First Nations lens in implementing and evaluating all objectives within the Guiding Framework to ensure meaningful inclusion of and benefit to BC First Nations and Aboriginal peoples. Specifically, all performance measures will be reviewed to establish if the desired outcomes are being realized by BC First Nations and Aboriginal peoples as part of the overall population in BC. Our partners will work together through the Tripartite First Nations Health Plan to identify appropriate interventions that improve the health and wellness of First Nations.



GOAL 1

HEALTHY LIVING & HEALTHY COMMUNITIES

“Supportive communities that make it easier for people to make healthy choices at every stage of life”



Chronic diseases represent the largest health burden in BC, now and in the foreseeable future. The impact of chronic disease is felt in human and health care costs and in economic effects across all sectors.

Behavioural risk factors for chronic disease are embedded in family, community and societal conditions that shape, influence and may constrain the choices people have or can make. These risk factors can be exacerbated by stressful or even harmful conditions, policies or practices in our homes, schools, workplaces and communities.

Fortunately, chronic diseases are mostly preventable by applying what we already know works.

Public education and awareness, increased prevention activities (stopping the sale of tobacco to youth, screening, immunization, etc.) and an emphasis on organizational and environmental intervention activities that address modifiable risk factors will prevent a great deal of chronic illness. For example, interventions aimed at increasing healthy eating and physical activity have been found to contribute to reductions in disease incidence, improved quality of life and avoidance of health care costs.¹⁴

Developing healthy communities can foster health at the levels of the individual, family and population in many ways. Healthy communities also support a health-promoting culture across diverse segments of society—health care, local governments, schools and workplaces. Healthy communities are characterized by a high degree of citizen participation and the engagement of multiple sectors to sustain environments that promote well-being, including built, natural and social environments. Such partnerships are essential and actively involve local governments, non-profit organizations, the recreation, business, education and transportation sectors, as well as citizens in collaborative initiatives that improve the health of the population.

Environments that make the healthy choice the easy choice contribute greatly to improving and maintaining a high level of health among citizens. These healthy environments support optimal levels of physical activity, healthy eating, safety from injury and exposure to harms, social interaction and cohesion, connectedness to nature, and accessibility for all, including vulnerable citizens. Active lifestyles and the healthy development of citizens of all ages flourish in healthy communities. Promoting outdoor play and recreation in child care programs, as well as the provision of outdoor playgrounds, helps build patterns of active play at a young age. Supporting age-friendly communities ensures that older people age actively and remain engaged.

Notably, many BC First Nations and Aboriginal communities are developing and leading their own approaches to improving the overall health status of First Nations and Aboriginal individuals

EXAMPLES OF PROVINCIAL STRATEGIES OR SUPPORTING LEGISLATION

The following are examples of existing provincial efforts in support of this goal:

- **Healthy Families BC**
- **Tobacco Control Strategy**
- **Healthy Minds, Healthy People**
- **Age-Friendly Communities**

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and communities. With the support of the wider community, preventive programs are being designed to be more holistic, incorporating measures of well-being such as revitalization of culture and language; incorporation of traditional customs and practices; and strengthening the linkages between the people and the environment. Healthy living and wellness promotion are priorities under the Tripartite First Nations Health Plan.

Despite many successful health promotion efforts in BC, more needs to be done to reduce the incidence of chronic disease.



OBJECTIVES

1. **Improve the health of children through enhanced health-education partnerships to increase the implementation of school-based healthy living programs such as physical activity, healthy eating and living tobacco-free.**
2. **Collaborate with local governments to create health-promoting environments and community-based programs that encourage British Columbians to make healthy choices.**
3. **Enhance workplace wellness by supporting employers to implement policies and programs that protect the health of their workers and encourage positive health practices.**

PERFORMANCE MEASURES

MEASURE	BASELINE	2023 TARGET
The proportion of British Columbians (age 12+) who consume at least 5 servings of fruit and vegetables per day.	44% (2009/10)	55%
The percentage of British Columbians who are meeting the guidelines for physical activity.	60% (2009/10)	70%
The percentage of British Columbians (age 15+) who smoke.	14% (2011)	10%
The percentage of BC students in grades 3, 4, 7, 10 and 12 who report that at school, they are learning how to stay healthy.	50% (2010/11)	90%

EXAMPLES OF WHAT OTHER HEALTH CARE PARTNERS CAN DO

Family physicians and primary care providers can

- Consistently use proven methods of checking and confirming patient understanding of health promotion and disease prevention.
- Promote Canada's Low-Risk Alcohol Drinking Guidelines.

Other health partners can

- Identify smoking status on patient intake and provide tobacco cessation support to patients and staff.
- Support initiatives that improve the nutritional value of food services in health facilities.
- Support provincial health promotion strategies in the workplace by sharing knowledge with partners and stakeholders.
- Work with individuals, agencies and communities to understand and improve health through health-related public policies, community-based interventions and public participation.
- Help ensure that services are culturally, linguistically, gender and age appropriate, and that they match people's health literacy skills.

EXAMPLES OF WHAT PARTNERS IN OTHER SECTORS CAN DO

- Take action to create health-promoting workplaces, schools and communities.
- Promote healthy municipal policy (e.g., smoke-free bylaws, municipal alcohol policy, age-friendly initiatives).
- Develop healthy living strategic plans in partnership with the health sector.
- Prioritize investments for effective interventions to increase physical activity, promote healthy eating and reduce obesity and chronic diseases.
- Consider health consequences along with financial impact when developing legislation, bylaws, preparing land-use plans or revising procurement policies, etc.
- Provide a mix of land uses where people live.
- Design neighbourhoods and communities where children and adults can easily and safely travel on foot and by bike between home, work, school, retail establishments, parks and recreation facilities.
- Ensure new community developments contain features that support health.
- Consider the needs of older adults in health-promoting and community development activities.
- Develop partnerships on key issues such as child care settings in schools, intergenerational programming and joint use agreements.
- Engage with partners in actively seeking the community's voice in the identification of health needs and the development of appropriate interventions.

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Project Highlight – Healthy Communities

Healthy Communities is a provincial government program, delivered in partnership with health authorities, to stimulate more local actions and policies to support healthy living. Particular emphasis is given to the key areas of physical activity, healthy eating, reducing tobacco use, healthy built environments and priority populations (e.g., children and youth, seniors). The Healthy Communities program is made up of five core components for healthy community action:

- **Establish partnerships for healthy community action.**
- **Provide health expertise and support to local governments.**
- **Develop effective assessment, planning and implementation tools and resources.**
- **Build capacity through training, knowledge development and exchange.**
- **Provide opportunities for community recognition and celebration.**

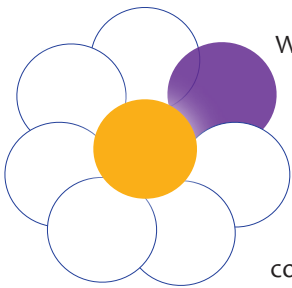
The Healthy Communities program has been designed to reconnect the health system and local government sectors through meaningful joint partnership agreements to specifically address chronic disease prevention and the promotion of healthy weights.



GOAL 2

MATERNAL, CHILD & FAMILY HEALTH

“Families have the capacity to achieve and maintain good health at all stages of child development”



Women's health and well-being is fundamental for healthy pregnancies and therefore for the healthy growth and development of infants and children. The health of mothers and infants has been internationally accepted as an indicator of the health and well-being of a population. This is one key area where public health and primary care work in collaboration to ensure strong outcomes before, during and after pregnancy.

Today the average age of mothers has increased and the total fertility rate has fallen. Better access to contraception has given some women greater control over the number, timing and spacing of children.

However, the vast majority of girls and women still do not know for sure when or if they will become pregnant. Approximately 50 per cent of pregnancies are unintended. Studies have shown that concerns relating to access and effective use of contraception continue and that unintended pregnancy rates are a challenge in BC, especially among vulnerable populations who face challenging economic, education and work circumstances.

Supporting pregnant women to do the following contributes to optimal pregnancy outcomes: avoid tobacco, alcohol and non-medical substance use; secure adequate nutrition; maintain a healthy body weight; live free of violence; promote good mental health and minimize stress; and ensure access to medical care. Although most of the almost 45,000 infants born each year in BC are healthy infants born to healthy mothers, some women experience conditions that put their own health and that of their fetuses, children and families at risk. Sub-optimal conditions before and during pregnancy contribute to a higher incidence of low or high birth weight, pre-term birth and other birth complications, as well as disabling conditions such as fetal alcohol spectrum disorder.

Healthy childhood development is also a key determinant of health. The foundations for human development—physical, intellectual and emotional—are laid in early childhood. What happens in utero and during these early years has lifelong effects on many aspects of health and well-being, from obesity, heart disease and mental health to educational achievement and economic status. A child's experiences during development have a profound impact on the brain and on general physiology. Early childhood development is of particular importance for this biological embedding as it sets in place key conditions for subsequent growth and development. Quality child care and facilities support healthy child and youth development.

EXAMPLES OF PROVINCIAL STRATEGIES OR SUPPORTING LEGISLATION

The following are examples of existing provincial efforts in support of this goal:

- **Provincial Perinatal Depression Framework**
- **Healthy Minds, Healthy People**
- **Fetal Alcohol Spectrum Disorder Strategy**
- **Women's Health Strategy**
- **Tripartite First Nations Health Plan**
- **Community Care and Assisted Living Act**
- **Child Care Licensing Regulation**
- **Healthy Start**

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Mothers, fathers, grandparents, siblings and other caregivers have a pivotal responsibility for their children:

Loving care, a secure attachment, sufficient structure for healthy growth and development, non-coercive discipline and an overall safe family environment characterized by empathic relationships are among the important factors needed to raise healthy and well-adjusted children. In addition, the capacity of parents to provide sufficient material support in the form of good-quality housing, nutrition and opportunities to participate in social and recreational activities is among other essential dimensions...¹⁵

There is a dynamic interaction within families that can support or impede the health, well-being and development of individuals within the family unit. At the same time, socio-economic factors are integral to supporting the health and well-being of families. Child-friendly environments, early childhood education and child care are all critical to providing support to families and creating conditions for healthy development.

Adolescence and young adulthood are also important developmental periods. The behavioural patterns established during these developmental periods help determine young people's current health status, lay the pattern for positive mental health and influence their risk for developing chronic diseases in adulthood.¹⁶ Well-designed youth development interventions help maximize the healthy physical, emotional, cognitive and social development of young people to enable them to achieve their full potential.

The public health system continues to work with Tripartite First Nations Health Plan partners to develop culturally appropriate reproductive care programs, including better prenatal access, outreach and nutrition programs for mothers and infants.

OBJECTIVES

The public health system, in collaboration with key partners, aims to maximize the healthy physical, emotional and social development of women, children, infants and youth to enable them to achieve their full potential through the following:

1. **Enhance the health of all women during their childbearing years and the health of women during pregnancy and the postpartum period through universal and targeted screening, perinatal health programs and maternity care planning.**
2. **Improve the health of infants, children and youth through health promotion strategies that address risk factors that impact healthy physical, social and emotional development.**
3. **Enhance the health of women in rural or remote areas, including First Nations and Aboriginal communities, by improving access to perinatal and public health services and resources.**



PERFORMANCE MEASURES

MEASURE	BASELINE	2023 TARGET
The rate of low weight singleton births (per 1,000).	41 (2008-10)	36
The percentage of new mothers who report smoking during pregnancy.	8.6% (2010/11)	4%
The rate of hazardous drinking among women of reproductive age.	TBD	10% reduction
The percentage of children who are not vulnerable on any Early Development Indicator Dimensions.	69% (2009/10 - 2010/11)	79%

EXAMPLES OF WHAT HEALTH CARE PARTNERS CAN DO

Family physicians and primary care providers can

- Identify gaps and opportunities to provide appropriate, relevant and timely disease prevention education to women, men and families on key issues.
- Identify opportunities to leverage maternal-child health programs/interventions to create efficiencies, thereby improving health outcomes and decreasing vulnerabilities and health inequities.

Other health partners can

- Participate with public health to provide strong leadership in health policy development and long-term planning for maternal, child and family health.
- Ensure that policies and programs consider gender, ethnicity, sexual orientation and socio-economic status.
- Build awareness and responsiveness within the health system to gender, socio-economic, ethnic and regional differences in access, quality and outcomes of care across the continuum of care for the leading causes of morbidity and mortality.
- Use Early Development Indicator results from communities to inform and create responsive early childhood health and development initiatives.

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EXAMPLES OF WHAT PARTNERS IN OTHER SECTORS CAN DO

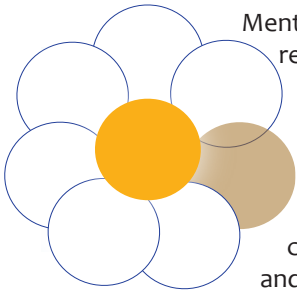
- Expand access to quality early childhood education and child care services.
- Contribute to actions focused on reducing family poverty.
- Support family-friendly policies in workplaces and communities.
- Look for opportunities to increase affordable housing in areas that enhance personal safety and mental and physical well-being.
- Ensure security of nutritious food for children, youth and women.



GOAL 3

POSITIVE MENTAL HEALTH & PREVENTION OF SUBSTANCE HARMS

“Optimal mental health and reduced harms associated with substances”



Mental health is essential to physical health, personal well-being and positive family and interpersonal relationships. The World Health Organization describes mental health as a state of well-being in which the individual realizes his or her own abilities, copes with the normal stresses of life, works productively and contributes to his or her community.¹⁷ Good mental health is much more than the absence of mental illness—it enables people to experience life as meaningful and to be creative, productive members of society. From early childhood on, good or “positive” mental health is the springboard for thinking, learning, emotional growth, resilience and self-esteem. These ingredients together support healthy choices and behaviours across the lifespan; thus, an emphasis on positive mental health should parallel and complement an emphasis on healthy child development, physical health and fitness, and emotional and spiritual well-being.

People use psychoactive substances in a variety of ways that can range from beneficial to highly problematic. For example, many British Columbians enjoy alcohol in moderation; yet, a substantial proportion of alcohol consumed in BC is drunk in patterns that exceed guidelines set to reduce health and social harms. Some harms from substances can be attributed to their pharmacological properties, but others are a function of policies that stigmatize or laws that criminalize people who use them. Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks. Harm reduction approaches may be directed to whole populations or vulnerable sub-groups to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive substances.

There is emerging evidence that intervening with certain groups of people, often at key developmental stages or transition points in their lives, can effectively reduce the risk of future mental health and/or substance use problems. Although some types of vulnerability may be influenced by family history or genetic predisposition, others (such as exposure to violence and trauma or lack of social support) can be mitigated through strategic intervention. To this end, targeted prevention interventions attempt to reduce risk and enhance protective factors. This presents opportunities to mitigate vulnerability for many, and at times multiple, potential problems. For example, suicide is the second leading cause of death for youth

EXAMPLES OF PROVINCIAL STRATEGIES OR SUPPORTING LEGISLATION

The following are examples of existing provincial efforts in support of this goal:

- **Healthy Minds, Healthy People**
- **First Nations and Aboriginal Mental Wellness and Substance Use Plan**
- **Harm Reduction Strategies and Services Policy**
- **Harm Reduction: A British Columbia Community Guide**
- **Community Care and Assisted Living Act**

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aged 15-24 years and male adults aged 25-49 years in Canada.¹⁸ Mental health problems can be strongly associated with suicide and suicidal behaviours, and multiple risk factors intersect to influence a person's risk for suicide. Comprehensive, multi-strategy approaches that combine targeted interventions to enhance individual and collective resiliency with protective and supportive policy and actions at the community level can help to address the complex combination of risk and protective factors that influence vulnerability to suicide, as well as a number of potential mental health and/or substance use problems.

The impact of mental health problems and substance harms in BC is significant: in 2008/2009, the Province spent over \$1.3 billion on services to address mental health and problematic substance use. Recent research suggests that mental illness costs the Canadian economy \$51 billion annually in lost productivity—BC's proportional share of this burden is \$6.6 billion each year.¹⁹ Harms associated with substances are related to a similarly large burden: problematic use of alcohol alone results in an annual loss of productivity estimated at \$1.1 billion.¹⁹ Alcohol is a factor in 60 types of diseases and injuries, and a component cause of 200 others.²⁰ In 2001 (the latest data available), hazardous alcohol use accounted for over 10 per cent of the burden of disease in BC.²¹ The total costs associated with illegal drugs in BC have been estimated at \$1.5 billion.²²



In order to promote positive mental health and well-being for all, and reduce the burden of harms and costs of problematic substance use, the Province and community partners need to employ a combination of whole-population and targeted approaches with a proven track record for success. By focusing resources on evidence-based interventions and best practices, everyone involved in promoting the healthy social and emotional development of British Columbians can maximize their investments and yield long-term positive outcomes and economic gains for individuals, families, communities and government.¹⁹

The Tripartite First Nations Health Plan includes three actions related to mental wellness and substance use, including the development of a Tripartite plan to address First Nations and Aboriginal mental wellness and substance use in BC. In response, the Tripartite partners, along with representatives of health authorities, Métis Nation BC and the BC Association of Aboriginal Friendship Centres have collaborated to develop such a plan. The plan is based on a vision and guiding principles that create a context for a holistic, community-based population health approach to promoting mental wellness and preventing harms associated with substances for First Nations and Aboriginal communities.

OBJECTIVES

The public health system has a leadership role to play in promoting mental health, preventing mental health problems and reducing the harms associated with psychoactive substances; however, substantive transformational action in these areas requires collaborative and integrated solutions that come from a variety of systems and sector partners.

1. **Promote positive mental health and well-being in settings such as homes, schools, workplaces and care facilities through cross-sectoral partnerships and evidence-based action.**
2. **Reduce the harms associated with substances and related health issues through policies and targeted programs that address specific social, environmental and individual risk and protective factors.**
3. **Reduce the harms associated with hazardous drinking by promoting a culture of moderation related to alcohol use.**

PERFORMANCE MEASURES

MEASURE	BASELINE	2023 TARGET
The percentage of British Columbians who experience positive mental health.	71% (2009/10)	80%
The percentage of young BC children who are not vulnerable in terms of social development.	85.5% (2009/10 - 2010/11)	88%
The percentage of young BC children who are not vulnerable in terms of emotional development.	86.2% (2009/10 - 2010/11)	88%
Among BC students who use alcohol or cannabis, the percentage who first use before the age of 15.	Alcohol: 75% Cannabis: 67% (2008)	Alcohol: 60% Cannabis: 55%
The proportion of British Columbians (age 15+) who engage in hazardous drinking.	17% (2009/10)	14%

EXAMPLES OF WHAT HEALTH CARE PARTNERS CAN DO

Family physicians and primary care providers can

- Offer basic education and advice to patients, encompassing strategies and suggestions that consider both physical and mental health needs in an integrated manner.
- Identify opportunities to leverage mental health promotion and prevention of mental illness/substance harm programs/interventions.
- Promote Canada's Low-Risk Alcohol Drinking Guidelines.

Other health partners can

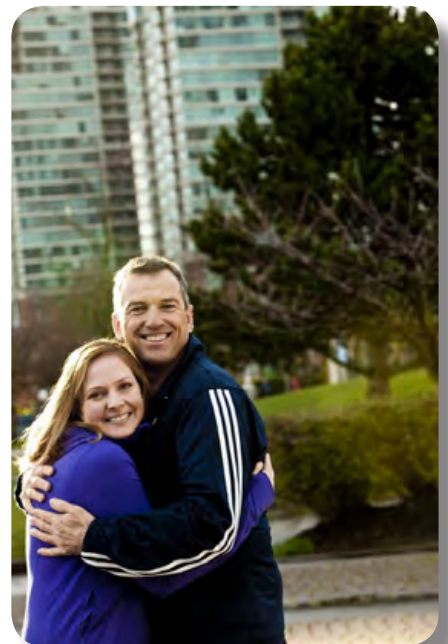
- Identify mental health and substance harms in communities, particularly those that are rural or remote.
- Work with local government officials to develop and implement policies and strategic plans for community health priorities.
- Participate in planning with public health to provide strong leadership in healthy public policy development.
- Ensure adequate and equitable reach of evidence-based harm reduction strategies and services.

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EXAMPLES OF WHAT PARTNERS IN OTHER SECTORS CAN DO

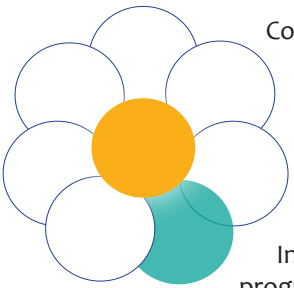
- Support child and youth mental health promotion programs and services.
- Coordinate preschool and school-based support for positive behaviours, lifestyles and relationships and cultural safety.
- Work with public health on community-based health promotion initiatives, including local government policies to promote a culture of moderation related to alcohol use.
- Shape environments and social contexts on a community level and engage in efforts to promote healthier choices and greater community engagement, such as family and social service programs, youth programs, cultural programs, faith-based organizations, employment and training and recreational and sports programs.
- Promote positive mental health and moderate substance use in colleges and universities, acknowledging that this population may experience vulnerabilities related to a significant transitional stage in their lives and new or increased levels of responsibility and stress.
- Coordinate health promotion, employee engagement, stress and workload management in workplaces.
- Contribute to initiatives that raise awareness and understanding of the intergenerational impacts of colonization and residential schools and the persistent effects of racism on mental wellness and/or substance harms for First Nations and Aboriginal people in BC.



GOAL 4

COMMUNICABLE DISEASE PREVENTION

“People living longer, higher quality lives free of preventable disease”



Communicable diseases are caused by harmful bacteria, viruses, parasites or fungi. They can be spread, directly or indirectly, from one person to another, and also by other mammals, birds and insect vectors, such as mosquitoes or ticks. There are many different communicable diseases, such as influenza, chickenpox and the common cold. This goal refers to communicable diseases that are vaccine-preventable and/or transmitted through air, through contact, through ingestion or through blood, body or sexual fluids.

In large measure due to sanitation, food safety, vaccines, antibiotics, infection control, harm reduction programs and improved nutrition, the past two centuries have seen enormous achievements in the control of communicable diseases, drastically reducing mortality rates in what was one of the previous leading causes of death. Vaccination has eradicated smallpox, nearly eradicated poliomyelitis and greatly reduced the incidence of many other serious infections, such as diphtheria, tetanus and measles. Emerging diseases such as SARS, and ongoing challenges with HIV, tuberculosis and new strains of influenza challenge the world's public health community to improve surveillance, better integrate services and provide appropriate prevention, harm reduction and care to susceptible population groups.

A key role of public health is to undertake surveillance for communicable diseases, in order to detect outbreaks rapidly and prevent their spread. Public health officers have legislated authority for a number of restrictive actions to enable rapid response to communicable disease outbreaks and to undertake measures such as vaccination or prophylaxis for people exposed to illness to prevent them from becoming ill themselves. Public health surveillance also allows for rapid detection of emerging pathogens and monitoring of rates of illness in the population.

The public health system is pivotal to communicable disease prevention. A comprehensive approach to the prevention of communicable disease and the management of outbreaks requires collaboration and integration among a variety of systems and sector partners including primary care.

An important Tripartite commitment is to decrease the disproportionate rate of HIV/AIDS among First Nations/Aboriginal people compared to non-Aboriginal British Columbians. Through the Tripartite First Nations Health Plan, the Ministry of Health continues to work with First Nations leadership and the federal government to increase rates of timely diagnosis and treatment among HIV-positive First Nations and Aboriginal peoples and to improve screening for, and treatment and prevention of, communicable disease in First Nations and Aboriginal communities.

EXAMPLES OF PROVINCIAL STRATEGIES OR SUPPORTING LEGISLATION

The following are examples of existing provincial efforts in support of this goal:

- **Tuberculosis Strategy**
- **Immunize BC**
- **Tripartite First Nations Health Plan**
- **Harm Reduction: A British Columbia Community Guide**
- **Viral Hepatitis Framework—Healthy Pathways Forward**
- **STOP HIV/AIDS Framework—From Hope to Health: Towards an AIDS-free Generation**
- **Public Health Act**

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OBJECTIVES

1. Prevent and reduce communicable disease transmission through public health measures and initiatives such as immunization, community health promotion and prevention, harm reduction and treatment as prevention programs.
2. Reduce morbidity and mortality associated with communicable disease through screening and early detection, rapid response to communicable disease cases and outbreaks and effective use of therapies.

PERFORMANCE MEASURES

MEASURE	BASELINE	2023 TARGET
Immunization coverage rates up-to-date by second birthday in accordance with the routine childhood immunization schedule.	70% (2012)	90%
The incidence of hepatitis C among repeat testers per year (per 1,000).	6 (2007)	3
The percentage of newly diagnosed HIV cases with CD4 at diagnosis >500. ⁱⁱ	39% (2011)	75%
Condom use among sexually active adolescents.	66% (2008)	76%
The percentage of young women (ages 18-24) who have had a test for chlamydia in the previous year. ^{iii, iv}	33% (2011)	40%

ⁱ A consistent methodology for the measurement of two-year-old immunization rates needs to be developed. The two-year-old immunization rate will be calculated on the basis of the vaccines which are currently included in the routine childhood immunization schedule. The rates for new vaccines added subsequent to 2012 will not be included in the calculation of this rate.

ⁱⁱ Baseline based on Vancouver Coastal Health Authority rate.

ⁱⁱⁱ The baseline for Chlamydia testing may be adversely affected by changes in guidelines related to pap smears for young women. As fewer women in this age-group receive pap smears, it is anticipated that the rate of Chlamydia testing will also initially decrease as the testing was typically done in conjunction with the pap smear.

^{iv} BC does not currently have a Sexually Transmitted Infection Strategy to address either the condom use indicator or the Chlamydia-testing indicator. The adoption of these indicators will highlight the need for a comprehensive Sexually Transmitted Infection Strategy.

EXAMPLES OF WHAT HEALTH CARE PARTNERS CAN DO

Family physicians and primary care providers can

- Offer basic communicable disease prevention advice to patients and clients and refer people to screening and care services.
- Promote immunization.
- Play a key role in the identification and management of communicable diseases in all communities, particularly those that are rural and remote.

Other health partners can

- Implement harm reduction strategies and services.
- Participate in planning with public health to provide strong leadership in healthy public policy development.



EXAMPLES OF WHAT PARTNERS IN OTHER SECTORS CAN DO

- Support public awareness of communicable disease prevention and available treatment options/support for people who have contracted a communicable disease.
- Shape environments and social contexts at the community level to support communicable disease prevention initiatives and engage in efforts to prevent communicable diseases.
- Partner with public health staff and develop community-based programs to better reach, prevent and treat communicable diseases among at-risk groups.

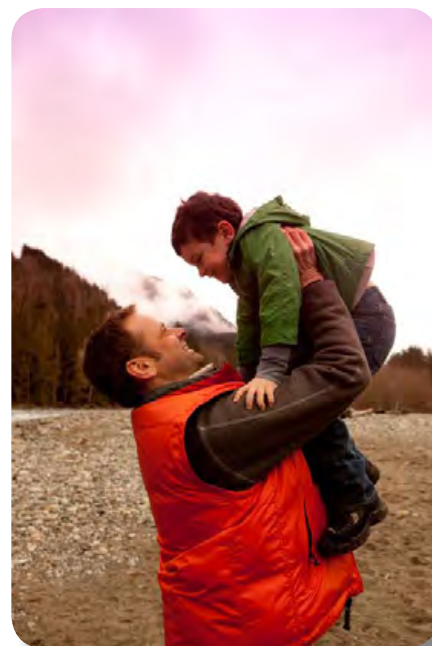


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The Burden of Tuberculosis

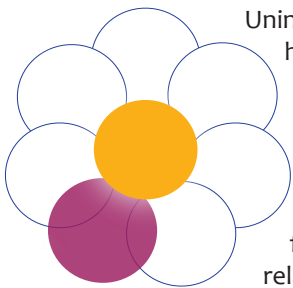
With more than 8.8 million incident cases and 1.5 million deaths worldwide in 2010, tuberculosis (TB) remains one of the world's deadliest diseases. Great strides in treatment and prevention have significantly reduced the impact of this disease in British Columbia; however, control is far from complete. Over the past five years, approximately 300 people were diagnosed with TB annually, with an average incidence of 7 cases per 100,000 people. TB has also become increasingly concentrated among three populations over the past decades: foreign-born Canadians from tuberculosis-endemic countries, First Nations and Aboriginal peoples and socially marginalized individuals.



GOAL 5

INJURY PREVENTION

“A safer province that reduces the risk of preventable injuries”



Unintentional injuries and violence have a devastating impact on the physical, psychological and economic health of people living in BC, taking a significant toll in terms of lives lost, lost economic productivity and costs to the health system. In 2004, injuries cost British Columbians \$2.8 billion in direct and indirect costs, the equivalent of \$670 per British Columbian.²³

Each day, approximately 1,200 people in BC are unintentionally injured and of these, five die,²⁴ making unintentional injuries the leading cause of death for British Columbians under 45 years of age, and the fifth leading cause of death across all age groups.²⁵ In 2011, falls, unintentional poisoning and transport-related incidents were the leading causes of death from unintentional injury.²⁶ In 2010, falls and transport-related incidents were the leading causes of hospitalization from unintentional injury.²⁷ Every year in BC, the direct cost of injuries is over \$850 million, while the indirect cost totals \$1.2 billion.²⁸

Preventing injuries and violence means addressing their causes and/or minimizing their impacts through the design and implementation of protective mechanisms. The public health system is ideally situated to take action to reduce the social and economic inequities that exist in BC that increase one's risk of injury.

Injury prevention uses an approach that integrates the following four domains. In practice, these four domains are consistent with the public health approach adopted in BC:

- **Education:** Educating individuals about changing behaviours that can lead to injuries.
- **Enforcement:** Involves safety legislation and policies, including passing, strengthening and enforcing voluntary standards, regulations and laws. Examples include making it mandatory to wear a bicycle helmet and use seatbelts and child car seats.
- **Engineering and Environmental Design:** Making the design, development and manufacturing of products and the built environment safer. Examples include creating dedicated bike lanes and ensuring that playground equipment is safe.
- **Engagement:** For example, the Ministry of Health, the federal government and the First Nations Health Authority work together under

EXAMPLES OF PROVINCIAL STRATEGIES OR SUPPORTING LEGISLATION

The following are examples of existing provincial efforts in support of this goal:

- Seniors Action Plan
- Seniors Healthy Living Framework
- Tripartite First Nations Health Plan
- Provincial Health Officer's Reports

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the Tripartite First Nations Health Plan on systemic change and improvement in injury prevention and safety promotion for and within First Nations communities.

Collaboration is required between injury prevention and reducing substance harms, most notably in the relationship between suicide and problematic substance use. The problematic use of alcohol and other substances is also a risk factor for other injuries from events such as motor vehicle crashes and falls in older adults, as well as a number of chronic diseases. Thus, reducing risky substance use will contribute not only to improved mental health, but also to injury and chronic disease prevention.

OBJECTIVES

1. **Build a culture of safety at work, home and play by increasing awareness of injury risks, implementing prevention education and taking priority actions, such as designing and developing safe environments, systems and products.**
2. **Reduce the incidence of falls, fall-related injuries and fall-related risk factors among seniors in BC through surveillance, enhanced community capacity, public information and evidence-based prevention measures.**
3. **Reduce the incidence of injuries among children and youth in BC through physical and social environmental modifications and increased awareness of safety-promoting behaviours.**

PERFORMANCE MEASURES

MEASURE	BASELINE	2023 TARGET
The age-standardized hospitalization rate for unintentional injuries (per 1,000).	7.8 (2010/11)	6.2
The age-standardized mortality rate for unintentional injuries (per 100,000).	20 (2010)	15
The age-standardized rate of fall-related hospitalizations for British Columbians age 75+ (per 1,000).	30.8 (2009)	25

EXAMPLES OF WHAT HEALTH CARE PARTNERS CAN DO

Family physicians and primary care providers can

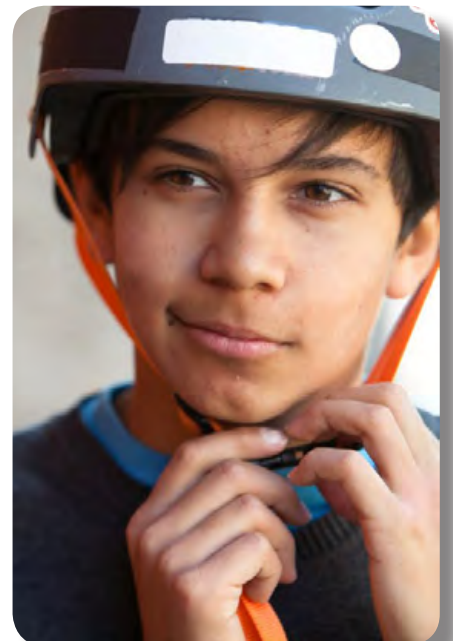
- Promote Canada's Low-Risk Alcohol Drinking Guidelines.
- Incorporate appropriate screening processes for injury and violence for those at higher risk of injury (e.g., children and youth, seniors, women, etc.).

Other health partners can

- Work with public health, education and community stakeholders to identify regional priorities.
- Encourage the adoption of local bylaws, programs and policies targeted toward local injury priorities and issues.
- Participate in planning with public health to provide strong leadership in healthy public policy development.

EXAMPLES OF WHAT PARTNERS IN OTHER SECTORS CAN DO

- Implement bylaws, policies and programs that enhance safety.
- Facilitate development of specific priority injury initiatives through coalitions with other groups (e.g., police, fire, emergency services, local governments, justice officials, schools, the private sector, First Nations and Aboriginal organizations, neighbourhood groups, recreation and sports organizations, etc.).
- Enhance community capacity through the delivery of established curriculum courses.
- Educate individuals on actions they can take to prevent injury at home, work, school and in their communities.



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Missing and Murdered Women in BC

“Thousands of women are reported missing every year in Vancouver alone... Some categories of missing persons are considered inherently high risk: young children, the elderly, and individuals with severe physical or mental disabilities... Here the common factor is that victims are socially and economically marginalized women, which makes them highly vulnerable to all kinds of violence, including serial predation.”

“Eradicating the problem of violence against women involves addressing the root causes of marginalization, notably sexism, racism and the ongoing pervasive effects of the colonization of Aboriginal peoples – all of which contribute to the poverty and insecurity in which many women live.”

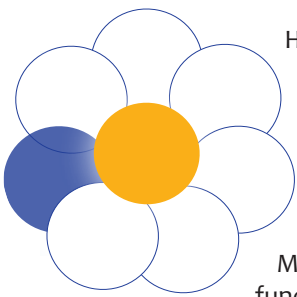
– Missing Women Commission of Inquiry. *Forsaken*.²⁹



GOAL 6

ENVIRONMENTAL HEALTH

“Environments that optimize and support good health”



Historically, environmental health was the earliest area of public health to be provided by governments, as ensuring clean water, food, air and living environments has a profound positive impact on the health of the community. Conversely, foodborne and waterborne illness or environmental toxins can have devastating acute and chronic effects on population health, resulting in significant health care implications and costs. For these reasons, environmental health remains the area of public health that has the most legislated responsibilities.

Most of these legislated responsibilities fall under the category of health protection. As one of the core functions of public health, health protection refers to action that protects British Columbians against potential environmental health risks and infectious diseases. It involves science (providing evidence), surveillance (monitoring and forecasting trends), risk management (assessing and responding to health risks) and program development (taking action). Health protection interventions work to support the well-being of both the public and the environment through public health legislation and regulations and through supporting education, inspections and enforcement. Health protection covers a wide range of public health needs, including food, water, sewerage, personal service establishments and generally healthy community environments. The legislation and regulations serve to prevent known harms or hazards and provide the minimum standards to be met.

There are significant health promotion and illness prevention aspects to health protection activities, as legislation and regulation cannot address all the existing and emerging public health challenges. New practices emerge constantly with respect to personal behaviours (e.g., body art) that are addressed through health promotion and best practice guidelines. Significant new challenges—such as the public health impacts from climate change—require the development of adaptable strategies and vulnerability assessments of communities that go beyond a legislative/regulatory approach. There are emerging challenges posed by new chemicals in the environment, such as xeno-estrogens, that impact health broadly, and can be linked to obesity, diabetes, neurological development and cancer.

Health promotion strategies are required to address challenges created by the degradation of the environment through human activities that impact water and food quality. These large challenges indicate the need for health protection to work with all levels of government, NGOs and the public in addressing emerging/current needs. Consistent with these broad relationships, the approach of health protection requires the development of commensurate tools, regulations, prevention strategies and promotion activities.

Examples of ongoing environmental health programming include restaurant and food establishment inspections, licensed care facility inspections, water quality monitoring and water treatment monitoring,

There is a growing recognition of the importance of natural ecosystems and resources for the health of populations, communities and societies. Climate change, resource depletion, pollution, animal health and species extinction all pose threats to health that need to be addressed. These issues will be of increasing importance in the 21st century.

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personal service establishment inspections, tobacco control and work camp inspections. Public health efforts are also directed towards research and policy analysis on various environmental health risks, including radiation, indoor air quality, radon gas, lead, cruise ship exhaust and other toxins. The public health system continues to work with the First Nations Health Authority to align all provincial environmental health actions and support appropriate human health interventions for First Nations and Aboriginal people and communities.

Public health activities have self-evident benefits for the health of the population. However, the public health system will be exploring ways to increase its capability to provide better information on health outcomes related to environmental health. Coordinated data analysis is a best-practice approach to determining which policies will drive improved health outcomes and the protection or development of healthy community environments. A robust health surveillance approach for BC will allow a more proactive approach to health protection and provide valuable information on the impact of health protection policy and programs.

In support of surveillance, there is a need for laboratory analysis to measure environmental, biological and chemical contaminants in water, food, air, land and the human population. Only through tracking and analyzing contaminants can policy be assessed and improvements documented.



OBJECTIVES

1. **Improve the safety of drinking water for British Columbians by implementing actions under the Action Plan for Safe Drinking Water.**
2. **Reduce the incidence of foodborne illness by improving current food safety policies and practices, and improving outcomes in food facilities.**
3. **Reduce risks to human health through partnerships that improve the stewardship of food, water, land and air.**
4. **Protect the health, safety and well-being of individuals being cared for in licensed community care facilities through ongoing inspection, risk assessment, monitoring and enforcement of legislation, policy and guidelines.**

PERFORMANCE MEASURES

MEASURE	BASELINE	2023 TARGET
Shigatoxigenic E. Coli rate (per 100,000).	2.8 (2009-2011)	2
Listeriosis rate (per 100,000).	0.3 (2009-2011)	0.2
Salmonellosis rate (per 100,000).	23.1 (2009-2011)	19
The percentage of households reporting that they boiled their drinking water during the previous 12 months as a result of boil water orders.	12% (2009)	9%
The percentage of persons residing in licensed community care facilities rated as low risk, based on inspections by health authority licensing officers.	TBD	TBD

EXAMPLES OF WHAT HEALTH CARE PARTNERS CAN DO

- Provide information on how to prevent, treat and manage environmental-related exposures.
- Fulfill their statutory responsibilities and exercise their authority under the *Public Health Act* and Regulations.
- Participate in planning with public health to provide strong leadership in healthy public policy development.

EXAMPLES OF WHAT PARTNERS IN OTHER SECTORS CAN DO

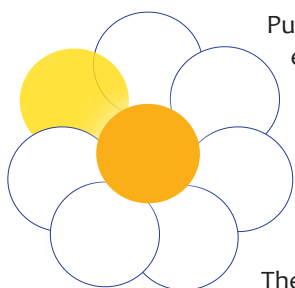
- Participate in stakeholder engagement opportunities.
- Engage with public health on environmental health planning, particularly at the community level.
- Support improved access to environmental health data.
- Support development and implementation of new health protection policies and regulations.

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GOAL 7

PUBLIC HEALTH EMERGENCY MANAGEMENT

“Communities resilient to health emergencies”



Public health plays a critical role in many emergency situations. Public health emergency management encompasses both emergencies/disasters that are directly health related, such as influenza pandemics, as well as other emergencies/disasters that have health consequences, such as floods, earthquakes or forest fires. Public health has the responsibility to prevent and/or mitigate the impact of health emergencies and work with other sectors to mitigate the health impact of other disasters. Within the health system, public health plays a key role in coordination and collaboration across several areas including acute care, long-term care, pre-hospital, mental health and home and community care.

The goal for public health emergency management is to foster a population that is resilient to emergencies.

Resilience is the capacity of a system to adapt to disturbances resulting from hazards by persevering, recuperating or changing to reach and maintain an acceptable level of functioning. Resilience minimizes vulnerability, dependence and susceptibility by strengthening the capacity to cope with, respond to, recover from and learn from emergencies. This is achieved through effective mitigation, preparation, response and recovery efforts.

The major components of comprehensive public health emergency management programs are as follows:

- **Conduct surveillance of health risks and vulnerability.**
- **Conduct hazard, risk and vulnerability analysis for communities and the province.**
- **Minimize potential health emergencies through risk reduction/mitigation measures (e.g., immunization programs).**
- **Prepare for emergencies/disasters through coordinated emergency response plans and business continuity plans that include public health roles.**
- **Plan recovery from emergencies/disasters in collaboration with both health system and community partners.**

Public health leads the planning and preparedness activities for pandemic influenza in BC in collaboration with the health sector and the community. This includes ongoing surveillance, development of planning assumptions, an antiviral strategy, vaccination planning, guidance on public health measures and development of communication tools with all sectors.

The Ministry of Health is actively collaborating with the First Nations Health Authority on emergency management

EXAMPLES OF PROVINCIAL STRATEGIES OR SUPPORTING LEGISLATION

The following are examples of existing provincial efforts in support of this goal:

- **Public Health Act**
- **Pandemic Plan**

planning, resource sharing and capacity development for better coordination of emergency management practices within First Nations and Aboriginal communities.

OBJECTIVES

1. Increase the preparedness and responsiveness of the public health system by running regular exercises and training and ensuring all health authorities have public health emergency management plans in place.
2. Protect British Columbians by reducing the impact of a pandemic on society through surveillance efforts that can identify and track health risks and through planning, preparedness and response efforts that minimize exposure and transmission of pandemic viruses.
3. Protect British Columbians through public health response to health risks from natural disasters such as floods, forest fires or earthquakes.



PERFORMANCE MEASURES

MEASURE	BASELINE	2023 TARGET
The number of health authorities (including the First Nations Health Authority) with a pandemic influenza response plan that aligns with the Ministry plan.	1 (2012)	7
The number of health authorities (including the First Nations Health Authority) that have participated in an emergency exercise with a public health component in the last two years.	5 (2012)	7

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EXAMPLES OF WHAT HEALTH CARE PARTNERS CAN DO

- Develop comprehensive emergency management and business continuity programs that address mitigation, preparedness, response and recovery.
- Support public health emergency planning and preparedness activities, such as training and exercises.
- Ensure access to, and linkages with, surveillance and monitoring activities within public health.
- Support analysis and reporting on risk and vulnerability arising from surveillance and monitoring of hazards to health within their jurisdiction.

EXAMPLES OF WHAT PARTNERS IN OTHER SECTORS CAN DO

- Understand their role in mitigation, prevention, preparedness, response and recovery related to health hazards and health-related emergencies.
- Include public health in emergency planning and preparedness activities, such as training and exercises.

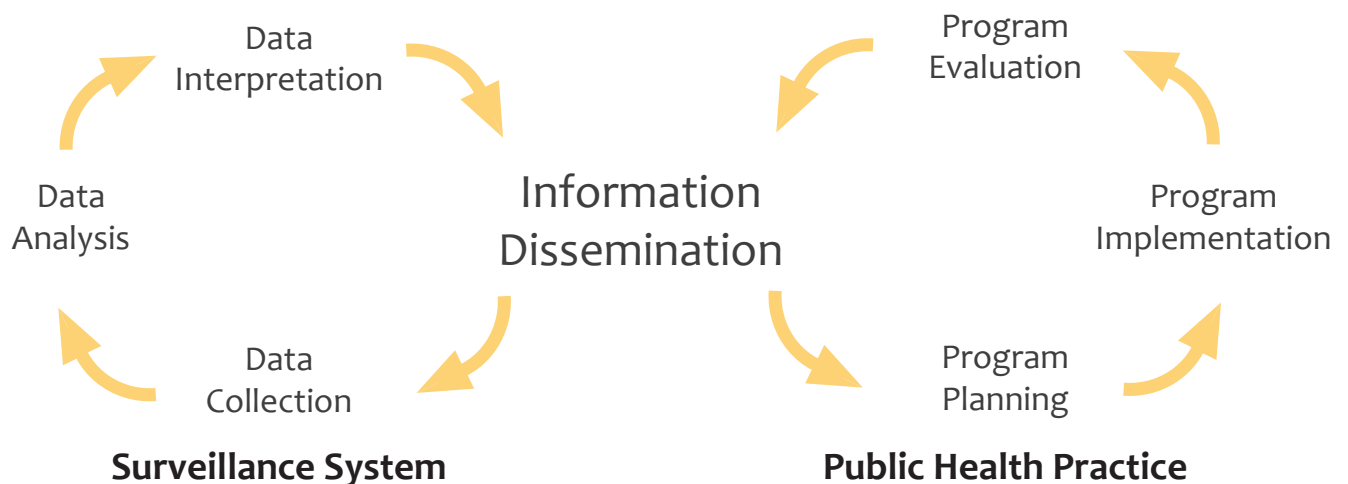


HEALTH SURVEILLANCE

Health surveillance refers to the ongoing collection, analysis, interpretation and dissemination of health-related data and information to support the planning, implementation, evaluation and improvement of public health practices.

Public health surveillance is concerned with the identification and monitoring of trends in chronic and communicable diseases and injuries with a goal of providing interventions to reduce the negative impact of these diseases/injuries on the population. Public health surveillance is also used to monitor determinants of disease, illness and injuries, and the impact of efforts to reduce these determinants and improve health. Therefore, surveillance is a key contributor to population health and is foundational to providing the public health system and others with the information needed to support planning, action, decision-making and evaluation.

The public health system uses multiple sources and data systems at local, provincial and national levels to regularly collect, analyze and interpret information on the health of the population and specific diseases. Surveillance contributes to public health practice by disseminating this information, which is then used to plan, implement and evaluate policies, programs and services (see figure below).



Public health surveillance information is used to

- Guide immediate action for events of public health importance.
- Identify newly emergent health problems.
- Assess population health status and the magnitude of health problems.
- Assess the public health impact of problems.
- Track conditions of public health importance.

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- Monitor trends in health and disease over time.
- Guide the identification of public health priorities.
- Support appropriation and allocation of resources for disease prevention and control.
- Work effectively with other sectors/stakeholders beyond the health system to inform strategic or remedial action on health determinants.
- Evaluate the effectiveness and impact of interventions, policies and programs and support research.

Surveillance relies on the science of epidemiology, which focuses on describing health and disease in populations rather than in individuals. Epidemiology contributes information essential for understanding the determinants of health and for developing and evaluating public health programs.

The foundational nature of public health surveillance means it will need to be considered as part of the planning process for all public health initiatives being undertaken or proposed in the future. Some aspects of surveillance are better developed than others. The development of a coordinated and collaborative system of public health surveillance is a priority in the years ahead to better integrate data, ensure effective public health planning, guide in the development of policies and strategies, direct resource allocation and support program evaluation.

For example, a comprehensive provincial surveillance approach, in coordination with other health surveillance work such as that of the First Nations Health Authority, would allow for more focused integration of environmental health data, facilitating better reporting and accountability and providing local communities with opportunities to learn about and contribute to environmental health outcomes. This will empower communities to use data and policy guidance to understand where they need policy at the local level and to understand health disparities that may exist in their communities.

OBJECTIVE

1. Support the planning, implementation and improvement of public health programs by improving health surveillance with respect to monitoring and reporting on environmental health, communicable and chronic diseases, injuries, risk factors and the determinants of health.

PERFORMANCE MEASURES

MEASURE	BASELINE	2023 TARGET
Develop a plan to improve public health surveillance in BC.	NA	2014
Implement the public health surveillance plan for BC.	NA	2023

OVERARCHING PERFORMANCE MEASURES

In addition to the measurements and targets identified for the specific goals in the Guiding Framework, there are a number of measures that are fundamental to the improved health and well-being of British Columbians and that represent the synergistic effects of all of the goals. These measures reflect critical population health dimensions, which can only be realized through progress across the entire spectrum of the Guiding Framework.

MEASURE	BASELINE	2023 TARGET
Geographical disparities in life expectancy between local health areas.	10 years (2006-2010)	6 years
The age-standardized incidence rate for diabetes (per 1,000).	6.3 (2009/10)	6
Health-adjusted life years of the BC population.	Males: 69.6 Females: 72.3 (2005-2007)	Males: 76 Females: 79
Infant mortality rate (per 1,000).	3.6 (2009-2011)	2.5
Preventable premature mortality rate (per 100,000).	2,097 (2007-2009)	1,780
The percentage of British Columbians who report that they are very satisfied with life and experience well-being.	37% (2009-10)	43%

The indicators of system-wide performance are indicative of important changes in the health and well-being of the population.

There are substantial geographical variations in life expectancy across the province that should be addressed through the achievement of critical components of this Guiding Framework. Among the 90 Local Health Areas for which figures could be reliably calculated from 2006-2010, there was a 10-year gap in life expectancy between the highest and lowest areas.

The age-standardized incidence rate for diabetes has been chosen as a system-wide measure because it serves as a “bellwether” chronic disease measure that reflects the importance of chronic disease prevention within the Guiding Framework. Diabetes is associated with a variety of risk factors and other chronic diseases. Diabetes and insulin resistance is at the core of metabolic syndrome, which also includes coronary artery disease and stroke. The incidence rate of diabetes is currently increasing, and the focus of the next 10 years will be on levelling off the rate and beginning to decrease it. For this reason, a very modest reduction in the rate, from 6.3 to 6.0 per 1,000, has been selected as a target for 2023.

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Health-adjusted life years measure the average number of years that a person can expect to live in good health. It is an important measure of the extent to which people are able to maintain their health as they age. The goal of a 5 per cent increase by 2023 is based on the idea that as we become more successful in promoting healthy aging, health-adjusted life years should increase more rapidly than overall life expectancy.

Infant mortality rate is a standard measure of health status that reflects a society's ability to provide a supportive and nurturing environment for mothers and newborns. In the 1990's in BC, the infant mortality rate declined by 50 per cent; since that time, the rate of decline has slowed. The proposed further reduction in the infant mortality rate to 2.5 deaths per 1,000 births is based on the lowest rates that countries such as Iceland, Sweden and Finland have already attained, and is consistent with the decreasing trend in the BC rate that has been re-established in the past five years.



Premature mortality refers to death resulting from diseases or injuries known to be preventable through effective public health action. The reduction of premature mortality from these causes is an overarching system-wide goal of the Guiding Framework and requires the contribution of all of the goal areas. If substantial progress is made on these goals over the next 10 years, a substantial reduction in premature mortality from these causes can be anticipated. For this reason, a reduction of 15 per cent in the rate was chosen as a target for 2023.

Life satisfaction is the standard international measure of well-being. On an international scale, Canada has reported a high rate of life satisfaction, although BC's rate is one of the lower rates among Canadian provinces. The proposed increase of 5 per cent in life satisfaction reflects the generally high rates in Canada, while taking into account room for improvement, based on the differences in rates among Canadian provinces.

BC First Nations are in a process of creating a community-driven First Nations Public Health Plan through local, regional and provincial strategies. To support this effort, work continues at the Tripartite table to identify measures of wellness for First Nations in BC. Once the First Nations Public Health Plan is developed, the public health system will work with Tripartite partners to monitor First Nations wellness and respond in culturally relevant and appropriate ways to improve health outcomes.

IDENTIFYING FUTURE PUBLIC HEALTH PRIORITIES

Investments in public health in BC are typically targeted to new or enhanced programs with specific objectives and measurable outcomes. The Guiding Framework introduces a new decision-making model to provide a more consistent, transparent and inclusive process to identify new or enhanced public health initiatives that will help British Columbians maintain or improve their health, while ensuring that the system is sustainable and meets the current and future needs of the population.

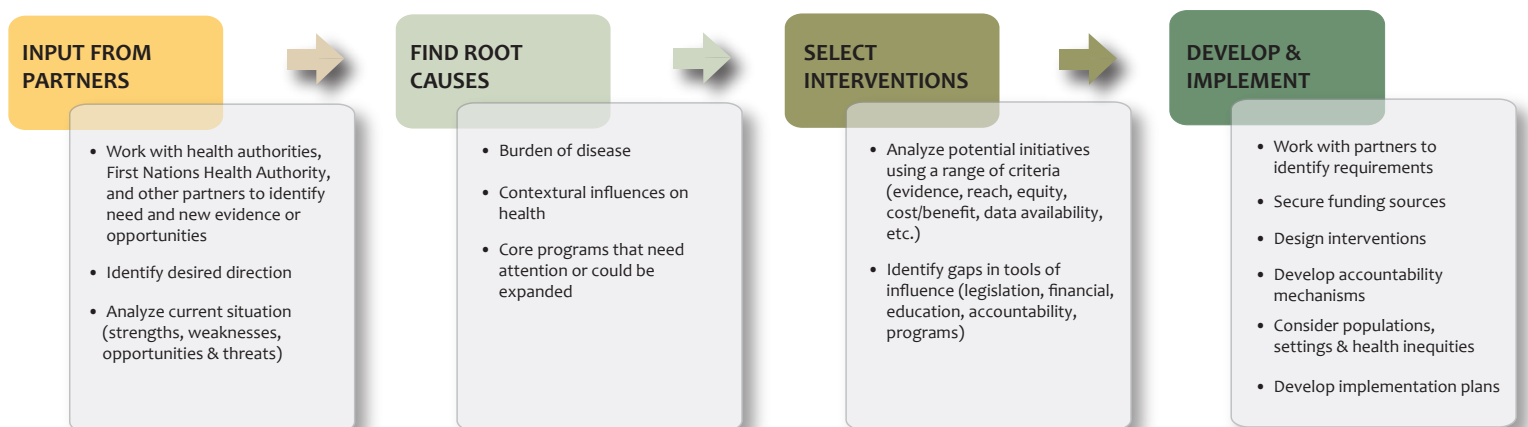
The model is the primary means of identifying specific, actionable initiatives that help move the system towards realizing its visionary goals. As such, it can be used to collaboratively identify new, innovative programs or services, build on current successes, fill in potential gaps or re-structure current programs to be more effective or efficient or to mitigate future health risks. It uses data-based analysis and evidence to arrive at a set of recommendations for decision and approval.

A periodic work plan will be developed to guide the implementation of new activities and provide further opportunities for collaboration and partnership through the operationalization process. Ideally, this should happen on a cycle that is consistent with broader strategic planning within the health system and is supportive of other key planning processes such as budget development.

Several opportunities exist to enhance the current decision-making process for selecting new public health priorities, chiefly the deliberate and planned opportunity for broader consultation or input from key stakeholders. Historically, this process was typically initiated as a request from key decision-makers for recommendations on new initiatives, and therefore did not lend itself to meaningful consultation. The intent of this new model is to identify, formalize and streamline a process that can occur proactively with the inclusion of key stakeholders. This affords the best opportunity to ensure decisions are based on evidence, and through consensus, to affect positive change within a sustainable public health and health care system.

While the model and process provide for substantive participation by multiple stakeholders, final decisions on implementation and funding are usually made by the Minister of Health.

A more detailed version of the Decision-Making Process Model can be found in Appendix 2.



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CONCLUSION

Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health is a high-level guidance document for the public health system. The first of its kind in BC, the Guiding Framework establishes long-term direction for the public health system, reinforces the strategic partnerships required for successful population health improvement and solidifies a strategic process by which priority actions will be developed and implemented for the future.

The Guiding Framework sets the stage for greater coordination of resource allocation, infrastructure development and service delivery across the public health system in support of priority actions. This clarity makes it easier to develop partnerships and collaborate with others (local governments, schools, non-governmental organizations, First Nations and Aboriginal groups, the private sector, etc.) who share our vision and goals.

Building on core public health functions, the Guiding Framework identifies seven visionary goals along with objectives that provide ambitious outcomes to strive for over the next 10 years. Performance measures will support the public health system in assessing the impact of new interventions, monitoring and reporting on progress over time and ensuring continuous quality improvement.

Identifying the specific events, risks, burdens or outcomes that may arise and designing effective interventions that respond to health needs over the next 10 years is challenging. As such, the Guiding Framework will continue to be revisited and evolve in the following ways to ensure its continued relevance:

- **Periodically over the next 10 years, the Guiding Framework will be reviewed to re-evaluate priorities, mitigate risks, make course corrections and identify whether better measures are available to monitor health outcomes.**
- **As surveillance capacity and data improve, the indicators will be reviewed to ensure they most appropriately measure relevant health risks and outcomes.**
- **Environmental scans will be undertaken that assess current public health efforts and areas of need.**

While the Guiding Framework creates a long-term vision to guide public health action in the future, one of its unique functions is to identify a regular, collaborative and transparent process to identify shorter term measurable public health priorities that drive the system towards achieving the visionary goals. The decision-making process takes into account all the strategic elements of the Guiding Framework, in addition to strengths, weaknesses, opportunities and risks contributing to the health of the population at that time. The process model breathes new life into the Guiding Framework every time it is invoked, with a new or enhanced set of public health priorities emerging that are rooted in evidence and validated by experts in the field, and that best address the health of the population. In this way we seek to achieve our enduring goals but recognize current opportunities and challenges in developing contemporary actions multiple times over the course of the next 10 years.



BC's Guiding Framework for Public Health

It is through this process that strategic investments are made to implement key initiatives, introducing interventions that target specific risks to populations with unique needs or support overall health improvement for all British Columbians. The process will also help determine policy and legislative priorities to influence behaviour to improve the health of the population. Finally, the process will align with planning processes for the rest of the health care system wherever possible, and allow better integration of planning across the continuum of care.

In addition to developing new or enhanced programming through evidence and innovation, there will be an ongoing focus on strengthening the infrastructure and foundations of public health that contribute to overall sustainability and success, including the following:

- **Public health human resources, training and development.**
- **Research and knowledge transfer through strengthened ties between the academic community and the public health system.**
- **Public health surveillance capacity.**
- **Intersectoral collaboration.**

Realizing the vision of “*vibrant communities in which all people achieve their best health and well-being where they live, work, learn and play*” depends to a significant degree on actions both within and beyond the health system, including population health promotion, public health services, clinical prevention and support for healthy living choices. Action continues with partners across all sectors and levels of government to close the gap in health outcomes between healthier and more vulnerable populations. The Guiding Framework will support the public health system in ensuring effective and efficient use of resources to support the overall health and well-being of British Columbians and ensure a sustainable public health system well into the future.



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APPENDIX 1 SUMMARY OF MEASURES

MEASURE	RELATED STRATEGY/ACTION	BASELINE (YEAR)	2023 TARGET
GOAL 1 – HEALTHY LIVING & HEALTHY COMMUNITIES			
The proportion of British Columbians (age 12+) who consume at least 5 servings of fruit and vegetables per day.	Healthy Families BC	44% (2009/10)	55%
The percentage of British Columbians who are meeting the guidelines for physical activity.	Healthy Families BC	60% (2009/10)	70%
The percentage of British Columbians (age 15+) who smoke.	Healthy Families BC	14% (2011)	10%
The percentage of BC students in grades 3, 4, 7, 10 and 12 who report that at school, they are learning how to stay healthy.	Healthy Families BC	50% (2010/11)	90%
GOAL 2 – MATERNAL CHILD & FAMILY HEALTH			
The rate of low weight singleton births (per 1,000).		41 (2008-10)	36
The percentage of new mothers who report smoking during pregnancy.	Healthy Minds Healthy People	8.6% (2010/11)	4%
The rate of hazardous drinking among women of reproductive age.		TBD	10% reduction
The percentage of children who are not vulnerable on any Early Development Indicator Dimensions.	Healthy Minds Healthy People	69% (2009/10 - 2010/11)	79%
GOAL 3 – POSITIVE MENTAL HEALTH & PREVENTION OF SUBSTANCE HARMS			
The percentage of British Columbians who experience positive mental health.	Healthy Minds Healthy People	71% (2009/10)	80%
The percentage of young BC children who are not vulnerable in terms of social development.	Healthy Minds Healthy People	85.5% (2009/10 - 2010/11)	88%
The percentage of young BC children who are not vulnerable in terms of emotional development.	Healthy Minds Healthy People	86.2% (2009/10 - 2010/11)	88.0%
Among BC students who use alcohol or cannabis, the percentage who first use before the age of 15.	Healthy Minds Healthy People	Alcohol: 75% Cannabis: 67% (2008)	Alcohol: 60% Cannabis: 55%
The proportion of British Columbians (age 15+) who engage in hazardous drinking.	Healthy Minds Healthy People	17% (2009/10)	14%

BC's Guiding Framework for Public Health

MEASURE	RELATED STRATEGY/ACTION	BASELINE (YEAR)	2023 TARGET
GOAL 4 – COMMUNICABLE DISEASE PREVENTION			
Immunization coverage rates up-to-date by second birthday in accordance with the routine childhood immunization schedule.	Immunize BC	70% (2012)	90%
The incidence of hepatitis C among repeat testers per year (per 1,000).		6 (2007)	3
The percentage of newly diagnosed HIV cases with CD4 at diagnosis >500.	STOP HIV/AIDS	39% (2011)	75%
Condom use among sexually active adolescents.		66% (2008)	76%
The percentage of young women (ages 18-24) who have had a test for chlamydia in the previous year.		33% (2011)	40%
GOAL 5 – INJURY PREVENTION			
The age-standardized hospitalization rate for unintentional injuries (per 1,000).	Core Programs	7.8 (2010/11)	6.2
The age-standardized mortality rate for unintentional injuries (per 100,000)	Core Programs	20 (2010)	15
The age-standardized rate of fall-related hospitalizations for British Columbians age 75+ (per 1,000).	Provincial Scorecard	30.8 (2009)	25
GOAL 6 – ENVIRONMENTAL HEALTH			
Shigatoxigenic E. Coli rate (per 100,000).		2.8 (2009-2011)	2
Listeriosis rate (per 100,000).		0.3 (2009-2011)	0.2
Salmonellosis rate (per 100,000).		23.1 (2009-2011)	19
The percentage of households reporting that they boiled their drinking water during the previous 12 months as a result of boil water orders.	Reports by the BC Ombudsperson and Provincial Health Officer	12% (2009)	9%
The percentage of persons residing in licensed community care facilities rated as low risk, based on inspections by health authority licensing officers.		TBD	TBD

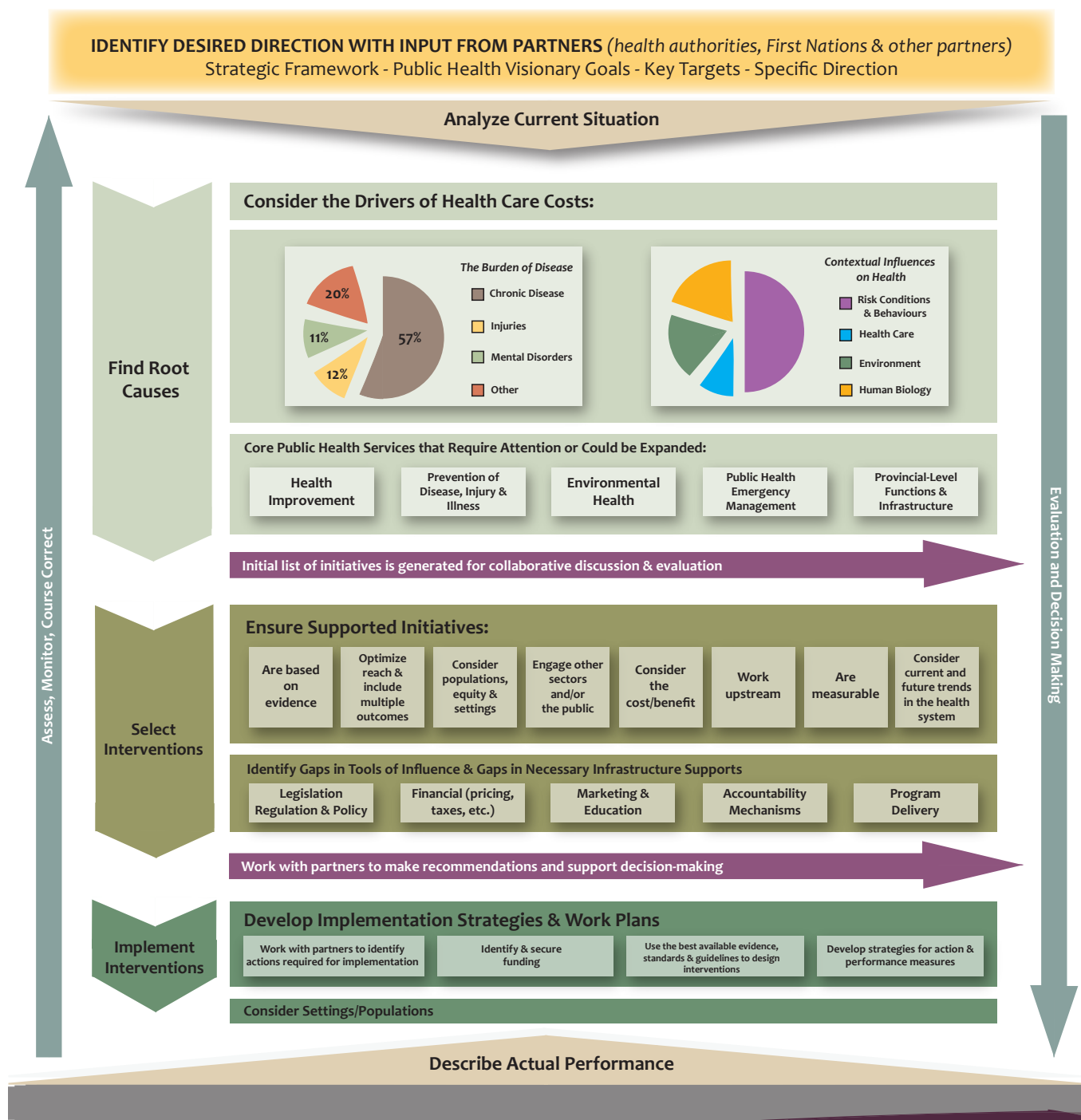
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MEASURE	RELATED STRATEGY/ACTION	BASELINE (YEAR)	2023 TARGET
GOAL 7 – PUBLIC HEALTH EMERGENCY MANAGEMENT			
The number of health authorities (including the First Nations Health Authority) with a pandemic influenza response plan that aligns with the Ministry plan.	Core Programs	1 (2012)	7
The number of health authorities (including the First Nations Health Authority) that have participated in an emergency exercise with a public health component in the last two years.	Core Programs	5 (2012)	7
HEALTH SURVEILLANCE MEASURE			
Develop a plan to improve public health surveillance in BC.		NA	2014
Implement the public health surveillance plan for BC.		NA	2023
OVERARCHING MEASURES			
Geographical disparities in life expectancy between local health areas.		10 years (2006-2010)	6 years
The age-standardized incidence rate for diabetes (per 1,000).		6.3 (2009/10)	6
Health-adjusted life years of the BC population.		Males: 69.6 Females: 72.3 (2005-2007)	Males: 76 Females: 79
Infant mortality rate (per 1,000).		3.6 (2009-2011)	2.5
Preventable premature mortality rate (per 100,000).		2,097 (2007-2009)	1,780
The percentage of British Columbians who report that they are very satisfied with life and experience well-being.		37% (2009-2010)	43%

APPENDIX 2

DECISION-MAKING MODEL





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