

British Columbia's  
Population and Public  
Health Framework:

**Strengthening  
Public Health**



BRITISH  
COLUMBIA

Ministry of  
Health



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# Inherent Rights of Indigenous Peoples

The Province of British Columbia's Ministry of Health headquarters building is located on the territories of the lək̓ʷəŋən (Lekwungen) Peoples of the Songhees and Esquimalt Nations, and we acknowledge, with gratitude, that much of our work on this document has taken place there.

We acknowledge, with respect, the inherent rights and title of the First Nations whose ancestral territories cover every inch of the province now known as British Columbia, including their unextinguished rights to land, self-determination, health and wellness. Laws and governance systems rooted in the land have upheld the sovereignty of these diverse Nations for thousands of years. The rights and responsibilities of First Nations to their ancestral territories have, for the most part, never been ceded or surrendered, and are upheld in provincial, national and international laws. These rights are reflected in historical and modern treaties, Section 35 of the Constitution of Canada<sup>1</sup>, court rulings, the *United Nations Declaration on the Rights of Indigenous Peoples*<sup>2</sup>, and the Truth and Reconciliation Commission of Canada's Calls to Action.<sup>3</sup>

We also honour and recognize all First Nations, Inuit and Métis Peoples (Indigenous Peoples) who call the lands and waters of this province home. Indigenous Peoples have inherent rights to self-determination, health and wellness that must be upheld.

We commit to continuing our collective journey towards Truth and Reconciliation, in pursuit of eliminating Indigenous-specific racism. We will uphold and honour Indigenous Peoples' inherent rights in all aspects of our population and public health policies and practices.



# Message from the Minister of Health



Adrian Dix,  
Minister of Health

British Columbia (B.C.) holds many strengths, but the biggest gift to our province is undeniably its people. From family members and neighbours who check in on each other during heat emergencies, to the heroic efforts of the public-health workforce throughout the COVID-19 pandemic and toxic drug crisis—it is people, coming together as caring and committed communities, who uphold and strengthen our society.

People and communities are at the heart of *British Columbia's Population and Public Health Framework: Strengthening Public Health*. This Framework establishes the foundation for stronger public-health programs, which help millions across the province to achieve their best health and well-being. The Framework focuses on effective and equitable population health, health promotion, and illness and injury prevention services, which can ultimately reduce demands on the health-care system and support a healthier population. In addition, the Framework will build upon our progress to eradicate Indigenous-specific racism within B.C.'s health-care system, making the system more culturally safe for Indigenous Peoples.

Emergent health needs of people in our province have shifted throughout multiple public-health crises. We know that taking proactive action to protect and promote population and public health has helped people and communities through some of our most challenging times as a province. This Framework is a tribute to our dedicated public-health practitioners, and a commitment to all in B.C. to continue to keep people and communities safe and well, and ensure no one is left behind.

As we move forward with the implementation of *British Columbia's Population and Public Health Framework: Strengthening Public Health*, we remain steadfast in our commitment to people in B.C. By prioritizing proactive measures in health promotion, illness prevention, and community support, we can better navigate future public-health challenges and build on our collective strength, aiming to create a more equitable, responsive and culturally safe health-care system.



Dr. Bonnie Henry,  
Provincial Health Officer

# Message from the Provincial Health Officer

Since ***Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*** was released in 2013, there have been many changes to the public health landscape. A paradigm shift away from the root causes of Indigenous-specific racism, namely settler colonialism and White supremacist systems, and towards true reconciliation is ***slowly*** emerging. This can be seen with the creation of the First Nations Health Authority and foundational obligations directed to public health and beyond, requiring urgent actions to eradicate Indigenous-specific racism (e.g., the *United Nations Declaration on the Rights of Indigenous Peoples*, Truth and Reconciliation Commission of Canada, National Inquiry into Missing and Murdered Indigenous Women and Girls and other commitments made to 2SLGBTQIA+ peoples, *Declaration on the Rights of Indigenous Peoples Act*, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, and British Columbia [B.C.] Cultural Safety and Humility Standard).

**Compounding Public Health Emergencies.** We have also been challenged in unprecedented ways: the ongoing toxic drug crisis, COVID-19 pandemic, and extreme climate events, all of which disproportionately and negatively impact

First Nations, Inuit and Métis Peoples in this province. Two things are true, these challenges have highlighted the critical work of the people in our public health system, and that we have been stretched over prolonged periods to hold the system together.

The second truth is that robust evidence from the *In Plain Sight* report demonstrates the pervasiveness of Indigenous-specific racism in our health system, including the public health system. We are part of that truth as our small but mighty public health team is predominantly non-Indigenous and continues to perpetuate harms to Indigenous Peoples through inherited settler colonial approaches, practices and policies. We have seen that a healthy society is profoundly influenced by social, economic, and environmental determinants of health, that directly and indirectly shape our health and well-being. These areas of focus are not only public health priorities; they are calls to action for us to create a healthier and more just society together.

**Truth Comes Before Reconciliation and Our Unmet Responsibilities.** Being subjected to settler colonial public health practices and policies continues to cause harm to Indigenous Peoples. We have legal obligations to uphold the inherent rights of Indigenous Peoples, and we have specific



territorial obligations to the B.C. First Nations whose lands and waters we occupy. The *Declaration on the Rights of Indigenous Peoples Act* requires B.C.'s public health system to affirm inherent Indigenous rights and work in ways that uphold these rather than contributing to ongoing health disparities visible in B.C.'s population and public health data. Within population and public health in B.C., we have unmet responsibilities to fully upholding Indigenous rights and becoming anti-racist as a public health system.

**Moving Forward Together.** This renewed Population and Public Health Framework is an opportunity to embrace the wisdom that an ounce of prevention is worth a pound of cure. Inherent rights can only be fully exercised when ecosystems in which they are embedded are vibrant, biodiverse, and loved and cared for; therefore, we share a collective responsibility to the health and wellness of these territories. In *Visioning the Future: First Nations, Inuit, & Métis Population and Public Health*, Dr. Shannon Waters (Hul'qumi'num), Medical Health Officer at Island Health shared, "the ecosystems of Mother Earth need to be recognized as foundational to the health of all beings because the ecosystem is our health system." By integrating traditional and holistic approaches to health, strengthening the reach and range of accessible, safe and inclusive services, and investing in the fundamental building blocks of a healthy society, we not only improve the health and well-being of people in B.C., but also contribute to building a healthier and more resilient society for everyone.







## Executive Summary

The COVID-19 pandemic, ongoing toxic drug crisis, and climate-related emergencies have demonstrated that a healthy society is much more than how well we manage disease, illness and injuries. A healthy society is one that invests in the health and well-being of populations and upholds inherent rights and anti-racist approaches, ultimately enabling communities, nations and economies to thrive. Throughout shared population and public health challenges, our programs, services and teams in British Columbia (B.C.) have emerged with key insights as to how to be global leaders to maintain and improve health for all people, champion equity and innovation, and contribute toward positive societal impacts.

*British Columbia's Population and Public Health Framework: Strengthening Public Health* (the Framework) describes the foundational role of population and public health and lays out a long-term agenda to promote population health and eliminate inequities for all people in B.C., regardless of where they live, by strengthening public health services and functions and coordinating action on key priorities. Improving upon the 2013 *Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*<sup>4</sup>, this renewed

Framework is part of the Strengthening Public Health Initiative, which lays out the vision of the population and public health system now and into the future. The Initiative will also include the development of an associated action plan and measurement and evaluation plan.

The Framework is the result of a multi-year project involving collaboration with senior public health and health system leadership, as well as other intersectoral partners. It introduces new foundational principles and confirms a set of core public health and enabling functions that will support work on six population and public health priorities. These priorities are key areas where sustained and coordinated action across all levels of the health system, governments and other partners is required to improve population health outcomes and eliminate inequities. The Strengthening Public Health Ecosystem (page 10) illustrates the interconnections between these components as part of the larger public health ecosystem.

# Strengthening Public Health Ecosystem

## VISION

People and communities are empowered to achieve their best health and well-being.

## PURPOSE

To promote population health and reduce preventable and unjust differences in health.

### ENABLING FUNCTIONS

- Data, Analytics & Infrastructure
- Resource Management
- Governance, Legislation & Regulation
- Evidence, Knowledge & Communication
- Public Health Workforce
- Intersectoral Collaboration & Community Mobilization

### RECOGNIZING THE DETERMINANTS OF HEALTH

### STRUCTURAL

- Including Racism, Discrimination and Colonialism

### SOCIAL

- Including Education, Occupation, Immigration Status, and Rurality

### ECOLOGICAL

- Including Built and Natural Environments

### POPULATION & PUBLIC HEALTH PRIORITIES

- Best Start in Life
- Prevention & Reduction of Substance-related Harms
- Non-communicable Disease & Injury Prevention
- Health Impacts of Climate Change
- Population Mental Health & Wellness
- Communicable Disease Prevention & Response

### CORE PUBLIC HEALTH FUNCTIONS

#### PROMOTE

- Health Promotion
- Healthy Public Policy

#### PROTECT

- Health Protection
- Public Health Emergency Preparedness & Response

#### PREVENT

- Disease & Injury Prevention

▸ Public Health Intelligence

First Nations territories stretch to every inch of this province. Population and public health work in B.C. is conducted on the territories of specific Nations, and their inherent rights and title must be affirmed through our collective work.

### FOUNDATIONAL PRINCIPLES

Truth, Rights & Reconciliation

Health Equity & Anti-Racism

System Capacity

# Introduction

The demographic landscape of British Columbia (B.C.) presents unique challenges and opportunities for population and public health service delivery and programming. Between 2013–2023, B.C.'s population rose by over one million people and is anticipated to reach 7.9 million in 2046.<sup>5</sup> While the population is anticipated to increase across all regions, growth will be concentrated in the Lower Mainland/Southwest region, projected to reach a population of 4.9 million in 2046. Population growth in B.C. is predicted to be driven almost entirely by international migration. From 2016–2021, approximately 15% of new Canadian immigrants settled in B.C.

B.C. also has an older population than the rest of Canada, with more than one million people over the age of 65 (2021) and a declining fertility rate (2022).<sup>5</sup> There are significant variations in the age distribution of the population across the province: as of 2022, the Northern region had a higher population of younger adults and an increasing fertility rate, while Vancouver Island/Coast and Kootenay regions had the highest proportions of older adults. In addition, population and public health programs, services and teams serve and partner with diverse populations in rural and remote areas, from First Nations rightsholders to transient industrial workers.

Life in rural communities is varied and changing. The health of rural populations is strongly linked to rural economies, the environment, infrastructure and community connectedness. Rural people and families are resourceful, and play a critical role in promoting their own health and well-being. Rural strengths, challenges and outcomes may sometimes be overlooked, and *British Columbia's Population and Public Health Framework: Strengthening Public Health* (the Framework) looks to amplify new ways to understand and seek rural perspectives on how communities can stay healthy and well.

These demographic points underscore the importance of ensuring equitable access to population and public health services across diverse groups in B.C.—taking a population health approach. Compounding crises have also stretched our public health workforce and highlighted the essential need to improve our capacity to maintain and grow essential public health programs and services.

The Framework outlines a renewed provincial strategy with a vision to improve the health of all people in B.C. and promote health equity. The aim of this document is to

- ▶ Set a long-term strategy that
  - renews and reaffirms the vision and purpose for population and public health in B.C.
  - describes core public health functions and enabling functions, foundational principles and priorities for the future.
  - demonstrates the interconnectedness of population and public health actions and the connections required to support these actions.
  - recognizes the effects of colonialism and structural racism that has led to health inequities for First Nations, Inuit and Métis Peoples in B.C., and commits to upholding inherent rights and anti-racist approaches in all public health programs and services.
- ▶ Apply a population health approach to improve health and health equity.
- ▶ Promote understanding of the role of population and public health in B.C.
- ▶ Continue to develop the public health workforce to meet future needs.
- ▶ Improve coordination and build relationships within population and public health programs, services and teams and with other partners.

This document builds on the 2013 *Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health* (the Guiding Framework), which established a 10-year plan for



population and public health in B.C.<sup>4</sup> It articulated a shared vision, mission and goals, as well as the concept of core public health functions in B.C. Population and public health programs, services and teams have evolved to reflect the changing needs of the population in B.C., and to recognize the essential need to partner with Indigenous governing bodies to advance anti-racist approaches and commit to upholding Indigenous rights. A renewed and strengthened Framework will support this evolution.

### The Guiding Framework

In 2013, the Ministry of Health released *Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health* (the Guiding Framework).<sup>4</sup> The Guiding Framework set a 10-year vision, mission and priorities for the public health system in B.C. and was the first policy document to define a set of core public health programs and services for the province. These core programs were known as goal areas, and they included objectives that described key areas for public health action and performance measures to help monitor progress over time. It was, however, silent on the obligations of the public health community to uphold and foster self-determination and anti-racist approaches in the work to address the impacts of colonialism on health inequities experienced by Indigenous Peoples in B.C.

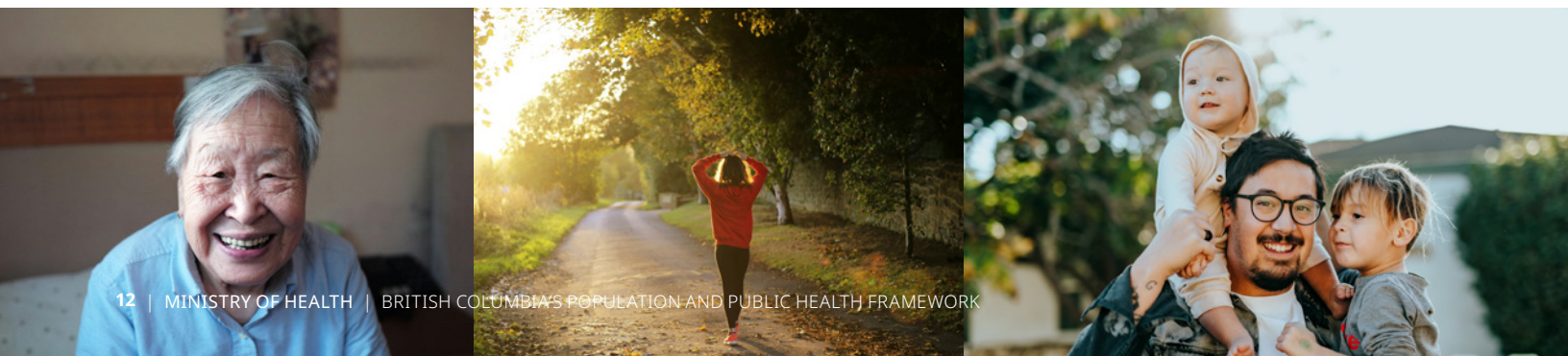
In 2017, the Guiding Framework went through a minor update to data sources, indicators, baseline values and targets to enable valid monitoring of performance measures over the 10-year period. [Appendix A](#) highlights progress on some of the measures from the 2013 Guiding Framework.

Both the 2013 Guiding Framework and 2024 Population and Public Health Framework were developed through extensive consultation with the public health community in B.C. Many public health practitioners working within the system today participated in the development of the 2013 Guiding Framework and have brought this knowledge to the development of the renewed Framework.

The Framework is divided into two components:

- ▶ The first describes population and public health: what it is, how it is organized and how it functions.
- ▶ The second introduces a long-term strategy, including a renewed vision and foundational principles for advancing population health approaches and public health programs and services, and priorities to address the health of the population in B.C. It also identifies next steps to monitor progress on the priorities over the long term.

The Framework is the first phase of the Strengthening Public Health Initiative. Future phases will include the development of an associated action plan and measurement and evaluation plan.





### **Development of the Renewed Framework**

Development of the renewed Framework was led by the Ministry of Health's Population and Public Health Division and the Office of the Provincial Health Officer, with support from public health experts and leadership in B.C. It involved extensive consultation with population and public health partners—the five regional health authorities, First Nations Health Authority and the Provincial Health Services Authority (through the BC Centre for Disease Control)—and with other sectors, including other ministries, Indigenous service organizations, community organizations, professional associations, research institutions and others. Key components of the renewed Framework were also informed by jurisdictional scans and evidence reviews, including the World Health Organization's key public health concepts and the Public Health Agency of Canada's vision to transform public health.

# Population and Public Health in B.C.

Public health focuses not only on the health of individuals, but also on populations. This is known as a **population health approach**.<sup>a</sup> In order to improve the health of the entire population and to reduce health inequities between population groups, public health measures and addresses a broad range of factors and conditions—called the **determinants of health**—that have a strong influence on the health of the population.<sup>6</sup> As many of these determinants are influenced by areas outside of the health system, a population health approach requires public health to work across sectors.

## Definition of Public Health

Public health is defined as “The organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all the people.”<sup>7</sup> The term “**public health**” is often confused with the publicly funded health system. Public health is one component of this publicly funded health system.

## How is the population and public health system organized in British Columbia?

Population and public health in B.C. is part of the larger health system. While the goal of the entire health system is to keep people healthy, population and public health is focused upstream: it promotes health-supporting conditions, policies and behaviours; protects people from harm; and prevents people from becoming sick or injured. The results of these upstream efforts are often measured as those things that didn’t happen, such as disease outbreaks or injuries that were avoided, reductions in disease rates, or foodborne or waterborne illness that *didn’t* occur. Population and public health works directly with multiple sectors, such as education, to support the conditions that promote health.

In B.C., the Ministry of Health has overall responsibility for the delivery of health services, including population and public health, in the province. The Ministry’s Population and Public Health Division, through its delegated authority from the Minister of Health, provides leadership, strategic direction and oversight of population and public health policy, legislation, regulations, programs and services, collaborating with the Office of the Provincial Health Officer, other areas within the Ministry of Health, the Ministry of Mental Health and Addictions, regional health authorities, BC Centre for Disease Control (part of the Provincial Health Services Authority), and First Nations Health Authority. These organizations work together and with other partners—other provincial ministries, federal departments, local governments, Métis Nation British Columbia, Indigenous service organizations, community organizations, schools, research institutions and broader partners—to deliver population and public health programs and services across the province. These partnerships at all levels help us achieve more than could be done alone.

<sup>a</sup> Bolded terms throughout this report are defined in the Glossary section.



Table 1 gives an overview of the roles and responsibilities of the major partners in the population and public health system.

**Table 1.** Roles and Responsibilities of Population and Public Health Partners

Organization	Role / Responsibility
Ministry of Health	Led by the Minister of Health, the Ministry of Health has overall responsibility for ensuring the delivery of timely, high-quality, appropriate, equitable and cost-effective health services in B.C. Under the <i>Public Health Act</i> and other legislation, the Minister of Health has duties and responsibilities to protect and promote population health, which can be delegated to the Population and Public Health Division and public health officials.
Population and Public Health Division	Within the Ministry of Health, the division develops policy, strategy and guidelines that support partners to deliver population and public health programs and services. It has delegated responsibility to steward the population and public health system in accordance with the Ministry's legislated responsibilities related to population and public health.
Ministry of Mental Health and Addictions	Sets overall direction for the mental health and addictions system and leads the response to the province's unregulated toxic drug crisis.
Office of the Provincial Health Officer	Led by the Provincial Health Officer (PHO), the senior public health official in the province, the office supports the PHO to monitor the health status of the population, report on health outcomes, and provide independent advice and policy recommendations to the Minister, public officials and the public on population and public health issues.
First Nations Health Authority	Plans, designs, manages, delivers and funds the delivery of programs and services for First Nations people in B.C., including population and public health services. Also works collaboratively with Indigenous Services Canada and other federal partners in areas such as environmental health.
Provincial Health Services Authority	Coordinates delivery of specialized provincial health programs and services, including the BC Centre for Disease Control, Child Health BC, Perinatal Services BC and BC Cancer.
BC Centre for Disease Control	Part of the Provincial Health Services Authority, it provides leadership in surveillance, detection, prevention and treatment of disease, and support for policy development and health promotion programming. Also home to the Public Health Laboratory, which is the primary public health and reference diagnostic testing facility in B.C.
Regional Health Authorities	Five regional health authorities deliver health services and programs—including population and public health services—in their region of B.C. The majority of public health prevention, protection and health promotion programs and services in B.C. are delivered locally by staff working in regional health authorities, including medical health officers who have responsibility for monitoring the health of regional populations and advising local governments and organizations.

### The Impact of Public Health on the Population

A large proportion of the increase in average lifespan in B.C. (i.e., average life expectancy increasing by 25 years—to 82.4 years—from 1900 to 2020)<sup>8</sup> can be attributed to advances in public health, including increasing immunization coverage rates, safer food and water, prevention and control of **infectious diseases**, improved maternal and infant health and other interventions.<sup>9,10</sup>

## Population and Public Health Workforce

In B.C., the population and public health workforce is made up of many different disciplines, including public health and preventive medicine specialist physicians, public health nurses, environmental health officers, epidemiologists and many others (see Sidebar). Although population and public health practitioners come from diverse educational and training backgrounds, they share a common set of core values, skills and knowledge known as **core competencies**.<sup>11</sup> As part of the development of this Framework, a set of **values** were used to continue to steer population and public health practice in B.C. (see Sidebar). More detailed value statements are in [Appendix B](#).

### B.C. Population and Public Health Workforce (Examples)

- ▶ Medical Health Officers
- ▶ Public Health Nurses
- ▶ Epidemiologists
- ▶ Data Analysts
- ▶ Environmental Health Officers
- ▶ Public Health Dietitians
- ▶ Dental Hygienists
- ▶ First Nations Health Directors
- ▶ Knowledge Translation Specialists
- ▶ Community Health Workers
- ▶ Licensing Officers
- ▶ Speech-Language Pathologists
- ▶ Drinking Water Officers
- ▶ Public Health Engineers
- ▶ Tobacco Enforcement Officers
- ▶ Health Promotion Specialists
- ▶ Climate Change Specialists
- ▶ Communication Specialists
- ▶ Public Health Scientists and Researchers
- ▶ Clinical Coordinators
- ▶ Public Health Managers
- ▶ Peers and Outreach Workers
- ▶ Audiologists
- ▶ Public Health Dentists

### Population and Public Health Values in B.C.

- ▶ *Inherent Indigenous Rights and Self-determination*
- ▶ *Truth before Reconciliation*
- ▶ *Anti-racism/Anti-discrimination*
- ▶ *Collaboration*
- ▶ *Equity/Fairness*
- ▶ *Inclusivity*
- ▶ *Interconnectedness*
- ▶ *Intersectionality*
- ▶ *Trustworthiness*

## First Nations Health Authority, Office of the Chief Medical Officer – The Watchmon Role

First Nations Health Authority describes the important traditional role of its Chief Medical Officer (CMO) as a “Watchmon”. In B.C., many First Nations cultures have a traditional Watchmon role—a figure that watches over, protects and guides their people by standing guard, observing and warning of impending danger or challenges.<sup>12</sup> As a Watchmon, the CMO’s key roles are to

- ▶ *see and hear*, by observing, monitoring and gathering information and data from various sources to capture the story of health and wellness of First Nations.
- ▶ *report*, by sharing the story of the health and wellness of First Nations people in B.C. in order to improve health and wellness.
- ▶ *guide (or guard)*, by providing “two-eyed seeing” leadership to contribute to a strategic response at various levels.

“**Two-eyed seeing**” is inspired by the teaching of Mi’kmaq Elder Albert Marshall.<sup>12</sup> It refers to seeing Indigenous ways of knowing from one eye and Western ways of knowing from the other eye and using both eyes to gain a well-rounded perspective.

The CMO works in partnership with the Office of the Provincial Health Officer to develop reports and publications that share the story of health and wellness of First Nations people in B.C.<sup>12</sup>





# Strengthening Public Health Ecosystem

## VISION

People and communities are empowered to achieve their best health and well-being.

## PURPOSE

To promote population health and reduce preventable and unjust differences in health.

### ENABLING FUNCTIONS

- Data, Analytics & Infrastructure
- Resource Management
- Governance, Legislation & Regulation
- Evidence, Knowledge & Communication
- Public Health Workforce
- Intersectoral Collaboration & Community Mobilization

### RECOGNIZING THE DETERMINANTS OF HEALTH

### STRUCTURAL

- Including Racism, Discrimination and Colonialism

### SOCIAL

- Including Education, Occupation, Immigration Status, and Rurality

### ECOLOGICAL

- Including Built and Natural Environments

### POPULATION & PUBLIC HEALTH PRIORITIES

- Best Start in Life
- Prevention & Reduction of Substance-related Harms
- Non-communicable Disease & Injury Prevention
- Health Impacts of Climate Change
- Population Mental Health & Wellness
- Communicable Disease Prevention & Response

### CORE PUBLIC HEALTH FUNCTIONS

#### PROMOTE

- Health Promotion
- Healthy Public Policy

#### PROTECT

- Health Protection
- Public Health Emergency Preparedness & Response

#### PREVENT

- Disease & Injury Prevention

▸ Public Health Intelligence

First Nations territories stretch to every inch of this province. Population and public health work in B.C. is conducted on the territories of specific Nations, and their inherent rights and title must be affirmed through our collective work.

### FOUNDATIONAL PRINCIPLES

Truth, Rights & Reconciliation

Health Equity & Anti-Racism

System Capacity

# Population and Public Health Framework

Figure 1 on the previous page shows the Strengthening Public Health Ecosystem visual that supports the Framework. The visual demonstrates the interconnectedness and holistic nature of population health approaches and public health programs and services, and the critical connections required to support the system now and in the future.

The *vision and purpose*, visually represented as a sun and rays of light, guide everything within the ecosystem. The *foundational principles* of Truth, Rights and Reconciliation; Health Equity and Anti-Racism; and System Capacity are the roots that ground the landscape and are the essential underpinning of how the system functions. The *core public health functions*, visualized here as the hearty shoots and stems of thriving plants, represent the day-to-day work of the population and public health workforce. These functions also uphold the six population and public health *priorities*, represented as the flower petals, which reflect the key areas where sustained and coordinated action across all levels of the health system, governments and other partners is required to improve population health outcomes. The *enabling functions*, represented by rain drops, nurture the roots and plants (the foundational principles, core public health functions, and priorities). Finally, a thriving population and public health ecosystem both influences and is supported by the *determinants of health*, represented as pollinators.

A **life course approach** is represented by the intergenerational family, recognizing experiences, conditions and outcomes throughout an individual's life, from birth to death. In addition, the concepts of **Planetary Health** and **One Health** are represented by the inclusion of humans, animals, plants, waters and environment within the ecosystem.



# Vision and Purpose

Refreshing the vision and purpose for the population and public health system in B.C. provides an opportunity to capture its unique contributions to health and well-being and to articulate a clear focus. A **vision** is a long-term aspiration, while the purpose shows how the system supports and moves towards that aim.

## Vision

The renewed vision for population and public health in B.C. is *people and communities are empowered to achieve their best health and well-being*. This aligns closely with the Ministry of Health vision of “optimal health and wellness for all in British Columbia”. This renewed vision keeps people and communities at the centre, making an impactful statement on what is most important for the population and public health system.

## Purpose

Building off the 2013 Guiding Framework, the purpose statement has evolved into the following: *To promote population health and reduce preventable and unjust differences in health*. This statement reflects the foundational ways that the population and public health system works to achieve its vision: by supporting populations and by working to reduce preventable and unjust health inequities. The renewed purpose also aligns with and supports the Ministry of Health mission to design and deliver quality outcomes for people across the full continuum of health, reinforcing the sustainability of the entire health system. Also inherent in the purpose is our obligation to upholding Indigenous rights and anti-racism through the *Declaration on the Rights of Indigenous Peoples Act*<sup>13</sup> and other foundational commitments.



# Foundational Principles

A set of foundational principles have been developed to guide and support both the population and public health priorities and the core, day-to-day work of population and public health teams. Each principle is a lens that is incorporated across the Framework.

## Truth, Rights and Reconciliation

### Goal

### Statements:

- ▶ Take concrete actions to dismantle Indigenous-specific racism in the population and public health system.
- ▶ Uphold Indigenous Rights and advance Truth and Reconciliation.
- ▶ Honour Indigenous knowledge and wisdom by acknowledging the interconnectedness of human health, the health of communities and the health of lands and waters.

### Focus Areas/Objectives:

- ▶ **Unlearning and undoing:** Unlearn inherited and systemic racist ways of thinking to become meaningfully inclusive of multiple Indigenous worldviews, perspectives and approaches.
- ▶ **Upholding inherent rights of Indigenous Peoples:** Actively work to uphold the inherent rights of Indigenous Peoples by taking actions on specific foundational commitments (e.g., *Declaration on the Rights of Indigenous Peoples Act*, Truth and Reconciliation Commission Calls to Action, and *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*).
- ▶ **Relationships with Indigenous partners:** Demonstrate trustworthiness in relationships with Indigenous communities, collectives and organizations.
- ▶ **Anti-racism in population and public health practice:** Take anti-racist actions in all aspects of public health practice and the public health system, including dismantling systemic Indigenous-specific racism in structures, policies, practices, norms and values within the public health system.

## Context

The principle of Truth, Rights and Reconciliation has been identified as a key lens across the entire Framework. For generations, Indigenous voices have provided key leadership to shape broader public awareness about inherent rights, truth-telling and pathways to reconciliation. Population and public health partners have a responsibility to listen and reflect on hard truths, do the necessary heavy lifting and champion direction from Indigenous partners. Major reports calling for action from all levels of government include the *Truth and Reconciliation Commission of Canada: Calls to Action*<sup>3</sup> and *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women*

and *Girls*<sup>14</sup>, as well as commitments to communities who experience intersecting systems of oppression, such as **2SLGBTQIA+** peoples. In 2020, a report entitled *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*<sup>15</sup> also found widespread Indigenous-specific racism in the health system in B.C.

Population and public health partners recognize that Indigenous-specific racism is perpetuated through policies and practices that remain hardwired into systems, structures and processes, and impede **Indigenous Peoples'** health and wellness. Truth-telling must come before reconciliation. This action requires courage and

uncomfortable change, and we uphold the inherent rights of Indigenous Peoples to have self-determination over their own health and wellness.

The B.C. Government has made transformative, enduring commitments to Indigenous Peoples with the passage of the *Declaration on the Rights of Indigenous Peoples Act* (Declaration Act) in November 2019, which serves as the provincial framework for reconciliation.<sup>16</sup> Subsequently, the Declaration Act Action Plan was released in 2022, outlining tangible actions towards reconciliation.<sup>17</sup>

First Nations and Métis partners continue to provide key leadership, in collaboration with the Office of the Provincial Health Officer, to enable First Nations- and Métis-specific approaches to assessing population health. *The First Nations Population Health and Wellness Agenda*<sup>18</sup> and *Taanishi Kiiya? Miiyayow Métis Saantii Pi Miyooayaan Didaan BC: Métis Public Health Surveillance Program— Baseline Report, 2021*<sup>19</sup> represent meaningful progress toward the foundational principle of Truth, Rights and Reconciliation, through self-determined and collaborative reporting on health and wellness.

### Truth and Reconciliation Journey

Dr. Danièle Behn Smith, Deputy Provincial Health Officer, Indigenous Health and Dr. Kate Jongbloed have shared their teaching of the copper pot and birch basket to demonstrate the difference between the work of First Nations, Inuit and Métis Peoples and the work of non-Indigenous settlers.



Source: Illustration by Miranda Maslany (2024)

The “birch basket” (left) represents First Nations, Inuit and Métis Peoples’ work to nourish Indigenous health and wellness for themselves, their families and their communities. On the right, the “copper pot” represents advancing **cultural safety**, anti-White-supremacy and anti-racism, and is work for non-Indigenous settlers to do. We recognize that the continuous journey of implementing the foundational principle of Truth, Rights and Reconciliation is “copper pot” work.

Population and public health programs, services, and teams have a duty to work towards Truth, Rights and Reconciliation and to take action to address Indigenous-specific racism within the population and public health system.





### ***Declaration on the Rights of Indigenous Peoples Act***

The *Declaration on the Rights of Indigenous Peoples Act* (the Declaration Act) passed unanimously in the B.C. legislature and came into force in November 2019.<sup>16</sup> B.C. is the first jurisdiction in Canada to have passed legislation to formally adopt the internationally recognized standards of the *United Nations Declaration on the Rights of Indigenous Peoples* (UN Declaration).

The Declaration Act mandates government to bring provincial laws into alignment with the UN Declaration and to develop and implement an associated Action Plan.<sup>16</sup> In March 2022, the Declaration Act Action Plan was released.<sup>17</sup> Built in consultation and cooperation with Indigenous Peoples, the plan articulates the specific actions that all ministries will take, over a five-year period, to create a better B.C. for everyone. The Strengthening Public Health Initiative will continue to align with the Declaration Act Action Plan to champion Truth, Rights and Reconciliation in action.



# Health Equity and Anti-Racism

## Goal

### Statement:

Influence the social, ecological and structural determinants of health to take action on systemic racism within population and public health and work to eliminate preventable health disparities so that no one is left behind.

## Focus Areas/Objectives:

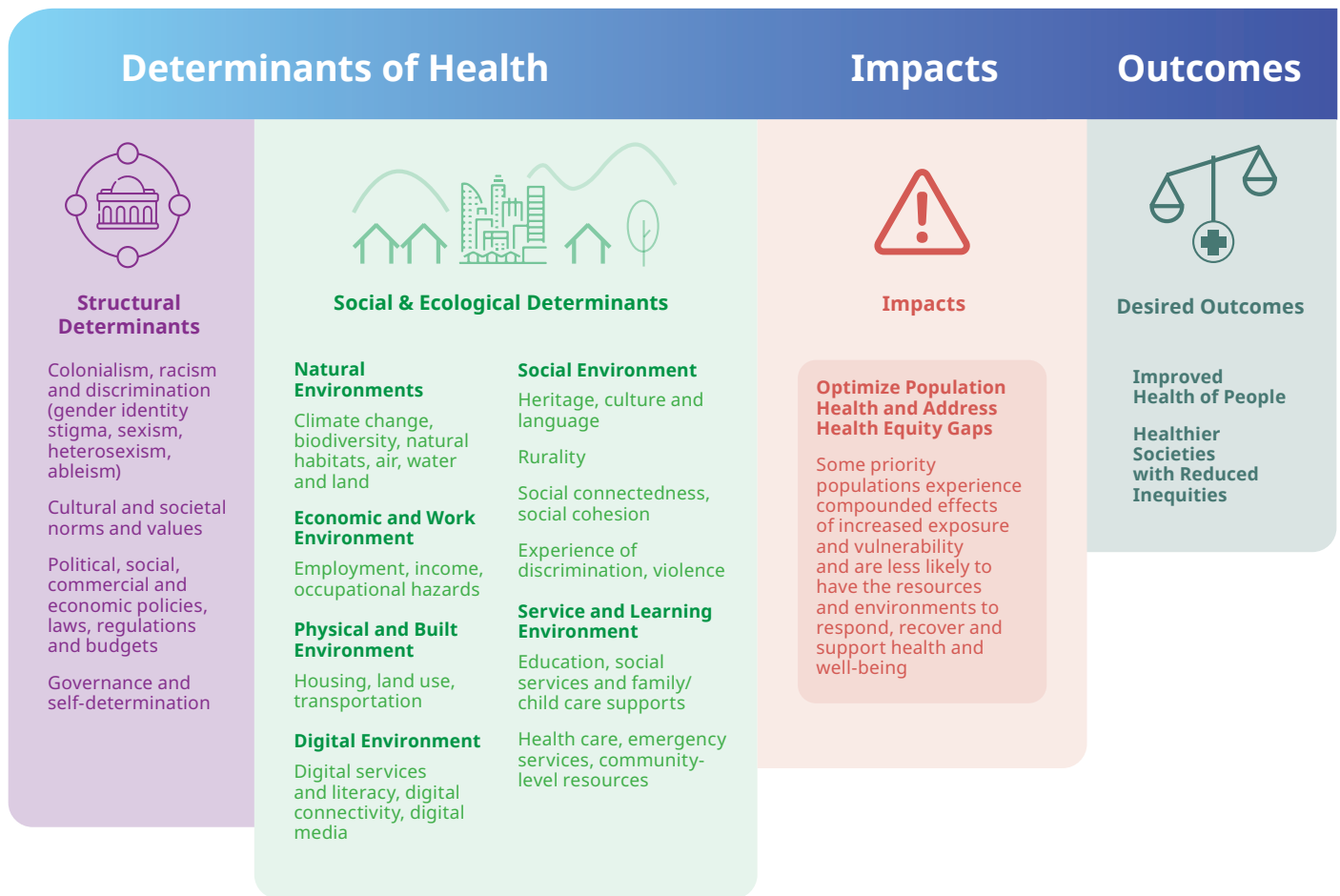
- ▶ **Assessment, reporting and mobilization of health data:** Systematically collect, analyze, interpret and mobilize health data to improve health equity.
- ▶ **Intersectoral partnerships for anti-racism action:** Collaborate with a diverse array of intersectoral partners and rightsholders to take action on systemic racism and to advance health equity.
- ▶ **Participation in healthy public policy:** Lead, support and participate with partners in the development, implementation and evaluation of healthy public policies.

## Context

Today, some population groups in B.C. experience better outcomes in health and well-being than others. Differences in health status between individuals and groups are called **health inequalities** or disparities.<sup>20</sup> **Health inequities** refer to differences in health that are considered unfair or unjust and modifiable. **Health equity** is a state in which all people and communities reach their full potential for health and well-being by addressing the underlying barriers to health.

Determinants of health refer to the broad range of structural, social and ecological factors that combine with individual characteristics to influence individual and population health. **Structural determinants** are the upstream social, economic, cultural and political systems that lead to inequities in power, wealth and resources within society.<sup>21</sup> They may include social and economic policies, cultural norms and values, **settler colonialism**, racism and **commercial determinants**. Figure 2 shows the ways that structural determinants influence health behaviours and the distribution of health outcomes by shaping the social and ecological determinants, like education, income and living conditions, including geographic isolation. To improve population health and health equity, policies and programs must move beyond biomedical and behavioural models of disease and focus upstream to address the structural determinants of health that perpetuate inequities in health, including racism and settler colonialism.

Figure 2. Key Determinants of Health and Impact on Health Outcomes in British Columbia



Source: Adapted from Solar & Irwin (2010)<sup>22</sup>, First Nations Health Authority (2012)<sup>23</sup>, Loppie & Wien (2009)<sup>24</sup>, Reading et al. (2007)<sup>25</sup> and Phillips (2024)<sup>26</sup>.

Many of the determinants of health, such as income, education, housing and built and natural environments, are shaped outside of the health system. As such, work toward health equity is inherently multi-disciplinary and cross-sectoral, and requires population and public health teams to work in partnership with diverse rightsholders, priority populations, government agencies and other sectors. This involves challenging and changing the values, beliefs and practices that maintain social and economic inequities, including racism and other forms of oppression, and enacting policies, programs and initiatives that address the determinants of health including intersectoral collaboration and community mobilization. Work toward health equity can be meaningfully advanced through actions and processes such as **anti-racism**, the deliberate act of opposing racism and promoting a society that is thoughtful, inclusive and just.<sup>27</sup>

### The Province's Commitment to Anti-Racism

The foundational principle of Health Equity and Anti-Racism aligns with B.C.'s *Anti-Racism Data Act*, which came into law in June 2022 to enable race-based data collection and analysis, ultimately informing action to address health inequities and support culturally safe services.<sup>30,31</sup> In May 2024, the *Anti-Racism Act* passed in the B.C. legislature.<sup>32</sup> This Act requires government to address systemic racism uncovered through the *Anti-Racism Data Act* and data from Indigenous Peoples and other communities.<sup>33</sup>

Health Equity and Anti-Racism is a foundational principle that underscores the population and public health system's work with, and commitment to, **priority populations**—including Black, Indigenous and other Peoples of Colour; newcomers (immigrants and refugees); persons with disabilities; 2SLGBTQIA+ communities; those living in rural and remote areas of the province;<sup>28</sup> and others disproportionately impacted by social, structural and ecological inequities and injustices.

We know that determinants of health directly and indirectly influence our health and well-being. Currently in B.C., life expectancy is very inequitable. Some people live long (82 years), and for others who experience systems of oppression, life expectancy is drastically reduced. Between 2015-2021, life expectancy for Status First Nations people decreased by 7.1 years as a result of systemic racism and White supremacy.<sup>29</sup> These injustices are not only population and public health priorities; they are calls to action to create a healthier and more just society.

## Gender-based Analysis Plus

In 2018, the Province of B.C. committed to advancing gender equality by ensuring that gender equity is reflected in all budgets, policies and programs.<sup>34</sup> Gender-based Analysis Plus (GBA+) is a tool that is used to understand how diverse groups of people are impacted by different policies, programs and initiatives. The “plus” indicates that GBA+ goes beyond sex and gender differences to consider a range of different intersecting identities, such as race, class and age, and how they can work together to shape experiences and outcomes (**intersectionality**).<sup>35</sup> The collection and analysis of disaggregated data is critical to GBA+ and other forms of intersectional analysis, yet gaps in data exist.

### The Grandmother Perspective

In June 2020, the Premier of B.C. invited B.C.'s Human Rights Commissioner and the Information and Privacy Commissioner to inform the development of a policy initiative for the collection of race-based, Indigenous and other **disaggregated data** to address systemic racism. The resulting report, *Disaggregated Demographic Data Collection in British Columbia: The Grandmother Perspective*, offers a framework for disaggregated data collection grounded in “the **grandmother perspective**,” centred on the importance of relationship (Gwen Phillips, Ktunaxa Nation). As the report explains, disaggregated data is merely a tool to be utilized depending on the context and aim and it must be accompanied by a process that supports the purpose of reducing systemic racism and oppression and achieving equity.<sup>36</sup>





# System Capacity

**Goal Statement:** Strengthen the core public health functions and enabling functions that support population and public health teams to promote health and wellness, prevent disease and injury, protect health, and respond to evolving population needs, including to emerging threats.

## Focus Areas/Objectives:

- ▶ **Population and public health resource management:** Increase evidence-informed interventions and protect population and public health capacity to ensure effective use of public health resources.
- ▶ **Public health workforce:** Ensure the B.C. public health workforce has the resources, capacity and capabilities to effectively support the delivery of the full scope of population and public health programs and services.
- ▶ **Research, data and evidence-informed knowledge translation:** Effectively employ public health research, data management and evidence-informed knowledge translation to improve service delivery.
- ▶ **Technology in public health services:** Optimize technology to increase efficiency and effectiveness of public health services.
- ▶ **Governance:** Maintain a relevant and coordinated governance and organizational structure.
- ▶ **Emergency planning, preparedness and response:** Ensure the B.C. public health system is equipped to plan for, respond to, and recover from emergencies and emerging threats.

## Context

B.C.'s population and public health programs, services and teams have been recognized as leaders within Canada and globally. Throughout the COVID-19 pandemic and other recent challenges, B.C. has been at the forefront in addressing population health issues, highlighting the critical ways in which a strong population and public health system can support the sustainability of the whole health system. While the activities and strategies that underpin the work of population and public health—the enabling functions—are strong by many measures, compounding crises can also stretch them to the breaking point. Enabling functions must be enhanced to ensure that population and public health programs, services and teams continue to have the capacity, skills and resources to appropriately promote, protect and prevent for the health and well-being of all.

Ensuring sufficient resources is critical to maintaining and strengthening population and public health programs and teams. This involves planning and financing programs and services using the best available evidence and population health metrics and coordinating the use of existing resources to the greatest effect. There are opportunities for research and to share best practices, expand innovative approaches, and evaluate evidence-based interventions to ensure that resources are being used effectively.

Appropriate investment in population and public health programs, services and teams is necessary to yield health, social and economic benefits. However, because investments in health promotion and prevention yield future benefits, it can take time to measure their outcomes. We must ensure robust monitoring and surveillance to help the system determine how resources should be allocated to have the greatest potential impact on population health and reducing health inequities.

### Population and Public Health Investments

Return on investment (ROI) is a measure that is used to evaluate the profitability of a particular investment, i.e., the financial return of a benefit compared to the total cost. Evidence shows that public health interventions offer significant ROIs, and therefore contribute toward more sustainability in the health system. For instance, for every \$1 invested in public health, \$14 may be returned in addition to the original investment, having a significant system impact. Some public health interventions have the potential to offer even higher ROIs, like influenza vaccination.<sup>37,38,39,40</sup>

A trained, multi-disciplinary and sufficient workforce is vital to ensuring that the right knowledge, skills and capacity are available to respond to different population health issues. In 2021-2022, over 2,500 individuals worked in the population and public health system—in the regional and provincial health authorities, the Office of the Provincial Health Officer and the Ministry of Health—in a variety of different roles and settings. The population and public health workforce has demonstrated, and continues to demonstrate, exceptional courage and perseverance throughout unprecedented, compounding challenges, such as the COVID-19 pandemic and toxic drug crisis. However, we know that issues such as stress, burnout, attrition and turnover are real for the population and public health workforce, as they are for the health system and other sectors.

In alignment with *B.C.'s Health Human Resources Strategy*,<sup>41</sup> there are opportunities to support population and public health workforce development; for example, by addressing gaps in the number of practitioners working in underserved regions of the province; ensuring the right size, mix and distribution of the workforce to deliver the full scope of core public health functions; and addressing the attrition and burnout that ensued from the COVID-19 pandemic response. The Ministry of Health has overall responsibility to ensure that quality, appropriate, cost-effective and timely health services are available for all in B.C., and key strategic alignments—for instance, between this Framework and *B.C.'s Health Human Resources Strategy*—can help us achieve that mandate.

Ensuring that health organizations provide population and public health services that are culturally safe is an important part of a strong system. The B.C. **Cultural Safety and Humility** Standard is a way to guide health system organizations to provide culturally safe services. It is the first standard of this type in Canada and is a result of a partnership between First Nations Health Authority, the Health Standards Organization and Indigenous thought leaders and partners. The intent for the future is to have the standard become part of accreditation standards used to assess and accredit health organizations.<sup>17</sup>

Many population and public health challenges are complex and require significant coordination and collaboration across different levels of government, communities and sectors to realize action. Strong governance, including clear roles and responsibilities, will enable the population and public health system to be more effective and to advance population health with key partners. There are opportunities to improve the current governance structure.

Having the right tools is also critical to addressing the challenges of today and the future. Known gaps, such as the lack of interoperability of public health information technology with the rest of the health system, can impede integrated programs and services and evidence-informed decision-making. Sustained investments in technology and innovation, such as population and public health data and information systems and machine learning, will help population and public health to be responsive to different population health issues.

Although not exhaustive, these opportunities represent starting points for where population and public health capacity can be strengthened in the future, and allow programs, services and teams to flourish as the global leaders they have proven to be.







## Functions

The population and public health workforce, in partnership with others, undertakes core activities or strategies to support the health of the population. Within the B.C. context, two types of functions have been identified. The list has been adapted from frameworks developed by the Public Health Agency of Canada<sup>42</sup> and the World Health Organization.<sup>43</sup>

### Core Public Health Functions

These are the backbone of population and public health work, and they take place regardless of the demands that emerging priorities are placing on the sector. In practice, population and public health practitioners often work across one or more functions to advance population health.

### Enabling Functions

These are activities or strategies that support the delivery of core public health functions but are not unique to the system. Enabling functions are critical to developing and maintaining a strong system to advance population health.

At different levels, population and public health partners work together to implement a range of different interventions, programs and services across these functions to support population health.

# Core Public Health Functions

Six core public health functions were identified for B.C. The majority of these functions are organized within the framework of “Promote, Protect, Prevent”—promoting health and well-being, protecting populations from harm and preventing disease and injury. The final function, Public Health Intelligence, underpins and supports all other core public health functions.

## Promote

### Health Promotion

**Enabling people to increase control over and improve their health and well-being through individual and collective action on the determinants of health.**

The *Ottawa Charter for Health Promotion* defines **health promotion** as “the process of enabling people to increase control over, and to improve, their health.”<sup>44(p.1)</sup> As a core function of population and public health work, Health Promotion focuses both on actions to increase the skills and abilities of individuals to improve their own health and well-being, and on coordinated action by all sectors to improve the determinants that shape population health outcomes.<sup>45</sup>

In the Ottawa Charter, five key areas of action were identified for Health Promotion: to create supportive environments for health; to strengthen community action for health; to re-orient health systems; to develop personal skills; and to build healthy public policy.<sup>44</sup> In the Framework, Healthy Public Policy has been identified as a separate core public health function to elevate its importance within the B.C. context.



#### **ACEs Prevention Strategy** (Fraser Health)

Adverse childhood experiences (ACEs) refer to stressful or traumatic events that occur during childhood and if left unaddressed, can lead to an increased risk of health and social challenges later in life. Population-level studies estimate that approximately one-half to two-thirds of all people report at least one ACE.<sup>46</sup> Fraser Health’s Population and Public Health program released a health promotion strategy to prevent and mitigate the effects of ACEs and create positive childhood experiences within their health region. The strategy identifies four areas of focus: building connected and inclusive communities; providing opportunities for social emotional development; promoting reproductive health and rights; and offering culturally responsive caregiving and supports.<sup>47</sup>

## Healthy Public Policy

**Coordinating action across sectors to ensure that health impacts of decisions are factored into public policies.**

Healthy Public Policy refers to policies designed to improve the conditions in which people live.<sup>48</sup> As many of the determinants of health are shaped by policies and decisions beyond the health system, Healthy Public Policy requires coordinated and collective action by partners across sectors to plan, develop, implement and evaluate policies to ensure that health impacts are considered. For example, **Health in All Policies** is a collaborative approach that integrates and articulates population health considerations into policymaking across all of government to improve the health of all communities and people.<sup>49</sup>

Healthy public policy can be developed by a variety of public entities, including local, provincial or federal governments; First Nations communities; school districts; and others. In B.C., under legislation such as the *Public Health Act*, *Community Charter and Local Government Act*, public health officials have a mandate to promote the development of healthy public policy by providing evidence-informed information, collaborating across sectors, contributing to health planning and other actions.



### **Health Public Policy Unit** (Vancouver Coastal Health)

In Vancouver Coastal Health, the Population and Public Health program has established a Healthy Public Policy Unit to advance the development, adoption and monitoring of healthy public policies within its health region. The unit is made up of medical health officers, policy analysts, knowledge translation specialists and other public health practitioners who work closely with partners and local governments to co-create policy initiatives in culturally relevant and equity-oriented ways.<sup>50</sup>



## Protect

### Health Protection

**Working to ensure healthy air, food, drinking water and environments to sustain healthy people and thriving communities.**

Health Protection works to promote health and well-being by identifying, preventing and mitigating potential health threats in the natural and built environments. It includes developing standards and compliance tools to protect people.

Public health officials in B.C., including medical health officers, drinking water officers, environmental health officers and licensing officers, have responsibilities to protect health and well-being. Their powers and duties are set out in legislation such as the *Public Health Act*, *Drinking Water Protection Act*, *Food Safety Act*, *Community Care and Assisted Living Act*, *School Act*, and *Tobacco and Vapour Products Control Act* and their associated regulations. Through actions such as licensing, inspection, education and enforcement, officials protect health within **settings** like long-term care, schools, child care facilities, food production facilities, restaurants, personal service establishments and swimming pools. They also work to control the spread of **communicable diseases**, including respiratory, foodborne, waterborne, and **vector**-borne diseases, and **zoonoses**, and reduce exposures to environmental health hazards, like poor air quality and environmental toxins. These practitioners collaborate with key partners, including First Nations communities and all levels of government, to ensure effective health protection across diverse contexts.



#### Drinking Water Protection

The *Drinking Water Protection Act* (DWPA) is the primary piece of legislation that serves to ensure safe drinking water for people in B.C. The Act and associated regulation sets out requirements that drinking water suppliers must meet to ensure the provision of safe drinking water. At a provincial level, the Provincial Drinking Water Officer supports the Provincial Health Officer in providing oversight and accountability for the DWPA. Drinking water officers in the five regional health authorities conduct inspections and work with water suppliers to comply with legislation. With climate change, stewardship of our water systems is becoming critically important. Loss of drinking water is a public health issue, and climate-related changes, such as drought, will impact the availability and safety of water resources.

### Planetary Health and One Health Approaches in Public Health

Holistic, nature- and community-based approaches to balance and steward human, animal, plant and ecosystem health and well-being have been recognized and practiced since time immemorial by Indigenous communities and continue to be lifeways for Indigenous Peoples. This is clearly articulated in the *First Nations Population Health and Wellness Agenda*, which recognizes that self-determination, culture, language and connections to land and water are deeply interconnected and form the roots of First Nations health and wellness.<sup>18</sup>

Population and public health actions are enhanced by recognizing the co-benefits of integrative approaches to health, where thoughtful interventions can enhance multiple determinants of health. One Health is an approach that seeks to balance and optimize the health of people, animals and the environment. Foundational to the One Health approach is an acknowledgment that the health of human beings is closely linked with animals, plants and the wider environment or ecosystem.<sup>51</sup> Planetary health is a complementary approach that focuses on “analysing and addressing the impacts of human disruptions to Earth’s natural systems on human health and all life on Earth.”<sup>52(p.4)</sup> It emphasizes the interconnection with the natural environment, and takes a multi-disciplinary approach to addressing social, economic and environmental issues affecting both human health and the environment.<sup>53</sup> All these approaches support various sectors, disciplines and communities to work together to address shared health threats such as climate change, emerging infectious diseases, antimicrobial resistance, food safety and other complex cross-sectoral challenges.



## Public Health Emergency Preparedness and Response

**Developing the capacity to mitigate, prepare for, respond to and recover from health emergencies.**

Public Health Emergency Preparedness and Response involves planning for natural or human-caused disasters—including pandemics and climate-related events such as extreme temperatures, forest fires and seasonal flooding—to minimize serious illness and death. It ensures capacity to provide a coordinated response to an emergency as it emerges, while minimizing societal disruption,<sup>42</sup> and to recover following the emergency.

The types of emergencies may differ depending on location, scale, duration and geography, and can have broad societal impacts that affect food, water and air quality, cause shortages in supplies and cut off essential services.<sup>54</sup> People experiencing social, economic, environmental and health inequities may be disproportionately impacted by emergencies, resulting in worse health outcomes. As such, an equity approach to Public Health Emergency Preparedness and Response is essential. **Risk communication and community engagement** are essential tools to provide accurate information and improve public engagement in emergency preparedness and response.<sup>55</sup>



### Climate Change and Sustainability – Heat Response Planning Toolkit (Interior Health)

In 2020, Interior Health produced the inaugural version of the *Heat Response Planning for Southern Interior B.C. Communities Toolkit*. The toolkit was designed to support rural communities throughout the region to prepare for and respond to extreme heat. Following extreme heat, wildfire and flooding events in B.C., the toolkit was updated, and a revised version was released in 2023. The new toolkit reflects emerging research and assessments, newly available resources, and evidence-based practice, including Indigenous-led action. The toolkit has been adapted provincially with leadership from the Provincial Health Officer and BC Centre for Disease Control, and shared provincially, nationally and internationally to inspire collaboration and action that strengthens collective resilience and supports health and well-being in response to extreme heat.



## Prevent

## Disease and Injury Prevention

**Measures to reduce the risk and occurrence of communicable and non-communicable diseases, illnesses and injuries, and to create the living conditions that support health and wellness.**

Disease and Injury Prevention describes measures aimed at reducing the risk and occurrence of communicable and **non-communicable diseases**, as well as injuries.<sup>56</sup> It includes a range of different activities, such as screening, testing, immunization and responding to outbreaks, which focus on either preventing the onset of disease and/or injury (i.e., **primary prevention**); early detection to prevent the progression of disease and its effects (i.e., **secondary prevention**); and managing the disease to delay progression and/or deterioration (i.e., **tertiary prevention**).

Notably, many diseases and injuries are preventable and share common risk and protective factors. In B.C., the population and public health system employs an upstream approach to disease and injury prevention by addressing the underlying determinants that shape living conditions and environments. This is referred to as **primordial prevention**.<sup>56</sup> Examples of primordial prevention include thriving communities, access to healthy foods, safe environments that enable physical activity, road safety improvements and regulation of psychoactive substances.



### **Mobile Immunization Unit Pilot Project** (Interior Health)

Public health teams in Interior Health are piloting a Mobile Immunization Unit to bring immunizations and other essential public health services to rural communities. The pilot aims to improve access to immunization and other public health services by reducing barriers to transportation in communities where public transit is not available. The mobile clinic is led by a clinical and administrative team who are equipped with technology and communication tools, as well as all necessary supplies to deliver full immunization services within a community. Interior Health is also looking at other ways to scale and spread the model within their health region.

## Overarching

### Public Health Intelligence

**Ongoing collection, analysis, interpretation and mobilization of population health data with the intent to improve health and with a commitment to Indigenous data sovereignty.**

Public Health Intelligence combines the functions of population health assessment and health surveillance. **Population health assessment** is the process of assessing the health status and trends in populations including service utilization and risk and protective factors, such as health behaviours and the determinants of health.<sup>57</sup> **Public health surveillance** refers to the ongoing collection, analysis, interpretation and dissemination of health data, ultimately to support evidence-informed action. Together, Public Health Intelligence is an ongoing process of collecting, analyzing, interpreting and disseminating health data that helps population and public health partners plan, implement and evaluate programs to improve the health of different populations. It supports the activities under all other core public health functions by providing evidence to inform action.

Under the *Public Health Act* and other legislation, public health officials in B.C. have a duty to monitor and report on the health of the population.<sup>58</sup> The BC Centre for Disease Control has delegated authority by the Provincial Health Officer to act as the provincial leader for public health intelligence including areas such as communicable diseases, non-communicable diseases and environmental health. Medical health officers also produce independent reporting to the Provincial Health Officer as part of the overall landscape for public health intelligence.

The population and public health system must work collaboratively to ensure that this function is implemented appropriately and in alignment with data sovereignty with diverse priority populations and Indigenous rightsholders, as outlined in B.C.'s *Anti-Racism Data Act*<sup>30</sup> and in alignment with the 'grandmother perspective' of the use of disaggregated data to take clear action toward improvement of health outcomes.<sup>36</sup>



#### **SPEAK Survey** (BC Centre for Disease Control)

In 2020, during the COVID-pandemic, the first Survey on Population Experiences, Action and Knowledge (SPEAK) survey was released in B.C.<sup>59</sup> The SPEAK survey asked people living in B.C. about their physical and mental health and social and economic well-being. Two additional SPEAK surveys were completed in 2021 and 2023. Public health experts and community partners have used the results to inform and prioritize programs and health initiatives and address determinants of health in different B.C. communities. The SPEAK survey was led by the BC Centre for Disease Control, with support from the Ministry of Health, Office of the Provincial Health Officer and regional health authorities.

# Enabling Functions

Six enabling functions provide cross-cutting support to the core public health functions and strengthen population and public health overall.

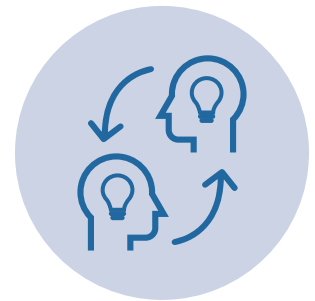
## Enabling Function

### Evidence, Knowledge and Communication

**Promoting, facilitating and communicating evidence-informed decision-making that upholds Indigenous knowledge systems and other diverse cultural values and beliefs, to transform knowledge into action and enable a learning public health system.**

This enabling function includes activities to build and foster collaborative partnerships with research partners and communities to translate knowledge into public health action. **Evidence-informed** decision-making is the process of using the best available evidence to inform public health policies and decisions.<sup>60</sup> Evidence comes from a variety of sources, including population health data; scientific research and evaluation; First Nations, Inuit and Métis wisdom and knowledge; people with lived and living experience; and others.

Communication and community engagement are also important strategies under this function and are critical to conveying trustworthy, accurate and timely information.<sup>61</sup> Effective public health communication strategies and **infodemic management** help to address misinformation and disinformation.



#### Infodemic Management

An **infodemic** is when there is too much information available—including false or misleading information—for example, during a disease outbreak or in childhood immunization programs. It can cause confusion, as people are not sure what they should do to protect their health and the health of people around them. This can lead to mistrust of officials and undermine the public health response, which ultimately can harm the health of the population.

**Infodemic management** is “the systematic use of risk- and evidence-based analysis and approaches to manage the infodemic and reduce its impact on health behaviours during health emergencies.”<sup>62</sup> It includes ‘social listening’ activities such as using artificial intelligence and qualitative research to understand the concerns of communities; promoting understanding of risk and health expert advice; building resilience to misinformation; and empowering communities.



### BC Injury Research and Prevention Unit

Did you know that over 35,000 people in B.C. are hospitalized each year due to an injury?<sup>63</sup> Injuries pose a significant health and social cost in B.C., yet many are preventable. To address gaps in injury prevention in B.C., the BC Injury Research and Prevention Unit (BCIRPU) was established in 1997 and is now part of the BC Children's Hospital Research Institute, with linkages to the BC Centre for Disease Control, and public health programs and services across the province. The BCIRPU's mission is to reduce the burden of injury in B.C. through key activities, including research, knowledge translation and public information. Information generated by the BCIRPU supports the development of evidence-informed policies and programs to reduce the burden of preventable injuries in B.C.<sup>64</sup>

## Enabling Function

### Governance, Legislation and Regulation

**Ensuring effective health governance, policy and legislative infrastructure, including commitments outlined in the *Declaration on the Rights of Indigenous Peoples Act*.**

In the context of the population and public health system, governance refers to how “different public, non-governmental, or private actors work together to support communities in preventing disease and achieving health, wellbeing, and health equity.”<sup>65(p.1)</sup> Good public health governance includes principles such as transparency and accountability in decision-making, and diverse and inclusive membership.

Under the *Declaration on the Rights of Indigenous Peoples Act*, First Nations, Inuit and Métis Peoples have distinct rights to self-governance and self-determination of their health and wellness.<sup>13</sup> Explicit consideration for anti-colonial, anti-racist, intersectional and equity-driven approaches to public health governance are also key principles to addressing the social structures, systems and policies that perpetuate inequities.<sup>65</sup>

Efforts within this function may include activities such as developing policy; maintaining a strong public health legislative and regulatory framework; improving system monitoring and accountability; and clarifying roles and responsibilities within and beyond the sector.



## Enabling Function

### Intersectoral Collaboration and Community Mobilization

**Working together across sectors and communities to advance population health.**

Population and public health teams partner with a range of different actors, including other health system partners, Indigenous partners, local and regional governments, community-based organizations and priority populations, to promote population health and increase health equity. Effective partnerships are vital for the population and public health system to strengthen capacity and monitor progress toward improved health outcomes.<sup>66</sup>

Many of the key factors that influence health, like housing and education, are shaped by sectors beyond the health system. For this reason, it is essential that population and public health teams work with partners across sectors. The World Health Organization and the Public Health Agency of Canada define intersectoral collaboration as partnerships to address the social and economic factors that influence the health of a population within and between sectors at the local, regional, provincial, national and global levels.<sup>67</sup>

Communities are the best judge of their needs. Population and public health teams also support communities to strengthen their capacity and generate local solutions to population health issues through processes like **community mobilization**.



#### **Injury Prevention and Safety Promotion - T̓sideldel First Nation Road Safety Improvement** (Interior Health)

Every day, there are about 150 serious or fatal traffic-related crashes in B.C.<sup>68</sup> Four tragic fatalities on Highway 20, which bisects the T̓sideldel First Nation, prompted Interior Health to create a partnership between T̓sideldel community members, University of British Columbia (UBC) traffic engineers, Ministry of Transportation and Infrastructure, BC Centre for Disease Control, and local RCMP, to understand how road safety can be improved within their community. Grant funding for the project has supported rapid action and immediate infrastructure changes to reduce injury risk, including a safe walking path for children to get to school. The collaboration has also promoted the use of technologies in new ways and the development of new research protocols to assess road safety in rural areas, which may benefit other communities facing similar risks.

## Enabling Function

### Data, Analytics and Infrastructure

**Creating and supporting integrated, interoperable population health systems that provide data for timely use and analysis.**

The Data, Analytics and Infrastructure function involves the systems that are built to gather, manage and analyze different types of population health data to monitor and support the health of people in B.C. The ability of systems to work together is crucial to provide a more comprehensive understanding of the health of the population, to detect emerging health threats, and to evaluate and continually improve the effectiveness of population and public health programs and services. Integrated systems help decision-makers forecast, plan and respond to emerging population health trends.

Work within this function involves collaboration between data and information management partners and population and public health partners to produce high-quality, accurate and timely data and information. For instance, the BC Centre for Disease Control produces a variety of dashboards on communicable and non-communicable diseases and conditions, immunizations, environmental health, climate change and other topics. Collaboration on this function is aimed at developing frameworks for information technology investment that support program needs, including the development and adoption of innovative technologies—such as artificial intelligence and machine learning—to advance public health practice and improve population health.



#### **Perinatal Virtual Care Connections (Northern Health)**

Northern Health's Virtual Primary and Community Care Clinic (NHVPCC) and Public Health Practice are exploring how perinatal public health services can be provided virtually in Northern British Columbia. When local primary and community care teams are impacted by staffing transitions, NHVPCC telecare nurses can be responsive. In a virtual way, telecare nurses complement and augment perinatal and newborn services traditionally offered in the local community. The transition to more digital approaches to health care enables community health nurses working virtually to reach more families, despite geographical barriers.



## Enabling Function

### Resource Management

**Planning, financing and coordinating population and public health resources.**

The Resource Management function involves planning, financing, assessing and optimizing<sup>43</sup> population and public health, as an essential underpinning in the overall health system. Underlying capital and infrastructure must be provided to sustain an effective system and to achieve desired outcomes. This may include establishing minimum targets or standards for programs and services; developing and maintaining key infrastructure; designing programs and services; and realizing the potential of new technologies to improve the efficiency and effectiveness of population and public health services. Effective Resource Management also includes planning, allocating and evaluating funding to ensure there are adequate resources to meet the full scope of core public health functions. As this function is implemented, it dovetails with the foundational principle of enhanced System Capacity, and can be applied to other functions. For example, we know that some public health information systems are not well-coordinated and optimized, and therefore, data is not always provided efficiently. The function of Resource Management can be applied to uphold the function of Data, Analytics and Infrastructure.



## Enabling Function

### Public Health Workforce

**Ensuring that the workforce has the right scale, knowledge, skills and capacities to fulfill all core public health functions in trauma-informed, person-centred, culturally safe and anti-racist ways.**

We know that population and public health teams have been deeply affected by compounding crises, and that dedicated practitioners continue to uphold programs and services for the good of all in the province. The Public Health Workforce function refers to a range of strategies aimed at building and strengthening the population and public health workforce. Building on *B.C.'s Health Human Resources Strategy*,<sup>41</sup> activities such as recruitment, retention, training and redesign are essential to rebuild the workforce post-pandemic and proactively address attrition and burnout. Together, these strategies and activities ensure that the workforce has sufficient capacity to deliver on the full scope of core public health functions, to respond to current and emerging population health issues, and to ensure it is representative of the diverse communities that live in B.C.

Training and professional development are important considerations to meet professional standards and emerging areas of practice such as anti-racism training, trauma-informed care and the integration of new technologies, such as public health information systems. The *Indigenous Cultural Safety, Humility and Anti-racism Standard of Practice* established standards of practice for regulated health professionals to promote culturally safe and anti-racist care for Indigenous Peoples in B.C.<sup>69</sup>



### Figure 3. How the Core Public Health Functions and Enabling Functions Can Work Together to Support Climate Action in B.C.

Population and public health practitioners often use more than one core public health function and/or enabling function to address population health issues. This example shows how the core public health functions/enabling functions could be applied to address the health impacts of climate change.

#### Core Public Health Functions

##### Health Promotion

- ▶ Work with other sectors such as transportation and agriculture to promote health through climate action, such as supporting active transportation and the consumption of local, plant-based foods.

##### Healthy Public Policy

- ▶ Work with local governments to establish maximum indoor temperatures for multi-unit dwellings.

#### Enabling Functions

##### Data, Analytics & Infrastructure

- ▶ Develop and integrate indicators for reporting, monitoring and surveillance of climate impacts on population and public health programs and services.

##### Resource Management

- ▶ Enhance the sustainability and resilience of health system supply chains through environmentally preferred procurement.

##### Governance, Legislation & Regulation

- ▶ Support local governments and provincial ministries with expertise and guidance to integrate health and well-being considerations into their climate plans and policies.

##### Health Protection

- ▶ Adapt health protection guidance and protocols for drinking water system operators and environmental health officers to account for B.C.'s changing climate.

##### Public Health Emergency Preparedness & Response

- ▶ Continue to implement and develop B.C.'s Heat Alert and Response System.

##### Evidence, Knowledge & Communication

- ▶ Develop and distribute culturally and locally relevant public communications, knowledge products and resources on climate change, including impacts of extreme weather events, food insecurity and zoonoses.

##### Public Health Workforce

- ▶ Enhance the climate literacy of B.C.'s public health workforce through training and collaborative learning forums.

##### Intersectoral Collaboration & Community Mobilization

- ▶ Form collaborative partnerships with B.C. researchers and Indigenous partners to advance climate and health research that honours Indigenous knowledge and methodologies.

##### Disease & Injury Prevention

- ▶ Develop climate-ready tools and resources to support healthy built environments in B.C. communities and to provide guidance to the public.

##### Public Health Intelligence

- ▶ Use vulnerability and adaptation assessments to identify populations and places at greatest risk now and under future climate scenarios, informing climate preparedness and adaptation in each health region.

## Priorities

A set of long-term, province-wide population and public health priorities<sup>b</sup> have been identified to guide the work of the population and public health system. These priorities reflect the key areas where sustained and coordinated action, including by working with other system partners, across all levels is most needed. Work on these priorities under the Strengthening Public Health Initiative will be guided by the Framework and will include development of an associated action plan and measurement and evaluation plan. Work on these priorities will also be viewed through the lenses of the three foundational principles: Truth, Rights and Reconciliation; Health Equity and Anti-Racism; and System Capacity.

The sections that follow provide more detail on each priority, including a goal statement and a set of high-level focus areas. Where appropriate, measures will be disaggregated by sex/gender, age, race, ethnicity and region. These focus areas will be further refined in Phase 2 of the Strengthening Public Health Initiative, as part of the development of an action plan and detailed measurement and evaluation plan.

While the province-wide priorities will require special focus and attention, public health teams will also continue to deliver core programs and services across B.C. Action to address the province-wide priorities will support and complement this core work.

A central aspect of population and public health work is acknowledging the historical and ongoing harm faced by Indigenous Peoples and working to take action on Indigenous-specific anti-racism. Population and public health programs, services and teams all have a responsibility to take a **distinctions-based approach** that respects self-determined Indigenous ways of promoting and safeguarding health and wellness. By working with Indigenous partners and focusing on the strengths and wisdom they bring, we can help to ensure that population and public health initiatives are culturally appropriate, effective and address the specific needs and contexts of Indigenous Peoples.



<sup>b</sup> The priorities were developed through a robust process including a literature review; jurisdictional scans; population and public health surveillance assessments; consultation with population and public health leaders, community and Indigenous partners; and a final review by the Public Health Executive Committee, representing the most senior governance level for population and public health in B.C. Objectives/Focus Areas were developed through an engagement process with subject-matter experts within population and public health, and were finalized by population and public health leadership using the prioritization matrix in [Appendix C](#).



# Best Start in Life



## Context

The formative years—spanning from prenatal to adolescence—constitute a critical period marked by extensive growth and transformations across physical, mental, social, emotional and cognitive domains. How a child develops during this time can affect lifelong health and social outcomes, such as risk factors for chronic diseases, coping and resiliency, and educational attainment.<sup>70</sup> Increasing evidence points towards the ways in which early childhood experiences, both positive and negative, can shape future outcomes. Weaving the foundational principles of Truth, Rights and Reconciliation; Health Equity and Anti-Racism; and System Capacity is essential through any Best Start in Life intervention.

In 2019-2022, approximately one-third of kindergarten children in B.C. (32.9% or around 13,500 individuals) displayed vulnerabilities in critical domains of healthy development.<sup>71</sup> This represents a concerning trend, with overall vulnerability rates escalating from 29.9% to 32.9% between 2004 and 2022. Moreover, recent surveys among B.C. students in grades 7 to 12 reveal significant opportunities to enhance support, particularly in mental health and substance use, healthy eating, stress management and coping with adverse experiences. We also know that parents and children in rural and remote communities are resilient and resourceful, but can also face unique challenges, including community isolation, and access to culturally safe care that is close to home.

The most sensitive period of brain development begins prenatally and continues for the first three years of life; positive and negative events during this life stage can have lifelong effects. Therefore, investing in high-quality programs early on in life is the best way to improve the health of a population over time and have the potential to yield a high return on investment.<sup>72</sup>

A 2019 study in *Lancet Public Health*, for example, estimated that even a small reduction of the prevalence of adverse childhood experiences—like traumatic events or exposure to violence, abuse or neglect—in the population could generate substantial economic benefits.<sup>73</sup> This underscores the importance of investing in prevention and promotion initiatives early on, and working intersectorally outside of the usual population and public health partnerships, to ensure the best start in life and to avoid later negative outcomes. System partners that work together towards achieving this priority include schools, daycare operators, and other organizations that support parents and children.

Prioritizing the well-being of its children and youth in B.C. will secure a healthier and more equitable future for all.



# Best Start in Life

**Goal Statement:** Build foundations of good health by reducing unfair disadvantages for pregnant people, children and families.

## Focus Areas/Objectives:

- ▶ **Prenatal and perinatal public health services:** Increase equitable access to evidence-informed and culturally safe prenatal and perinatal public health services.
- ▶ **Culturally safe and trauma-informed birthing and midwifery practices:** Increase culturally safe and trauma-informed birthing and midwifery.
- ▶ **Early childhood development services:** Increase culturally sensitive, equitable and timely access to public health services that promote healthy childhood development, including speech, audiology and dental services.
- ▶ **Prevention of adverse childhood experiences (ACEs):** Reduce ACEs and increase positive childhood experiences particularly in the first 2,000 days of life.
- ▶ **Socio-economic disparities and child poverty:** Reduce the impact of socio-economic disparities and reduce child poverty.
- ▶ **Access to affordable, licensed child care facilities:** Increase access to licensed child care facilities.
- ▶ **Nutritious foods in schools:** Increase children’s access to nutritious foods while at school.
- ▶ **Healthy infant feeding:** Increase healthy infant feeding.
- ▶ **Intersectoral collaboration:** Work with partners outside of the health system, including immigrant- and refugee-serving organizations and Indigenous service organizations, to integrate public health services with parenting supports for priority populations.

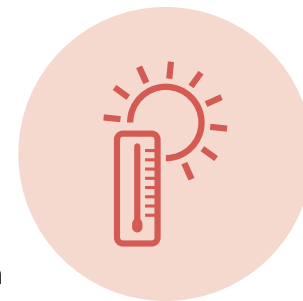
<b>FOUNDATIONAL PRINCIPLES</b>	<b>Truth, Rights &amp; Reconciliation</b>	<b>Health Equity &amp; Anti-Racism</b>	<b>System Capacity</b>
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# Health Impacts of Climate Change

## Context

Climate change, and other global ecological change, poses a significant risk to human health with more frequent climate-related events expected in B.C. (wildfires, floods, extreme temperatures), but also longer-term changes to the environment, including increased risk of vectors and zoonoses, sea level rise, habitat loss, receding glaciers and prolonged water shortages.<sup>74</sup> In addition, climate change can amplify the threat of significant health impacts from other global and local ecological changes, including biodiversity loss, pollution and other Earth system changes.

To help limit the health, environmental, social and economic costs of climate change and other ecological changes in the future, it is critical to understand how exposure to these hazards impacts the population, and to support communities to mitigate and where necessary adapt to those impacts and to prepare for increased frequency and intensity of climate-related events. Recognizing the disproportionate impact of climate and ecological changes on specific populations, such as rural and remote communities, it is also essential to consider the foundational principles of Truth, Rights and Reconciliation; Health Equity and Anti-Racism; and System Capacity in applying this priority. System partners include local governments, Indigenous rights holders, and health emergency management among others.





# Health Impacts of Climate Change

**Goal**

**Statement:**

- ▶ Anticipate, assess, prevent and reduce the human health impacts and hazards from climate change, recognizing the interconnectedness of human health and the health of the environment.
- ▶ Support climate change adaptation, resiliency and mitigation activities that protect populations.

**Focus Areas/Objectives:**

- ▶ **Climate resilience of communities:** Increase climate resilience of communities.
- ▶ **Drinking water:** Increase safety and resiliency of drinking water systems.
- ▶ **Public health communications, research and knowledge mobilization** on the health risks of climate change, including Indigenous perspectives.
- ▶ **Extreme heat and cold.**
- ▶ Climate-readiness in **built environments.**
- ▶ **Populations at-risk** due to climate-sensitive health conditions.
- ▶ Population health **assessment, surveillance and monitoring.**
- ▶ Integration of health and well-being considerations in local, provincial and federal **climate plans and policies.**

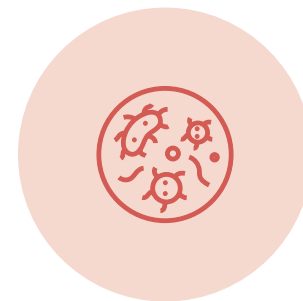
**FOUNDATIONAL PRINCIPLES**

**Truth, Rights & Reconciliation**

**Health Equity & Anti-Racism**

**System Capacity**

# Communicable Disease Prevention and Response



## Context

Communicable diseases are among the top ten leading causes of death in B.C. This priority aims to protect people in B.C. from communicable diseases by predicting, detecting, assessing and responding to outbreaks and new threats, as well as contributing to the prevention, control and reduction of the unequal spread of communicable disease among communities.

A strong focus on Communicable Disease Prevention and Response supports the province to stay healthy by protecting the population against communicable diseases, preventing outbreaks and enabling a quick and effective response to communicable disease-related issues, including providing a coordinated response to emerging or unusual situations. Population and public health programs, services and teams have modelled key examples of how the foundational principles of Truth, Rights and Reconciliation; Health Equity and Anti-Racism; and System Capacity can be embedded in Communicable Disease Prevention and Response, such as prioritizing people at higher risk from COVID-19 throughout implementation of B.C.'s immunization plan during the pandemic.



# Communicable Disease Prevention and Response

**Goal Statement:** Mitigate health and societal impacts from communicable diseases and prepare for any future pandemic.

## Focus Areas/Objectives:

- ▶ **Communicable disease infections:** Reduce the incidence of communicable diseases, including sexually transmitted infections, tuberculosis, viral respiratory infections, viral and bacterial enteric and vector-borne diseases.
- ▶ **Vaccine coverage rates:** Increase vaccine coverage rates to meet established targets, especially for all routine infant and childhood vaccines.
- ▶ **Vaccine misinformation and disinformation:** Reduce the impacts of vaccine misinformation and disinformation on uptake of recommended vaccines.
- ▶ **Pandemic preparedness:** Minimize the direct and indirect impact of any future pandemic.
- ▶ **Communicable disease capacity:** Ensure sufficient capacity to prevent, manage and control communicable diseases.
- ▶ **Access and availability:** Increase culturally safe, trauma-informed access to and availability of public health services that reduce the incidence of communicable disease, including timely detection and notification.



# Prevention and Reduction of Substance-related Harms



## Context

**Psychoactive substances** are substances that affect mental processes like perception, mood and consciousness (e.g., alcohol, nicotine, cannabis, cocaine and opioids).<sup>75</sup> Substances can have both harms and benefits for individuals and society. Substance-related harms are negative effects related to substances experienced by individuals (e.g., liver disease caused by alcohol, substance use disorders) and society (e.g., policing costs, lost productivity, reduced life expectancy).

A public health approach to substance use works to protect and promote the health, wellness and safety of people who use substances and the community. Population and public health programs and services play a key role in preventing and reducing substance-related harms, and keeping people who use substances safe. The population and public health system works with other policy and service delivery partners, such as the housing sector, local governments, industry, enforcement officers and the education sector, as well as other health service providers focused on treatment and recovery.

In 2016, the Provincial Health Officer declared drug toxicity deaths (the toxic drug crisis) a public health emergency. Death due to unregulated drug toxicity remains the leading cause of unnatural death in B.C. according to 2022 data.<sup>76</sup> In 2024, 71% of drug deaths were among people aged 30–59 and 71% of deaths were among men.<sup>77</sup> There can be a magnification of risk in rural and remote communities, and in areas where there is a lack of harm reduction supports. Each of the lives lost to this prolonged drug toxicity crisis represents a person, treasured by their loved ones and community.

In 2020, over 30 lives per day were lost due to substance use in B.C., and harms from substances were estimated to cost B.C. more than \$7.4 billion each year. In B.C., alcohol is the biggest contributor to substance-related costs and harms, followed by tobacco, and both result in substantial hospitalizations, deaths and social costs.<sup>78</sup>

We know that harms disproportionately impact specific communities across the population, and as such, it is critical to bring the lenses of Truth, Rights and Reconciliation; Health Equity and Anti-Racism; and System Capacity to work on this priority. Work to prevent harms from substance use includes addressing the determinants of health, contributing to creating healthy public policy, increasing protective factors in early childhood and reducing the stigma around substance use, among other initiatives.



# Prevention and Reduction of Substance-related Harms

**Goal Statement:** Prevent and reduce harms of legal and illegal psychoactive substances.

**Focus Areas/Objectives:**

- ▶ **Unregulated drug poisoning crisis:** Reduce unregulated drug poisoning harms and deaths and generational impacts across geographies and populations.
- ▶ **Inequitable burden of the drug poisoning crisis on First Nations, Inuit and Métis Peoples:** Eliminate the inequitable burden of harms from the drug poisoning emergency on First Nations, Inuit and Métis Peoples.
- ▶ **Stigma associated with substance use:** Reduce stigma related to communities at high risk from toxic drug poisoning.
- ▶ **Harms from alcohol, tobacco, cannabis and nicotine:** Reduce alcohol-, tobacco-, cannabis- and nicotine-related harms.
- ▶ **Prevention of child and youth exposure to substances:** Reduce exposure to tobacco, nicotine, cannabis, alcohol and other psychoactive substances for children and youth.

<b>FOUNDATIONAL PRINCIPLES</b>	<b>Truth, Rights &amp; Reconciliation</b>	<b>Health Equity &amp; Anti-Racism</b>	<b>System Capacity</b>
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# Non-communicable Disease and Injury Prevention



## Context

Non-communicable diseases and injuries cause a significant burden of ill health to people and the health system in B.C. Over half of people in B.C. have at least one chronic health condition, like cardiovascular disease or diabetes.<sup>79</sup> In their lifetime, 1 in 2 people in B.C. will face a cancer diagnosis.<sup>80</sup> Non-communicable diseases place considerable costs on individuals and society, such as direct health care, quality of life and caregiving. In 2015, the estimated annual economic burden in B.C. from the modifiable risk factors for chronic disease—excess weight, tobacco smoking, alcohol use, physical inactivity and low fruit and vegetable consumption—was \$7.8 billion.<sup>81</sup>

Injuries are one of the leading causes of disability, hospitalization and avoidable mortality in B.C., inequitably impacting older adults, Indigenous Peoples and people living in rural and remote areas.<sup>82</sup> In 2018, preventable injuries cost the B.C. economy \$4.3 billion, including \$2.7 billion in direct health-care costs.<sup>83</sup>

Prevention provides the best chance of lowering the risk of illness, disability and mortality from non-communicable diseases and injuries, and reduces demand on health and social services, including ambulance services, hospital care and medical treatment. System partners include local governments, diverse industry partners, physical activity and recreation initiatives and many others. Non-communicable disease and injury prevention may disproportionately affect priority populations, and downstream interventions are costly for the system; as a result, the lenses of Truth, Rights and Reconciliation; Health Equity and Anti-Racism; and System Capacity are essential to apply to this priority.



# Non-communicable Disease and Injury Prevention

**Goal Statement:** Prevent and reduce the impacts of non-communicable disease and injury.

**Focus Areas/Objectives:**

- ▶ **Healthy aging:** Improve the health of the older adult population, including by supporting resiliency and mitigating advancement of frailty.
- ▶ **Food security:** Decrease household food insecurity and increase access to nutritious foods.
- ▶ **Physical activity and sedentary behaviour:** Encourage physical activity and reduce sedentarism.
- ▶ **Suicide and self-harm injury prevention:** Reduce injuries from suicide ideation and attempts and self-harm.
- ▶ **Eliminate serious injuries and deaths on the roads:** Support local communities across B.C. to achieve Vision Zero<sup>c</sup> and make travelling around one’s community safe and equitable.

<b>FOUNDATIONAL PRINCIPLES</b>	<b>Truth, Rights &amp; Reconciliation</b>	<b>Health Equity &amp; Anti-Racism</b>	<b>System Capacity</b>
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<sup>c</sup>Vision Zero is a multidisciplinary approach to road safety which has been adopted by jurisdictions around the world including B.C. The goal of Vision Zero is to eliminate all traffic fatalities and severe injuries, and to increase safe, healthy and equitable mobility for all.

# Population Mental Health and Wellness



## Context

Public health approaches to **mental health** and **wellness** include the promotion of mental well-being and honouring holistic wellness.<sup>84</sup> Positive mental health is a key component of healthy development, and population mental health and wellness interventions can result in a broad range of impacts and associated economic savings.

In a survey during the COVID-19 pandemic, 57% of those surveyed reported worse mental health since the beginning of the pandemic—66% among people age 18–29.<sup>85</sup> These challenges do not only affect individuals and their families, but also affect their communities and society overall. Having basic needs met, healthy eating, exercise, connection to culture and social connection are among the many factors that contribute to positive mental health.

There is a strong overlap between population mental health and wellness and prevention of harms related to substances. As such, addressing the social, structural and commercial determinants of health; contributing to creating healthy public policy; and increasing protective factors in early childhood are important interventions. Additionally, the foundational principles of Truth, Rights and Reconciliation; Health Equity and Anti-Racism; and System Capacity must be applied to this priority, given the disproportionate impact on some priority populations, the ongoing need to fight stigma, and the need to appropriately uphold the mental health and wellness continuum of care.





# Population Mental Health and Wellness

**Goal Statement:** Improve the mental health and wellness of the population, including by cultivating connection to land, language, place and community.

## Focus Areas/Objectives:

- ▶ **Health promotion in schools:** Increase mental wellness in children and youth through comprehensive school health.
- ▶ **Mental well-being:** Increase mental well-being.
- ▶ **Cultural wellness:** Increase cultural wellness (including language, traditional foods, traditional medicines, traditional spirituality and participation in community cultural events).
- ▶ **Community belonging and social inclusion:** Increase the sense of community belonging and social inclusion.
- ▶ **Harms from gambling:** Reduce gambling-related harms.
- ▶ **Housing as a determinant of health:** Contribute to addressing risk factors and health consequences of homelessness.
- ▶ **Early detection of mental health and substance-related disorders:** Increase rates of early identification of people with mental health and substance-use related disorders.

FOUNDATIONAL PRINCIPLES

Truth, Rights & Reconciliation

Health Equity & Anti-Racism

System Capacity

## Measurement and Accountability

Because the population and public health system generally focuses on health promotion and disease prevention rather than treatment, it can take years (or generations) to see improvements in health outcomes from population and public health actions. For this reason, monitoring progress and ensuring appropriate accountability are critical to ensuring positive improvements in population health over time.

As part of the next phase of the Strengthening Public Health Initiative, the Ministry of Health will develop a shorter-term action plan and a measurement and evaluation plan to support monitoring and accountability for the Population and Public Health Framework. The action plan will provide a road map that will help guide progress on each of the population and public health priorities over the lifespan of the Framework.

Having a measurement and evaluation plan associated with the Framework is essential to determine what will be measured and how, and to track progress across the components of the Framework. This will strengthen positive impacts and promote a learning health system. Where available, measures will be stratified, or disaggregated, by priority population groups and geographic regions as a first step to describing and understanding differences in health outcomes. By measuring gaps in health outcomes and determinants of health, we can use evidence to inform the development of stronger policies and programs and ensure our actions are making progress towards our foundational principles of Truth, Rights and Reconciliation, and Health Equity and Anti-Racism.





## Conclusion

Recent years have shown the critical importance of the population and public health system in society. From the COVID-19 pandemic to the toxic drug crisis to multiple extreme weather events and natural disasters such as forest fires, smoke and floods, population and public health programs, services and teams have rallied to tackle emerging needs across the province, collaboratively. Strong population health approaches and public health programs and services keep people in the province safe and well<sup>86</sup> and are impactful as a societal investment. As we take up the Population and Public Health Framework and work together to advance anti-racism and health equity, we will continue to innovate and champion population and public health leadership across Canada and globally.



# Glossary

**2SLGBTQIA+:** This term stands for 2-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual peoples; the “plus” sign (+) includes people with other identities and orientations, such as non-binary or pansexual. Everyone has both a gender identity and a sexual orientation, and only you can determine your identity and orientation. B.C. is committed to continue to advance the rights and freedoms for people of all sexual orientations and gender identities.<sup>87</sup>

**Anti-racism:** The deliberate act of opposing racism and promoting a society that is thoughtful, inclusive and just.<sup>27</sup>

**Commercial determinants of health:** A range of private sector activities and practices, like marketing, supply chain, labor and employment conditions and lobbying, that can influence health.<sup>88</sup>

**Communicable disease:** Communicable diseases are infectious diseases that are contagious and can spread via direct contact with an infected individual (or animal) or their body fluids, by droplets through the air, or by indirect means via a vector. Infectious diseases are caused by bacteria, viruses, parasites or fungi that can spread through different channels, like human contact, food, water and air or their toxins.<sup>89</sup>

**Community mobilization:** A process that brings together individuals to address an issue through organized action. Community mobilization aims to strengthen the capacity of community to identify and address its own needs, while generating local solutions.

**Core competencies:** The essential knowledge, skills and attitudes necessary for the practice of public health. They provide the building blocks of effective public health practice, and the use of a public health approach.<sup>11</sup>

**Cultural humility:** “A process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another’s experience.”<sup>90(p.5)</sup>

**Cultural safety:** First Nations Health Authority defines cultural safety as “an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.”<sup>90(p.5)</sup>

**Determinants of health:** A broad range of factors and conditions that determine the health of individuals and populations.<sup>21</sup> These include personal, social, economic, ecological, environmental and structural factors (e.g., education, income, employment, biology, gender, race, culture, etc.) These factors can influence health outcomes in both positive and negative ways. First Nations, Inuit and

Métis communities have distinct ways of understanding and expressing unique determinants of health, including recognition of the importance of self-determination, language, culture, community and connection to land, as well as an understanding of how the legacy of settler colonialism has influenced the determinants.

**Disaggregated data:** Data that provides sub-categories of information, such as ethnic group, gender, occupation or educational status. “Unlike aggregated data, which groups information together, disaggregated data can reveal inequalities and relationships between categories.”<sup>36</sup>

**Distinctions-based approach:** A distinction-based approach means that the Province of B.C.’s work with First Nations, Inuit and Métis Peoples will be conducted in a manner that acknowledges the specific rights, interests, priorities and concerns of each, while respecting and acknowledging these distinct Peoples with unique cultures, histories, rights, laws and governments.<sup>91</sup>

**Epidemiology:** The study of the distribution and patterns of disease in different groups and their causes. Epidemiological research is used to plan and evaluate effective strategies to promote health and prevent disease, illness and injury.<sup>92</sup>

**Evidence-informed approach:** Public health practitioners consider a range of different factors when making decisions about policies, programs and services. Evidence-informed decision-making is the process of “integrating the best available research evidence into the decision-making process.”<sup>60</sup> This approach is expanded to be inclusive of evidence from a variety of sources and knowledge systems including First Nations, Inuit and Métis wisdom and ways of knowing, research, population health data and local context.

**Grandmother Perspective:** An approach of respectful relations to the collection of disaggregated data. This approach is grounded in the idea that rather than collecting and using disaggregated data to monitor the lives of Indigenous Peoples, it is about caring for First Nations, Inuit and Métis communities by informing law, policy and institutional practice that is in service of and developed in collaboration with those who are systematically discriminated against.<sup>36</sup>

**Health equity:** When individuals have the fair opportunity to reach their fullest health potential. Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust.<sup>20,93</sup>

**Health in all policies:** An approach to public policies across sectors that considers the health implications of decisions, seeking synergies and avoiding the harmful health impacts of policies outside the health sector in order to improve population health and health equity. It emphasizes the consequences of public policies on health systems, determinants of health and well-being.<sup>94,95</sup>



**Health inequality:** Differences in health status between individuals or population groups.<sup>20</sup> Sometimes these differences are unavoidable (e.g., when the difference can be attributed to a biological factor, such as DNA). When a difference is unfair and avoidable, it is known as a *health inequity*.

**Health inequity:** Differences in health status that are considered to be unfair or unjust and modifiable.<sup>20</sup> Health inequities are grounded in social, economic and environmental conditions<sup>96</sup> and power imbalances.<sup>97</sup>

**Health promotion:** The process of enabling people to increase control over, and to improve, their health.<sup>44</sup> This process focuses on addressing the needs of the population in the context of their daily lives and is directed toward action on the determinants of health.<sup>7</sup>

**Indigenous Peoples:** Consistent with Section 35 of the *Constitution Act, 1982*<sup>1</sup> and Section 1 of the *Declaration on the Rights of Indigenous Peoples Act*<sup>13</sup>, the term “Indigenous Peoples” is used in this document to refer to First Nations, Inuit and Métis Peoples, honouring their Inherent Rights in Canada. We recognize B.C. First Nations homelands and territories that stretch to every inch of the province. We also recognize that Indigenous persons from other global contexts call Canada home, and that these people maintain connection to their own unique, distinct Indigenous cultures, traditions and identities.

**Infectious disease:** Infectious diseases are caused by bacteria, viruses, parasites or fungi that can spread through different channels, like human contact, food, water and air.<sup>98</sup> Communicable diseases are infectious diseases that are contagious and can spread via direct contact with an infected individual (or animal) or their body fluids, including through the air from droplets, or by indirect means via a vector.

**Infodemic:** Too much information—including false and misleading information—in digital and physical environments during a disease outbreak or other event. It causes confusion and can lead to risk-taking behaviours that can harm health. It can lead to mistrust of health officials and can undermine the public health response to the outbreak or event.<sup>62</sup>

**Infodemic management:** This approach involves efficiently handling the overflow of often conflicting information, including rumours, misinformation and disinformation, during health emergencies. Misinformation refers to false information shared unintentionally, while disinformation involves deliberately disseminating false information. Both can generate damaging rumours and lead to public misunderstanding and mistrust. The core aim of infodemic management is to ensure the spread of trustworthy information, enabling informed decision-making for public health and the general public.<sup>99</sup>

**Intersectionality:** A way of understanding and tackling social injustice by considering how people’s different social positions and identifiers—like age, gender, sex, race, ethnicity, Indigeneity and religion—are influenced by systems of power and oppression.<sup>100</sup>

**Life course approach:** This approach “recognizes the determinants of health and their interactions, conditions, and outcomes throughout an individual’s life, from birth to death. The life course approach focuses on assessing one’s start to life, and to needs faced at critical periods during an individual’s lifetime.”<sup>101,102(p. 150)</sup>

**Mental health:** The state of a person’s psychological and emotional well-being.<sup>103</sup>

**Non-communicable disease:** A term for “common and important conditions of public health importance that are not caused by infectious pathogens.”<sup>8</sup> Non-communicable diseases tend to be of longer duration and result from a combination of genetic, physiological, environmental and behavioural factors. The main types are cardiovascular diseases (e.g., heart attacks, stroke), cancers, chronic respiratory diseases (e.g., chronic obstructive pulmonary disease, asthma) and diabetes.<sup>104</sup>

**One Health:** An integrated, unifying approach to balance and optimize the interrelated health of people, animals and the environment.<sup>51</sup> Foundational is the acknowledgment that the health of human beings is closely linked with animals, plants and the wider environment or ecosystem. It supports various sectors, disciplines and communities to work together to address shared health threats such as emerging infectious diseases, antimicrobial resistance and food safety.

**Planetary health:** An integrative approach that focuses on “analysing and addressing the impacts of human disruptions to Earth’s natural systems on human health and all life on Earth.”<sup>52(p. 4)</sup> It emphasizes the interconnection with the natural environment, and takes a multi-disciplinary approach to addressing social, economic and environmental issues affecting both human health and the environment.

**Population health approach:** An approach to health that focuses on improving the health of the entire population and to reduce health inequities among population groups. It does this by acting on the broad range of factors and conditions that influence health.<sup>6</sup>

**Population health assessment:** An evidence-informed process that involves defining and assessing the health status of populations including rates of diseases, determinants of health, and risk and protective factors. The results of population health assessment are used to help plan, prioritize and improve public health interventions.<sup>57</sup>

**Primary prevention:** Strategies to prevent the occurrence of disease (e.g., immunization, provision of safe drinking water, etc.).<sup>56</sup>

**Primordial prevention:** A type of preventative strategy that aims to target the underlying determinants of health that shape the conditions and living environments that influence risk for disease, illness and injury.<sup>56</sup>

**Priority populations:** Groups of people that experience systemic barriers to equal access, opportunities and resources as a result of historical and ongoing harms. Black, Indigenous, and other Peoples of Colour, newcomers (immigrants and refugees), persons with disabilities, 2SLGBTQIA+ communities, those living in rural and remote areas of the province<sup>28</sup> and those disproportionately impacted by negative health outcomes (where population and public health interventions may be targeted) may be considered to be priority populations.

**Psychoactive substances:** Substances that affect mental processes like perception, mood and consciousness (e.g., alcohol, nicotine, cannabis, cocaine, and heroin).<sup>75</sup>

**Public health:** “An organized activity of society to promote, protect, improve, and, when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills and values that function through collective societal activities and involves programs, services and institutions aimed at protecting and improving the health of all the people... It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice.”<sup>7(p.306)</sup>

**Public health surveillance:** The ongoing collection, analysis, interpretation and dissemination of health-related data and information to support planning, implementation, evaluation and improvement of public health practices.<sup>57</sup>

**Risk communication and community engagement:** A tool for various core public health functions, including Public Health Emergency Preparedness and Response, that enables effective engagement with affected populations. It involves building trust with communities facing a hazard or threat through communication and by co-developing emergency management solutions that work for those communities. Risk communication “involves the real-time exchange of information, advice and opinions between experts or officials and individuals facing a hazard or threat to their survival, health, or economic or social well-being.”<sup>99</sup> The main objective of risk communication is to enable at-risk individuals to make informed decisions that mitigate the impact of a threat (hazard), such as a disease outbreak, by adopting protective and preventive measures. Community engagement looks to build relationships and structures that involve communities as equal partners in developing solutions to issues affecting them.

**Secondary prevention:** Strategies to detect disease as soon as possible to slow or stop its progress and, if possible, eradicate the disease. Examples include screening tests such as the human papillomavirus (HPV) screening to check for precursors of cervical cancer.<sup>56</sup>

**Settings-based approach:** A setting for health is “the place or social context where people engage in daily activities, in which environmental, organizational and personal factors interact to affect health and well-being.”<sup>45(p.30)</sup> Settings can also be used to promote health by reaching people directly who live and work in them. Healthy setting approaches have been implemented many ways in multiple areas, including healthy cities, healthy schools or healthy workplaces.

**Settler colonialism:** A system of power—rooted in White supremacy—that seeks to eliminate Indigenous Peoples and establish settlers’ rights to Indigenous lands.<sup>105</sup> The goal of this form of colonialism is the erasure of Indigenous Peoples in order to take the land for use by settlers in perpetuity.<sup>106</sup>

**Structural determinants of health:** The upstream systems, structures and policies that create inequities in power, wealth, and other resources within society.<sup>21</sup> They include social, economic and political systems, public policies, societal values, colonialism (including settler colonialism) and racism.

**Tertiary prevention:** Interventions aimed at stopping the progress of established disease.<sup>56</sup>

**Two-eyed seeing approach:** “‘Two-eyed seeing’ refers to learning to see Indigenous ways of knowing from one eye and Western ways of knowing from the other eye and using the strengths, gifts and insights from both to gain a well-rounded perspective.”<sup>12</sup> It is inspired by the teaching of Mi’kmaq Elder Albert Marshall.

**Values:** Values guide beliefs, decisions and actions. “Shared values provide the “high-level moral justification” for public health action, guiding how priorities are set, how resources are allocated and how success is measured.”<sup>107(p.2)</sup> Values can be both behavioural (e.g., solidarity, fairness, etc.) or terminal (i.e., represent end terminal states of existence) (e.g., health equity and self-determination).

**Vector:** “Living organisms that can transmit infectious pathogens between humans, or from animals to humans.” Examples include mosquitoes, fleas, lice and ticks. Vector-borne diseases are human illnesses caused by parasites, viruses and bacteria transmitted by vectors. Examples include malaria, West Nile fever and Lyme disease.<sup>108</sup>

**Vision:** A statement that describes what the organization hopes to become in the future.<sup>109</sup>

**Wellness:** A state of physical, mental, social and spiritual well-being that enables a person to achieve their full potential and an enjoyable life.<sup>7</sup>

**Zoonoses:** Zoonotic diseases (zoonoses) are “infectious diseases that are transmitted from animals to humans.” Examples include Giardiasis (beaver fever) and rabies.<sup>110</sup>

# Appendix A. Highlighted Progress Reporting on the 2013 Guiding Framework

In 2013, the British Columbia (B.C.) Ministry of Health released the first strategic document for the public health system in the province—*Promote, Protect, Prevent: Our Health Begin's Here. BC's Guiding Framework for Public Health*.<sup>d,4</sup> In 2019, the Provincial Health Officer's report titled *Taking the Pulse of the Population: An Update on the Health Status of British Columbians*,<sup>111</sup> explored progress on the 36 measures identified in the 2013 Guiding Framework and provided a dashboard update on each measure. Below are some highlighted findings for the 2013 measures. This reporting finalizes and sunsets the original objectives and measures from the 2013 Guiding Framework, although some measures may be carried forward as part of our ongoing measurement and evaluation plan that is planned for the next phase of work under the Strengthening Public Health Initiative.

## Highlights

### Overarching Measures

- ▶ In 2021, 92% of people in B.C. (age 12+) reported that they are satisfied or very satisfied with life, which is comparable to 2015.

### Goal 1: Healthy Living & Healthy Communities

- ▶ The percentage of people in B.C. (age 12+) who reported smoking commercial tobacco daily or occasionally has decreased from 13.8% in 2015 to 9.6% in 2021.

### Goal 2: Maternal, Child & Family Health

- ▶ The percentage of new mothers who report smoking during pregnancy has improved, with a reduction from 8.5% in 2010/2011 to 3.6% in 2021/2022.

### Goal 3: Positive Mental Health & Prevention of Substance Harms

- ▶ Among B.C. students who use alcohol, in 2023, 66.0% first used before age 15, which is an improvement since 2008, although there are greater decreases in use among males than females, and substantial geographic variation by health service delivery area.
- ▶ Among B.C. students who use cannabis, in 2023, 55.7% first used before age 15, which is an improvement since 2008, although there are greater decreases in use among males than females, and substantial geographic variation by health service delivery area.

<sup>d</sup> Minor updates to the data sources and indicators were made in 2017.

## Highlights

### Goal 4: Communicable Disease Prevention

- ▶ Incidence of hepatitis C among repeat testers per year (per 1,000 population) has improved overall from 6.7 in 2009 to 1.2 in 2023.

### Goal 5: Injury Prevention

- ▶ The age-standardized hospitalization rate for unintentional injuries has improved overall since 2010/2011 and was 4.9 per 1,000 population in 2022/2023.

### Goal 6: Environmental Health

- ▶ The percentage of households with municipal water supply reporting that they boiled their drinking water during the previous 12 months in order to make it safe to drink, went from 18.0% in 2009 to 13.0% in 2021.

### Goal 7: Public Health Emergency Management

- ▶ All health authorities (including the First Nations Health Authority) have a pandemic influenza response plan in place that aligns with the Ministry plan.
- ▶ All health authorities (including the First Nations Health Authority) have participated in an emergency exercise with a public health component in the last two years.

### Public Health Surveillance

- ▶ A plan to improve public health surveillance in B.C. has been developed and implemented.



## Appendix B. Values

**Values** guide our beliefs, decisions and actions within the population and public health system. “Shared values provide the ‘high-level [...] justification’ for public health action, guiding how priorities are set, how resources are allocated and how success is measured.”<sup>107(p.2)</sup> The following shared values guide the work of population and public health programs, services and teams.

▶ **Inherent Indigenous Rights and Self-determination**

We take actions that require courage and uncomfortable change to uphold the inherent rights of Indigenous Peoples to have self-determination over their own health and wellness.

▶ **Truth before Reconciliation**

We recognize the truth that Indigenous-specific racism is perpetuated through structurally and systemically racist policies and practices that remain hardwired into our system and processes and impede the health and wellness of Indigenous Peoples. Truth-telling must come before reconciliation.

▶ **Anti-racism/Anti-discrimination**

We actively oppose racism and discrimination and promote a population and public health system that is inclusive, diverse and respects the dignity of all.

▶ **Collaboration**

We recognize that we are stronger together, and will work to build meaningful, cooperative and inclusive partnerships with the populations that we serve.

▶ **Equity/Fairness**

We work to positively disrupt the systems and structures in our society that create preventable inequities so that all people have a fair and just opportunity to attain their best health.

▶ **Inclusivity**

We respect, uphold and include diverse perspectives and experiences from the populations we serve in the development, implementation and evaluation of population and public health programs, services and teams.

▶ **Interconnectedness**

We recognize that the health and well-being of people and communities are closely linked to the health of the land, waters, plants and animals within our shared environment.

▶ **Intersectionality**

We take an intersectional approach to public health and recognize the ways that systems of power and oppression like racism, classism and sexism are interwoven.

▶ **Trustworthiness**

We will build and earn trust and credibility by being transparent, responsive and accountable to the populations we serve.

## Appendix C. Prioritization Matrix

The priorities and foundational principles in the Framework were selected using the following prioritization matrix. The matrix includes both **epidemiological** and health equity considerations, along with other key considerations such as feasibility, alignment with other strategic goals, and support from other partners.

Epidemiology <sup>e</sup>	Other
Severity of harm	Federal, Provincial, Regional, and Local Strategic Priorities and Direction
Intensity of the benefit	Interventions are available, feasible and cost-effective
Size of population impacted	Aligns with values and goals identified in strategies
Existing degree of inequity and likelihood of creating increased inequity for underserved populations	Public health has a role (supporting, influencing, providing, data, interfacing with other systems)
Duration of impact	Policy Window (Problems, Policies, Politics)
	Collaboration with and support from partners

<sup>e</sup> List adapted from the BC Centre for Disease Control and Office of the Provincial Health Officer Priority-setting Framework (n.d.)

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