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NPHI CASE STUDY
Profile of Creation and Growth

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Public Health Agency of Canada (PHAC)

Respondent of the interview is David Butler-Jones, MD, MHSc, FRCPC, CCFPC, FACPM Canada's Chief Public Health Officer (CPHO) and Deputy responsible for the Public Health Agency of Canada; reports to Minister of Health

Role in creation of the NPHI Dr. Butler-Jones was Executive Director of the Population Health and Primary Health Services Branches, as well as Chief Medical Health Officer, for Saskatchewan during 1995–2002. Frustrated by his perception of great public health needs but lack of commitment to building public health, he left and returned to academia and consulting on clinical and preventive medicine.

During the outbreak of severe acute respiratory syndrome (SARS), which revived interest in building public health capacity in Canada, he participated in the National Advisory Committee on SARS and Public Health established by the Minister of Health, whose report (also known as the Naylor Report, see below) recommended creation of PHAC. As the plans for PHAC were finalized, he was identified as a candidate for CPHO. On September 24, 2004, he became CPHO and the Deputy responsible for PHAC.

"Focus on the war, not the battle. It's not what you control, it's what you influence."

DR. DAVID BUTLER-JONES

CREATION OF THE NPHI: WHEN, WHY, AND HOW?

Date of creation September 2004

Precursor organizations Population and Public Health Branch (PPHB), which was headquartered in Ottawa and had regional offices across Canada. It included foci on infectious diseases, chronic diseases, emergency preparedness and response, and laboratories specializing in microbiology and foodborne zoonoses.

Impetus for change In 2003, many factors came together to create a consensus on the need for a new national focus on public health and on the path to achieve this.

The SARS outbreak illustrated deficiencies in the public health system, which led to calls for formation of an NPHI.

SARS In 2003, the SARS outbreak killed 44 Canadians and caused illness in hundreds more. Over 25,000 residents of the greater Toronto area were placed in quarantine, resulting in paralysis of a major segment of Ontario's healthcare system for weeks. There were also major effects on the economy related to health and impact on tourism and business travel to Canada. The outbreak highlighted serious deficiencies in Canada's public health system, including lack of surge capacity in clinical and public health systems, difficulty with timely access to laboratory testing and results, absence of protocols for data and information sharing among levels of government, and weak links between the public health and personal health services systems.

Following the SARS outbreak, and in the context of spread of other infectious diseases and health problems like bovine spongiform encephalopathy and West Nile

virus infection, the Minister of Health appointed a National Advisory Committee on SARS and Public Health, chaired by Dr. David Naylor. The report of this Committee was submitted in October 2003. Like the previously released Kirby Report from the Senate Standing Committee on Social Affairs, Science and Technology, the Naylor Report recommended creating a new agency with specific responsibilities for public heath in areas of federal jurisdiction. The agency would be separate from Health Canada and report to the Minister of Health. Both Committees also recommended that the federal government appoint a senior official to serve as Canada's Chief Public Health Officer (CPHO).

Previous meetings and reports Dr. Butler-Jones had chaired a committee on public health capacity in Canada for the Deputy Ministers a few years prior. The report emphasized the need for more investment in public health, using examples such as major infectious disease outbreaks and rising rates of obesity and chronic diseases. By the time the report was complete, all the Deputies who had requested the report were gone and no changes resulted. The report addressed many issues later included in the Kirby and Naylor reports.

At the peak of the SARS outbreak, the Canadian Institutes of Health Research convened a meeting of scientists, public health workers, politicians, and others whose deliberations yielded similar concerns and recommendations. A review from Ontario reported on the differences between the response to SARS by the U.S. government, which was perceived as largely successful, and by Toronto. Much of the difference was attributed to the United States' strong national public health presence, with a focal point in the Centers for Disease Control and Prevention.

Coalitions In 2003, several national organizations, including the Canadian Public Health Association, formed the Canadian Coalition for Public Health in the 21st Century. This group also recognized the urgency of developing capacity to address public health threats and reached consensus about changes that were needed.

Major controversies in developing the NPHI The founders faced several issues during the NPHI creation and development process.

Whether to focus only on infectious disease Dr. Butler-Jones and others effectively argued that non-communicable conditions share many of the same underlying contributors as infectious diseases and that it made sense to create a comprehensive public health agency.

Whether to locate in Ottawa or elsewhere The decision to have a major focus in Manitoba was based on 1) strong political leadership in Manitoba, 2) presence of the only P-4 laboratory in the country, 3) symbolism of not being Ottawa-centric, i.e., having a more national presence, and 4) availability of convenient airline connections between Ottawa and Manitoba/Winnipeg and to the other parts of the country.

Whether PHAC should be in or outside of government Ultimately, the potential to have more influence on governmental processes, policy decisions, and budget seemed a critical factor in favor of being in government. Nevertheless, the CPHO is guaranteed a measure of independence in the Public Health Agency of Canada Act (2006), which codified the CPHO role and PHAC. Both PHAC and Health Canada report to the Minister of Health.

Factors leading to success in creating the NPHI "The stars were aligned." Canada was prepared to take advantage of all of the work that had gone on previously to characterize the deficiencies in Canada's public health system and to propose solutions that would enhance public health. When SARS occurred, much of the groundwork had been done in terms of educating leaders and identifying solutions. In addition, many critical relationships had already been forged.

Success in making the NPHI operational occurred from:

Focus on building relationships This is part of the organizational culture of PHAC. Because Dr. Butler-Jones believes so strongly in the importance of relationship-building, he consciously models this approach.

Deliberate approach to solving problems and resolving differences Great emphasis has been placed on understanding how to deal with issues and decision-making processes. Development of approaches to resolving differences has been an important part of the conversations.

Dedicated staff Staff members are working for PHAC "for the right reasons."

High-level positions with the ability to influence broad governmental policies The CPHO reports to the Minister and is therefore part of key discussions and decision-making.

The nascent PHAC focused not only on what it was doing but also on how it was doing it. Relationships were highly valued, decisions were made deliberately, and the emphasis was on influence rather than control.

Choice of leaders Dr. Butler-Jones is highly respected. He has the personal qualities and credentials that give him credibility and make him an inspiration to staff, as well as the skills needed to ensure that PHAC has been accepted and seen as valuable by other agencies and partners.

Truly national presence Expanded activities in Ottawa, Winnipeg, and other existing sites, with deliberate devolution of some core functions to new locations across Canada has helped to ensure that the NPHI is seen as a Canada-wide force.

Staff and most organizational components from an existing branch High-quality staff had a history of working together.

Focus not on what PHAC can control, but what it can influence This was important for ensuring acceptance by other organizations in government. PHAC focuses not on being a threat but on being a value-added.

Focus on the bigger picture PHAC does not try to win every battle.

Pan-Canadian Public Health Network This Network brings together several Federal/Provincial advisory committees to increase the coherence of programs and ensure that public health is a joint federal-provincial responsibility that takes advantage of expertise at both levels of government. This network is successful because:

- The value-added is clear. There are work plans and agreement on some priorities. The group has had successes (e.g., developing approaches to information sharing, using resources more effectively, defining roles in major outbreaks).
- There are the right number of committees (not so many that smaller provinces are overwhelmed).
- The group respects jurisdictions.
- The focus is on issues that all agree on and that make sense and on issues where there are some disagreements but where there is a way to move forward. The group does not focus on issues where there are strong disagreements and unclear ways to make progress.

Support of groups outside government For example, the Canadian Coalition for Public Health in the 21st Century, described previously, has been supportive. In addition, the need for an agency like PHAC was expressed by a wide variety of stakeholders, many from sectors outside of health.

Culture of striving for excellence PHAC aspires to be as good as it can be and to be disciplined not only in science and programs but also in governmental processes.

Unresolved transition issues Despite these successes, there are still some unresolved issues:

Accountability for budget, policy, etc. Although many of the staff and much of the organizational framework of PHAC derived from a branch in Health Canada, the branch did not have the same level of responsibility and accountability for budget, policy-making, and other processes that PHAC does. PHAC had to develop systems and structures and hire new staff to address these issues.

Determining responsibilities and becoming known, especially internationally, for leadership on certain aspects of the public health agenda For example, both PHAC and Health Canada have international responsibilities, and the roles of each need further definition. Related to this is the issue that colleagues overseas do not always understand the leadership role of PHAC.

Roles of various PHAC locations For example, it is likely that Winnipeg will be a focus for scientific efforts and Ottawa for policy and politics.

In retrospect, aspects of the creation of the NPHI that could have been improved
The decision was made to use existing governmental human resources systems, largely because of fear that not using them would create barriers to people moving in and out of government. However, the limitations on salary have proven a major barrier to recruiting and retaining professionals. Also, there was no formal orientation program for Dr. Butler-Jones. A more systematic orientation and coaching would have made the transition into the federal government easier and improved his early understanding of the federalist system.

GROWTH OF THE NPHI

Changes in FTEs and budget
Increases have occurred in federal budget and grants and in FTEs:

FTEs
2004–05: 1,202
2007–08: 2,351

Budget
2004–05: $379.1 million
2007–08: $658.3 million

Processes by which the NPHI subsequently grew, and influences on this growth
Increases in budget, grants, and FTEs occurred largely because PHAC is perceived as doing well with the resources it receives. Also, public health is now perceived as a priority among all the Ministers and the bureaucracy. Some additions include the collaborating centers, staffing for the public health service system, and bursaries for training slots.

Several outside groups, including the Canadian Coalition for Public Health in the 21st Century, also advocate for PHAC funds. A consortium of six university presidents advocates for increased public health training. Interest groups advocate for increases in specific types of programs, like chronic diseases.

SELECTED CORE ATTRIBUTES

National scope

PHAC has components in various regions of the country. The CPHO meets regularly with provincial and territorial representatives and key public health partners.

National recognition

PHAC reports to the Minister of Health, which results in national prominence. In addition, PHAC is known nationally because of involvement in issues throughout the country and participation in activities involving all territories and provinces. The CPHO is recognized as having a leadership role in the event of a public health emergency.

Limitations on political influence

By statute, the CPHO provides an independent voice on health issues. However, this role must be respectful of other governmental policies and approaches.

Focus on major health problems, communicable and non-communicable conditions

The question of whether to include more than infectious diseases arose during discussions prior to the formation of PHAC. Dr. Butler-Jones and others argued successfully that PHAC should address all the major public health problems faced by Canadians.

SELECTED CORE FUNCTIONS

Public health research

PHAC has a strong intramural science program, which is needed to

- Ensure a scientifically literate and externally credible workforce
- Rapidly address scientific issues
- Fill public health scientific gaps
- Take advantage of efficiencies from co-location of research and service
- Ensure effective translation of knowledge

RECOMMENDATIONS FOR OTHERS WHO ARE CREATING NPHIS

- Focus on the war and not the battle.
- Make intentional decisions. Decide up front which things worth “dying” for.
- Build constituencies outside of the usual suspects.
- Be out in front on a range of issues to establish credibility. Then people will listen to you in a crisis. If the media calls, get back to them quickly; they need to be your allies.
- Pick leadership carefully.
- Be ready to grasp opportunities, but be patient and flexible.
- Build a team that works well together and includes all the characteristics and skills you need.

30 July 2007