
- BC has solid foundation for population and public health (PPH) surveillance BUT
  - Fragmented/uncoordinated development and some aspects better developed than others
  - Uneven distribution of resources across RHAs
  - Deficiencies in availability of/access to data limit the ability
    - To develop performance measures and indicators
    - To report on health status of population (PHO/MHOs)
Project Purpose/Background

Guiding Framework included the development of a Surveillance Plan as a goal

Co-Sponsors

Dr. Perry Kendall PHO
Arlene Paton ADM PPH

Committee of Stakeholders

Secretariat supported by provincial organizations with an RHA rep added in the Implementation Planning Phase
Process

Part 1 – Current State
- Review current state of PPH surveillance in BC
- Identify gaps in PPH surveillance and any work underway to address gaps

Part 2 – Implementation Strategy
- Prioritize remaining gaps
- Develop recommendations for provincial coordinating body
- Develop 3-year implementation strategy to address priority gaps
Human Resource Inventory June 2014

- 113 positions- 91 FTEs
- Provincial 75 FTEs (50) at BCCDC
- Regional 16 FTEs ranging from 7 to <1
- 31 Epis, 18 Data Analysts, 13 Directors/Managers
- <2 KTs, Informatics Specialists, Database Managers, Data Modellers, Health Economists
Findings – Current State

- Variety of surveillance resources exist in BC, supported by legislative/policy framework.
- PPH surveillance mandate shared between specialized provincial organizations & generalized resources in regional health authorities.
- Majority of human/data resources are within provincial-level organizations; focus on communicable disease & harm reduction.
- Communicable disease & harm reduction surveillance developed in coordinated manner (led by BCCDC).
- Non-communicable disease & population health surveillance developed in uncoordinated manner – leading to variation in resources between program areas and across health authorities.
PPH Program Areas

- Healthy Living and Communities
- Maternal, Child and Family Health
- Positive Mental Health & Prevention of Substance Harms
- Communicable Disease
- Injury Prevention
- Environmental Health
- Emergency Planning
Gaps/Work Underway

- Stakeholder consultation identified gaps in surveillance infrastructure
  - Human Resources (training and distribution)
  - Data Resources
  - Legislation and Data Security
  - Coordination and Governance
  - Accountability and Evaluation

- Many had work underway and remaining gaps were prioritized as part of implementation planning
Part 2: Implementation

- Co-sponsors: Dr. Perry Kendall and Arlene Paton
- Population and Public Health Surveillance Committee established November 2014
- Co-chaired by Dr. Patty Daly and Silas Brownsey; includes all CMHOs
- Develop implementation strategy for priority work & recommend a provincial coordinating body
- Report by end of April 2015
Implementation Priorities

To support the development & dissemination of public health intelligence an initial set of activities is being recommended in the following areas:

- Capacity building
- Data access / linkage
- Enhance capacity for population status reporting in HAs with priority to community-level
- Collaboration and learning for surveillance staff
- Injury & cancer surveillance
PPH Observatory for BC

- Collaborative body to improve surveillance capacity in BC and lead the implementation of the strategy
- Proposal for functions, governance and structure finalized
- Incremental development
PPH Observatory Model

- Model had been under development prior to the Surveillance Plan
- Led by CMHOs- virtual model based upon the Scottish Observatory
- Need supported by the Surveillance Plan
- Not virtual- a resourced body
Functions

- Should reflect system priorities and lessons learned from other models

- Key functions:
  - Pop health analysis, surveillance and intelligence reports
  - Knowledge sharing and information dissemination
  - Working with regional partners
  - Collaborating with national/int’l partners
Observatory – Governance

- VPs of Public Health to provide strategic direction and guide implementation
- CMHOs required to approve annual workplans
Structure

- Housed within the BCCDC
- Central and regional resources
- Recognizes capacity needs
- Add value to partner organizations
Resources

- Implementation Plan has been approved by VPs Public Health
- Complete an updated and more detailed resource analysis of provincial and regional resources
- Observatory will be resourced by a combination of re-directed provincial resources and new $ from the Ministry of Health
Implementation 2015/16

- Finalize resources
- Organizational development
- Create Year 1 Workplan to address priorities
- Develop 3-year Strategic Plan
Contact

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