CPHA: The heart of Canadian public health

Health related issues, such as diabetes, heart disease or obesity, can often be hugely influenced by public health initiatives. In her role as Chair of the Canadian Public Health Association (CPHA), Dr Suzanne Jackson champions a public health perspective on important public policy discussions that impact the health and well-being of Canadians. She spoke to us about CPHA’s influence since its foundation – both the positives and negatives – before highlighting where public health policy needs to focus its attention in the coming months and years.

Public health affects everybody – it’s inescapable but paramount. Recent societal changes seen in the UK formed from public health policy include the five-a-day healthy eating initiative, the smoking ban and the sugar tax.

In Canada, the Canadian Public Health Association (CPHA) is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government. Through its work, CPHA has operated unceasingly to improve Canadian public health, having previously advocated for national health insurance in the late 1930s, fluoridation in the early 1970s, and establishment of the first national HIV/AIDS education and awareness programme in the 1980s.

Dr Suzanne Jackson has worked in the public health field since the early 1980s and is the current Chair of CPHA (2017–18). In her career, she has seen numerous positive global public health changes but is aware that more needs to be done. She sat down with us at Research Features to discuss this, and more, in further detail.

Hello Suzanne! Can you give us an overview of what the CPHA does?

CPHA is primarily a member-driven organisation. Its members represent a diverse range of roles and professions in public health – nurses, physicians, inspectors, nutritionists, dentists, health promoters and researchers.

The Board defined a strategic vision for CPHA in 2015 that represents an overview of what we do. Two goals are related to the organisation (engaged membership, financial stability), and the remaining four goals relate to our main role. These include:

1. National, independent evidence-based voice for public health in Canada
2. Represent the public health community’s interests in public health system renewal
3. Convenor of partners to identify solutions to public health issues
4. Inspire and motivate change in support of health equity

We run a big conference every year to exchange the latest information about what is going on in public health, we convene a national table for all provincial and territorial public health associations to meet several times a year (mostly by teleconference), we research policy issues of interest to our membership, and we also develop position statements which form the basis of our advocacy to government departments, media and other organisations.

CPHA also runs some projects under contract to government and others to create resources or training opportunities for public health workers. We serve as the home for the Canadian Journal of Public Health and we communicate with our members regularly about events, new reports and publications, and jobs in the field of public health in Canada.

The CPHA marked its centenary in 2010. What impact do you think the organisation has had on Canadian public health since it was founded?

Are there any achievements that really stand out for you?

I have always been proud of CPHA for taking positions on public health at the leading edge. As a worker in the system, it was great to see the leadership offered by taking a stand on issues ahead of what the rest of the field was doing. For example, we are making an important contribution to what to do about climate change.

My involvement in the field goes back to the mid-80s when CPHA co-sponsored the Ottawa Charter conference with WHO in 1986. Since then, this has led to a remarkable 30 years of global attention, serving as members of CPHA and leaders in public health in the country. The anti-smoking in public places by-laws were a remarkable public health achievement. Among many other major public health milestones, CPHA notably advocated for national health insurance in 1939; abortion in 1972, water fluoridation in 1997, and against nuclear weapons in 1982.

What is the importance of research in CPHA’s work?

Careful policy research about the level of evidence in the literature in relation to identifying the key components of a policy issue is very important. CPHA prides itself in providing timely, evidence-informed public health guidance and perspectives to public health professionals and policy makers. It ensures that its positions and statements can be backed up by the best available evidence. We also re-evaluate our positions periodically to ensure that we do not become dogmatic and that we are informed by the most recent evidence.

An evidence-based approach is important for us to be a credible voice for public health in Canada and to advocate for change to public policy to the federal government.

What involvement does CPHA have in the development of public health policy?

We have had some influence. For example, the Chief Public Health Officer’s Report in 2015 focused on alcohol and our position paper was referred to several times. Our 2014 recommendations to the House of Commons’ Standing Committee on Health regarding e-cigarettes were repeated practically verbatim in the Committee’s report. Those recommendations are echoed in the current Bill S-5 in the Senate.

Our 2016 recommendations to the Task Force on the Legalisation and Regulation of Cannabis are clearly represented in the Task Force’s recommendations to government. Although we cannot be sure of the extent of our influence at other levels, I believe that CPHA papers and resources have been used by public health officers across the country to advocate for changing policies at the local public health unit.
One of CPHA’s goals has been to increase understanding that health is determined by many factors outside of the health care system. So, for example, living with violence, or in fear of violence. What are the advantages of bringing factors outside of the health care system to bear on the understanding of health? Realising that there are factors outside the health system that affect health helps to identify the policy changes needed to affect the greatest numbers of people at the population level. Inequities become clear and this is also important to recognise in policy. Looking upstream keeps us from blaming people living in difficult circumstances for their health problems and steers us away from taking an individual behaviour change approach.

When other sectors recognise the parts they play in creating unhealthy or healthy conditions, partnerships can emerge, for example. CPHA partners with the Canadian Produce Manufacturing Association to promote the consumption of vegetables and fruits.

As mentioned in the previous question, CPHA has drawn attention to the impact on health of living with violence, or in fear of violence. This has been most notable in the case of missing and murdered Indigenous women. If violence was clearly identified as a priority health issue in Canada, which is resulting in large numbers of overdose deaths. What are CPHA’s strategies for dealing with this issue?

As our position statement on the Opioid Crisis states, we believe that the current emphasis on changing prescribing practices and disrupting the availability of drugs are limited strategies. These are interventions aimed at the downstream impact of problematic substance use. CPHA is recommending that Canadians address the underlying causes of problematic substance use such as trauma, racism, colonialism, criminalisation, and poverty. In addition, CPHA advocates for the involvement of people with lived experience with opioids in discussions about the best approach to take; take a harm reduction approach (e.g. more safe consumption facilities in communities; make naloxone available over the counter); develop legislation to protect first responders to overdoses; strengthen surveillance information to monitor the situation and evaluate progress.

Finally, can you tell us what it is about public health that interests you personally? I really like that public health takes a population focus and tries to make sure everyone is reached using public health measures (e.g. immunisations, nutrition, school health, healthy babies, tobacco legislation). I like the systems or structural approach to much of public health.