



About our “public health”

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Seeing a doctor when you are ill is not public health. Getting an operation at the hospital is not public health.

Having a prescription filled is not public health. So what does “public health” refer to, if not looking after us (the public) when we are sick?

The tendency to equate health in Canada with health care. We may be proud of our system of universal access to health care, but there is a great deal more to health than a visit to the doctor or the hospital. Health care focusses on treating individuals who are not well; public health works to keep people from becoming sick.

Much of the work of public health is hidden from our view until we get a serious event such as a significant outbreak like avian influenza or SARS. However, disease, injury prevention and promotion of healthy lifestyles and environments all come under the umbrella of public health.

Canada’s Chief Public Health Officer, Dr David Butler-Jones, just released his first annual report to Canadians on the state of public health in Canada. In it, he

explores the public health approach, the health of the Canadian population, variances in health status among the population and factors that contribute to health inequalities. He starts by explaining “Public health has been defined many ways, but I find it best described as “the organized efforts of society to improve health and well-being and to reduce inequalities in health.”

Public health has had many successes, demonstrated by campaigns that have had a positive impact on the health of Canadians: the introduction of mass immunization; reducing tobacco use; increasing seatbelt use, and others.

Asked about their health, most Canadians respond that it is good or very good. Life expectancy is about 80 years, among the highest in the world; infant mortality among the lowest. However, why do some people enjoy good health while others do not?

Part of the explanation for inequalities in health is explained by social and economic factors that influence health outcomes. There are personal factors such as making poor life choices, but socio-economic factors also a major role to play.

These factors, usually referred to as ‘determinants of health’ are central to the public health approach. While individual choice and treatment in the health care system are relevant, public health works at the grander level of whole populations. This might be the whole of Canada’s population, or just a subset all having common features such as geographical location, age, gender, health risk and so forth.

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The most common factors identified as socio-economic determinants of health include: income, employment and working conditions, environment and housing, early

childhood development, education and literacy, social support systems, and access to health care. Each of these has influence on the overall health of Canadians. We may not be able to point to an individual case where “because Thomas is not working, he got sick,” but if we examine all those who are not working, we can estimate that more of them will have compromised health than an equal population who are working.

Public health is about looking after the whole, not any one individual. As such, it aims to make a difference at the ‘population’ level.