National Collaborating Centres for Public Health

Centres de collaboration nationale en santé publique

CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA

RELEASE 2.0

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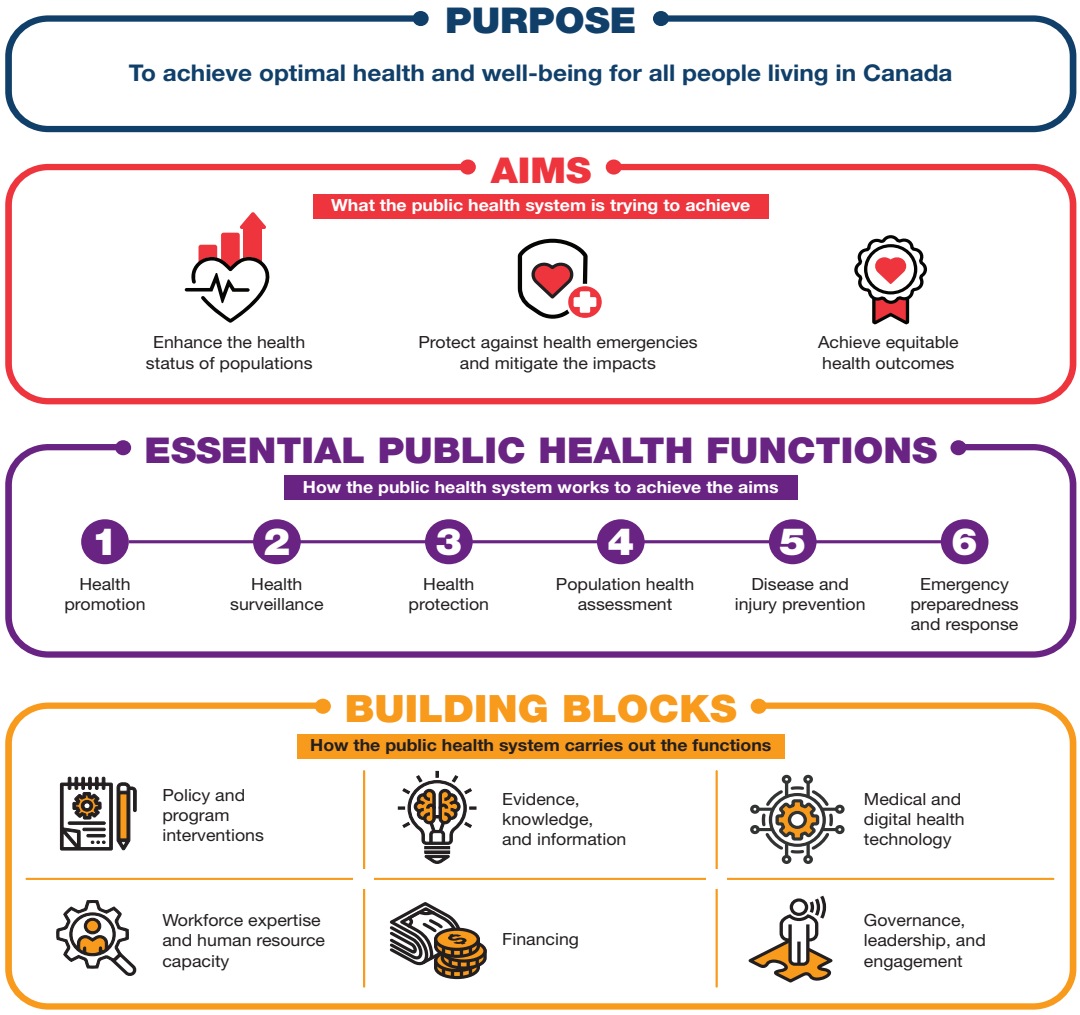
WHAT IS PUBLIC HEALTH?

Public health is dedicated to promoting and protecting the health and well-being of individuals, communities and populations. It is a combination of programs, services and policies aimed at keeping people healthy and preventing illness, injury and premature death.[1]

Public health's broad scope includes fostering conditions in which people can be healthy. By addressing social, economic and environmental factors that affect health outcomes, public health aims to ensure that everyone has the opportunity to live a healthy and dignified life.[2]

Image 1 outlines how the public health system in Canada works towards these aims through six essential functions, supported by key building blocks that include a competent public health workforce.

IMAGE 1: The Public Health System in Canada



Source: Public Health Agency of Canada.[3(p48)]

WHAT ARE CORE COMPETENCIES FOR PUBLIC HEALTH?

Core competencies are the essential knowledge, skills and attitudes necessary for the practice of public health. They are independent of program or topic and transcend the boundaries of specific disciplines. The common language and purpose of core competencies helps to define and describe what is required to practice effectively in a complex environment involving different disciplines, sectors and jurisdictions.

Core competencies for public health provide a baseline for the workforce needed to fulfill the aims and essential functions of public health in Canada (see Image 1).

WHY DO WE NEED CORE COMPETENCIES?

Core competencies provide foundational support for the work of public health and build a common understanding of how this work "touches people's lives every day"[3(p41)] in Canada.

Core competencies unify and strengthen the work of public health, as they:

- provide a shared understanding of key concepts, practices and the role of public health
- contribute to a more effective and accountable public health workforce
- encourage programs, policies, services and actions that are evidence-informed, population-focused, ethical and equitable
- build public trust and understanding about the work and goals of public health
- ensure sufficient time and opportunities for community engagement

Core competencies benefit those who work in public health when used to:

- guide reflection on continuous professional development needs, including gaps in knowledge, skills, attitudes and values
- provide a foundation for developing curricula, training and continuing professional development methods and tools
- support the development and use of additional discipline- and program-specific sets of competencies
- provide a framework and rationale for strategy and program or service decisions

Core competencies can help public health organizations to:

- articulate the knowledge, skills, attitudes and values required across an organization or program to fulfill the essential functions and aims of public health
- guide staffing and resource allocation to program and strategy areas
- develop recruitment goals, job descriptions and interview questions
- establish frameworks for performance evaluations, quality assurance and training
- provide rationale for sufficient funds to support workforce retention and development
- facilitate collaboration and define roles within interdisciplinary and intersectoral work

WHY ARE UPDATED CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA NEEDED?

Initial work on developing core competencies for public health in Canada started in 2005 when the Joint Task Group on Public Health Human Resources proposed a pan-Canadian framework to strengthen public health capacity.[4] Identifying core competencies was one of the foundational building blocks in that framework.

Core Competencies for Public Health in Canada: Release 1.0 was developed by the Public Health Agency of Canada following extensive consultation with the public health community.[5] Since its release in 2008, there have been many calls to update, clarify and expand the initial set of core competencies.

> "As a start, we need to update our public health competencies to ensure our workforce has the diversity of skills it needs to meet today's complex public health challenges."
>
> **Dr. Theresa Tam**[3(p81)]

Dr. Theresa Tam, Chief Public Health Officer of Canada, identified modernizing the 2008 Core Competencies to reflect evolving public health practice in her 2021 report *A Vision to Transform Canada's Public Health System*.[3] Updated core competencies for public health will reflect what is needed for effective, responsive and innovative practice now, and support continuing progress into the future.

HOW WERE THE 2025 CORE COMPETENCIES DEVELOPED?

Responding to the calls to update the 2008 Core Competencies, the Public Health Agency of Canada funded the National Collaborating Centres for Public Health in 2022 to (a) propose structures and processes for the future oversight and governance of the Core Competencies for Public Health in Canada, and (b) update the 2008 Core Competencies through engagement with the Canadian public health community.

The National Collaborating Centres undertook an extensive multistage engagement project, in both official languages, to obtain input and feedback from the public health community on core competencies. Key components of this inclusive and collaborative project include:

- project governance involving a steering committee and advisory committee guided by a Knowledge Keeper
- reviews of literature and national and international competency frameworks
- initial draft set of competency categories and statements compiled by an expert working group
- 58 engagement sessions (in person and online) with close to 2,300 participants representing diverse perspectives and roles across Canada
- targeted feedback from many groups to ensure alignment with current public health needs and priorities
- consolidated set of core competency categories and statements incorporating all the insights gathered
- online survey using a modified Delphi method to validate the consolidated set
- final set of 64 core competency statements organized into 10 categories

WHO ARE THE CORE COMPETENCIES FOR?

The core competencies primarily relate to the public health practice of individuals, including practitioners and front-line providers, consultants and specialists, and supervisors and managers. These competencies are designed as the minimum expectation for someone who has been working in public health for 2 years post-graduation from a relevant degree or program. Paraprofessional staff (such as community health representatives, outreach workers and home visitors) may meet some of the competencies as part of their regular work but are not expected to be competent in all areas.

The core competencies can also be used to assess and create the best mix of knowledge and skills in a public health team or organization.

Ensuring that public health practitioners develop and maintain competence and proficiency in all competency categories is a shared responsibility. The core competency statements are not designed to stand alone but rather to be practiced within the larger context of the values of public health system. Therefore, adopting, applying and fulfilling the Core Competencies for Public Health in Canada is a responsibility shared by many groups and partners, including:

- federal, provincial and territorial governments
- regional health authorities and local public health units
- human resource departments and managers
- public health practitioners, policy-makers and decision-makers
- public health associations (national, provincial and territorial)
- professional associations and discipline groups (national, provincial and territorial)
- regulatory bodies and unions (national, provincial and territorial)
- academic leaders and institutions
- Indigenous public health organizations
- Black health leaders
- community organizations and public partners

PUBLIC HEALTH VALUES

Public health professionals share a core set of values that inform ways of being, believing and doing.[6] In the 2008 Core Competencies document, these values and their associated attitudes were not listed as specific core competencies for public health because they were seen as difficult to teach and even harder to assess.[5] However, literature shows that, while it may be difficult, it is both possible and important for values to be included within competency frameworks for public health.[7,8]

As part of the recent engagement process, the public health community was asked to identify essential values for effective public health practice. Important public health values named most often include a commitment to health equity and social justice, respect, humility, accountability, transparency, cultural safety and evidence-informed approaches.

These values and their associated attitudes are integrated throughout the core competency categories and statements, just as they are integrated throughout the work of public health professionals. They are rooted in an understanding of the determinants of health; historical and ongoing power imbalances; intersectionality; and strategies to promote population health and well-being and advance health equity. Including key values within the core competencies helps to justify public health actions and "reframe science in terms of its contribution to improving human life, acknowledging that it is not neutral."[7(p19)]

CORE COMPETENCY CATEGORIES AND STATEMENTS

Core Competencies for Public Health in Canada: Release 2.0 reflects the essential knowledge, skills and attitudes necessary for effective public health practice in Canada.

The 64 core competency statements are organized into 10 categories:

PUBLIC HEALTH SCIENCES

COMMUNICATION

ASSESSMENT AND ANALYSIS

PARTNERSHIPS AND COLLABORATION

POLICY DEVELOPMENT AND ANALYSIS

LEADERSHIP

PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION

HEALTH EQUITY AND SOCIAL JUSTICE

PUBLIC HEALTH ADVOCACY

ETHICAL AND REFLECTIVE PRACTICE

1.0 PUBLIC HEALTH SCIENCES

This category includes key knowledge and critical-thinking skills related to the public health sciences. Competency in this category requires in-depth knowledge of the determinants of health and the essential functions of public health — health promotion, health protection, health surveillance, disease and injury prevention, emergency preparedness and response, population health assessment — and the ability to apply knowledge in practice to promote population health and well-being and advance health equity.

1.1 Demonstrate knowledge of how public health is part of a larger interdependent system of partners, networks and organizations.

1.2 Apply concepts, theories, frameworks and models relevant to public health.

1.3 Demonstrate knowledge of how public health sciences are used to fulfill the aims and essential functions of public health.

1.4 Demonstrate knowledge of relevant legislation and regulations and how they support the purpose and aims of the public health system.

1.5 Use critical thinking to identify, appraise and apply sources of information that incorporate new and emerging technologies, community knowledge, wise and promising practices, multiple ways of knowing, traditional knowledge, and evidence from other health-supporting sectors.

1.6 Apply qualitative, quantitative, evidence synthesis and other public health research methods.

1.7 Demonstrate knowledge of interrelated planetary crises such as climate change, pollution and biodiversity loss; their causes and connections; implications for population health; and actions that can meaningfully address the crises and protect and promote health.

1.8 Demonstrate knowledge of the interconnections between people, animals and their shared environments and ecosystems, and their implications for population health, planetary health and well-being.

1.9 Demonstrate knowledge of the different forms of racism, including internalized, interpersonal, institutional and structural racism, and their impacts on individual and population health.

1.10 Use systems thinking to analyze situations, identify gaps and inequities, and seek solutions to complex public health issues.

2.0 ASSESSMENT AND ANALYSIS

This category includes the knowledge, skills and actions that form the building blocks of evidence-informed decision-making for public health policy and practice. It includes conducting these activities with communities, particularly those facing inequities, and understanding community perspectives on data control, for example, the principles of Ownership, Control, Access and Possessions (OCAP)[9] for First Nations and Engagement, Governance, Access and Protection (EGAP)[10] for Black communities. It also includes using tools and technologies to assess the health of populations and identify trends. Applying competencies in this category enables public health workers to make evidence-informed decisions, inform budgets and prepare reports, conduct public health investigations, and make recommendations for policy and program development.

2.1 Demonstrate knowledge of how and why public health organizations track health events and determinants through the collection, analysis and reporting of surveillance data.

2.2 Apply knowledge of epidemiology and statistical measures, including interpretation of health data, to assess population health and identify health disparities.

2.3 Apply public health assessment tools and data to evaluate population health trends, identify emerging issues and support evidence-informed decision-making.

2.4 Use critical analysis and risk assessment to identify, assess and analyze emerging issues and trends relevant to population health.

2.5 Apply ethical principles to access, collect, use and disseminate health data and personal health information for the purpose of addressing a public health issue.

2.6 Describe how assessment, surveillance, and the interpretation and use of research data have contributed to and continue to contribute to health inequities.

2.7 Demonstrate knowledge of one's role in upholding community rights to data ownership and governance.

2.8 Support communities to use public health assessment data and information.

2.9 Conduct community health assessments.

3.0 POLICY DEVELOPMENT AND ANALYSIS

This category describes the core competencies needed to analyze, prioritize, develop, implement, champion and evaluate policies intended to promote population health and well-being and advance health equity. It also includes engaging in policy processes with other sectors.

3.1 Describe the structure, governance and funding mechanisms of public health organizations within the health and social service delivery system in Canada.

3.2 Apply knowledge of key aspects of the policy process.

3.3 Critically analyze a policy, including how racism and other structural factors impacted policies developed in the past and continue to impact policy and policy processes.

3.4 Evaluate the positive and negative impacts of existing and proposed legislation and other policies on population health and health inequities, and support efforts to address those impacts.

3.5 Collaborate across sectors and with communities, especially those most affected by inequities, on the development and implementation of structural and multilevel policies that impact population health and well-being and advance health equity.

3.6 Engage critical and diverse perspectives to address the needs of populations and communities when developing, implementing and evaluating public health policies.

4.0 PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION

This category describes the core competencies needed to effectively prioritize, plan, implement and evaluate programs, services and actions in public health in order to address the root causes of health inequities and promote population health and well-being. This includes continuous quality improvement, intra- and intersectoral collaboration, and equity in program development and service provision. This category also covers competencies needed for effective public health emergency preparedness and response, which encompasses planning, prevention, prediction, mitigation, preparedness, response and recovery concerning incidents, outbreaks and other emergencies.

4.1 Use quality improvement approaches to plan, implement, evaluate, modify and improve programs, services and actions.

4.2 Contribute to the development, planning, implementation and evaluation of public health guidelines, standards, protocols and procedures.

4.3 Identify the historical, structural and ongoing factors that impact the development, implementation and evaluation of public health programs, services and actions.

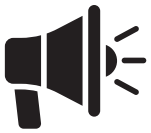
4.4 Integrate anti-racist and anti-oppressive approaches into planning, practice, programs, services and policies.

4.5 Support the principles of self-determination and build power with communities experiencing oppression when planning public health programs, services and actions.

4.6 Support community-led programs, services and actions.

4.7 Support individuals, communities and health systems, using an equity and anti-racist perspective, to prepare for, predict, respond to and recover from public health issues, threats and emergencies.

4.8 Pursue upstream actions that address systemic factors influencing health outcomes, such as political, social, economic and environmental factors, while supporting downstream actions to meet the immediate public health needs of individuals, families and communities.



5.0 PUBLIC HEALTH ADVOCACY

This category includes the core competencies required to participate in action to bring about systemic change. Public health advocacy is a combination of individual, organizational and societal actions designed to gain commitment, policy support, social acceptance and systems support to make policy changes at organizational and systems levels (municipal, regional, provincial, territorial, national, international). Public health advocacy focuses on changing factors related to the determinants of health, disrupting structural harms, promoting population health and well-being, and advancing health equity. Effective advocacy requires an understanding of the roles public health practitioners and their partners can play.

5.1 Identify actions and strategies to move forward a public health issue requiring policy or systems change.

5.2 Support community organizing as an advocacy strategy that brings people together to realize public health goals.

5.3 Frame a public health issue, incorporating community voices and stories, to draw attention to its structural causes and solutions, and to advance change.

5.4 Engage policy- and decision-makers through the effective use of evidence and strategic communication to act on public health issues, promote population health and well-being, and advance health equity.

5.5 Mediate between differing interests in the pursuit of population health, well-being and health equity.

6.0 COMMUNICATION

This category includes core competencies related to numerous dimensions of communication, including internal and external exchanges; risk communication; knowledge translation; non-verbal, listening and writing skills; providing appropriate information to reach diverse audiences and working with the media. Communication involves an interchange of ideas, opinions and information. It requires transparency to build and sustain trust and the use of inclusive language to support action. The purpose of health communications is to strategically inform, influence, motivate and engage individual, institutional and public audiences to address public health issues and improve the health of the population.

6.1 Communicate effectively with individuals, families, communities and colleagues by practicing active listening, transparency, cultural humility, cultural safety, empathy and compassion.

6.2 Convey critical public health information through appropriate communication methods, knowledge mobilization, media strategies and community relationships to mobilize individuals and communities.

6.3 Use knowledge mobilization to communicate research findings and evidence to inform options for policies, programs, services, practice and actions.

6.4 Use multiple communication methods to counter and dispel misinformation and disinformation that could affect the health of the public.

7.0 PARTNERSHIPS AND COLLABORATION

This category contains the core competencies required for respectful and reciprocal relationships to improve the health and well-being of the public. They include developing trust, building alliances and partnerships, listening and taking direction, and networking and connecting. Collaboration involves relationship building with individuals, families, communities, coalitions, teams, networks, and interdisciplinary and intersectoral partners. Working effectively in collaboration includes engaging with communities, especially those marginalized by systems of oppression; fostering community participation; and actively sharing resources, responsibilities and power.

7.1 Seek out, establish and maintain trusting, respectful and reciprocal relationships with individuals, communities and organizations, including organizations in other sectors.

7.2 Partner with community organizations, leaders and other sectors to promote population health and well-being, address public health issues, and advance health equity.

7.3 Identify the possibilities and limitations of collaborations and partnerships.

7.4 Use participatory processes to mobilize individuals and communities, promote self-determination, and share power and decision-making.

8.0 LEADERSHIP

This category contains the core competencies required to lead effectively. Leadership competencies apply to all public health practitioners, not just those in formal leadership positions. This category focuses on leadership competencies that build capacity; are inclusive; increase effectiveness; enhance the quality of the working environment; and use systems thinking and strategic planning to advance population health, well-being and health equity. These competencies also support organizations and communities to create, communicate and apply shared visions, missions and values.

8.1 Champion the field of public health and take action to change systems, sustain changes, promote population health and well-being, and advance health equity.

8.2 Describe the mission and priorities of the public health organization where one works and apply them in practice.

8.3 Foster organizational and team environments that support team members and partners to raise questions, concerns and ideas.

8.4 Lead with humility and transparency.

8.5 Recognize when and how to adapt one's leadership approach to the context or situation.

8.6 Make decisions in a timely manner in complex situations and environments, adapting when updated information is available, and be accountable for these decisions.

8.7 Support the development of leadership at all levels through mentoring, coaching, recognition and support.

9.0 HEALTH EQUITY AND SOCIAL JUSTICE

This category contains the core competencies necessary to address racism and other forms of oppression, to build power among those facing inequities, and to recognize and dismantle structural and social barriers to health and well-being for all. This category also contains the competencies required to apply the principles of social justice, health equity, inclusion and intersectionality so that all people (individuals, groups, communities) can live healthy and dignified lives.

9.1 Apply health equity and social justice objectives and principles in one's work.

9.2 Build and sustain a culture of equity and justice by challenging racism and all forms of stigma and discrimination.

9.3 Uphold the inherent rights of Indigenous Peoples, including the right to self-determination, and human rights as outlined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)[11] and engage with the implementation of the Truth and Reconciliation Commission of Canada's Calls to Action (TRC)[12].

9.4 Respect the human rights of people of African descent, and seek inspiration from the measures included in the Durban Declaration and Programme of Action[13] and the International Decade for People of African Descent[14], recognizing the impacts of the afterlife of slavery and colonization on Black people and Black communities.

9.5 Analyze how intersecting systems of power and oppression create experiences of privilege and disadvantage for different groups of people.

9.6 Demonstrate knowledge of how to address discrimination, oppression and power imbalances that drive health inequities.

9.7 Identify approaches to integrate racial equity goals into practices, norms and policies.

10.0 ETHICAL AND REFLECTIVE PRACTICE

This category describes the competencies needed to clarify, prioritize and justify possible courses of public health action based on ethical principles and shared values. Values guide how public health priorities are set, resources are allocated and success is measured. This category also includes the competencies that enable one to fulfill the responsibilities of ethical and accountable practices. Reflective practice involves engaging in continuous learning and unlearning, and questioning one's own attitudes, thought processes, values, assumptions, biases, habits and practices. This occurs within the context of cross-cultural work and the history and legacy of ongoing colonialism and racism, and it requires the examination of one's complex roles in relation to others in maintaining inequities.

10.1 Use ethical principles to identify, systematically analyze and address public health issues.

10.2 Engage in reflective practice, individually and with co-workers and collaborators.

10.3 Demonstrate understanding of one's own social location, group memberships, and racial and other identities, and how these relate to working with others.

10.4 Contribute to team and organizational learning to improve practice and advance public health goals.

CONCLUSION

The adoption and implementation of *Core Competencies for Public Health in Canada: Release 2.0* is a shared responsibility and will vary across different jurisdictional contexts. Literature reviewed and feedback collected through the engagement process revealed a broad range of opportunities, and intentions, to use the updated competencies, including in workforce development, education and training, leadership, advocacy and communication.

The Core Competencies for Public Health in Canada must evolve over time as the practice of public health evolves in response to a complex and ever-changing context. This version of the core competencies is not meant to be final. Rather, as practice evolves, there need to be "systems, structures, and processes that support ongoing reviews, revisions, and monitoring of [core competencies for public health]."[15(p5)]

Ensuring the Core Competencies for Public Health in Canada are used and implemented will require a multisectoral and multisystem approach and collaboration with many partners. The Public Health Agency of Canada recognizes the importance of keeping the core competencies current and relevant. Potential activities with partners could include monitoring the impact of applying the core competencies on public health practice and on the broader public health system, and attention to oversight and governance processes.

Demographic changes, globalization, threats to health and security, and increasing pressures on health services will continue to intensify the need for a highly skilled and diverse public health workforce. Public health practitioners in the 21st century will need to tap into their shared and unique knowledge, skills, attitudes and values to promote population health and well-being and advance health equity in every community across Canada.

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APPENDIX A

GLOSSARY OF TERMS RELEVANT TO THE CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA

This glossary identifies key terms that are included in the *Core Competencies for Public Health in Canada: Release 2.0*. The glossary supports the understanding and application of the core competencies by describing key concepts that are foundational to the practice of public health in Canada.

Many glossary descriptions are reproduced directly (in full or in part, without quotation marks) from these primary sources and cited accordingly:

- *Glossary of Essential Health Equity Terms*[1]
- *Glossary of Terms*[2] (used in the *Core Competencies for Public Health in Canada: Release 1.0*)
- *A Vision to Transform Canada's Public Health System – Chief Public Health Officer's Report on the State of Public Health in Canada 2021*[3]

The remaining descriptions come from select academic and other sources (as quotations or paraphrases). The reference list contains all the sources with corresponding links.

Accountability
Refers to reliability and answering to those who trust us, including individuals and groups and in personal and professional relationships.[4]

Accountability is fundamental to the functioning of systems and structures that result in health outcomes. It consists of several types, including judicial, financial, performance, political or democratic, and social, and is driven by governance at global, national and local levels. Stages in the accountability process include cross-sector participation in priority setting, actions grounded in the right to health, supportive policies, budgetary resources, monitoring and evaluation, and opportunities to correct.[5]

Advocacy
See Public health advocacy

Collaboration
Recognized relationships among different sectors or groups, including community, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone.[2] Collaboration in public health requires skill in convening; coordination; cooperation; partnership development; setting common goals with others; negotiation; collective action; sustainable relationships; community involvement; and shared decision-making, planning, evaluation and accountability.[6]

Colonialism
The ideology that underlies the act of colonization. It is grounded in the belief of European superiority and Indigenous cultural inferiority. Colonialism negates Indigenous cultures through policies and structural practices which favour European-based laws, customs, and standards . This pursuit is supported by settler colonial world views and ways of knowing and doing.[7] Ultimately, colonialism influences negative ideas and attitudes toward Indigenous Peoples.

Colonization
The action or process in which British and French explorers of various European origins settled in and established power and control over the lands and resources that were originally occupied and used by First Nations people and Inuit.

Community health assessment
Combining qualitative and quantitative information on the health and social needs of communities, including physical and mental health outcomes, local policy and environmental change strategies, and identifying issues that require systemic change. These assessments collate evidence to help understand complex public health issues and identify opportunities to align interventions with community-identified needs.[8]

Cultural humility
Refers to a lifelong "process of self-reflection to understand personal and systemic biases, and privilege to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience, and dismantling power imbalances."[9(p9)] Cultural humility enables culturally safe practice.[9]

Cultural safety
Cultural safety is determined by the experience of individuals receiving services. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in systems, policies and institutions.[9] It results in an environment free of racism and discrimination, where cultural identities are respected and people feel physically, socially, emotionally and spiritually safe.[10]

Determinants of health
Factors that influence the health of individuals, communities and populations. Determinants of health include individual characteristics (e.g., behaviours, biology, genetics, lifestyle) and social, economic and physical environments, in addition to health care. While it is often used synonymously with social determinants of health, the term determinants of health is a broader concept that is not specific to the social justice roots of health inequities.[1,11]

Social determinants of health
The interrelated non-medical conditions of daily life in which people are born, grow up, live, work, play, learn and age. These conditions have economic, political and ecological dimensions.[1]

Some examples include:
- housing
- working conditions
- health services
- networks and community
- education
- income
- environment
- early child development
- food, air, water and land[11]

Structural determinants of health
The written and unwritten rules that create, maintain or eliminate patterns of advantage among socially constructed groups and power imbalances. Structural determinants take the form of values, beliefs, world views, culture and norms; governance; laws, policies, regulations and budgets; and institutional practices.

Structural determinants work through oppressive systems (e.g. capitalism, colonialism, racism, ableism, cis-heteronormativity, sexism, anthropocentrism) and related ideologies.

Conceptually, the structural determinants of health include the economic, commercial and political determinants of health. They interact with the social and ecological determinants, driving patterns of advantage that show up in the conditions of daily life.[1,11]

Downstream
Downstream interventions and strategies seek to address immediate needs and mitigate the negative impacts of disadvantage on health at an individual or community level through the availability of health and social services. These changes generally occur at the service or access-to-service level. Downstream strategies are about changing the effects of the causes.[1] Contrast with **upstream** (see glossary entry below).

Essential public health functions
Essential public health functions are "the key strategies and activities that are fundamental to achieving population health."[12] Public health systems in Canada engage in six essential functions (listed below) that help to organize and unify activities across the systems.[3]

Health promotion
(essential public health function)
Working collaboratively with communities and other sectors to understand and improve health through healthy public policy, community-based interventions, public participation, and advocacy or action on determinants of health.[3] This includes "individual and collective action on the determinants of health."[12]

Health protection
(essential public health function)
Protecting the population from infectious disease and environmental threats.[3] This includes "working to ensure healthy air, food, drinking water and environments to sustain healthy people and thriving communities."[12]

Health surveillance
(essential public health function)
Collecting health data to track diseases, the health status of populations and determinants of health trends, in order to promote health, prevent and reduce the impact of disease, and monitor health inequities.[3] This includes the "ongoing collection, analysis, interpretation and mobilization of population health data with the intent to improve health and with a commitment to Indigenous data sovereignty."[12]

Disease and injury prevention
(essential public health function)
Promoting safe and healthy lives and reducing risk of illness and injury, and reducing risk of infectious disease outbreaks through investigation and preventive measures.[3] This includes "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."[12]

Emergency prediction, preparedness and response
(essential public health function)
Planning for natural or human-made disasters to minimize serious illness and death and responding to emergencies while minimizing social disruption.[3] This includes "developing the capacity to mitigate, prepare for, respond to and recover from health emergencies,"[12] such as pandemic and other infectious disease.

Population health assessment
(essential public health function)
Understanding the health of communities, specific populations and the determinants of health to create better services, policies and research to identify the most effective interventions.[3]

Ethical principles
The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions.[2] Ethical principles in public health include a judgement about why differences in health should be viewed as wrong or unjust; this goes beyond identifying and describing a specific difference in health.[13]

Evidence-informed decision-making
"The process of distilling and disseminating the best available evidence from research, context and experience, and using that evidence to inform and improve public health practice and policy."[14]

There are many different sources of evidence, including:

- analyzed data
- published research findings
- results of evaluations
- lived and grounded expertise
- multiple ways of knowing
- Indigenous ways of knowing
- traditional knowledges
- Afrocentric health paradigms
- prior experience
- expert opinions

Health
The physical, spiritual, mental, emotional, environmental, social, cultural and economic wellness of the individual, family and community. Individuals and groups define health differently depending on their values, culture, experiences and world view. Health is not an endpoint; rather, it is considered a resource for everyday living to support people to live dignified and fulfilling lives, despite the presence or absence of disease.[1]

Health equity
All people (individuals, groups and communities) have fair access to, and can act on, opportunities to reach their full health potential and are not disadvantaged by social, economic and environmental conditions (the determinants of health), including socially constructed factors such as race, gender, sexuality, religion and social status. Achieving health equity requires acknowledging that some people have unequal starting places, and different strategies and resources are needed to correct the imbalance and make health possible.[1]

Health inequities
Differences in health associated with structural and social disadvantage that are systemic, modifiable, avoidable and unfair. Health inequities are rooted in social, economic and environmental conditions and power imbalances, putting groups who already experience disadvantage at further risk of poor health outcomes.[1]

Humility
Being grounded as human beings in relationship with the people and the environment around us.[15] Humility is essential to person-centred care, requiring health professionals to step outside of their occupational status as the authority on a person's health, cultivate collaboration and teamwork, and build trust with communities.[16]

Intersectionality
Intersectionality considers how systems of oppression (e.g., racism, classism, sexism, homophobia) interact to influence relative advantage and disadvantage at individual and structural levels. An intersectional orientation recognizes that the experience of multiple forms of discrimination and disadvantage has a cumulative negative effect that is greater than the sum of the parts. The intersectional nature of oppression and privilege means that people may have privilege in one or more forms even if they experience oppression in other domains.[1]

Knowledge mobilization and translation
The practice of knowledge mobilization and translation encompasses a wide range of approaches, including priority setting and co-production by knowledge producers and users; timely evidence synthesis; dissemination and communication of evidence; and application of evidence to shape health policy, services and future research.[17]

Oppression
"A system of supremacy and discrimination … where a socially constructed … 'dominant group' [holds] power, wealth, and resources … [creating] a lack of access, opportunity, safety, security, and resources for non-dominant populations." Dominant groups include those who are White, heterosexual, English speaking, male, high income and high social status, among others. Oppression reflects current and historical processes, including racism, colonization, structural White supremacy, the afterlife of slavery, sexism, and discrimination based on gender and sexual diversity, as well as denial of health services based on social status.[1]

Participatory processes
Processes that bring together institutions, community members, organizations and anyone with a vested interest in the outcome. In public health, this includes partners from multiple sectors including community residents, private companies, various levels of government, and health and non-health sectors. Participatory processes, also known as social participation, are a key driver of health equity and involve partners in decisions affecting health status and services at all phases, including planning, implementation, evaluation and monitoring.[18]

Partnership
Collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a common goal.[2] In addition to common goals, successful partnerships have a clear framework for monitoring and evaluation, willingness to share information, awareness of each other's respective roles, mutual accountability for outcomes, and focus on relational factors including high levels of trust and goodwill. Partnerships in public health must also have clear policies and procedures with an emphasis on outcomes, integration of front-line practices responding to service user needs, clarity of purpose and integrated leadership.[19]

Planetary health
"This approach seeks to achieve the highest attainable standard of health, well-being and equity worldwide through careful attention to the human systems that shape humanity's future and the natural systems that define the safe ecological limits within which humanity can thrive."[20]

Population health
The health status of an entire population that results from interrelated factors including policy, primary care, public health, social and environmental factors and the distribution of inequities. The three main components of population health are health outcomes, determinants and policies. Population health strategies use diverse forms of knowledge and evidence to develop policies and interventions that improve the health and well-being of an entire population rather than of individuals.[1]

Power
The ability to achieve a purpose, such as advancing health equity. There are many types of power (e.g., political, economic, expert, institutional, community, and worker power) and many ways of conceiving of power (e.g., power over, power to, power with, and power within).[1] Public health holds various forms of power (including legal authority, knowledge and expertise, and relationships) that can be redistributed and shared with communities facing inequities to support power building.[21]

Public health
"The organized effort of society to keep people healthy and prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote the health of all Canadians."[22] The term public health can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society and a manner of practice.[2]

Public health in Canada has six essential functions — see the glossary entry **Essential public health functions** for descriptions.

Public health advocacy
A critical population health strategy for health equity that combines individual, organizational and societal actions to influence change at a systems level (across sectors and organizations). Public health advocacy explicitly recognizes the importance of active engagement in multiple processes to impact desired policy changes at organizational and system levels (municipal, regional, provincial, territorial, national, international).[1]

Other terms that are used to describe advocacy include *lead, build sustainability or capacity, advance, campaign for, champion, uphold, challenge, defend* and *propose*.

Public health policy
"Public health policy includes a wide array of legislative and regulatory interventions, administrative practices, financing and funding decisions, and various forms of soft law operating at all levels of government, affecting multiple settings, jurisdictions and sectors of activity. Public health policy is different than health policy, which focuses on issues of health services and health care delivery."[23] Public health policy addresses a broad range of issues, including infectious and chronic disease prevention and control, food security and food sovereignty, climate change adaptation, environmental health, physical activity, substance abuse and harm reduction, gambling, and occupational health.[23]

Key aspects of policy processes include agenda setting, options analysis, jurisdictional responsibilities, decision-making, implementation and evaluation.

Public health sciences
A collective name for the scholarly activities that form the scientific base for public health practice, services and systems.[2] The scientific base for public health draws from:

- bioethics
- biostatistics
- demography
- economics
- environmental health
- epidemiology
- First Nations, Inuit and Métis knowledges
- health communication
- planetary health
- public health informatics
- social and behavioural sciences

Racism
The systemic race-based allocation of power, value, resources, opportunities and status in cultural, political, institutional, economic and social forms. Racism can include both subtle and overt behaviours and actions that are usually driven by white supremacy, to reinforce dominant Eurocentric beliefs, values, and practices of what is considered normal and acceptable. Racism occurs on several levels, including at the individual, institutional, systemic and structural level[1]

Respect
Valuing and honouring diversity of families, communities and each other. It goes hand in hand with transparency, being inclusive and collaborative, and expressing the value and dignity we have for the people we interact with.[24] Respect occurs among health professionals and among community members, as well as between the two. Public health must work with a "practice of respect" that it is built into professional and organizational processes, recognizing that disrespect has the direct impact of causing harm.[25]

Self-determination
First Nations people, Inuit, and Métis people in Canada have an inherent right to autonomy and self-determination over all matters relating to their cultural, political, economic, and social affairs, as well as their health and well-being. This means, by virtue of their existence, Indigenous Peoples have the fundamental right to choose the pathways that best express their identity, their sense of themselves and the character of their relations with others.[26]

Social justice
The concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimum standards of income. The goal of public health — to minimize preventable death and disability for all — is integral to social justice.[2] "To be a more healthy society we must be a more just society; there is no shortcut. Simply put, it is about the collective decisions that we make as a society (reflected in our public policies) that, inadvertently or not, distribute benefits and burdens, risks and opportunities in ways that tend to favor the already advantaged and add to the disadvantage of those less well-off."[27(p902)]

Social location
Refers to an individual's "combination of factors including gender, race, social class, age, ability, religion, sexual orientation, and geographic location. This makes social location particular to each individual; that is, social location is not always exactly the same for any two individuals."[28] Social location is relational, reflecting how a person's place in the world is shaped by their relationship to the settings they live in, impacting their health outcomes, identity, and experiences of equality and inequality.[29]

Systems approaches
(systems thinking, systems change)
Systems thinking and systems change focus on the whole system instead of the effect of individual factors.[30] Using both systems thinking (qualitative) methods and systems science (quantitative) methods to address complex population health challenges. Systems approaches emphasize patterns of interactions, interdependent relationships of influencing factors, meaningful engagement of diverse perspectives, and creating shared understanding. This is in contrast to a linear cause-and-effect view of population health outcomes.

Transparency
Transparency encompasses openness, honesty, disclosure and contextualizing of information and circumstances that contribute to decision-making. Transparency goes beyond information sharing; it includes dimensions of substantiality (relevance, accuracy, reliability, comprehension); accountability (truth of circumstances, admission of mistakes, follow-through on actions); and participation (public engagement with systems and decision-making).[31]

Upstream
Upstream interventions and strategies dismantle and change the fundamental social and economic systems (structural determinants of health) that distribute the root causes of health inequities including wealth, power and opportunities. These changes generally happen at the provincial, territorial, national and international levels. They are about changing the cause of the causes of health and health inequities.[1]

Contrast with **downstream** (see glossary entry above).

Values
A value can be thought of as an important way of being or believing and, by extension, doing. Values are linked to feelings, motivate action, connect to larger goals, and serve as standards and criteria for decision-making. Shared values provide a moral basis for public health action, guiding how to set priorities, allocate resources and measure success.[32]

Well-being
"The presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to: good living standards, robust health, a sustainable environment, vital communities, an educated populace, balanced time use, high levels of democratic participation, and access to and participation in leisure and culture."[33(p11)]

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