

Report on the Year 2001 by the Medical Officer of Health

*Dr. Charles Gardner,
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Thank you everyone for joining us for the 2002 Annual General Meeting of the Board of Health for the Leeds, Grenville and Lanark District Health Unit. It is at this time, near the beginning of a new year that we reflect on the year past, on what we have faced, and on what has been accomplished. I would like to begin with the Mission Statement of the Strategic Plan that was approved in that year.

Our Mission: *As the public health unit for Leeds, Grenville and Lanark, we work with the community to protect, promote and enhance health by determining issues, and developing and providing quality preventative health programs and services.*

This is indeed a lofty, critically important, and demanding mission – and today, one week following the release of the Walkerton Inquiry report, our mission's significance becomes reaffirmed. We **are here** *to work with the community to protect, promote and enhance health* – working to prevent disease, working with entire populations, and working with strategies directed at the broad determinants of health: supporting health-promoting behaviours, social and physical conditions that are health-promoting for children and adults, and working within the health care system to foster practices for health promotion and disease prevention.

For over 100 years the public health movement has been doing this, and with profound effect. One only needs to consider that over the course of the 20th century the Canadian life expectancy increased by 30 years. It has been estimated that 25 of these years were due to public health measures.

Water – the provision of life giving, clean, safe drinking water, has been and will always be our most important determinant of health – and our role in working with communities to assure this precious resource serves as only one example of how we fulfill our mission. There is nothing accidental about the attainment of those 30 years of lengthened life. Their ongoing occurrence is due to the conditions of our lives and the society and the civilization that we live in. Take away the supporting systems and you take away the health gains.

Much work remains to be done. We may have gained 30 years of life, but research shows that there is another 20 years of potential life expectancy to be gained. Over 80 percent of the deaths that presently occur from cancer and heart disease would be prevented if the entire population were to adopt an optimal diet, be physically active, and be free from tobacco use. Our mission will always be both critically important, and unfinished.

It is with these thoughts in mind that I reflect on the year 2001. Like all years, 2001 was an eventful year, with both challenges and successes for the Health Unit. In March we

began the implementation of our Health Unit Strategic Plan 2001 to 2003. Our goals and activities within this plan address the following strategic issues:

- **Leadership**
- **Quality Improvement**
- **Planning**
- **Human, Financial & Physical Resources**
- **Health Unit's Culture**
- **Technology**
- **Accessibility**
- **Partnerships**
- **Marketing**

Over the year we made significant progress on all of these issues.

Leadership, Accessibility, Planning and Partnerships

In 2001 there were a number public health issues that required us to show leadership, to work well in partnership with other agencies in the community, to plan action and to take action. We sought to be proactive, to anticipate and respond to needs before they arose or became acutely manifested. Examples include our planning, surveillance, and communications with partners and with the community on West Nile Virus, pandemic influenza, and blood-borne pathogens. We have worked with the community to provide services related to:

- universal influenza immunization,
- the Language Express Program, the Healthy Babies Healthy Children Program and the Early Years Program (to promote child development),
- and the activities of the Trihealth Team (to prevent heart disease, cancer and other chronic diseases).

Some of our higher profile partnership activities included:

- the World Health Organization designation of Brockville as a Safe Community (done in partnership with the Risk Watch Program, the Brockville Partners for a Safe Community, and Canadian Aid for Chernoble),
- and the youth substance abuse awareness and injury prevent program Racing Against Drugs.

On other issues we have had to work with our partners to respond quickly to the unanticipated, such as the public response to the events of September 11th, and anthrax and bioterrorism. Even with these issues we had the benefit of previous planning to assist us, such as the community Psychosocial Response Plan that had been created in the aftermath of the ice storm of 1998.

We continue to work within the community, to provide leadership on population health issues. The vision and direction within the Tobacco Strategic Plan, approved by the Board of Health in 2001, continues to guide us as we work with the community and move forward to address this single most important preventable cause of death in our society. Tobacco is a challenging issue, and no doubt our leadership will be needed to address it well in the years to come. And in the post-Walkerton era our work with our

municipalities to review and address drinking water and ground water protection is essential and will continue.

Human, Financial & Physical Resources, Technology, Health Unit's Culture, and Quality Improvement

In order to build and maintain a strong and effective public health system, resources are required. In 2001 we continued to pursue enhancements in staffing, staff development and information technology. We made very good use of our website to fulfill our mandate by disseminating timely information to the community on public health issues. Members of the community have made contact with us via email to an ever-increasing frequency, thus allowing for a new means of communication with the public and with our partner agencies. The Internet also allows us to gain efficiencies by sharing information resources and intelligence among the health units of the province, thus reducing duplication of work.

In September we hosted the four-day Annual Educational Conference of the Canadian Institute for Public Health Inspectors. Our keynote speakers included Dr. Murray McQuigge, on the Walkerton Inquiry, and Dr. John Last on global environmental change. By hosting this event we were able to provide a staff development forum for ourselves, as well as enhance our profile as a health unit both in our district and among our provincial public health peers.

Other staff development activities included workshops on computer skills, and on the concepts and practices of continuous quality improvement (CQI). Over the latter half of the year and into this year we have been working to prepare for our next accreditation survey. In keeping with the spirit and the concepts of continuous quality improvement we have used a staff-driven process, and I have no doubt that we will do well, much as we have done well with this approach on many other occasions.

Marketing

It is important that we are known and appreciated within the communities that we serve; For when we are well known and well regarded our services are well-utilized, and their health-enhancing effects are better realized. But in addition we need the support of the public if we are to continue protecting, promoting and enhancing health. Thus in 2001 we pursued our Marketing Plan endorsed by the Board of Health in 2000. Throughout the year we provided the community with forums, newsletters, annual reports, displays and media articles on the Health Unit, its mandate, its services and the health issues that we address. And we will continue in this way, to better ensure that members of the public have a good understanding of the things that safeguard and enhance their health, and how they can access our preventative health services.

Final Words

The public health movement, its practices and the institutions of public health (namely health units) have a history both remote and recent that is often less than well-recognized. But it is a history for which we should be very proud. The issues that we address are very often contentious and challenging – and although not always readily apparent, over time

our impact for the betterment of health has been profound. Unfortunately sometimes, as has been the case with the Walkerton tragedy, it is by system failures that the value of public health becomes more apparent to society.

It is important for the fulfillment of our mission that the public continues to see the value of public health. In 2001 we worked hard to fulfill our mission, as we are now in 2002.

Thank you very much.