

Report on the Year 2003 by the Medical Officer of Health

*By Charles Gardner, Medical Officer of Health, Leeds Grenville and Lanark District Health Unit
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I would like to start by welcoming everyone, and by thanking you for being with us for our Annual General Meeting.

The new millennium has been most eventful for those of us in public health, and certainly the year 2003 was no exception. Beginning with the Walkerton water disaster in 2000 we have witnessed a series of emerging, high profile public health issues that have given us plenty of opportunity to prove our metal; issues such as the anthrax scares following the 9/11 disaster, West Nile virus, and in the spring of last year SARS. In addition there have been in varying locations throughout the province meningitis outbreaks, high-profile meat recalls, large-scale hepatitis A exposures from food retailers, and this winter influenza outbreaks.

These crises have served to raise the profile of public health – to remind people that public health is all about taking care of the basics, and that the basics will always be critically important. From SARS we learned that the world is indeed small and that the spread of new diseases is only an international flight away. The incubation time for most communicable diseases is longer than the time required to fly anywhere in the world; thus the hospital emergency department has become the frontier for the detection of new diseases, and basic infection control is our protective shield. SARS was not beaten by high-tech medications or sophisticated diagnostic imagery but by the tried and true, old fashioned public health methods of case and contact identification, isolation and quarantine - and the prevention of future incidents of SARS-like diseases will require stronger ties and effective collaboration between public health and health care facilities.

As the health unit for Leeds, Grenville and Lanark we have prided ourselves on our broad, long-range approach to planning. Thus we have maintained an active strategic plan to keep us focused on our mandate, and long range multiyear resource plans to better ensure that we have the resources and the capacity to respond. Since 2001 we have had a pandemic influenza plan to prepare us and the health care facilities of our district for large scale infectious disease outbreaks. This helped us to work well together when SARS arrived in the province. Thus by being prepared we were in a position to provide other health units and the province with assistance during SARS.

The public is presently focused on the need for protection from communicable diseases – and this is warranted given the inherent potential for disease spread if these are not managed well. However the major burden of illness on our society is from chronic diseases such as heart disease, and cancer, and from preventable injuries. Our mandate as the health unit for Leeds Grenville and Lanark is to “work with the community to protect,

promote and enhance health through the identification of issues and the development of quality preventative health programs and services”. Thus we must be ever mindful of the broad determinants of health – to step back periodically to see beyond the crises of the moment to better anticipate the issues to come and to ensure that we address the other health needs of our communities.

These broad determinants of health include:

- our lifestyles - physical activity, diet, substance use, physical and sexual risk-taking,
- our socioeconomic environments - education, income, occupation, and social supports,
- our childhood experience - love, nurturing, stimulation, positive parenting and the sufficiency of physical resources,
- our physical environments - the safety of our food, water, air, disease vector organisms and climate conditions
- and our health care services –vaccines, health condition screening, infection control and communicable disease response

In 2003 we had notable successes on these fronts, as well as challenges. With regard to West Nile virus (WNV) we continued to work with our WNV Stakeholders Advisory Committee to do public education and surveillance, and we conducted mosquito larviciding in keeping with legislation changes passed by the province in May. We also continued our work with municipalities to develop smoke-free bylaws, with a number of municipalities choosing to enhance their legislation; most notably Brockville should be commended on this front and is now on the provincial “Go for the Gold” map as having a silver-level bylaw coming into full force this summer. In the throne speech late in the year the province pledged to create smoke-free provincial legislation within three years. We will work with the Association of Local Public Health Agencies to encourage the province to fulfill this promise.

With regard to child health we have continued to work hard to ensure good public health programming, including the Healthy Babies Healthy Children program. It takes a village to raise a child, and so we work in partnership with many other agencies to improve conditions for our children. And it is with this in mind that we have invited our guest speaker for today, namely Dr. Fraser Mustard the founding president of the Canadian Institute for Advanced Research, to provide us with insights.

Socioeconomics (our education, income and occupation) is the most potent determinant of health. It is also inherently the most challenging to address, requiring efforts from the entire community. We supported the work of the Lanark Leeds and Grenville Health Forum in its efforts to document, educate and advocate on poverty issues in our district. Unfortunately this group had to suspend its activities last fall due to a lack of funding. The South Eastern Ontario District Health Council has shown an interest in taking up

these issues in its review of primary care needs. We will continue to pursue opportunities to address socioeconomic issues.

The Board of Health has demonstrated forward thinking by pursuing the fulfillment of a long range resource plan since 1999. This has allowed us to increase our staffing level to better meet the program requirements of the Ministry of Health and Long-Term Care. Of course there have been challenges along the way including difficulties in filling Public Health Inspector positions due to a provincial shortage of trained personnel. Such shortages, as well as the increased work responding to the emerging public health issues that could not have been foreseen in 1999 with our long range resource planning, have made it difficult to meet the requirements of the Mandatory Core Programs. The provincial auditor's report raised concerns regarding food safety and the adequacy of resources for health units to fulfill their programs – concerns that were reviewed on a local level in our media in December. The Naylor and the Walker reports on SARS also have included recommendations for substantial increases in public health resources.

Work in public health is never easy – it is in fact a calling. As such, work on the Board of Health is also a calling. At this, the Annual General Meeting of the Board of Health we have a new Board, with five new members. To those of the Board who have just left us, I thank you for the challenging public service that you have provided. In particular, if I may, I would like to thank Bill Widenmaier for serving as the Board Chair for the past four years. The chair is frequently called upon to attend numerous additional meetings, and to speak publicly on difficult and contentious health issues. Bill did this well, and with wit and wisdom. His support has been very much appreciated and will not be soon forgotten.

To the new members of the Board I bid you welcome and I thank you for your willingness to take on the mantle of public health. As you know we are presently at a crossroads with regard to our resource base. We have communicated publicly and thoroughly over the years on this, including with our long range planning needs report last June and with further reports to the Board in the fall. Very soon you will be called upon to make tough decisions that will affect how well we can continue to protect, promote and enhance the health of our citizens.

The health of the public has always been determined by the actions of all its members. Thus I commend the excellent work and the dedication of our staff, in collaboration with our community partners. I would like to close as I always do on these occasions by saying that I look forward to working with all of you in the year 2004, with all its anticipated and unforeseen challenges and opportunities. Thank you.