

## **Report on the Year 2004 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. This is our time to reflect on the year that has passed, on the challenges, successes and lessons learned.

In many ways, the year 2004 marked the beginning of renewal in public health in Ontario. The SARS outbreak of 2003 prompted a profound scrutiny of public health and a tremendous increase in our public visibility. In June 2004, the provincial government released “Operation Health Protection”, a three-year plan to renew public health, based on the recommendations of the reports of the Expert Panel on SARS (the Walker report) and the Campbell Commission. Their recommendations include:

- a review of the capacity of public health units and the Public Health Branch,
- a revision of the Mandatory Programs
- increasing the proportion of funding to public health units from the province to 75% by 2007
- Increasing the authority of the Chief Medical Officer of Health (including having her or him report directly to the legislative assembly)
- the creation of a provincial Health Protection and Promotion Agency, and a Provincial Infectious Disease Advisory Committee (PIDAC)
- the creation of Regional Infection Control Networks throughout the province
- increasing infection control personnel in health care facilities.

By year-end, the province commenced its plan with the creation of PIDAC, increasing the powers of the Chief MOH within the *Health Protection and Promotion Act*, and increasing its funding to the health units to 55% in 2005. In 2004, the federal government also commenced the creation of the Public Health Agency of Canada and appointed a Chief Public Health Officer. In the past week, the province announced the commencement of the public health capacity review. These are the kinds of sweeping changes that only occur once in a lifetime.

It has been very exciting to be a part of this change. I had the privilege of writing, on behalf of the Council of Ontario Medical Officers of Health, a submission for the Expert Panel on SARS on the topic: Regional Infection Control Networks, and our health unit has been active in developing such networks based out of Kingston and Ottawa. Within our district, we built on our experience with pandemic influenza planning and SARS, and worked with health care facilities to strengthen infection control measures. I am honoured to be a member of the Surveillance Subcommittee of the newly created PIDAC.

Our mission 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”. The focus of

the past year included a number of child health issues. To commence the year, Fraser Mustard, the guest speaker at our last AGM, challenged us to address the wellbeing of the very young in our society as the wisest of investments. Our efforts to do so have included our Early Child Development programs, such as the Fetal Alcohol Spectrum Disorder prevention awareness activities, the initiation of a support program for mothers with Postpartum Depression, and our ongoing work within the community coalition Every Kid in Our Community (building assets for children).

The annual report of the Chief Medical Officer of Health called for action to address childhood obesity. Earlier in the year, the Board of Health supported the report of the public health dieticians of Ontario on this topic entitled A Call to Action. As a health unit, our actions on this front in the past year included working with the Upper Canada School Board and other partners to include our high school cafeterias in the Eat Smart! Program, ensuring food safety and healthy food choices for our students. We continue working with our school boards on health promoting policies in schools.

Starting in September, the province commenced the rollout of three new vaccines, coming into full fruition with the beginning of this year. These vaccines serve to protect our children from meningococcal C meningitis, pneumococcal disease, and varicella (chickenpox). As a health unit, we continue to work through this transition to supply these vaccines to the physicians of our district and to vaccinate children in our clinics and schools. In the years to come, these new vaccines will prevent many serious cases of these diseases.

Late in the year, the province tabled the *Smoke-Free Ontario Act*. This legislation will serve to protect our children and ourselves from tobacco smoke by prohibiting smoking in all indoor public places and workplaces. Our Board of Health supported this concept with its approval of our Tobacco Strategic Plan in 2001. The province also announced enhanced tobacco prevention education and enforcement activities for health units. With our Tobacco Strategic Plan, and our past tobacco bylaw campaigns, we are in a better position to respond to these program requirements.

In August, raccoon rabies was discovered to be present in our district, despite a one-year hiatus in positive animal tests. Our response included the education of children in the schools in the affected areas.

Our Health Unit website is an essential communication tool that is being constantly modified. Since October, it includes a calendar of the program activities that we conduct in the schools of the Upper Canada District School Board, posted for the benefit of students, parents, teachers and health unit staff. In the fall, we also posted our newly updated Community Health Status Report to provide our communities with information on our health needs.

The Haines Report made many recommendations to improve food safety in the province. The Board of Health supported this report, and in keeping with this, we initiated an enhancement to our Food Handler Training Course with the inclusion of a Home Study

program. The year also saw ongoing progress on drinking water safety legislative requirements. (⇌) As a health unit, we responded to water safety concerns, including the issuing of a boilwater advisory in Gananoque in September.

As a health unit we are on a journey to understand and implement the principles of continuous quality improvement. We have been guided by the Strategic Plan of the Board of Health since 2001. This Plan has included, as a priority, that we determine and pursue sufficient resources to meet our mandate, always with the requirement for the efficient use of these resources. We had the unique challenge of developing budgets for two years, specifically for 2004 and 2005. The 2004 budget required us to gap a number of positions with a resultant impact on program delivery. With the arrival of Operation Health Protection, and the increased provincial funding to 55%, the Board approved a budget for 2005 that will allow us to fill these gapped positions and to fill others later in the year in keeping with the surplus from 2004. Through monthly reporting, the Board has been kept informed of gaps in our compliance with the requirements of the Mandatory Health Programs and Services Guidelines. The 2005 budget identified the need for twenty additional staffing positions to meet these requirements. With future increases in the proportion of funding from the province, the Board is in a position to achieve these staff enhancements in the years to come.

Our Strategic Plan has served us well as a roadmap. The future of public health is dynamic, very hopeful, but still profoundly unpredictable. Our relationship with the Local Health Integration Networks is an example of the unknown. In September, at the commencement of the review and revision of our Strategic Plan, we had the pleasure and the privilege to hear Andy Papadopoulos, former Executive Director of the Association of Local Public Health Agencies, speak to us. At that time, Andy expressed the view that this is the best of times to do strategic planning. With faith in those words, we have continued on with this task, which we intend to complete in the present year. And it is with pleasure that we again have the opportunity to hear from Andy at our AGM.

I wish to take this moment to commend the staff of the Health Unit for your excellent, intelligent, imaginative and often inspiring service to the wellbeing of our communities. To the Board, I thank you for your guidance and for taking on the challenging and very serious responsibility of public health. And to our partners and clients, I say that we look forward to working with you to protect and promote health in the year to come.