

NOTES FOR REMARKS BY
THE HONOURABLE TONY CLEMENT
MINISTER OF HEALTH AND LONG-TERM CARE

TO THE ONTARIO PUBLIC HEALTH
ASSOCIATION 2002 CONFERENCE

NOVEMBER 19, 2002

Good morning. It's my great pleasure to join you here in Richmond Hill for the 53rd annual conference of the Ontario Public Health Association: Partners Moving Beyond Borders.

I want to thank Connie Utrecht, President of the Ontario Public Health Association (OPHA), Jack Lee, Acting Executive Director for OPHA, and Bill Mindell, director of the Infectious Disease Control for York Region Health Services & Co-Chair of this conference's committee, for the kind invitation to be with you today.

I want to say how pleased I am to be here with front-line staff from public health and other community agencies.

As you know, we live in an era of increasing uncertainty. And that's why it's so very important for the people of Ontario that all of our first responders forge new partnerships to protect the public as much as possible.

And I commend you on how effectively you worked together when you responded to anthrax threats in Ontario following the terrorist attacks and anthrax deaths in the United States last year. Furthermore, I'm pleased to see that you will be discussing joint responses to potential bio-terrorism in workshops at this conference.

It is also a pleasure to see staff from our long-term-care centres. I know that this is a very busy season for you with the flu program in full swing. And I

want to thank all of you for the important contribution you make in protecting our vulnerable populations -- and of course for getting your own flu shot.

I think it's indicative of the breadth and the depth of public health and the wide interests of the Ontario Public Health Association that your keynote speakers for this conference include a philosopher, John Ralston Saul, an international security and conflict expert, Janice Gross Stein, a human rights activist, Sally Armstrong, and a management expert, Sid Ridgley.

You've also an expert in chronic and communicable disease - my colleague and Chief Medical Officer of Health - Dr. Colin D'Cunha.

I must tell you that Dr. D'Cunha has been a constant and effective advocate for public health.

And that has helped our province to become a leader in the field of public health.

As you know, Ontario is the only province to have mandatory programs for health promotion, health protection and disease prevention written into our public health legislation.

And this has proven to be a powerful tool for the province and the municipalities to work together on a shared-cost basis for the public good. In fact, this year we are spending \$800 million on public health programs.

Over the past 100 years community public health specialists working with the province have achieved tremendous successes in promoting good health and reducing disease.

This has often been through a combination of scientific advances, such as the development of antibiotics and vaccines, as well as through simple but effective programs like promoting regular hand washing.

The early Ontario public health interventions of sanitation and the pasteurization of milk helped eliminate and reduce the incidence of diseases like cholera and typhoid, and also contained tuberculosis.

Vaccination put an end to smallpox and the crippling disease of polio. Common childhood diseases like measles, mumps and rubella are almost gone and whooping cough controlled through our regular school health immunization programs.

These essential and ongoing prevention strategies are major public health achievements...as are the local harm reduction strategies to reduce the spread of new diseases like HIV/AIDS, along with breast-feeding promotions that are reversing the trend of bottle-feeding, tobacco-control programs, car-seat safety programs, and the establishment of a dental program for vulnerable children.

All of you here today can be justly proud of the contributions you make to society. You do an excellent job of preventing disease and educating the

public about the dangers posed by both old and new threats. You are among the most reflective and the most forward-looking people in health care, cognizant of the past and of the need for constant vigilance to protect us now and in the future.

We saw an example of your important preventive role this summer when Dr. David McKeown of the Peel Region health unit and Dr. D’Cunha jointly informed Ontarians about our first cases of West Nile Virus.

The public got quick and accurate information on the risks of West Nile Virus compared to the risks of more familiar diseases like influenza, and of course information on how to protect themselves from both.

We also provided significant funding this year – both in anticipation of, and in response to – the spread of West Nile Virus to the people of Ontario. And the incidence of the West Nile Virus is an example of our need to be prepared for newly-emerging diseases in North America.

But without doubt the most efficient and cost-effective way to achieve and maintain good health is to invest in measures that prevent disease.

We’ve seen this throughout more than 150 years of public health history, starting in the 1800s when the public health revolution began with sanitation reforms in England, and when Dr. John Snow traced the cholera outbreak in London to the Broad Street water pump. We must put new emphasis on this now and in the future if we are to sustain our health care system.

The public has told us very clearly that they want to see more health promotion and more disease prevention in health care; as well as more doctors and nurses, reduced waiting times and improved access to early diagnostic tools.

We've responded by investing in hospitals, in long-term-care facilities and in community-based services. We've initiated primary-care reform with the Ontario Family Health Network, invested \$375 million in nursing annually, increased funding for nurse practitioners, and much more.

Recently the Institute for Clinical Evaluative Sciences (ICES) released its report on Avoidable Mortality in the United States and Canada for the years 1980 to 1996. The findings are tremendously encouraging.

The statistics show, for instance, that the rate of avoidable death in Canada is dropping. And we're seeing lower mortality rates in asthma, cervical cancer, hypertension and cerebrovascular disease, as well as in tuberculosis and maternal mortality.

Public health and primary care are usually the responsible sectors for these conditions.

However the achievements made in providing Ontarians with first class health care - including the latest technologies- are costing us more than we can afford to pay.

This year we are spending \$25.5 billion on health care. That's 47 per cent of the Ontario budget, up from \$17 billion, or 38 per cent of the budget, just seven years ago.

The impact of our aging and growing population, the impact of inflation, rising public expectations, new technologies and treatments, and the increase in chronic diseases like diabetes, heart disease, osteoporosis and kidney disease, mean that these figures will continue to rise.

Health care is taking resources from other programs that are just as important in keeping us healthy. These include education, economic development and social programs.

The most important trend in health care is in the increase in chronic disease. Finding ways to control and reduce chronic disease marks the second wave in the public health revolution.

Let's look at diabetes for a moment.

In 1921 we thought a cure for diabetes was just around the corner. Banting, Best, Collip and MacLeod had just discovered insulin to control Type 1 diabetes. This is the type of diabetes usually found in children - the type, which is not preventable.

Now we're seeing an epidemic in Type 2 diabetes, the diabetes most commonly found in adults, but also starting to show up in children

Currently 600,000 Ontarians have been diagnosed with diabetes. Another 200,000 Ontarians don't even know they have the disease. And seven years from now, it's anticipated that some 1.2 million Ontarians will have diabetes.

This disease can often be prevented through a healthy lifestyle. This means healthy eating, maintaining a healthy weight, and physical activity. But as you may know, roughly half of Ontario adults are overweight and the prevalence of overweight and obesity has been increasing worldwide.

Worse still, people face serious complications from this disease, including amputations and blindness. Half of all non-traumatic amputations and half of all new cases of blindness are due to diabetes.

Diabetes contributes to 70 per cent of strokes and 50 per cent of heart attacks, as well as 25 per cent of cardiac surgery. Recent studies indicate it also increases the risk of kidney failure, miscarriage and premature death.

For all of these reasons, I recently announced a \$2 million investment to promote healthy eating and active lifestyles in the province's children. The Ontario Physical Health and Education Association (OPHEA) worked on this initiative with us, and I know that the OPHA has been involved in developing strategies to combat this problem.

As another example, heart disease is causing us the same kind of problems as diabetes. It has some of the same contributory factors, including, lack of exercise, high blood pressure, obesity, and of course smoking, which kills 33 Ontarians every day.

Since 1995, our government has invested more than \$164 million in cardiac services across Ontario. Last year we announced a \$9.6 million for expanded cardiac rehabilitation programs to improve heart health. We have also put \$30 million into our annual Stroke Strategy, which is also related to heart disease.

These investments represent only a small portion of the investments we're making in preventing disease and promoting wellness.

This year – for the third year in a row – we're offering our free universal influenza-immunization program.

For many years the public was complacent about flu. Yet 20 million people died in the 1918-19 pandemic with most of the victims younger than 40 years of age.

Preventing the spread of influenza through our emergency rooms, nursing homes, long-term care centres and hospital wards is worth every dime we spend. We don't want a single person diverted from the nearest emergency department because it's blocked with people suffering complications of preventable flu.

Yet another important health-promotion initiative is HealthyOntario.com, our government's new health-information Web portal.

I logged on the other day and found everything from the causes of typhoid and diabetes, to how to get advice from a registered nurse at our highly successful Telehealth Ontario program.

We've also expanded the Ontario Breast Screening Program to ensure that all women aged 50 and older have better access to early diagnosis. And we're spending \$4 million in annual funding to develop an integrated and comprehensive Plan of Action for Asthma, a first in Ontario's history.

Besides investing in these programs we're updating our mandatory program guidelines to ensure we aim our resources at the right places so that we don't waste precious health care dollars.

The Technical Review Committee and the Mandatory Programs Steering Committee have been reviewing five programs: Early Detection of Cancer, Chronic Disease Prevention, Injury Prevention Including Substance Abuse Prevention, Reproductive Health and Child Health.

The Community Health Research Unit at the University of Ottawa is engaged in assessing the resource implications of the recommended revisions and ministry staff would then wish to discuss the impact with the Association of Municipalities of Ontario.

Meanwhile our most important need is for long term predictable funding from the federal government to make sure we can continue to provide the kind of public health services Ontario is renowned for; the kind of health programs Ontarians have come to expect.

The provinces have urged the federal government to become a full financial partner in Canada's health care system through Canada Health and Social Transfer payments. This means a return to 18 per cent federal funding and an appropriate escalator to offset increasing costs.

We need funding adequate to meet the demands of our health care system – and the needs of Ontarians.

I emphasized this when I made a presentation to the Romanow Commission earlier this year and I hope it is reflected in his recommendations anticipated next week.

But I emphasize it again today.

I know that the Ontario Public Health Association will continue to be a strong advocate for public health. The position papers you have produced on a wide range of public health issues – from breast feeding promotion and violence prevention, to alcohol policy and biotechnology - are a constant reminder of how hard you are working for the people of Ontario.

As I close, I want you to know that the Ernie Eves government is working in concert with you. I'm pleased to announce that we are continuing the successful Ontario Heart Health Program inaugurated five years ago. The next phase of the program, beginning April 1st, 2003, will continue to drive home the healthy-lifestyle message for another five years, supported by our funding of \$17 million over the five-year period.

As you know Heart Health was launched at the beginning of 1998 and was the largest project of type ever undertaken in Ontario. The program has been carrying the heart-health message to Ontarians to help them lead healthier, longer lives.

And, in partnership with boards of health and their community partners, the program will continue to focus on raising public awareness of the three key preventable risk factors linked to cardiovascular disease and cancer.

The program focuses on those risk factors for cardiovascular disease that can be modified by healthy eating, physical activity and the prevention of tobacco use throughout the province.

More than three out of every four Ontario adults has at least one risk factor for cardiovascular disease. And the disease costs more than \$2 billion in treatment costs as well as more than \$4 billion in lost productivity per year. The human costs are simply immeasurable.

I'm also pleased to announce the next phase of the provincial FOCUS Community Program, a program that prevents alcohol and other drug abuse beginning April 1st, 2003. Supported by our funding of \$12 million over the next five years, this Program exemplifies the partnership between Ontario communities and Ontario's government...a partnership that's intrinsic to keeping people healthy and improving the quality of life for everyone in Ontario.

On behalf of the Ernie Eves government, thank you for the role you play in that partnership. Your work is significant, effective, and greatly appreciated.

Thank you.