

**NOTES FOR REMARKS BY  
THE HONOURABLE GEORGE SMITHERMAN  
MINISTER OF HEALTH AND LONG-TERM CARE  
TO THE ONTARIO PUBLIC HEALTH ASSOCIATION  
CONFERENCE  
NOVEMBER 23, 2004**

Good afternoon. My thanks to Garry Aslanyan for that kind introduction.

I'd also like to thank Charlene Benyon – Chair of the OPHA Conference Program Committee – for moderating this event.

And my greetings to everyone here, from Medical Officers of Health, to the all-important front-line public health workers and physicians, nurses, public health communicators – everyone!

You're here because you care about your profession and the issues surrounding public health.

I am here for the same reason.

I am proud to be the Minister of Health for a government that has placed a very high priority on public health from its first days in office.

We selected a top-notch Chief Medical Officer of Health.

Dr. Sheela Basrur has been a tremendous source of leadership and her determination is contributing to the renewal of public health in Ontario.

Our goal is to make Ontarians the healthiest Canadians.

And we know that we won't have a healthy population if we don't rebuild public health in this province.

Public health is the very bedrock of health care.

This conviction drives the changes our government is making in health care.

The fact is, we don't really have a well-developed health care system in Ontario. We have more of a "sick care" system. That is, our system does a pretty darn good job at diagnosing and treating people once they have a health problem. But the system is not set up to keep people from getting sick in the first place.

We're changing that.

We need to expand our concept of health care beyond just the treatment of illness and truly embrace the concept of being healthy. The health care system we're creating in Ontario puts prevention and health promotion back at the centre.

Let me put this in concrete terms.

Our government is launching an all out battle against smoking, with a comprehensive tobacco strategy. And we will need your support as we move decisively in this area.

We are taking aim at obesity by promoting physical activity and helping people to eat healthier. We're taking junk food out of schools.

And our new free childhood vaccination strategy will protect more than two million Ontario kids, and thrust this province forward as a public health leader in the nation.

But, there's much more to do.

Because prevention and health protection have taken on a new importance in Ontario.

Walkerton, West Nile virus and SARS finally woke us up. A decade or more of deterioration and neglect in our public health system had taken a major toll.

Thanks to advances in public health and medical science, we are better able to protect ourselves than in the past. Our life expectancy and health status prove this.

But, in other ways we are living in a more dangerous and unpredictable time. Diseases move more quickly, over vaster distances than in the past. Disasters and health crises can strike with little warning and on a massive scale.

As the final report of the Expert Panel on SARS and Infectious Diseases chaired by David Walker points out, Ontario is not alone in its neglect of public health. Other provinces and countries across the world are facing declining public health systems too.

But they lack what Ontario has:

An opportunity.

In Ontario, we are fortunate to have three groundbreaking reports on the SARS crisis to show us the way forward.

The National Advisory Committee on SARS chaired by Dr. David Naylor demonstrated how the federal government and provinces must come together to create a common national system of public health.

Then Justice Archie Campbell's impassioned interim report uncovered what went wrong and the dire consequences of multiple system failures.

The Final report of the Expert Panel on SARS and Infectious Disease chaired by Dr. David Walker maps out in fine detail the steps needed to rebuild a declining public health infrastructure.

Our government's plan to reform public health responds directly to these reports.

We call our plan Operation Health Protection. Just like military operations or surgical operations, the job of rebuilding public health will take steady leadership and the teamwork of many different players mobilized for one common mission. A mission with a clear sense of vision.

Operation Health Protection marks the first comprehensive change to public health since the 1980s.

Our government invested \$41.7 million in new funding this year to kick start Operation Health Protection.

This investment is in addition to core funding for public health of \$273 million in 2004/2005, growing to \$469 million a year beginning in 2007-2008 that we announced in our Budget

I'd like to touch on the six key areas of reform and how they will be implemented over the next three years.

First, we are bringing newer, stronger leadership to public health. We have already taken steps to strengthen the role of the Chief Medical Officer of Health. In October of this year we introduced legislation to increase the independence of the Chief Medical Officer of Health.

In the words of Justice Campbell:

“The Chief Medical Officer of Health, while accountable to the Minister of Health, requires the independent duty and authority to communicate directly with the public and the Legislative Assembly whenever he or she deems necessary.”

This is exactly what the legislation will achieve once passed

As Chief Medical Officer, Dr. Basrur will have the duty to report to the public on public health issues and will make an annual report on the health of Ontarians to the Legislature. Legislation will ensure that the Chief Medical Officer has the protection to speak independently and candidly about public health issues. The Chief Medical Officer of Health will have the legal authority to take all necessary actions to protect the people of Ontario from health risks.

Second, we will renew our public health capacity province-wide and at the local level.

Recent public health crises have shown that we need independent scientific leadership on matters that are critical to the health of Ontarians.

We will create an arms-length Health Protection and Promotion Agency to provide crucial scientific leadership. The Agency will support the Chief Medical Officer of

Health and be a vital resource to health providers, researchers, and non-governmental organizations in the areas of health protection, prevention and health promotion.

We aim to have the Agency fully operational, including a more modern public health laboratory by 2006/2007. Shortly we will be establishing an agency implementation task force to advise the Ministry on the development of the agency.

If there is one resounding message from SARS it's this: we need to create a true system of public health. The reality is, the system is only as strong as its weakest link .... so we can't afford to have any weak links.

Renewal must happen from the top down, from the bottom up and across the health system. And an effective public health system rests on the foundation of strong local public health units.

That's why we announced that our government is increasing its share of public health funding to 75% over three years, reversing the former government's damaging download. Our share will increase to 55 percent beginning in January.

We will begin a review of the capacity of local Public Health Units this year to ensure that they have the resources and operational support to respond to local public health needs. We are creating a Committee to lead the capacity review.

The third initiative is bolstering our capacity to respond to health emergencies. The Emergency Management Unit at the Ministry will continue to play a pivotal role in coordinating our province's response to health emergencies. And it will have even more tools at its disposal.

In May the Ontario Health Pandemic Influenza Plan was released which allows for a coordinated response from the health care system to a worldwide emergency.

The Emergency Management Unit has also developed a system to stockpile and rapidly distribute supplies to hospitals and other facilities if a disaster strikes.

Our fourth initiative is an investment in our capacity to control infectious diseases. Starting this year, we will invest in better infection control at the front lines where outbreaks must be contained. Over the next three years, we will fund new full-time infection control positions in hospitals and long-term care facilities. The hiring will begin immediately.

We will also increase training in infection control.

We have created a permanent central Provincial Infectious Diseases Advisory Committee (PIDAC). And I am pleased to announce that Dr. Dick Zoutman, Chief of Infectious Diseases and Associate Professor, Microbiology and Infectious Diseases at Kingston

General Hospital and Dr. David Williams the Medical Officer of Health for Thunder Bay are the co-chairs of PIDAC.

People often talk about public health in terms of technology and test tubes. But public health is a very human endeavor.

That's why our fifth initiative will ensure we have the right professionals, with the right skills, in the right place, and that we are providing them with the best possible work environments and opportunities.

We are working with the Ministry of Training, Colleges and Universities and professional bodies to initiate a major drive to attract and keep public health professionals. That means giving professionals in public health disciplines the opportunity of full-time work and reducing the casual employment that impairs our ability to respond to an emergency.

We've already started by investing in 2,400 new full-time nursing positions in hospitals and long-term care facilities since February of this year.

The SARS crisis was a story of multiple communication breakdowns. That's why our sixth initiative is an investment of \$24.9 million this year in state-of-the art information and communications technology for public health.

This year we will create an Integrated Public Health Information or IPHIS system specifically for infectious disease tracing and reporting and managing quarantines during outbreaks.

We are also developing a system to enable the rapid exchange of information on-line. This will include a public health portal that all health providers can access, a registry of all providers and stakeholders and secure email networks so that public health units can speak with hospitals and long-term care facilities in real time. This system will be completed in 2005/2006.

In closing, I want to be clear that the decline in public health did not happen overnight. It took more than a decade.

It will take a long-term commitment to reverse this damage and bring public health system up to the standards Ontarians expect and rightly deserve.

The McGuinty government is taking action so that the people of Ontario see real improvements in their public health system starting this year.

Ontarians can be confident that with each passing year of our plan the public health system will be stronger.

Operation Health Protection marks a new beginning for public health in Ontario. Its success depends on all of us working together.

Thank you for your time today. I look forward to your questions.

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