



# Renewing Public Health in Ontario: The Role of the Ontario Agency For Health Protection and Promotion

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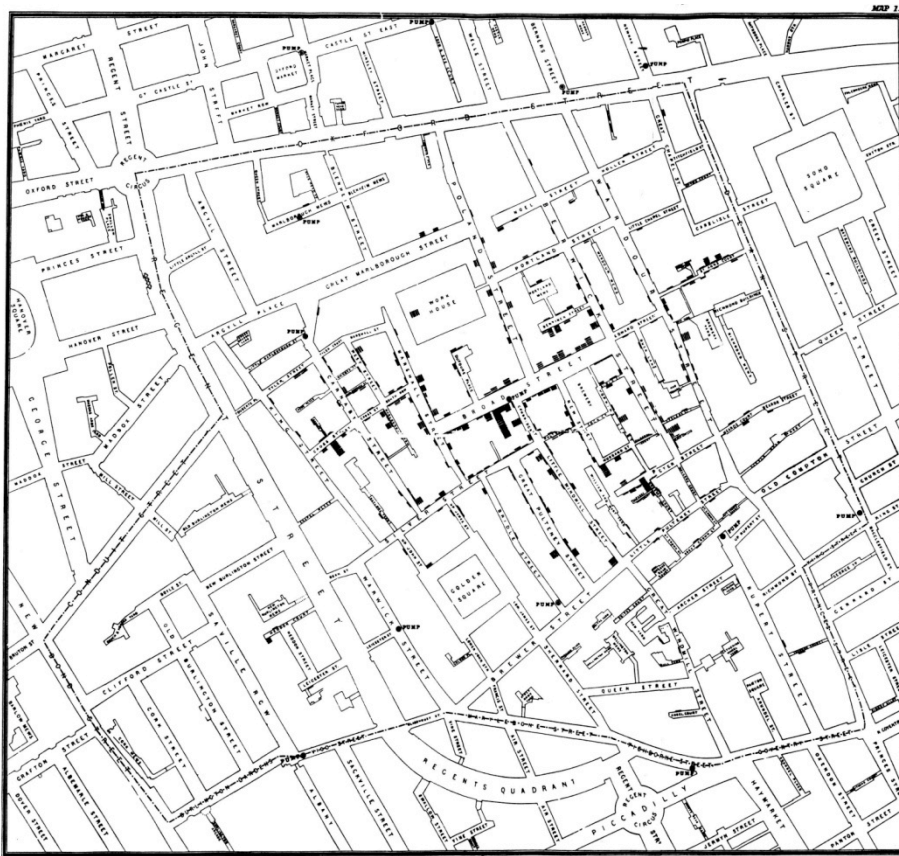
# What is Public Health?

- Focused on
  - Wellness
  - Communities
  - Populations
- Critical thinking
- Protection and Promotion
- Built on partnerships
- Spans well beyond health and medicine

# *A Brief History of Public Health*

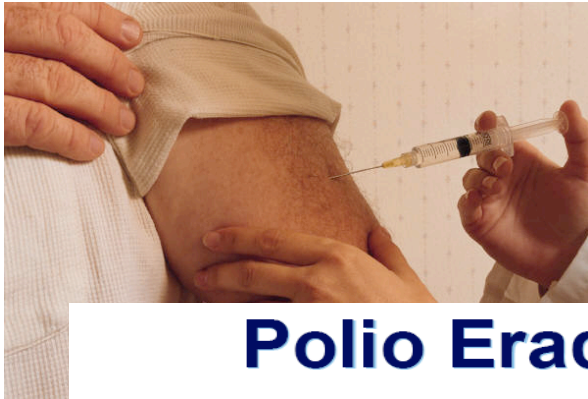
- Roots in ancient times
  - food, alcohol, sexuality
  - hygiene, waste disposal
  - Quarantine
- Early nineteenth century
  - Applied epidemiology
  - Germ Theory
  - Vaccines
- Twentieth century
  - Growth of formal public health organizations

# John Snow



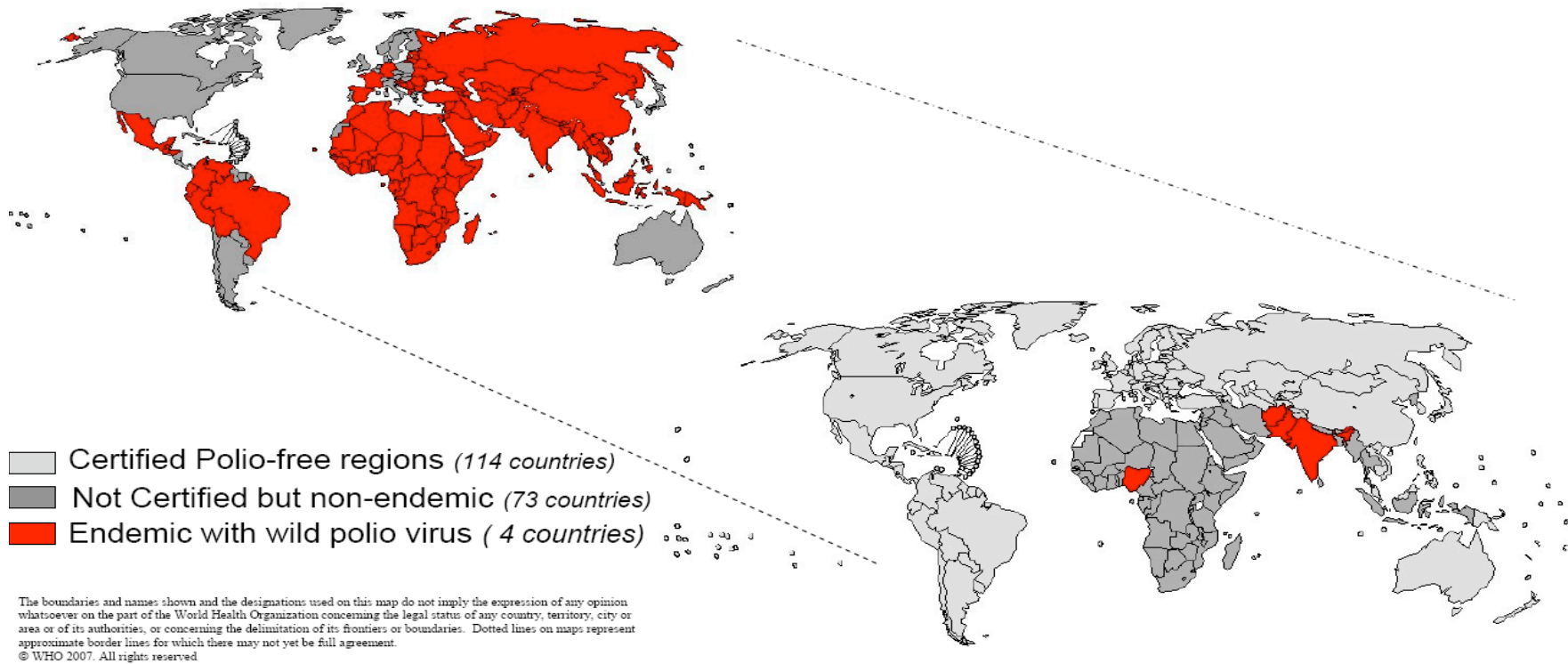
# Ten Greatest Public Health Achievements

- Centers for Disease Control - 1999
  - Vaccination
  - Motor-vehicle safety
  - Safer workplaces
  - Control of infectious diseases
  - Decline in deaths from coronary heart disease and stroke
  - Safer and healthier foods
  - Healthier mothers and babies
  - Family planning
  - Fluoridation of drinking water
  - Recognition of tobacco use as a health hazard



# Vaccination

## Polio Eradication Progress, 1988 - 2006



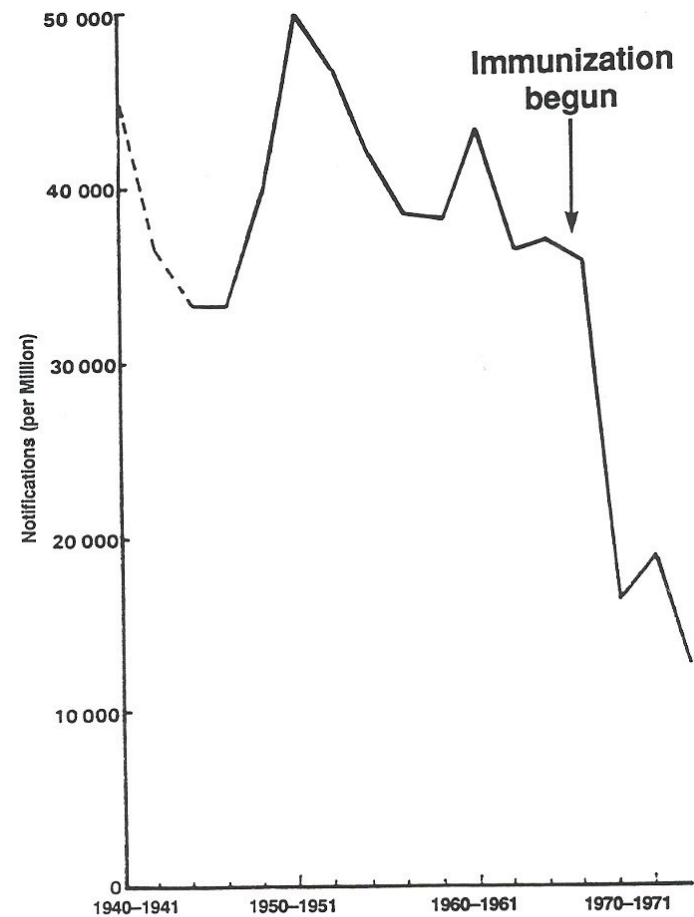
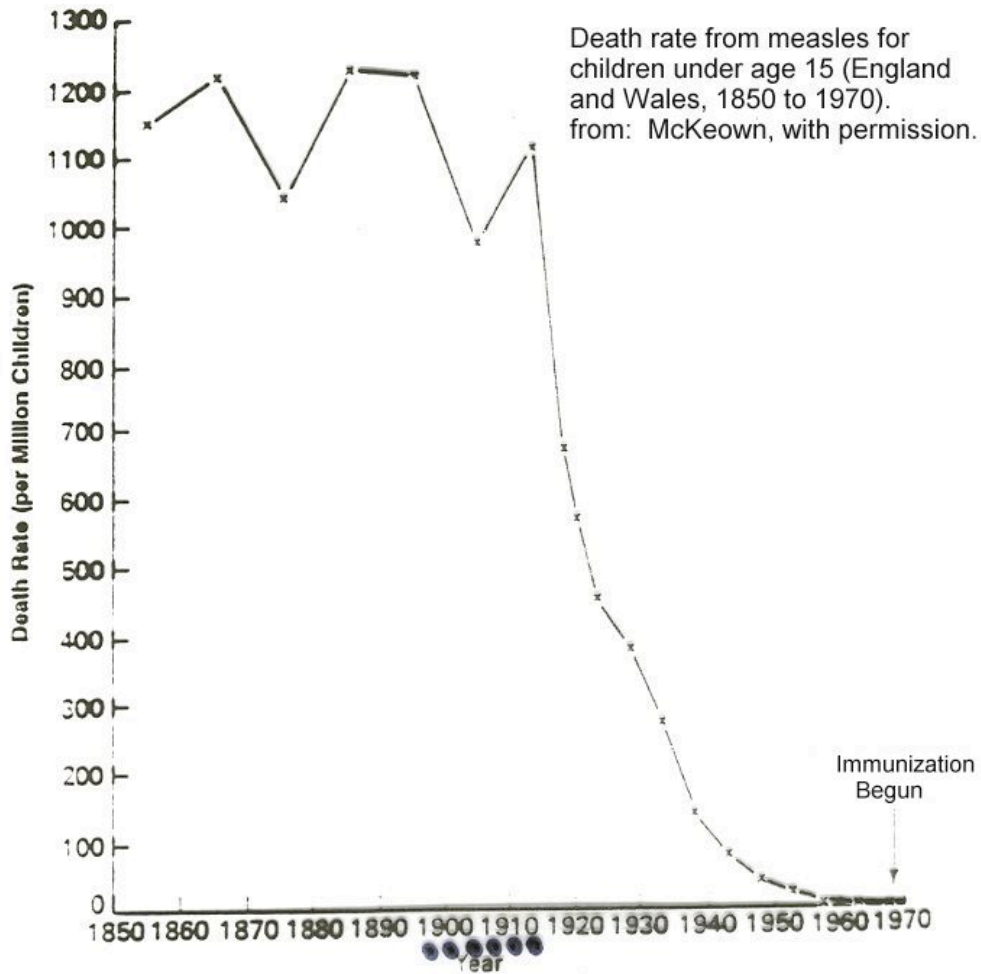
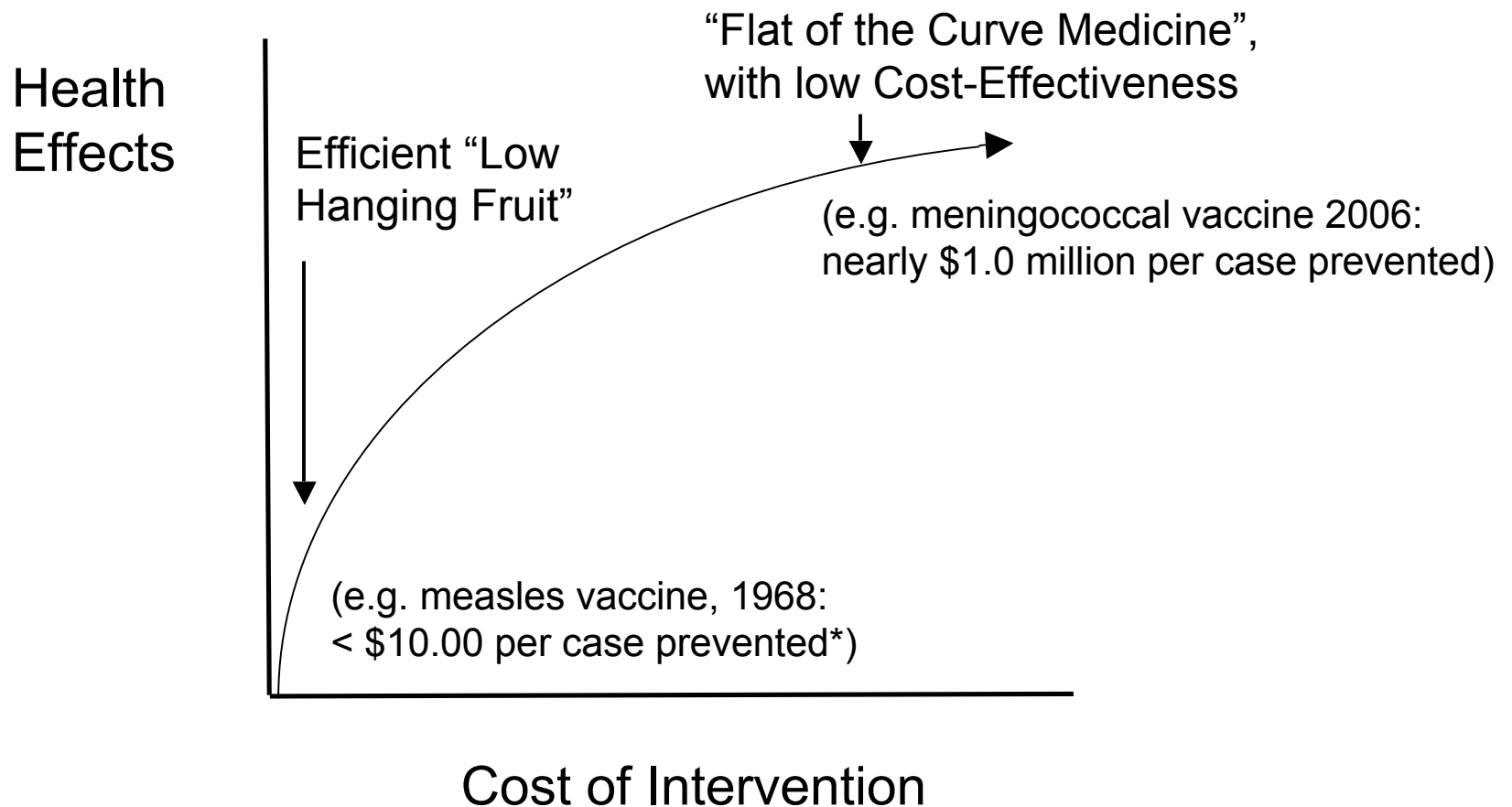


FIGURE 8—Annual measles notification rates per million persons under age 15 (England and Wales). Adapted from McKeown<sup>33(p90)</sup> with permission. Copyright © 1976, Basil Blackwell.

## The Inexorable Time-trend Towards More Expensive Interventions per Unit of Health-Effects Achieved

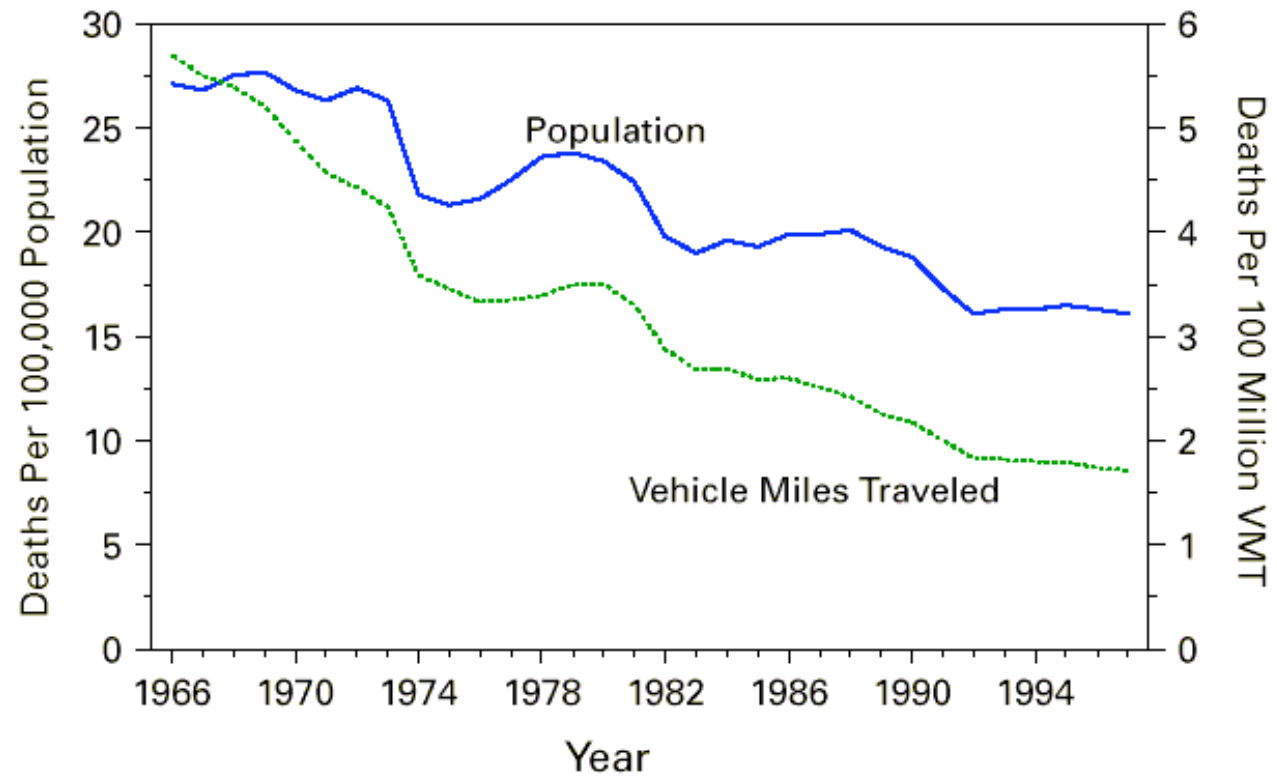


\* (and hundreds of dollars of lost parent wages saved)

# Motor Vehicle Safety



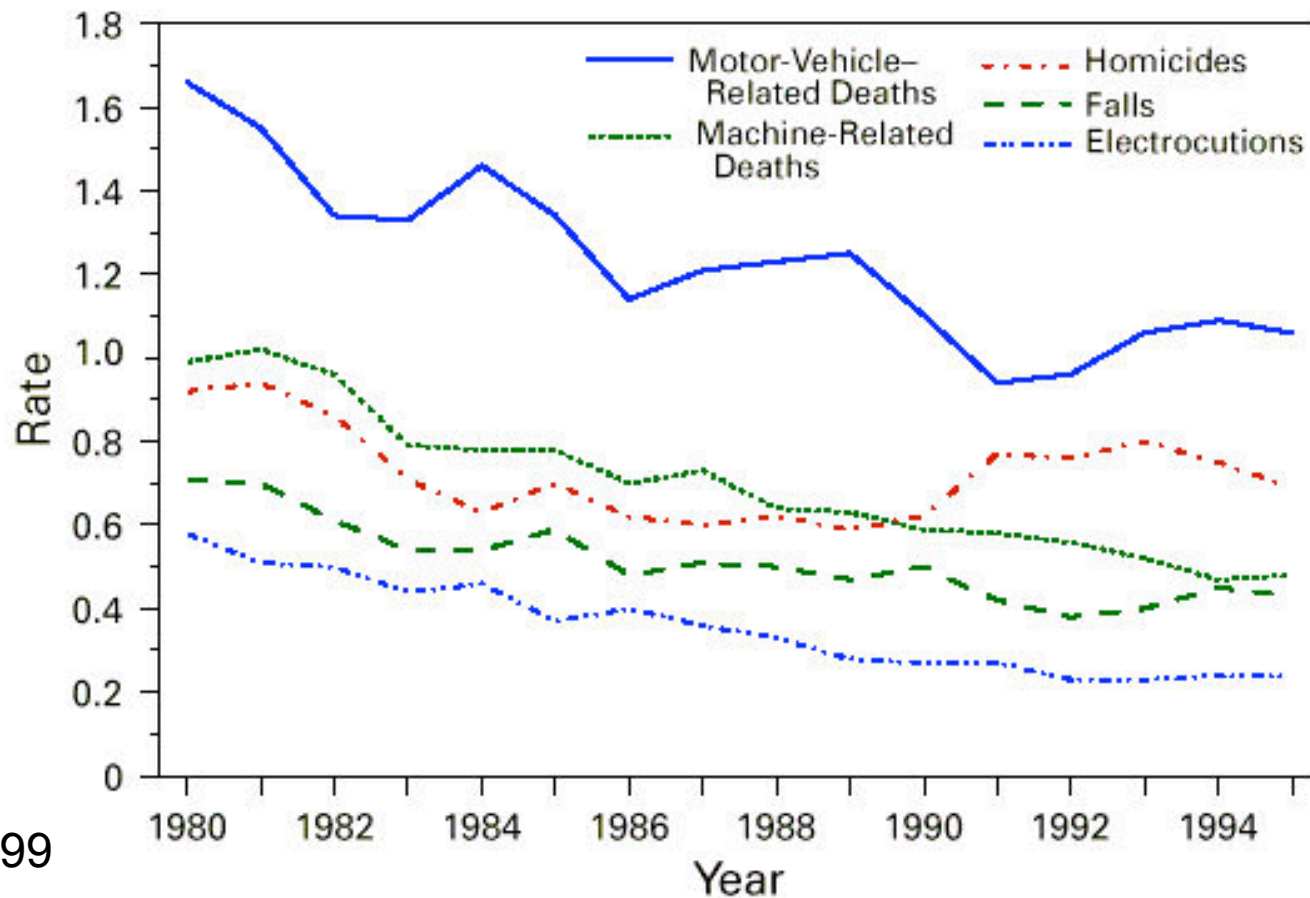
FIGURE 2. Motor-vehicle-related death rates per 100,000 population and per 100 million vehicle miles traveled (VMT), by year — United States, 1966–1997



MMWR 1999

# Safer Workplaces

FIGURE 3. Rates\* for leading causes of occupational injury deaths, by cause and year — United States, 1980–1995

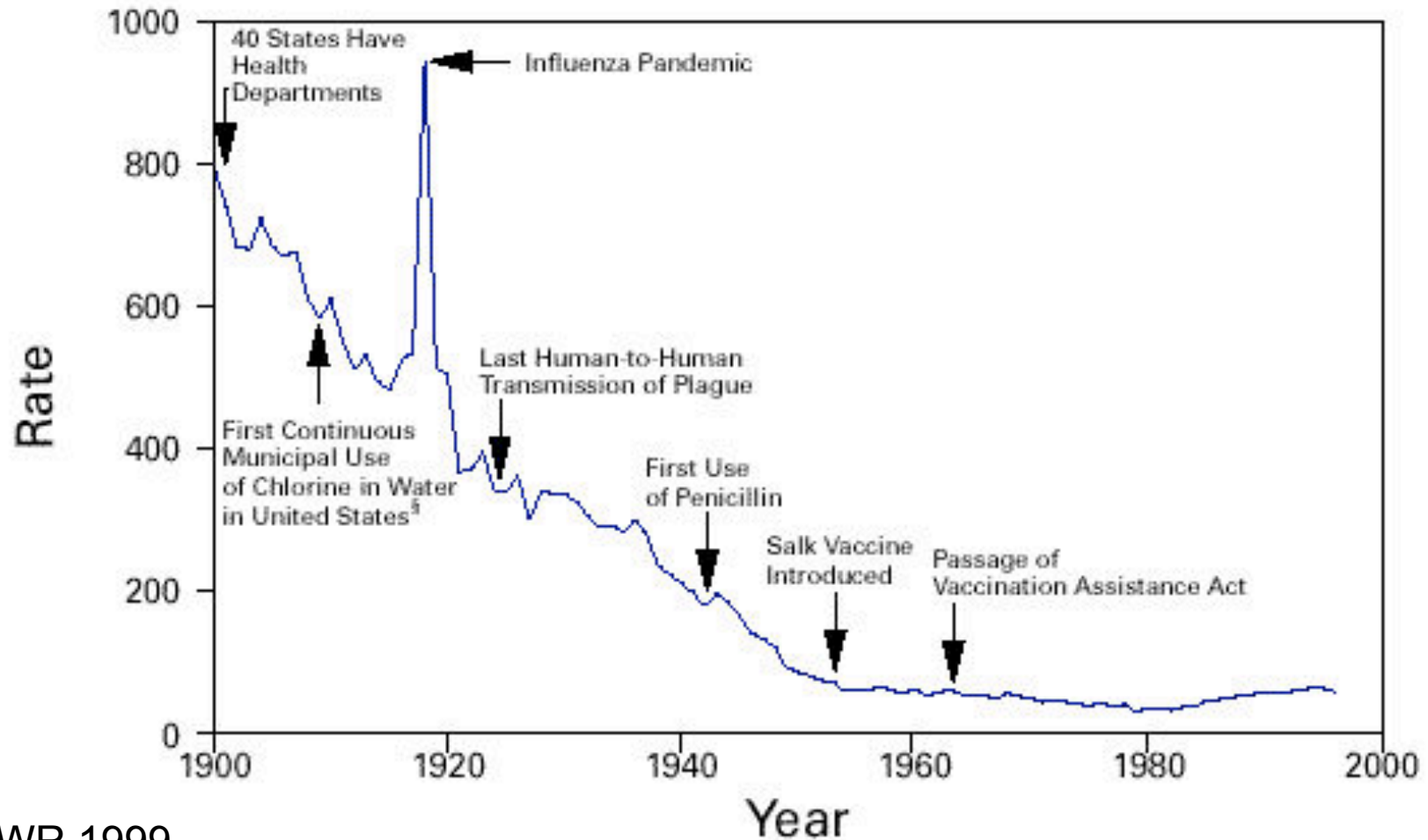


MMWR 1999

\*Per 100,000 workers.

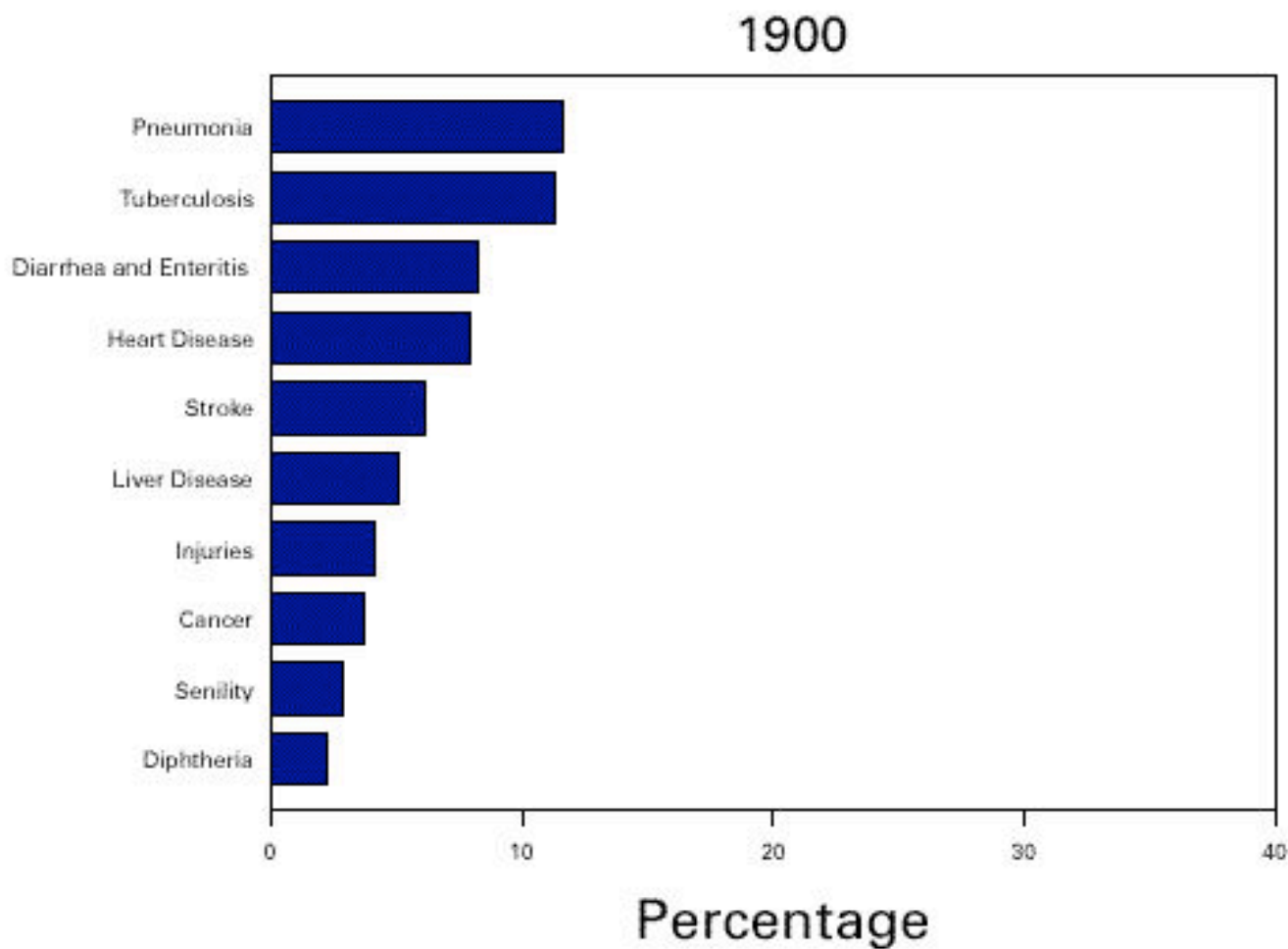
# Control of Infectious Diseases

FIGURE 1. Crude death rate\* for infectious diseases — United States, 1900–1996†



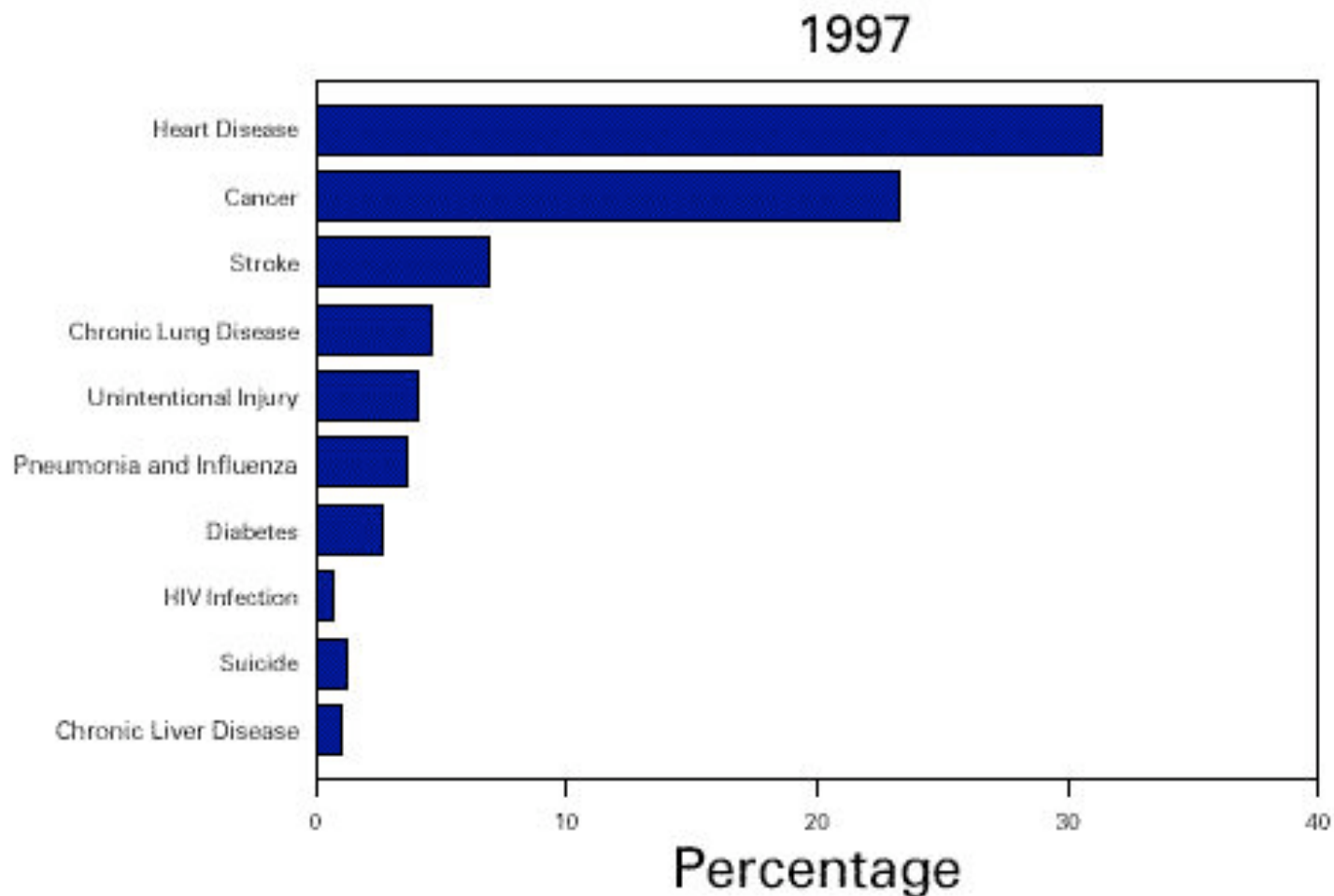
MMWR 1999

**FIGURE 2. The 10 leading causes of death as a percentage of all deaths — United States, 1900 and 1997**



**Source:** CDC. Control of infectious diseases. MMWR 1999;48:621-9.

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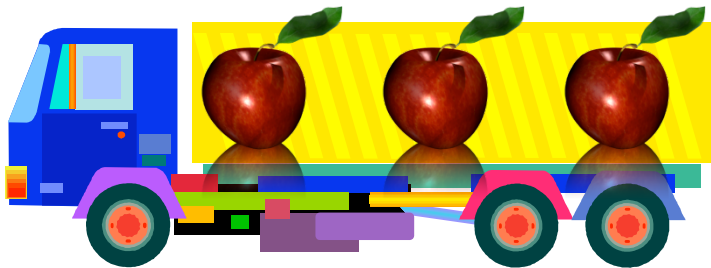


**Source:** CDC. Control of infectious diseases. MMWR 1999;48:621-9.

# Safer and Healthier Foods



"Is that where you download the milk?"



# Recognition of Tobacco as a Health Hazard



**Physicians for a  
Smoke-Free Canada**

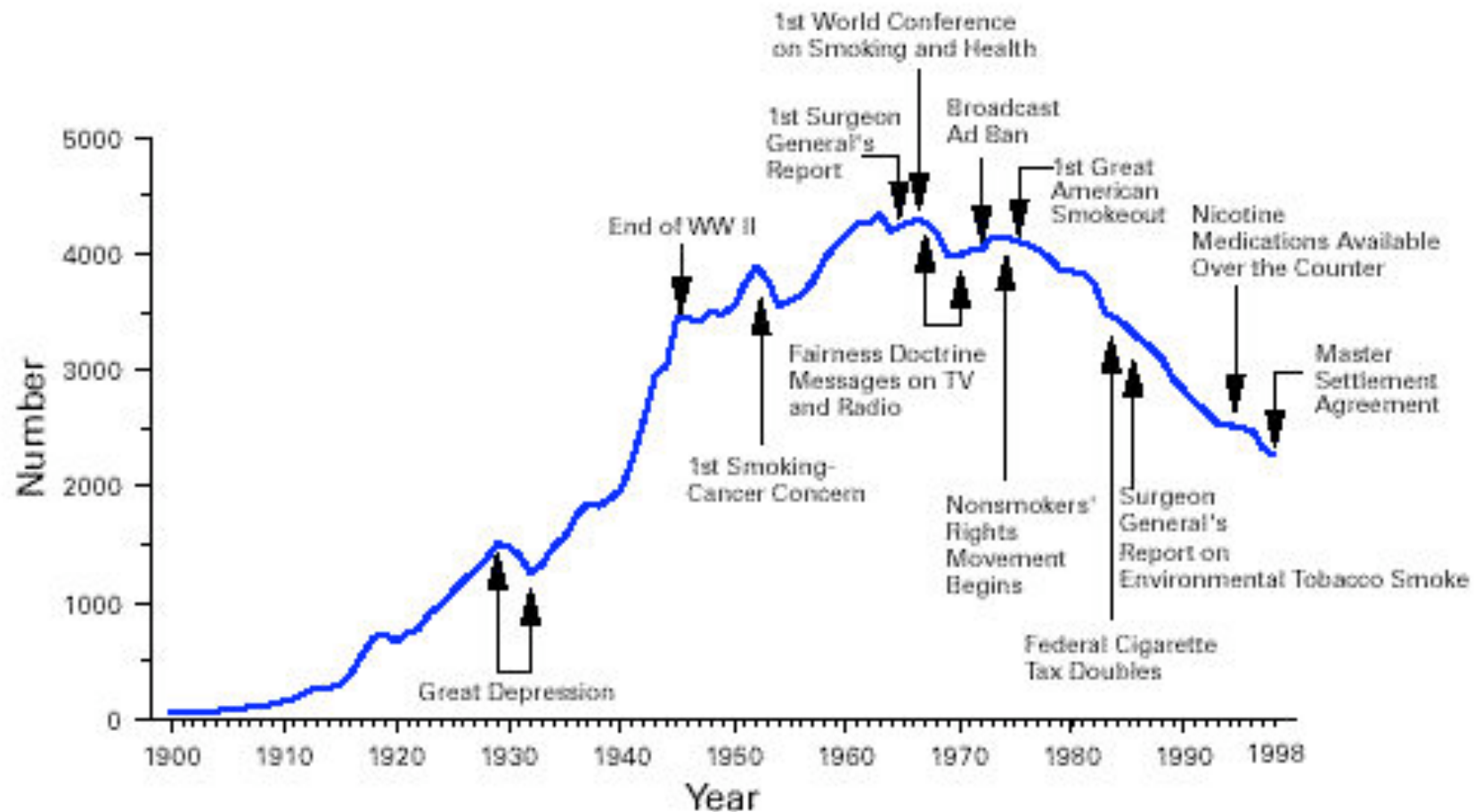
• The cigarettes quoted have been checked and certified by the FERRANTI, BASSI, BRONI, SMI, MONTECASSINI, ASSOMONTE and Sordani.

**20,679\* Physicians**  
say "**LUCKIES**  
are *less irritating*"

**"It's toasted"**  
Your Throat Protection against irritation against cough

**Canada**

**FIGURE 1. Annual adult per capita cigarette consumption and major smoking and health events — United States, 1900–1998**

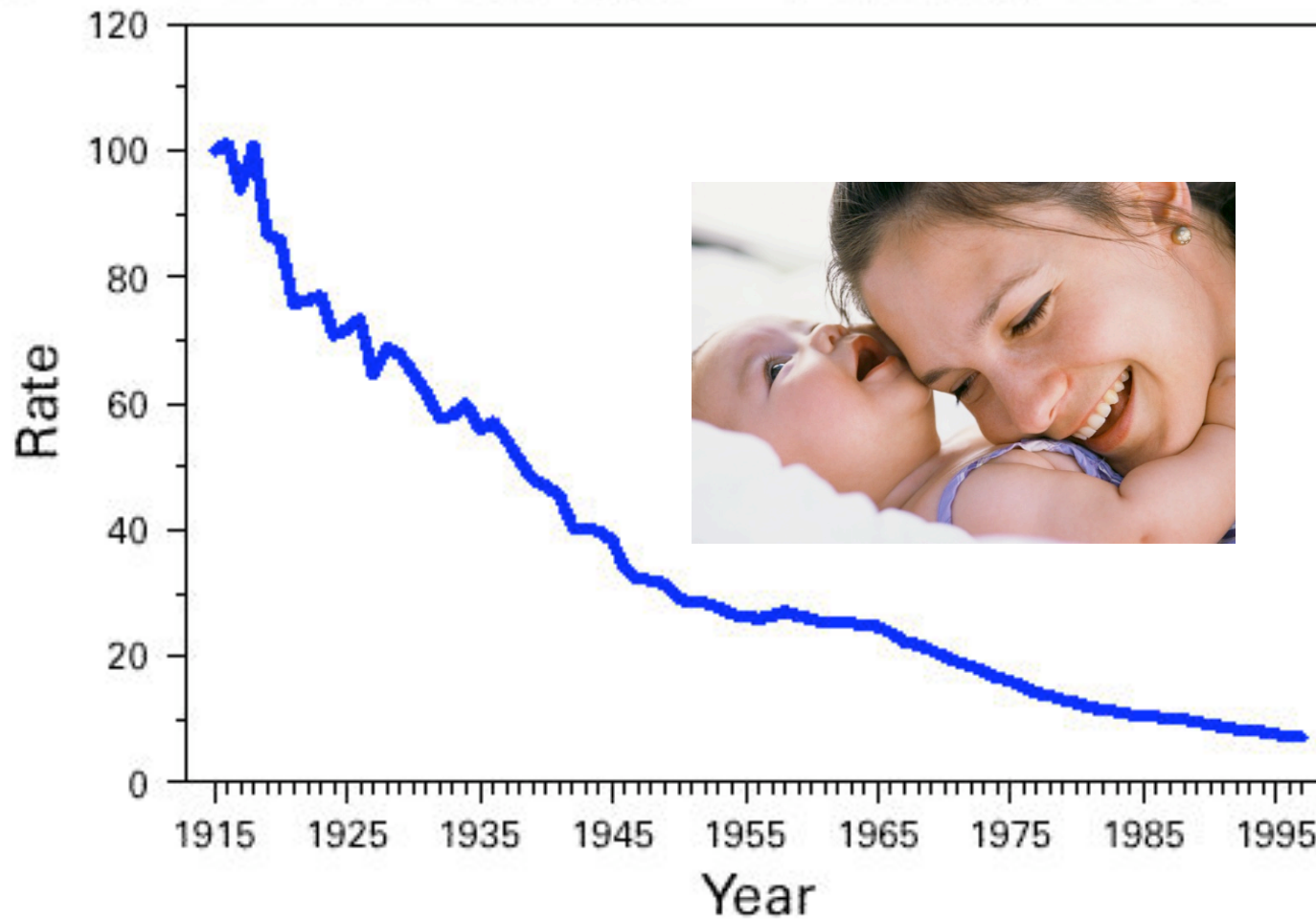


Sources: United States Department of Agriculture; 1986 Surgeon General's Report.

**Source:** CDC. Tobacco use--United States, 1900-1999. MMWR 1999;48:986-93.

# Healthier Mothers and Babies

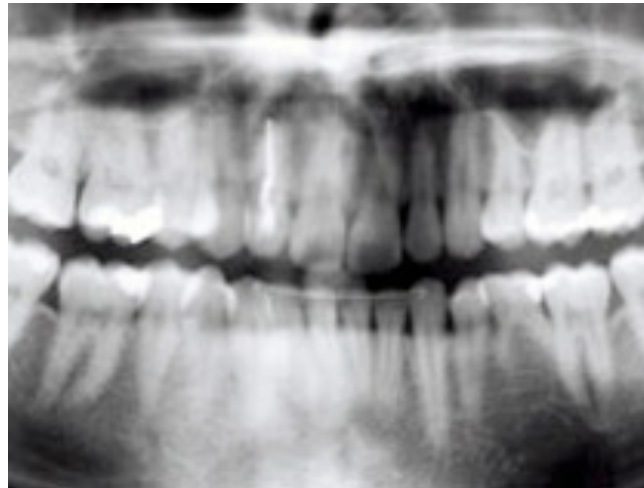
FIGURE 1. Infant mortality rate,\* by year — United States, 1915–1997



\*Per 1000 live births.

**Source:** CDC. Healthier mothers and babies. MMWR 1999;48:849-57.

# Fluoridation of Drinking Water





## History of Public Health in Ontario

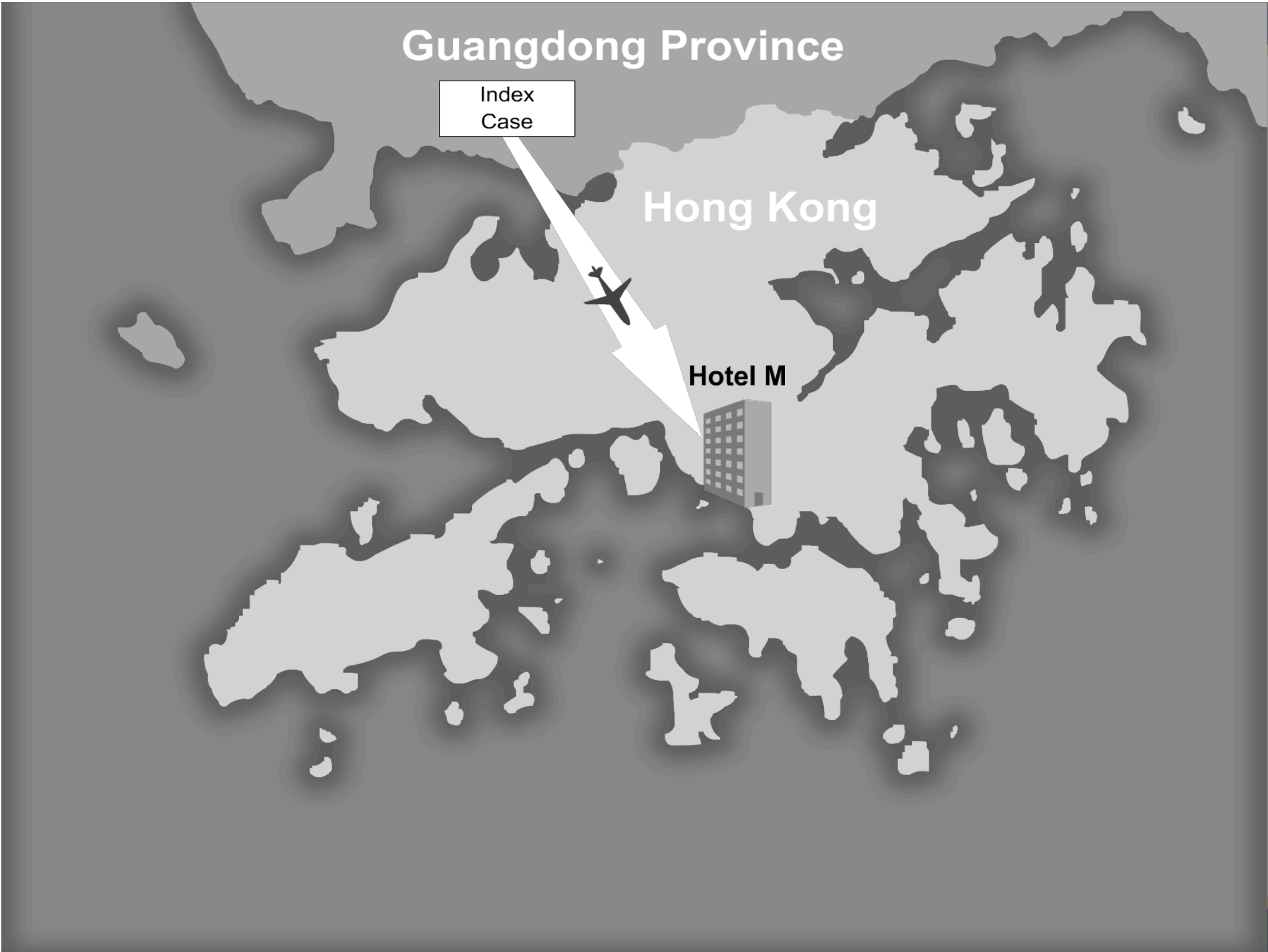
- 1833 - Legislature of Upper Canada allowed local municipalities to establish boards of health
- 1873 – First Public Health Act
- 1882 - First board of health
- 1886 – 400 Boards of Health
- 1912 - Amendment to permit County boards of health
- 1934 – 800 Boards of Health and 700 MOHs; First county-wide unit
- 1945 - Provincial grants for municipal/county boards
- 1965 – 54 boards
- 1967 - Reorganization to achieve efficiency (district, multi-county, requirement in organized municipalities)
- 1983 - Health Protection and Promotion Act
- 1998 - Services Improvement Act 100% municipal financing; 37 Boards

# Guangdong Province

Index Case

Hong Kong

Hotel M



# Guangdong Province

## Hong Kong

Hotel M

Index Case

1 infected traveller to IRELAND

2 infected travellers to CANADA

2 infected travellers to UNITED STATES

2 infected travellers & index case to HONG KONG

1 infected traveller to VIETNAM

3 infected travellers to SINGAPORE

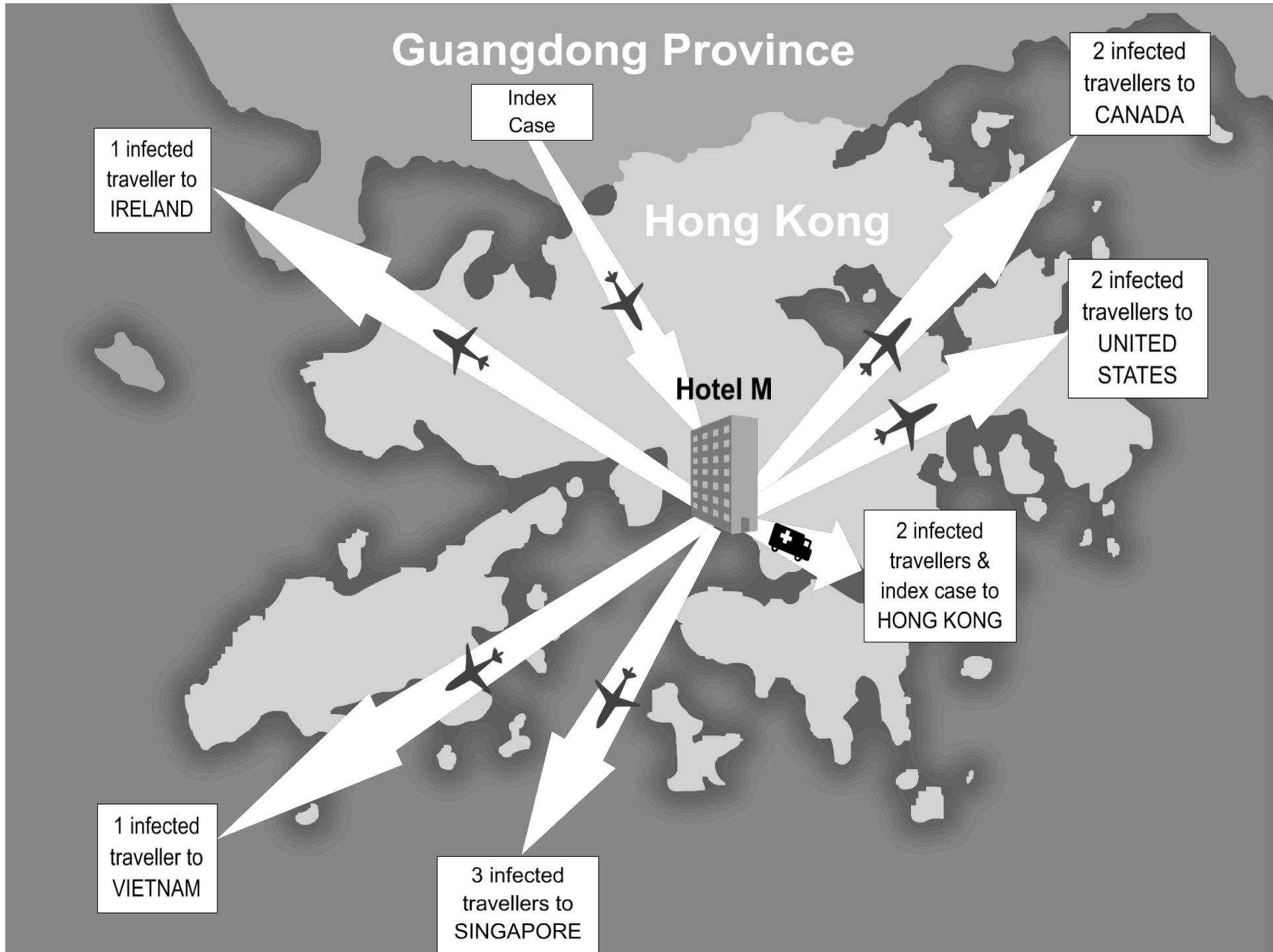




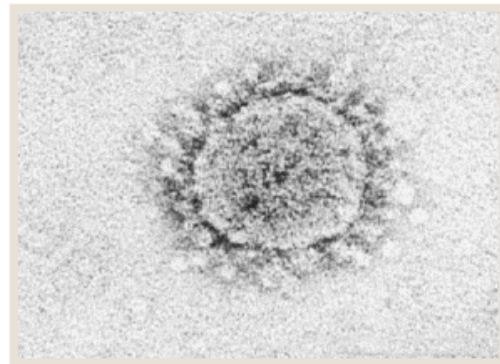
Figure created by  
Raymond Chow  
& Yuan Zhang for  
Christian et al.

CID 2004;

# THE SARS COMMISSION

## “Spring of Fear”

- SARS was a tragedy:
  - In the space of a few months, the deadly virus emerged from China, killed 44 in Ontario and struck down more than 330 others
  - It caused untold suffering to its victims and their families,
  - Forced thousands into quarantine
  - Brought the health system in the Greater Toronto Area and other parts of the province to its knees



*The Honourable Mr. Justice Archie Campbell December, 2006*

## Renewal of Public Health in Canada

- A great many systemic deficiencies in the response to SARS were identified:
  - Lack of surge capacity
  - Lack of access to laboratory testing and results
  - Inadequate capacity for epidemiologic investigation
  - Inadequacies in institutional outbreak management protocols, infection control, and infectious disease surveillance



Canada



*A report of the National Advisory Committee on SARS and Public Health*

# Recent Changes in Public Health

- 2000 – Walkerton and resulting Commission of Inquiry
- 2003 – SARS and Federal and Provincial Reviews and Inquiries
- 2004 – Operation Health Protection (Capacity Review Committee, Agency Implementation Task Force)
- 2004 – Budget decision to increase the provincial share of public health funding to 75% by 2007
- 2005 – Ministry of Health Promotion was created
- 2007 – Ontario Agency for Health Protection and Promotion

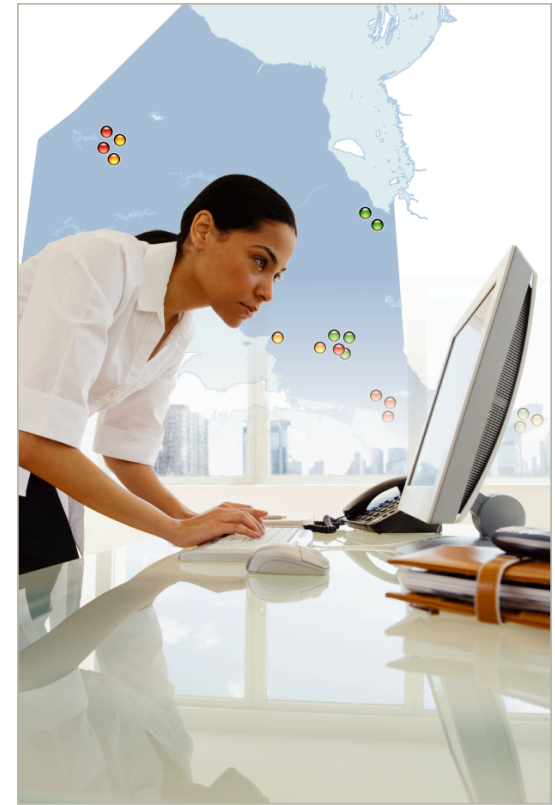
# Operation Health Protection

- Operation Health Protection was released in June 2004:
  - Based on recommendations of the Final Report of the Expert Panel on SARS and Infectious Disease Control and the First Interim Report of Justice Campbell.
  - 3-year Action Plan to revitalize the public health system.
- Six key strategic priorities:
  - Creation of a Health Protection and Promotion Agency;
  - Public Health Renewal
  - Health Emergency Management;
  - Infection Control and Communicable Disease Capacity;
  - Health Human Resources; and
  - Infrastructure for Health System Preparedness.

## Legislated Objects of the Agency

The *Ontario Agency for Health Protection and Promotion Act* received Royal Assent and came into force on June 4, 2007.

- To provide scientific and technical advice and support to the health care system and the Ontario Government.
- To develop, disseminate and advance public health knowledge, best practices and research.
- To inform and contribute to policy development.
- To develop, collect, use, analyse and disclose data.
- To undertake, promote and co-ordinate public health research.
- To provide education and professional development.
- To establish, operate and maintain laboratory centers.
- To serve as a model for bridging infection control and occupational health and safety.
- To undertake research related to evaluation modes of transmission of febrile respiratory illness and the risk to health workers.
- As directed by the CMOH, to provide advice and support in emergencies.



# FROM AITF

## Vision

We will be an **internationally recognised centre of expertise** dedicated to the protection and promotion of the health of all Ontarians, through the application and advancement of science and knowledge.

## Mission

We are **accountable to support healthcare providers, the public health system and partner Ministries** in making informed decisions and taking informed action to improve the health and security of all Ontarians, through the transparent and timely provision of credible scientific advice and practical tools.

## Mandate

To **provide scientific and technical advice** for those working to protect and promote the health of Ontarians

# The Agency Nexus

Local, Provincial, National and Global  
Public Health Agencies



**Governance & Accountability**

**Strategy & Partnership Creation**

**Knowledge Exchange & Communications**

**Surveillance & Epidemiology**

**Public Health Laboratories**

**Infectious Diseases/  
Infection Prevention & Control**

**Chronic Diseases, Health  
Promotion  
& Injury Prevention**

**Environmental &  
Occupational Health**

**Emergency Management Support**

**Business Foundation**

Human Resources, Finance, IT/IM, Facilities  
Project and Risk Management

System Objectives

Improve Population Health

Reduce inequities in health

Outcomes

Control infectious diseases

Reduce adverse environmental and occupational impacts

Enhance capacity to pursue wellbeing and prevent disease

Enhance chronic disease and injury prevention

Enabling Goals

Increase capacity and effectiveness of public health in Ontario

Improve access to information and supports for public health in Ontario

Agency Objectives

**KNOWLEDGE GENERATION:** Advance science and knowledge in public health

**KNOWLEDGE EXCHANGE:** Accelerate application of known public health science

## Key planning principles



- A population continuums approach
- One Health Model
- Whole person approach
- Accelerate application of eHealth
- Bridge bench to population

## Bringing alive a vision for the Future

- **Scientific Excellence** in all our products – meaning,
  - Ensuring that all scientific work meets internationally accepted standards:
- Focussing on a small number of specialized areas of research within which we have built highly advanced capacity and become an internationally recognised centre
  - Research that builds on strengths and establishes a clear niche in Ontario and Canada
  - Large scale studies: e.g. community level interventions, population cohorts
  - By directly creating knowledge and results
- Working with others to ensure broader goals are met
  - Influencing and contributing to the creation of a public health research agenda for Ontario

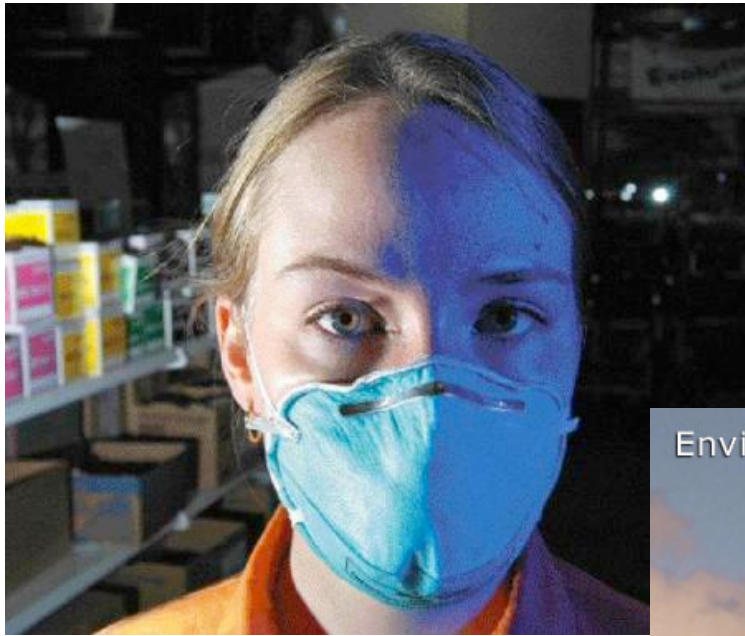


## Bringing alive a vision for the Future



### ***NEVERTHELESS....relevance and responsiveness to the field***

- A Knowledge Exchange function that will become the principal source of trusted information across the full spectrum of the agency mandate.
- Improve the use of evidence, best practices, tools and supports by provider groups, policy-makers and the public (focus on adoption)
- Ensure scientific supports as necessary (response teams, lab tests, surveillance, epidemiology geospatial analysis)
- Monitor and report on public health system performance
- Set priorities for and improve capacity to measure and report in the public health system
- Developing a rapid response capacity for access to broad range of geographically scattered scientific experts to provide quick reliable advisory services to ministries and PHUs.





[www.sheelabasrurcentre.ca](http://www.sheelabasrurcentre.ca)

[www.oahpp.ca](http://www.oahpp.ca)

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