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IMPROVEMENTS TO PUBLIC HEALTH – ENHANCING CAPACITY TO HANDLE EMERGENCIES AND STRENGTHENING INFECTION CONTROL

Implementation Of The Proposed Agency For Health Protection And Promotion – “Ontario’s Own CDC Of The North”

The McGuinty government intends to create Ontario’s first-ever arms-length public health agency. The proposed Ontario Agency for Health Protection and Promotion would be a centre for specialized research and knowledge of public health, specializing in the areas of infectious disease, infection control and prevention, health promotion, chronic disease and injury prevention and environmental health. The agency would have similar areas of specialization as the Centers for Disease Control and Prevention (CDC).

The agency would bring academic, clinical and government experts together to create a centre of public health excellence in the province. It would provide specialized scientific and technical advice and support to government, front-line health care workers and public health units. When called on - during emergency situations ranging from localized outbreaks to provincial emergencies such as pandemic flu – the agency staff would provide scientific and technical support and when directed by the Chief Medical Officer of Health (CMOH), would also provide hands-on expertise and support within the Ministry of Health and Long-Term Care’s emergency chain of command.

Development of Proposed Agency

2003-2006: High profile reports call for establishment of a public health agency - The Walker, Naylor and Campbell reports on SARS and the report on the 2005 Legionnaires’ disease outbreak all called for the creation of an arms-length public health agency. The CMOH’s first independent report to the Legislature also referenced the importance of establishing such an agency.

June 22, 2004: Operation Health Protection announced – The commitment to create a Health Protection and Promotion Agency was made in Operation Health Protection (OHP), a three-year action plan “to prevent threats to our health and to promote a healthy Ontario.”

- In OHP, the government committed to establishing the new agency and a formal board structure by 2006/07. The core activities would include specialized public health laboratory services, infection control and communicable disease prevention, emergency preparedness assistance and support, risk communication, research and knowledge transfer, and surveillance and epidemiological analyses.

January 2005: Agency Implementation Task Force - Task force was established to make recommendations to the government on the design and implementation of the new agency. In its final report released March 2006, the task force described how the agency could strengthen health protection and health promotion activities in Ontario, modernize laboratory services, and provide greater access to scientific expertise and technical support for local public health units, other health care providers and ministry partners.

Description of Proposed Agency Organization

Accountability

- The board of directors would set the strategic direction for the agency based on government priorities
- The agency would report to the Minister through its board chair
- Agency's chief executive officer (CEO) would have overall management responsibility for operations
- The agency's board would include a public representative.

Public Reporting

- The agency would develop and/or contribute to the development of reports on the health of Ontario, public health performance and infection control and other issues pertinent to public health
- The agency would produce an annual report and an audited financial statement for tabling in the Legislature
- The agency would submit to the Ministry of Health and Long-Term Care (MOHLTC) an annual business plan which would include, amongst other things, a three year rolling budget

The CMOH and the Ontario Agency for Health Protection and Promotion

- CMOH would be able to direct the agency to provide technical support and operational response assistance (surge capacity) in the event of a public health emergency or infectious disease or other outbreak
- CMOH or her or his designate would be entitled to attend and participate in board meetings, but would not vote
- CMOH would be able to sit on the agency's strategic planning committee to ensure the agency's activities and the government's objectives and priorities are aligned
- Through the strategic planning committee, the CMOH would ensure health promotion activities and prevention are raised with the agency and that priorities of both MOHLTC and Ministry of Health Promotion (MHP) are communicated

Amendments to the Health Protection and Promotion Act

The Ontario government intends to amend the Health Protection and Promotion Act (HPPA) to incorporate recommendations from the Second Interim Campbell Report on SARS. The amendments would ensure public health officials have the necessary powers and authority to intervene and effectively manage public health emergencies.

The Campbell Commission

An independent commission, chaired by Justice Archibald Campbell was established in June 2003 to investigate how the SARS virus came to Ontario, how the virus spread, and how it was dealt with.

The commission's first interim report (April 2004) outlined what happened, what lessons were learned, and what improvements should be made to Ontario's health care system.

Based on the first report's recommendations, the provincial government:

- Passed legislation to make the Chief Medical Officer of Health (CMOH) more independent
- Established the Provincial Infectious Diseases Advisory Committee (PIDAC) to advise the CMOH on the prevention, surveillance and control of infectious diseases in Ontario
- Established the Capacity Review Committee to examine many issues raised by Justice Campbell such as local health unit governance, accountability, structure and capacity issues
- Is increasing the province's share of public health funding from 50 to 75 per cent by 2007.

The commission's second interim report was released in April 2005. It focused on changes to the legislative framework for public health (HPPA) and to the Emergency Management Statute Law Amendment Act. This report identified key gaps in the province's capacity to quickly respond and manage public health emergencies.

The following amendments, contained in the Health System Improvements Bill, aim to address those gaps and ensure Ontario has a health care system that is ready and able to respond in the event of a public health emergency.

Strengthening Disease Control

- Would allow the government to ensure more efficient and effective distribution of medical supplies when regular procurement processes are unable to meet demand in a public health emergency. This would include the power to, procure, acquire or seize, antitoxins, antivirals, immunizing agents, antibiotics and other pharmaceutical agents and/or medical supplies, subject to reasonable compensation.
- Would provide Ontario's Chief Medical Officer of Health with emergency powers where there is an immediate risk to health to:
 - order health care providers to provide information required to help the CMOH investigate and manage risks to human health;
 - issue directives to health care providers concerning precautions and procedures, and
 - collect, retain and use pre-existing laboratory specimens to investigate, eliminate or reduce the risk to health.
- Would provide Medical Officers of Health (MOH) the power to monitor, investigate and respond to an outbreak of communicable disease in hospitals or institutions, and to notify a hospital or institution where a communicable disease may have been acquired but not previously reported.

Improving Public Health Administration

- Would create the statutory position of Associate Chief Medical Officer of Health
- Would enable the Chief Medical Officer of Health to appoint Medical Officers of Health and Associate Medical Officers of Health who could be deployed to a specific part of the province in the event of a risk to the health of the public
- Reflecting their existing scope of practice, there would be additional duties for Nurse-Practitioners (e.g. diseases reports, prescribing drugs for sexually transmitted infections)
- Would extend protection from personal liability to the Chief Medical Officer of Health, Associate Chief Medical Officer of Health, and currently non-protected board of health staff (e.g. public health nurses, dental hygienists) for actions done in good faith
- Would enable the province to enter into accountability agreements with boards of health to increase accountability of the public health system.

Media Contacts:

David Spencer
Minister's Office
416-327-4320

A.G. Klei
Ministry of Health and Long-Term Care
416-314-6197

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