

Canadian Club
April 11, 2005
Remarks for Dr. Sheela Basrur
Chief Medical Officer of Health, Ontario

**Strengthening Public Health in Ontario:
A Year of Initiatives, Action and Planning for Healthy Communities**

- I'd like to thank the Canadian Club for this opportunity to speak to you about the state of public health in Ontario, what we have accomplished in the last year and where we are heading.
- In good times, public health is about taking care of the future.
- It's about making investments now in wellness that will prevent or reduce future illness.
- And it's about anticipating future health events and creating systems that are prepared to respond, while ensuring we allocate our scarce resources wisely.
- We don't have a crystal ball, but we do have the miracle of scientific and technological innovation.
- Miracle may seem to be overstating the case, but in medicine, technology now allows us to do things that not so long ago would have been looked on as miraculous.
- The medical equivalent of putting a man on the moon, and bringing him back alive.
- We can all think of examples.
- Remote surgery that can be directed by a specialist thousands of miles away allows patients in Arctic Canada to access treatment without travel to the south.
- Obstetricians now do pre-natal surgery in utero, and we've all witnessed the much-heralded successes in the separation of conjoined twins.
- We take on eradicating a disease like smallpox that has stalked and killed humankind for centuries with the zeal and confidence of experienced conquerors.
- Sometimes it's useful to remind ourselves of how far we have come in the span of a lifetime.
- Penicillin, for example, only came into our hands during the Second World War.
- Before it reached the troops injured soldiers might survive the wound, but die of the infection that followed.

- For doctors working behind the lines on D-Day, penicillin was the miracle that killed infection.
- Polio epidemics swept North America before the Salk vaccine, leaving survivors like President Roosevelt and Neil Young with lifelong incapacities and hospital wards lined with those who would live out their days in iron lungs.
- And HIV, the largest public health crisis of our era, was not so long ago an almost immediate death sentence for otherwise healthy men in the prime of life.
- Now, at least in developed countries, we are able to hold it at bay for a decade or more.
- Even Medicare, our national public healthcare system, came into being in living memory.
- It's hard to imagine now, but before Medicare doctors collected their fees directly from patients and sometimes didn't know whether they'd be paid.
- On occasion they settled for payment in kind, especially in the rural areas, accepting a fresh-killed farm chicken or a flat of eggs in lieu of money.
- Poll after poll shows how highly Canadians value our publicly-funded health care.
- And so do our business leaders.

Competitive advantage of our healthcare system

- In 2002 the Canadian Council of Chief Executives noted that “Canada’s business leaders have been strong supporters of Canada’s universally accessible public health care system” because it provides a “significant advantage in attracting the people and investment that companies need to stay competitive.”(CCCE submission to the Romanow Commission, 2002)
- The big three automakers - Ford, General Motors and Daimler-Chrysler - recently signed joint letters with the Canadian Autoworkers, expressing support for Canada’s publicly funded health care system.
- The reason?
- Our health care system provides an important competitive advantage to the Canadian auto and auto-parts industries relative to their American counterparts.
- Employers recognize that it is more economical for them to pay taxes in support of Medicare than to buy private health insurance for their workers.
- As Charles Baillie, then Chairman and CEO of the Toronto-Dominion Bank, noted in 1999: “Canada’s health care system is an economic asset, not a burden, one that today

more than ever, our country dare not lose. In an era of globalization, we need every competitive and comparative advantage we have. And the fundamentals of our health care system are one of those advantages.” (Speech to Vancouver Board of Trade, April 15, 1999)

- Contrast this to the United States, where over 40 million people have no health insurance and health insurance costs to corporations are colossal.
- In 2000, General Motors alone provided health care for 1.25 million US employees, retirees and their dependents, or 0.5% of the total US population. (Morgan Stanley Dean Witter & Co., research report)
- Reliable estimates have the average American employer paying \$4,924 annually per worker for health care coverage.
- Costs to individual Americans paying their own health insurance run as high or higher.
- 14.3 million Americans spend more than one-quarter of their take home pay buying health insurance coverage. (Globe & Mail, 7 April 2005)
- One study published this year reported that almost half of personal bankruptcies in America are the result of medical bills. (Globe & Mail, 7 April 2005)
- Yet, in 2002, Americans spent \$5,267 US per capita on healthcare, while Canadians spent \$2,931 Canadian. (Globe & Mail, 7 April 2005)
- As the business section of *The Globe & Mail*, Canada’s newspaper of record, noted in 2002: “Any policy debate on the future of the health care system of Canada should recognize not only Medicare’s symbolic value but also its economic contribution to the competitiveness of Canadian business vis-à-vis the United States.” (Globe & Mail, 12/2/2002)

Which is not too say our health care comes cheap

- That said, I’ll tell you something we all know.
- Canadian health care is expensive.
- At \$32 billion this past year, it is far and away the largest cost in our provincial government budget, and nationally, health care spending is in the neighbourhood of \$130 billion. (Globe & Mail, 7 April 2005)
- Public health spending is a miniscule portion of that.
- Why?

- Canada's publicly funded health care system is based on a health treatment model of delivering physician and medical services, and emphasizes the diagnosis and treatment of disease in the individual.
- Health expenditures focus on the treatment of acute disease through physician and hospital services – curing, not preventing.
- Canadian health spending was \$112.2 billion in 2002.
- Total public health expenditures in Canada in 2002 and 2003 ranged from \$2.0 to \$2.8 billion, or 1.8% to 2.5% of total health expenditures, and Ontario's history was not much different. (National Advisory Committee on SARS and Public Health)
- In effect, public health has been the "poor cousin" of the health system, stuck behind treatment of illnesses.

Good public health is good economics

- And this despite the fact that good public health is excellent economics.
- Public health focuses on fostering healthy populations that need treatment less often and respond more effectively when treatment is required.
- The population health, or health promotion model, emerged in the middle of the 20th century.
- It recognizes that in addition to an effective health care system, non-medical determinants – having enough money to buy food AND pay the bills, having the education needed to get a decent job, living in housing that doesn't make you sick – are the social and economic factors play a critical role in determining the health of individuals and communities.
- The Constitution of the *World Health Organization*, recognizes that:
 - Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
 - Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.
- Canada has been a world leader in developing policies reflecting the population health model, beginning with the publication of *A New Perspective on the Health of Canadians* in 1974 by then-Minister of Health Marc Lalonde.
- The Lalonde report recognized that in addition to an adequate health care system, factors such as human biology, lifestyle and environments - physical, social, and economic - play a crucial role in determining the health of individuals and populations.

- That's where public health comes in.
- Public health interventions can substantially reduce costs to the health care system by reducing the need for more expensive treatment and related services.
- Health care is seven times more expensive for low birth-weight infants.
- Yet the rate of low birth weight among high-risk pregnant women can be reduced by 30% by cutting smoking and improving the mother's nutrition and prenatal care.
- Vaccination is one of the most cost effective health interventions available:
 - In Canada, providing Hepatitis B vaccines to school children saves the health care system \$1.71 for every \$1.00 spent
 - In the US, measles-mumps-rubella (MMR) vaccination saves \$16.34 in direct medical costs for every \$1 spent
 - Diphtheria-tetanus-pertussis (DTP) vaccination saves \$6.21 for every \$1 spent
 - Every \$1 spent on influenza vaccination of older adults saves an estimated \$30 to \$60 in hospitalization costs and reduces influenza-related mortality by 39% to 54%. (Toronto Public Health)
- That last figure is why each fall you hear those urgent "get your flu shot" messages from our provincial government and local public health units.
- The population health model also sees environmental issues as health issues, so reducing smog is on the public health agenda.
- The Ontario Medical Association estimates annual hospital and illness costs from air pollution at \$10 billion and 1900 premature deaths in the province.

Bad public health is bad for people, communities and business

- If good public health makes good economic sense, it unfortunately follows that bad public health can be devastating, not only socially and personally but also economically.
- The costs, on all levels, can be staggering.
- Communicable disease outbreaks cost us in many ways.
- Treatment and follow-up on two cases of multi-drug resistant tuberculosis in Hamilton recently cost more than \$1 million.
- The total economic burden of HIV/AIDS in Canada up to 1999 was estimated at \$36.3 billion, and the future economic burden associated with the existing HIV population was estimated at another \$27 billion (\$29.9 billion in indirect costs and \$6.4 billion in direct

costs). The Cost Of Hiv/Aids In Canada, Dodds, Colman, Amaratunga and Wilson, BES, GPI Atlantic)

- The Walkerton crisis showed what can happen with a weakened public health infrastructure.
- Seven deaths, thousands of people ill – many with long term health impacts – and more than \$64.5 million in crisis response and related costs.
- And the SARS outbreak in 2003 had a heavy impact, including:
 - 44 deaths
 - over 13,000 quarantined
 - an estimated economic impact to Canada of over \$2 billion
 - temporary closures of hospitals and wards, including nation’s largest trauma center
 - cancellation of elective surgeries and treatments
 - decline in hospitality, tourism and entertainment sectors with consequent job loss
 - social stigma and discrimination.
- During SARS you may have heard the term “surge capacity.”
- Surge capacity is the ability of an entity – an expectant young family facing the birth of twins, an expanding business, a university facing the double cohort - to cope with a sudden increase in demand.
- What we saw during SARS was that the health system in Ontario did not have the capacity to meet the sudden demands of battling a new communicable disease whose characteristics were pretty much unknown.
- It was a much-needed wake-up call on the state of public health.
- And the public and politicians became very aware of the costs - many were touched personally.
- All of this has created political will -- and public insistence – for health emergency preparedness, and it has finally put public health back on the agenda.

New directions in public health – the work we are doing

- At the Ministry of Health and Long-term Care we are making the most of this time-limited opportunity, building on several investigations into the state of public health - the Walker, Naylor and Campbell reports on SARS and the Haines Report on Meat Safety.
- With an additional \$190 million this year, the Province of Ontario is making the first major public health system investments since the 1980s, including increased funding to local health units.

Operation Health Protection

- In June 2004, we launched Operation Health Protection, a 3-year action plan of comprehensive changes to public health.
- Over the past year Operation Health Protection has begun work on a number of fronts to strengthen public health in Ontario, including:
 - improving the emergency readiness of our hospitals
 - establishing an independent provincial public health agency
 - getting the best advice on fighting infectious disease
 - creating and implementing an integrated health information tracking system
 - reviewing local public health capacity
 - making the CMOH more independent of government.

Hospital Emergency Preparedness

- In the first investment of this kind in Ontario history, \$13.5 million will go to preparing hospitals for chemical, biological, radiological and nuclear emergencies.
- A portable, self-contained decontamination tent will be purchased for every hospital emergency department, ensuring that decontamination of patients occurs outside our hospitals reducing risk to patients and staff.
- The tents contain an area for stretchers, shower facilities, and can store shower runoff water that is potentially contaminated.
- We will stockpile emergency equipment and supplies to assist hospitals in dealing with a radiological or nuclear event, including:
 - protective suits, gloves, masks and goggles
 - hand sanitizer and spill control products
 - radiological/nuclear monitoring systems and air samplers.
- The funding will allow us to train hospital staff for all types of emergencies and will enable hospitals to conduct emergency exercises in conjunction with Ontario's Emergency Medical Assistance Team and in partnership with community first responders.
- Our goal is to achieve a consistent level of emergency preparedness across the hospital sector.

Health Protection and Promotion Agency

- Start up of an independent Health Protection and Promotion Agency is scheduled for 2006-2007.
- The Agency will be a resource for health providers, researchers and non-governmental agencies in health protection, disease prevention and health promotion.

- Planning for creation of the Agency is now in the hands of the Agency Implementation Task Force, co-chaired by Dr. Terry Sullivan, President and CEO of Cancer Care Ontario, and Dr. Geoff Dunkley, former associate medical officer of health in Ottawa.

Provincial Infectious Disease Advisory Committee (PIDAC)

- The Provincial Infectious Disease Advisory Committee – what we call PIDAC – is a body of clinical and public health experts that advises the Chief Medical Officer of Health on the prevention, surveillance and control of infectious diseases in Ontario.
- PIDAC’s mandate includes developing guidelines for infection control, and advising on education, research priorities, and issues related to emergency preparedness.
- One of the first important tasks completed by PIDAC is a guideline for the prevention and control of *Clostridium difficile* – c. difficile- in healthcare facilities.
- This document is now posted on the Ministry of Health’s website and is accessible to healthcare providers and the public.

Integrated Public Health Information System (iPHIS)

- Collecting and communicating information is key to making public health work.
- iPHIS - our new Integrated Public Health Information System - is a database for all health units to collect and manage communicable and reportable disease information.
- Case information will be posted on a secure site, and can be accessed and analyzed quickly, allowing health units to identify and track unusual and unexpected instances of infectious diseases.
- The system will assist in the early detection of outbreaks, and more effective contact tracing and quarantine management.
- Implementation of iPHIS began in February of this year and will be complete by the end of 2005.

Local Public Health Capacity Review Committee

- To ensure adequate local public health capacity, we have created the Local Public Health Capacity Review Committee to review how public health services and programs are provided across the province.
- The Capacity Review Committee will advise us on options to improve the local public health unit system.
- A final report is expected this December, with implementation planned for 2006-2007.

CMOH Independence

- In December 2004, Bill 124, Amendments to the Health Protection and Promotion Act gave Ontario's Chief Medical Officer of Health the ability to act independently of the government of the day.
- These amendments require the CMOH to report on the state of public health directly to the legislature on an annual basis, and gives him or her the authority to speak out and to take independent actions whenever situations arise that pose a risk to the health of the public.
- The amendments also provide that future CMOHs will be appointed through the legislative assembly and the Lieutenant Governor in Council, and not by the Minister of Health.

Smoking

- Smoking is the number one preventable cause of premature disease and death in Ontario and an action item high on our public health agenda.
- 16,000 Ontarians die prematurely each year due to smoking – that's about 44 deaths every day – ironically, the same # that died through the entire SARS outbreak.
- Tobacco-related diseases annually burden Ontario with \$1.7 billion a year in healthcare costs and another \$2.6 billion in productivity losses.
- In December, the proposed Smoke Free Ontario Act was introduced for first reading by the Minister.
- If passed, this law will ban smoking in all workplaces, protecting workers regardless of where they are employed.
- The same rules will apply across the province, instead of changing from municipality to municipality.
- As of May 31, 2006, the Act will prohibit smoking in all enclosed public places that are not primarily a place of residence.
- The Act will also limit the sale, distribution and use of tobacco products, including stricter measures to ensure that only those 19 years of age and older can buy cigarettes.
- It will ban all countertop displays at retail outlets and prohibit the promotion of tobacco products at entertainment venues.
- Our Tobacco Strategy also includes a multi-media campaign aimed at preventing smoking among youth, with the website stupid.ca and parallel advertising.

- Marketing Magazine called the campaign “a breath of fresh air in anti-smoking advertising” (December 13, 2004).
- Preventing youth from starting smoking is a major long-term investment in our children and our health care system.
- Instead of facing tobacco-related illness and death as they age, a "smoke-free generation" would reap dramatic improvements over current cancer and heart disease statistics and consequent cuts in health care costs.
- That’s the power of prevention.
- The Tobacco Strategy will actively supporting smoking cessation, and we welcome businesses on board with workplace cessation programs.
- We look forward to the business community joining with us in a leadership role in building a Smoke Free province.

Healthy Weights

- Last November, I released *Healthy Weights, Healthy Lives*, my first Annual Report as Chief Medical Officer of Health for Ontario.
- *Healthy Weights, Healthy Lives* concludes that an epidemic of overweight and obesity is threatening the health of the people of Ontario.
- In 2003, almost one out of every two adults in Ontario was obese or overweight, and about the same number were physically “inactive.”
- The trends with regard to children’s health are at least as alarming.
- Between 1981 and 1996 the number of obese Canadian children between the ages of 7 and 13 tripled.
- The report calls on all levels of government, as well as schools, families and individuals to change all the factors in our society that contribute to unhealthy weight.
- Among the recommendations are:
 - a ban on trans fatty acids in foods
 - broadening mandatory nutrition labelling to cover fresh meat, poultry and seafood
 - requiring large chain restaurants to disclose basic nutrition facts about the foods they serve.
- While I have called on the federal government to implement these changes, I am also asking businesses to look at making these changes now, on a voluntary basis.

- Some members of the food industry are out ahead and have been reformulating their products to create trans fat-free versions.
- Others are taking up the challenge and I applaud the businesses showing leadership, rather than resisting change.
- I don't like to miss a public health promotion opportunity – so let me pause here for a few healthy diet messages.
- Yes, those 5-10 servings of fruit and vegetables every day do make a difference.
- And yes, the science is very clear – trans fats have no nutritional value and a positive linear trend with lethal cholesterol concentration resulting in increased risk of coronary heart disease.
- The medical advice is to keep consumption as low as possible.
- In practical terms: stay off the French fries, donuts, pastries, manufactured cakes and stick margarine and read the labels on your favourite manufactured snacks.
- Yes, that extra cookie after dinner or before bed is a problem.
- Just 50 excess calories a day leads to annual weight gain of about 5 pounds, and you're adding 50 calories with one 10-gram chocolate chip cookie. Even an extra half-bottle of light beer can add an extra 5 lbs to your beltline per year, a half-bottle of light beer can be finished by some pretty easily... .
- So walk every day – your body needs at least the daily equivalent of 30 minutes of moderate exercise.
- Make these personal health investments and they will pay off for you and for the Ontario health system.
- But, it's not only about personal health investment, businesses can make some very rewarding investments in health through exercise programs in the workplace.
- Northern Gas Company employees who participate in the company's corporate exercise program take 80% fewer sick days than non-exercising employees. (Health Promotion and Education Programs, Riverside Occupation Health Services, 1991)
- 80% of Union Pacific Railroad workers believed that the company's exercise program helped to increase their productivity and 75% felt that regular exercise was helping them to concentrate better at work. (Incentive, June 1995)

- A NASA study reported a 12.5% increase in productivity in their fitness program participants versus non-participants.
- They also found that participants were able to improve their work performance as well as enhance their concentration and decision-making powers. (Company Employee Fitness Programs, The Association for Fitness in Business, 1991)
- Even NASA works better with a health promotion approach.

Food Safety

- In January 2004, the provincial government asked Mr. Justice Roland Haines to examine and report on Ontario's meat regulation and inspection system.
- In July, Justice Haines delivered a thorough report, welcomed by the government.
- The Haines Report guided the development of the Ontario Food Safety Strategy, approved by cabinet in December.
- This multi-ministry initiative, designed to strengthen food safety in Ontario, was developed by the Ontario Ministry of Agriculture and Food, the Ministry of Natural Resources and the Ministry of Health and Long-Term Care.
- The strategy combines research, food safety inspections and training, education and promotion to enhance the quality of food safety, reduce food-borne illness and strengthen the food service industry in Ontario.
- In the coming year, we will undertake a full review of the Mandatory Food Safety Program to determine changes and improvements needed to bring each component in line with related provincial and national strategies.

Looking ahead

- It's been a very busy first year for me as Chief Medical Officer of Health for Ontario, and I am pleased to say that is not because we're in the throes of an outbreak of infectious disease.
- Instead, we are fully engaged in preparing for the future.
- We have had the luxury this year of taking lessons learned and applying them to create a better public health system.
- We've been promoting healthy weights and a smoke free province, we've been re-hiring food inspectors, revising meat safety regulations, installing infectious disease tracking, improving information flows and enhancing public health capacity.
- We have a lot of balls in the air, and we can't do it alone.

- That's why I welcome the creation of the Public Health Agency of Canada, the appointment of a federal CMOH and of Dr. Carolyn Bennett as federal Minister of State for Public Health.
- Public health is a broad approach and a broad responsibility.
- It requires cooperation across all sectors.

Inviting business to help

- And business can help.
- Workplace wellness programming supports the prevention and promotion goals of public health and is becoming increasingly important to the Canadian Business community.
- A 1999 survey of 422 Canadian businesses representing 716,885 employees discovered 17.5% of companies offered comprehensive worksite wellness programs and 64% offered some wellness initiatives. (Second Tri-Annual Buffet Taylor National Wellness Survey, 1999)
- Wellness initiatives offered by business included activities ranging from CPR and First Aid to smoking cessation and stress management.
- About 1/3 of wellness programs also included ergonomics and a flu shot clinic and one in four included a back care program.
- 30% distributed health promotion materials.
- These programs support our public health work and they're good for business.
- Company sponsorship sends a clear message to employees that management values their well-being.
- Healthy employees tend to be happier and not as restless to leave.
- The healthier and happier the work force, the less a company has to spend on hiring and training new personnel.
- Let me give you a few statistics of encouragement.
- The annual turnover rate for wellness program participants at the Canada Life Assurance Company of Toronto was 1.8%, compared to a company-wide average of 18%. (American Journal of Health Promotion, April-May 1993)
- Johnson and Johnson reduced their absenteeism rate by 15% within two years of introducing their wellness program.

- They also cut their hospital costs by 34% after just three years. (Human Resources Executive, April 1993)
- British Columbia Hydroelectric's wellness program participants had an annual turnover rate of 3.5%, compared to a company-wide average of 10.3%. (Benefit of Employee Health Programs, Cigna, 1991)
- And of course, wellness prevents illness, which reduces health treatment costs – where we now spend 98-99% of our \$32 billion provincial health budget.
- We'd like to see the number of Canadian businesses with comprehensive wellness programs continue to climb.
- We'd like to see businesses take a leadership role in promoting healthy weights and in supporting a Smoke Free Ontario with workplace-based smoking cessation programs.
- And we'd really like to see more food manufacturers follow the lead of those who have voluntarily removed trans fatty acids from their products.

Conclusion

- To continue to afford our wonderful, publicly-funded health care system, we need to be able to reap the advantages of public health investments, and we need everyone, not just government and business, but schools and daycares, caregivers and parents, individuals and the health system, on board to get there.
- The cost advantages of public health investments are clear.
- Every 1% reduction in the smoking rate in the City of Ottawa alone saves Ontario's taxpayers \$1-\$2 million per year. (Canadian Public Health Association)
- Every HIV infection prevented saves \$154,000 in health treatment costs. (Canadian Public Health Association)
- Reducing one low birth weight birth saves an average \$600,000 in medical and hospital costs per lifetime. (Canadian Public Health Association)
- In 2007, the provincial government will shift 75% of the costs of public health onto the provincial budget, up from the current 50-50 share with municipalities.
- We also need to shift the health care paradigm, so that health promotion and disease prevention become core values and goals of Canadian health care.
- You can be hugely helpful in this task.
- And it is more than clear that by helping us, you will also help yourselves.

- Please join with us in promoting a healthy province.
- Thank you.