

Summary of Presentations

Thursday, February 7, 2008

Remarks by Acting Chief Medical Officer of Health

Following introductions, Dr. David Williams, Acting Chief Medical Officer of Health, Public Health Division, Ontario Ministry of Health and Long-Term Care, spoke of the events over the past year and the Ministry's adjustments to the evolving landscape of public health. He described the number of transitions in place such as staff movements within the Public Health Division, Ministry infrastructure changes as well as the various initiatives in motion, including the development of the protocols for the Ontario Public Health Standards and the transfer of Small Drinking Water Systems to public health. He confirmed that the province has restarted its recruitment process for a permanent CMOH. While recognizing that the times ahead will be challenging given present resources, Dr. Williams remained optimistic of the expected outcomes of these transitions and initiatives.

Cosmetic Use of Pesticides

(Note: Presentation *not* posted on alPHa web site at presenter's request)

Dale Henry, Director, Standards Development Branch, Ministry of the Environment, provided an overview of the provincial government's commitment to the proposed ban on cosmetic pesticides use. He touched on key areas for policy and legislative development as well as the province's next steps, and sought the membership's feedback on a number of areas, including the scope of the ban, the sale of pesticides, and exemptions to the ban. Mr. Henry informed the members that the impetus for this proposal centred on human health and environmental health concerns, and promotion of the green industry.

The proposed ban would apply to cosmetic uses, such as lawns, private gardens, parks and school yards; however, it would not be extended to the sale of pesticides. Exemptions would include agriculture, golf courses, and situations where it is warranted to ensure public health (e.g. West Nile virus). A single comprehensive law would replace the patchwork of local bylaws much like the provincial Smoke-Free Ontario legislation. Government efforts would focus on outreach and education on alternatives to pesticides. Enforcement will be a last resort. The government intends to introduce legislation in the spring of 2008 with a phased-in implementation period.

Currently, a pre-consultation is taking place through the Ontario Environmental Registry, a web site that provides public access to a database of environmental proposals and decisions made by the province. On January 18, the public was invited to comment over the next 30 days on the proposed ban. Submissions to date have numbered a little over a thousand. Mr. Henry noted that early feedback from health and environmental stakeholder groups has been positive, showing high support of this initiative. Some of these groups have also expressed interest in partnering on the province's outreach and education strategies. Would public health also be interested in such role?

Comments from the membership during the Q&A reflected diverse perspectives. While a few municipal members conveyed that some taxpayers would view the proposed ban negatively, others in the audience were more positive and encouraged the government to continue its current path, and work toward banning the sale of pesticides. Hope, too, was expressed that the ban was not merely a reactionary event, but a carefully considered approach that was "steeped in science and [motivated by] public health concerns."

Other practical suggestions to Mr. Henry included ensuring that the language in the legislation be as clear as possible to enable optimal implementation, using the context of involuntary exposure to enhance public buy-in, consideration of integrated pesticides control measures, and consideration of the natural life cycle of certain weeds (e.g. ragweed) in roadside cutting measures that impact allergy sufferers.

Before concluding, Mr. Henry indicated that the MOE looked forward to working with health units and municipalities to develop the legislation in the coming months.

Community Water Fluoridation in Ontario

http://www.alphaweb.org/docs/lib_010511710.ppt

With assistance from Dr. Robert Hawkins, dental consultant Dr. Dick Ito presented on the fluoride and water fluoridation issue. Fluoride, a naturally occurring element in water, binds with tooth enamel to strengthen teeth and helps prevent tooth decay, one of the most chronic problems today among children and youth. Fluoridation, the controlled adjustment of fluoride in the drinking water supply, has been shown to reduce decay rates. Standards of safe allowable levels of fluoride additives are in place.

In Ontario, decay rates have decreased over the last several decades. About half of all health units have 50% or more communities with fluoridated water.

There have been 17 major reviews between 1997 and 2007 on the benefits and risks of water fluoridation. Despite the risk of dental fluorosis in certain groups, particularly the young, studies have shown that fluoridation remains a safe and cost-effective mechanism in reducing and preventing tooth decay. It is highly supported by many health groups and professionals.

However, fluoridation has recently come under scrutiny. Opponents are well organized, vocal and active, but their central argument that fluoride is toxic and harmful to human health is not substantiated by the credible body of evidence that exists.

In response to the membership's request, Dr. Ito indicated that he would be willing to collate resources and information for use by health units and post them to a web site. Health units, he added, can look forward to a Health Canada report that is expected to be released in Spring 2009. The report will be a study of the new research on adverse health effects of fluoride and fluoridation.

Some members shared experiences with the fluoridation controversy in their local areas. In some communities, the issue has taken on a public works dimension in that water engineers are challenging fluoridation for reasons unrelated to health (e.g. difficulties in handling fluoride, high maintenance and replacement costs of water fluoridation systems, etc). Some municipalities are no longer fluoridating in the belief that it is too costly to continue to do so. Members called on the province to lend greater support to public health dental programs across Ontario.

Friday, February 8, 2008 - Aboriginal Public Health in Ontario

Welcomes

Following a welcome and introductions by ALPHa President Vance Blackmore, Nishnawbe Aski Nation's Barney Batise, elder advisor to Chiefs of Ontario, brought greetings from his Ojibway community and said a prayer of thanks. He set the tone for the rest of the day's presentations by imparting his wisdom on relationships – "keep well what you have been taught," "whatever you build, build it right," – with attendees.

First Nations Governance

Mr. Batise gave his perspective on the history of decision-making within First Nations (FN). He described an early model in which the male Chief was the primary decision-maker in community matters and where meetings lasted one week. Today, meetings are three days long, covering issues that are often worked into resolutions. Convening on a quarterly basis, the Council and Grand Chief preside at the head table with a group of 10 to 12 elders from the community and a lawyer also in attendance. The elders “act somewhat like a senate; their words hold much weight in the assembly.” The lawyer drafts resolutions, of which 20 to 50 are typically passed by consensus. The Executive Council then works on these resolutions.

In Nishnawbe Aski Nation, there are six to eight tribal councils in addition to independent bands. These councils hold their own meetings in their own territories, representing a decentralized decision-making process that can be very effective.

The challenges for public health units seeking to forge relationships with First Nations, said Mr. Batise, are likely greater with those groups located in the interior of the province. With such geographical distances, “trips in and out of there don’t work.” He advised members to take the time to learn about the Aboriginal culture and the people living in the communities to build trust, an essential element in all relationships.

He also spoke of the Chief and Council as being public health’s greatest assets. Relationships with these ought to be broached carefully, however, as some bands may not be warm to the notion. Mr. Batise indicated that the Chiefs of Ontario organization is a good resource for public health. He closed his talk by expressing appreciation for the relationships that public health has established to date with First Nations and encouraged members to continue strengthening these ties.

Toward Improved Health for Ontario’s First Nations: The Aboriginal People’s Survey

http://www.alphaweb.org/docs/lib_010522639.ppt

Chantelle Richmond, PhD, Adjunct Professor, Department of Geography and First Nations Studies, University of Western Ontario, presented on Statistics Canada’s Aboriginal People’s Survey (APS).

Developed in consultation with national aboriginal organizations, federal departments, provincial and territorial groups, the APS seeks to provide data on various dimensions of aboriginal well-being (education, language, health, labour activity, income, schooling, housing and mobility) and to identify the needs of the population.

The APS has been conducted in 1991, 2001 and 2006. Respondents included First Nations people, Métis and those of Inuit ancestry and identity. In the last survey, a total of 217 communities participated; however, many did not participate for a variety of reasons. This has resulted in incomplete data with respect to on-reserve populations.

Public health units may access the data by performing their own data analysis at a StatsCan research data centre, of which there are six in Ontario, or creating their own community profiles at <http://www12.statcan.ca/english/profil01aps/home.cfm>

The APS is a rich data source on the Aboriginal population of Canada. While there are some limitations in aggregating on-reserve populations with the Survey, community level profiles, however, are useful for understanding local conditions. Dr. Richmond acknowledged that there is a need to integrate information from other sources such as the First Nations Regional Longitudinal Health Survey and other methods (qualitative approaches).

Public Health in First Nations Communities: Communication and Collaboration as Keys to Success
http://www.alphaweb.org/docs/lib_010533025.ppt

In her presentation, Valerie Gideon, PhD, Regional Director, First Nations and Inuit Health, Ontario Region, Health Canada, talked about the key requirements – understanding, flexibility and innovation – to overcoming unique public policy challenges with First Nations health.

Public health needs to understand that there is a great diversity among First Nations communities and complexity in how they are organized. First Nations (FN) work from a wholistic policy and planning model grounded in self-government. In light of the acute needs of the population, there must also be flexibility with respect to First Nations public health service delivery. Some examples of successful innovative programs include the Children's Oral Health Initiative targeted at FN and Inuit children and the KO Telemedicine program, which delivers clinical, educational and administrative services via videoconferencing to FN communities in Northern Ontario.

Key elements of collaboration between public health and First Nations are joint processes that are wholistic and comprehensive in their approach, and clear policy objectives and targets based on wholistic policy considerations and supported by solid information and capacity.

Accomplishments to date include The Assembly of First Nations' Public Health Framework for improving the health of FN people, which looks at legislation, funding capacity, health determinants, and surveillance of health, among other issues. The First Nations and Inuit Health Branch's Public Health Strategic Plan is a strategic vision based on an integrated, comprehensive on-reserve system that promotes and protects health, and responds to the public health needs of the people.

Critical to the success of these and other achievements are clear, ongoing communication, support for community-based planning, service delivery and healing initiatives, and working together to address sustainability challenges.

In the Q&A session afterward, when asked how the many health and social problems facing FN communities could be solved in an ideal world, Dr. Gideon answered that much more attention and support would be needed to address the severe lack of housing, educational opportunities and parenting skills before health issues could even be tackled. She also indicated that greater collaboration with public health units would be a concrete step in the right direction.

Ontario First Nations Public Health Project
http://www.alphaweb.org/docs/lib_010544236.ppt

Tracy Antone of the Chiefs of Ontario (COO) gave an overview of the Ontario First Nations Public Health Project. Between March and June 2005, COO, the Ministry of Health and Long-Term Care and the First Nations and Inuit Health Branch, Ontario Region, met to address FN public health concerns in the wake of SARS and Walkerton. Pandemic planning, information and surveillance, jurisdiction and governance, and public health resourcing were all identified as priorities in this tripartite meeting.

In June 2006, a resolution was passed to establish a FN Public Health Advisory Committee (FNPHAC) and a Knowledge Management Advisory Group to help develop a FN public health relationship framework. Key framework activities included conducting an environmental scan, reviewing approaches in other jurisdictions, reviewing public health policy directions at all government levels, and developing a framework, among others.

The Project is being launched at a time when there is unprecedented concern about the state of public health. Ms. Antone ended by underscoring the need for everyone to work together to support this FN-driven project so that models of excellence for FN public health delivery can be developed.\

Ontario Public Health Relations with First Nations: An Assembly of First Nations Perspective

http://www.alphaweb.org/docs/lib_010554021.ppt

Taking a broad perspective, Dr. Kim Barker of the Assembly of First Nations outlined the context, challenges and successes, and key steps forward regarding public health relations with First Nations in Ontario.

While the context in which relations between public health and FN currently operate is complex and burdened by a number of challenges, some inroad has been made to date with these relationships. Successes have been achieved in the areas of surveillance, legislation, funding and capacity, and health human resources.

Focusing on key steps forward, Dr. Barker also described a number of current initiatives, including the public health framework pilot projects in three regions and joint submissions to address current key programming gaps, to name just a couple. Looking to the future, she indicated next steps will include increased collaboration between Chiefs of Ontario public health initiatives and the Kenora Project with provincial and Health Unit services, evaluation of year one activities of the Kenora Project, and submission of a proposal for the next phase of the Canada Health Infoway-sponsored Client Registry.

Following Dr. Barker's presentation, Dr. Garry Humphreys, Medical Officer of Health, Peterborough County-City Health Unit (PCCHU) provided a local perspective and spoke on his health unit's successful relations with FN communities. The PCCHU provides all public health services to all populations, including the two FN communities, in its jurisdiction. The working relationship between health unit and the two bands have been close; at one point, Band Council appointed Chief Keith Knott to the PCCHU board of health. Part of his health unit's success in dealing with bands, noted Dr. Humphreys, could be attributed to the intermediary role played by the band councils' Chiefs in potentially problematic jurisdictional matters. He concluded that the Health Unit has been able to build a relationship based on trust and deep respect of the two local FN communities.

Panel Discussion: Role of Public Health in Ontario

Moderator: *Dr. Rosana Pellizzari*, Associate Medical Officer of Health and Director, Policy and Planning, Toronto Public Health

Panelists: *Tracy Antone*, Chiefs of Ontario
Dr. Valerie Gideon, First Nations & Inuit Health, Ontario Region, Health Canada
Dr. Garry Humphreys, Peterborough County-City Health Unit
Karen Singh, Acting Manager, Strategic Planning and Implementation Control, Ministry of Health and Long-Term Care

At the final session on Aboriginal Public Health in Ontario, the four-member panel was asked by moderator Dr. Pellizzari to share their insights into working with First Nations communities and answer the question of, What are the next steps that health units and boards of health need to take?

Some main points from the discussion included:

- There isn't one collaboration model that fits all, but we need to keep the communication channels open between FN communities and health units and structure agreements that are flexible and fit the current set of circumstances;
- Delivery of services and programs must have a community-based approach;
- One vision could include a provincial office within the Ontario Ministry of Aboriginal Affairs to be staffed by a Medical Officer of Health. This MOH would act as a champion of the public health needs of FN, Métis and Inuit communities in the province.
- A beginning step toward meaningful engagement is for health units to exchange data with the federal government on reportable diseases, for example, and partner with Chiefs of Ontario on the Regional Health Survey.

In summary, the panelists concluded that there were many opportunities for public health and FN communities to work together. On a positive, practical note, provincial and federal representatives agreed to collaborate on an information resource package for health units seeking to improve relations with Aboriginals.

Closing Remarks

Barney Batise, elder advisor to Chiefs of Ontario, closed the conference by illustrating the need to establish trust in building and, in some cases, rebuilding relationships with First Nations communities. It will be a difficult task, he said, but it can be done so long as everyone moves forward and continues working together toward a better future for Aboriginal public health.

Other Resources Distributed/Shown at Meeting

[Chiefs of Ontario Organizational Chart](http://www.alphaweb.org/docs/lib_010564735.xls) (http://www.alphaweb.org/docs/lib_010564735.xls)
[Nishnawbe Aski Nation Organizational Chart](http://www.alphaweb.org/docs/lib_010575142.xls) (http://www.alphaweb.org/docs/lib_010575142.xls)
[Map of Nishnawbe Aski Nation](http://www.alphaweb.org/docs/lib_010580136.JPG) (representing 49 First Nation communities in Ontario)
(http://www.alphaweb.org/docs/lib_010580136.JPG)
[Ontario Public Health Units and First Nation Communities in their Geographic Area](http://www.alphaweb.org/docs/lib_010610601.pdf)
(http://www.alphaweb.org/docs/lib_010610601.pdf)