

MEMO / NOTE DE SERVICE

TO: Board of Health for the City of Ottawa Health Unit

DESTINATAIRE : Conseil de santé de la circonscription sanitaire de la ville d'Ottawa

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SUBJECT: **MEDICAL OFFICER OF HEALTH VERBAL REPORT**OBJET : **RAPPORT VERBAL DU MÉDECIN CHEF EN SANTÉ PUBLIQUE***Check upon delivery*

Bonsoir, good evening,

I want to echo Chair Qadri's remarks, and thank Gillian Connelly for her work as Board Secretary. And I want to also welcome Diane Blais to this role. In just a short time at OPH Diane's contributions have already been deeply felt, and we look forward to our work together going forward.

As usual, it's been a busy time at OPH since we last met. Tonight I will touch just briefly on provincial matters; our upcoming Accreditation Canada survey visit; and some local issues including the emerging community conversation around addictions, and more

specifically harm reduction and supervised injection services for people living with addictions.

Provincial Update

First, a comment about Ontario's new *Making Healthier Choices Act*. Schedule 1 of the Act – the *Healthy Menu Choices Act, 2015* and its accompanying Regulation - will come into force on January 1, 2017. Food service premises with 20 or more locations in Ontario will have to post calories on their menus. As you know, I welcome this development, as it will help Ottawa residents make more informed food choices when eating at one of these facilities, and it complements the work we are doing locally regarding healthy nutrition and active living.

Our public health inspectors will have a role in enforcing this act locally, and the Ministry has begun to outline the approach it will ask us to take. It will include OPH conducting about 500 education visits by the end of the year, and we will also need to be ready to respond to complaints regarding the posting of calories and signs in regulated premises.

We expect that the ministry will lead a public awareness campaign about the legislation. Still, as you know, especially because of the number of special events we see in Ottawa, even now it's a challenge to meet all existing inspection targets set out in the provincial accountability agreement. I anticipate that the Ministry will be providing an opportunity to enhance our inspection capacity so that we can do this new work, and we will be looking for opportunities to ensure that resources, tools and processes are in place for OPH to allow for effective implementation.

On a related point, we continue to participate in government consultations regarding the *Child Care and Early Years Act (CCEYA)*. This month we submitted a letter to the Ministry of Education suggesting the strengthening of the regulations in that act which relate to healthy eating and physical activity, too.

On the tobacco control file, last month the government proposed welcome changes to the regulations of the *Smoke-Free Ontario Act (SFOA)* and *Electronic Cigarette Act (ECA)*, and we will be discussing those developments later this evening.

Lastly on the provincial front, there has been no further word regarding the Ministry's Patients First proposal since the consultation period ended at the end of February. The potential that legislation will be tabled imminently, however, is quite real I think.

Accreditation Canada Survey Visit

Shifting gears, we are also looking forward now to our upcoming Accreditation Canada visit. In June 2014 we received an Accreditation Primer Award from Accreditation Canada. Accreditation is important because it provides external peer review scrutiny and validation of the quality of our work.

In June we are scheduled to be visited again by accreditation surveyors. The surveyors will evaluate OPH processes and practices against Accreditation Canada's standards of excellence. Their results will guide us in identifying further opportunities to improve quality and client safety.

Supervised Injection Services (SIS)

The never completed task of continually improving quality and safety of services is actually a good segue to the emerging discussion around supervised injection services in Ottawa.

Recently, one of OPH's community health centre partner agencies launched local public consultations on their idea of adding supervised injection services to their offerings for people living with drug addiction.

Today, OPH, along with many community partners, offers a wide array of services to people who struggle with various addictions including injection drug use. Our approach to serving the needs of people at risk for or living with addictions is based on four interrelated pillars: prevention; harm reduction; treatment and enforcement. All four pillars are integrated in our approach, which is underpinned by community engagement and by efforts to promote community mental wellness. Unfortunately, this has been a polarizing issue for many in our community; however, from my perspective as a public health physician, supervised injection services are simply a logical extension which must be considered as part of any comprehensive approach, along with other tested and established harm reduction initiatives. These services have been known to save lives and offer other positive impacts for affected individuals, their loved ones, and the community at large.

Recently, I shared with you my views about this next step in addressing substance misuse in our community. In my statement, I welcomed the opportunity to discuss making a difference by expanding services available to address substance misuse. What we and our partners, and other health agencies have been doing to prevent addictions and to minimise their harms has not been enough. Clinicians are frustrated, and need to be empowered to use modern, nuanced and sophisticated approaches to

the multidimensional and complex challenges that they and their patients, and their patients' loved ones, deal with. Borrowing the Ministry's term for system transformation, I suggest that if ever there was a worthy example of the need to put Patients First, health first, in a public discussion, this is the issue. And this is the time.

Ottawa is a caring community. Those supporting the expansion of harm reduction services are seeking to serve our community's most vulnerable. We must explore what data, clinical science and best-practice tells us in order to help those in need.

Syrian Refugees in Ottawa

I want to end with a brief word about activities to support Syrian refugees in Ottawa. Since I last updated you in February, the total number of refugees vaccinated has reached over 900 and over 600 dental assessments have been conducted. What I particularly want to acknowledge is that this work would not have been possible without the support of partner agencies and the help of volunteers.

In particular, Ottawa's local dental community has helped by volunteering their time and skills to work in our dental clinic alongside our own dentists. More than 20 volunteer dentists, and many more volunteer support staff and Arabic translators, mobilized to enable us to be running dental clinics for refugees on a weekly basis at the moment.

I want to publicly acknowledge and thank all of the volunteer dentists, hygienists and translators who have joined in this effort.

Chair, that concludes my report.