

January 20, 2003

Right Honourable Jean Chretien  
Prime Minister of Canada  
House of Commons  
Ottawa, Ontario K1A 0A6

Dear Prime Minister:

We are writing to express support for your government's stated intention to move forward with an agenda of health care reform in response to the report of the Romanow Commission on the Future of Health Care in Canada.

On behalf of the largest Public Health unit in Canada, we want to assure you of the very deep commitment among a broad range of constituencies to the essential building blocks of reform recommended by Mr. Romanow. We are particularly encouraged by the Commission's articulation of its fundamental goal "to make Canadians the healthiest people in the world." This statement reflects the underlying mission of everyone working in the fields of population health, health promotion and protection, and illness prevention.

The Commission has presented several vital recommendations that address the goal of improving the overall health status of Canadians. These focus specifically on reducing tobacco use and obesity rates, promoting physical activity, and adopting a national vaccination strategy. We look forward to initiatives supported by the federal government to enhance the coordination of programmes in these areas with the objective of making Canada a world leader. But we are concerned that taken in isolation, these recommendations, or any programs that result from them, will not generate a coherent or strategic agenda to advance the overarching goal of promoting wellness.

The Commission has unfortunately, in our view, limited the scope of its vision for innovative population health strategies by positioning its discussion of what it calls "prevention" issues within the context of primary care reform. There is no doubt that primary care has the potential to provide a platform for transformative, systemic change in medicare, shifting the focus from resource-intensive institutional and acute responses toward proactive, 24/7 community-based care models.

But from the point of view of the front lines of health promotion and illness prevention, we are concerned about losing sight of core objectives under the weight of the complexities associated with primary care reform. For instance, the recommendation to convene a national primary health care summit has merit, but such a gathering would also have a crowded agenda with many competing interests and mandates not necessarily connected to the goals of an integrative population health strategy.

Local public health agencies do not always find it easy to build the links across sectors and jurisdictions that will produce a coherent response to the challenges we face. We find ourselves in a place where the social determinants of health combine with relentless demographic change and intersect constantly with almost overwhelming demands arising from the downloading of fiscal pressures onto a fragile urban infrastructure. The result, needless to say, creates tremendous pressure on our capacity to fulfil our statutory and locally generated mandates.

Our responsibilities cover the waterfront (literally, in the case of contaminated soil or water and air quality issues) and are sometimes highly visible, otherwise frequently under the radar. Emergency preparedness; West Nile Virus and other symptoms of global change; child poverty and low birth weights; dental care for seniors; infectious disease control; tuberculosis among new Canadians and people who are homeless; sexual health promotion; smoke-free and dine-safe by-laws; pesticide reduction; parenting for healthy babies – these programs, in addition to chronic disease prevention and tobacco use and obesity reduction are among many of our day to day obligations.

In addition to keeping pace and meeting the continuous challenge of ensuring Toronto is, in our vision, the “healthiest city possible,” we are working with many partners, including agencies of the federal government, to clarify and build support for an emerging Public Health agenda. Such an agenda will have expenditures attached to it, including those recommended in the Kirby report of the Senate Committee on Health Care that call for a national chronic disease prevention strategy (\$125 million annually) and the strengthening of Public Health infrastructure across the country (\$200 million).

Ultimately though, it is the vision that will count in moving forward an integrated health promotion and prevention strategy. We are optimistic that your government is motivated to continue drawing on the goodwill and talent of all those who worked so hard to inform and shape the report of the Romanow Commission.

Prime Minister, you have our full support as you advance the agenda of health care reform articulated by your Royal Commission. We ask that as you move forward, your government include the Public Health community as a central partner in an effort to address directly the overall health status of Canadians.

We would be pleased to offer any further assistance at your request.

Yours sincerely,

Councillor Joe Mihevc  
Chair, Toronto Board of Health

Dr. Sheela V. Basrur  
Medical Officer of Health