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Region of Peel
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REPORT
Meeting Date: May 26, 2011
Regional Council

For Information

DATE: March 12, 2011

REPORT TITLE: **2009 CHIEF MEDICAL OFFICER OF HEALTH ANNUAL REPORT**

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OBJECTIVE

To inform Regional Council about the recently released Annual Report of the Chief Medical Officer of Health of Ontario and to highlight key areas where the report aligns with the Peel Public Health 10-year Strategic Plan and the Region's Strategic Plan Term of Council Priorities.

REPORT HIGHLIGHTS

- In December, 2010, the 2009 Annual Report of the Chief Medical Officer of Health of Ontario was released.
- The Peel Public Health 10-year Strategic Plan priorities and the Region's Strategic Plan Term of Council Priorities are in alignment with the strategic directions outlined in the Chief Medical Officer of Health Annual Report.
- The Region of Peel's Healthy Development Index project was showcased in the Report.
- The Chief Medical Officer of Health Annual Report and Peel Public Health's 10-year Strategic Plan both emphasize prevention and prioritize efforts aimed at obesity, early child development and tobacco use.

DISCUSSION

1. Background

The Annual Report of the Chief Medical Officer of Health (CMOH) of Ontario, Dr. Arlene King, was released in December, 2010. This report laid the groundwork for a comprehensive public health strategy for Ontario.

At a local level, Peel Public Health has already established strategic directions for Peel based on a review of the scientific evidence related to improving the health of the Peel community. As previously reported to Council, Peel Public Heath's 10-year Strategic Plan was released in September, 2009.

2. Findings

Examination of the Annual Report revealed that Peel Public Health is already moving in the strategic directions prescribed by the Chief Medical Officer of Health. Two key notable

areas of alignment are the emphasis on prevention, and the similarity of Peel's program priorities to the priority areas for action identified in the CMOH report.

a) The Importance of Prevention

As noted in the Chief MOH's annual report, advocacy for prevention and promotion in the health care field is not new, but there is a pressing need for public health to shift to a greater emphasis on prevention. Peel Public Health's strategic plan puts weight on primary prevention and the population health approach as the most effective and efficient means for improving the overall health status in Peel Region.

The Chief MOH annual report also recognizes the importance of public policy as a tool to achieve health goals. Similarly, Peel's 10-year strategic plan noted that the root causes of many health problems need to be addressed at a policy level in order to change the health behaviours at a population level. For instance, the Region of Peel has directed a considerable amount of effort toward the built environment and how we design our communities. The progress achieved by Peel Public Health is acknowledged in the CMOH annual report. The report showcases Peel's Healthy Development Index as a groundbreaking initiative aimed at improving the health promoting aspects of the built environment by influencing policy change at all levels of government, and across multiple sectors.

b) Alignment with Key Priorities

Peel Public Health selected four specific health issues as program priorities for the strategic plan: Nurturing the Next Generation, Living Tobacco-Free, Supportive Environment/Healthy Weight, and Surveillance. Similarly, the Chief MOH annual report calls for investment related to: obesity and physical inactivity, healthy child development, prevention of injuries, reducing health inequalities, and tobacco-use prevention.

The following three priorities are consistent which will enable Peel to leverage provincial efforts around these important health issues.

i) Supportive Environments, Healthy Weight

Peel Public Health's 10-year strategic plan identified the prevention and reduction of the incidence of obesity through population-based initiatives as a program priority. This goal to reduce the prevalence of obesity will focus on prevention and will emphasize policy change. Also, it will consider the physical environment (including the food environment) and unhealthy eating habits. Clearly, Peel is already moving in the strategic direction espoused by the Chief MOH. It is also a Term of Council Priority for the recent Council approved Strategic Plan.

ii) Nurturing the Next Generation

Peel Public Health selected the optimization of early child development as one of the program priorities in the 10-year strategic plan and it was approved as a Term of Council Priority. Nurturing the Next Generation will focus on the continuum from preconception to the end of the baby's first year. In August 2010, the Nurturing the Next Generation project was awarded a Canadian Institute for Health Research (CIHR) Knowledge Synthesis Grant. Again, Peel's strategic priority matches the call of the province for more investment in early child development.

iii) Living Tobacco-Free

Peel's 10-year strategic plan calls for the implementation of new strategies for smoking prevention, cessation, and for protecting people from second-hand smoke. Specifically, a pilot smoking cessation project is being implemented with Trillium Hospital for their inpatients who need assistance to quit smoking. As well, work is ongoing with municipalities to review smoking areas outside of municipal buildings such as recreation centres. Similarly, the CMOH report made the following three high level anti-smoking recommendations: increase funding and renew anti-tobacco efforts, cross-sectoral approaches, and improve cessation programs. Peel's plan for addressing smoking aligns well with the recommendations of the CMOH, and is a Term of Council Priority.

CONCLUSION

The province has played a leadership role in establishing priorities for public health in Ontario. The Region of Peel is a leading municipality in terms of meeting the strategic directions set by the province. Staff will table updates on the Term of Council Priorities in the fall of 2011.

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