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MANAGER'S REPORT NO.	71
COUNCIL MEETING	94/12/19

DECEMBER 15, 1994

TO: ACTING CITY MANAGER

FROM: MEDICAL HEALTH OFFICER

SUBJECT: SELECTION OF AN INTERIM MEDICAL HEALTH OFFICER

PURPOSE: TO RESPOND TO THE LETTER FROM THE BURNABY HEALTH BOARD REQUESTING THAT AN INTERIM MEDICAL HEALTH OFFICER BE APPOINTED IN BURNABY

RECOMMENDATION:

That the Regional Health Board be invited to participate in the selection of a permanent Medical Health Officer for Burnaby.


BACKGROUND:

On December 12, 1994, Council received a letter from the Burnaby Health Board requesting that City Council appoint an interim Medical Health Officer until the Burnaby Health Board builds a management structure for the Board. Effective January 3, 1995, arrangements have been made with the Provincial Health Officer for Dr. Gerry Bonham to be appointed as interim (Acting) Medical Health Officer, for an indefinite period.

It is the opinion of the outgoing Medical Health Officer that a permanent Medical Health Officer be appointed as quickly as possible. First, the City continues to have a statutory responsibility to appoint a Medical Health Officer under the Health Act (and corresponding Regulations), Municipal Act, School Act and Community Care Facilities Licensing Act. Second, it is the belief/experience of most Western Canadian Medical Health Officers that health regionalization may/is presenting (in Provinces where the process is further along), a major challenge to the integrity of public health services (see attached). Finally and most importantly, during a time of tremendous change in the health care system, it is critical that there is continued leadership in community health in Burnaby. There is often a lack of understanding of the "population health" role of the MHO, as opposed to the "individual health" role of the physician clinician.

Furthermore, in my imminent role as a Communicable Disease Epidemiologist with the Ministry of Health, it is clear that the successful delivery of programs to reduce/eliminate certain infectious diseases in B.C. will be dependent upon the integrity of public health programs "in the field". British Columbia is currently a leader in public health and is one of the "healthiest" provinces in Canada; maintaining this position as we proceed with health regionalization is dependent, in my view, upon retaining the leadership provided by an appropriately trained and experienced Medical Health Officer.

As the new Health Board will assume, over time, a greater role in the governance of health services within Burnaby, it would seem reasonable that representation be sought to assist in the selection of the new Medical Health Officer.


Arlene King, M.D., C.C.F.P., M.H.Sc., F.R.C.P.(C)
Medical Health Officer

Att.

cc: M. Redman, Chair
Burnaby Health Board

Western Cities Medical Officers of Health

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PUBLIC HEALTH/COMMUNITY HEALTH/POPULATION HEALTH IN THE 1990

The Western Cities Medical Officers of Health wish to draw your attention to their concern about the future support for preventive and community health care that will be effective in improving the health of the population.

The future of Public Health (Community Health) looked very good for the 1990s as governments began to realize that putting more money into the hospital and medical care system would likely bring marginal benefits, if any, in improving the health of the general population. Governments realized that healthy public policy, health promotion and disease prevention have much greater potential to improve the health of the population than the newest, more sophisticated, highly technical equipment and procedures being demanded by the acute care sector.


Along with the realization came the economic realities of the nineties. Growth in the health care sector had to be checked and new administrative structures put in place to control expenditures. Many provinces opted for more local controls, thus allowing the province to set the overall financial limits, but how these limits were to be met was left to local decision making boards. In theory, there would be the opportunity at the local level to redirect health care funds into health promotion and disease prevention and thus have more of an impact of improving the overall health of the community.

However, a funny thing happened on the way to the bank. The transfer of funds to health promotion and disease prevention has not taken place. The funding envelopes did not provide enough money to operate hospitals 24 hours a day, 365 days a year, and rather than decisions on reallocating funds to preventive health services, mental health services or drug and alcohol services, discussion revolved around how to keep the hospitals running. With budgets in the hundreds of million of dollars versus a few million dollars for preventive health services, hospitals have begun to dominate the discussions at the local level.

This paper is intended to bring to the attention of the decision makers at the provincial and local levels the need to remember that health reform promised to be more than an administrative shuffle and change in the governance structure. It promised to redirect funds into preventive health and into measures that will improve the overall health of the population.

The Western Cities Medical Officers of Health have been involved and have supported the health organization reforms of the 1990s since it makes sense to have one board oversee the whole health system at a regional level. The purpose of this short paper is to raise the cautionary note that high expectations set for this reform to redirect funding to preventive and community care services may get lost in the day-to-day need to keep a large acute care system running.

It is vital that health services, particularly those designed to protect and promote health and prevent disease, should be supported and enhanced at the Ministry level as they contribute to improving the overall health of the population.


F. J. Blatherwick, M.D., F.R.C.P.(C)
Chairman
Western Cities Medical Officers of Health

November 17, 1994

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