

Association of Local Public Health Agencies (aLPHa)

Proposed Recommendations: Public Hearing # 2 & 3: Provincial Government: Functions and Resources

Local boards of health have an immediate and direct interest in water quality. Access to a safe and sufficient supply of potable drinking water is a prerequisite for health. Under the Health Protection and Promotion Act, medical officers of health and public health inspectors are empowered to protect community health through the elimination or mitigation of health hazards.

The Mandatory Health Programs and Services Guidelines provide the framework for public health programs in Ontario. The goal of the Safe Water program is to reduce the incidence of water-borne illness in the population, and as a primary objective, to ensure that community drinking water systems meet the health-related chemical, physical, microbiological and radionuclide objectives as published in the *Ontario Drinking Water Objectives (revised 1994)* and the *Guidelines for Canadian Drinking Water Quality (sixth edition)*. (Note – the Ontario Drinking Water Objectives have been superseded by the Ontario Drinking Water Standards, August 2000).

The primary goal of local boards of health is to prevent disease and injury and to promote and protect health. The responsibilities for ensuring the protection and maintenance of drinking water however lie with different agencies. Hydrogeological assessments, inspections of manure storage facilities, examination of utility records and water testing are all important components in ensuring water quality but they are unlikely to be carried out by a single regulatory body. Ministries of the Environment, Natural Resources and Agriculture Farms and Rural Affairs and municipalities all have important roles to play in the protection of drinking water. The protection of the health of the end user however falls squarely within the purview of the public health system. This should not be interpreted as a general duty of health units to oversee the operation of water systems, but rather to protect the community from health hazards that may appear within them. The public health system (medical officers, boards of health, public health unit staff) thus constitutes one mechanism among many that have responsibilities for ensuring safe water.

The following are recommendations that if implemented will assist the public health system in fulfilling these responsibilities.

Overall Policy and Standards

Recommendation

Ontario must ensure that a coordinated/integrated policy exists for drinking water that ensures that all agencies with jurisdiction over drinking water related issues are aware of each other's responsibilities and of where lines of communication must be maintained. This must include strict reporting requirements and documentation of adherence to standards and policies generated by each.

Rationale

The importance of coordination of these agencies cannot be overstated. The lack of consistent flow of information and the lack of clear policy on what to do with it leads to a disjointed system that delays the quick identification and remediation of problems.

There has been significant discussion about lead responsibility for drinking water. The fact is that several agencies have jurisdiction over activities that may impact it, and the expertise of each is valuable to the protection of potable water. Ministries of Health, Environment, Agriculture, Food and Rural Affairs, Natural Resources, Municipalities and local Boards of Health all have regulatory and/or policy functions in this respect.

The informal coordination that has taken place among these bodies in the past may now need to be formalized, as the reduction of available resources has put strains on some of these individual agencies' abilities to carry out their own duties, let alone keep an eye on those of others. Because these considerations involve so many agencies, it is essential that each have a general familiarity with the source-to-tap flow of drinking water

The Canadian Environmental Law Association has suggested a Drinking Water Commission, which would oversee the delivery of Ontario's overall drinking water program. While alPHA is not necessarily endorsing this specific approach, the idea of involving representatives from all of the above bodies in a unified coordinating body would ensure a consolidation of all of the expertise required for the protection of drinking water. This would lead to better coordination, communication, training, clarification of roles, and reduction of conflicts.

Strategies that are implemented to protect water and the health of its consumers would thus originate from a unified, effective and comprehensive quality system that will greatly reduce the incidence of water-borne disease

Recommendation

That the Ontario Government implement a new public health strategy that places more emphasis on prevention and education, as well as raises the profile of public health.

Rationale

By raising the status of health promotion and prevention of disease, the government may enhance public awareness of its importance, and attract the skilled staff required to implement the provisions of the Health Protection and Promotion Act (HPPA) and the Mandatory Health Programs and Services Guidelines (MHPSG). This must of course be accompanied by a

willingness to increase resources that will ensure a more active role for public health agencies in the provision of safe drinking water.

Recommendation

That the Medical Officer of Health, Chief Medical Officer of Health and the Public Health Branch have a stronger role in the development of regulations and policies that may impact drinking water.

Rationale

This will ensure a health protection perspective in policy decisions that may originate from agencies for whom that perspective is not of primary concern. The expertise of medical officers and Public Health Branch staff would be of great value in identifying potential health impacts of agricultural and environmental policy decisions.

Approvals / Licensing

Recommendation –

Ontario must require training and certification of well contractors, waterworks operators and inspectors, including a mandatory waterborne disease component.

Rationale

The delivery of a safe water supply will depend in large part on the skills of the technicians responsible for it. System operators, technicians and analysts play a critical role in the reliable delivery of drinking water. Effective oversight and management of the water-delivery process requires expertise on maintenance requirements, knowledge of standards and the reasons for them, and overall competency with interpreting observations on system performance. Beyond the technical requirements that ensure the integrity of water-delivery hardware, it is important that technicians have a basic understanding of why those requirements exist. A basic understanding of the modes of transmission of waterborne disease and the methods used to prevent them is essential to the proper delivery of potable water. Mandatory training and certification requirements should include this understanding.

Recommendation

That MOH or designate have the opportunity to comment on approvals dealing with land use, septic systems and well construction within his or her jurisdiction.

Rationale

The approving body (e.g. MOE, Municipality) may not necessarily have the appropriate perspective for recognizing potential threats to public health in such plans. By ensuring that input, risks may be identified and changes can be made in the planning stages. Health inspectors already employ this approach for food premises. It is an effective opportunity to consult with operators and contractors who may not have complete knowledge of compliance requirements.

Oversight

Recommendation

Ontario must ensure that each regulatory body has the authority and the resources to properly carry out verification and enforcement duties enabled by their statutes and regulations. Clear and timely follow up must be required in all cases where deficiencies are identified, and random and routine inspections must be carried out with appropriate frequency.

Rationale

Verification and enforcement are essential components of regulation, in order to quickly identify and correct non-compliance. By empowering officers to investigate potential impairments to water, to examine relevant records, conduct tests and to require the production of any relevant information, the basis is laid for a periodic and detailed evaluation of the regulated activity in question, whether it be farm practices, land use or water plant operations. During this evaluation, deficiencies can be identified and corrections can be ordered, with the understanding that failure to do so will result in penalties under the Act. Follow-up is of course essential to ensure that any directions to achieve compliance have been carried out. Deterrent penalties constitute incentive to maintain compliance.

The appropriate combination of permits, licenses, record-keeping and routine inspections constitutes an effective verification process. Inspectors designated by legislation governing various land uses, farm practices, wells, septic systems and general environmental protection together verify that the protective systems that ought to be in place in fact are. This function, like monitoring, serves to identify situations that might evolve into real threats to drinking water before they have the opportunity to do so.

Recommendations regarding relationship- to other public institutions

Overall coordination role of Provincial Government

Relationship to Health Units

Recommendation

The Ministry must ensure that incentives are in place to facilitate the recruitment and retention of a fulltime medical officer of health in each health unit

Rationale

The HPPA, under section 62, requires every BOH to have a full time MOH. This requirement is clearly based on the importance of the MOH as the key person responsible for community health protection. There is a significant gap created in a community's public health system where there

is no full-time MOH, a gap that constitutes additional risk to that community's health. The MOH plays a key role in decision-making when a community health is at risk, including the issuance of orders and the proper management of outbreaks.

Recommendation

That a clearer, proactive role in water quality be defined for the Health Departments. This might include routine reviews of reports, studies and surveys by water works owners as well as routine microbiological sampling and Free Available Chlorine (FAC) measurements to ensure that water quality parameters are met in every part of the system. It may also involve several possible education functions.

Rationale

While some analysis of roles and responsibilities of other agencies may be required before defining the precise role of the Health Departments, it is clear that potable water is a public health issue and as such should more directly involve public health agencies. Their responsibility has been shrinking over the years, despite their particular expertise.

Recommendation

That the Ministry of Health and Long Term Care ensure that leadership is provided by Public Health Branch on water-related programs. The requirements of the Safe Water component of the MHPSG should be clarified, and a more consistent system should be in place to ensure that protocols issued are well conceived, properly communicated and that support exists at the branch to ensure that clarification and consistent interpretation is always available.

Rationale

Questions about the applicability of a Cryptosporidium / Giardia outbreak protocol to the Walkerton E Coli outbreak, lack of clarity on what should be done with inspection reports provided to local health units from MOE and the recent lack of a province-wide standard for the issuance of Boil Water Advisories are three examples that illustrate this need.

Recommendation

That the MOHLTC ensure that all health units have adequate funding to ensure that all mandatory programs can be carried out according to HPPA, and that additional proactive public health programs can be implemented as enabled by the same statute.

Rationale

In order to ensure that public demands regarding safe water are met, it is essential that health departments be equipped to meet their legal responsibility to investigate health hazard reports and to act immediately to protect the health of the public whenever the report is justified. This is a general duty of the MHPSG that applies to all programs within it. Included in this program are requirements for the provision of timely and essential information to the community and monitoring health hazard management strategies. The purpose of these requirements is to identify health hazards, take appropriate action in order to ensure community health protection and continued public health services delivery in the event of a health hazard.

It has become clear that water quality issues were not a high priority for health units before the Walkerton outbreak. While there is a water quality component under the MHPSPG, (Safe Water), which requires health units to receive and respond to adverse water quality results, limited health unit resources may in some cases have led to inadequate consideration of local water quality issues. The assumption was that the agency with primary jurisdiction (i.e. MOE) was doing what it needed to ensure that problems were being dealt with. Built in redundancy was lost.

Boards of Health are required by the HPPA to meet all of the Mandatory Programs, as published by the Minister of Health. These are the minimum public health programs and services required by law for the protection of the health of the community. Given that these Programs are legally enforceable minimum standards, and that the current rate of completion is approximately 70%, the province must immediately ensure that a funding scheme exists that will ensure that all health units can at the very least fulfill all Mandatory Programs, including Safe Water.

Public health has a significant role to play in the delivery of safe drinking water. While it may not be up to local health units to follow up on MOE inspection reports or directly ensure the proper operation of a waterworks, timely knowledge of relevant information from agencies to whom it is up can minimize response time.

Investments required in the public health area are small, relative to the large potential benefits. Funding for public health programs amounts to less than 1% of Ontario's total health-care budget, and even with the cost-sharing arrangement with the municipalities, many health units are unable to fulfill the Mandatory Programs as set out by the province, let alone the additional non-mandatory programs encouraged by the HPPA to meet local needs. This situation is exacerbated by the need to mobilize already-limited health unit resources to respond to incidents such as the E Coli outbreak in Walkerton, which was not limited to that locale, as all Ontario health units were forced to put a higher priority on water issues.