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**MEMORANDUM**

**PHD-C 4-2021**

**Subject: Considerations & Context Regarding Declaration of a State of Emergency**

**Date: February 16, 2021**

**To: Public Health & Social Services Committee**

**From: M. Mustafa Hirji, Medical Officer of Health & Commissioner (Acting)**

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There have been multiple requests recently regarding declaration of a state of emergency on mental health and related issues. Public Health staff provide the following to Regional Councillor as additional considerations and context in order to help inform Council's decision on these request.

The declaration of a state of emergency on any issue does not automatically cause resources or additional support to be brought to bear on that issue. However, there would likely be a public expectation that if a state of emergency existed on an issue such as mental health, then Council would marshal additional resources or efforts directed to it. Council may therefore wish to make decisions around declaring a state of emergency with consideration of how much additional resources would be commensurate with the emergency. As well, Council may also wish to consider where those resources might come from: by reducing efforts on other issues, or by levying new resources.

If redirecting resources by reducing effort on other health issues, it is important that Council be aware of the burden of illness for those health issues that would now be neglected. As well, Council may wish to be mindful that any particular request for a declaration of emergency on one issue may set precedent for other issues with a similar or higher burden.

**Data on Top Health Issues in Niagara**

In 2019, as part of a fulsome planning process to support the prioritization of public health's health promotion priorities, staff completed a comprehensive Community Health Status Assessment which provides a ranked analysis of the health conditions and risk factors faced by Niagara.

By using the Winnipeg Regional Health Authority Priority Setting Framework (which is a nationally accepted framework), Niagara data from between 2013 and 2018 was tabulated to allow for the ranking of all health conditions and diseases. Qualitative and quantitative analysis was completed with equal weighting applied ensuring that no criterion was deemed to be of greater importance.

The quantitative assessment considers

- The number of deaths
- The potential years of life lost
- The hospitalization rates
- The length of stay in hospital
- Emergency Department visits

The qualitative assessment utilized a selection of relevant criteria from the Center for Disease Control (CDC) common criteria list. Criteria selected considered the communities readiness to address an issue, public health's ability to impact the health issue, programs offered by other service providers, and the impact of the health issue and disease on the Social Determinants of Health (SDOH).

These two assessments were then combined to provide a ranked list of 26 health conditions and diseases here in Niagara.

The list below outlines in rank order the top 26 health conditions and diseases in Niagara.

1. Ischaemic heart disease
2. Accidental Falls
3. Diabetes
- 4.5 Cerebrovascular disease (stroke)
- 4.5 Lung, bronchus and trachea cancer
6. Chronic lower respiratory diseases
7. Influenza and pneumonia
- 8.5 Perinatal conditions (low birth weight)
- 8.5 Cirrhosis and other liver diseases
10. Intentional self-harm (suicide)
11. Accidental poisoning (overdose)
12. Diseases of the urinary system (Urinary tract infections)
13. Colon, rectum and anus cancer

14. Congenital malformations
15. Heart failure
16. Disease of the musculoskeletal system and connective tissue (osteoarthritis)
17. Sexually-transmitted infections
18. Pregnancy, childbirth and the puerperium
19. Transport accidents
20. Dementia and Alzheimer disease
21. Breast cancer
22. Lymph, blood and related cancers
23. Appendicitis, hernia and intestinal obstruction
24. Septicaemia
25. Acute respiratory diseases
26. Pancreatic cancer

**Ischemic Heart Disease** ranks 1<sup>st</sup> given we see the highest number of deaths, the greatest number of years of life lost and the third highest hospitalization rate across all health conditions and diseases.

**Accidental Falls** ranks 2<sup>nd</sup> being responsible for the greatest number of ED visits, the fifth highest number of hospitalization admittances but with the greatest total days admitted to hospital (length of stay).

By contrast, health issues directly attributable to **Mental Health** and **Addictions** (Intentional self-harm and Accidental poisoning) are ranked 10<sup>th</sup> and 11<sup>th</sup> respectively.

Chronic risk factors were also considered as part of this analysis, recognizing that they can greatly influence and effect the health conditions and diseases identified.

Smoking, Alcohol use and Problematic substance use, all of which could fall within the broad 'Addictions' category were each identified as increasing the of risk of a number of the ranked health conditions identified:

- Smoking – 11 Health conditions or diseases affected
- Alcohol – 9 Health conditions or diseases affected
- Problematic Substance Use – 3 Health conditions or diseases affected

Stress, which is a risk factor linked to mental health, was identified as increasing the risk across three of the ranked health conditions.

The result of this analysis was the identification of five broad Health Promotion priorities for Niagara Region Public Health to focus its health promotion efforts over the coming years:

- Healthy Eating and Physical Activity
- Substance Use and Addictions
- Mental Health Promotion
- Healthy Child Development
- Sexually Transmitted Infections

### **Implications of Data**

These priorities were presented to and received approval of Council as part of the 2020 Levy Operating Budget. Since then, Public Health & Emergency Services has been reorienting and consolidating greater efforts behind these five priorities to ensure a critical mass to make a measurable impact. This has included identifying indicators, researching the most effective public health interventions to implement, and engaging partners to align with these five priorities. However, given limited budget, it has also meant that other topics (e.g. promoting vaccinations, cancer prevention) are receiving only minimal attention as resources have been redirected.

Should a state of emergency be declared around mental health and/or addictions, there would presumably be an intention to enhance resources behind these two issues either with new budget or by further deprioritizing other issues to redirect those efforts.

Respectfully submitted and signed by

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*This memo was prepared with input by Andrew Scott, Manager of Continuous Quality Improvement & reviewed by Siobhan Kearns, Director/Chief of Staff (Public Health)*

Appendix 1: In-Depth Epidemiological Analysis