



# **New Public Health Legislation for the Northwest Territories**

## **Popular Summary**

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# **New Public Health Legislation for the NWT Popular Summary**

Public health cannot be taken for granted. The experience with the AIDS epidemic, the water crisis in Walkerton, Ontario and concerns over the spread of Severe Acute Respiratory Syndrome (SARS), West Nile Virus and Bovine Spongiform Encephalopathy (Mad Cow Disease) have reminded the public and policy-makers of the ongoing importance of vigilance in public health protection. Public health legislation must therefore provide a solid framework, yet be flexible enough to adapt to new approaches and new threats to public health.

The discussion paper *New Public Health Legislation for the Northwest Territories* was developed to research best practices in public health legislation across Canada, to outline the shortcomings with the current NWT *Public Health Act*, and to identify a workable approach for new legislation. The following questions and answers are meant to provide a summary of that document's findings.

## **What is public health legislation?**

Public health legislation sets the standards and rules for the protection of the public's health in law. Examples are the *Environmental Protection Act* and the *Motor Vehicles Act*. Because much of what government does could be described as protecting the health of the public, there is a need to distinguish between these Acts and the *Public Health Act* itself. For the purposes of this document, the term 'public health legislation' is used to refer specifically to the *Public Health Act* or a similar enactment in another jurisdiction.

## **Why does the NWT Public Health Act need to be changed?**

The current NWT *Public Health Act* was established in 1957. Since that time, the Act has changed very little, except to increase the number of regulations. Today's *Public Health Act* is fragmented and not adequate to deal with emerging public health issues and models. Aside from being outdated, the Act is not consistent with the current administrative arrangements for delivering public health services and has not been reviewed for compliance with the *Access to Information and the Protection of Privacy Act*, the *Charter of Rights and Freedoms*, or the basic principles of fair practice.

## **Why change the NWT Public Health Act now?**

A number of recent events have moved the need for new public health legislation to the forefront. The water quality crisis in Walkerton and the heightened fear of bio-terrorism and chemical warfare have intensified the need for strong and relevant public health legislation.

## **What are the proposed changes to the NWT Public Health Act?**

### **Flexibility:**

The *Public Health Act* is limited by its use of very specific and detailed language. More open wording would maintain the structure of public health while providing room for new models as they are adopted.

### **Paramountcy:**

The term 'paramountcy' refers to the ability of one Act to supersede another Act. The *Public Health Act* should contain a clause giving it paramountcy over other legislation to ensure public health is protected in all situations. The *Public Health Act* should also recognize the reality of self-government and land claims negotiations.

### **Municipalities:**

The legislation should identify the governing agency for the public health system generically. The current focus on municipalities as the governing body for public health is inaccurate and limiting. Municipalities promote public health through their bylaws, yet their role is not currently one of public health governance, at least not at this time.

### **Regional Authorities:**

The current *Public Health Act* should recognize the existence and role of the Regional Health and Social Services Authorities.

### **Partnerships:**

There are other pieces of NWT legislation that are related to or work in partnership with the *Public Health Act*. These partnerships should be recognized in some way.

### **Accountability of Personnel:**

The *Public Health Act* should state more clearly the relationships and the powers of the various officers appointed under it.

### **Qualifications of Personnel:**

The *Public Health Act* should require public health officials to hold particular qualifications.

### **Delegation, Portability and Authority:**

The *Public Health Act* should allow public health officials to delegate their powers to other duly qualified persons, and to perform their duties throughout the NWT and not in one particular region.

The *Public Health Act* requires the Minister or Chief Medical Health Officer to make most decisions. Other qualified public health officials could make many of these decisions.

### **Security and Emergencies:**

The *Public Health Act* should discuss the role of public health in emergency situations beyond disease outbreaks and epidemics.

### **Protection of Health Information:**

Solid parameters for confidentiality, reporting, and information release are required to recognize the balance between protecting the common good and maintaining individual rights.

### **Disease Reporting:**

The *Disease Registry Act* should be folded into the *Public Health Act* for a more seamless approach to disease surveillance and control activities.

### **Due Process:**

Safeguards need to be built into the *Public Health Act* to ensure that public health services are provided in a manner that is consistent with the legal system. This means balancing the protection of public rights with the ability to act expeditiously.

### **Penalties:**

The penalties for offences under the *Public Health Act* should be increased.

### **Camps:**

The sections that refer to the medical care of camp employees are covered in other NWT legislation and should not be repeated in the *Public Health Act*.

## **What will new public health legislation look like?**

It is proposed that new public health legislation will have a health protection scope and an outcome focus. A health protection scope means the legislation would focus on the more enforceable aspects of public health, namely health protection, disease surveillance, disease prevention. The remaining functions of health promotion and health status assessment can be covered by policy and do not require legislation. An outcome focus means the Act and its Regulations will focus less on public health practices and procedures, and more on achieving the end results.

## **Feedback:**

Comments about the proposed changes to the NWT *Public Health Act* are welcomed. For those wishing to provide more detailed feedback, a set of discussion questions is included in the full discussion paper.

### **Submit comments to:**

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You can also provide your feedback online at <http://www.hlthss.gov.nt.ca> by September 30, 2003.