Oct 24, 2018 - Board of Health Meeting

SSM Community Room A

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Oct 24, 2018 - Board of Health Meeting Book

Algoma Public Health Board of Health Meeting Table of Contents

ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
AGENDA
OCTOBER 24, 2018 @ 5:00 PM - SSM ROOM A

BOARD MEMBERS

Ian Frazier - Chair
Sergio Saccucci - 1st Vice Chair
Lee Mason - 2nd Vice Chair
Dr. Patricia Avery
Dr. Lucas Castellani
Deborah Graystone
Sue Jensen
Adrienne Kappes
Dr. Heather O'Brien
Ed Pearce
Karen Raybould
Dennis Thompson

APH EXECUTIVES / MEMBERS

Dr. Marlene Spruyt - MOH/CEO
Dr. Jennifer Loo - AMOH
Justin Pino - CFO /Director, Operations
Antoniette Tomie - Director, HR
Laurie Zeppa - Director, Health Promotion /Prevention
Tania Caputo - Board Secretary

1.0 Meeting Called to Order *Ian Frazier*

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda Items *Ian Frazier*

RESOLUTION	THAT the Agenda items dated October 24, 2018 be adopted as presented.

3.0 Adoption of Minutes of Previous Meeting *Ian Frazier*

a. September 26, 2018 Minutes

RESOLUTION	THAT the Board of Health minutes for the month of September 2018 be adopted as presented.

4.0 Delegations / Presentations *Deborah Antonello*

a. Health Equity / Poverty

5.0 Business Arising from Minutes *Ian Frazier*

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports *Marlene Spruyt*

i. MOH Report - October 2018

RESOLUTON	THAT the report of the Medical Officer of Health and CEO for the month of October 2018 be adopted as presented.

b. Finance and Audit Committee Report *Justin Pino*

i. Financial Statements for the period ending August 31, 2018

RESOLUTION	THAT the Financial statements for the period ending August 31, 2018 be approved as presented

ii. Finance and Audit Committee Report for October 2018 *Ian Frazier*

The October 10 meeting was cancelled due to lack of quorum. The items on the agenda will be moved to the next meeting.

7.0 New Business/General Business *Ian Frazier*

8.0 Correspondence *Ian Frazier*

a. Letter to the Minister of Children, Community and Social Services from Southwestern Public Health regarding Ontario Basic Income Pilot Project dated September 25, 2018.

b. Letter to the Minister of Justice from Southwestern Public Health regarding Repeal of Section 43 of the Criminal Code of Canada dated September 25, 2018.

c. Letter to the Minister of Health and Long-Term Care and Deputy Premier from KFL&A Public Health regarding why Ontario needs a chronic disease prevention strategy dated September 27, 2018.

d. Letter to the Prime Minister of Canada from KFL&A Public Health regarding Drug Policy Reform dated September 27, 2018.

9.0 Items for Information *Marlene Spruyt*

a. Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)

10.0 Addendum: *Ian Frazier*

11.0 In-Camera *Ian Frazier*

RESOLUTION	THAT the Board of Health go In-Camera

For discussion of labour relations and employee negotiations, matters about identifiable individuals, adoption of in-camera minutes, security of the property of the board, litigation or potential litigation. *Ian Frazier*

12.0 Open Meeting *Ian Frazier*

a. Resolutions resulting from in-camera meeting

13.0 Announcements / Next Committee Meetings: *Ian Frazier*

Governance Committee
November 7, 2018 @ 4:30 pm
Prince Meeting Room, 3rd Floor

Finance & Audit Committee
November 14, 2018 @ 4:30 pm
Prince Meeting Room, 3rd Floor

Board of Health Meeting:
November 28, 2018 @ 5:00 pm
Sault Ste. Marie, Room A

Ian Frazier

14.0 Evaluation

15.0 Adjournment *Ian Frazier*

RESOLUTION	THAT the Board of Health meeting adjourns

Ian Frazier, Chair	**Tania Caputo, Secretary**
Date	**Date**

ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
MINUTES
SEPTEMBER 26, 2018 @ 5:00 PM - SSM ROOM A

PRESENT :

BOARD MEMBERS
Ian Frazier - Chair
Sergio Saccucci - 1st Vice Chair
Dr. Patricia Avery
Deborah Graystone
Adrienne Kappes
Karen Raybould
Dennis Thompson

APH EXECUTIVES / MEMBERS
Dr. Marlene Spruyt - MOH/CEO
Dr. Jennifer Loo - AMOH
Justin Pino - CFO /Director, Operations
Antoniette Tomie - Director, HR
Laurie Zeppa - Director, Health Promotion / Prevention
Tania Caputo - Board Secretary

T/C : none

REGRETS : Lee Mason, Lucas Castellani, Sue Jensen, Heather O'Brien, Ed Pearce

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1.0 Meeting Called to Order

a. Declaration of Conflict of Interest

I. Frazier called the meeting to order at 5:00 pm
No conflict of interest was declared

2.0 Adoption of Agenda Items

2018-64

Moved: S. Saccuci

Seconded: P. Avery

THAT the Agenda items dated September 26, 2018 be adopted as presented.

CARRIED

3.0 Adoption of Minutes of Previous Meeting

a. June 27, 2018 Minutes

2018-65

Moved: K. Raybould

Seconded: D. Thompson

THAT the Board of Health minutes for the month of June 2018 be adopted as presented.

CARRIED

4.0 Delegations / Presentations

a. Health Promotion Framework

K. Harper, Manager of Community Wellness and Chief Nursing Officer presented the Health Promotion Framework for APH. Questions were asked regarding services for smoking cessation. APH triages tobacco cessation calls and provides information about the services that are available. APH may refer clients to other agencies and healthcare providers who offer the support and services. APH focuses tobacco cessation services for those that otherwise would not have access.
Clients who request tobacco cessation medications other than nicotine replacement therapy are referred to a healthcare provider who can prescribe the product.
Comment made about the rural workplace cessation project and the unique opportunity to bring sessions to the worksite.

5.0 Business Arising from Minutes

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - September 2018

M. Spruyt provided an overview of the September report featuring the School Health report and 2nd Quarter Health Indicators. Volunteers will be called on to determine the Public Health Champion Award in October. An update was provided on the keynote speaker and events taking place for the 50th Anniversary Celebration on November 28th. The Community Health Profile was discussed and the link to the full report is provided in the Board of Health package for September.

2018-66

Moved: P. Avery

Seconded: S. Saccucci

THAT the report of the Medical Officer of Health and CEO for the month of September 2018 be adopted as presented.

CARRIED

ii. Retention of Smoke-Free Ontario Act

2018-67

Moved: D. Graystone

Seconded: K. Raybould

Protection of Algoma youth from e-cigarette industry marketing through the retention of Smoke-Free Ontario Act, 2017 provisions that ban the display and promotion of vapour products (electronic or e-cigarettes)

WHEREAS the health and financial burden of disease caused by smoking in Ontario remains unacceptably high; and
WHEREAS Algoma's smoking rates are double that of Ontario; and
WHEREAS Algoma youth are less likely to remain abstinent from smoking; and
WHEREAS 17.4% of northern Ontario high school students used e-cigarettes in the past year despite the fact that it is illegal to sell or supply e-cigarettes to anyone under 19 years of age; and
WHEREAS when adolescents use e-cigarettes, they are at risk of multiple health harms, including nicotine addiction, impaired brain development, and a higher risk of ever smoking tobacco cigarettes; and

WHEREAS retailers with interior advertising and promotion of e-cigarettes are more likely to sell these products to youth; and
WHEREAS Canada's e-cigarette market may see a similar transformation as in the United States, where newer e-cigarette products containing higher levels of nicotine have achieved widespread popularity and market share among youth and young adults following intense, targeted marketing and promotion; and
WHEREAS as currently written, the Smoke-Free Ontario Act, 2017 includes provisions that ban the display and promotion of vapour products; and
WHEREAS the provincial government has paused the Smoke-Free Ontario Act, 2017 prior to its coming into force on July 1, 2018, in order to review provisions around vaping;

NOW THEREFORE BE IT RESOLVED that the Board of Health for Algoma Public Health write to the Honourable Christine Elliott, Ontario Minister of Health and Long-Term Care, and to local Members of Provincial Parliament, Mr. Ross Romano and Mr. Michael Mantha, to recommend that Sections 4(1) and 4(2) of the Smoke-Free Ontario Act are retained as currently written, such that they (a) prohibit the display of vapour products in a manner that would permit a customer to view or handle the product before purchasing it; and (b) prohibit the promotion of vapour products in any place they are sold or in any manner if the promotion is visible from outside a place they are sold or offered for sale.

AND FURTHER THAT copies be sent to the Chief Medical Officer of Health of Ontario, Dr. David Williams, to the Association of Local Public Health Agencies (alPHa), and to the Council of Medical Officers of Health (COMOH).

CARRIED

b. Finance and Audit Committee Report

i. Financial Statements for the period ending July 31, 2018

J.Pino presented the statements providing commentary on revenue and expenses.
Commentary was provided on initiatives to reduce the surplus noted. A question was posed to consider showing the monthly paydown of the long term debt on the balance sheet. J.Pino will provide an update in regards to this question at a later Finance and Audit Committee meeting.

2018-68

Moved: A. Kappes

Seconded: D. Thompson

THAT the Financial statements for the period ending July 31, 2018 be approved as presented

ii. **Supply of Security Guard Services**

J.Pino spoke to the Board members on the RFP P2018-08-01 for the Supply of Security Guard Services. A successful proponent has been selected. He highlighted the term of the new contract and potential savings.

2018-69

Moved: D. Graystone

Seconded: K. Raybould

Whereas: Algoma Public Health issued Request for Proposal (P2018-08-01) for the Supply of Security Services for its main office of 294 Willow Avenue, Sault Ste. Marie, and
Whereas: Section 7(C) Contract/Leases of Algoma Public Health's Procurement Policy (02-04-030) states the Board must approve contracts where the contract/lease is for multiple years and exceeds $55,000 per year

Therefore: Be it resolved that the Board of Health for the District of Algoma award the five-year contract (with and APH option to extend for a two year period) to "North East Regional Security Services Inc." being the highest scoring of the qualifying proposals

CARRIED

iii. **Infant Development annual reconciliation**

2018-70

Moved: S. Saccucci

Seconded: A. Kappes

THAT the Board of Health receives and approves the Transfer Payment Annual Reconciliation for the Infant Development program as presented.

CARRIED

c. Governance Committee Report

i. September 2018 Governance Report

The September meeting was cancelled due to lack of quorum. The items on the agenda will be moved to the next meeting.

ii. Retirement Benefits for Employees Policy 02-05-050

The policy content was outdated and no longer relevant to the Board of Health.

2018-71

Moved: D. Graystone

Seconded: K. Raybould

THAT the Retirement Benefits for Employees Policy 02-05-050 be archived as proposed

CARRIED

7.0 New Business/General Business

None

8.0 Correspondence

Discussions took place regarding the Basic Income Pilot correspondence, Canabis and Smoke Free Act developments.

a. Consultation Opportunity: National Pharmacare (previously circulated)

b. Letter to the Minister of Health and the Minister of Justice and Attorney General of Canada from Simcoe Muskoka District Health Unit regarding A Public Health Approach to Drug Policy Reform dated July 10, 2018

c. Letter to the Premier from Middlesex-London Health Unit regarding Cannabis Sales Taxation Endorsement dated August 30, 2018

d. Letter to the Premier from Huron County Health Unit regarding Ontario Basic Income Pilot dated September 6, 2018

e. Letter to the Minister of Children, Community and Social Services from Haliburton, Kawartha, Pine Ridge Distrct Health Unit regarding Ontario Basic Income Pilot Project dated August 17, 2018

f. Letter to the Premier, the Minister of Children, Community and Social Services and the Minister of Health and Long Term Care from Sudbury District Health Unit regarding Ontario Basic Income Pilot Project dated August 3, 2018

g. Letter to the Premier, the Minister of Children, Community and Social Services and the Minister of Health and Long Term Care from Timiskaming Health Unit regarding Ontario Basic Income Pilot Project dated August 8, 2018

h. Letter to the Minister of Children, Community and Social Services from Simcoe Muskoka Health Unit regarding Ontario Basic Income Pilot Project dated August 1, 2018

i. Letter to the Minister of Children, Community and Social Services from Peterborough Health Unit regarding Ontario Basic Income Pilot Project dated August 3, 2018

j. Letter to the Premier from Grey Bruce Health Unit regarding Smoke Free Ontario Act dated July 27, 2018

k. Letter to the Premier from Sudbury District Health Unit regarding Smoke Free Ontario Act dated July 3, 2018

l. Letter to the Premier from Chatham-Kent Health Unit regarding Smoke Free Ontario Act dated July 23, 2018

m. Letter to the Minister of Health from Middlesex-London Health Unit regarding Smoke Free Ontario Act dated July 20, 2018

9.0 Items for Information

10.0 Addendum:

L. Zeppa and A.Tomie excused themselves prior to In-Camera session

11.0 In-Camera 6:05 pm

2018-72	**Moved:** P. Avery **Seconded:** S. Sacucci THAT the Board of Health go In-Camera **CARRIED**

Agenda Items:

a. Adoption of in-camera minutes dated April 25, 2018, May 23, 2018, and June 27, 2018

b. Litigation or potential litigation

c. Security of the property of the board

12.0 Open Meeting

The Board of Health returned to open meeting with report

a. Resolutions resulting from in-camera meeting:

i. 2018 Risk Management Model

2018-73	**Moved:** D. Graystone **Seconded:** A. Kappes THAT the Board of Health accepts and approves the 2018 Algoma Public Health Risk Management Model as presented **CARRIED**

13.0 Announcements / Next Committee Meetings:

Finance & Audit Committee

October 10, 2018 @ 4:30 pm

Prince Meeting Room, 3rd Floor

Next Board of Health Meeting:

October 24, 2018 @ 5:00 pm

Sault Ste. Marie, Room A

14.0 Evaluation

I.Frazier reminded Board members to complete the meeting evaluation

15.0 Adjournment

2018-74	**Moved:** D. Thompson **Seconded:** P. Avery THAT the Board of Health meeting adjourns **CARRIED**

Ian Frazier, Chair	**Tania Caputo, Secretary**
Date	**Date**

Health Equity and Public Health Action

EQUALITY is treating everyone the same but...

EQUITY is everyone getting what they need to succeed!

Presenter: Deborah Antonello
Public Health Nurse

Presentation Overview

- Health Equity
- Social Determinants of Health and Public Health Action
- Poverty and Health in Algoma
- Bridges Out of Poverty

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Health Equity Foundational Standard

Goal

"Public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances."

Health Equity means all people (individuals, groups and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions

National Collaborating Centre for Determinants of Health. (2014). Glossary of essential health equity terms. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University

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Health Inequities are the health differences in population groups that are *unfair* and *avoidable*

Type-2 diabetes has been found to be four times higher among Canada's lowest income group than its highest income group.

Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy.

Let's Talk Health Equity, NCCDH, 2013.
What Makes Canadians Healthy or Unhealthy? (PHAC)

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Inequity is About Disadvantage

Graphic: Module One, Health Equity Impact Assessment Course, National Collaborating Centre for the Determinants of Health

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Social Determinants of Health

Income and Social Status

People with higher income and social status have more control over life's circumstances, as well as more financial and social resources to cope with stress.

Biology and Genetic Endowment

Genetic makeup predisposes some people to certain diseases and health problems; however, early diagnosis and treatment can lessen their impacts.

Health Services

Timely access to health care can restore health, prevent disease, and promote wellness. However, many people cannot afford services such as dental care, prescription drugs, and mental health counselling.

Education and Literacy

Health improves with level of education by providing knowledge and skills to solve problems, obtain employment, and to understand information to stay healthy.

Gender

Society assigns specific roles, personality traits, and attitudes to men and women, including gender-based health issues (eg. women are more likely to suffer from depression than men).

Physical Environment

Our physical and emotional well-being is significantly affected by the safety of our air, water, and soil, as well as the design of our communities and transportation systems.

Employment and Working Conditions

Paid work provides income, as well as a sense of identity and purpose, social contacts and opportunities for personal growth.

Social Support

Care and support from family, friends and communities fosters a sense of well-being and the ability to cope more effectively with life's challenges.

Personal Health and Coping Practices

People who are able to cope with life's challenges are more likely to adopt and sustain healthy lifestyles and behaviours.

Social Environment

Communities that promote strong social networking opportunities, such as volunteerism and community involvement, create social stability, acceptance of diversity, and other benefits that reduce risks to health (eg. crime and family violence).

Culture

Some persons or groups face additional health risks due to marginalization, stigmatization, loss or devaluation of culture and language, and lack of access to culturally appropriate health care and services.

Healthy Child Development

A child's development, particularly from conception to age six, is greatly affected by family income, poverty, parental education, access to nutritious food and physical recreation, genetic makeup, and access to medical and dental care.

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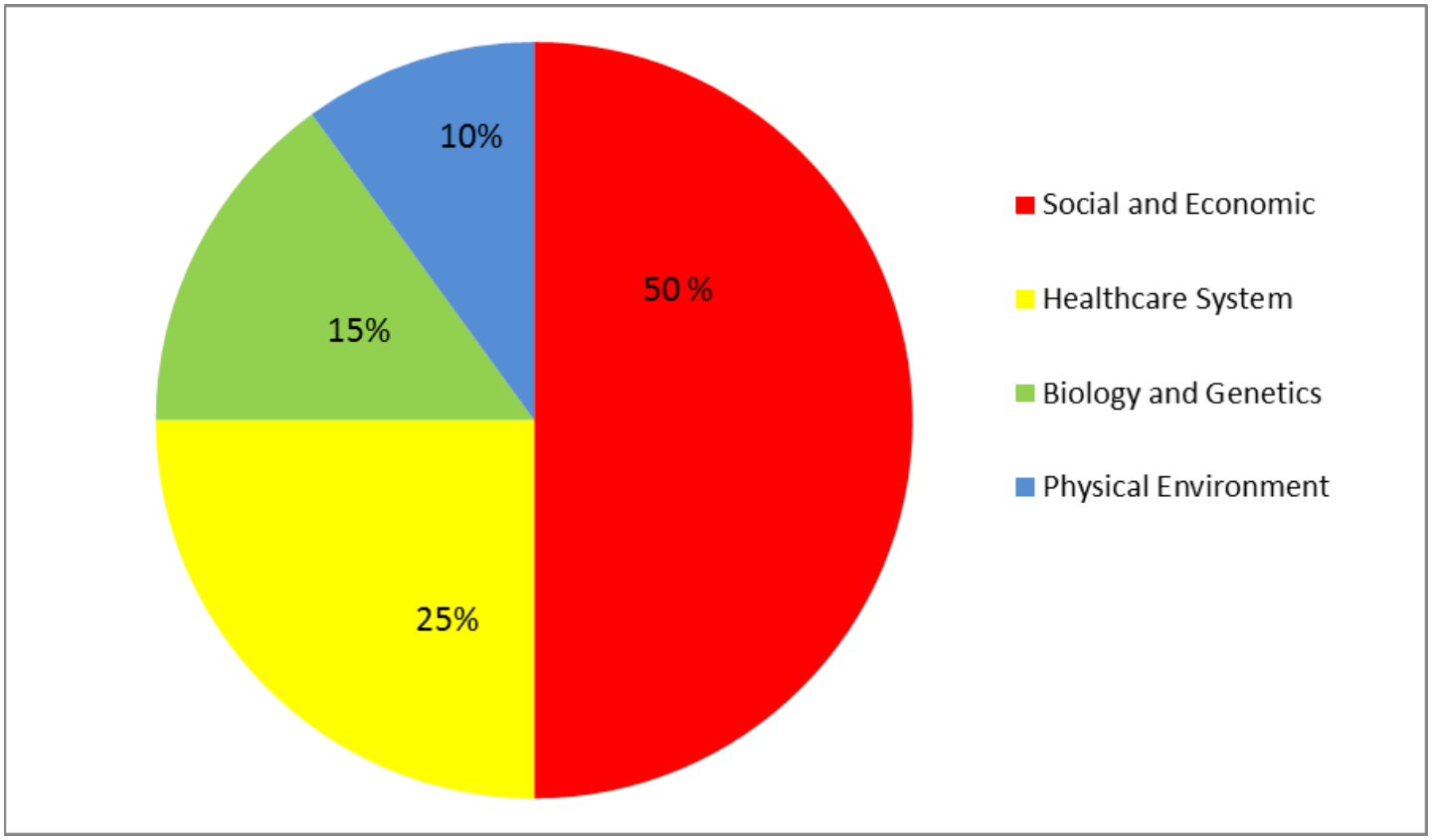
50% of Health Outcomes are Related to Social and Economic Conditions



https://www.cma.ca/En/Pages/health-equity.aspx

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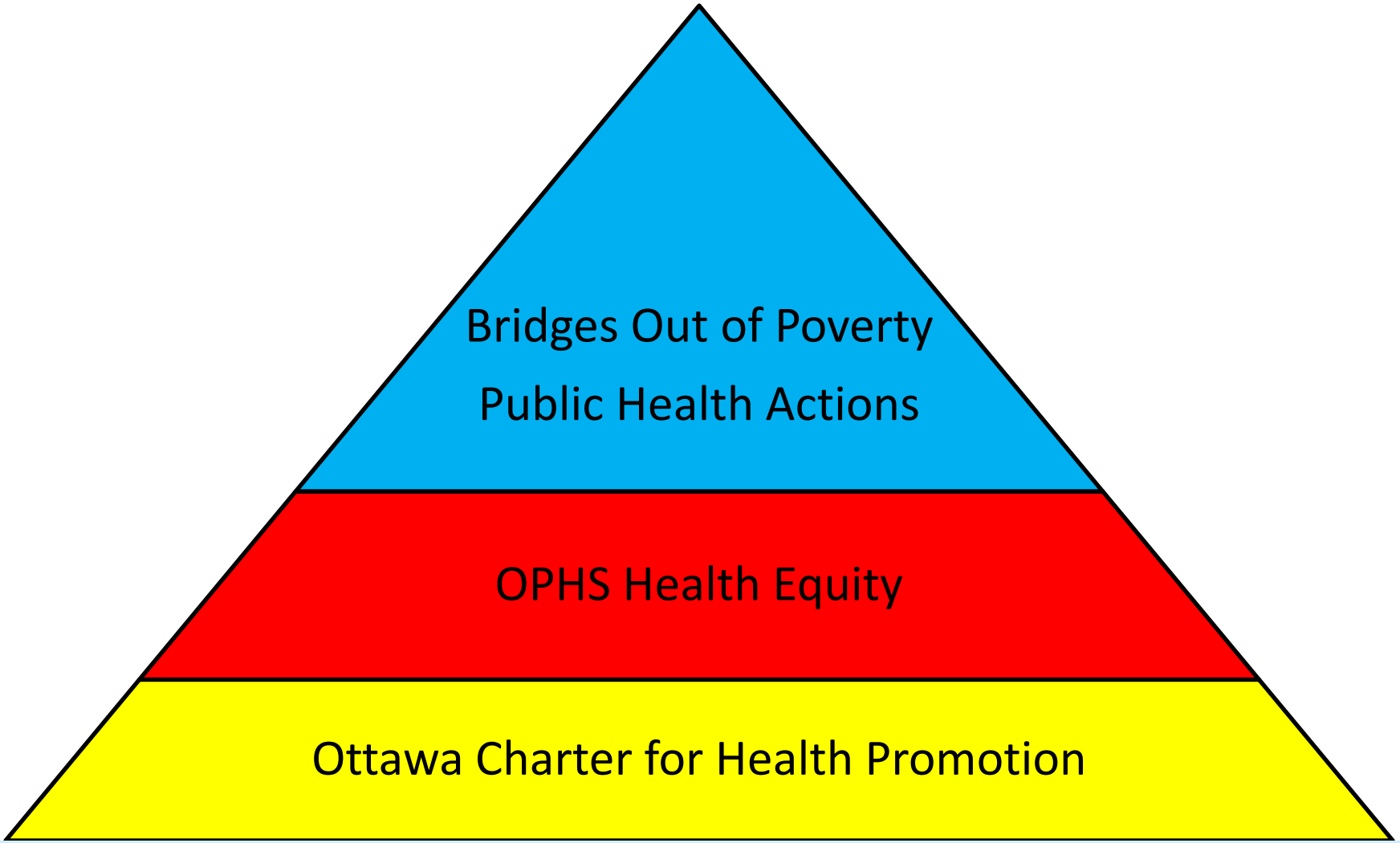
Public Health and Advancing Health Equity



Public Health Actions

Assess and Report Health Equity Status in Algoma:

- Agency development of Community Health Profile

Modify and Orient Assisting to increase staff knowledge and skills in cultural competency:

- Developing Inventory of cultural competency and related Indigenous learning modules
- Recent development of Indigenous land acknowledgement
- Bridges Out of Poverty Staff wide training

Engage and Collaborate Local Community Engagement:

- Co-chairing the SSM Poverty Network,
- Co-chairing North Channel Poverty Network
- and partner in the Neighbourhood Resource Centre

Health Public Policies Participate in provincial networks to support policy work:

- Association of Local Public Health Agencies- Ontario Public Health Association's Health Equity Work Group
- Social Determinants of Health Public Health Nurses provincial Community of Practice
- APH passed resolution that endorsed the concept of a basic income guarantee in 2016

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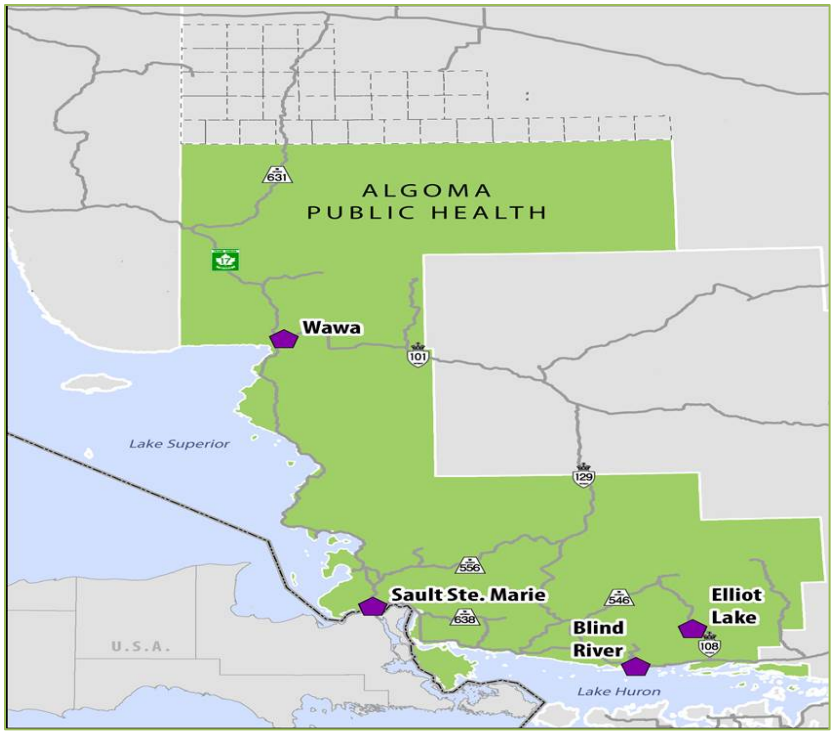
Poverty in Algoma



- 16.1% of Algoma residents live in low income circumstances–that's approximately 18,500 people (13.7 % in Ontario)[1]
- Of these, 25% are children under age 6 and 22% are youth under age 18[1]
- Lone parent families make up 17.6 % of Algoma households[1]
- Over 20% of households spend over a third of their total income on shelter[1]
- 18.6 % of Algoma adults have a university degree (31.9% in Ontario)[1]
- Algoma residents in the lowest socioeconomic status quintile experience premature death twice as much as those in the highest quintile.[2]

1.Census Profile. 2016 Census
2. Buajitti E, Chiodo S, Watson T, Kornas K, Bornbaum C, Henry D, Rosella LC. Ontario atlas of adult mortality, 1992-2015, Version 2.0: Trends in Public Health Units. Toronto, ON: Population Health Analytics Lab; 2018.

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Poverty and Health

- Poverty is the single largest determinant of health
- Income determines the quality of other social determinants of health
- People who have fewer resources are less healthy than those with more money or social status

Braveman & Gottlieb 2014
The social determinants of health: it's time to consider the causes of the causes.

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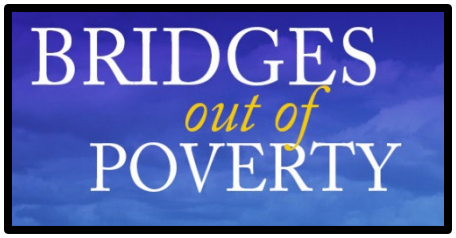
What is Bridges Out of Poverty?

Bridges is a framework that uses the lens of economic class to address poverty.

Through awareness sessions, community partners, service providers and professionals learn about:

- The social and economic impact that poverty has on individuals and communities
- The realities experienced by individuals living in generational poverty
- The barriers individuals face when attempting to move themselves out of poverty



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Bridges Key Concepts

- Uses the lens of economic class to understand our own societal experiences so we can be open to others
- Defines poverty as being under-resourced
- Addresses inequities in access to resources
- Uses mental models and hidden rules as foundational constructs
- Is applicable at individual, institutional and community levels

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Bridges Work to Date

- Have provided 2 community awareness sessions in Algoma in conjunction with Wellington-Dufferin-Guelph Public Health
- Partnered with District of Sault Ste. Marie Social Services Administration Board (DSSMSSAB) for joint staff in servicing
- Survey summaries have been completed and staff reported:
  - **76.5%** increase in understanding of the situation of individuals living in poverty
  - **72.7%** increase in confidence in effectively working with individuals living in poverty
  - In relation to organizational/community next steps were the reoccurring themes of **improving personal practice, decreasing access barriers and continuous education and training**
- We are currently working on follow up evaluations for participants (for both staff and community sessions)
- 3 APH and 2 DSSMSAB staff were recently trained as Bridges facilitators

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Moving Forward

- Currently developing Bridges awareness sessions for the community with plans to pilot in 2018
- Plans to present information and awareness sessions across the district 2018-2019
- Planning to develop a Bridges promotion campaign to encourage community participation
- Hoping to engage additional community stakeholders in the Bridges work

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Questions

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October 2018

Medical Officer of Health / CEO

Community Movie Event in Blind River

Community Learn to Curl Event in Sault Ste. Marie

Prepared by:
Dr. Marlene Spruyt and the Leadership Team

Presented to:
Algoma Public Health Board of Health
10/24/2018

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APH AT-A-GLANCE

The fall season is usually the busiest for most public health programs. Schools are busy places and as the fall semester gets underway teachers turn to APH for support/resources with respect to health related programming. School immunization clinics for the grade 7 immunization programs and dental screening for multiple grades is occurring across the district. We have not yet implemented the new Vision Screening protocol and are using 2018 to assess the resources needed and plan to begin implementation in 2019.

As you will see in the attached program highlight section our influenza immunization activities begin gearing up now with our official launch being October 23; although distribution to healthcare providers begins as soon as we receive vaccine.

Our management group is in the process of finalizing program plans for 2019 and our Finance team is placing the finishing touches on our annual budget.

Last month many Board members expressed concerns about impending cannabis legalization and I will continue to share with you information that may be useful in supporting your respective communities and municipalities.

APH is taking a harm reduction approach focused on minimizing exposure, access and use by children and youth. Pregnant women should avoid use completely. There is currently no scientific information on any safe use threshold for the developing fetus. Smoking cannabis exposes the user to toxic components of combustion and vaporized or edible product will reduce some of this exposure. Users should buy product from legal retail outlets where potency and purity can be confirmed. New users who wish to try it should proceed slowly and with low potency products. No one should drive for at least 6 hours after use of cannabis. These messages are being distributed via website, direct media and social media.

We previously shared with you the alPHa submission to the government standing committee. We will be enforcing the Smoke Free Ontario Act (SFOA) in its newest version which limits places of use for cannabis to those areas where tobacco can be smoked. Any infractions with respect to impairment or possession will fall within the responsibility of law enforcement. Currently in Ontario cannabis is only available legally via the online retail outlet with walk-in retail outlets expected to be active in the spring.

PROGRAM HIGHLIGHTS

Topic: Community Immunization / Influenza

From: Jon Bouma, Manager, Infectious Diseases

Public Health Goals:

- To reduce or eliminate the burden of vaccine preventable diseases through immunization.
- To reduce the burden of communicable diseases and other infectious diseases of public health significance.

Immunization

- Conduct **epidemiological analysis of surveillance data** for vaccine preventable diseases, vaccine coverage, and adverse events following immunization.
- Work with community partners to **improve public knowledge and confidence in immunization** programs and services.
- **Promote and provide provincially funded immunization programs and services**.

Infectious and Communicable Diseases Prevention and Control

- Conduct **population health assessment and surveillance** regarding infectious and communicable diseases and their determinants.
- Provide **public education** to increase awareness related to infection prevention and control measures, including respiratory etiquette, and hand hygiene.
- Provide **public health management of cases, contacts, and outbreaks** to minimize the public health risk.

Key Messages

- Influenza is a serious yet preventable disease; influenza was responsible for the majority of institutional respiratory outbreaks in Algoma in 2017-2018.
- Immunization is the most effective prevention strategy against influenza. In addition to supporting Ontario's Universal Influenza Immunization Program, Algoma Public Health tackles the local burden of influenza through the core functions of surveillance, population health assessment, health protection, disease prevention, health promotion, and emergency preparedness and response.
- Although there are now more options for people to get immunized in the community, the promotion of influenza immunization is still needed, both in institutional and community settings.
- In the 2018-2019 influenza season, Algoma Public Health will hold both routine immunization clinics, as well as outreach clinics for priority populations.

Background: the ongoing public health challenge of influenza

The influenza virus and how it spreads

Influenza is an infectious disease caused by the influenza virus, which is spread through droplets from sneezing or coughing[1]. The most common symptoms are a runny nose, sore throat, fever, muscle pain, headache, cough and fatigue[1]. The disease generally lasts from 2-10 days and can be severe in people who have pre-existing health conditions[1]. The number of influenza cases follows a seasonal pattern; in Canada, influenza activity rises in the fall months and peaks during winter, although the peak may occur as early as fall or as late as spring[2].

Protection through immunization: the influenza vaccine and the Ontario Universal Influenza Immunization Program (UIIP)

Controlling the spread of influenza is challenging because people can have the virus and transmit it to others before they show symptoms of being ill. Prevention is key through effective immunization combined with strong infection control practices like hand hygiene.

The most effective way to prevent influenza and its complications is by immunization[2]. However, **vaccine efficacy** (how much protection the vaccine provides) varies from year to year, ranging from as low as 10-20% to as high as 64%[2]. Furthermore, the vaccine is not always well-matched to the season's circulating virus strains.

Since 2000, all Ontario residents aged 6 months and older have been eligible to receive publicly-funded influenza immunization through the Universal Influenza Immunization Program (UIIP). Research has shown that the UIIP is associated with reductions in influenza-related deaths and health care use[3]. Unfortunately, **vaccine coverage** for influenza (the proportion of people who choose to get immunized) remains low; in Ontario, less than 30% of people get immunized for influenza[2].

Population health snapshot: the local burden of influenza

Influenza and pneumonia are ranked among the top 10 leading causes of death in Canada[2]. Each year in Canada, there are approximately 12,200 hospitalizations and 3,500 deaths that are attributable to influenza[2]. Of note, these numbers underestimate the disease burden because many people who become ill do not seek medical care or undergo viral diagnostic testing[2].

In Algoma, seasonal influenza causes a significant disease burden from November to April. For example, in the first quarter of 2018, Algoma experienced 50.1 influenza-related hospitalizations per 100,000 people, which was higher than the Ontario rate[4]. Influenza was also responsible for 14 out of the 17 respiratory outbreaks that occurred in institutions such as long-term care facilities and hospitals[4].

APH flu interventions: core public health functions at work

Each year, APH engages in multiple activities aligned to the six core functions of public health[5], to tackle the burden of influenza in Algoma:

Surveillance

- APH conducts ongoing surveillance to detect outbreaks of influenza within Algoma communities. APH also contributes to provincial surveillance by relaying outbreak information to Public Health Ontario on a weekly basis during the influenza season.

Population health assessment

- APH measures and describes the ongoing burden of illness due to influenza and communicates this through health reports such as the Community Health Profile6.

Health protection

- APH manages influenza outbreaks through the follow-up of cases and contacts and the provision of infection prevention and control (IPAC) consultation to community institutions.

Disease and injury prevention

- APH supports Ontario's Universal Influenza Immunization Program (UIIP) through consultation with community partners, management and distribution of vaccine inventory, inspection of fridges and cold chain parameters for community vaccine storage, and vaccine administration at APH immunization clinics.

Health promotion

- APH communications to the public aim to inform and enable individuals to get immunized. APH also strengthens community action against influenza by educating health partners on infection control and advocating to health care providers for the promotion of influenza immunization in their practices.

Emergency preparedness and response

- APH is poised to respond to any large scale disease outbreak in the community, through 24/7 availability to receive case reports, and emergency response planning. Work is currently underway to create a plan for mass immunization in the context of emergency preparedness.

Evaluation and next steps: public health readiness for the 2018-2019 influenza season

Ongoing efforts still needed to promote influenza immunization

APH recently reviewed local influenza burden and the breadth of public health activities from previous years in order to inform program planning for the 2018-2019 influenza season. Algoma's influenza vaccine coverage for the previous three seasons has been 28-30%, which is comparable to coverage in Ontario overall. APH will continue health promotion activities in both the community setting and in institutional settings to encourage more people to get immunized.

More options to get immunized in the community

Consistent with the pattern across Ontario (Table 1), the direct administration of vaccines continues to shift away from APH to community partners, particularly pharmacies[7-8]. During the 2017-2018 influenza season, about 13.1% of Algoma residents were immunized by health care providers, 11.7% were immunized by pharmacists, and 3.4% were immunized by APH public health nurses[7]. This reorientation of health services is positive for clients, who can access immunization from more providers with more flexible hours. Increased influenza immunization options in the community also allow APH to focus resources on key services that can only be delivered by public health (e.g. outbreak management).

Table 1. Proportion of vaccines administered in Ontario, by type of service provider, 2012/13, 2017/18[8].

	2012/13 (%)	2017/18 (%)
Public health unit	9.8	2.2
Physician	73.1	53.8
Pharmacist	8.8	42.6

APH outreach immunization clinics for priority populations

In the 2018-2019 season, APH will continue addressing the local burden of influenza through activities across the core functions of public health. Of note, in addition to routine influenza immunization clinics at the health unit offices, APH will also host several offsite outreach clinics. Outreach clinics will offer influenza immunization to priority populations who may otherwise face barriers in accessing health services.

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Topic: Rabies prevention and control

From: Chris Spooney, Manager of Environmental Health

Public Health Goal: To reduce the burden of communicable diseases and other infectious diseases of public health significance.

Infectious and Communicable Diseases Prevention and Control Program Standard

- "Conduct population **health assessment and surveillance** regarding infectious and communicable diseases and their determinants.
- **Receive and respond to all reported cases** of potential rabies exposures received from the public, community partners, and health care providers.
- Address the **prevention and control of rabies threats** as per a local Rabies Contingency Plan and in consultation with other relevant agencies and orders of government."

Key Messages

- Public Health Inspectors (PHIs) follow up with all reports of animal exposures to assess the risk of human rabies and take preventive action as necessary.
- PHIs use a health promotion and education approach with the public to communicate regulatory updates and reporting requirements.
- Algoma Public Health (APH) continues to work with partners to ensure that details and requirements of animal bite reporting are shared widely and understood by all.

Background on animal bites and rabies

Rabies is a viral infection that causes inflammation of the brain and spinal cord. It is most commonly transmitted to humans via saliva from the bite of an infected mammal. Rabies is almost always fatal once an individual begins exhibiting symptoms[1]. However, following exposure to a potentially infected animal, public health officials can recommend **post-exposure prophylaxis** (**PEP**), where a person receives a series of injections of rabies immune globulin and rabies vaccine, which can reduce their risk of developing rabies[1]. In Ontario and Canada, human rabies cases are now very rare. Rabid animals most frequently detected in Canada include bats, skunks, foxes and raccoons.[1]

APH investigates animal bite exposures within the region to determine whether individuals may be at risk of developing rabies. APH works with community partners to make risk assessments and recommend preventive actions during each investigation, as per the *Rabies Prevention and Control Protocol, 2018* and the *Management of Potential Rabies Exposures Guideline, 2018.*

Animal bite investigations and risk of rabies in Algoma

PHIs investigate all animal bite exposures in Algoma. Most investigations in Algoma are related to dog and cat bites, as illustrated in Table 1.

Table 1- Algoma animal bite investigations, 2016-2017

	2016 (# of investigations)	2017 (# of investigations)
Dog	177	179
Cat	51	30
Raccoon	2	4
Bat	1	1
Rabbit	1	1
Horse	1	1
Cow	2	0
Chipmunk	0	1
Squirrel	1	0
Weasel	1	0
Bear	2	0
Unknown	2	2
Total # of investigations	**241**	**219**

There have been **zero cases of rabies in humans in the Algoma region**. Of note, there have been two positive bat cases in the Sault Ste. Marie, Ontario area in 2018. Two positive bat cases were also confirmed in the Sault Ste. Marie, Michigan area in 2018. In Ontario, confirmed cases of animal rabies typically originate from bat, raccoon, and fox strains of rabies[2].

Public health action for rabies: risk assessment, risk communication, and post-exposure prophylaxis (PEP)

Rabies prevention and response in Ontario is a joint effort involving members of the public, health care providers, public health, veterinarians, the Ministry of Health and Long-Term Care (MOHLTC), the Ministry of Agriculture, Food and Rural Affairs (MAFRA), and the Ministry of Natural Resources and Forestry (MNRF).

Due to the severity of rabies disease in humans, local public health units in Ontario are responsible for investigating all reports of animal bites[3, 4]. Potential rabies exposures can be reported to the health unit 24/7[4].

When APH is notified of an animal bite, PHIs gather information and then conduct a risk assessment on all individuals with potential rabies exposure to determine the recommended preventive actions. The risk assessment examines multiple factors, such as the type of exposure (e.g. bite, non-bite), the anatomical location of the exposure, risk of rabies in the animal species involved, and whether the individual who was bitten was previously immunized against rabies. The risk assessment may also include observation or testing of the animal, if feasible.

If warranted by the risk assessment, PHIs will recommend to the attending health care provider that the client receive PEP, and will arrange for the release and delivery of this publicly-funded treatment; PEP is typically administered at several client visits over the course of two weeks. In situations where the risk of rabies is negligible, PHIs support health providers in risk communication to the client, and PEP is not administered.

Next steps: strengthening public adherence to rabies reporting and animal immunization requirements through education and communication

Recent changes to the *Health Protection and Promotion Act* (*Regulation 567- Rabies Immunization*) have introduced new mandatory rabies vaccination standards that require every owner or person having the care or custody of a cat, dog or ferret three months of age or over, to immunize their animal(s) against rabies[3].

PHIs check the rabies vaccination status of any animal involved in a human exposure incident, as well as other animals residing with the animal involved in the incident. Animals identified as not up to date on their rabies vaccination status are vaccinated for rabies after the observation period is complete. In addition to confirming vaccination status, PHIs communicate regulatory changes with the public as part of a health promotion and education approach to the prevention of rabies. In Ontario, the current set fine for failure to immunize a pet is $180[5]. In time, these new rabies immunization requirements may help reduce the number of un-vaccinated animal exposures in the region.

As APH continues to strengthen communications with public health partners, work is underway to develop communication supports for health care providers on the details and requirements of animal bite reporting to public health. Animal bites that are not reported to APH may represent potential exposures to rabies, and importantly, missed opportunities for risk assessment and preventive public health action. APH will continue to review annual volumes of animal bite investigations to identify ongoing opportunities for additional health promotion activity.

Respectfully submitted,

Dr. Marlene Spruyt

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Algoma Public Health
(Unaudited) Financial Statements August 31, 2018

Algoma Public Health
Statement of Operations
August 2018
(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Act. to Bgt. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ YTD Budget 2018
Public Health Programs						
Revenue						
Municipal Levy - Public Health	$ 2,626,635	$ 2,626,634	$ 1	$ 3,502,179	0%	100%
Provincial Grants - Cost Shared Funding	5,015,470	5,015,471	(1)	7,523,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	1,997,540	1,997,970	(430)	2,996,950	0%	100%
Fees, other grants and recovery of expenditures	374,771	451,293	(76,522)	699,214	-17%	83%
Total Public Health Revenue	$ 10,014,416	$ 10,091,368	$ (76,952)	$ 14,721,543	-1%	99%
Expenditures						
Public Health Cost Shared	$ 7,493,467	$ 7,780,376	$ 286,910	$ 11,724,592	-4%	96%
Public Health 100% Prov. Funded Programs	1,769,996	2,006,191	236,195	2,996,951	-12%	88%
Total Public Health Programs Expenditures	$ 9,263,463	$ 9,786,568	$ 523,105	$ 14,721,543	-5%	95%
Excess of Rev. over Exp. Cost Shared Funding	$ 523,409	$ 313,022	$ 210,387	$ 2		
Excess of Rev. over Exp. 100% Prov. Funded	227,544	(8,221)	235,765	(2)		
Total Rev. over Exp. Public Health	$ 750,953	$ 304,801	$ 446,152	$ 0		
Healthy Babies Healthy Children						
Provincial Grants and Recoveries	$ 714,986	714,982	(4)	1,070,986	0%	100%
Expenditures	680,902	715,850	(34,948)	1,070,986	-5%	95%
Excess of Rev. over Exp.	34,084	(868)	34,951	(0)		
Public Health Programs - Fiscal 18/19						
Provincial Grants and Recoveries	$ 94,880	94,880	(1)	227,700		
Expenditures	111,075	99,500	11,575	227,700		
Excess of Rev. over Fiscal Funded	(16,195)	(4,621)	(11,574)	-		
Community Health Programs						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	$ -	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	240,125	221,667	18,458	332,500	8%	108%
Total Community Health Revenue	$ 240,125	$ 221,667	$ 18,458	$ 332,500	8%	108%
Expenditures						
Child Benefits Ontario Works	12,251	16,333	4,082	24,500	-25%	75%
Algoma CADAP programs	184,158	205,333	21,175	308,000	-10%	90%
One-Time Funding programs	0	0	-	-	#DIV/0!	#DIV/0!
Total Calendar Community Health Programs	$ 196,409	$ 221,667	$ 25,258	$ 332,500	-11%	89%
Total Rev. over Exp. Calendar Community Health	$ 43,716	$ (0)	$ 43,716	$ 0		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	$ 2,379,399	$ 2,363,925	$ 15,474	$ 5,719,160	1%	101%
Municipal, Federal, and Other Funding	322,771	342,272	(19,501)	724,253	-6%	94%
Other Bill for Service Programs	15,559		15,559			
Total Community Health Revenue	$ 2,717,729	$ 2,706,197	$ 11,533	$ 6,443,413	0%	100%
Expenditures						
Brighter Futures for Children	30,837	47,686	16,849	114,447	-35%	65%
Infant Development	251,473	267,410	15,937	643,783	-6%	94%
Preschool Speech and Languages	270,141	255,523	(14,618)	614,256	6%	106%
Nurse Practitioner	61,123	59,772	(1,351)	145,452	2%	102%
Genetics Counseling	196,023	153,252	(42,771)	367,806	28%	128%
Community Mental Health	1,454,192	1,478,422	24,230	3,590,462	-2%	98%
Community Alcohol and Drug Assessment	274,940	302,843	27,902	737,406	-9%	91%
Healthy Kids Community Challenge	76,811	93,750	16,939	112,500	-18%	82%
Stay on Your Feet	34,964	41,667	6,702	100,000	-16%	84%
Bill for Service Programs	14,620	-	(14,620)	-		
Misc Fiscal	-	-	-	-		
Total Fiscal Community Health Programs	$ 2,665,124	$ 2,700,324	$ 35,200	$ 6,426,112	-1%	99%
Total Rev. over Exp. Fiscal Community Health	$ 52,605	$ 5,872	$ 46,732	$ 17,301		

Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months

and variances of 10% and $10,000 occurring in the final 6 months

Algoma Public Health
Revenue Statement
For the Eight Months Ending August 31, 2018
(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Bgt. to Act. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ Annual Budget 2018	Comparison Prior Year: YTD Actual 2017	YTD BGT 2017	Variance 2017
Levies Sault Ste Marie	1,819,323	1,819,323	0	2,425,762	0%	75%	1,817,229	1,817,229	0
Levies Vector Bourne Disease and Safe Water	44,574	44,574	0	59,433	0%	75%	44,575	44,575	(0)
Levies District	762,738	762,738	0	1,016,984	0%	75%	753,722	751,786	1,936
Total Levies	**2,626,635**	**2,626,635**	**0**	**3,502,179**	**0%**	**75%**	**2,615,526**	**2,613,590**	**1,936**
MOH Public Health Funding	4,896,605	4,896,605	0	7,344,900	0%	67%	4,753,934	4,753,933	1
MOH Funding Vector Borne Disease	72,465	72,465	0	108,700	0%	67%	72,465	72,467	(2)
MOH Funding Safe Water	46,400	46,400	0	69,600	0%	67%	46,400	46,400	0
Total Public Health Cost Shared Funding	**5,015,470**	**5,015,470**	**0**	**7,523,200**	**0%**	**67%**	**4,872,799**	**4,872,800**	**(1)**
MOH Funding Needle Exchange	43,135	43,133	2	64,700	0%	67%	33,805	33,800	5
MOH Funding Haines Food Safety	16,400	16,400	0	24,600	0%	67%	16,400	16,400	0
MOH Funding Healthy Smiles	513,265	513,267	(2)	769,900	0%	67%	513,266	513,267	(1)
MOH Funding - Social Determinants of Health	120,335	120,335	0	180,500	0%	67%	120,335	120,333	2
MOH Funding - MOH / AMOH Top Up	83,870	84,301	(431)	126,450	-1%	66%	0	0	0
MOH Funding Chief Nursing Officer	81,005	81,000	5	121,500	0%	67%	81,005	81,000	5
MOH Enhanced Funding Safe Water	10,335	10,333	2	15,500	0%	67%	10,335	10,335	0
MOH Funding Unorganized	353,600	353,600	0	530,400	0%	67%	343,405	343,400	5
MOH Funding Infection Control	208,270	208,267	3	312,400	0%	67%	208,270	208,267	3
MOH Funding Diabetes	100,000	100,000	0	150,000	0%	67%	100,000	100,000	0
MOH Funding Northern Ontario Fruits & Veg.	78,254	78,267	(13)	117,400	0%	67%	78,270	78,270	0
Funding Ontario Tobacco Strategy	289,070	289,067	3	433,600	0%	67%	289,070	289,061	9
MOH Funding Harm Reduction	100,000	100,000	0	150,000	0%	67%	0	0	0
One Time Funding	0	0	0	0		0%	0	0	0
Total Public Health 100% Prov. Funded	**1,997,539**	**1,997,970**	**(431)**	**2,996,950**	**0%**	**67%**	**1,794,161**	**1,794,133**	**28**
Recoveries from Programs	37,278	24,117	13,161	27,450	55%	136%	6,660	6,707	(47)
Program Fees	143,234	158,509	(15,275)	237,764	-10%	60%	159,734	166,496	(6,761)
Land Control Fees	101,835	106,667	(4,832)	160,000	-5%	64%	95,485	106,667	(11,182)
Program Fees Immunization	67,257	123,333	(56,076)	185,000	-45%	36%	106,181	119,667	(13,486)
HPV Vaccine Program	298	14,000	(13,703)	20,000	0%	1%	8,458	3,300	5,158
Influenza Program	0	0	0	25,000	0%	0%	5,490	1,100	4,390
Meningococcal C Program	77	2,000	(1,924)	10,000	0%	1%	1,386	1,200	186
Interest Revenue	22,630	9,334	13,296	14,000	142%	162%	9,120	7,115	2,005
Other Revenues	2,164	13,334	(11,170)	20,000	0%	11%	4,777	0	4,777
Total Fees, Other Grants and Recoveries	**374,772**	**451,294**	**(76,522)**	**699,214**	**-17%**	**54%**	**397,290**	**412,251**	**(14,960)**
Total Public Health Revenue Annual	**$ 10,014,416**	**$ 10,091,369**	**$ (76,953)**	**$ 14,721,543**	**-1%**	**68%**	**$9,679,776**	**$9,692,773**	**$ (12,997)**
Public Health Fiscal									
Panorama	0	0	0	0	#DIV/0!	0%	0	0	0
Smoke Free Ontario NRT	0	0	0	0	#DIV/0!	0%	0	0	0
Practicum	4,170	4,170	0	10,000	0%	42%	0	0	0
Other One Time Fiscal Funding	90,710	90,710	0	217,700	0%	42%	0	0	0
Total Provincial Grants Fiscal	**$ 94,880**	**$ 94,880**	**$ -**	**$ 227,700**	**0%**	**42%**	**$ -**	**$ -**	**$ -**

Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months
and variances of 10% and $10,000 occurring in the final 6 months

Algoma Public Health

Expense Statement- Public Health

For the Eight Months Ending August 31, 2018

(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Act. to Bgt. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ YTD Budget 2018	*Comparison Prior Year:* YTD Actual 2017	YTD BGT 2017	Variance 2017
Salaries & Wages	$ 5,578,459	$ 5,951,416	$ 372,956	$ 8,953,731	-6%	62%	$ 5,055,971	$ 5,631,998	$ 576,027
Benefits	1,431,524	1,411,437	(20,087)	2,126,952	1%	67%	1,341,633	1,327,693	(13,940)
Travel - Mileage	48,097	80,888	32,791	120,775	-41%	40%	56,910	85,241	28,331
Travel - Other	88,265	50,000	(38,265)	75,000	77%	118%	55,558	51,962	(3,597)
Program	410,519	453,343	42,824	669,715	-9%	61%	382,080	478,678	96,598
Office	73,001	77,939	4,938	116,909	-6%	62%	75,695	90,000	14,305
Computer Services	485,251	504,087	18,836	782,881	-4%	62%	368,503	466,345	97,842
Telecommunications	174,091	202,203	28,112	303,304	-14%	57%	242,338	243,730	1,392
Program Promotion	84,154	112,593	28,439	167,223	-25%	50%	51,199	113,865	62,666
Facilities Expenses	521,960	530,000	8,041	820,000	-2%	64%	506,193	533,567	27,373
Fees & Insurance	127,947	174,925	46,978	228,450	-27%	56%	247,007	193,064	(53,943)
Debt Management	307,266	307,267	1	460,900	0%	67%	307,266	307,267	1
Recoveries	(67,071)	(69,531)	(2,461)	(104,297)	-4%	64%	(84,525)	(45,605)	38,919
	$ 9,263,463	$ 9,786,568	$ 523,105	$ 14,721,543	-5%	63%	$ 8,605,828	$ 9,477,803	$ 871,975

xplanations will be provided for variances of 15% and $15,000 occurring in the first 6 months
nd variances of 10% and $10,000 occurring in the final 6 months

Notes to Financial Statements – August 2018

Reporting Period

The August 2018 financial reports include eight months of financial results for Public Health and the following calendar programs; Healthy Babies & Children, Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting five month results from operations year ended March 31st, 2019.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of August 31st, 2018, Public Health programs are reporting a $446k positive variance.

Total Public Health Revenues are indicating a negative $77k variance. This is a result of Fees, Other Grants & Recoveries being less than budgeted. Program Fees Immunization is the primary contributor to the negative variance. Management will adjust the Program Fees Immunization budget for 2019 to more accurately reflect actual fees received. The negative variance associated with Land Control Fees has steadily decreased month-over-month as predicted.

There is a positive variance of $523k related to Total Public Health expenses being less than budgeted. Salary and Wages expense is driving this positive variance. The unanticipated increase in additional base funding for 2018 is contributing to the size of the positive variance associated with Salary and Wages expense. Additionally, the time lag in filling vacant positions within the agency is contributing to the positive variance noted.

APH's Community Health Fiscal Programs are five months into the fiscal year.

Brighter Futures for Children Program is indicating a positive $17k variance. This is a result of timing of expenses not yet incurred.

Genetics Counseling is showing a negative $43k variance. APH has entered into a Memorandum of Agreement with London Health Sciences for the provisions of Genetics counselling support. In August, APH made a payment to London Health Sciences for these services. APH management continues to use deferred revenue associated with the program to ensure actual program costs are fairly reflected. The general administration support Public Health provides to the Genetics Program more accurately reflects actual usage.

Healthy Kids Community Challenge Program is showing a $16k positive variance. The Healthy Kids Community Challenge Program is set to end September 30th, 2018. This program has an agreement with the City of Sault Ste. Marie where APH is reimbursed for expenses incurred.

Public Health Revenue (see page 2)

Public Health funding revenues are showing a negative $77k variance.

Notes Continued...

The municipal levies are within budget.

Cost Shared and 100% Provincially Funded revenues are within budget.

Fees, Other Grants & Recoveries are showing a negative variance of $77k. Program Fees are indicating a negative $15k variance. This is a result of fees being less than anticipated. Land Control Fees are showing a negative $5k variance. As forecasted, the size of this negative variance is reducing month-over-month as the bulk of the fees are collected during the summer months.

Program Fees Immunization is showing a $56k negative variance. Management will adjust the Program Fees Immunization budget for 2019 to more accurately reflect actual fees received.

Public Health Expenses (see page 3)

Salary & Wages
The $373k positive variance associated with Salary and Wages expense is a result of the time lag in filling vacant positions within the agency. Also contributing to the positive variance associated with Salary and Wages expense is the increase in base funding APH received in 2018 which was not budgeted.

Travel - Mileage
Travel – mileage expense is indicating a positive $33k variance. Actual expenses are less than anticipated.

Travel - Other
Travel – Other expense is indicating a negative $38k variance. Relative to 2017 Year-to-Date actual expenses, Travel-Other has increased. Part of the reason for increased Travel-Other expense is the fact that APH hosted the "Bridges Out of Poverty' workshop in Sault Ste. Marie in which all staff were required to attend. This resulted in increased travel expenses as staff from the district offices attended the workshop. Aside from this event, Travel-Other expense is higher than anticipated. Management will continue to monitor this line item as the year progresses.

Telecommunications
Telecommunications expense is showing a positive $28k variance. APH's contract for warranty of telephone hardware expires in 2018. At the time the 2018 budget was developed there was uncertainty as to whether further warranty was needed given the age of the assets. Management built the expense into the budget however these costs have not been realized as of August. Management is currently reviewing options with MicroAge as to the best solution related to the warranty of the hardware.

Notes Continued...

Program Promotion
Program Promotion expense is indicating a positive $28k variance. This is a result of timing of expenses not yet incurred.

Fees & Insurance
Fees & Insurance expense is indicating a positive $47k variance. APH did receive one-time funding related to legal cost incurred associated with a Public Health policy matter. This one-time funding and associated costs are now reflected in one-time Fiscal Funding as opposed to Public Health cost-shared programs. This positive variance is being somewhat offset by the additional $10k approved by the Board for the purchase of Cyber Insurance which was not budgeted.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of August 31st, 2018. Cash includes $530k in short-term investments.

Long-term debt of $5.26 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. $307k of the loan relates to the financing of the Elliot
Lake office renovations with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no material Accounts Receivable collection concerns.

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of August 2018	**August 2018**	December 2017
Assets		
Current		
Cash & Investments	**$ 3,514,697**	$ 2,931,699
Accounts Receivable	**284,573**	489,631
Receivable from Municipalities	**68,318**	30,769
Receivable from Province of Ontario		
Subtotal Current Assets	**3,867,587**	3,452,099
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	**1,466,206**	1,436,721
Payable to Gov't of Ont/Municipalities	**137,508**	543,083
Deferred Revenue	**435,475**	512,747
Employee Future Benefit Obligations	**2,704,275**	2,704,275
Term Loan	**5,554,992**	5,554,992
Subtotal Current Liabilities	**10,298,456**	10,751,817
Net Debt	**-6,430,869**	-7,299,718
Non-Financial Assets:		
Building	**22,732,421**	22,732,421
Furniture & Fixtures	**1,911,323**	1,911,323
Leasehold Improvements	**1,572,807**	1,572,807
IT	**3,244,030**	3,244,030
Automobile	**40,113**	40,113
Accumulated Depreciation	**-8,586,824**	-8,586,824
Subtotal Non-Financial Assets	**20,913,869**	20,913,869
Accumulated Surplus	**14,483,001**	13,614,152

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

September 25, 2018

Honourable Minister Lisa MacLeod
Minister of Children, Community and Social Services
80 Grosvenor Street, 6th Floor, Hepburn Block
Ministry of Community and Social Services
Toronto, ON M7A 1E9

Dear Minister MacLeod:

On behalf of the Board of Health for Southwestern Public Health, I am writing to express our concern about the province's decision to cancel the Ontario Basic Income Pilot Project. As such, we are endorsing the letters of concern you received from several health units as well as other provincial/public health agencies.

Our Board and staff believe that the decision to cancel this innovative project, aimed at solution-finding for systemic poverty, is premature. We ask that you reconsider this decision and support the Pilot Project to go forward to its scheduled 3-year completion date. This will allow all parties, including the provincial government, to analyze and learn from the successes and challenges associated with income support strategies of this nature. We are particularly interested in the results of this project given Oxford County Council's recent publication of its Zero Poverty Plan which commits to collective work with stakeholders to eliminate poverty.

As stated by Simcoe Muskoka District Health Unit in its letter of concern, Ontario can learn if, in fact, this policy option will help people in poverty – as well as those with precarious employment - in a meaningful way. We urge you to maintain this pilot and its planned evaluation, so that future generations may benefit from its lessons. If, however, you decide to pursue alternative strategies, staff and the Board of Southwestern Public Health want you to know we are committed to working with government to develop a modern, responsive, efficient, and fiscally accountable income security system. We believe that public health participation in this discourse is essential and therefore ask for public health representation on any task forces, committees, and working groups that are struck for this purpose.

Thank you for considering this request.

Bernie Wiehle
Chair, Board of Health
Southwestern Public Health

c: Honourable Ernie Hardeman, MPP Oxford
Honourable Jeff Yurek, MPP Elgin-Middlesex-London

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

Elgin St. Thomas Site
Administrative Office
1230 Talbot Street
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September 25, 2018

Delivered via email
Jody.Wilson-Raybould@parl.gc.ca

The Honourable Jody Wilson-Raybould
Minister of Justice
House of Commons
Ottawa, ON K1A 0A6

The Honourable Jody Wilson-Raybould,

Re: Repeal of Section 43 of the Criminal Code of Canada

In December 2015, Senator Celine Hervieux-Payette introduced Bill S-206 to the Senate calling for the repeal of Section 43 of the Criminal Code of Canada. Today, Bill S-206 is still only at second reading. At its meeting on September 20, 2018, the Board of Health for Southwestern Public Health (SWPH) endorsed the motion received by Peterborough Health Unit to repeal Section 43, which has been enclosed for your reference. SWPH believes that physical punishment is neither appropriate nor effective. The goal of the Ontario Standards for Public Health Programs and Services (2017) Healthy Growth and Development Standard is to achieve optimal maternal, newborn, child and youth and family health. Section 43 of the Criminal Code of Canada justifies physical punishment of children thereby conflicting with the beliefs and mandate of SWPH.

There is substantial research demonstrating that physical punishment can cause great harm and is an ineffective method of changing children's behavior. The research has demonstrated that in addition to increases in aggressive behaviour in children, physical punishment has been associated with an increase in mental health problems into adulthood, impaired parent–child relationships, poorer cognitive development and academic achievement, delinquent behaviour and criminal behaviour in adulthood.

The repeal of Section 43 would acknowledge the many calls for action from government committees, individual Members of Parliament, children's services providers, professional organizations as well as the Truth and Reconciliation Commission of Canada. It will bring Canada into compliance with the United Nations Convention on the Rights of the Child, a Convention Canada ratified in 1991.

The repeal will also send a clear message that the use of physical punishment is not acceptable in a society that values its children. Children are one of our most vulnerable populations and need to be protected. Therefore, Southwestern Public Health urges you to support the repeal of Section 43 and to advocate for its immediate passage.

Sincerely,

Bernie Wiehle
Chair, Southwestern Public Health

enclosure

c. The Right Honourable Justin Trudeau, Prime Minister of Canada
Honourable Karen Vecchio, Member of Parliament, Elgin-Middlesex-London
Honourable Dave Mackenzie, Member of Parliament for Oxford
Honourable Jeff Yurek, Member of Provincial Parliament, Elgin-Middlesex-London
Honourable Ernie Hardeman, Member of Provincial Parliament, Oxford
Linda Staudt, Director of Education, London District Catholic School Board
Laura Elliott, Director of Education and Secretary of the Board, Thames Valley District School Board
Joseph Picard, Director of Education and Secretary of the Board, Conseil scolaire catholique Providence
Association of Local Public Health Agencies
Ontario Boards of Health

September 27, 2018

The Honourable Christine Elliott
Minister of Health and Long-Term Care and Deputy Premier
80 Grosvenor Street, Floor, Hepburn Block
Ministry of Health and Long-Term Care
Toronto, ON M7A 1E9

Dear Minister Elliott:

RE: *Prevention matters: Why Ontario needs a chronic disease prevention strategy*

Chronic diseases are the leading causes of disability and death in Ontario and account for the majority of health care costs in the province. The economic impact of the four greatest risk factors for chronic disease (tobacco use, alcohol misuse, unhealthy eating and physical inactivity) is staggering. From 2004 to 2013, Ontario spent more that $89.4 billion on health care costs attributed to these four risk factors. With an aging population, there is a chronic disease tsunami coming towards our health care system. This is simply not an affordable option. It is imperative that we focus our efforts on preventing chronic disease to ensure our health care system is not overwhelmed trying to manage and treat chronic diseases in the future. Investments in chronic disease prevention yield significant returns. In fact, every $1 invested in chronic disease prevention yields an average of $6 in savings in the treatment of chronic disease.

Given the significant impact of chronic diseases on the health and well-being of Ontarians, and the potential for substantial savings from effective prevention efforts, at the KFL&A Board of Health meeting on September 26, 2018, the following recommendation was made:

THAT the KFL&A Board of Health endorse the report *Prevention matters: Why Ontario needs a chronic disease prevention strategy*, including the recommendations made in this report for chronic disease prevention and send correspondence to:

1) **Honourable Christine Elliott, Minister of Health and Long-Term Care and Deputy Premier**
2) **Honourable Doug Ford, Premier of Ontario**
3) **Ian Arthur, MPP Kingston and the Island**
4) **Randy Hillier, MPP Lanark-Frontenac-Kingston**
5) **Daryl Kramp, MPP Hastings-Lennox and Addington**
6) **Akanksha Ganguly, Ontario Chronic Disease Prevention Alliance**
7) **Loretta Ryan, Association of Local Public Health Agencies**
8) **Ontario Boards of Health**

… 2

Kingston, Frontenac and Lennox & Addington Public Health www.kflaph.ca

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Napanee 613-354-3357 Fax: 613-354-6267
Sharbot Lake 613-279-2151 Fax: 613-279-3997

The Honourable Christine Elliott
September 27, 2018

This report recommends the following courses of action for effective chronic disease prevention in Ontario:

1. Invest in a comprehensive provincial chronic disease prevention strategy:
   a) Strengthen policies on creating healthy and sustainable environments that reduce chronic disease risk factors and improve health equity;
   b) Apply a health equity lens to all strategies, policies, programs and interventions to promote health for all;
   c) Support the recommendations outlined in Cancer Care Ontario's *2015 – 2020 Chronic Disease Prevention Strategy* and *Path to Prevention* to reduce chronic disease, especially among First Nations, Inuit and Métis peoples;
   d) Support awareness-building and communication efforts to ensure Ontarians are knowledgeable about chronic disease prevention, healthy lifestyle behaviors and are supportive of government action in these areas; and
   e) Provide dedicated funding for supportive infrastructure (e.g. to create a central database, technical expertise, training and networks).
2. Create a chronic disease prevention council with representatives from government, health, academic and other external groups to provide leadership and advice to government on a chronic disease prevention strategy, including, aligning existing strategies, initiatives and resources and identifying new areas for investment and action.
3. Create an inter-ministerial council to plan and coordinate actions and investments to promote a health-in-all-policies approach across the provincial government.

The KFL&A Board of Health urges the provincial government to move forward with these recommendations to reduce the personal, familial and economic impact of chronic diseases in Ontario.

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: Honourable Doug Ford, Premier of Ontario
I. Arthur, MPP Kingston and the Island
R. Hillier, MPP Lanark-Frontenac-Kingston
D. Kramp, MPP, Hastings-Lennox & Addington
A. Ganguly, Ontario Chronic Disease Prevention Alliance
L. Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Board of Health members

KFL&A Public Health

September 27, 2018

The Right Honourable Justin Trudeau
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

Dear Prime Minister Trudeau:

RE: Drug Policy Reform

Stakeholders across Canada are working tirelessly to address the ravages of the opioid overdose crisis. There have been many in-roads, and the Government of Canada should be applauded for supporting some of the foundational pieces necessary to address this issue which has resulted from the suffering of many Canadians including those who experience structural inequalities, untreated pain, and mental illness and addictions. However, the opioid crisis continues without relief.

The current policy framework in Canada continues to be oriented to prohibition and the criminalization of illegal substances. This policy approach has resulted in health and social harms including:

- institutionalized organized crime, illegal markets, corruption, and criminal organizations that produce crime, violent injuries, and deaths;
- spread of infectious diseases such as HIV and hepatitis by inhibiting the provision of harm reduction programs and services for various populations (e.g., people who are incarcerated or homeless);
- enforcement activities that drive people who use illegal drugs away from preventive and treatment programs and services, towards high risk environments and behaviours;
- increased availability and potency of illegal drugs resulting in hospitalizations and overdose deaths from concentrated and contaminated products;
- decreased access to basic needs such as nutrition, housing, transportation, etc. because of a lack of personal resources (e.g., employment);
- increased stigmatization, discrimination and marginalization of people who use drugs and the resulting health and social inequities;
- challenges to the criminal justice system's capacity because of unsustainably high arrest, prosecution, and incarceration rates, and the lost opportunity costs of scare resources; and
- property damage and community disruption.

Drug policy reform needs to be considered as an alternate and compassionate approach to substance use in our communities. This policy reform needs to be informed by people with lived

experience and Indigenous communities, focused on upstream approaches, and take a harm reduction approach to substance use. Illicit drug decriminalization needs to be considered as a fundamental element of comprehensive drug policy reform.

At the September 26, 2018 meeting of the KFL&A Board of Health, the following motion was passed:

> **THAT the KFL&A Board of Health urge the federal government to strike a national advisory committee to consider drug policy reform, which will include the full spectrum of decriminalization options that may have the potential to address the opioid overdose crisis, and that are best supported by evidence informed prevention, harm reduction and treatment interventions, and send correspondence to:**
>
> **1) The Right Honourable Justin Trudeau, P.C, M.P., Prime Minister of Canada**
> **2) Honourable Ginette Petitpas Taylor, Minister of Health**
> **3) Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada**
> **4) Mark Gerretsen, MP Kingston and the Islands**
> **5) Scott Reid, MP Lanark-Frontenac-Kingston**
> **6) Mike Bossio, MP Hastings-Lennox and Addington**
> **7) Loretta Ryan, Association of Local Public Health Agencies**
> **8) Ontario Boards of Health.**

The Government of Canada has introduced important legislative changes and its leadership in trying to address the current opioid crisis is applauded. However, these changes are insufficient to address this escalating crisis. Drug Policy Reform, which includes an examination of the full spectrum of decriminalization options, is required to make the necessary in-roads to save lives. The KFL&A Board of Health urges the Government of Canada to strike a national advisory committee to identify drug policy reform options without delay.

Yours truly,

D. J. Doyle

Denis Doyle, Chair
KFL&A Board of Health

Copy to: Honourable Ginette Petitpas Taylor, Minister of Health
Honourable J. Wilson-Raybould, Minister of Justice and Attorney General of Canada
M. Gerretsen, MP Kingston and the Islands
S. Reid, MP Lanark-Frontenac-Kingston
M. Bossio, MP Hastings-Lennox and Addington
L. Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health.

Cannabis and Health

Using cannabis is a personal choice, but it can have short- and long-term effects on your health. Cannabis can affect your thinking, physical co-ordination and control, and increase your risk of accidents, injuries, reproductive issues and mental health problems, including dependence. Smoking cannabis can increase your chances of having lung problems.

Cannabis Use and Others

Remember that cannabis use can also harm those around you. Be considerate of other people's health and preferences if you choose to use cannabis.

If You Develop Problems

Some people who use cannabis develop problems and may become dependent. Don't hesitate to seek support if you think you need help controlling your cannabis use, if you experience withdrawal symptoms or if your use is affecting your work, school or social and family life. You can find help online, or through a doctor or other health professional.

Endorsements

The LRCUG have been endorsed by the following organizations:

Canadian Mental Health Association – Mental health for all | Association canadienne pour la santé mentale – La santé mentale pour tous

Mental Health Commission of Canada | Commission de la santé mentale du Canada

Canadian Public Health Association | Association canadienne de santé publique

Canadian Nurses Association

Association médicale canadienne | Canadian Medical Association

Canadian Society of Addiction Medicine | La Société Médicale Canadienne sur l'Addiction

camh

Canadian Centre on Substance Use and Addiction – Evidence. Engagement. Impact. | Centre canadien sur les dépendances et l'usage de substances – Données. Engagement. Résultats.

Council of Chief Medical Officers of Health

Acknowledgment

The Lower-Risk Cannabis Use Guidelines (LRCUG) are an evidence-based intervention project by the Canadian Research Initiative in Substance Misuse (CRISM), funded by the Canadian Institutes of Health Research (CIHR).

10 WAYS to Reduce Risks to Your Health When Using Cannabis

Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)

Revised 2018

Reference

Fischer, B., Russell, C., Sabioni, P., van den Brink, W., Le Foll, B., Hall, W., Rehm, J. & Room, R. (2017). Lower-Risk Cannabis Use Guidelines (LRCUG): An evidence-based update. *American Journal of Public Health, 107*(8). DOI: 10.2105/AJPH.2017.303818.

camh | CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE | INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE

The following **10 recommendations** suggest ways to use cannabis more safely, based on the best available scientific evidence.

1. Remember that every form of cannabis use poses risks to your health. **The only way to completely avoid these risks is by choosing not to use cannabis.** If you decide to use cannabis, follow these recommendations to lower risks to your health.

2. The earlier in life you begin using cannabis, the higher your risk of serious health problems. Teenagers, particularly those younger than 16, should delay using cannabis for as long as possible. **You'll lower your risk of cannabis-related health problems if you choose to start using cannabis later in life.**

3. Higher-strength or more powerful cannabis products are worse for your health. If you use products with high tetrahydrocannabinol (THC) content, the main mind-altering ingredient in cannabis, you're more likely to develop severe problems, such as dependence or mental health problems. Cannabidiol (CBD), another cannabis ingredient, can counteract some of THC's psychoactive effects. **If you use, choose low-strength products, such as those with a lower THC content or a higher ratio of CBD to THC.**

4. **Don't use synthetic cannabis products.** Compared with natural cannabis products, most synthetic cannabis products are stronger and more dangerous. K2 and Spice are examples of synthetic cannabis products. Using these can lead to severe health problems, such as seizures, irregular heartbeat, hallucinations and in rare cases, death.

5. **Smoking cannabis (for example, smoking a joint) is the most harmful way of using cannabis because it directly affects your lungs.** There are safer, non-smoking options like vaping or taking edibles that are better for your lungs. Keep in mind that these alternatives aren't risk-free either.

6. **If you choose to smoke cannabis, avoid inhaling deeply or holding your breath.** These practices increase the amount of toxins absorbed by your lungs and the rest of your body, and can lead to lung problems.

7. The more frequently you use cannabis, the more likely you are to develop health problems, especially if you use on a daily or near-daily basis. Limiting your cannabis use to occasional use at most, such as only using once a week or on weekends, is a good way to reduce your health risks. **Try to limit your use as much as possible.**

8. **Cannabis use impairs your ability to drive a car or operate other machinery. Don't engage in these activities after using cannabis, or while you still feel affected by cannabis in any way.** These effects typically last at least six hours, but could be longer, depending on the person and the product used. Using cannabis and alcohol together further increases your impairment. Avoid this combination before driving or operating machinery.

9. Some people are more likely to develop problems from cannabis use. **Specifically, people with a personal or family history of psychosis or substance use problems, and pregnant women should not use cannabis at all.**

10. **Avoid combining any of the risky behaviours described above.** The more risks you take, the greater the chances of harming your health as a result of cannabis use.

Please note: These recommendations are aimed mainly at non-medical cannabis use.