



October 23, 2019

BOARD OF HEALTH MEETING

SSM Community Room A

www.algomapublichealth.com

Meeting Book - October 23, 2019 Board of Health Meeting

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a. Finance & Audit Committee Meeting - November 13, 2019 @ 4:00 pm	
b. Governance Committee Meeting - November 20, 2019 @ 5:00 pm	
c. Board of Health Meeting - November 27, 2019 @ 5:00 pm	
d. Strategic Planning Retreat - November 28, 2019 @ 9:00 am	
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15. Evaluation	
<hr/>	
16. Adjournment	



Board of Health Meeting
AGENDA
October 23, 2019 at 5:00 pm
Sault Ste. Marie - Community Room A

BOARD MEMBERS

Lee Mason - Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Dr. Patricia Avery
Louise Caicco Tett
Randi Condie
Micheline Hatfield
Adrienne Kappes
Dr. Heather O'Brien
Brent Rankin
Karen Raybould
Matthew Scott

APH EXECUTIVE

Dr. Marlene Spruyt - MOH/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Justin Pino - CFO /Director of Operations
Antionette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

- | | |
|---|---------------------|
| 1.0 Meeting Called to Order | <i>L. Mason</i> |
| a. Declaration of Conflict of Interest | |
|
2.0 Adoption of Agenda |
<i>L. Mason</i> |
| <div>RESOLUTION</div> | |
| THAT the Board of Health agenda dated October 23, 2019 be approved as presented. | |
|
3.0 Delegations / Presentations | |
| a. Indigenous Engagement | <i>L. Zeppa</i> |
|
4.0 Adoption of Minutes of Previous Meeting |
<i>L. Mason</i> |
| <div>RESOLUTION</div> | |
| THAT the Board of Health minutes dated September 25, 2019 be approved as presented. | |
|
5.0 Business Arising from Minutes |
<i>L. Mason</i> |

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

M. Spruyt

i. MOH Report - October 2019

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for October 2019 be adopted as presented.

b. Finance and Audit Committee

i. Financial Statements

J. Pino

RESOLUTION

THAT the Draft Financial Statements for the period ending August 31, 2019 be approved as presented.

ii. Update on status of Copier Project

J. Pino

c. Governance Committee

D. Graystone

i. 02-05-025 Remuneration Policy

RESOLUTION

THAT the Board of Health approve the Remuneration Policy 02-05-025 as presented.

7.0 New Business/General Business

L. Mason

a. Public Health Modernization - North East Public Health Transformation Initiative

RESOLUTION

WHEREAS in its April 2019 budget, the Government of Ontario announced transformations to the public health system; and

WHEREAS on September 12 and on October 10, 2019, respectively, Deputy Minister Helen Angus announced the new roles of Executive Lead (Assistant Deputy Minister Alison Blair) and of Special Advisor (Mr. Jim Pine) for public health modernization; and

WHEREAS it was communicated that the Special Advisor will play a key role in facilitating discussions between the Ministry of Health, municipal elected officials and administrative leadership on public health and on emergency health services; and

WHEREAS the five Boards of Health in North East Ontario*, having been engaged since 2017 in identifying opportunities for collaboration and potential shared services, remain committed to continued collaboration;

THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health support the request of the Chairs of the five Boards of Health in the North East, namely that the Ministry of Health hold public health consultation sessions that are separate and distinct from the emergency health services consultation sessions;

AND FURTHER THAT the July 2019 submission to Deputy Helen Angus and Chief Medical Officer of Health Dr. David Williams, Transforming Public Health for the People of Northeastern Ontario, be shared with Mr. Jim Pine and ADM Blair;

AND FURTHER THAT Mr. Pine be invited to meet with the leadership of the five North East Boards of Health to share the work of the North East Public Health Transformation Initiative and engage further on developing a local public health system that best meets the public health needs of the people of the North East.

* Algoma Public Health, North Bay Parry Sound District Health Unit, Porcupine Health Unit, Public Health Sudbury & Districts, and Timiskaming Health Unit

b. Algoma Room Renovations

L. Mason

RESOLUTION

WHEREAS the Board of Health has committed to renovating the Algoma Room at its main office at 294 Willow Avenue, Sault Ste. Marie; and

WHEREAS the tendering for the renovations is schedule to take place between the October and November scheduled Board meetings; and

WHEREAS APH's Procurement Policy 02-04-030 section 5.1 states: For purchases greater than \$55,000 a formal Request for Quotation (Tender) must be adhered to. Board approval is required once the successful bidder is chosen.

THEREFORE, be it resolved that the Board of Health appoints _____
(a member of the Board) to act on it's behalf in approving the successful bid.

8.0 Correspondence

L. Mason

- a. Letter to Algoma Public Health from the Corporation of the Township of Laird regarding **Proposed Changes to Public Health in Ontario** dated September 10, 2019.
- b. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Southwestern Public Health regarding **Expanding Alcohol Retail Outlets** dated September 11, 2019.
- c. Letter to the Minister of Health of Canada and the Deputy Premier and Minister of Health and Long-Term Care from Simcoe Muskoka District Health Unit regarding **Vaping Display and Promotion** dated September 18 2019.

- d. Letter to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care from the County of Lambton regarding **Provincial Plans for the Modernization of Public Health Service Delivery** dated September 18, 2019.
- e. Letter to the Deputy Premier and Minister of Health and Long-Term Care from alPHA regarding **Vapour Products Display and Promotion** dated September 19, 2019.
- f. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Haliburton, Kawartha, Pine Ridge District Health Unit regarding **Immunization for School Children - Seamless Immunization Registry** dated September 19, 2019.
- g. Letter to the Deputy Premier and Minister of Health and Long-Term Care from KFL&A Public Health regarding **Remove Regulation 268 of the Smoke-Free Ontario Act, 2017** dated September 27, 2019.
- h. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Windsor-Essex County Health Unit regarding **Completion of Consumption and Treatment Services Application and Site Location** dated September 27, 2019.
- i. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Windsor-Essex County Health Unit regarding **Funding Cancelled for Leave the Pack Behind** dated September 27, 2019.
- j. Letter to the Minister of Children, Community and Social Services from Windsor-Essex County Health Unit regarding **Changes to Provincial Autism Supports** dated September 27, 2019.
- k. Letter to the Minister of Finance from Windsor-Essex County Health Unit regarding **Alcohol Choice & Convenience** dated September 27, 2019.
- l. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Peterborough Public Health regarding **The Opioid Emergency in Ontario - Recommendations from the association of Municipalities of Ontario** dated October 1, 2019.
- m. Communication to All Ontario Health Units from Simcoe Muskoka District Health Unit sharing their **2018-19 Annual Report** Dated October 3, 2019.
- n. Communication from the Ministry of Health regarding **Advisor on Public Health and Emergency Health Services Consultations** dated October 10, 2019.
- o. Letter to the Deputy Premier and Minister of Health and Long-Term Care from KFL&A regarding **Vapour Products Display and Promotion** dated October 11, 2019.
- p. Letter to the Minister of Health of Canada from KFL&A Public Health regarding **Comprehensive measures to address the rise of vaping in Canada** dated October 16, 2019.
- q. Communication to All Ontario Health Units from Grey Bruce Health Unit sharing their [2018 Annual Report](#) dated October 17, 2019.

9.0 Items for Information

L. Mason

- a. alPHA Fall Symposium & Section Meetings November 6-7, 2019
(registration required by November 1, 2019)

10.0 Addendum

L. Mason

11.0 In Camera

L. Mason

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.

RESOLUTION

THAT the Board of Health go in camera.

12.0 Open Meeting

L. Mason

Resolutions resulting from in camera meeting.

13.0 Announcements / Next Committee Meetings:

L. Mason

Finance & Audit Committee Meeting

November 13, 2019 @ 4:00 pm

Prince Meeting Room, 3rd Floor

Governance Committee Meeting

November 20, 2019 @ 5:00 pm

Prince Meeting Room, 3rd Floor

Board of Health Meeting:

November 27, 2019 @ 5:00 pm

Sault Ste. Marie, Room A

Strategic Planning Retreat

November 28, 2019 @ 9:00 am

Quattro Hotel and Convention Centre

14.0 Evaluation

L. Mason

15.0 Adjournment

L. Mason

RESOLUTION

THAT the Board of Health meeting adjourns.

Indigenous Engagement in Algoma

Elizabeth Edgar-Webkamigad

Director, Shingwauk Residential Schools Centre
Algoma University

Laurie Zeppa

Director of Health Promotion and Prevention
Algoma Public Health

October 23, 2019

Overview

- The National Context
- Ontario Public Health Standards
- Northern Ontario Context
- The Indigenous Peoples of Algoma
- APH's Engagement Efforts
- Next Steps

Before we begin, a note on **Engagement:**

Effective Engagement is defined as a meaningful, respectful, and mutually beneficial relationship between individuals or groups of people.

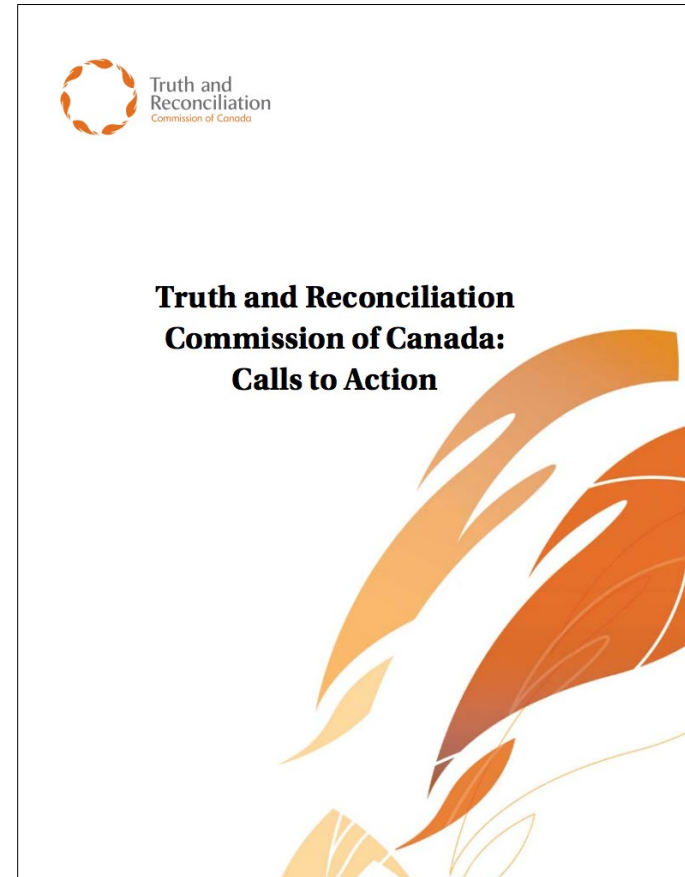
Indigenous Engagement is a sustained process where trust is built by ensuring Indigenous people have opportunity to actively participate in decision making from the earliest phase. Engagement happens before an issue is even conceptualized and continues through evaluation, knowledge exchange and beyond.

The National Context

Truth and Reconciliation Commission's (TRC) Calls to Action

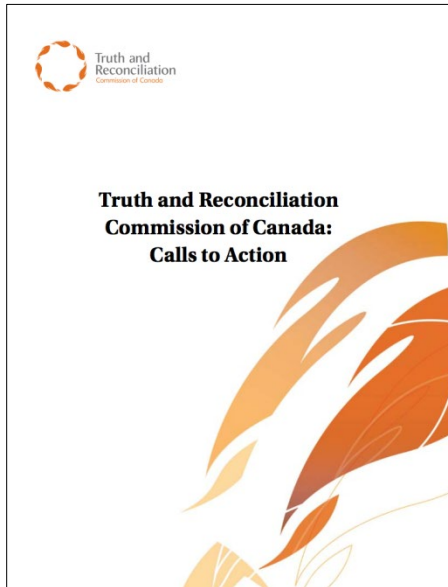
The TRC report outlines the **negative impact that various social determinants of health have had on Indigenous Peoples**, including colonization, racism, and social exclusion.

The Calls to Action align with public health practice.



The National Context

How do we move forward with the TRC's Calls to Action?



- Read the report (94 calls to action; 7 actions related to health)
- Take cultural safety/awareness training that applies self reflection
- Begin to integrate self reflective exercises into your day (work/home)
- Build Indigenous-led partnerships
- Engage in systemic change (i.e. at the organization level)

The Ontario Public Health Standards, 2018

Ministry of Health and Long-Term Care

Protecting and Promoting the Health of Ontarians

Ontario Public Health Standards: Requirements for Programs, Services, and Accountability

Requirement #3:

The Board of Health shall engage in multi-sectoral collaboration including engagement with the communities and organizations, as well as with First Nations communities.

Ministry of Health and Long-Term Care

Relationship with Indigenous Communities Guideline, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

Effective: January 1, 2018 or upon date of release



Ministry of Health and Long-Term Care

Health Equity Guideline, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

Effective: January 1, 2018 or upon date of release



Algonquin
PUBLIC HEALTH
Santé publique Algonquin

Northern Ontario Health Equity Strategy

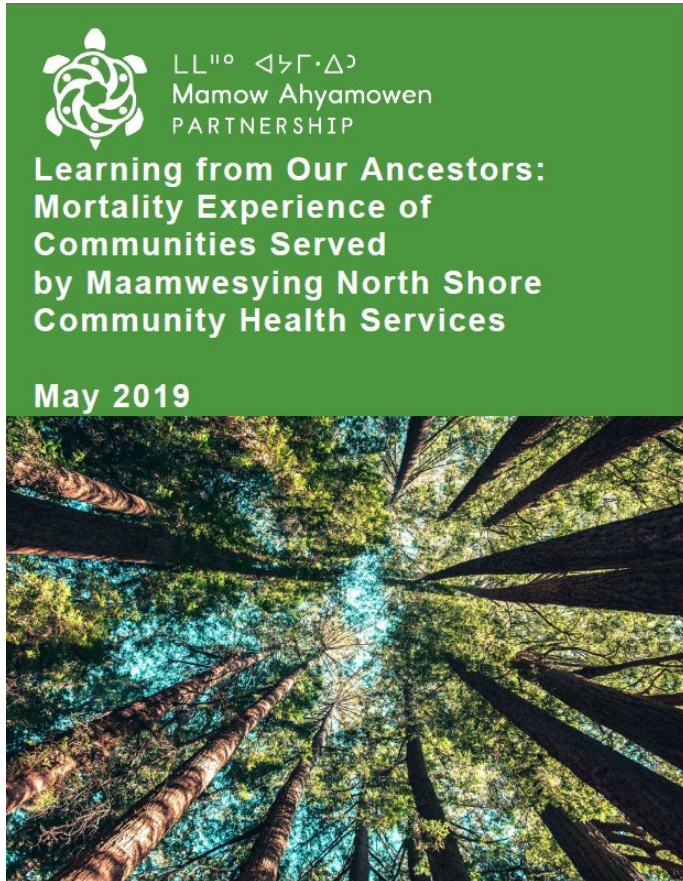
A plan for achieving health equity in the North, by the North, for the North



Four Foundations of the Strategy

1. Address the social determinants of health.
2. Equitable Access to high quality and appropriate health care services.
3. Indigenous healing, health and well being.
 - Objectives that speak to collaboration, self determination, TRC Calls to Action, and safe living conditions
4. Evidence availability for equity decision-making

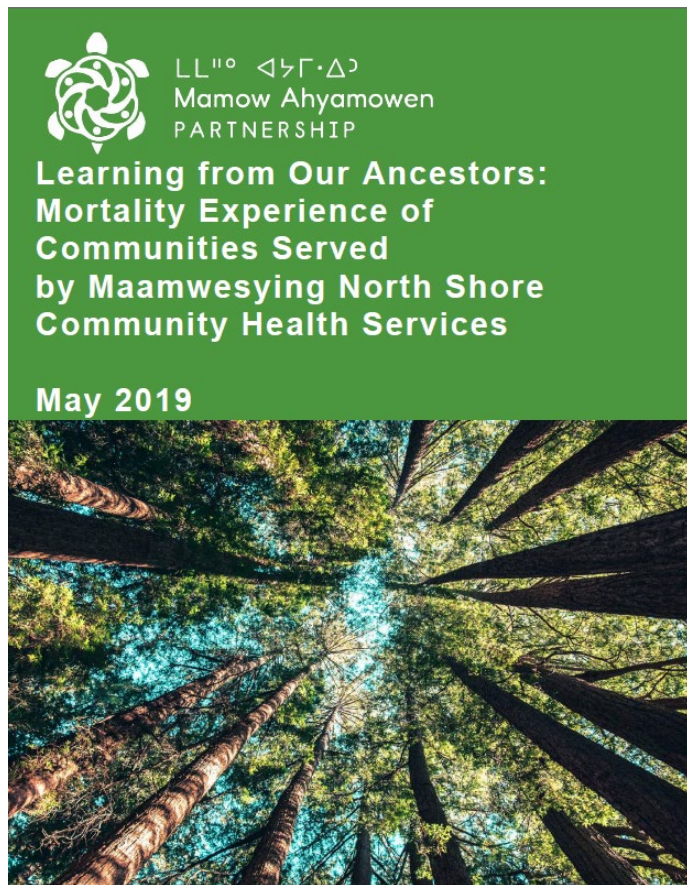
Health Inequities in Algoma's First Nations Communities



53%

of all deaths among band members occurred before age 65 (22% in Ontario).

Health Inequities in Algoma's First Nations Communities



Common causes of death as compared to the rate of Ontario overall include:

Diabetes

3.9x

higher

Infections

1.7x

higher

Respiratory

1.4x

higher

Circulatory

1.2x

higher

Intentional/
unintentional injuries

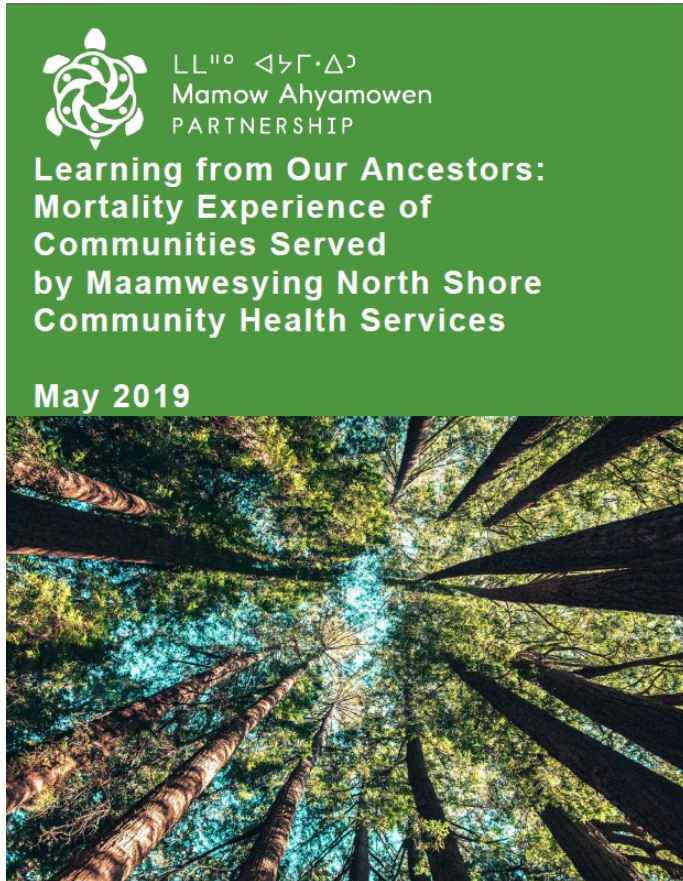
2.3x

higher

Cancers

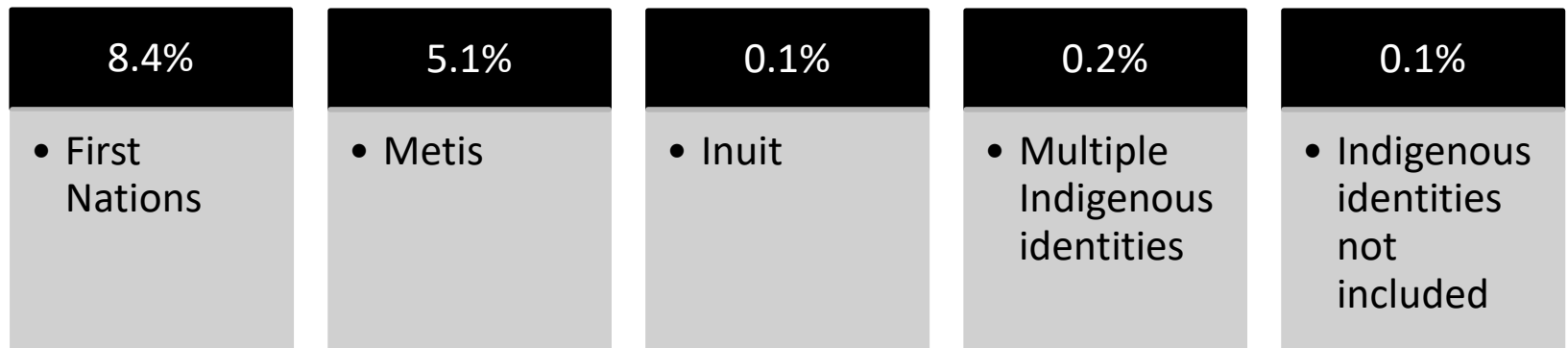
**Same as
Ontario**

Health Inequities in Algoma's First Nations Communities



- **4 out of every 10 deaths** could potentially been avoided with effective and timely health care or public health action

Indigenous Peoples of Algoma



Together, we all share this land.

First Nations Communities in Algoma

Community
Batchewana First Nation
Garden River First Nation
Thessalon First Nation
Michipicoten First Nation
Missanabie Cree First Nation
Mississauga First Nation
Serpent River First Nation
Sagamok Anishnawbek First Nation

Indigenous Organizations In Algoma

Maamwesying North
Shore Community
Health Services



Mamaweswen,
The North Shore
Tribal Council
Mandate

Aboriginal Health
Access
Centres(AHACS)

Indigenous
Friendship Centres

Metis Nation of
Ontario (MNO)

APH's Engagement Efforts

Agency-wide efforts to work with Indigenous Peoples to reduce health inequities in Algoma

- Current program-level activities
- A pathway of action since 2014
- Indigenous Engagement Work Group
- Regional research project
- Next steps- 2020 plans

Examples of Program Engagement

School Health



Tobacco Prevention: Youth Engagement Activities



Preschool Speech and
Language Services:
Waabinong Head Start Child
Care

Diabetes Prevention: Activities with the Indian Friendship Centre

Infectious Diseases:
Broaden the availability of
harm reduction supplies

Healthy Growth and Development



Examples of Program Engagement

Garden River Service Agreement

1. Infant and Child Development
2. Healthy Growth and Development
3. Community Mental Health and Community Alcohol and Drug Assessment Programs
4. Oral Health – Children's Oral Health Initiative

APH Indigenous Engagement Opportunities 2014-2019

2014

Assessment of existing relationships with Indigenous partners (Internal)

2015

- Environmental scan of relationships with First Nations communities (External)
- The BOH passes a resolution to continuing exploring opportunities for building relationships with Indigenous partners.
- APH provides Indigenous cultural sensitivity training for all staff (provided by Maya Chacaby, Ontario Federation of Indigenous Friendship Centres)

2016

A “Gathering” is held at Serpent River First Nation with staff from Maamwesying Health Services, Algoma Public Health, Public Health Sudbury & District, and First Nations partners to strengthen relationships and exchange knowledge.

2017

The North East Public Health Units receive approval and funding for a **Locally Driven Collaborative Project (LCDP)** to explore principles and practices for engagement between public health and First Nations to improve community health.

2018

LDCP project identifies four foundational principles for engaging with First Nations communities.

2019

- BOH passes a resolution that encourages staff to use Land Acknowledgements when deemed meaningful to do so.
- Explore and make recommendations for Indigenous cultural competency courses for staff.
- APH staff form the Indigenous Awareness Engagement Work Group.

APH Indigenous Engagement Work Group

2019 focus includes:

- 1. Build organizational capacity re: cultural awareness**
 - *Improve knowledge and practice of Indigenous engagement throughout the agency*
- 2. Explore current APH Indigenous engagement activities**
 - *Identify and strengthen current activities*



Talking together to improve health: Relationship building with First Nations and public health:

**Applying sound principles and practices of engagement
between public health and First Nation communities**

“What mutually beneficial, respectful and effective principles and practices of engagement between First Nation communities and public health units in Northeastern Ontario can be identified, as an important step in working toward improved opportunities for health for all?”

*Locally Driven Collaborative Project funded
and supported by Public Health Ontario*

From Research to Knowledge Exchange



Relationship building with First Nations and public health: Exploring principles and practices for engagement to improve community health

Review of the Literature

September 2017



Ontario Public Health Unit Survey

June 2018



Key Informant Interviews

July 2018



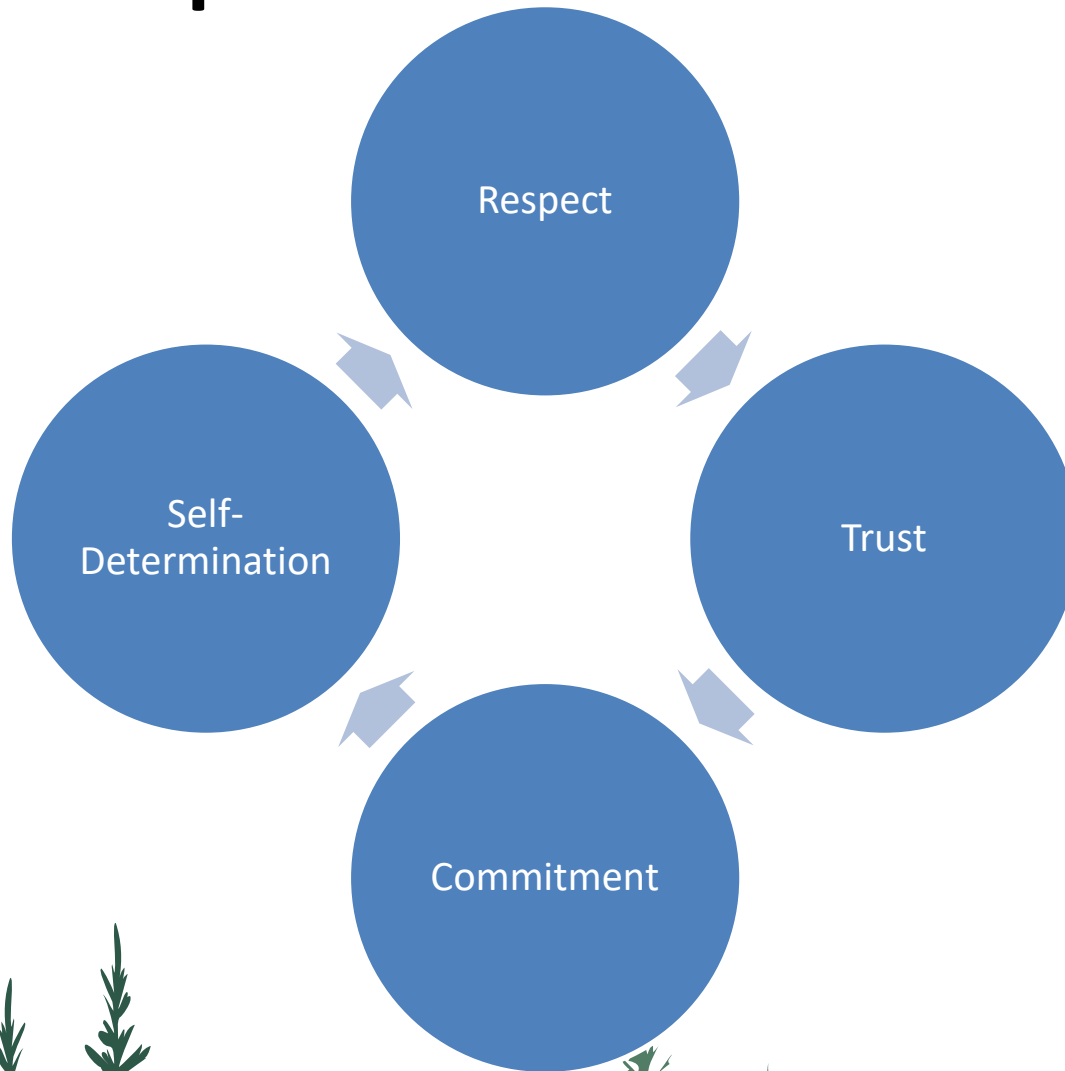
Gathering and Sharing Learning with First Nations Communities

August 2019



Algoma
PUBLIC HEALTH
Santé publique Algoma

Four Principles





Principles In Action:

Respect

Understand, acknowledge and appreciate the history and current context of Indigenous Peoples.

Trust

Foundational to establish and maintain respectful, mutually beneficial, long term relationships.



Principles In Action: Self-Determination

Engagement and partnerships that is driven by and for Indigenous peoples are most successful.

- ▶ Understanding what self-determination is and what it means for First Nation communities.
- ▶ Acknowledge and ensure community has a say in the way things are done.
- ▶ Value community opinions and respect cultural ways.
- ▶ Learn about the community, understand it is unique.



Principles In Action:

Commitment

Tangible and sustainable action to develop and maintain long-term, effective partnerships.

- ▶ Regular communication – meetings, updates, ask questions, check-ins, learning needs, potential partnerships, reporting back.
- ▶ Sharing resources and materials.
- ▶ Participation in training together, extend invitations on both sides.
- ▶ Follow through with actions, having shared goals.
- ▶ Establishment of an Indigenous Advisory Committee.
- ▶ Consistent contact person.



Quote from focus group participant:

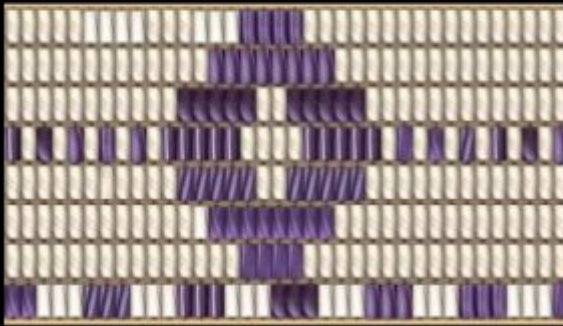
*“I think it sounds like a domino effect. If you have **respect** then you will gain **trust** and there is more **commitment** from all parties involved and as time progresses maybe **self-determination** can happen more readily. So those four attributes are all intertwined.”*

Next steps 2019-2020

To advance meaningful relationships and collaborative partnerships while working towards decreasing health inequities, we will:

- **Build capacity at APH** by implementing cultural awareness teachings in 2020.
- **Continue to work with regional public health and First Nations partners** to integrate research project findings into Strategic Plans, future collaborations, and program-level activities.

The Dish With One Spoon



We promise to have only one dish among us; in it will be beaver tail and no knife will be there...which means that we will all have equal share of the game roaming about in the hunting grounds and fields, and then everything will be peaceful among all of the people; and there will be no knife near our dish.

Questions



**Board of Health Meeting
MINUTES
September 25, 2019 at 5:00 pm
Sault Ste. Marie - Community Room A**

PRESENT : BOARD MEMBERS

Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Louise Caicco Tett
Micheline Hatfield
Adrienne Kappes
Dr. Heather O'Brien
Brent Rankin
Karen Raybould

APH EXECUTIVE

Dr. Marlene Spruyt - MOH/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Laurie Zeppa-Director of Health Promotion & Prevention,
Tania Caputo - Board Secretary

REGRETS: Lee Mason - Chair, Dr. Patricia Avery, Randi Condie, Matthew Scott, Justin Pino-CFO/Director of Operations, Antoniette Tomie-Director of Human Resources

1.0 Meeting Called to Order

a. Declaration of Conflict of Interest

None declared.

2.0 Adoption of Agenda

**RESOLUTION
2019-58**

Moved: L. Caicco-Tett

Seconded: A. Kappes

THAT the Board of Health agenda dated September 25, 2019 be approved as presented.

CARRIED

3.0 Adoption of Minutes of Previous Meeting

**RESOLUTION
2019-59**

Moved: B. Rankin

Seconded: M. Hatfield

THAT the Board of Health minutes dated June 26, 2019 be approved as presented.

CARRIED

4.0 Delegations / Presentations

a. Climate Change Presentation

Chris Spooner, Manager of Environmental Health delivered the **Climate Change, Public Health and Impacts** presentation. Chris covered information on climate vs weather, Ontario Public Health Standard and mandate, local and international perspective, health impacts associated with climate change, adaptation and mitigation and current public health initiatives.

5.0 Business Arising from Minutes

Not applicable.

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - September 2019

M. Spruyt's report provided information on Seniors Low Income Dental implementation, and an update on North East Public Health Collaborative and Public Health Transformation. Information was provided on the work of the Algoma Ontario Health Team and role of APH in the initiative. The Program Highlights included this month were Health Equity Collaboration and Partnerships, School Health - Immunization as well as the Q2 Program Activity Indicators for 2019.

RESOLUTION
2019-60

Moved: A. Kappes
Seconded: M. Hatfield

THAT the report of the Medical Officer of Health and CEO for September 2019 be adopted as presented.

CARRIED

b. Finance and Audit Committee

i. Financial Statements

RESOLUTION
2019-61

Moved: B. Rankin
Seconded: A. Kappes

THAT the Draft Financial Statements for the period ending July 31, 2019 be approved as presented.

CARRIED

ii. Infant Development Annual Reconciliation

RESOLUTION
2019-62

Moved: H. O'Brien
Seconded: K. Raybould

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

CARRIED

c. Governance Committee

i. Governance Committee Chair Report

D. Graystone provided an overview of the work underway at Governance Committee, including review and changes to policies.

RESOLUTION
2019-63

Moved: L. Caicco Tett
Seconded: K. Raybould

THAT the Governance Committee Chair Report for September 2019 be adopted as presented.

CARRIED

7.0 New Business/General Business

a. APH Public Health Champion

i. Call for volunteer BOH members for panel

BOH members, Adrienne Kappes, Heather O'Brien and Karen Raybould have volunteered to assist with the review of the BOH Champion submissions.

8.0 Correspondence

- a.** Letter to the Minister of Children, Community and Social Services, the Minister of Education, the Minister of Health and Long-Term Care from Peterborough Public Health regarding Support for Children Count Task Force Recommendations dated June 25, 2019.
- b.** Letter to the Deputy Premier and Minister of Health and Long-Term Care from Simcoe Muskoka District Health Unit regarding Public Health Modernization mandate and funding dated June 27, 2019.
- c.** Letter to the Deputy Premier and Minister of Health and Long-Term Care from Windsor-Essex Health Unit regarding Health Promotion as a Core Function of Public Health dated July 2, 2019.
- d.** Letter to the Deputy Premier and Minister of Health and Long-Term Care from Windsor-Essex Health Unit regarding Immunization for School Children – Seamless Immunization Registry dated July 2, 2019.
- e.** Letter to the Deputy Premier and Minister of Health and Long-Term Care from Windsor-Essex Health Unit regarding Smoke-Free – Smoke/Vape Free Outdoor Spaces dated July 2, 2019.
- f.** Letter to the Deputy Premier and Minister of Health and Long-Term Care from Southwestern Public Health Concerns about the future delivery of health promotion programs and services in Ontario by public health units dated July 8, 2019.
- g.** Letter to the Premier of Ontario from North Bay Parry Sound District Health Unit regarding a resolution related to the public health transformation initiative in northeastern Ontario dated July 5, 2019.
- h.** Letter to the Deputy Premier and Minister of Health and Long-Term Care from Middlesex-London Health Unit regarding Essential Components for Strong Local Public Health dated July 19, 2019.
- i.** Communication regarding Climate Change Resolutions from alPHa dated July 24, 2019.
- j.** Communication to all Boards of Health from Regional Council of Niagara Region regarding Respecting Proposed Restructuring of Local Public Health Agencies dated July 19, 2019.
- k.** Communication from City of Hamilton to all Boards of Health endorsing support for increased actions to the opioid crisis and support for managed opioid programs dated July 26, 2019.

- l. Communication from City of Hamilton to all Boards of Health endorsing support for correspondence from Sudbury & Districts Public Health, respecting Support for Bill S-228, the Child Health Protection Act and correspondence from the Simcoe Muskoka District Health Unit, respecting Urgent Provincial Action to Address the Potential Health and Social Harms from the Ongoing Modernization of Alcohol Retail Sales in Ontario dated July 26, 2019.
- m. Communication from City of Hamilton to all Boards of Health endorsing support for Correspondence from Kingston, Frontenac and Lennox & Addington Public Health respecting Health Promotion as a Core Function of Public Health dated July 26, 2019.
- n. Communication from City of Hamilton to all Boards of Health endorsing support for several correspondence from Sudbury & Districts Public Health, Peterborough Public Health Windsor-Essex County Board of Health dated July 26, 2019.
- o. Letter to the Deputy Premier and Minister of Health and Long-Term Care from KFL&A Public Health regarding Restructuring Local Public Health in Ontario dated August 6, 2019.
- p. Communication to all Boards of Health from Grey Bruce Health Unit regarding Smoke-Free multi-unit Dwelling and Protecting Children through Immunization and Smoke and Vape Free Outdoor Space dated August 27, 2019.
- q. Communication to all alPHA members from regarding Update on Public Health Modernization dated September 11, 2019.
- r. Letter to the Premier of Ontario from Public Health Sudbury & Districts regarding North East Public Health Transformation dated September 16, 2019.

9.0 Items for Information

a. Response regarding cancer study

M. Spruyt explained the response to this published study that misrepresented data resulting in public concern. This response has been sent to the Journal but not yet accepted for publication. Board members expressed concerns regarding the difficulty of changing public opinion.

b. alPHA Fall Symposium & Section Meetings November 6-7, 2019

M. Spruyt asked Board members to let the Secretary know of their interest in attending the alPHA Symposium and meetings in Toronto.

10.0 Addendum

Not applicable.

11.0 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.**

RESOLUTION
2019-64

Moved: A. Kappes
Seconded: K. Raybould

THAT the Board of Health go in camera.

CARRIED

12.0 Open Meeting - 6:30 pm

- a. Resolutions resulting from the in camera meeting.

RESOLUTION

2019-67

Moved: A. Kappes

Seconded: H. Graystone

That the Board of Health approves the projected expenses for the renovations to the Algoma Room as presented in the briefing note.

CARRIED

13.0 Announcements / Next Committee Meetings:

Finance & Audit Committee Meeting

October 9, 2019 @ 4:00 pm

Prince Meeting Room, 3rd Floor

Board of Health Meeting:

October 23, 2019 @ 5:00 pm

Sault Ste. Marie, Room A

14.0 Evaluation

A reminder to all Board members to complete the meeting evaluation in BoardEffect.

15.0 Adjournment - 6:45 pm

RESOLUTION

2019-68

Moved: A. Kappes

Seconded: K. Raybould

THAT the Board of Health meeting adjourns.

CARRIED

Ed Pearce, Chair

Tania Caputo, Board Secretary

Date

Date



Algoma
PUBLIC HEALTH
Santé publique Algoma

OCTOBER 2019

Medical Officer of Health / CEO



Prepared by:
**Dr. Marlene Spruyt and the
Leadership Team**

Presented to:
**Algoma Public Health Board of Health
10/23/2019**

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APH AT-A-GLANCE

The fall season is always busy in public health.

Annually, we gear up for the influenza immunization season. We received the first shipment of vaccine from the province and are beginning to provide vaccine to other healthcare providers. Immunization clinics begin October 21 in accordance with the provincial launch date. Community members can receive flu vaccine at their healthcare providers, at one of the many participating pharmacies or at APH run clinics across the district.

On October 19, we hosted a media event partnering with the Ontario Medical Association to discuss concerns about vaccine hesitancy and encouraging individuals with questions about vaccines to #AskOntarioDocs. The intent of the campaign is to discourage the public from accepting health advice from celebrities without any scientific or medical training and to redirect their inquiries to healthcare providers they trust.

I continued to participate as the APH representative on the Steering Committee of the group submitting a full application to form an Ontario Health Team, and the application was submitted by the October 9, 2019 deadline. We do not know when we will receive a response but are aware that there is another application round in mid-December, so are hopeful that we will receive some feedback by then.

On October 2, Jennifer and I were able to attend an event to meet with the new Dean of the Northern Ontario School of Medicine. Dr. Sarita Verma is committed to continuing and expanding NOSM's social accountability mandate, and we look forward to potential partnerships with respect to improving health equity. As well Jennifer and I travelled to Johnson Township on October 16 for what appears to be our final Municipal Council engagement session of this year.

PARTNERSHIPS

Bridges Out of Poverty – Progress

Bridges out of Poverty work has continued in its goal to increase awareness about the issues and barriers faced by people living in generational poverty. In the last 10 months, in partnership with the Sault Ste. Marie and District of Algoma social services, we have reached over 300 participants with eight Bridges awareness events across the district. The next community session will take place in Wawa on October 30, 2019. Evaluations have been very positive with the majority of attendants indicating an increase in their level of understanding of the issues individuals living in poverty face as well as an increase in their confidence to work effectively with these individuals.

Quotes from participants:

“I plan to further reflect on my own perspectives and hidden rules of class, and how that impacts my conversations and care with those I counsel (many of whom live in poverty).”

“Build a relationship first, build trust, and meet people where they are at”

“Build relationships first, acknowledge and validate what they are good at. Solve concrete problems first and then back up.”

PROGRAM HIGHLIGHTS

Topic: Comprehensive Tobacco Control

From: Kristy Harper, Community Wellness
Chris Spooner, Environmental Health
Laurie Zeppa, Health Promotion & Prevention
Jennifer Loo, Health Protection

Public Health Goals:

- To reduce the burden of preventable injuries and substance use.
- To reduce the burden of chronic diseases of public health importance and improve well-being.

Program Standard Requirements addressed in this report:

Substance Use and Injury Prevention

Requirement 2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

Requirement 3. The board of health shall enforce the *Smoke-Free Ontario Act* in accordance with the *Tobacco Protocol, 2018*.

Chronic Disease Prevention and Well-Being

Requirement 2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.

Key Messages

- Algoma residents continue to bear an unacceptably high burden of preventable, tobacco-related disease.
- APH protects Algoma residents from the harms of tobacco and vaping through the enforcement of provincial smoke-free legislation, education, and the implementation of local smoke-free by-laws and policies.
- The number of vaping retailers in Algoma has grown between 2018 and 2019; APH continues to monitor and respond to the evolving legislative landscape through federal public consultations and local inspections, education, and policy development.

Local public health and comprehensive tobacco control: the Ontario context

- Commercial tobacco smoking is the leading cause of preventable death in Canada and causes extensive, serious health harms to the entire body.¹
- About 15,000 Ontarians die each year from diseases caused by smoking, which costs \$2.2 billion in direct health care expenses.²
- Public health efforts to combat tobacco harms have been underway for decades in Ontario. Currently, comprehensive tobacco control in Ontario is guided by evidence-based actions aligned to four pillars: industry, prevention, protection, and cessation.³
- APH has a strong and ongoing mandate to engage in health protection, prevention and health promotion with respect to tobacco, under the requirements of the *Health Protection and Promotion Act* and the Ontario Public Health Standards, as well as the *Smoke-Free Ontario Act, 2017 (SFOA)*.

Algoma communities have a high burden of preventable, tobacco-related disease

Smoking continues to harm Algoma residents across the lifespan, from infants still in the womb, to children and youth, to working-age adults, to seniors.

- Algoma's smoking rate is almost twice as high as Ontario's (29.6% vs. 15.5%).⁴
- Algoma youth aged 12 to 19 are less likely to stay abstinent from smoking compared to Ontario youth (73.6% vs. 89.7%).⁴
- 20.1% of pregnant women smoke in Algoma, compared to 7.4% in Ontario.⁵
- A very high percentage of working-age adults in Algoma continue to smoke.⁶
 - 37.9% of adults aged 20-44 smoke on a daily or occasional basis.
 - 39.4% of adults aged 45-64 smoke on a daily or occasional basis.
- Cigarette smoking is responsible for about 45% of all deaths from heart disease and stroke in Algoma residents aged 35 to 64 years old.⁷
- Cigarette smoking is responsible for about 85% of all lung cancer deaths in Algoma residents over the age of 34.⁷

Comprehensive tobacco control and APH: Protection

Evidence-based actions aligned to the pillar of protection are the focus of this report, including responding to vapour product legislation consultations, conducting vendor inspections, and engaging in education and policy development with partners.

Protection:³ interventions in settings that would enhance protection for all Ontarians from physical exposure to second-hand smoke and from social exposure to smoking, vaping and using other tobacco products.

The Industry and Vaping- An Evolving Context

The BOH continues to be a strong voice for community health and well-being with respect to comprehensive tobacco control. In September of 2018, the BOH publicly called for provincial legislation to protect Ontario's youth by banning the display and promotion of vapour products.⁸ This was an evidence-informed position based on studies showing that e-cigarette use among youth and young adults increases their risk of ever using combustible tobacco cigarettes.⁹ The October 2018 amendments to the *Smoke-Free Ontario Act, 2017 (SFOA)*¹⁰, while preserving a ban on the display of vapour products, left open the opportunity for industry to promote and advertise vaping products with minimal restrictions.

To date, the landscape regarding vaping continues to be complex and rapidly changing. In Algoma, the number of vaping vendors increased from 45 vendors in 2018 up to 61 vendors in 2019 (see Figure 1 below).

Throughout 2019, Algoma Public Health (APH) responded to two federal consultations: one in May on further measures to address youth appeal of vaping products,¹¹ which included evidence-based recommendations regarding product design, youth access, packaging, and flavour bans; and another in September regarding vaping product labelling and packaging.¹²

Also, in September 2019, as a result of a Minister's Order, all hospitals in Ontario began reporting cases of vaping-related severe pulmonary disease to the Chief Medical Officer of Health.¹³ APH will continue to monitor this evolving public health issue and become involved at the local level, as required.

Comprehensive tobacco control in the community, as it relates to vaping, includes policy development, sharing evidence with partners, enforcement activities, and education. For example, APH continues to support the inclusion of vaping restrictions within independent workplace and school policies. APH also collects and synthesizes emerging evidence on vaping and shares it with youth, schools, and parents so that all are informed about the potential short and long-term negative health consequences of vaping. Additionally, by participating in public consultations and conducting regular inspections in the community, APH continues to protect the public from harmful effects of vaping.

Tobacco Vendor Inspections in Algoma

APH conducts two types of inspections of vendors under the SFOA. The first is a compliance inspection, which is done once per year to determine if display, marketing and product restrictions under *the SFOA* and its associated Regulations are being met.

The second type of inspection is called an Access to Minors or Test Shop. These inspections are conducted twice annually, per vendor, to identify vendors that may be selling tobacco products to individuals under the age of 19. APH recruits students under the age of 19 to act as Test Shoppers to support this activity.

If a vendor is convicted twice within five years, they may be given a Prohibition Order, which means that they will not be able to sell tobacco products for a set period of time. An initial Prohibition Order lasts 6 months, but the time increases if the vendor receives additional orders.

Table 1. Summary of Test Shopper statistics 2018-2019:14

2018

Display and Promotion (Tobacco)	83/84 Inspections completed	98%
Display and Promotion (E-cigarettes)	41/45 Inspections completed	91%
Charges	31	Includes both compliance and Test Shopper inspections
Warnings	33	Includes both compliance and Test Shopper inspections

2019 to date

Display and Promotion (Tobacco)	85/85 Inspections completed	100%
Display and Promotion (E-cigarettes)	30/61 Inspections completed	49% (rest to complete before end of year)
Charges	21	Includes both compliance and Test Shopper inspections
Warnings	21	Includes both compliance and Test Shopper inspections

Education and Policy Development in Algoma

Every enforcement activity is an opportunity for public health education, which often involves ongoing collaboration with owners and operators, municipalities, other community stakeholders, and the general public. APH engages in health protection of Algoma communities by assisting the above groups with interpretation of regulations, risk assessments, and risk communication.

APH staff who are provincially designated as tobacco enforcement officers are responsible for enforcing the *Smoke-Free Ontario Act, 2017*, at all regulated premises. These premises include tobacco retailers, schools, residential care facilities, hospitals, bars and restaurants, places of entertainment, tobacconists, and multi-unit dwellings. APH has a role in following up on public complaints with regards to these premises and conducting compliance inspections.

APH supports municipalities in Algoma with respect to the development and implementation of smoke-free municipal by-laws and institutional policies. APH also supports owners and managers of multi-unit housing units to implement smoke-free housing policies.

Next Steps

The APH Comprehensive Tobacco Control Team includes representatives from both health promotion and health protection. The current focus of this team is on assessing, planning and implementing public health interventions guided by the four pillars of tobacco control: protection, industry, prevention and cessation.³

APH staff will continue to strengthening evidence-informed prevention strategies (e.g. through youth engagement), collaborate with community partners to increase tobacco cessation opportunities (e.g. potentially expand clinical services in the community), and develop a comprehensive communication campaign targeted at tobacco cessation (i.e. a mass media communication campaign that focuses on Algoma-specific data to inform targeted messaging).

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**Algoma Public Health
(Unaudited) Financial Statements August 31, 2019**

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	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ YTD Budget 2019
Public Health Programs						
Revenue						
Municipal Levy - Public Health	\$ 2,678,227	\$ 2,639,768	\$ 38,460	\$ 3,519,690	1%	101%
Provincial Grants - Cost Shared Funding	5,015,470	5,015,467	3	7,523,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	2,058,085	2,058,496	(411)	3,376,710	0%	100%
Fees, other grants and recovery of expenditures	419,693	451,663	(31,970)	695,214	-7%	93%
Total Public Health Revenue	\$ 10,171,475	\$ 10,165,393	\$ 6,082	\$ 15,114,814	0%	100%
Total Public Health Programs Expenditures	\$ 9,562,910	\$ 9,944,401	\$ 381,491	\$ 15,114,815	-4%	96%
Total Rev. over Exp. Public Health	\$ 608,565	\$ 220,992	\$ 387,573	\$ (1)		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 445,011	712,011	267,000	1,335,011	-37%	63%
Expenditures	446,114	711,088	(264,974)	1,335,011	-37%	63%
Excess of Rev. over Exp.	(1,103)	923	(2,026)	(0)		

Public Health Programs - Fiscal 19/20

Provincial Grants and Recoveries	\$ -	-	-	-		
Expenditures	9,097	-	9,097	-		
Excess of Rev. over Fiscal Funded	(9,097)	-	(9,097)	-		

Community Health Programs

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	270,465	256,473	13,992	363,118	5%	105%
Total Community Health Revenue	\$ 270,465	\$ 256,473	\$ 13,992	\$ 363,118	5%	105%
Expenditures						
Child Benefits Ontario Works	13,795	16,333	2,538	24,500	-16%	84%
Algoma CADAP programs	243,292	244,224	932	338,619	0%	100%
Total Calendar Community Health Programs	\$ 257,087	\$ 260,557	\$ 3,470	\$ 363,119	-1%	99%
Total Rev. over Exp. Calendar Community Health	\$ 13,377	\$ (4,084)	\$ 17,461	\$ (1)		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 2,369,931	\$ 2,366,461	\$ 3,469	\$ 5,719,507	0%	100%
Municipal, Federal, and Other Funding	156,934	87,491	69,443	253,547	79%	179%
Other Bill for Service Programs	18,360		18,360			
Total Community Health Revenue	\$ 2,545,225	\$ 2,453,952	\$ 91,273	\$ 5,973,054	4%	104%
Expenditures						
Brighter Futures for Children	38,158	47,686	9,528	114,447	-20%	80%
Infant Development	275,665	267,513	(8,152)	644,031	3%	103%
Preschool Speech and Languages	249,374	255,107	5,733	614,256	-2%	98%
Nurse Practitioner	60,053	59,771	(282)	145,452	0%	100%
Genetics Counseling	59,372	-	(59,372)	-	0%	0%
Community Mental Health	1,507,754	1,505,131	(2,623)	3,612,862	0%	100%
Community Alcohol and Drug Assessment	293,049	307,253	14,203	737,406	-5%	95%
Stay on Your Feet	39,132	41,666	2,535	100,000	-6%	94%
Bill for Service Programs	20,778	-	(20,778)	-		
Misc Fiscal	124	1,917	1,793	4,600		
Total Fiscal Community Health Programs	\$ 2,543,459	\$ 2,486,044	\$ (57,415)	\$ 5,973,054	2%	102%
Total Rev. over Exp. Fiscal Community Health	\$ 1,766	\$ (32,091)	\$ 33,858	\$ 0		

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 Eight Months Ending August 31, 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Bgt. to Act. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ Annual Budget 2019	Comparison Prior Year:		
							YTD Actual 2018	YTD BGT 2018	Variance 2018
Levies Sault Ste Marie	1,828,575	1,828,575	0	2,438,100	0%	75%	1,819,323	1,819,323	0
Levies Vector Borne Disease and Safe Water	44,574	44,574	0	59,433	0%	75%	44,574	44,574	0
Levies District	805,078	766,617	38,461	1,022,157	5%	79%	762,738	762,738	0
Total Levies	2,678,227	2,639,766	38,461	3,519,690	1%	76%	2,626,635	2,626,635	0
MOH Public Health Funding	4,896,605	4,896,600	5	7,344,900	0%	67%	4,896,605	4,896,605	0
MOH Funding Vector Borne Disease	72,465	72,467	(2)	108,700	0%	67%	72,465	72,465	0
MOH Funding Small Drinking Water Systems	46,400	46,400	0	69,600	0%	67%	46,400	46,400	0
Total Public Health Cost Shared Funding	5,015,470	5,015,467	3	7,523,200	0%	67%	5,015,470	5,015,470	0
MOH Funding Needle Exchange	43,135	43,133	2	64,700	0%	67%	43,135	43,133	2
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%	513,265	513,267	(2)
MOH Funding - Social Determinants of Health	120,335	120,333	2	180,500	0%	67%	120,335	120,335	0
MOH Funding - MOH / AMOH Top Up	83,870	84,301	(431)	126,450	-1%	66%	83,870	84,301	(431)
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	10,333	2
MOH Funding Unorganized	353,600	353,600	0	530,400	0%	67%	353,600	353,600	0
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.	78,270	78,267	3	117,400	0%	67%	78,254	78,267	(13)
Funding Ontario Tobacco Strategy	289,070	289,067	3	433,600	0%	67%	289,070	289,067	3
MOH Funding Harm Reduction	100,000	100,000	0	150,000	0%	67%	100,000	100,000	0
MOH Senior Dental	60,530	60,530	0	379,760	0%	16%			
One Time Funding	0	0	0	0	0%	0%	0	0	0
Total Public Health 100% Prov. Funded	2,058,085	2,058,497	(412)	3,376,710	0%	61%	1,997,539	1,997,970	(431)
Recoveries from Programs	23,905	24,267	(362)	27,621	-1%	87%	37,278	24,117	13,161
Program Fees	138,580	159,062	(20,483)	238,593	-13%	58%	143,234	158,509	(15,275)
Land Control Fees	107,460	115,000	(7,540)	160,000	-7%	67%	101,835	106,667	(4,832)
Program Fees Immunization	79,467	103,333	(23,866)	155,000	-23%	51%	67,257	123,333	(56,076)
HPV Vaccine Program	442	4,000	(3,558)	12,000	0%	4%	298	14,000	(13,703)
Influenza Program	885	0	885	25,000	0%	4%	0	0	0
Meningococcal C Program	349	0	349	8,000	0%	4%	77	2,000	(1,924)
Interest Revenue	30,539	21,333	9,206	32,000	43%	95%	22,630	9,334	13,296
Other Revenues	38,066	24,667	13,400	37,000	0%	103%	2,164	13,334	(11,170)
Total Fees, Other Grants and Recoveries	419,693	451,663	(31,970)	695,214	-7%	60%	374,772	451,294	(76,522)
Total Public Health Revenue Annual	\$ 10,171,475	\$ 10,165,393	\$ 6,082	\$ 15,114,814	0%	67%	\$ 10,014,416	\$ 10,091,369	\$ (76,953)

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 Eight Months Ending August 31, 2019

(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ Budget 2019	Comparison Prior Year:		
							YTD Actual 2018	YTD BGT 2018	Variance 2018
Salaries & Wages	\$ 5,820,575	\$ 6,048,895	\$ 228,320	\$ 9,173,166	-4%	63%	\$ 5,578,459	\$ 5,951,416	\$ 372,956
Benefits	1,498,841	1,460,634	(38,207)	2,202,680	3%	68%	1,431,524	1,411,437	(20,087)
Travel	140,974	127,379	(13,595)	197,069	11%	72%	136,362	130,888	(5,474)
Program	310,241	420,955	110,714	655,833	-26%	47%	410,519	453,343	42,824
Office	59,579	69,029	9,450	103,544	-14%	58%	73,001	77,939	4,938
Computer Services	541,136	560,782	19,647	826,415	-4%	65%	485,251	504,087	18,836
Telecommunications	174,474	194,151	19,677	274,770	-10%	63%	174,091	202,203	28,112
Program Promotion	16,820	41,953	25,133	72,930	-60%	23%	31,108	44,024	12,916
Professional Development	56,462	64,468	8,006	100,702	-12%	56%	53,046	68,569	15,523
Facilities Expenses	511,408	516,486	5,078	879,456	-1%	58%	521,960	530,000	8,041
Fees & Insurance	189,302	192,220	2,918	242,080	-2%	78%	127,947	174,925	46,978
Debt Management	307,266	307,267	1	460,900	0%	67%	307,266	307,267	1
Recoveries	(64,167)	(59,820)	4,347	(74,730)	7%	86%	(67,071)	(69,531)	(2,461)
	\$ 9,562,910	\$ 9,944,401	\$ 381,491	\$ 15,114,815	-4%	63%	\$ 9,263,463	\$ 9,786,568	\$ 523,105

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

Notes to Financial Statements – August 2019

Reporting Period

The August 2019 financial reports include eight months of financial results for Public Health and the following calendar programs; Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting five month result from operations year ended March 31st, 2020.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

On August 20th 2019, Algoma Public Health received the 2019-2020 Public Health Funding approval letters from the Ministry of Health and Long-Term Care. APH will receive up to \$523,425 in additional base funding related to the Ontario Seniors Dental Care Program (100% Provincially Funded) and up to \$148,500¹ one-time funding for the 2019-2020 funding year. APH's Public Health budget has been revised as of August 2019 to reflect this additional funding.

As of August 31st 2019, Public Health programs are reporting a \$388k positive variance. \$101k of the \$388k positive variance is associated with 100% Provincially Funded Program expenses being less than budgeted. Any surplus dollars associated with 100% Provincially Funded Programs have to be returned to the Ministry.

Total Public Health Revenues are indicating a positive \$6k variance. This is a result of Fees, Other Grants and Recoveries being less than budgeted. APH typically captures the bulk of its fees between the spring and fall months. This negative variance is being offset by a positive variance associated with the municipal levy as some smaller municipalities have paid their portion of the levy in full.

There is a positive variance of \$381k related to Total Public Health expenses being less than budgeted. Salary and Wages expense is driving this positive variance.

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

Genetics counseling program funding has now been fully transitioned to Health Sciences North. Operationally, APH continued to help with the transition in terms of client services utilizing deferred revenue associated with the program. Costs associated with the transition are now complete. APH is waiting on invoices from service providers to finalize expense figures.

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are within budget.

The municipal levies are showing a positive \$38k variance. This is a result of timing of receipts of the municipal levy as some smaller municipalities have paid their portion of the levy in full.

¹ \$124,500 of the \$148,000 one-time funding received was on behalf of the Northeastern Collaborative in relation to the Northeastern Collaboration/Shared Services Project.

Notes Continued...

Cost Shared Funding is within budget.

100% Provincially Funded Grants are within budget.

Fees, Other Grants & Recoveries are showing a negative variance of \$32k. As expected, the size of the Land Control Fees negative variance is decreasing month-over-month as APH typically captures the bulk of its Land Control fees between the spring and fall months. In addition, Program Fees is showing a negative \$20k variance and Program Fees Immunization is reflecting a \$24k negative variance. This is a result of actual revenues being less than anticipated. Management will continue to monitor these line items as the year progresses. If this trend continues, Management will adjust the 2020 Operating Budget to reflect actual fees most recently received.

Public Health Expenses (see page 3)

Salary & Wages

The \$228k positive variance associated with Salary and Wages expense is a result of the time it takes to recruit suitable candidates when a position becomes vacant within the agency. Currently, there are no Public Health positions vacant within the agency that have been budgeted but yet to be filled.

Travel

Travel expense is reflecting a negative \$14k variance. This is a result of Public Health Inspectors (PHI) from the Sault office travelling to Wawa as a result of a PHI vacancy in Wawa. This Wawa PHI position has since been filled. Additionally, Program Managers have been travelling to the District offices more frequently as a result of District staff reporting directly to Program Managers. Finally, in 2019, the MOH, AMOH, and CFO travelled throughout the District making presentations to local municipalities with respect to the work public health performs, APH's budget and the return-on-investment public health provides to communities.

Program

Program expense is indicating a positive \$11k variance. Program Fees Immunization is \$24k under budget which directly impacts the costs of associated Program expenses. Additionally, expenses are less than budgeted.

Telecommunications

Telecommunications expense is indicating a positive \$20k variance. This is a result of savings being generated by moving the software associated with APH telephone warranty to APH servers for 2019.

Program Promotion

Program Promotion expense is indicating a positive \$25k variance. This is a result of timing of expenses not yet incurred.

Notes Continued...

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, 2019. Cash includes \$842k in short-term investments.

Long-term debt of \$4.90 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. \$286k 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 collection concerns for accounts receivable.

Note: *Management is tracking costs associated with the Ransomware attack that occurred in April 2019 for insurance claim purposes. Costs incurred to date are not reflected in the August Statements.*

Algoma Public Health
Statement of Financial Position
(Unaudited)

Date: As of August 2019	August 2019	December 2018
Assets		
Current		
Cash & Investments	\$ 3,634,692	\$ 3,095,904
Accounts Receivable	65,888	589,090
Receivable from Municipalities	235,526	75,726
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	3,936,106	3,760,720
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,398,695	1,345,384
Payable to Gov't of Ont/Municipalities	109,464	344,305
Deferred Revenue	405,500	428,341
Employee Future Benefit Obligations	2,811,714	2,811,714
Term Loan	5,199,815	5,199,815
<i>Subtotal Current Liabilities</i>	9,925,189	10,129,560
Net Debt	(5,989,083)	(6,368,840)
Non-Financial Assets:		
Building	22,732,421	22,732,421
Furniture & Fixtures	1,936,985	1,936,985
Leasehold Improvements	1,572,807	1,572,807
IT	3,244,030	3,244,030
Automobile	40,113	40,113
Accumulated Depreciation	(9,476,105)	(9,476,105)
<i>Subtotal Non-Financial Assets</i>	20,050,250	20,050,250
Accumulated Surplus	14,061,167	13,681,410

Algoma Public Health – GENERAL ADMINISTRATIVE – Policies and Procedures Manual

APPROVED BY: Board of Health

REFERENCE #: 02-05-025

DATE: O: March 20, 2002
Revised: June 17, 2014
Revised: November 25, 2015
Revised: November 28, 2018
Revised:

SECTION: Board

SUBJECT: Board Member Remuneration/
Expenses for Attendance at
Meetings and Conferences

POLICY:

Remuneration for Attendance at Board of Health Meetings

- 1) Board members' attendance at meetings is verified by the attendance recorded in the minutes.
- 2) Payment of remuneration is issued to Board members on a monthly basis.
- 3) Daily remuneration as approved by the Board of Health and in accordance with *Part VI of the Health and Protection and Promotion Act, Section 49*, is paid to those Board members who are not a member of the council of a municipality, OR are a member of the council of a municipality and are not paid annual remuneration by any municipality, for the following authorized activities:
 - a) Attendance at regular and/or special Board of Health meetings, including teleconferenced meetings.
 - b) Attendance at Standing Board Committee meetings, including teleconferenced meetings.
 - c) Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Chair.
- 4) The Chair of the Board shall receive extra remuneration as described in this policy for the performance of additional duties associated with the position of board chair.

Remuneration for Attendance at Board of Health Functions

Remuneration at Board of Health functions applies only to those Board members who normally receive a daily meeting rate from the Board of Health.

The categories of official Board of Health functions to which the daily remuneration rate will apply are as follows:

- a) Attendance as a voting delegate to any annual or general meeting of alPHA;
- b) Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a written report will be tabled with the Board.

For example:

- a briefing session with the Minister of Health or the Public Health Branch on a public health issue;
 - attendance at a local workshop, information session or Task Force on a Board-related issue such as Long Term Care Reform;
 - an alPHA-sponsored committee, task force, workshop, etc., at which Board attendance is specifically requested and which is not recompensed from other sources;
 - others at the discretion of the Chair, subject to ratification by the Board.
- c) This rate does not apply to any workshop, seminar, conference, public relations event, APH program event or celebration, which is voluntary and does not specifically require official Board representation.

The Board member remuneration, as described below will be effective each January. The remuneration may be increased each year by resolution and vote of the Board, and the increase will be no greater than the % change in the consumer price index for the previous year as determined by Statistics Canada.

Attendance at Board and Committee Meetings (in person or electronically)	\$110	meeting 4 hours or less
Attendance as above(including travel time)	\$150	meeting and travel time greater than 4 hours
Attendance at Conferences	\$180	per day
Additional duties of Board Chair		Apply the meeting rate for any required attendance at the request of the MOH

Expenses

- 1) Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply.
- 2) Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality.
- 3) The rate of reimbursement for the use of a personal automobile is the kilometre rate as per the current Travel Policy 02-05-20.
- 4) Travel Expense Claim Form is used to claim:
 - a) kilometers travelled for attendance at Board functions (conferences, conventions or workshops).
 - b) reasonable and actual expenses incurred respecting accommodation, food, parking and registration fees. Receipts are required. Refer to Travel Policy 02-05-20.
- 5) Once submitted, Board/MOH Expenses are to be approved as follows:
 - a) The Board of Health Chair expenses: will be approved by the Chair of the Finance and Audit Committee.
 - b) Board member expenses will be approved by the Board of Health Chair or delegate.
 - c) MOH and/or CEO expenses will be approved by the Board of Health Chair or delegate.

Eligible expenses are reimbursed for Board members only.

The Corporation of the Township of Laird

Incorporated 1891

Clerk-Treasurer
Phyllis L. MacKay, AM.C.T.

Mayor
Richard (Dick) Beitz

September 10, 2019

Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, ON
P6B 0A9

Dear Sir/Madam:

Re: Proposed Changes to Public Health in Ontario

Further to the attached correspondence received from Municipality of Wawa dated June 24, 2019, this is to advise that Laird Council passed motion 77-19 on July 25, 2019 which stated the following:

“That council supports the concerns of the Municipality of Wawa that in reducing the 35 health units to 10 provincial entities, it will put the health of Ontarians at risk.”

If you require further information, please contact our office.

Yours truly,



Phyllis L. MacKay
Clerk-Treasurer

Enclosure

cc Ginette Petitpas Taylor, Minister of Health,
 Mike Mantha, MPP Algoma-Manitoulin
 Carol Hughes, MP Algoma-Manitoulin-Kapuskasing
 Ross Romano, MPP Sault Ste. Marie
 Terry Sheenan, MP Sault Ste. Marie
 Andrea Horwath, Leader of Official Opposition
 Christine Elliott, Ontario Minister of Health
 Dr. D. Williams, Chief Medical Officer of Health
 J. Stevenson, NE LHIN CEO
 Ontario Boards of Health



File No. 9.1

Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, ON
P6B 0A9

June 24, 2019

Dear Sir/Madam:

Re: Proposed Changes to Public Health in Ontario

Please find attached a copy of Resolution No. RC19160, which was passed at the Regular meeting of Council held on Tuesday, June 18, 2019, regarding concerns with proposed changes to Public Health in Ontario and the amalgamation of 35 health units into 10 provincial entities.

If you have any questions or concerns, please feel free to contact me at (705) 856-2244 ext. 222 at your convenience.

Sincerely,

Cathy Cyr
Clerk/Director of Corporate Services

c.c. **Ginette Petitpas Taylor, Minister of Health,**
Mike Mantha, MPP Algoma-Manitoulin
Carol Hughes, MP Algoma-Manitoulin-Kapuskasing
Ross Romano, MPP Sault Ste. Marie
Terry Sheenan, MP Sault Ste. Marie
Andrea Horwath, Leader of Official Opposition
Christine Elliott, Ontario Minister of Health
Dr. D. Williams, Chief Medical Officer of Health
J. Stevenson, NE LHIN CEO
Ontario Boards of Health
Councils of Algoma Municipalities



P.O. BOX 500, 40 BROADWAY AVENUE, WAWA, ONTARIO, P0S 1K0
Telephone: (705) 856-2244, Fax: (705) 856-2120, Website: www.wawa.cc



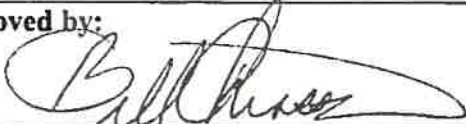



The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

Tuesday, June 18, 2019

Resolution # RC19160	Meeting Order: 7
Moved by: 	Seconded by: 

WHEREAS the role of public health is to promote health, prevent and control chronic diseases and injuries, prevent and control infectious diseases, prepare for and respond to public health emergencies;

WHEREAS public health is primarily focused on the social determinants of health, healthy behaviors, healthy communities and population health assessment;

WHEREAS section 5 of the Health Protection and Promotion Act gives boards of health power to ensure community sanitation and the prevention or elimination of health hazards; provision of safe drinking water systems, control of infectious and diseases of public health significance including immunization; health promotion, health protection, and disease and injury prevention; family health; collection and analysis of epidemiological data, and such additional health programs such as mental health and opioid prevention programs;

WHEREAS the work of public health is best done in the local urban and rural settings in partnership with government, nongovernment, community, Indigenous communities (inclusive of First Nations [Status and Non-Status], Métis, Inuit, and those who self-identify as Indigenous) to work together to address their public health needs;

WHEREAS the 12 great achievements of public health are acting on the social determinants of health, control of infectious diseases, decline in deaths from coronary heart disease and stroke, family planning, healthier environments, healthier mothers and babies, motor-vehicle safety, recognition of tobaccos use as a health hazard, safer and healthier foods, safer workplaces, universal policies, and vaccination. (Canadian Public Health Association);

WHEREAS the province of Ontario is in the midst of an opioid crisis, where the underlying issues include social determinants of health, upon which public health focuses;

p.2



The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

WHEREAS the current provincial government proposes to amalgamate 35 health units into 10 provincial entities;

WHEREAS the health of Ontarians may be put at risk;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health Board write to the Minister of Health and Long-Term Care and to local Members of Provincial Parliament in Algoma to voice their concern over the amalgamation of health units and how it will impact the health of Ontarians, and;

BE IT FURTHER RESOLVED THAT correspondence of this resolution be copied to the Federal Minister of Health, Members of parliament of northeastern Ontario, the leader of the official opposition, the health critic of both provincial parties, The Chief Medical Officer of Health of Ontario, the Boards of Health throughout Ontario, the councils of Algoma municipalities, and the North East LHIN CEO.

RESOLUTION RESULT		RECORDED VOTE			DECLARED INTEREST
<input checked="" type="checkbox"/> CARRIED		MAYOR AND COUNCIL	YES	NO	
<input type="checkbox"/> DEFEATED		Ron Rody			
<input type="checkbox"/> TABLED		Bill Chiasson			
<input type="checkbox"/> RECORDED VOTE (SEE RIGHT)		Mitch Hatfield			
<input type="checkbox"/> PECUNIARY INTEREST DECLARED		Robert Reece			
<input type="checkbox"/> WITHDRAWN		Pat Tait			

Disclosure of Pecuniary Interest and the general nature thereof.

☐ Disclosed the pecuniary interest and general name thereof and abstained from the discussion, vote and influence.

Clerk: _____

DEPUTY MAYOR - PAT TAIT	CLERK - CAMY VAIL

This document is available in alternate formats.

September 11, 2019

christine.elliott@ontario.ca

The Honourable Christine Elliott
Minister of Health
College Park 5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Dear Honourable Christine Elliott:

Re: Expanding alcohol retail outlets

The Government of Ontario continues to outline their plans to increase the accessibility of beverage alcohol in Ontario. Recently, the province announced plans to introduce legislation to end the near monopoly on beer sales and expand alcohol sales to corner, big-box, and more grocery stores, resulting in more retail outlets. Research has long established that increasing access to alcohol is related to a subsequent increase in alcohol use and, in turn, alcohol related harms (e.g., alcohol-related diseases, injuries, violence, crime, and traffic crashes). Therefore, this proposed change to legislation is concerning considering alcohol use is already a leading preventable cause of morbidity and mortality in Ontario.

Where alcohol privatization and deregulation has occurred elsewhere in Canada (e.g. Alberta and British Columbia), alcohol availability has risen significantly, with subsequent increases in consumption and related harms.^{1,2,3} Additionally, following the 2015 partial deregulation of alcohol sales in Ontario, increases in the number of alcohol outlets and longer average hours of operation were positively associated with increased emergency department visits attributable to alcohol.⁴ Alcohol costs to the individual and society are significant. A recently published document shows that alcohol costs Ontario \$5.34 Billion for healthcare, lost productivity, criminal justice and other direct costs.⁵

Furthermore, it is important to consider that the impacts of increased alcohol availability may disproportionately impact vulnerable populations. In British Columbia, privatization is associated to reduced compliance with age of sale policies, which can be observed by the low rates of compliance in privatized stores in comparison to government stores.⁶ The implication is that the sale of alcohol becomes easier for underage drinkers, increasing the risk of alcohol-related harms for a population that is already considered especially vulnerable to the negative impacts of alcohol.

We are requesting the Ontario government consider the impact of increasing the number of retail outlets on the health and safety of Ontarians before moving forward with more legislative changes.

We also request the Ontario Government consider the following recommendations proposed by the Council of Ontario Medical Officers of Health and The Centre for Addiction and Mental

Health to mitigate the potential harms associated with new policy and regulatory changes to increase alcohol availability in Ontario. We believe it is possible to create a culture of lower risk alcohol use in Ontario that balances interests in public health, government revenue, economic development and consumer preference.

Some measures we request be implemented include:

- Regulate retail availability, including the density, location, hours of sale, and access restrictions.
- Give municipalities the authority to restrict outlet density and hours and days of sale.
- Conduct a risk-based assessment for every tailgating event.
- Ensure operational compliance by expanding the current Mystery Shopper Program to encompass bi-annual visits to every alcohol outlet with publicly reported penalties that escalate with repeat offences.
- Conduct annual education visits to retail outlets.
- Implement pricing policies that will increase provincial revenue while also reducing alcohol-related harms.

Now is the time for Ontario to take leadership and address the harms of alcohol use. Therefore, as outlined in the government's report, we are interested in ensuring the government work with public health experts to ensure increasing convenience does not lead to increased social and healthcare costs related to alcohol. Thank you for your consideration.

Sincerely,



Larry Martin
Chair, Board of Health

- c. The Honourable Doug Ford, Premier of Ontario
Ernie Hardeman, MPP, Oxford
Jeff Yurek, MPP, Elgin-Middlesex-London
Pegeen Walsh, Executive Director, Ontario Public Health Association
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Association of Local Public Health Agencies
Ontario Boards of Health
Area municipalities served by Southwestern Public Health

References

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7. Centre for Addiction and Mental Health (2019). Alcohol Policy Framework. Toronto: CAMH.

September 18, 2019

Honourable Ginette Petitpas Taylor
Minister of Health of Canada
House of Commons
Ottawa, ON K1A 0A6

Honourable Christine Elliott
Minister of Health 10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Ministers:

On September 18, 2019 the Board of Health for the Simcoe Muskoka District Health Unit approved a motion to write to the Ontario and the federal Ministers of Health calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth.

Vaping has been rapidly increasing in our youth. A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018 (jumping to 14.6% from 8.4%).¹ Cigarette smoking in the same period increased 45% to reach 15.5% of youth in this age group from 10.7% a year earlier. This is a concerning given that surveys initiated prior to 2018 had reported an ongoing decline in youth smoking; a finding which is consistent with the conclusions of research suggesting that vaping increases the risk of smoking in youth.² Research has also demonstrated that marketing of vaping products at retail stores is associated with youth and young adult initiation of vaping.³

Although vaping is likely to be less harmful than smoking, vaping is not harm free. Vaping can cause ear, eye, and throat irritation. The fine particles and chemicals that are inhaled into the lungs can aggravate existing lung conditions making it harder to breathe.⁴ The risk of heart attack increases with vape use and using both cigarettes and e-cigarettes increases this risk further.⁵ Nicotine addiction is a significant concern associated with youth vaping. Nicotine can change how the teenage brain develops

¹ Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O'Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *Bjm*, 365, I2219.

² <http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx>

³ Loukas, A, Paddock, M., Li, S., Harrell, M., Pasch, E., Perry, C (2019) Electronic Nicotine Delivery Systems Marketing and Initiation Among Youth and Young Adults

⁴ Health Canada. (2019-02-04). Vaping: Get the Facts.

⁵ Hess, CA., Olmedo, P., Navas-Acien, A., Goessier, W., Cohen, JE., & Rule, AM. E-cigarettes as a source of toxic and potentially carcinogenic metals. *Environmental Research*, 2017; 152:221 DOI: 10. 1016/j.envres.2016.09.026

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affecting cognitive functions like memory and concentration as well as impulse control and can cause behavioural problems⁶.

A number of serious lung issues associated with vaping occurring in the United States with an unknown etiology has also recently been reported. Health Canada warned in a recent safety alert that vaping products can carry a risk of pulmonary illness. This follows five recent deaths in the U.S. that have been linked to vaping. Health Canada reported that no similar pulmonary illness incidents have been reported in Canada, but the agency is in communication with the Centre for Disease Control (CDC) who is investigating 450 cases in 33 states which involve e-cigarettes or other vaping product use.⁷

Complicating matters further in lieu of regulation and restriction are flavoured vapour products. There are over 7000 flavours of e-juice available including candy and fruit flavoured varieties with names that appeal to youth.⁸ There is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth.⁹

Presently, there are limited federal restrictions associated with the marketing and promotion of e-cigarettes. Unlike cigarettes, vaping advertising is currently permitted on main stream media including television, radio, newspapers, outdoor signs, print and billboards. There are some regulations to protect youth related to the sale, promotion and flavour of vaping products; however, these regulations are clearly not adequate to stem the increasing uptake of vaping by youth.

Provincially, the Smoke-Free Ontario Act, 2017 (SFOA, 2017) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco. However, those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. As a result, point of sale display and promotion of vapour products at corner convenience stores, gas stations and grocery chains is widespread and promotional materials from posters to three-dimensional cutouts and packaging displays.

In order to prevent a further increase of vaping among youth and non-smokers in Simcoe Muskoka and to prevent the associated possible risk of cigarette smoking uptake, bans on the display and promotion of vapour products at both the Federal and Provincial level are required immediately. Provincially, the Smoke-Free Ontario Act regulations need to be strengthened to include a ban on flavoured vape products, as well on the display and promotion of vapour products mirroring the ban on tobacco products. Federally, the Tobacco and Vaping Products Act (TVPA) should also be revised to ban display, promotion and advertising, also mirroring the restrictions on tobacco in the TVPA.

⁶ England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American journal of preventive medicine*, 49(2), pp.286-293.

⁷ https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

⁸ Zhu SH, Sun JY, Bonnevie E, Cummins SE, Gamst A, Yin L, Lee M. Four hundred and sixty brands of e-cigarettes and counting: implications for product regulation. *Tobacco Control*, 2014 Jul 1;23(suppl 3):e113-9

⁹ Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: An experimental study, *Tobacco Control*, 2016;25(e2):e107-e112.

Thank you for your attention to this very important matter for the protection of the health of our youth.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

Cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Tobacco Research Unit
Ontario Campaign for Action on Tobacco
Municipal Councils of Simcoe Muskoka
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network



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789 Broadway Street, Box 3000
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Fax: 519-845-3160

September 18, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

The Honourable Christine Elliott
Deputy Premier
Minister of Health
Ministry of Health and Long-Term Care
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3

Attention: The Honourable Doug Ford and The Honourable Minister Elliott

Dear Premier Ford and Minister Elliott:

Re: Provincial Plans for the Modernization of Public Health Service Delivery

I am very pleased to write to you on behalf of the County of Lambton Board of Health to express our gratitude in relation to the Ontario Governments decision to delay the 2019-2020 in-year funding changes regarding public health.

During its meeting on September 4, 2019, the County of Lambton Board of Health received a staff report dated August 22, 2019 regarding *Provincial Plans for Modernization of Public Health Service Delivery*. As a result of those discussions, the Board of Health passed the following motion:

#7: Marriott/Stark:

- a) *That Lambton County Council thank the Premier and the Minister of Health for listening and responding to feedback by municipalities to delay the in-year 2019-20 funding changes to public health and other municipally operated health and social services.*

Carried

Thank you for listening to the concerns of public health stakeholders throughout the province. The County of Lambton looks forward to being included in the government's public health consultation process over the coming months.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Weber". The signature is fluid and cursive, with the first name "Bill" and last name "Weber" clearly distinguishable.

Warden Bill Weber
Chair, County of Lambton Board of Health

cc: Bob Bailey, MPP, Sarnia-Lambton
Monte McNaughton, MPP, Lambton-Kent-Middlesex
Linda Stewart, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
Dr. Ranade, Medical Officer of Health
Andrew Taylor, General Manager

alPHA's members are
the public health units
in Ontario.

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

September 19, 2019

Hon. Christine Elliott
Minister of Health
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

Re: Vapour Products Display and Promotion

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to reiterate our concerns about the ongoing proliferation of the promotion and display of vapour products in Ontario, especially as we deal with the emerging issue of vape-related severe respiratory illness.

While research has shown that vaping is less harmful than smoking tobacco, this same research shows that vaping still introduces poisonous substances into the body. In addition to this, the use of vape technology as a vehicle for nicotine and cannabis has become much more common and therefore aligns these products more closely to tobacco, for which we rightly have strict prohibitions on promotion and display.

Ontario has seen a sharp increase in youth vaping over the past two years and this will likely continue without strict prohibitions on their promotion and marketing. Emerging reports of ER admissions for incidences of vaping-related severe pulmonary disease are an immediate cause for alarm, and it is not unreasonable to anticipate more of these as the popularity of vaping increases.

Section 4.1 of the Smoke-Free Ontario Act, 2017 clearly prohibits the display and promotion of vapour products in any place where vapour products are sold or offered for sale, except in accordance with the regulations (RSO 2018, c. 12, Sched. 4, s. 3).

Regulation 268 sets out exemptions from this section, which include permission for retailers of vapour products to promote them (O. Reg. 439/18, s. 4). We strongly urge the immediate removal of this exemption and a return to the Smoke-Free Ontario Act's original intent of placing the same prohibitions on the promotion and display of vape products as it does on tobacco.

The appeal and popularity of these products among children and youth is well established, and our existing concerns are now sharply magnified by reports of hospital admissions related to the use of vape products. We are pleased that you have publicly expressed your own concerns about the prevalence and possible health consequences of vaping, particularly as they affect our youth, and we hope you agree that placing stronger restrictions on vape promotion is in fact one of the most obvious solutions to this emerging issue.

I would be pleased to meet with you to discuss our positions in more detail. Please contact Loretta Ryan, Executive Director, alPHa at 647-325-9594 or loretta@alphaweb.org to make arrangements for a meeting.

Yours sincerely,

A handwritten signature in blue ink, reading "Carmen McGregor". The signature is fluid and cursive, with the first name "Carmen" and last name "McGregor" clearly distinguishable.

Carmen McGregor
alPHa President

COPY: Hon. Michael Tibollo, Associate Minister, Mental Health and Addictions
Helen Angus, Deputy Minister, Ministry of Health
Dr. David Williams, Chief Medical Officer of Health
Dianne Alexander, Director, Health Promotion and Prevention Policy and Programs Branch
Nina Arron, Director, Health Protection and Surveillance Policy and Programs Branch

September 19, 2019

Honourable Christine Elliott
Deputy Premier and Minister of Health
Hepburn Block
10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
Sent via email: christine.elliott@pc.ola.org

Dear Minister Elliott

RE: Immunization for School Children – Seamless Immunization Registry

At its meeting held on September 19, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence received from York Region with regard to protecting school-age children through immunization.

York Region's Regional Council adopted the following recommendations on May 16, 2019.

- Regional Council endorse the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.

Immunizing children is one of the safest and most effective ways to prevent illness and death from many serious contagious diseases. Vaccines are one of the most cost-effective health interventions in modern medicine.

An electronic system of immunization registry is of critical importance for centralizing data records. Accessing immunization data through Electronic Medical Records (EMR) and the Digital Health Immunization Repository (DHIR) Integration Project will allow for safe, reliable and seamless access for health care providers to report immunizations directly to public health. This will not only save health care dollars in the long term but will provide an integrated system that will be more efficient and effective.

.../2

PROTECTION · PROMOTION · PREVENTION



HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551



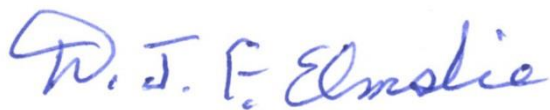
HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336



LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · (705) 324-0455

We appreciate your support for this important public health initiative.

BOARD OF HEALTH FOR HALIBURTON,
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT



Doug Elmslie, Chair, Board of Health

DE/aa

Cc (via email): The Hon. Doug Ford, Premier
 Jamie Schmale, MP, Haliburton-Kawartha Lakes-Brock,
 Kim Rudd, MP, Northumberland-Peterborough South
 The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
 David Piccini, MPP Northumberland-Peterborough South
 Dr. David Williams, Ontario Chief Medical Officer of Health
 Dr. Paul Roumeliotis, Chair, Council of Medical Officers of Health
 Ontario Boards of Health
 Loretta Ryan, Association of Local Public Health Agencies

Attachment

September 27, 2019

The Honourable Christine Elliott, Deputy Premier
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

Recent reports of severe pulmonary illness associated with vaping in the United States and Ontario give rise to concerns about the use of these products, especially among youth. As such, at the September 25, 2019 meeting of the KFL&A Board of Health, the following motion was passed:

THAT the KFL&A Board of Health urge the Provincial Government to immediately remove Regulation 268 of the Smoke-Free Ontario Act, 2017, so that retailers of vaping products will not be allowed to promote them and so that the promotion and display of vape products are subject to the same prohibition as tobacco products.

Vaping rates among youth have been rising in Canada. In 2017, almost one in four Canadian youth (aged 15-19) reported having tried an e-cigarette. Rising youth use of e-cigarettes is especially concerning given the impact of nicotine on the developing brain.

Youth and young adults in Ontario are frequently exposed to vaping advertising on the internet, in convenience stores and gas stations, as well as on television, magazines, billboards, and public transit. Exposure to e-cigarette marketing and advertising has been associated with lower harm perceptions and increased odds of trying e-cigarettes.

Immediate action is needed to curb the impacts of vaping given the increasing vaping rates among youth, widespread promotion of vaping products, and emerging concerns about vaping-related pulmonary illness. Display and promotion of vaping products should align with current restrictions on tobacco products.

Provincially, section 4.1 of the Smoke Free Ontario Act, 2017, prohibits both the display and promotion of vapour products in any place where vapour products are sold or offered for sale (2018, c. 12, Sched 4, s.3). However, regulation 268 outlines exemptions which allow for promotion of vapour products in speciality vape stores and in retail locations that sell vapour products (O. Reg 439/18, s.4).

Kingston, Frontenac and Lennox & Addington Public Health

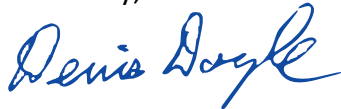
www.kflaph.ca

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	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

The KFL&A Board of Health strongly urges the provincial government to remove Regulation 268 of the Smoke-Free Ontario Act, 2017 to restrict the marketing of vapour products to align with the advertisement of tobacco products. Such urgent action is needed to protect the health of youth in Ontario.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Ian Arthur, MPP Kingston and the Islands
 Randy Hillier, MPP Lanark-Frontenac-Kingston
 Daryl Kramp, MPP Hastings-Lennox and Addington
 Mark Gerretsen, MP Kingston and the Islands
 Scott Reid, MP Lanark-Frontenac-Kingston
 Mike Bossio, MP Hastings-Lennox and Addington
 Ginette Petitpas Taylor, Minister, Health Canada
 Dr. David Williams, Chief Medical Officer of Health, Ministry of Health
 Dr. Theresa Tam, The Chief Public Health Officer
 Loretta Ryan, Association of Local Public Health Agencies
 Ontario Boards of Health*

September 27, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On September 19, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Completion of Consumption and Treatment Services Application and Site Location** to address rising rates of opioid use in Windsor and Essex County.

PROPOSED MOTION

Whereas the Government of Ontario announced its funding commitment and endorsement of Consumption and Treatment Services in October 2018, and

Whereas Windsor and Essex County is experiencing significant public health concerns related to the use of opioids and other substance use, including illnesses, deaths, blood borne infections, and public discarding of used needles, and

Whereas Consumption and Treatment Services have the potential to address such public health issues, in addition to reducing health care costs, and

Whereas the Windsor-Essex County Health Unit's (WECHU) lead role in the Windsor-Essex Community Opioid Strategy and understanding of harm-reduction services in the community, creates an opportunity for the WECHU to lead the successful completion of a comprehensive and collaborative application for Consumption and Treatment Services in our community, and

Whereas the results of the WECHU-led *Supervised Injection Services Community Consultations Report* demonstrate support and openness among the general public, key stakeholders, and people who inject drugs for an SIS in WEC, and

Whereas the final submission of a CTS application as well as the application for an exemption to the federal *Controlled Drugs and Substances Act* requires community consultation and the selection of a proposed location in which to operate.

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the submission of a *Consumption and Treatment Services Application* for the City of Windsor to the Ministry of Health, including the submission of an *Exemption for Medical Purposes under the Controlled Drugs and Substances Act for Activities at a Supervised Consumption Site Application* required by Health Canada, and

FURTHER THAT an additional comprehensive community consultation be conducted by the Windsor-Essex County Health Unit to determine a suitable and accessible location for a CTS in the City of Windsor.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health & Long-Term Care
Hon. Ginette Petitpas Taylor, Minister of Health
Chris Harold, Ministry of Health, Manager, Addiction and Substances Policy and Programs
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

September 27, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

Funding Cancelled for Leave the Pack Behind

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Peterborough Public Health where they expressed concern at their June 12, 2019 Board of Health meeting over the provincial government's decision to cease funding for *Leave the Pack Behind*.

After 19 years, since the year 2000, of helping young adults quit smoking at campuses across Ontario, *Leave The Pack Behind* learned in a phone call that its funding had actually ended weeks ago — a casualty of Ontario Premier Doug Ford's quest to reduce the province's \$348-billion debt.

Leave The Pack Behind has expanded to 44 post-secondary institutions, worked with 35 public-health units and helped 40,600 people quit smoking, according to Kelli-an Lawrance, the group's director and Associate Professor of Health Sciences at Brock University. She credited the group's success to working with young people to design campaigns that appeal to their peers, as well as the fact *Leave the Pack Behind* offers support via social media campaigns, counselling, phone apps and online tips.

Leave The Pack Behind created an environment that supported and inspired all young adults to live their best life, tobacco-free by fulfilling their mission in 4 ways:

1. Help young adults access free quitting methods that work
2. Advocate for healthy, smoke-free spaces
3. Disrupt the social acceptance of cigarettes and alternative tobacco products
4. Build and share knowledge about how to help young adults avoid and quit smoking

The group was one of the lead authors of Make our Campus Smoke-Free, a manual for students aimed at helping them organize anti-smoking campaigns tailored to the circumstances of their school and student body. The guide has also been adopted by students in other provinces.

The Windsor-Essex County Health Unit supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
AMO – Association of Municipalities of Ontario
Corporation of the County of Essex – Clerk's office
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

September 27, 2019

The Honorable Todd Smith
Minister of Children, Community and Social Services
Hepburn Block
6th Floor, 80 Grosvenor St.
Toronto, ON M7A 1E9

Dear Minister Smith:

Changes to Provincial Autism Supports

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter from Peterborough Public Health where they received a delegation at their June 12, 2019 Board of Health meeting who provided a detailed presentation of the planned changes to the Ontario Autism Program.

The Windsor-Essex County Board of Health supports the province's plan to address long waiting lists and to expand Ontario's five autism diagnostic hubs.

Children on the waitlist will transition to Childhood Budgets with direct funding that will include behavioural services, including assessments and consultations, speech language pathology, occupational therapy and physiotherapy as well as family/caregiver capacity building and training, respite services, technology aids and travel.

We also share Peterborough Public Health's concern that through these changes funding will be provided directly to families rather than towards a provision of evidence-based programs. We also believe that amounts should be based on a child's need and not their age. Children with autism benefit from appropriate interventions from qualified practitioners (i.e. needs-based supports).

The Windsor-Essex County Health Unit supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Hon. Steven Lecce, Minister of Education
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Margaret Spoelstra, Co-Chair, Ontario Autism Advisory Panel
Corporation of the City of Windsor – Clerk's office
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

Hon. Christine Elliott, Minister of Health
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Council of Medical Officers of Health (COMOH)
Dr. Marie Bountrogianni, Co-Chair, Ontario Autism Advisory Panel
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

September 27, 2019

The Honorable Rod Phillips
Minister of Finance
Frost Building South
7th Floor
7 Queen's Park Cres.
Toronto, ON M7A 1Y7

Dear Minister Phillips:

Council of Ontario Medical Officers of Health – Alcohol Choice & Convenience

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Dr. Chris Mackie, Chair, Council of Ontario Medical Officers of Health (COMOH) opposing **expanding alcohol retail sales in Ontario**.

Dr. Mackie refers to the Governments release of *The Case for Change: Increasing Choice and Expanding Opportunity in Ontario's Alcohol Sector* Report, and, in particular to Recommendation 8 of the Report stating, "the government should work with retailers, beverage alcohol manufacturers and public health experts to ensure increasing convenience does no lead to increased social costs related to alcohol".

The Windsor-Essex County Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Hon. Christine Elliott
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

October 1, 2019

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
Sent via e-mail: christine.elliott@pc.ola.org

Dear Minister Elliott,

Re: Addressing the Opioid Emergency in Ontario - Recommendations from the Association of Municipalities of Ontario

As Ontario develops its Mental Health and Addiction strategy, Peterborough's board of health hopes that there will be specific attention paid to the opioid crisis that has emerged over the years, fueled by increased rates of opioid prescribing and only made worse by the contamination of the illicit drug supply by fentanyl.

We believe that the recent submission, in September, of recommendations from the Association of Municipalities of Ontario¹ (AMO) presents your government with a comprehensive and carefully considered set of actions that we hope will be seriously considered. These were reviewed at the board's September meeting, with the subsequent decision that its support and endorsement for these recommendations be expressed to you.

The AMO recommendations contain four foundation actions for your government to consider:

- **That the opioid crisis be recognized as a priority**, with the appropriate attention and resourcing required to address it in a comprehensive and effective manner;
- That an **"all of government approach"** be used to ensure that upstream prevention of substance use and other components of the crisis are addressed;
- That, in order to ensure success, a **provincial coordinator** be identified who can focus solely on this one issue and broker the right relationships and partnerships required to achieve the needed results; and
- **Formal means** be established to allow for transparent, accountable and two-way communications.

In addition, the AMO recommendations outline specific strategies that a provincial coordinator would undertake as components of this comprehensive, all of government approach. Taken as a whole, they provide solid advice that has been gleaned from the front lines, from the evidence, and from provincial expertise. We hope that you will find the recommendations to provide helpful guidance as you further develop your response.

As Minister of Health, we look to you for your leadership during these challenging times. Peterborough's population has been hit hard, with opioid poisonings and deaths occurring at an alarming rate. In the first quarter of 2019, we experienced a confirmed death rate of 6.2 per 100,000, a rate much higher than the

provincial rate of 2.7 deaths per 100,000. We are concerned that more needs to be done but with the dissolution of the Central East LHIN board, we no longer have a common meeting place for the planning, coordination and prioritization of health sector services like these.

The strategy that we contributed to developing, through the Central East LHIN, will require updating and adaptation to ensure that we do not lose ground, but instead, continue to build on our successes to date. For example, more people are receiving timely and effective access to treatment for addictions, through our RAAM clinic. Since opening, the Peterborough RAAM clinic has seen over 400 new patients.² Of these, 35% were seeking help for opioid use.

Our board of health supports the need for enhanced treatment options for those who fail to respond to oral agonists and we hope that Ontario will provide our community with funded access to injectable opioid agonist treatment options. The recent publication of clinical and operational guidelines³ now make this a stronger possibility. We hope, too, that harm reduction efforts will be expanded to include supervised consumption as an opportunity to provide life-saving response and prevent deaths from poisonings. We hope that more people with addictions and mental illness will be diverted away from the criminal justice system and into treatment and harm reduction services. And we hope that people with lived experience of substance use will be included in the planning, delivery and evaluation of a comprehensive strategy to ensure that we can capitalize on their insights and build a response that is inclusive, barrier-free and life affirming.

Municipalities and local public health agencies are working together to ensure that communities are responsive to their local opioid emergencies, and that Naloxone is available to assist with reversing the deadly effects of acute poisonings. But we do not act in a vacuum and we will be unable to make a difference unless we can be part of a bigger, comprehensive, complex yet coordinated strategy. That is what the AMO recommendations address, and we wish to emphasize their utility and timeliness as you progress toward a provincial Mental Health and Addictions strategy. We congratulate AMO for convening a working group to prepare and present these recommendations to you, Minister Elliott. And we hope that they will provide you with the guidance you seek in order to ensure Ontario is meeting its obligation to protect the health of its residents.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Monika Turner, Director of Policy, Association of Municipalities of Ontario
Local MPPs
Local Municipal and First Nation Councils
Peterborough Drug Strategy
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Addressing the Opioid Emergency in Ontario: Municipal Recommendations for a Municipal Response, AMO, September 4, 2019, accessed at <https://www.amo.on.ca/AMO-PDFs/Reports/2019/Addressing-the-Opioid-Overdose-Emergency-in-Ontari.aspx>

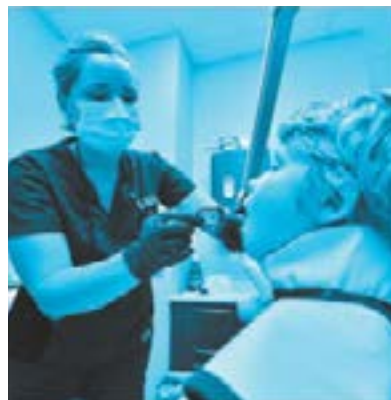
² Communications, September 30, 2019

³ Fairbairn N et al. Injectable opioid agonist treatment for opioid use disorder: a national clinical guideline. CMAJ 2019 September 23,191:E1049-56.doi: 10.1503/cmaj.190344

ANNUAL COMMUNITY REPORT

Health@Simcoe Muskoka

2018-2019



MESSAGE FROM THE BOARD OF HEALTH



Anita Dubeau
Chair, Board of Health

The governance of the Simcoe Muskoka District Health Unit comes with the reward of being involved in work that has great value and meaningful impact on our communities.

In the years I have served with the Simcoe Muskoka District Health Unit Board of Health we have offered support for emergency responses such as tornadoes and flooding. We have presided over decisions that make dining experiences safer; that offer parenting resources from before birth through children's teen years; that reduce the threat of infectious diseases; and respond to emerging public health threats. In assuming the chair of the Board this year, I am thrilled to be able to take the lead in supporting the staff of the health unit as they continue to devote themselves to the public's well-being, even as resources become scarcer.

In 2018, the Board of Health declared opioids as an issue of urgent public health concern in order to focus health unit resources to address the growing crisis of overdoses and drug use in our communities. We also pressed the province to develop a comprehensive provincial child care strategy to increase the number of licensed, affordable child care spaces available to working parents. The Board acted as a vital liaison to help local municipalities understand the complex rules around cannabis legalization. For the 2018 provincial and municipal elections we supported an awareness campaign urging the public and candidates to consider issues such as food insecurity, housing, legalization of cannabis, the opioids crisis and climate change, and suggested actions.

While it is the front-line work of the health unit that draws the attention of the public, the Board's efforts in the background are of equal importance. Last year a new set of Board by-laws was developed and enacted. By-laws ensure the effective and ethical operation of the Board of Health. They also serve as a guarantee to the public that public revenues are directed toward issues that matter to the long-term health of our communities.

The Board of Health has always played a role in providing vision, creative thinking, and influential support for public health programs and services. Following the municipal elections in the fall of 2018, we bade farewell to several elected and appointed members of the Board, including several whose service extended beyond a decade. I offer my thanks to them all for their contributions to the public's health. I also look forward to working with the fresh ideas and enthusiasm of a new Board of Health in 2019.

This will be particularly important while the Board works through a challenging period of transition ahead as the provincial government implements its plan to transform the public health system in Ontario. As announced in the April 11, 2019 budget, Ontario's 35 health units will be replaced by 10 new regional public health entities on April 1, 2020. With our new strategic transition plan in place, and an outstanding record of public health achievements over the past 14 years behind us, I am confident we will carry forward into these new entities our legacy of unique and excellent public health programs and services to the people and communities of Simcoe and Muskoka.

MESSAGE FROM THE MEDICAL OFFICER OF HEALTH

Public health in Ontario is in a period of transition as the Ontario government moves forward with transforming the public health sector.

As details of the transition have emerged, it is clear that for the coming year substantial administrative effort will be diverted to the transition into one or two of 10 new provincially defined regional public health entities. While the future is not clear, I can certainly look back on 2018 as a year of achievements garnered through the valuable programs and services we deliver and the close community partnerships we have developed that have strengthened our ability to protect and promote the health of the population of Simcoe Muskoka into 2019.

As of January 2018, health units across the province began implementing the updated Ontario Public Health Standards and its associated guidelines and protocols. Stated simply, these documents set goals for the priorities in health unit operations and programs, and establish new standards for transparency.

Two new mandates have been added to the public health standards: vision screening for young children and mental health promotion. We now have staff trained to conduct vision screening at the Senior Kindergarten level, to identify existing vision problems or those at high risk of visual impairments. This is a service that will help parents give their children a strong start in school and socially. In the spring of 2019, we completed a situational assessment of mental health promotion needs in Simcoe and Muskoka, and how the health unit would be best positioned to address those needs. A mental health promotion strategy, building from that assessment, was completed in May this year.

In December 2018, we came to the end of our agency's 2016-18 Strategic Plan and a new plan was being completed to continue into the next four years. The provincial restructuring changes leave the health unit unable to commit to strategic tasks beyond 2020. As a result, the four-year strategic plan has been streamlined to a more focused one-year work plan, capturing the elements of the strategic plan that can be managed through the coming year. The overarching principles of the original plan remain: maintaining strong relationships among staff and with external partners; meeting the Ontario Public Health Standards through evidence-informed decision making; and ensuring accountability and good governance. Into these principles we have included activities that will not only ensure the continued excellent services we provide to our communities, but also help the agency make a successful transition into a new public health entity or entities by 2020.

Climate change, Lyme disease, legalization of cannabis, the opioid crisis: we live in times of new and emerging public health challenges. Along with those will be the challenge of reorganization according to the plans of the provincial government. The work of the past year has prepared us to meet the public health challenges. The skill and experience of our staff will be invaluable in ensuring we continue to provide our services while we work through the disruptions ahead.



Dr. Charles Gardner
Medical Officer of Health



CLINICAL SERVICES DEPARTMENT

- Education and awareness to reduce the incidence and spread of infectious diseases
- Investigation and follow-up with clients with diseases of public health significance
- Conducting infectious diseases surveillance
- Immunization of children and adults, including distribution of publicly-funded vaccines to health care providers
- Sexual health clinic services, including sexually transmitted infection follow up
- Healthy Smiles Ontario dental services – both mobile and fixed clinics
- Infection prevention and control education, inspection and complaint investigation in health care, personal services and child care settings

216 community & institutional outbreak investigations	25,501 children screened for tooth decay	81 infection prevention & control complaint investigations	8,392 vaccines given during public immunization clinics
1,423 personal services settings & child care inspections	3,072 client visits to sexual health clinics	21,010 vaccines given at schools	4,081 diseases of public health significance investigations

HPV VACCINE

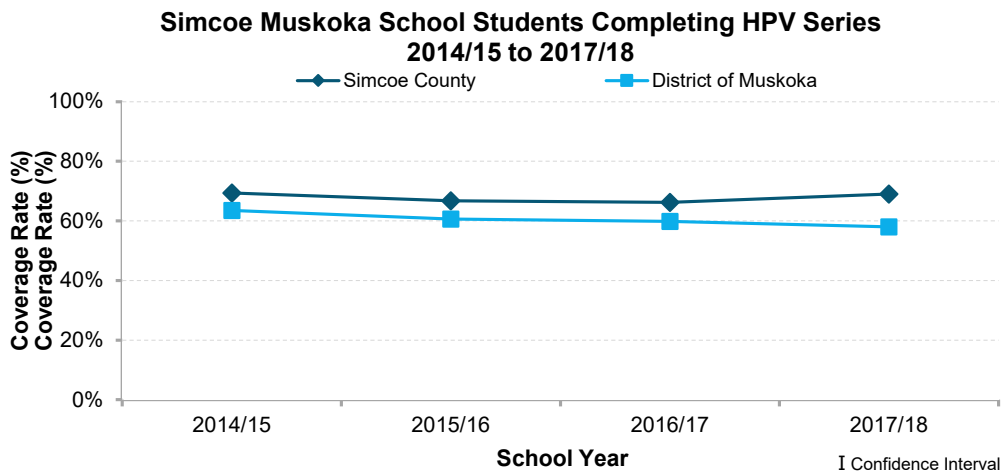
Effective cancer prevention

Human Papillomavirus (HPV) is a sexually transmitted virus that causes genital warts and virtually all cervical cancers. It is also responsible for a number of other cancers, including mouth and throat, anal, penile, and vaginal and vulvar cancers. It is so common that 75 per cent of sexually active people will get HPV at least once in their lifetime.

HPV can be prevented through vaccination. In Ontario, a free vaccine for HPV is offered to every Grade 7 student. In Simcoe Muskoka the vaccine is provided at school clinics by health unit nurses. Despite the HPV vaccine being safe and effective cancer prevention, only 68 per cent of local kids were vaccinated against HPV-related cancers in 2017/18. This rate has remained unchanged since 2014/15.

Recent research shows that the incidence of HPV infections in nine high-income countries, including Canada, decreased by 64 per cent after the introduction of HPV vaccination programs to girls younger than 20 years of age. The vaccine is also highly effective against genital warts.

Because a recommendation from a health provider is the biggest influence in convincing parents to vaccinate their children, in 2018 the health unit partnered with a local doctor and gynecologic oncologist to improve HPV vaccination rates. The result was an ongoing awareness campaign to inform parents, as well as health care providers, that the vaccine is about preventing cancer. In addition, using local infectious diseases data, the health unit continues to encourage health care providers to discuss the effectiveness and importance of HPV vaccination with their patients. The campaign continues in 2019 with further direct outreach to health care practitioners.



Data Source: Ministry of Health and Long-Term Care, Digital Health Immunization Repository, extracted by Simcoe Muskoka District Health Unit [2018/09/13].
Notes: 2017/18 was the first school year where HPV-9 was provided to students. 2016/17 school year was the first cohort to offer the vaccine to Grade 7 students and was a double cohort with Grade 8 females also receiving HPV. 2015/16 school year only provided HPV to Grade 8 female students.
Immunization data are presented by location of the school the student attends.



COMMUNITY AND FAMILY HEALTH DEPARTMENT

- Healthy lifestyle programming to prevent chronic diseases through physical activity and healthy eating
- Healthy schools program to help create and maintain healthier school environments
- Prevention of injuries and substance misuse
- Healthy child development support from pre-conception to school transition
- Prenatal classes, breastfeeding clinics and support, and parenting education
- Home visits to new parents through the Healthy Babies Healthy Children program

1,171 parent/caregiver visits to The Breastfeeding Place	857 expectant parents registered for online prenatal classes	533 families received Triple P (Positive Parenting Program) support from SMDHU
4,618 home visits by public health nurses and family home visitors	70 schools engaged with public health nurses from the School Health program (2018/2019 school year)	1,061 expectant parents attended in-person prenatal classes

OPIOIDS

Coordinated strategy is helping to save lives

Opioid misuse is an urgent and complicated issue that continues to impact families, individuals and communities in Simcoe Muskoka. It's also an issue that shows few signs of abating any time soon.

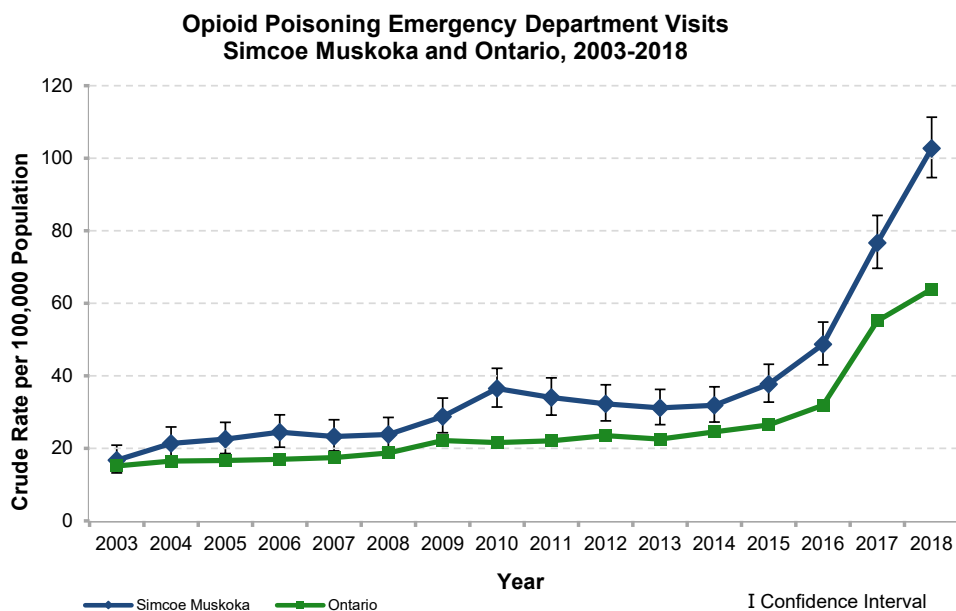
In 2018, there were 78 opioid-related deaths or 13 deaths per 100,000 residents in our region. This was significantly higher than the provincial rate of 10 deaths per 100,000 and part of an ongoing upward trend that has seen local opioid-related death rates triple over the past 10 years. Equally as disturbing, in 2018 there were 600 emergency department (ED) visits or 103 ED visits per 100,000 population for opioid poisonings among Simcoe Muskoka residents (see graph). This represents more than a 30 per cent increase over the previous year.

The health unit has been working with community partners on a multi-pronged, coordinated and comprehensive response to reduce opioid harms in our communities since 2017 when the Simcoe Muskoka Opioid Strategy (SMOS) was created. The strategy consists of five action pillars including prevention, treatment/clinical practice, harm reduction, enforcement and emergency management, with two foundational pillars, data and evaluation, and lived experience.

As part of the strategy, the health unit provides active surveillance, including monitoring the number of emergency department visits for suspected unintentional opioid overdoses. At a certain threshold these numbers can act as a trigger to the health unit to issue a public alert that anyone using street drugs should be cautious about their supplies, and how and when they are using drugs. In 2018 the health unit issued two public alerts about increased overdoses in Simcoe Muskoka.

Under the SMOS prevention pillar, the health unit also launched an anti-stigma campaign, "People who use drugs are real people", to educate the public that addictions are an illness, not a choice. Short videos of local families who have been affected by opioid use were produced and shared on the health unit's website and on social media to help increase the understanding – and reduce stigma – around substance use.

Harm reduction is an important strategy to address the opioid crisis. The health unit, along with the Gilbert Centre and the Canadian Mental Health Association - Simcoe Branch, are working together to submit an application for a supervised consumption site (SCS) within the City of Barrie. The application process has included consultation with the community and key stakeholders, and the identification of a proposed site in downtown Barrie. Barrie has been particularly hard hit by opioids. In 2017, among the 26 Ontario cities with populations over 100,000, Barrie ranked third highest for emergency department visits for opioid overdose. Data for 2018 moves Barrie into second place among large cities for opioid overdose emergency department visits.



Data source: 2003-2018 Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interactive Opioid Tool. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: <http://www.publichealthontario.ca/en/DataAndAnalytics/Opioids/Opioids.aspx>. Updated July 15, 2019
Denominators for 2006-2018 were taken from Statistics Canada; Table 17-10-0139-01;
Population estimates, July 1, by census division, 2016 boundaries

PROGRAM FOUNDATIONS AND FINANCE DEPARTMENT

- First point of contact for the public through Health Connection service
- Health promotion and communications planning and implementation
- Media relations
- Integrating health equity and determinants of health into all programming
- Population health assessment, surveillance, evaluation and quality improvement
- Finance and administration

602,022

times our Facebook posts seen

88,686

Health Connection inquiries

73,768

visits to the Simcoe Muskoka HealthSTATS website

355

times SMDHU mentioned in local news

HUMAN RESOURCES AND INFRASTRUCTURE DEPARTMENT

- Human resources management and implementation of human resources strategy, health and safety, and payroll
- Infrastructure, renovation and facilities management for eight office locations
- Information technology and telecommunications planning and implementation

311

staff as of December 31

8

office locations

8,800

square kilometers of land area covered

540,249

Simcoe Muskoka population served

QUALITY AND PERFORMANCE MEASUREMENT

Our commitment to continuous quality improvement

Simcoe Muskoka District Health Unit’s approach to performance management is based on a commitment to continuous quality improvement, a culture of information sharing and understanding, achieving value for money, and a focus on risk management. Measures of performance are reported annually to the province, Board of Health and the community.

Program Budgeting and Marginal Analysis

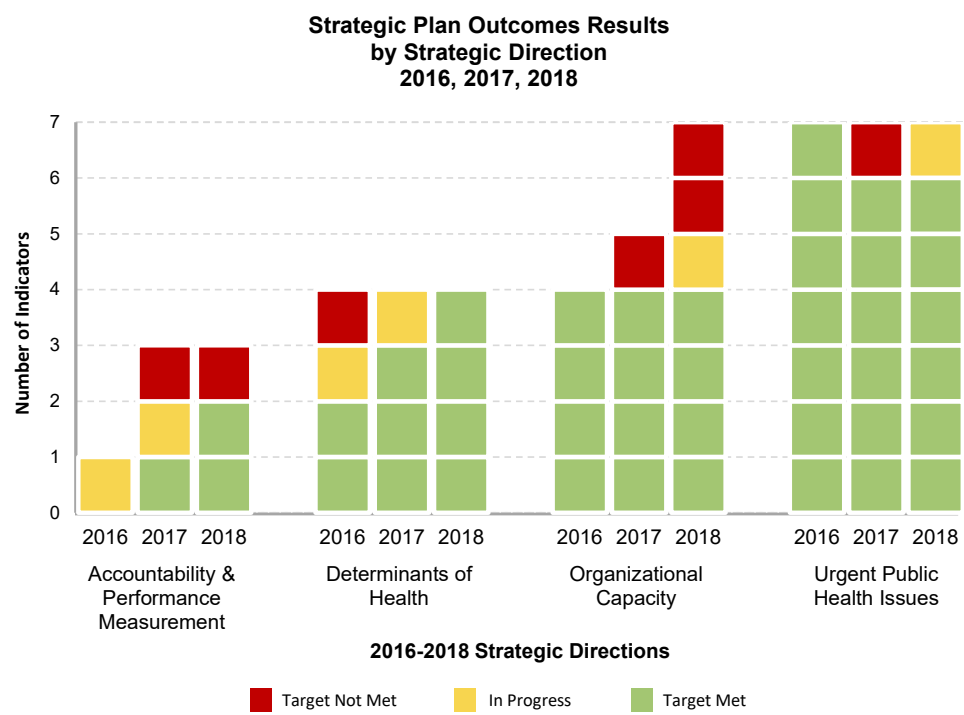
Since 2016, public health funding has been somewhat tenuous. Given continuing fiscal constraints, the health unit identified the need to use a practical evidence-based method for resource allocation. Program budgeting and marginal analysis (PBMA) is used to assess the net impact of different ways of providing services in relation to an organization’s ability to meet strategic objectives and priorities. PBMA helps ensure that we are delivering the right mix of programs and services that are responsive to the needs of our local communities.

Strategic Plan

Effective strategic planning provides a road map for where an organization is going, the actions needed to make progress, and the benchmarks for assessing progress along the way. The health unit monitors, measures and reports progress on the agency strategic plan using a set of indicators established for each of the strategic outcomes. Colour is used to visually depict progress. Green represents success in meeting an indicator related to the strategic outcome, yellow represents work in progress and red reflects limited or no action initiated to date.

At the end of 2018, a total of 21 indicators were monitored across the four strategic directions. Sixteen targets were met, two showed work in progress and three indicated limited movement forward. These results have been used to inform 2019 plans and priorities in an effort to achieve our strategic outcomes.

The 2016-2018 Strategic Plan has come to an end. Reflection on this plan – our successes and areas requiring improvement – have been used to create SMDHU’s 2019-2020 Strategic Transition Plan. This plan focuses on key components that will be positioned as health unit priorities for possible adoption in the changing public health landscape. The plan also allows the health unit to manage the impacts of Ontario’s public health restructuring and transition.





ENVIRONMENTAL HEALTH DEPARTMENT

- Food safety education and food premises inspections
- Safe water inspections and education
- Health hazard prevention and management, including vector-borne diseases
- Rabies prevention and control
- Tobacco-free living, including cessation, prevention, protection, education and enforcement
- Emergency management and response planning

181
 people received counseling and got free nicotine replacement therapy

37
 STOP smoking workshops held to support people to quit smoking

8,406 food premises inspections	2,678 Smoke-Free Ontario Act inspections for smoking and vaping including retail compliance and test shopping with youth	184 tick submissions
1,332 recreational water facility inspections	1,434 rabies exposure investigations	72,512 Inspection Connection page views

DISCLOSURE

Inspection results at your fingertips

Public health inspectors (PHIs) check a variety of businesses and settings in Simcoe Muskoka, including restaurants, child care centres and beaches, to ensure they are meeting requirements and standards that help keep people healthy, safe and injury free. Routine inspections help to prevent and reduce the risk of injuries and the spread of illnesses and diseases, including food-borne illness, Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

Depending upon the facility or setting, PHIs may be checking that foods are stored at proper temperatures so that dangerous bacteria can't grow, that equipment is clean and that sanitizing procedures are followed. PHIs also test water at public beaches. If weekly testing results are unacceptable, public health inspectors assist municipalities in posting notices to the public about water quality for those beaches. Tobacco enforcement officers make sure retailers comply with the Smoke-Free Ontario Act, 2017 to not sell tobacco or vapour products to minors.

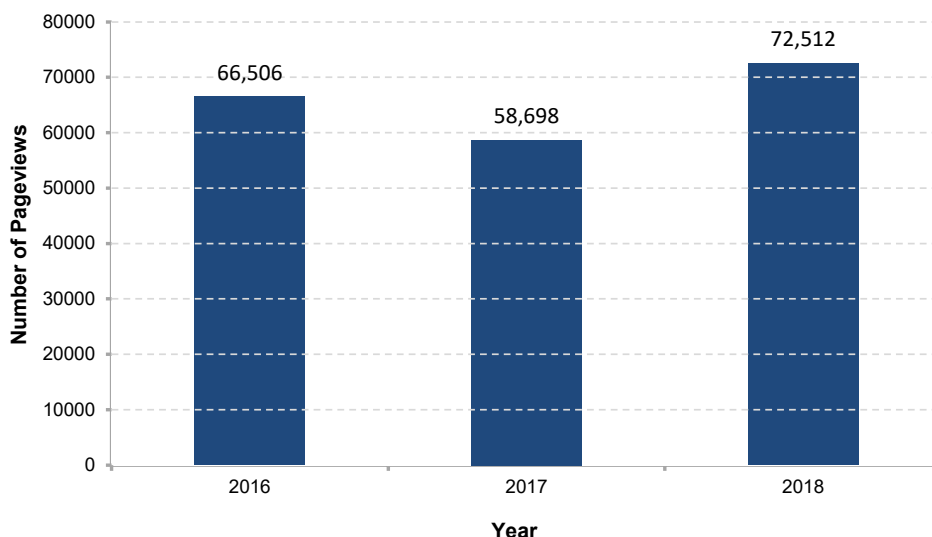
Inspection and investigation results must be made available to the public in accordance with the Ontario Public Health Standards. Disclosing results provides transparency to the inspection process and gives people information they can use when making decisions about visiting a particular premises or setting.

The health unit began posting inspection results on our website in 2014, starting with the health unit's food safety disclosure program. Infection prevention and control lapses were added in 2016, followed by the status of beach water quality. Most recently, inspections for recreational water, including public swimming pools, wading pools, spas and splash pads; recreational camps; and small drinking water systems were added to the website.

Residents and visitors can go online to our Inspection Connection web page to look at the most recent inspection report of a favourite restaurant, or to see which retailer has been convicted under the Smoke-Free Ontario Act, 2017. The beach water testing section has been enhanced to include testing results and a map link, and new images that make it easy for people to know which beaches are open, posted with a swimming advisory or closed. Inspection results for licensed child care settings and tobacco and electronic cigarette retailer convictions were added in 2018, making Inspection Connection an easily accessible one-stop shop for inspection results.

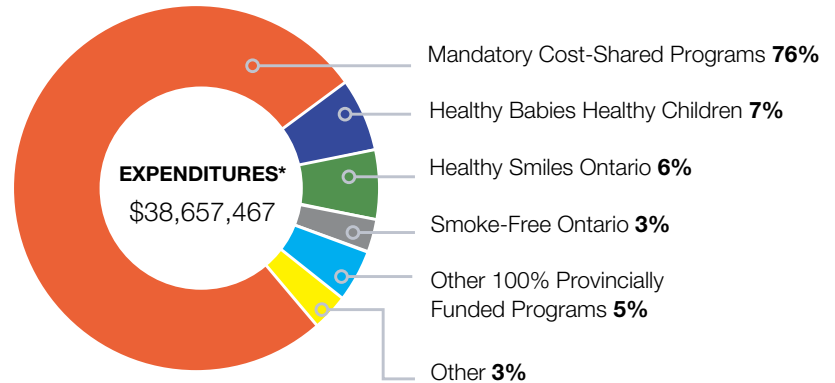
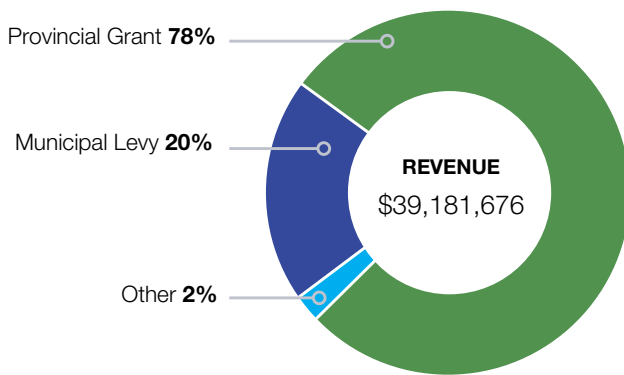
Inspection results for personal services settings, which includes aesthetics, hair styling, tattooing and nail salons, are set to become available in 2020.

**Simcoe Muskoka District Health Unit's
Inspection Connection Website Pageviews, 2016-2018**



Data source: Google Analytics, 2019

2018 HEALTH UNIT FINANCIALS



MEDICAL OFFICERS OF HEALTH

Dr. Charles Gardner

Medical Officer of Health & Chief Executive Officer

Dr. Colin Lee - Associate Medical Officer of Health

Dr. Lisa Simon - Associate Medical Officer of Health

We would like to recognize the contributions of those Board members whose terms expired in 2018:

Sergio Morales, Terry Pilger, Elizabeth Saul,
Brian Saunderson and Barry Ward.



BOARD OF HEALTH

Anita Dubeau – ChairCounty of Simcoe Appointee
(Voted in Feb 6, 2019)

Ralph Cipolla – Vice ChairCounty of Orillia Appointee
(Voted in Feb 6, 2019)

Thomas Ambeau..... Provincial Appointee
(Term expired June 2019)

Sandy Cairns..... District of Muskoka

Lynn DollinCounty of Simcoe Appointee

Gary Harvey.....City of Barrie Appointee
(Appointed Jan 2019)

Stephen Kinsella..... Provincial Appointee
(Reappointed Sep 2019)

Peter KoetsierDistrict of Muskoka Appointee
(Appointed Jan 2019)

Betty Jo McCabe Provincial Appointee
(Term expired June 2019)

Micheal McCann.....City of Barrie Appointee
(Appointed Jan 2019)

Rick Milne.....County of Simcoe Appointee
(Appointed Jan 2019)

Larry Oehm Provincial Appointee
(Appointed Aug 2019)

Floyd PintoCounty of Simcoe Appointee
(Appointed Jan 2019)

Peter Preager..... Provincial Appointee

Scott Warnock..... Provincial Appointee
(Reappointed May 2019)

Peter Willmott Provincial Appointee
(Reappointed Aug 2019)

Ontario Names Advisor on Public Health and Emergency Health Services Consultations

October 10, 2019 9:30 A.M.

Today, Ontario announced that Jim Pine, Chief Administrative Officer of the County of Hastings and former member of the Board of Directors of the Association of Municipalities of Ontario, will serve as advisor for renewed consultations on strengthening and modernizing public health and emergency health services. Pine will play a key role in facilitating productive discussions between the Ministry of Health and public health, emergency health and municipal stakeholders.

"Our government remains committed to working with our partners on modernizing public health and emergency health services," said Christine Elliott, Deputy Premier and Minister of Health. "Jim will play a key role in the consultation process to determine the best way to deliver these critical services so that we can continue to meet the evolving needs and priorities of Ontario's families. Strengthening both public health and emergency health services is part of our plan to end hallway health care and build a modern, integrated and sustainable health care system."

In his role as advisor to the ministry, Pine will lead consultations that will help inform the design and implementation of the government's reforms to public health and emergency health services. This work will include soliciting input from partners on designing a public health system that is nimble, resilient, efficient and responsive to emerging issues, including ensuring the following:

- Better consistency and equity of service delivery across the province;
- Improved clarity and alignment of roles and responsibilities between the province, Public Health Ontario and local public health;
- Better and deeper relationships with primary care and the broader health care system to support the goal of ending hallway health care through improved health promotion and prevention;
- Unlocking and promoting leading innovative practices and key strengths from across the province; and
- Improved public health delivery and the sustainability of the system.

"I'm looking forward to hearing directly from different communities across Ontario and giving my best advice on how to improve public health and emergency health services," said Pine. "I am confident that, together, we can identify and implement innovative and modern solutions to long-standing challenges."

Through this process, Ontario will continue to engage with the Association of Municipalities of Ontario, boards of health, public health experts, Central Ambulance Communications Centres, associations, as well as affected unions and other partners. The consultations will start in the fall 2019 and is expected to conclude in 2020.

QUICK FACTS

- The government has been working with the Association of Municipalities of Ontario, the City of Toronto, and with the Association of Local Public Health Agencies at technical tables since May 2019 to discuss public health modernization.
- The government has maintained current cost-sharing arrangements for public health and emergency health services this year. In addition, the government has increased funding by an average of nearly four per cent for land ambulance services for 2019.
- Jim Pine has been in municipal affairs for 39 years, working as a chief administrative officer in small municipalities, as a city administrator and most recently as the CAO for the County of Hastings.

David Jensen Communications Branch
media.moh@ontario.ca
416-314-6197
Hayley Chazan Senior Manager, Media Relations
hayley.chazan@ontario.ca
416-726-9941

[Available Online](#)
[Disponible en Français](#)

October 11, 2019

The Honourable Christine Elliott, Deputy Premier
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

Re: Vapour Products Display and Promotion

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the on-going promotion of vaping products in Ontario.

While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. KFL&A Board of Health is alarmed by the rising vaping rates among youth. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of nicotine containing vapour products, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping related pulmonary disease reports emerging from the United States, Quebec and our own province.

A suite of robust regulatory measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. Because exposure to vapour products marketing and advertising decreases the perception of the associated risk of vaping and increases the odds of trying these products, immediate action is needed to limit youth's exposure to product promotion. Our youth and young adults are frequently being exposed to vaping advertising on the internet, at point of sale in convenience stores and gas stations, as well as on television, magazines, billboards, social media, and public transit. To that end, KFL&A Board of Health passed the following motion on 2019-09-25:

THAT the KFL&A Board of Health urge the Provincial Government to immediately remove Sections 21 and 22 of Regulation 268 of the Smoke-Free Ontario Act, 2017, so that retailers of vaping products will not be allowed to promote them and so that the promotion and display of vape products are subject to the same prohibition as tobacco products.

.../2

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

Main Office 221 Portsmouth Avenue
Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

KFL&A Board of Health applauds the Government of Ontario's recently expressed concerns about youth vaping and the health risks and your willingness to find evidence-informed solutions to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Mark Gerretsen, MP Kingston and the Island
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Ginette Petitpas Taylor, Minister, Health Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health
Dr. Theresa Tam, The Chief Public Health Officer
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health*

October 16, 2019

Via E-mail: Ginette.PetitpasTaylor@parl.gc.ca

The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9

Dear Minister Petitpas Taylor:

Re: Comprehensive measures to address the rise of vaping in Canada

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the rising vaping rates among youth and young adults in Canada. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada. While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019. KFL&A Public Health submitted the following regulatory recommendations through the consultation process:

- Prohibit all additives and non-tobacco flavours in vaping products and e-liquids.
- Require the listing of all ingredients on product labels and packaging.
- Require health and toxicity warnings on vapour products.
- Restrict nicotine concentration in all vaping products.
- Require standardized and tamper proof packaging on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Strengthen the advertising and promotion control regime so that it aligns with tobacco controls.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls and to identify emerging products.

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

Main Office 221 Portsmouth Avenue
Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

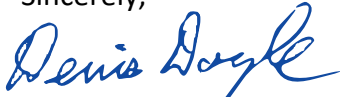
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	Sharbot Lake	613-279-2151	Fax: 613-279-3997

*The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada*

Page 2

The appeal and popularity of vapour products is concerning given their potential health risks, and the rise of youth vaping cannot continue unabated. Like tobacco control, there is no silver bullet to address vaping and its risks. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Mark Gerretsen, MP Kingston and the Islands
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health*

SAVE THE DATE!



Fall 2019 Symposium

Wednesday, November 6

Dalla Lana School of Public Health
Health Sciences Building, 6th Floor
University of Toronto
155 College Street, Toronto
(main intersection: University & College)

- Plenary: 8:30 AM – 4:30 PM
(lunch on your own)
- Reception & Guest Lecture: 5 – 7 PM

Section Meetings

Thursday, November 7

Chestnut Conference Centre
3rd Floor
89 Chestnut Street, Toronto
(main intersection: University & Dundas)

- 8:30 AM – 12 Noon
- Separate meetings for board of health members and COMOH members

Fall 2019 Symposium: November 6
Section Meetings: November 7

IMPORTANT NOTES:

- The November 6 Symposium and November 7 Section meetings will be held at *different* locations (see above).
- Attendees are advised to start booking their guest accommodations. Nearby hotels include the [Chelsea Hotel](#), [DoubleTree by Hilton Hotel](#), and [Courtyard by Marriott Toronto Downtown](#). Guestroom blocks have *not* been arranged with these hotels; reservations at these and other lodgings must be made individually by conference attendees.