



January 22, 2020

BOARD OF HEALTH MEETING

Algoma Community Room

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Meeting Book - January 22, 2020 Board of Health Meeting

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10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

15. Evaluation

16. Adjournment



Board of Health Meeting
AGENDA
January 22, 2020 at 5:00 pm
Algoma Community Room

BOARD MEMBERS

Dr. Patricia Avery
Louise Caicco Tett
Deborah Graystone
Sally Hagman
Micheline Hatfield
Adrienne Kappes
Lee Mason
Dr. Heather O'Brien
Ed Pearce
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
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

1.0 Meeting Called to Order

M. Spruyt

- a. Land Acknowledgment
- b. Declaration of Conflict of Interest

2.0 Election of Officers

- a. Appointment of Board of Health Chair for the year 2020. *M. Spruyt*
- b. Appointment of Board of Health First Vice-Chair and Chair of the Finance and Audit Committee for the year 2020. *Chair*
- c. Appointment of Board of Health Second Vice-Chair and Chair of the Governance Committee for the year 2020. *Chair*
- d. Call for Committee Members for the Finance & Audit Committee and Governance Committee *Chair*

3.0 Signing Authority

Chair

RESOLUTION

WHEREAS By-Law 95-2 identifies that signing authorities for all accounts shall be restricted to:

- i) the Chair of the Board of Health
- ii) one other Board member, designated by Resolution
- iii) the Medical Officer of Health/Chief Executive Officer
- iv) the Chief Financial Officer

SO BE IT RESOLVED that signing authority is provided to _____ as the one other Board member, designated by Resolution until the next election of Officers.

4.0 Adoption of Agenda

Chair

RESOLUTION

THAT the Board of Health agenda dated January 22, 2020 be approved as presented.

5.0 Delegations / Presentations

M. Spruyt

- a. Contained in MOH / CEO Report

6.0 Adoption of Minutes of Previous Meeting

Chair

RESOLUTION

THAT the Board of Health minutes dated November 27, 2019 and the Board of Health Special Meeting minutes dated December 11, 2019 be approved as presented.

7.0 Business Arising from Minutes

Chair

8.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

M. Spruyt

- i. MOH Report - January 2020
- ii. Discussion of the role of Public Health in the Health Care System

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for January 2020 be accepted as presented.

b. Finance and Audit

i. Financial Statements

J. Pino

RESOLUTION

THAT the Board of Health approves the Financial Statements for the period ending November 30, 2019 as presented.

9.0 New Business/General Business

Chair

10.0 Correspondence

Chair

- a. Letter to the Minister of Health, Canada from the City of Hamilton regarding **Endorsement of Comprehensive Measures to Address the Rise of Vaping in Canada** dated November 27, 2019.
- b. Letter to the Minister of Health from Peterborough Public Health regarding **Restrictions on Marketing of Vaping Products** dated November 29, 2019.
- c. Letter to the Minister of Health from Leed, Grenville & Lanark District regarding **Vapour Product Use among Youth** dated December 2, 2019.

- d. Letter to the Minister of Health from Sudbury Public Health regarding **E-Cigarette and Aerosolized Product Prevention and Cessation** dated December 3, 2019.
- e. News Release from newsroom@ontario.ca regarding **Ontario Introduces 24 Ontario Health Teams Across the Province to Provide Better Connected Care** dated December 9, 2019.
- f. Letter to the Minister of Natural Resources and Forestry from Wellington-Dufferin-Guelph Public Health regarding **Schedule 16 of Proposed Bill 132 Respecting the Aggregate Resources Act** dated December 9, 2019.
- g. News Release from newsroom@ontario.ca regarding **Ontario Opening Cannabis Retail Market** dated December 12, 2019.
- h. Letter to Community Partners from the Ministry of Children, Community and Social Services regarding **Ontario's Poverty Reduction Strategy** dated December 16, 2019.
- i. Letter to the Minister of Health from alPha regarding **Ministerial Mandate Letter** dated December 17, 2019.
- j. Letter to Boards of Health from Huron Perth Public Health regarding **Merger of Huron and Perth Health Units** dated December 17, 2019.
- k. Letter to the Minister of Health from Leeds, Grenville & Lanark District Health Unit regarding **National Universal Pharmacare Program** dated December 18, 2019.
- l. Letter to the Minister of Health from Peterborough Public Health regarding **Request for Weekly Data Reports on Vaping Cases** dated January 2, 2020.
- m. Letter to the Minister of Health, Canada and the Deputy Premier, Minister of Health, Ontario Long-Term Care from Porcupine Health Unit regarding **Display and Promotion of Vaping Products** dated January 9, 2020.

11.0 Items for Information

Chair

12.0 Addendum

Chair

13.0 In-Camera

Chair

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.

14.0 Open Meeting

Chair

Resolutions resulting from in camera meeting.

15.0 Announcements / Next Committee Meetings:

Chair

Finance & Audit Committee Meeting

February 12, 2020 @ 4:30 pm

Algoma Community Room

Board of Health Meeting:
February 26, 2020 @ 5:00 pm
Algoma Community Room

Governance Committee Meeting
March 11, 2020 @ 5:00 pm
Algoma Community Room

16.0 Evaluation *Chair*

17.0 Adjournment *Chair*

RESOLUTION

THAT the Board of Health meeting adjourns.

Board of Health Meeting
MINUTES
November 27, 2019 at 5:00 pm
Sault Ste. Marie - Community Room A

PRESENT : BOARD MEMBERS

Lee Mason - Chair
Deborah Graystone - 2nd Vice Chair
Louise Caicco Tett
Randi Condie
Dr. Heather O'Brien
Karen Raybould

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

T/C : Brent Rankin, Matthew Scott, Patricia Avery, Adrienne Kappes

REGRETS : Ed Pearce, Micheline Hatfield

The APH **2019 Public Health Champion Award** was presented to **Elizabeth MacMillan** by the Board of Health Chair Lee Mason, for her contribution to population health in Algoma. She has developed Algoma Educational Gardening - teaching children how to grow vegetables and to promote healthy eating. She has started a new registered non-profit called SKILLS - developing urban culture and agriculture in Sault Ste. Marie by building greenhouses in the downtown area and teaching people to cultivate and maintain them. Elizabeth spoke about her journey and working toward the goal of greenhouse grocery stores within the city and the positive outcomes of these projects cutting through barriers in education and access in the community.

1.0 Meeting Called to Order at 5:09 pm

a. Declaration of Conflict of Interest

None declared

2.0 Adoption of Agenda

RESOLUTION
2019-81

Moved: D. Graystone
Seconded: H. O'Brien

THAT the Board of Health agenda dated November 27, 2019 be approved as presented.

CARRIED

3.0 Delegations / Presentations

a. There is no presentation as Strategic Planning sessions are scheduled after the Board meeting and all day on Thursday November 28, 2019.

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION
2019-82

Moved: K. Raybould
Seconded: D. Graystone

THAT the Board of Health minutes dated October 23, 2019 be approved as presented.

CARRIED

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 - November 2019

Local MPP Ross Romano is scheduled to make an announcement at APH on Friday, November 30 at 10 am about supporting free dental care for low income seniors. Discussion about the program, recruitment of dentists and hygienists and role of APH. APH has estimated that approximately 2200 seniors in the district could be eligible for the dental program.

Program Indicators were reviewed with discussion on specific indicators including Rabies investigations, calls to Sexual Health Line, Naloxone training.

M. Spruyt offered a copy of the presentation from the Ontario Health Team Governance session held on Monday November 18, 2019.

**RESOLUTION
2019-83**

Moved: H. O'Brien
Seconded: L. Caicco-Tett

THAT the report of the Medical Officer of Health and CEO for November 2019 be accepted as presented.

CARRIED

b. Finance and Audit Committee

i. Finance and Audit Committee Chair Report

**RESOLUTION
2019-84**

Moved: H. O'Brien
Seconded: D. Graystone

THAT the Finance and Audit Committee Chair Report for November 13, 2019 be adopted as presented.

CARRIED

ii. Terms of Reference - Finance and Audit Committee

**RESOLUTION
2019-85**

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

THAT the Terms of Reference for the Finance and Audit Committee and accepted as presented.

CARRIED

iii. Financial Statements

J. Pino presented a summary of the September Financial Statements highlighting Public Health and Non Public Health Programs. APH year-to-date Revenue, expenses and financial position were highlighted.

**RESOLUTION
2019-86**

Moved: R. Condie
Seconded: D. Graystone

THAT the Financial Statements for the period ending September 30, 2019 be accepted as presented.

CARRIED

iv. 2020 Public Health Operating and Capital Budget

J. Pino provided an overview of the 2020 Public Health Operating and Capital Budget. The Board was advised of the impact of the cost-sharing formula and the impact it will have on Algoma municipalities and their respective levy contributions. M. Spruyt suggested that teleconference discussion with municipalities could be offered to answer questions any municipality may have. A question regarding WSIB rates was asked and will be followed up at the next meeting by A. Tomie.

RESOLUTION 2019-87

Moved: H. O'Brien

Seconded: K. Raybould

THAT the 2020 Public Health Operating and Capital Budget be approved as presented.

CARRIED

v. 2019 Contribution to the APH Reserve Fund

J. Pino provided an overview of the recommendation.

RESOLUTION 2019-88

Moved: H. O'Brien

Seconded: L. Caicco-Tett

THAT the Board of Health has approved a contribution of up to \$300,000 into APH's Reserve Fund.

CARRIED

c. Governance Committee

i. Governance Committee Chair Report

RESOLUTION 2019-89

Moved: K. Raybould

Seconded: R. Condie

THAT the Governance Committee Chair Report for November 20, 2019 be adopted as presented.

CARRIED

ii. Travel Policy 02-05-020

RESOLUTION 2019-90

Moved: H. O'Brien

Seconded: L. Caicco Tett

THAT the Board of Health approve the revised Travel Policy 02-05-020 as presented.

CARRIED

This policy goes into effect on January 1, 2020

7.0 New Business/General Business

a. L. Mason provided an update about the RFP for the Algoma Room renovations with the successful proponent being Park Construction. The renovations are well underway.

8.0 Correspondence

L. Mason noted that this would be the appropriate time to bring forward supporting motions.

a. Letter to Mayor and Council of the City of Kingston from the Kingston, Frontenac and Lennox & Addington Public Health regarding **Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol Harms** dated October 18, 2019.

b. Letter to the Minister of Health and Long-Term Care from the Windsor-Essex County Health Unit regarding **The Harms of Vaping and the Next Steps for Regulation** dated October 21, 2019.

c. Letter to the Minister of Health and Long-Term Care and the Minister of Health of Canada from the Windsor-Essex County Health Unit regarding **Restrictions on Display and Promotion of Vaping Products and the Ban of Flavoured E-Cigarettes** dated October 22, 2019.

- d. Letter to the Minister of Health and Long-Term Care from the Windsor-Essex County Health Unit regarding **Removal of Regulation 268 of the Smoke-Free Ontario Act, 2017, to restrict marketing of Vaping Products** dated October 22, 2019.
- e. Letter to the NE Boards of Health from the Timiskaming Health Unit regarding **Public Health Modernization - North East Public Health Transformation Initiative** dated October 23, 2019.
- f. Letter to the Prime Minister from the Regional Municipality of Durham regarding **Opioid Overdose Emergency Resolution** dated October 24, 2019.
- g. News Release from the Ministry of Health regarding **Protecting Youth from the Dangers of Vaping - Ontario Banning the Promotion of Vaping Products Outside of Specialty Stores** dated October 25, 2019.
- h. Letter to the Minister of Health and Long-Term Care from the Simcoe Muskoka District Health Unit regarding **Vaping Display and Promotion** dated October 25, 2019.
- i. News Release from newsroom@ontario.ca regarding **Government Lays out Legislative Priorities for the Upcoming Session** dated October 28, 2019.
- j. Letter to the Minister of Health and Long-Term Care from the City of Hamilton regarding **Opposition to Co-Payment for Dentures under the New Ontario Seniors Dental Care Program** dated October 30, 2019.
- k. Letter to the Minister of Health and Long-Term Care and the Chief Medical Officer of Health from the City of Hamilton regarding **Support for a Seamless Provincial Immunization Registry** dated October 30, 2019.
- l. Letter to the Minister of Health and Long-Term Care from the City of Hamilton regarding **Request for Weekly Data Reports on Vaping Cases** dated October 30, 2019.
- m. Communication from Grey Bruce Public Health Unit to all Health Units regarding Motions of support for **Funding for Leave the Pack Behind, National School Food Program, Display and Promotion of Vaping Products, Promotion and Display of Vapour Products in Ontario** dated October 31, 2019
- n. Letter to the Minister of Health and Long-Term Care from the Renfrew County and District Health Unit regarding **The Harms of Vaping and the Next Steps for Regulation** dated October 31, 2019.
- o. Communication to All Ontario Health Units from the Timiskaming Health Unit sharing their **2018 Annual Report** dated November 6, 2019.
- p. News Release from the Ministry of Health regarding **Ontario Taking Next Steps to Integrate Health Care System** dated November 13, 2019.
- q. **Connected Care Update** from the Ministry of Health dated November 13, 2019.
- r. News Release from newsroom@ontario.ca regarding **Ontario Expanding Digital and Virtual Health Care** dated November 13, 2019.
- s. Communication from alPHA to All Health Units regarding **alPHA Statement of Principles** dated November 15, 2019.
- t. Communication from alPHA to All Health Units regarding **Update on Public Health Modernization** dated November 18, 2019.
- u. News Release from the Ministry of Health regarding **Discussion Papers - Public Health Services Modernization** dated November 18, 2019.
- v. News Release from newsroom@ontario.ca regarding **Ontario Launches Free Dental Care for Low-Income Seniors** dated November 20, 2019.
- w. Communication from Ontario Chief Medical Officer of Health to all Health Units regarding retirement of Laura Pisko dated November 20, 2019
- x. Letter to the Minister of Health and Long-Term Care and Special Advisor, Public Health Modernization from Simcoe Muskoka District Health Unit regarding Public Health Modernization dated November 20, 2019.

- y. Communication from alPHa to All Health Units regarding **alPHa Member Feedback on Public Health Modernization** dated November 21, 2019.
- z. Letter to the Minister of Health and Long-Term Care and the Minister of Health, Canada from Haliburton, Kawartha, Pine Ridge District Health Unit regarding **Vaping Regulations** dated November 21, 2019.

There was discussion regarding **Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol Harms**. **This item** will be added as new business to the January 2020 Board of Health meeting agenda.

9.0 Items for Information

10.0 Addendum

11.0 In-Camera - 6:43 pm

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

Moved: H. O'Brien

Seconded: D. Graystone

THAT the Board of Health go in camera.

12.0 Open Meeting - 7:03 pm

There were no resolutions resulting from the in camera meeting.

13.0 Announcements / Next Committee Meetings:

Board of Health Meeting:

January 22, 2020 @ 5:00 pm

Sault Ste. Marie, Room A

Finance & Audit Committee Meeting

February 12, 2020 @ 5:00 pm

Prince Meeting Room, 3rd Floor

Governance Committee Meeting

March 11, 2020 @ 5:00 pm

Prince Meeting Room, 3rd Floor

14.0 Evaluation

15.0 Adjournment - 7:23 pm

RESOLUTION

Moved: D. Graystone

Seconded: L. Caicco Tett

THAT the Board of Health meeting adjourns.

CARRIED

Lee Mason, Chair

Date

Tania Caputo, Secretary

Date



Board of Health - SPECIAL MEETING
MINUTES
December 11, 2019 at 5:00 pm
Prince Meeting Room 3rd Fl

PRESENT : **BOARD MEMBERS**

Lee Mason - Chair
Deborah Graystone - 2nd Vice Chair
Dr. Patricia Avery
Louise Caicco Tett
Randi Condie
Adrienne Kappes
Dr. Heather O'Brien
Karen Raybould

APH EXECUTIVE

Dr. Marlene Spruyt - MOH/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Antionette Tomie - Director of Human Resources
Tania Caputo - Board Secretary

REGRETS: Ed Pearce - 1st Vice Chair, Micheline Hatfield, Brent Rankin, Matthew Scott

1.0 Meeting Called to Order - 5:07 pm

a. Declaration of Conflict of Interest

None declared.

2.0 Adoption of Agenda

**RESOLUTION
2019-95**

Moved: H. O'Brien

Seconded: P. Avery

THAT the Board of Health agenda dated December 11, 2019 be approved as presented.

CARRIED

3.0 In-Camera - 5:08 pm

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
2019-96**

Moved: A. Kappes

Seconded: K. Raybould

THAT the Board of Health go in-camera.

CARRIED

4.0 Open Meeting - 5:18 pm

Resolutions resulting from in-camera meeting:

OPSEU Memorandum of Settlement

**RESOLUTION
2019-98**

Moved: H. O'Brien

Seconded: D. Graystone

THAT the Board of Health ratifies the memorandum of settlement between Ontario Public Servant Employee Union (OPSEU) and the Board of Health of the District of Algoma Health Unit as presented.

CARRIED

5.0 Announcements / Next Committee Meetings:

Board of Health Meeting:

January 22, 2020 @ 5:00 pm

Sault Ste. Marie, Room A

6.0 Adjournment - 5:20 pm

RESOLUTION

2019-99

Moved: R. Condie

Seconded: H. O'Brien

THAT the Board of Health meeting adjourns.

CARRIED



Algoma
PUBLIC HEALTH
Santé publique Algoma

January 2020

Medical Officer of Health / CEO



True Public Health Champion

Elizabeth MacMillan (center), developer of Algoma Educational Gardening (AEG), received the 2019 Public Health Champion Award for 2019 - presented by Lee Mason, Board of Health Chair and Dr. Marlene Spruyt, Medical Officer of Health.

Prepared by:
Dr. Marlene Spruyt and the
Leadership Team

Presented to:
Algoma Public Health Board of Health
22/01/2020

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APH AT-A-GLANCE

Happy New Year greetings to all;

We are holding our first meeting of the year in the newly renovated Algoma Room on the first floor. Although construction is completed, we are still awaiting the arrival of the new table and will be testing out the upgraded communications system.

Rather than a formal delegation, I will be sharing with you a few slides that can provide background for discussion about the role of public health within the broader health care system, which will help you to understand our role within Ontario health Teams.

Jennifer Loo, Associate Medical Officer of Health and Director of Health Protection, was invited to the Science Café in SSM (an open forum community interest group) and delivered an excellent presentation entitled ***Health of Algoma Communities: Focus on Environmental Health and Cancer Risk***. Again, we were able to utilize the Community Health Profile to provide contextual background for concerns about cancer risks.

Public Health Modernization/Transformation:

Public Health Modernization consultation process continues across the province. At the time of writing, they have completed four sessions, and we understand there will be a total of fourteen in-person sessions. Jennifer Loo and I attended the consultation in North Bay on Tuesday, January 14. Thank you to those Board members who were able to join; Ed Pearce in person and Louise Caccio Tett via teleconference.

We were pleased with the process, which allowed ample opportunity for contributions to the discussion. We heard several messages:

This is a “reset” from the initial proposal to have 10 health units in the province and that the Ministry has no predetermined plan but that the status quo is not an option. They are using this process to identify the strengths of the current system with an effort to maintain those elements that are effective but to improve in areas where there may be opportunities to be more effective.

We were able to communicate (I believe) our concerns that solutions for Southern Ontario may not be practical in the North due to our vast geography, great numbers of small and dispersed municipalities and low population density. Creating relationships

with other agencies is important to our work and requires time, continuity and a personal presence, and efforts to regionalize must take into account those services that need to be delivered locally. Effective partnerships are integral to the work of public health, and our perspective in the North is that the alignment and working relationships with social services and other community agencies have been reasonably effective. Recruitment and retention are significant issues and we rely on the expertise of Public Health Ontario for complex issues such as toxicology or unusual or extensive disease outbreaks. Neighbouring health units can be supportive but also have limited capacity. The ongoing uncertainty is also placing an additional strain on our ability to fill current vacancies.

We learned that the consultation process will continue through most of February and that they will create a report of what they have heard and provide potential solutions for further input from the field. They hope to have final recommendations to the Ministry by late spring and expect if there are legislative changes that these will be tabled in the fall 2020. Based on this, it is unlikely that we will see any implementation of the system changes until 2021. It also appears that there may be some further announcements coming next week at the Rural Ontario Municipal Association (ROMA) meeting.

Anyone wishing to make additional written submissions can do so until February 10, 2020, through the EHS Modernization Team's dedicated e-mail address: ehsphmodernization@ontario.ca.

Strategic Planning:

Our consultants consolidated all the commentary from our retreat day on November 28, 2019, and the Steering Committee has met twice to further refine and clarify the Vision, Mission and Goals. We are now in the phase of identifying measurable objectives that will resonate with all staff in the implementation phase. We plan to have the final draft for your approval at the February 2020 meeting.

Seniors Low Income Dental:

This program is still in the early implementation phase. We have arranged contracts with 2 dentists in the SSM area and are finalizing arrangements with others in the district. Our first treatment clinic will be in SSM on Friday, January 17, 2020. Capital expenditures were approved for upgrades to the SSM clinic to meet the required health and safety modifications to administer dental x-rays. Contractual agreements will vary in the district as dentists will make their own facilities available for eligible clients.

Agency Planning for 2020

Our Executive Team has finalized our 2020 workplan. A number of activities have been carried forward from last year as the disruption caused by the cyber attack and the April 2020 budget with its threat of a total public health reorganization caused us to divert our attention away from many routine activities.

PARTNERSHIPS

Ontario Health Teams:

The Algoma Ontario Health Team (OHT) submitted some additional documentation to clarify its application. At this time, they are awaiting further communication on their status from the Ministry.

APH has also been asked to participate in the 2 other applications going forward within the district. The North Algoma OHT group has begun discussion, and I have been joining them via teleconference. The East Algoma group will also be proceeding with an application.

Bridges and Circles:

In 2020, Bridges Out of Poverty Workshops- Phase One of our poverty reduction initiative will continue throughout the district of Algoma. We had the opportunity to promote the value of the workshops to those in attendance at the last Algoma Leadership Table. Additional promotion will be planned this year, building on the past workshop attendance. The annual community workshop will occur in the Spring.

To advance “community change” related to poverty, we will begin work on Phase Two- Circles Leadership Training and Phase Three- Circles, with our Social Services partners. Leadership Training for Social Services and Health Equity staff will occur in March and in September, we will be hosting Circles Canada staff as they present to community stakeholders on the Circles approach. At that time, they will share data outcomes, best practices, and learning to assist us in implementing Circles in Algoma.

Three Phases of Poverty Reduction

1. Bridges out of Poverty:

A framework using an economic lens to raise awareness, inspire better understanding among community members from different socio-economic groups, and develop allies to assist in Circle work.

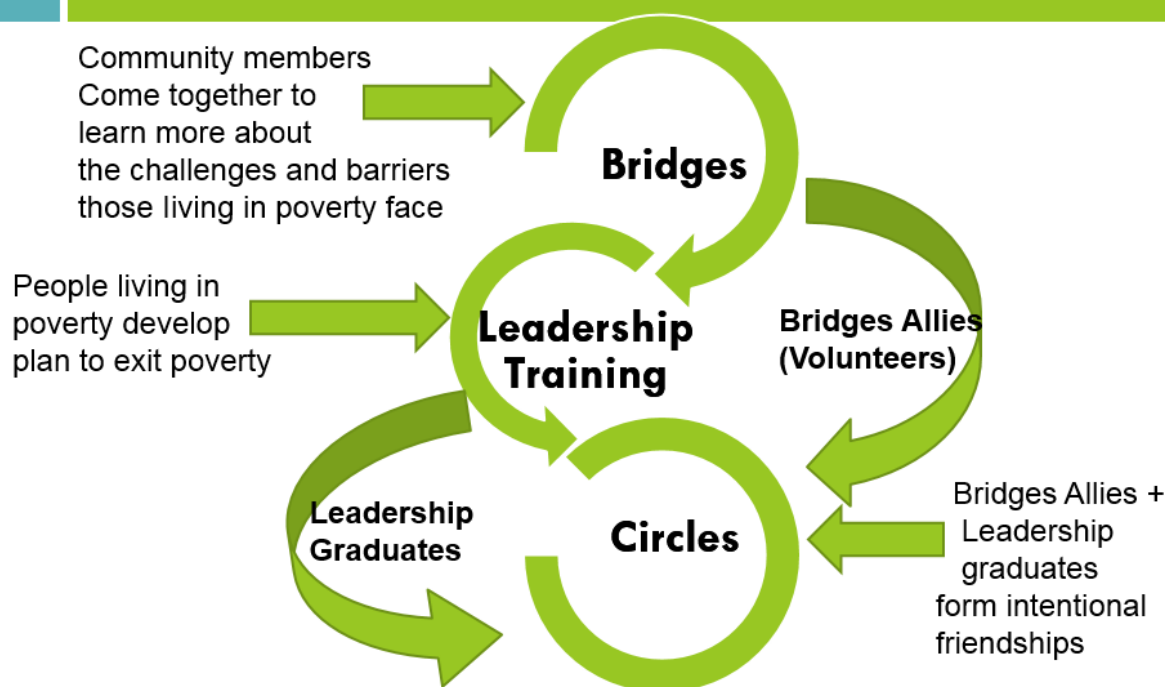
2. Circles Leadership Training :

A program that educates and supports people who live in poverty to develop a plan of change to exit poverty (create a future story).

3. Circles:

A program that creates intentional friendships between people who live in poverty who have graduated from Circles Leadership Training with volunteer Circles allies to provide support as they work to exit poverty.

Components for Community Change



PROGRAM HIGHLIGHTS

Topic: Municipal Alcohol Policies (MAPs) as a local lever to reduce alcohol-related harms

From: Kristy Harper, Manager of Community Wellness,
Laurie Zeppa, Director of Health Promotion & Prevention

Public Health Goal:

Chronic Disease Prevention and Well-Being:

To reduce the burden of chronic diseases of public health importance and improve well-being.¹

Substance Use and Injury Prevention:

To reduce the burden of preventable injuries and substance use.¹

Program Standard Requirements addressed in this report:

Chronic Disease Prevention and Well-Being (Requirement #1) & 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 for both chronic disease and preventable injuries and substance use in order to reduce the burden of illness from chronic diseases and substance use in the health unit population.¹

Chronic Disease Prevention and Well-Being & Substance Use and Injury Prevention (Requirement #2.a.ii)

The program of public health interventions shall be informed by consultation and collaboration with local stakeholders in the health, education, municipal, non-governmental and other relevant sectors.¹

Chronic Disease Prevention and Well-Being & Substance Use and Injury Prevention (Requirement #2.a.iii)

An assessment of existing programs and services within the area of jurisdiction of the board of health to build on community assets and minimize duplication.¹

Key Messages:

- Alcohol use is one of the leading risk factors for global disease burden.^{1, 2}
- Ontario's alcohol policy landscape is changing; increased alcohol availability has led to increased consumption, contributing to increased population-level harms^{3, 4}
- 1 in 4 Algoma residents are heavy drinkers, consuming alcohol in unhealthy, risky amounts.⁵
- On average in Algoma, each day 1 person is hospitalized due to alcohol-related causes.⁶
 - The rate of hospitalizations due to alcohol-related causes in Algoma was double the Ontario rate for the 2016/17 period.⁶
- Municipal Alcohol Policies (MAPs) can be one effective, comprehensive intervention for mitigating community-level harm associated with increased alcohol availability.⁷

Alcohol: A public health issue

Alcohol is one of the leading causes of disease and disability in Canada.^{1, 2} “Globally, alcohol is an important, economically embedded commodity, but it comes with enormous costs to society's health.”⁸ Alcohol use is associated with a variety of health harms, both acute and chronic, and is known to play a contributing role in more than 200 disease and injury conditions.⁹ Alcohol-related health risks include: cancer, mental illness, cognitive impairment, addiction, heart disease, liver cirrhosis, and intentional and unintentional injury.^{8, 10} There is a dose-response relationship between alcohol and adverse health outcomes, meaning that **the level of risk is directly related to the amount a person consumes.**⁹

Additionally, communities experience second-hand alcohol-related harms, which include injury, violence, crime, and motor vehicle collisions.^{7, 8}

The privatization of alcohol availability has been associated with increases in consumption and related harms, especially to young people.¹¹ This trend has been observed across the world, which is why the World Health Organization recommends strong restrictions on alcohol availability.¹² It's important to note that availability is one of seven policy levers that public health, in partnership with municipalities and community groups, can focus on in order to decrease alcohol-related harms.

The seven levers include:

- alcohol pricing and taxation,
- alcohol availability,
- managing the drinking environment,
- drinking and driving countermeasures,
- restrictions on marketing,
- education and persuasion,
- treatment and early intervention.¹³

Ontario's changing alcohol policy landscape

Policy efforts to modernize the alcohol landscape in Ontario- specifically with regards to availability, access, and price- were first experienced by communities in December of 2015, when the provincial government introduced the sale of beer in grocery stores.¹⁴ Further loosening of regulations has led to the availability of ciders in grocery stores, permitting wine at Farmer's Markets, and government grants for Ontario craft breweries in 2016.¹⁵

In August of 2018, the newly elected provincial government accelerated changes to the alcohol policy landscape by implementing a price policy (i.e. "buck a beer") that encouraged brewers to lower their minimum price from \$1.25 to \$1.00 for beers that have less than 5.6% alcohol content.¹⁶

Other regulatory changes that the provincial government proposed in 2019 include:^{17, 18}

- Give municipalities the authority to designate public areas, such as parks, for the consumption of alcohol through a local by-law;^{17, 18}
- Allow sports fans to drink alcohol at tailgating events* for professional, semi-professional and post-secondary sporting events;^{17, 18}
- Extend the hours of alcohol service at licensed establishments (i.e. bars, restaurants and golf courses) to 9:00 am start, seven days a week;¹⁸
- Change rules to 'happy hour' and 'cheap drink' advertising;^{17, 18}
- Continue to promote "buck a beer" sales at select LCBO locations;¹⁸
- Continue to expand alcohol sales to corner stores, grocery stores and big-box stores¹⁷; and
- Remove the requirement for Special Occasions Permits (SOP) to have a sufficient supply of food to serve guests of the SOP event, and extend service hours for SOPs to between 9:00 am and 2:00 am.¹⁷

The recent expansion of alcohol sales to grocery stores has already led to an increase in hospitalizations in Ontario.⁹ The Ontario government's proposed changes may help fuel social and cultural norms that promote and encourage the harmful use of alcohol. Regulatory changes such as lowering the minimum price of alcohol have been shown to have the greatest impact on people with lower socioeconomic status, further increasing health disparities that currently exist.⁴

Public health strategies that seek to regulate the public availability of alcohol are important ways to reduce alcohol-related harms,^{10, 19} and improve health equity.⁹

* A tailgate event is a public event for which a Special Occasion Permit (SOP) can be obtained. Tailgate events are held outdoors, in connection with and in proximity to a professional, semi-professional or post-secondary sporting event. Permit holders may sell and serve alcohol, and attendees 19 years of age or older may bring their own liquor (BYOB) for consumption at the event, within the permitted area.¹²

Population Health Snapshot

- In Ontario, there were over 24,000 more people admitted to emergency rooms after alcohol was made available in grocery stores, compared to the two years prior.³
- On average **in Algoma, each day 1 person is hospitalized due to alcohol-attributable causes.**⁶
- **Over 1 in 4 Algoma residents are heavy drinkers**, which means that they are consuming alcohol in unhealthy, risky amounts.⁵
- **Nearly half (47%) of 12 to 18 years olds in Algoma self-reported underage drinking in the past 12 months**, compared to 30% in Ontario.²⁰

Municipal Alcohol Policies (MAP) as part of a comprehensive public health approach

A MAP is a policy tool that aligns with provincial liquor laws and outlines the safe, appropriate use of alcohol on municipally owned or managed property, places, spaces and events.⁷ The goal of a MAP is to support moderate, responsible consumption, and to reinforce positive social norms about alcohol consumption in the community.⁷ Developing and enforcing a MAP demonstrates a community's commitment to safe environments,^{21, 22} thus making socially responsible alcohol consumption the easy choice.⁷ For example, through a MAP, municipalities have the ability to set minimum prices for alcoholic beverages served on municipal land/within municipal facilities.²

Municipalities have a role in developing, implementing, enforcing and refining MAPs. To maximize the impact of MAPs, communities may include them in a combination of population-based and targeted policies and interventions.²¹ MAPs are one way for municipalities to work closely with public health to prioritize public health and safety and mitigate harms associated with increased alcohol availability.⁹

To date, APH has conducted MAP surveillance for all communities in Algoma and facilitated the connection between interested municipalities and the Alcohol and Gaming Commission of Ontario (AGCO) to develop and implement their local MAPs.

Next Steps

Community Wellness staff are currently building capacity to lead MAP development and/or revisions for municipalities in Algoma. Interested municipalities are asked to contact Algoma Public Health if they are ready and/or interested in discussing MAPs.

In addition, the team continues to explore a range of alcohol policy levers, as detailed in *Alcohol Policy Review: Opportunities for Ontario Municipalities (2018)*, as MAPS are one of several interventions that local settings can implement in order to reduce access and availability of alcohol for the purpose of protecting and promoting population health.²

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ALCOHOL

Awareness and knowledge of Canada's Low Risk Drinking Guidelines (LRDG)

BACKGROUND

Alcohol is a leading risk factor for disease and disability in Canada.^{1,2} This includes: injuries, violence, liver disease, cancer, and other chronic diseases. In 2011, the Canadian Centre of Substance Abuse led the development of Canada's Low Risk Drinking Guidelines (LRDG) to help Canadians understand how to limit their alcohol intake and lower their risk for alcohol-related harm.³ The LRDG provide recommendations on drink limits and information on standard drink sizes. However, 39% of Canadian drinkers regularly exceed the LRDG daily limits, and 27% the weekly limits.⁴ Adding labels with the number of standard drinks per container is recommended in Canada's National Alcohol Strategy to provide information at the point-of-pour to improve a drinkers' ability to monitor their alcohol intake.⁵ This infographic presents results of a 2014 Public Health Ontario research study looking at awareness and knowledge of the LRDG and standard drink information. The study was completed by 2,000 drinkers in Ontario who are 19+.



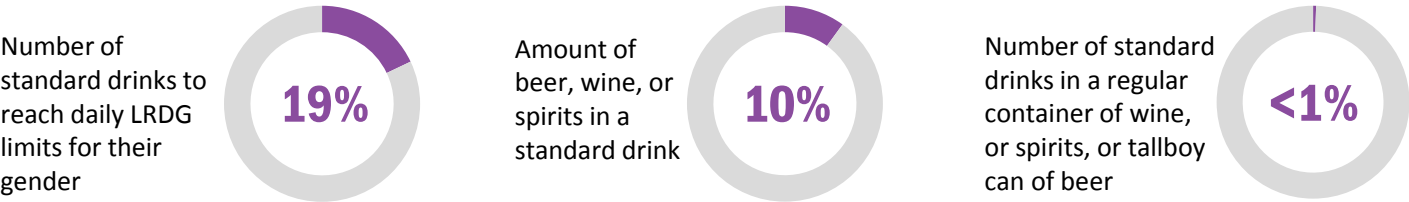
AWARENESS OF LRDG & STANDARD DRINKS

Before participating in this study...



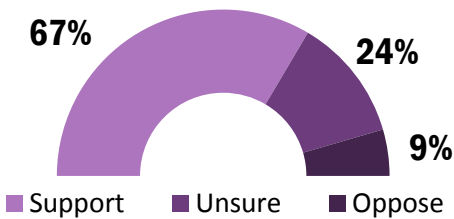
KNOWLEDGE OF LRDG & STANDARD DRINKS

Study participants who correctly reported the:



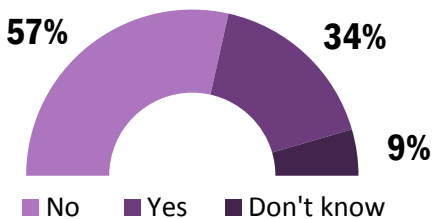
SUPPORT FOR STANDARD DRINK LABELS

Do you support standard drink information on alcohol labels?



UNINTENDED USE OF STANDARD DRINK LABELS

Would you use standard drink labels to compare brands on alcohol for the least amount of money?





DATE:	RESOLUTION NO.:
MOVED:	SECONDED:
SUBJECT: Strengthening Municipal Alcohol Policies (MAPs)	

Resolution:

Strengthening Municipal Alcohol Policies (MAPs): A population health approach to reducing alcohol-related harms at the local level.

WHEREAS under the Ontario Public Health Standards, 2018, the Board of Health for Algoma Public Health (APH) has a general mandate to consult and collaborate with local stakeholders to reduce the burden of chronic disease and improve well-being;¹

WHEREAS alcohol use is one of the leading risk factors for global disease burden;^{1, 2}

WHEREAS Ontario's alcohol policy landscape has changed, and municipalities now have the authority to, among other items, permit alcohol consumption in designated public spaces (e.g. parks), extend hours for alcohol sales during events that require a Special Occasion Permit (SOP), not serve food during events on municipal property that serve alcohol, and allow tailgating during provincially-issued SOP events on municipal property;³

WHEREAS increased alcohol availability has led to increased consumption, contributing to increased population-level harms;^{4, 5}

WHEREAS over 1 in 4 residents in Algoma report consuming alcohol in unhealthy, risky amounts;⁶

WHEREAS on average in Algoma, each day 1 person is hospitalized due to alcohol-related causes;⁷

WHEREAS Municipal Alcohol Policies (MAPs) can be one effective, comprehensive intervention for mitigating community-level harm associated with increased alcohol availability;⁸

WHEREAS the Board of Health for Kingston, Frontenac, Lennox, and Addington (KFL&A) has recently urged all municipalities in Ontario to strengthen or to develop MAPs that balance the responsible provision and use of alcohol against the need to reduce alcohol-related risk and harm.⁹



NOW THEREFORE BE IT RESOLVED THAT the Board of Health for APH support staff collaboration and consultation with local municipalities to develop and/or revise MAPs in order to reduce alcohol-related harms and support a comprehensive approach to alcohol policy, and to include, at a minimum, the following provisions in their MAP:⁹

- Specify times permitted for alcohol service and maintain permissible start time of 11 AM at provincially issued SOP events on municipal properties;
- Require that food be made available at all provincially issued SOP events on municipal properties (i.e. do not permit alcohol-only);
- Specify that designated alcohol service and consumption areas be physically separated from non-designated areas at provincially issued SOP events on municipal properties;
- Prohibit provincially issued SOP Tailgate Events on municipal properties;

AND FURTHER THAT the Board of Health for APH strongly advise municipalities to continue to prohibit alcohol consumption in public spaces such as parks as per the current Liquor License Act, 2019.⁹

CARRIED: Chair's Signature

☐ Patricia Avery
☐ Louise Caicco Tett
☐ Deborah Graystone
☐ Sally Hagman

☐ Micheline Hatfield
☐ Adrienne Kappes
☐ Lee Mason
☐ Heather O'Brien

☐ Ed Pearce
☐ Brent Rankin
☐ Karen Raybould
☐ Mathew Scott



References

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The Role of Public Health in the Ontario Healthcare System



“Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society”

WHO and others

Often difficult to distinguish public health from publically funded healthcare



Health System



1. Care for people who are sick and injured
2. Build communities where it is easier to lead healthy lives




Many services provided by both parts of the system have contributed to misunderstanding:

- Immunizations
- Travel health clinics
- Reproductive health clinics
- Dental services, smoking cessation services
- Other programs that public health units have provided administrative support for but are not mandated by Ontario Public Health Standards



Boards of Health and HPPA

- Required to deliver mandated programs- OPHS and the funding shared by province and municipalities
- Board of Health Annual budget only applies to mandated programs
- May deliver other programs based on community need



Public health promotes and protects the health of people and the communities where they live, learn, work and play.

- Public health works upstream
- Public health is population based



Essential Functions of Public Health

1. Health Protection
2. Health Surveillance
3. Disease and Injury Prevention
4. Population Health Assessment
5. Health Promotion
6. Emergency Preparedness and Response



Health Promotion- Action Areas

Ottawa Charter 1986

- Build healthy policies
- Creating supportive environments
- Strengthen community actions
- Develop personal skills
- Reorient health services



Levels of Prevention

- **Tertiary:** minimizing the impact of disease/injury
- **Secondary:** early detection and intervention- includes screening
- **Primary:** protection from disease/injury before it occurs



Cardiovascular or Heart Disease

Healthcare

- Screen individuals for risk factors such as high blood pressure, high cholesterol, family history, smoking
- Treat individuals to modify those risk factors, (dietary advice, meds, smoking cessation etc.)
- Identify and treat those having a “heart attack”
- Treat individuals with known heart disease to reduce the recurrence rate

Public Health

- Create opportunities for everyone in the community to be more physical active
- Promote health eating behaviours (Canada Food Guide)
- Smoke Free places and other policy interventions
- Promote nutritional labelling on foods and in food premises

**Algoma Public Health
(Unaudited) Financial Statements November 30, 2019**

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Statement of Financial Position	7

Algoma Public Health
Statement of Operations
November 2019
(Unaudited)

	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	\$ 3,519,690	\$ 3,519,690	\$ (0)	\$ 3,519,690	0%	100%
Provincial Grants - Cost Shared Funding	6,896,272	6,896,267	5	7,523,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	3,030,244	3,030,643	(399)	3,376,710	0%	100%
Fees, other grants and recovery of expenditures	590,077	609,826	(19,749)	695,214	-3%	97%
Total Public Health Revenue	\$ 14,036,283	\$ 14,056,425	\$ (20,143)	\$ 15,114,814	0%	100%
Total Public Health Programs Expenditures						
	\$ 13,293,761	\$ 13,821,423	\$ 527,662	\$ 15,114,815	-4%	96%
Total Rev. over Exp. Public Health	\$ 742,522	\$ 235,002	\$ 507,520	\$ (1)		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 712,011	979,011	267,000	1,335,011	-27%	73%
Expenditures	702,951	979,741	(276,790)	1,335,011	-28%	72%
Excess of Rev. over Exp.	9,060	(730)	9,790	(0)		

Public Health Programs - Fiscal 19/20

Provincial Grants and Recoveries	\$ 99,008	99,006	(2)	148,500		
Expenditures	56,799	92,500	(35,701)	148,500		
Excess of Rev. over Fiscal Funded	42,209	6,506	35,703	-		

Community Health Programs (Non Public Health)

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	333,394	333,394	-	363,118	0%	100%
Total Community Health Revenue	\$ 333,394	\$ 333,394	\$ -	\$ 363,118	0%	100%
Expenditures						
Child Benefits Ontario Works	17,676	22,458	4,783	24,500	-21%	79%
Algoma CADAP programs	311,622	315,020	3,398	338,619	-1%	99%
Total Calendar Community Health Programs	\$ 329,298	\$ 337,478	\$ 8,181	\$ 363,119	-2%	98%
Total Rev. over Exp. Calendar Community Health	\$ 4,097	\$ (4,084)	\$ 8,181	\$ (1)		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 3,821,579	\$ 3,831,696	\$ (10,117)	\$ 5,844,253	0%	100%
Municipal, Federal, and Other Funding	190,559	190,559	-	253,547	0%	100%
Other Bill for Service Programs	27,013		27,013			
Total Community Health Revenue	\$ 4,039,151	\$ 4,022,255	\$ 16,895	\$ 6,097,800	0%	100%
Expenditures						
Brighter Futures for Children	68,350	76,298	7,948	114,447	-10%	90%
Infant Development	431,197	430,021	(1,177)	644,031	0%	100%
Preschool Speech and Languages	398,988	410,171	11,183	614,256	-3%	97%
Nurse Practitioner	102,461	103,168	707	153,752	-1%	99%
Genetics Counseling	73,864	-	(73,864)	-	0%	0%
Community Mental Health	2,388,916	2,467,546	78,630	3,729,308	-3%	97%
Community Alcohol and Drug Assessment	473,519	491,604	18,085	737,406	-4%	96%
Stay on Your Feet	62,422	66,667	4,245	100,000	-6%	94%
Bill for Service Programs	26,789	-	(26,789)	-		
Misc Fiscal	124	3,067	2,943	4,600		
Total Fiscal Community Health Programs	\$ 4,026,630	\$ 4,048,540	\$ 21,910	\$ 6,097,800	-1%	99%
Total Rev. over Exp. Fiscal Community Health	\$ 12,520	\$ (26,285)	\$ 38,805	\$ (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 Eleven Months Ending November 30, 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	2,438,100	2,438,100	0	2,438,100	0%	100%	2,425,762	2,425,762	0
Levies Vector Borne Disease and Safe Water	59,433	59,433	0	59,433	0%	100%	59,433	59,433	0
Levies District	1,022,157	1,022,157	0	1,022,157	0%	100%	1,016,985	1,016,984	1
Total Levies	3,519,690	3,519,690	0	3,519,690	0%	100%	3,502,180	3,502,179	1
MOH Public Health Funding	6,732,833	6,732,825	8	7,344,900	0%	92%	6,732,833	6,732,832	1
MOH Funding Vector Borne Disease	99,639	99,642	(3)	108,700	0%	92%	99,639	99,641	(2)
MOH Funding Small Drinking Water Systems	63,800	63,800	0	69,600	0%	92%	63,800	63,800	0
Total Public Health Cost Shared Funding	6,896,272	6,896,267	5	7,523,200	0%	92%	6,896,272	6,896,273	(1)
MOH Funding Needle Exchange	59,311	59,308	3	64,700	0%	92%	59,311	59,308	3
MOH Funding Haines Food Safety	22,550	22,550	0	24,600	0%	92%	22,550	22,550	0
MOH Funding Healthy Smiles	705,739	705,742	(3)	769,900	0%	92%	705,739	705,742	(3)
MOH Funding - Social Determinants of Health	165,461	165,458	3	180,500	0%	92%	165,462	165,458	4
MOH Funding - MOH / AMOH Top Up	115,484	115,913	(429)	126,450	0%	91%	115,484	115,913	(429)
MOH Funding Chief Nursing Officer	111,383	111,375	8	121,500	0%	92%	111,383	111,379	4
MOH Enhanced Funding Safe Water	14,211	14,208	3	15,500	0%	92%	14,211	14,208	3
MOH Funding Unorganized	486,200	486,200	0	530,400	0%	92%	486,200	486,200	0
MOH Funding Infection Control	286,372	286,367	5	312,400	0%	92%	286,372	286,367	5
MOH Funding Diabetes	137,500	137,500	0	150,000	0%	92%	137,500	137,500	0
MOH Funding Northern Ontario Fruits & Veg.	107,622	107,617	5	117,400	0%	92%	107,600	107,617	(17)
Funding Ontario Tobacco Strategy	397,472	397,467	5	433,600	0%	92%	397,472	397,467	5
MOH Funding Harm Reduction	137,500	137,500	0	150,000	0%	92%	137,500	137,500	0
MOH Senior Dental	283,439	283,439	0	379,760	0%	75%	0	0	0
One Time Funding	0	0	0	0	0%	0%	0	0	0
Total Public Health 100% Prov. Funded	3,030,244	3,030,644	(400)	3,376,710	0%	90%	2,746,784	2,747,209	(425)
Recoveries from Programs	26,418	26,782	(364)	27,621	-1%	96%	40,043	26,617	13,426
Program Fees	190,220	218,710	(28,490)	238,593	-13%	80%	198,492	217,950	(19,458)
Land Control Fees	155,685	155,000	685	160,000	0%	97%	155,610	146,667	8,943
Program Fees Immunization	115,700	142,083	(26,383)	155,000	-19%	75%	90,922	169,583	(78,661)
HPV Vaccine Program	6,460	4,000	2,460	12,000	0%	54%	6,409	14,000	(7,591)
Influenza Program	985	0	985	25,000	0%	4%	690	0	690
Meningococcal C Program	944	0	944	8,000	0%	12%	961	2,000	(1,039)
Interest Revenue	42,541	29,332	13,209	32,000	45%	133%	33,905	12,833	21,072
Other Revenues	51,123	33,917	17,206	37,000	0%	138%	23,223	18,334	4,889
Total Fees, Other Grants and Recoveries	590,077	609,825	(19,748)	695,214	-3%	85%	550,255	607,984	(57,729)
Total Public Health Revenue Annual	\$ 14,036,283	\$ 14,056,426	\$ (20,143)	\$ 15,114,814	0%	93%	\$ 13,695,491	\$ 13,753,645	\$ (58,154)

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 Eleven Monthes Ending November 30, 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	\$ 8,074,165	\$ 8,387,273	\$ 313,108	\$ 9,173,166	-4%	88%	\$ 7,822,850	\$ 8,203,134	\$ 380,284
Benefits	1,979,065	2,016,680	37,615	2,202,680	-2%	90%	1,850,677	1,948,089	97,412
Travel	207,396	179,147	(28,249)	197,069	16%	105%	204,574	179,553	(25,021)
Program	532,733	592,014	59,280	655,833	-10%	81%	613,412	615,095	1,683
Office	72,887	94,915	22,028	103,544	-23%	70%	96,498	107,167	10,669
Computer Services	741,182	760,007	18,825	826,415	-2%	90%	674,462	726,558	52,096
Telecommunications	231,500	254,615	23,115	274,770	-9%	84%	231,035	278,029	46,994
Program Promotion	23,745	64,686	40,941	72,930	-63%	33%	41,131	59,283	18,152
Professional Development	95,643	91,644	(3,999)	100,702	4%	95%	75,597	94,283	18,686
Facilities Expenses	745,431	796,214	50,783	879,456	-6%	85%	755,465	753,750	(1,715)
Fees & Insurance	199,970	232,740	32,770	242,080	-14%	83%	138,129	219,413	81,284
Debt Management	422,490	422,492	1	460,900	0%	92%	422,490	422,492	2
Recoveries	(86,953)	(71,002)	15,950	(74,730)	22%	116%	(92,937)	(95,606)	(2,669)
Boardroom Renovations	54,505								
	\$ 13,293,760	\$ 13,821,423	\$ 582,168	\$ 15,114,815	-4%	88%	\$ 12,833,383	\$ 13,511,240	\$ 677,856

Notes to Financial Statements – November 2019

Reporting Period

The November 2019 financial reports include eleven-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 eight-month result from operations year ended March 31, 2020.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of November 30 2019, Public Health programs are reporting a \$508k positive variance. \$267k of the \$508k positive variance is associated with the Seniors Dental Program and Healthy Smiles Program expenses being less than budgeted. Both of these programs are 100% provincially funded for 2019. Surplus dollars associated with these programs will be returned to the Ministry. Management is forecasting that APH will not generate surplus dollars in 2019 with respect to Public Health cost-shared programs.

Total Public Health Revenues are indicating a negative \$20k variance. This is a result of Fees, Other Grants and Recoveries being less than budgeted.

There is a positive variance of \$528k 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 eight-months into the fiscal year.

Genetics counseling program funding has 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.

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are within budget.

The municipal levies are within budget.

Cost Shared Funding are within budget.

100% Provincially Funded Grants are within budget.

Fees, Other Grants & Recoveries are showing a negative variance of \$20k. Program Fees is showing a negative \$28k variance and Program Fees Immunization is reflecting a \$26k negative variance. This is a result of actual revenues being less than anticipated. Management has adjusted the 2020 Operating Budget to reflect actual fees most recently received.

Notes Continued...

The negative variances associated with Fees, Other Grants & Recoveries is being somewhat offset with the positive \$13k variance associated with Interest Revenue. This is a result of APH's strong liquidity position. Interest Revenue has been revised in the 2020 Operating Budget accordingly.

Public Health Expenses (see page 3)

Salary & Wages

The \$313k 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 vacant Public Health positions within the agency that have been budgeted but yet-to-be filled.

Travel

Travel expense is reflecting a negative \$28k variance. This is a result of Public Health Inspectors (PHI) from the Sault office travelling to Wawa because of a previous PHI vacancy in Wawa. This Wawa PHI position has since been filled. Additionally, Program Managers have been travelling to the District offices more frequently because 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 showing a positive \$59k variance. This is a result of program materials & supply expenses being less than anticipated.

Office

Office expense is indicating a positive \$22k variance. Actual expenses are less than anticipated.

Program Promotion

Program Promotion expense is indicating a positive \$41k variance. Actual expenses are less than anticipated.

Fees & Insurance

Fees & Insurance is indicating a positive \$33k variance. This is a result of legal expenses that were budgeted but which have not occurred.

Recoveries

Recoveries are showing a positive \$16k variance. This is a result of the additional recoveries received compared to what was originally budgeted because of the introduction of the Ontario Seniors Dental program.

Boardroom Renovations

Boardroom Renovations are indicating a negative \$55k variance. This is a result of the boardroom renovations not being budgeted at the time the 2019 Operating Budget was approved.

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 November 30 2019. Cash includes \$843k in short-term investments. The amount in short-term investments will increase to \$1.14 million in the December Financial Statements as a result of the Board of Health's decision to contribute \$300k into reserves at its November 27 2019 Board of Health meeting.

Long-term debt of \$4.81 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. \$281k of the loan relates to the financing of the Elliot Lake office renovations with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no material accounts receivable collection concerns.

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 November Statements.*

Algoma Public Health
Statement of Financial Position
(Unaudited)

Date: As of November 2019	November 2019	December 2018
Assets		
Current		
Cash & Investments	\$ 3,589,004	\$ 3,095,904
Accounts Receivable	184,017	513,364
Receivable from Municipalities	168,363	75,726
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	3,941,384	3,684,994
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,208,354	1,345,384
Payable to Gov't of Ont/Municipalities	109,464	344,305
Deferred Revenue	401,903	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>	9,731,251	10,129,560
Net Debt	(5,789,867)	(6,444,566)
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	14,260,383	13,605,684



OFFICE OF THE MAYOR
CITY OF HAMILTON

November 27, 2019

VIA: Mail and Email

ATTN: Hon. Patty Hajdu
Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9
Hcminister.ministresc@canada.ca

RE: Endorsement of Comprehensive Measures to Address the Rise of Vaping in Canada

Dear Minister Hajdu,

At its meeting on November 16, 2019, the City of Hamilton Board of Health endorsed the October 16, 2019 correspondence from Kingston, Frontenac and Lennox & Addington Public Health, respecting comprehensive measures to address the rise of vaping 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.

Page 1

Endorsement of Measures to Address the Rise of Vaping in Canada

Hamilton Public Health Services' comprehensive tobacco control interventions across prevention, protection, cessation and enforcement include preventing experimentation and escalation of tobacco use among children youth and young adults. However, in Hamilton, sales of vapour product or e-cigarettes to persons under the age of 19 have so far doubled in 2019 in comparison to all of 2018. There also is a marginal increase in tobacco sales to persons less than 19 years old in 2019 in comparison to 2018.

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, through which the City of Hamilton Public Health Services has submitted regulatory recommendations.

The City of Hamilton 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.

On behalf of the City of Hamilton's Board of Health, we endorse the following:

- a) That the Federal Government prohibit all additives and non-tobacco flavours in vaping products and e-liquids;
- b) That the Federal Government require the listing of all ingredients on product labels and packaging on vapour products;
- c) That the Federal Government require health and toxicity warnings on vapour products;
- d) That the Federal Government restrict nicotine concentration in all vaping products;
- e) That the Federal Government require standardized and tamper proof packaging on all vapour products;
- f) That the Federal Government require mandatory testing and reporting for vapour products;
- g) That the Federal Government strengthen the advertising and promotion control regime so that it aligns with tobacco controls; and,

Endorsement of Measures to Address the Rise of Vaping in Canada

- h) That the Federal Government develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls, and to identify emerging products.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fred Eisenberger', with a long horizontal stroke extending to the right.

Fred Eisenberger
Mayor

CC:

Hon. Bob Bratina, MP, Hamilton East – Stoney Creek
Hon. Scott Duvall, MP, Hamilton Mountain
Hon. Matthew Green, MP, Hamilton Centre
Hon. Filomena Tassi, MP, Hamilton West-Ancaster-Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (aLPHa)
Ontario Boards of Health

November 29, 2019

The Honourable Patty Hajdu
Minister of Health
House of Commons
Ottawa, ON K1A 0A6

Sent via e-mail: Patty.Hajdu@parl.gc.ca

Dear Minister Hajdu,

Congratulations on your appointment as Federal Minister of Health. We look forward to working with you to advance the health and well-being of all Canadians.

Peterborough Public Health (PPH) has been long involved in raising concerns regarding the impact of vaping on non-smokers and in particular, youth. Continuing with this advocacy in order to protect youth in our community is critical. At the October 9, 2019 meeting of the Board of Health, communications from both the Simcoe Muskoka District Health Unit and Kingston Frontenac Lennox & Addington Boards of Health (attached) were reviewed regarding vaping in Ontario.

PPH has provided feedback to a number of Health Canada consultations related to vaping and youth including advertising of vaping products (March 2019), regulatory measures to reduce youth access and appeal of vaping products (June 2019) and labelling and packaging of vaping products (August 2019). PPH responses to these consultations have noted that while vaping may be less harmful than smoking tobacco, it is not harm free. This has been demonstrated most recently by the hospitalization of a young person in the Middlesex-London Health Unit area, following hundreds of hospitalizations and deaths in the United States as a result of vaping-related pulmonary illness.¹

On September 19, 2019, representatives from eight health organizations (Action on Smoking and Health, Canadian Cancer Society, Canadian Medical Association, Canadian Lung Association, Coalition québécoise pour le contrôle du tabac, Heart & Stroke, Ontario Campaign for Action on Tobacco and Physicians for a Smoke-Free Canada) made an appeal for immediate federal action to curb the marketing of vaping products.² These groups urged all federal political parties to commit to an urgent interim order that would put vaping products under the same kind of restrictions that are currently in place for tobacco products. Acceptance of this interim order would result in having protective restraints in place this calendar year using the powers of the Department of Health Act within sixty (60) days of a forming government.

We ask that action using the interim order is taken immediately to curb the marketing of vaping products in order to protect youth and reverse the current trend in both youth vaping and tobacco rates. Vaping products must be under the same kind of restrictions that are currently in place for tobacco products. Acceptance of an interim order using the powers of the Department of Health Act would result in having protective restraints in place this calendar year. Placing stronger restrictions on vape promotion is one of the most obvious solutions to protect the health of Canadians.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: Hon. Christine Elliott, Ontario Minister of Health
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Chief Medical Officer of Health, Ontario
Local MPs and MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

¹ CBC London (September 2019) Ontario teen was on life-support after respiratory illness linked to vaping. Retrieved from:
<https://www.cbc.ca/news/canada/london/middlesex-london-health-unit-vaping-respiratory-illness-1.5288065>

² CTV News (September 2019) Canadian health groups concerned about teen vaping call for urgent government action. Retrieved from: <https://www.ctvnews.ca/health/canadian-health-groups-concerned-about-teen-vaping-call-for-urgent-government-action-1.4601027>

December 2, 2019

VIA EMAIL

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

Dear Minister Elliott:

Subject: Vapour Product Use Among Youth

On behalf of the Board of Health of the Leeds, Grenville and Lanark District Health Unit, I congratulate you on taking an important first step to address the serious problem of vapour product use (with e-cigarettes) among youth in our communities by restricting the advertising of vaping products to adult access stores.

Since 2017 there has been a dramatic increase in the number of youth who are now using vapour products, including youth who are non-smokers. New high tech vapour products, the addition of flavours that appeal to youth, easy access, its marketing as being safe, as well as high levels of nicotine leading to addiction are all contributing to this increase. Nicotine affects the growth and development of the youth brain, and the other inhaled, unregulated vaping compounds likely have a serious impact on the respiratory system.

Our Board of Health urges you to continue your work to protect the youth by supporting Bill 151, the *Smoke-Free Ontario Amendment Act (Vaping is not for Kids)*, 2019. The Bill includes the following measures concerning vapour products:

- Banning promotion
- Banning flavours unless exempted by regulation
- Setting a maximum nicotine level in pods and liquids of 20 mg/ml
- Banning sales except in adult-only specialty vape stores
- Requiring specialty vape stores to be approved by the local Board of Health
- Authorizing the Health Minister to direct that tax revenue from e-cigarette sales in specialty vape shops be directed to public education, provided that the Legislature appropriates funds for this purpose
- Requiring Ontario Health to prepare an annual report to the Health Minister on youth vaping with information and recommendations

Sincerely,



Doug Malanka
Board Chair

cc: Ontario Boards of Health
Randy Hillier, MPP, Lanark-Frontenac-Kingston
Steve Clark, MPP, Leeds-Grenville-Thousand Islands & Rideau Lakes



**Public Health
Santé publique**
SUDBURY & DISTRICTS

December 3, 2019

VIA EMAIL

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

Dear Minister Elliott:

Re: E-Cigarette and Aerosolized Product Prevention and Cessation

On behalf of the Board of Health for Public Health Sudbury & Districts, I am very pleased to convey our congratulations on your recent decision to protect Ontarians by banning the promotion of vapour products in corner stores and gas stations. This is an important first step in reducing exposure and accessibility to vapour products and working toward improving the health of Ontarians.

By the enclosed resolution, the Board of Health further urges the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education.

Minister, we recognize that your Ministry is committed to establishing a patient centered system for health, and to ensuring system sustainability for Ontarians now and into the future. To this end, we strongly endorse that any vaping strategy is firmly grounded in the connect between vaping and tobacco use.

As you are aware, although vaping is not without risk, tobacco causes nearly 16 000 deaths per yearⁱ and costs Ontario nearly \$7 billion (\$2.7 billion direct health care, \$4.2 billion indirect costs) annually.ⁱⁱ Cigarettes are known to be toxic and cause cancer, lung, and heart disease when used as intendedⁱⁱⁱ and nearly one in five Ontarians continue to smoke^{iv}. Reducing supply and exposure to products must be part of the system sustainability goal. This holds true for tobacco and anything that may

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Rainbow Centre

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Sudbury East / Sudbury-Est

1 rue King Street
Box / Boîte 58
St.-Charles ON POM 2W0
t: 705.222.9201
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800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
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Île Manitoulin Island

6163 Highway / Route 542
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Mindemoya ON POP 1S0
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Chapleau

101 rue Pine Street E
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Toll-free / Sans frais

1.866.522.9200

phsd.ca

@PublicHealthSD



promote or normalize its use, such as vaping. Below, we are sharing a compelling infographic developed by Public Health Sudbury & Districts to convey this important message to our publics.

Thank you again for your leadership in the protection of youth from the risks of vaping. We urge you to consider in your next steps the linkages between vaping and tobacco and develop a comprehensive tobacco and e-cigarette strategy. Please know that the Board of Health for Public Health Sudbury & Districts is a committed local partner in this important work.

Sincerely,



René Lapierre, Chair
Board of Health, Public Health Sudbury & Districts

Enclosures (2)

cc: The Honourable Doug Ford, Premier, Minister of Intergovernmental Affairs
All Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health
The Honourable Jamie West, MPP, Sudbury
The Honourable France Gélinas, MPP, Nickel Belt
The Honourable Michael Mantha, MPP, Algoma-Manitoulin
Council of Ontario Medical Officers of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Constituent Municipalities within Public Health Sudbury & Districts
The Honourable Doug Downey, Attorney General of Ontario

ⁱ Ministry of Health and Long-Term Care. (2018, May 3) Minister of Health and Long-Term Care. Letter. Smoke-Free Ontario Strategy.

ⁱⁱ CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2019). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario.

ⁱⁱⁱ Health Canada. (2019). Smoking, vaping and tobacco. Retrieved from <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping.html>

^{iv} Ministry of Health and Long-Term Care. (2018). Smoke-Free Ontario: The Next Chapter – 2018. Toronto: Queen's Printer for Ontario. Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/SmokeFreeOntario/SFO_The_Next_Chapter.pdf





The need for a comprehensive tobacco and e-cigarette strategy

The **rapid** proliferation of e-cigarette use is fuelling mass recruitment of new consumers by an established industry, which profits from nicotine addiction.

Many e-cigarette users are **unaware** of the potential harms of regular or occasional use. There is evidence that e-cigarette use **increases youth uptake of tobacco**.

Tobacco continues to kill its users and cause cancer, lung and heart disease, and grips 1.8 million Ontarians daily.

Ingredients of a **comprehensive tobacco and e-cigarette strategy** include cessation, prevention (denormalization, education, taxation), and protection (enforcement, controls, regulations).

In time, e-cigarettes may be proven to help people quit smoking. What's the message to everyone else?

IF YOU DON'T SMOKE, DON'T VAPE.



Public Health
Santé publique
SUDBURY & DISTRICTS

WARNING!

Moved by Hazlett - Thain

Approved by Board of Health for Public Health Sudbury & Districts, November 21, 2019

48-19 E-CIGARETTE AND AEROSOLIZED PRODUCT PREVENTION AND CESSATION

WHEREAS the Board of Health for Public Health Sudbury & Districts has a longstanding history of proactive and effective action to prevent tobacco and emerging product use and to promote tobacco use cessation; and

WHEREAS electronic cigarettes are increasingly popular in Canada, especially among youth and among smokers, including 15% of Canadian youths and 10% of local youths reporting having tried e-cigarettes; and

WHEREAS there is increasing concern about the health hazards of using e-cigarettes including nicotine addiction, transition to tobacco products especially among youth, and emerging risks of severe pulmonary illness; and

WHEREAS the Ontario government recently announced restrictions on the promotion of e-cigarettes and products that will come into effect January 2020;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts, while congratulating the Minister of Health on the restrictions on e-cigarette promotion, urge the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment programs for youth cessation, and public education; and

FURTHER that the Board urge the Minister to work with provincial, territorial and federal counterparts to adopt other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and cross-Canada public education to address this emerging public health issue.

CARRIED WITH FRIENDLY AMENDMENTS

Ontario Introduces 24 Ontario Health Teams Across the Province to Provide Better Connected Care

Ontario Health Teams Part of Province's Plan to End Hallway Health Care

December 9, 2019 1:16 P.M.

Ontario is delivering on its commitment to end hallway health care and build a connected and sustainable health care system centred around the needs of patients. The province is introducing Ontario Health Teams, a new model of care that brings together health care providers to work as one team.

The government announced the first cohort of 24 [Ontario Health Teams](#) being established across the province. These 24 teams will implement a new model of organizing and delivering health care that better connects patients and providers in their communities to improve patient outcomes. Through an Ontario Health Team, patients will experience easier transitions from one provider to another, including, for example, between hospitals and home care providers, with one patient story, one patient record and one care plan.

"Over the last two weeks, my caucus colleagues and I travelled across the province to announce the first 24 Ontario Health Teams," said Elliott. "At every stop, we witnessed enthusiasm and excitement from our health care partners, all of whom are ready to implement a new model of care that will help break down the long-standing barriers that have prevented them from working together to support patients throughout their health care journey. Ontario Health Teams will play an essential role in delivering on our commitment to end hallway health care and building a connected and sustainable public health care system centred around the needs of patients."

As these teams continue their work to integrate care, they will put in place 24/7 navigation and care coordination services for patients and families. This work will be implemented in phases and over time will provide care for everyone within the Ontario Health Team's population. Ontario Health Teams will communicate with patients and families about the changes and improvements they can expect in their community.

"With our new Ontario Health Teams, patients will benefit from better integrated health care, with a seamless experience when moving between different health care services, providers and

settings," said Elliott. "I would like to thank all the health care providers and organizations that helped plan all these Ontario Health Teams. There is still a lot of work to be done, but with their dedication and hard work we will continue to improve health care in our communities and ensure Ontarians get the care they deserve."

[Ontario Health Teams](#) will create a local health care system that provides coordinated care for patients, reduces wait times and leads to better health outcomes for patients. The first 24 teams are:

- All Nations Health Partners Ontario Health Team
- Brampton/Etobicoke and Area Ontario Health Team
- Burlington Ontario Health Team
- Cambridge North Dumfries Ontario Health Team
- Chatham-Kent Ontario Health Team
- Connected Care Halton Ontario Health Team
- Couchiching Ontario Health Team
- Durham Ontario Health Team
- East Toronto Ontario Health Team (East Toronto Health Partners)
- Eastern York Region North Durham Ontario Health Team
- Guelph and Area Ontario Health Team
- Hamilton Ontario Health Team (Hamilton Health Team)
- Hills of Headwaters Collaborative Ontario Health Team
- Huron Perth and Area Ontario Health Team
- Mississauga Ontario Health Team (Mississauga Health)
- Muskoka and Area Ontario Health Team
- Near North Health and Wellness Ontario Health Team
- North Toronto Ontario Health Team
- North Western Toronto Ontario Health Team
- North York Ontario Health Team (North York Toronto Health Partners)
- Northumberland Ontario Health Team (Ontario Health Team - Northumberland)
- Ottawa Ontario Health Team (Ottawa Health Team/Équipe Santé Ottawa)
- Peterborough Ontario Health Team
- Southlake Community Ontario Health Team

QUICK FACTS

- An Ontario Health Team will be responsible for delivering care for their patients, understanding their health care history, directly connecting them to the different types of care they need, and providing 24/7 help in navigating the health care system.
- Ontarians can be confident that they can continue to contact their health care providers as they always have to access the health care they need.
- The first wave of Ontario Health Teams is being approved after an extensive readiness assessment process, which involved significant time, collaboration, research and effort from partners across the health care sector.
- The government will continue working with its partners to review their applications to become an Ontario Health Team.

LEARN MORE

- [Ontario Taking Next Step in Building a Connected Public Health Care System for Patients](#)
- [Ontario's Government for the People to Break Down Barriers to Better Patient Care](#)
- [Building a Connected Public Health Care System for the Patient](#)

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

December 9, 2019

DELIVERED VIA E-MAIL

The Honourable John Yakabuski
Minister of Natural Resources and Forestry
Whitney Block
Suite 6630, 6th Floor
99 Wellesley Street West
Toronto, ON M7A 1W3

Dear Minister:

Re: Schedule 16 of Proposed Bill 132 Respecting the *Aggregate Resources Act*

Wellington-Dufferin-Guelph Public Health (WDGPH) encourages you to consider the impact that proposed amendments to the *Aggregate Resources Act* could have on protecting groundwater resources in Wellington and Dufferin Counties and the City of Guelph.

Residents of Fergus, Orangeville and Guelph get their drinking water from ground water resources. The proposed amendments could negatively impact the groundwater that supplies these large municipal residential drinking water systems, as well as hundreds of other smaller drinking water systems, and over 30,000 private wells.

In the past, Wellington County, Dufferin County and the City of Guelph have passed zoning by-laws that trigger a zone change application when an operator applies to increase the depth of aggregate extraction. This process enables the municipality to require the submission of studies to assess potential groundwater impacts to prevent negative impacts and protect vital local groundwater resources.

The proposed amendments to Schedule 16 of Bill 132 limits the ability of municipalities to protect their local groundwater, and consequently, valuable drinking water resources. WDGPH believes that municipalities have an important role to play in protecting their local groundwater resources on behalf of their residents and that this oversight role should be maintained.

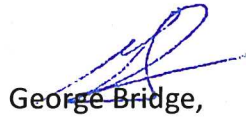
WDGPH understands that the government wants to protect groundwater resources and therefore encourages you to carefully reconsider amendments to the *Aggregate Resources Act* that remove municipal authority to use zoning by-laws to regulate the depth of aggregate extraction activities.

Page 63 of 91

.../2

Thank you for giving this matter your every consideration.

Sincerely,



George Bridge,
Chair, WDGPH Board of Health

- c.c. Dr. David Williams, Chief Medical Officer of Health, Ministry of Health – via e-mail
- c.c. Hon. Sylvia Jones, MPP (Dufferin-Caledon) - via e-mail
- c.c. Hon. Ted Arnott, MPP (Wellington-Halton-Hills)- via e-mail
- c.c. Randy Pettapiece, MPP (Perth-Wellington) – via e-mail
- c.c. Mike Schreiner, MPP (Guelph) – via e-mail
- c.c. Ontario Public Health Units – via e-mail
- c.c. Dr. Nicola Mercer, Medical Officer of Health and CEO (WDGPH) – via e-mail

Ontario Opening Cannabis Retail Market*Province helping build safe and convenient retail system to combat illegal market*

December 12, 2019 6:45 P.M.

TORONTO — The Government of Ontario is taking steps to move to an open market for retail cannabis stores beginning in January 2020. This will provide consumers with more choice and convenience and a safe, reliable supply of cannabis.

"In response to the federal government's decision to legalize cannabis, our government is determined to open the cannabis market as responsibly as possible," said Attorney General Doug Downey. "We have said all along that opening more legal stores is the most effective way to combat the illicit market, protect our kids and keep our communities safe. That is our number one priority."

Removing the temporary cap on the number of private cannabis stores in the province and eliminating pre-qualification requirements for prospective retailers are some of the key changes the government has made to cannabis regulations. Other amendments include:

- Increasing the ability of licensed producers to participate in the retail market and allowing them to open a store at one of their facilities. These changes enable more capital, experience and capacity to enter the market and will help more legal stores open faster.
- Phasing in limits on the number of authorized stores a licence holder can have, to ensure fair access for retailers while creating medium and long-term market certainty.
- Enabling retailers to sell additional cannabis-related items such as cannabis-related magazines and cookbooks.

The Alcohol and Gaming Commission of Ontario (AGCO) will begin accepting operator licence applications from prospective retailers on January 6, 2020, followed by store authorization applications on March 2, 2020. Store authorizations from this open application process are expected to be issued beginning in April, at an initial rate of approximately 20 per month.

The province continues to have strict rules for private cannabis stores to help keep kids safe and ensure retailers behave with integrity. These include regulations that deny licences to anyone with certain cannabis-related offences or any association with organized crime.

Regulations also require licence holders, cannabis retail managers and employees to complete approved training.

QUICK FACTS

- Some of the 42 proposed cannabis stores selected through the second lottery have been authorized to open their doors this month.
- Until August 31, 2020, retail operators may own a maximum of 10 cannabis stores, increasing to 30 in September 2020 and 75 in September 2021.
- Retailers are required to comply with the [Cannabis Licence Act](#) and regulations, as well as the AGCO's [Registrar's Standards for Cannabis Retail Stores](#).
- Prospective retailers must post a public notice at their proposed retail location; the AGCO will accept comments from the local community for 15 days.
- Authorized cannabis stores can now offer click and collect services that allow customers to order and pay for products online for in-store pick-up.
- Proposed cannabis stores selected through the second lottery and the First Nations first come, first served allocation will continue the licensing and authorization process. More details are available on the AGCO website.

LEARN MORE

- [Learn more about Ontario's cannabis laws](#)
- [Learn more about AGCO's cannabis retail licensing and authorization process](#)

Jenessa Crognali Minister's Office

jenessa.crognali@ontario.ca

Brian Gray Ministry of the Attorney General, Communications Branch

MAG-Media@ontario.ca

416-326-2210

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

**Ministry of Children,
Community and Social
Services**

Minister's Office

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**Ministère des Services à
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127-2019-9339

December 16, 2019

Dear Community Partner:

I am writing to let you know that the Ministry of Children, Community and Social Services, in collaboration with other ministries across government, is currently assessing the Ontario's Poverty Reduction Strategy and is launching consultations to inform the development of a new five-year strategy, in accordance with the Poverty Reduction Act, 2009.

Our government believes that the people of Ontario are the province's greatest asset, and when they succeed, our economy and province succeed. However, we know that one in seven Ontario residents live in poverty.

Empowering people and supporting them during challenging times is a priority for our government. We also know that we cannot do this work alone. We are committed to listening and working with individuals, communities, organizations, businesses, Indigenous partners and all levels of government. It is our shared responsibility to create the conditions for success. To do so, we need organizations across the province to share their ideas and feedback about how we can work together to tackle poverty.

Our goal is to drive progress and identify solutions to reduce poverty. To inform our new Poverty Reduction Strategy, we will be asking Ontario residents how we can encourage job creation and connect people to employment; provide people with the right supports and services; and lower the cost of living and make life more affordable.

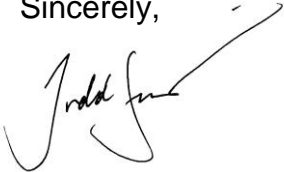
An online survey will be posted in January 2020 for a period of approximately 60 days. I hope that you will respond to the survey and encourage people with experience living in poverty to participate. We will share more information about the survey in the new year.

.../cont'd

We are also accepting written submissions and any recommendations for the next strategy as well as feedback on the previous 2014–19 Poverty Reduction Strategy, by e-mail at prso@ontario.ca or by mail at Poverty Reduction Strategy, 3rd Floor, 315 Front Street West, Toronto ON, M7A 0B8. If there are any questions on how identifying information included with a submission will be used, please contact: Manager, Strategic Policy Unit, MCCSS by e-mail at prso@ontario.ca or by telephone at (647) 308-9963.

I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Todd Smith', with a long, sweeping horizontal stroke extending to the right.

Todd Smith
Minister

**Ministry of Children,
Community and Social
Services**

Minister's Office

438 University Avenue
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127-2019-9339

Le 16 décembre 2019

Madame, Monsieur,

Je vous écris pour vous informer que le ministère des Services à l'enfance et des Services sociaux et communautaires s'emploie actuellement, en collaboration avec d'autres ministères du gouvernement, à évaluer la Stratégie ontarienne de réduction de la pauvreté et entame des consultations en vue de l'élaboration d'une nouvelle stratégie quinquennale, conformément à la *Loi de 2009 sur la réduction de la pauvreté*.

Le gouvernement estime que les Ontariennes et les Ontariens sont les principaux atouts de la province et que c'est leur réussite qui garantit le dynamisme de l'économie et l'essor de l'Ontario. Cependant, nous savons que, dans la province, une personne sur sept vit dans la pauvreté.

Le gouvernement s'est fixé comme priorité d'aider les gens à prendre leur avenir en main et à traverser les périodes difficiles. Or, nous ne pouvons pas accomplir ce travail seuls. Nous avons à cœur d'écouter les particuliers, les communautés, les organismes, les entreprises, les partenaires autochtones et tous les ordres de gouvernement, et de travailler à leurs côtés. Il est de notre responsabilité commune de créer les conditions propices à la réussite. À cette fin, nous avons besoin que les organisations de toute la province nous transmettent leurs idées et leurs commentaires sur les moyens d'œuvrer ensemble à la lutte contre la pauvreté.

Notre objectif est d'accélérer les progrès et de trouver des solutions destinées à réduire la pauvreté. En vue de la nouvelle Stratégie de réduction de la pauvreté, nous solliciterons l'avis de la population ontarienne sur les façons d'encourager la création d'emplois, de permettre aux gens de trouver un emploi, de fournir des soutiens et des services appropriés, d'abaisser le coût de la vie et de rendre le quotidien plus abordable.

.../suite

Nous publierons un sondage en ligne en janvier 2020 pendant environ 60 jours. J'espère que vous répondrez à ce sondage et que vous encouragerez les personnes en situation de pauvreté à y participer. Nous vous communiquerons de plus amples renseignements sur le sondage en début d'année prochaine.

Nous invitons également les intervenants à nous adresser des observations écrites, à nous faire part de leurs recommandations sur la prochaine stratégie et à nous transmettre leurs commentaires au sujet de la précédente Stratégie de réduction de la pauvreté (2014-2019), soit en nous envoyant un courriel à l'adresse prso@ontario.ca, soit en nous écrivant par courrier postal à l'adresse suivante : Stratégie de réduction de la pauvreté, 315, rue Front Ouest, 3^e étage, Toronto (Ontario) M7A 0B8. Si vous avez des questions relatives à l'utilisation des renseignements identificatoires figurant dans les observations qui nous sont transmises, veuillez communiquer avec la chef, Unité des politiques stratégiques, MSESC, par courriel à l'adresse prso@ontario.ca ou par téléphone au 647 308-9963.

Je me réjouis à l'idée d'échanger avec vous plus en détail.

Je vous prie d'agréer, Madame, Monsieur, mes salutations les plus cordiales.

Le ministre,

A handwritten signature in black ink, appearing to read 'Todd Smith', with a long horizontal stroke extending to the right.

Todd Smith

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

December 17, 2019

Hon. Patty Hajdu
Minister of Health
House of Commons
Ottawa, Ontario, K1A 0A6

Re: Ministerial Mandate Letter

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 today to congratulate you on your appointment as Canada's Minister of Health and to inform you of some of our related work.

Our members are very pleased that the Prime Minister has chosen an individual with a keen understanding of the social determinants of health and with direct experience working in Ontario's public health system with the Thunder Bay District Health Unit. We have no doubt that this experience has given you a sense of the importance of local public health and the considerable return on investment of health promotion and disease prevention.

We have examined your ministerial mandate letter, and we would like to take this opportunity to share some of our related positions, as I think you will agree that alPHA will be an important ally in Ontario to assist you in meeting the expectations outlined therein.

Attached to this letter are several alPHA Resolutions that have been passed during recent annual meetings of our membership, the operative clauses of which are directly related to the priorities that the Prime Minister has identified for your ministry. We invite you to examine them and welcome any opportunity to discuss them with you further, as some call for specific action by your office.

We look forward to contributing to your success in serving the health needs of people throughout Canada, particularly where prevention is the focus. We would be pleased engage in further dialogue on these and other health topics. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Carmen McGregor,
alPHA President

COPY: Hon. Christine Elliott, Minister of Health (Ontario)
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Chief Medical Officer of Health (Ontario)

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

2005 alPHa Resolution A05-5

TITLE **Access to Dental Care**

SPONSOR: Ontario Association of Public Health Dentistry

WHEREAS dental care is not an included service under the publicly funded medical care system and must be financed by individual Canadians;

WHEREAS low income (lower socio economic) individuals tend to suffer higher rates of dental disease and decay;

WHEREAS the current system of publicly funded dental programs varies from community to community, but is very limited for low income families and adults who do not typically have access to private dental benefits packages;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies (alPHa) supports the action of the Federation of Canadian Municipalities and calls on the Government of Canada, in consultation with Provincial, Territorial and Local Governments, to develop a comprehensive National Oral Health Strategy that would have, as its goal, providing universal access of both preventive and treatment services to all Canadians.

ALPHA RESOLUTION A08-13

TITLE: **Ban on Commercial Advertising of Food and Beverages to Children Under 13 Years of Age**

SPONSOR: **Toronto Board of Health**

WHEREAS children today are exposed to a greater intensity and frequency of marketing than any previous generation; and

WHEREAS there is strong evidence that younger children lack the cognitive abilities to understand marketing messages; and

WHEREAS there is strong evidence that food advertising has a direct influence on what children choose to eat and indirectly exerts pressure on parents to choose those things; and

WHEREAS the dominant focus of commercial advertising to children is for products that undermine parents' and public health professionals' efforts to promote healthy diets and physical activity; and

WHEREAS recent industry initiatives promising to change advertising to children have proven to be ineffective; and

WHEREAS the Quebec ban on commercial advertising to children provides a wealth of experience in implementing a national framework; and

WHEREAS the Supreme Court of Canada ruled in 1989 that the Quebec ad ban is a reasonable limit on the right to free speech and that "...advertising directed at young children is per se manipulative"; and

WHEREAS almost 90% of television watched by Canadian children is on Canadian-based stations which would be subject to Canadian laws; and

WHEREAS the Toronto Board of Health, the Centre for Science in the Public Interest and the Elementary Teachers' Federation of Ontario have called for a ban on all commercial advertising targeted to children;

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies call for a ban on all commercial advertising of food and beverages targeted to children under 13 years of age by the Government of Ontario and the Government of Canada;

AND FURTHER THAT the Association of Local Public Health Agencies partner with the Ontario Public Health Association, Toronto Public Health and other interested stakeholders to develop and implement an effective province-wide advocacy plan.

ACTION FROM CONFERENCE:

Moved: R. Pellizzari (Peterborough)

Seconded: V. Sterling (Toronto)

Resolution CARRIED AS AMENDED

alPHa RESOLUTION A09-1

TITLE: Ban on Advertising to Children Under 13 Years of Age

SPONSOR: alPHa Board of Directors

WHEREAS the Association of Local Public Health Agencies has resolved to call upon the Governments of Ontario and Canada to ban all commercial advertising of food and beverages targeted to children under 13 years of age; and

WHEREAS this position was adopted based on evidence presented about the harms of marketing to children in general

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies also support the broader goal of the Ontario Public Health Association and other organizations that are advocating for a ban on all commercial advertising targeted to children under 13 years of age.

ACTION FROM CONFERENCE:

Moved: V. Sterling (Toronto)

Seconded: J. Butt (Leeds-Grenville Lanark)

Resolution CARRIED AS AMENDED

alPHa RESOLUTION A14-2

TITLE: Regulating the Manufacture, Sale, Promotion, Display, and Use of E-Cigarettes

SPONSOR: Board of Health, Peterborough County-City Health Unit

- WHEREAS an e-cigarette is a device designed to mimic the appearance and feel of a regular cigarette, pipe or cigar, but with one critical difference – they do not contain tobacco; and
- WHEREAS there has been a huge increase in the growth and popularity of e-cigarettes in recent years; and
- WHEREAS in one study on the prevalence of use among youth and young adults, results indicate that ⅓ of Canadian smokers and 6% of non-smokers had ever tried e-cigarettes. Of those, 14% of smokers and 1% of non-smokers indicate being current e-cigarette users; and
- WHEREAS e-cigarettes are available from a wide variety of locations including convenience stores, gas stations, pharmacies, specialty e-cigarette stores, and the internet; and
- WHEREAS e-cigarettes do not contain tobacco, they are not covered under the Tobacco Act or the Smoke-Free Ontario Act; and
- WHEREAS e-cigarettes that contain nicotine and/or with health claims require pre-market authorization by Health Canada before they can be sold in Canada; and
- WHEREAS there are no long-term studies on the health effects of using e-cigarettes, they pose a substantially lower health risk compared to cigarettes, and there has been little evidence of harm from e-cigarettes; and
- WHEREAS the long term risk of inhaling propylene glycol (one of the main ingredients) is still unknown and lack of manufacturing standards means there is significant variation in nicotine and other chemical content, which poses a health risk to the user; and
- WHEREAS e-cigarettes have tremendous potential to help smokers reduce their cigarette consumption and to quit smoking altogether; and
- WHEREAS current available smoking cessation aids have limited effectiveness and e-cigarettes have the potential to help smokers reduce their health risks; and
- WHEREAS using an e-cigarette in indoor environments, may involuntarily expose nonusers to nicotine from second hand vapour but not to toxic tobacco-specific combustion products; and
- WHEREAS e-cigarettes, both with and without nicotine, have the potential: to undermine current smoke-free regulations; complicate enforcement; re-normalize smoking thus making the habit more attractive, especially among youth and young adults; and lead to an increase in dual use (e-cigarettes and traditional cigarettes); and
- WHEREAS more research is needed to determine the health risks of exposure to second-hand vapour;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies request Health Canada, the Ontario Ministry of Health and Long-Term Care and its stakeholders to provide for the public health, safety, and welfare of all Ontario residents by: ensuring manufacturing consistency of e-cigarettes; conducting research on the long-term health effects of e-cigarettes and exposure to second hand vapour; and regulating the promotion, sale and use of e-cigarettes in Ontario.

AND FURTHER that the Premier of Ontario, the Chief Medical Officer of Health, Ontario Public Health Association, Prime Minister of Canada, Chief Public Health Officer of Canada, federal Minister of Health, and Ontario's Minister of Health and Long-Term Care be so advised.

ACTION FROM CONFERENCE:

Resolution CARRIED

alPHa RESOLUTION A15-2

TITLE: National Universal Pharmacare Program

SPONSOR: Haliburton Kawartha Pine Ridge District Health Unit

WHEREAS the World Health Organization's Right to Health, which includes essential drugs in the core content of minimum rights and the state is obligated to fulfill the rights; and

WHEREAS in 1964 a national universal pharmacare program to cover the costs of outpatient prescription medications was recommended be included in the national Medicare system by the Royal Commission on Health Services; in 1997 the National Forum on Health recommended a universal first dollar pharmacare program; and in 2002 the Romanow Commission recommended catastrophic drug coverage as a first step towards a pharmacare program and still the Government of Canada has not included pharmacare under the *Canada Health Act*; and

WHEREAS Canada is the only Organization for Economic Co-operation and Development (OECD) country with a universal public health care system that does not provide coverage for prescription medications; and

WHEREAS Canadians pay among the highest per capita spending on prescription drugs of the OECD countries; and

WHEREAS the ability to fill a prescription for medication depends on whether and to what extent a person has access to either a private or public insurance plan or if an individual is able to pay out of pocket if a person has no insurance plan; and

WHEREAS 1 in 10 Canadians are unable to fill a prescription because of cost, which in turn compromises the ability to reach optimal level of health and can drive up health care costs in other areas including more physician visits and hospitalizations; and

WHEREAS the current system is a combination of private and public insurance plans that are expensive, not sustainable and inequitable; and

WHEREAS the Government of Canada has a responsibility under the *Canada Health Act* to protect, promote and restore physical and mental well-being of persons and enable reasonable access to health care services without causing barriers, including financial barriers; and

WHEREAS a national, universal pharmacare program would enable all Canadians access to quality, safe and cost effective medications, improve health outcomes and generate cost savings;

continued

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) urges the Government of Canada and the Province of Ontario to move forward with the development and implementation of a national, universal pharmacare program;

AND FURTHER that the Association of Local Public Health Agencies (alPHa) advises the Prime Minister of Canada of this resolution and copies the Ministers of Finance Canada and Health Canada, the Chief Public Health Officer, Leader of the Opposition, Leader of the Liberal Party, Premier of Ontario, Ministers of Finance and Health and Long-Term Care and the Chief Medical Officer of Health and the Council of the Federation;

AND FURTHER that the following organizations be copied and asked for their support: Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association, Canadian Life and Health Insurance Association, Ontario Medical Association, and the Registered Nurses Association of Ontario.

ACTION FROM CONFERENCE:

Resolution CARRIED AS AMENDED

alPHa RESOLUTION A17-1

TITLE: Access to Publicly Funded Oral Health Programs for Low-Income Adults and Seniors

SPONSOR: Chatham-Kent Public Health Unit & Porcupine Health Unit

WHEREAS the relationship between poor oral health and poor overall health and social well-being is well established; and

WHEREAS dental care is excluded from the Ontario Health Insurance Program; and

WHEREAS one-third of Ontario workers do not have employee health benefits; and

WHEREAS 13.9% of the Ontario population, live in low income; and

WHEREAS the burden of poor oral health is greater in marginalized populations; and

WHEREAS financial barriers prevent many marginalized and low-income adults from accessing preventive and acute dental care; and

WHEREAS Over 60,000 visits to emergency departments across Ontario in 2015 were due to oral health concerns (Ontario Oral Health Alliance, 2017), as acute health care services are often the only remaining option for treatment of complications from lack of dental care; and

WHEREAS an estimated \$38M is spent in the acute care medical system for these complications without addressing their underlying causes; and

WHEREAS the majority of these acute dental complications are avoidable with timely preventive care such as cleanings and fluoride treatments by dental hygienists, as well as fillings and extractions; and

WHEREAS the Ontario Liberals made provision of oral health services to low-income Ontarians a key plank in its 2007 election platform; and

WHEREAS the 2014 Ontario Budget included the provision of dental benefits to all low-income workers by 2025 as part of its 10-year economic plan; and

WHEREAS alPHa believes that the ongoing exclusion of low-income adults from publicly-funded oral health treatment and prevention services creates health inequities and is contrary to the original intent of the Government's 2007 promise;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) call upon the Ministry of Health and Long-Term Care (MOHLTC) to immediately begin the process to develop standards for preventative and restorative oral health care and implement a provincially funded oral health program for low-income adults and seniors in Ontario well before the proposed 2025 timeline.

ACTION FROM CONFERENCE: Resolution CARRIED

alPHa RESOLUTION A17-4

Title: Mental Health Promotion within Ontario Workplaces

Sponsor: Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health

WHEREAS mental Health Promotion is included as a priority in the Standards for Public Health Programs and Services: Consultation Document; and

WHEREAS mental health problems and illness have become pressing issues for workplaces across Canada. On any given week, more than 500,000 Canadians will not go to work because of mental illness. More than 30% of disability claims and 70% of disability costs are attributed to mental illness. Approximately \$51 billion each year are lost to the Canadian economy because of mental illness; and

WHEREAS evidence has shown that comprehensive workplace health strategies improve employee health and increase productivity, service quality and can reduce costs related to illness, injury and absence. Improved management of psychological health and safety in the workplace including prevention, early action to combat work stress and identify problems could decrease losses to productivity significantly; and

WHEREAS through a commitment to implementation of psychological health and safety strategies, public health units could impact the mental health of a significant population of employees, while at the same time improving organizational outcomes and productivity. By prioritizing, the mental and psychological health of the public health workforce, public health units can become leaders for employers throughout the Province and support the implementation of the Ontario Public Health Standards by addressing mental health through comprehensive health promotion approaches; and

WHEREAS free tools and resources are available to guide and support employers. The National Standard of Canada for Psychological Health and Safety in the Workplace was launched in January 2013. Titled, [CAN/CSA-Z1003- Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation](#), this evidenced-based tool, developed collaboratively in Canada by leaders across many sectors, is available for free until 2018. The Standard can guide employers through the process of developing strategies to protect psychological health and safety, promote good mental health and resolve mental health issues in the workplace;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies strongly recommend that all Ontario public health units commit to implementing comprehensive workplace strategies and support other workplaces to address psychological health and safety, such as *CAN/CSA-Z1003- Psychological health and safety in the workplace - Prevention, promotion, and guidance to staged implementation*, to protect and promote the mental health of workers throughout the province of Ontario.

ACTION FROM CONFERENCE: Resolution CARRIED AS AMENDED

TITLE: **Public Health Approach to Drug Policy**

SPONSOR: **Toronto Public Health**

WHEREAS governments around the world are considering different approaches to drugs, including the decriminalization of drug use and possession and legal regulation, including here in Canada for non-medical cannabis; and

WHEREAS a growing number of health officials and boards of health are calling for changes to our approach to drugs, especially in the midst of the opioid poisoning crisis in which the contaminated, unregulated supply of illegal drugs is the main contributor to the crisis; and

WHEREAS laws that criminalize people simply for using and possessing drugs have resulted in serious health and social harms, including forcing people into unsafe spaces and high-risk behaviours leading to HIV and HCV infection, resulting in criminal records that make it difficult to obtain employment and housing, and reinforcing negative stereotypes and judgements about people who use drugs; and

WHEREAS some groups are more impacted by our drug laws than others, including people who are homeless and/or living in poverty, people with mental health and substance use issues, people from racialized groups, Indigenous people, women and youth; and

WHEREAS a public health approach to drugs would be based on principles and strategies that have been shown to support healthy individuals, families and communities; and

WHEREAS countries that have decriminalized personal drug use and possession and invested in public health interventions have seen results, including decreases in HIV and overdose, decreases in costs to the criminal justice system, and improved police/community relationships; and

WHEREAS the evidence on the health and social harms of our current criminalization approach to illegal drugs as well as that of alternative approaches such as decriminalization and legal regulation strongly support the need to shift to a public health approach to drugs in Canada;

NOW THEREFORE BE IT RESOLVED that the federal government be urged to decriminalize the possession of all drugs for personal use, and scale up prevention, harm reduction and treatment services;

AND FURTHER that the federal government convene a task force, comprised of people who use drugs, family members, and policy, research and program experts in the areas of public health, human rights, substance use, mental health, and criminal justice, to explore options for the legal regulation of all drugs in Canada, based on a public health approach.

ACTION FROM CONFERENCE: *Carried as amended*

TITLE: **Considering the Evidence for Recalling Long-Acting Hydromorphone**

SPONSOR: **Kingston, Frontenac, and Lennox & Addington Public Health**

WHEREAS data from 2017 estimates 1,250 Ontarians died from opioid-related causes, representing a 246% increase in mortality from 2003 (Public Health Ontario, 2019); and

WHEREAS one in three people who died from an opioid-related cause had an active prescription for an opioid (Gomes, 2018); and

WHEREAS the harms associated with long-acting and high-dose formulations of opioids are well- characterized and include accidental overdose, cognitive impairment, falls, depression, and physical dependence (Bohnert, et al., 2011) (Juurlink, 2017); and

WHEREAS there is emerging evidence that long-acting hydromorphone is able to sustain HIV infectiousness due to the microcrystalline cellulose component of the drug and can infect people who inject drugs as a result of sharing equipment (Ball, et al., 2019); and

WHEREAS there is evidence that HIV persisted in long-acting hydromorphone residuals which may be used in “serial washes”, where the non-solubilized drug from an initial preparation for injection is reused; and

WHEREAS there is additional evidence that long-acting hydromorphone prescribing patterns are associated with an increased incidence of infective endocarditis among people who inject drugs (Weir, et al., 2019); and

WHEREAS the federal Minister of Health has the power under the Food and Drug Act to recall drugs that pose serious or imminent risk to health (Government of Canada, 1985); and

WHEREAS the known harms of opioids coupled with new evidence of additional risk of infectious disease uniquely associated with long-acting hydromorphone meet the threshold for action from the federal Minister of Health;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHA) petition the federal Minister of Health and Health Canada to review the scientific literature and other available data regarding potential harms associated with long-acting hydromorphone, particularly with respect to the risk it poses for the spread of infectious diseases among people who inject drugs;

AND FURTHER that if evidence of serious or imminent risk to health is found, that the federal Minister of Health and Health Canada consider recalling or restricting prescribing of long-acting hydromorphone;

AND FURTHER that the Federal Minister of Health, the Minister of Health and Long-Term Care, the Chief Medical Officer of Health for Ontario, the Chief Coroner for Ontario, the CEO of Public Health Ontario, the Chief Medical Officer of Health for Canada, and all Chief Medical Officers of Health across all Provinces and Territories be so advised.

ACTION FROM CONFERENCE: Carried

References – Resolution A19-7

Ball, L. et al., 2019. Heating injection drug preparation equipment used for opioid injection may reduce HIV transmission associated with sharing equipment.

Bohnert, A. B., Valenstein, M. & Bair, M. J., 2011. Association between opioid prescribing patterns and opioid overdose-related deaths. *JAMA*, Volume 305, pp. 1315-21.

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Huron County
Health Unit



Update on Merger of Huron and Perth Health Units

Tuesday, December 17, 2019

The Perth District Health Unit and the Huron County Health Unit will be merging into a single entity, effective January 1, 2020, called Huron Perth Public Health. Our staff will continue working with our partners and stakeholders in Huron and Perth counties to help keep our residents healthy.

Please take note of the following new contact information for HPPH, effective January 1, 2020.

Medical Officer of Health

Dr. Miriam Klassen will be the Medical Officer of Health for Huron Perth Public Health.

Office Locations

The main office locations remain the same (Stratford and Clinton) with satellite offices in Wingham, Listowel and downtown Stratford as before. Clinics and services will continue to operate from these locations.

Phone

HPPH will have one intake number: **1-888-221-2133**, after which you can dial by extension or follow the instructions on the intake voice message. Huron staff extensions remain the same. Perth staff extensions have already changed to four-digit extensions, which is their previous extension with a 3 in front (e.g., Rebecca Hill: previously x 279 – now x 3279).

After Hours

After-hours phone numbers will remain the same:

- Perth calls: 1-800-431-2054 (on-call service)
- Huron calls: 519-482-7077 (on-call service).

Email

Email addresses for staff at HPPH will be changing as of January 1, 2020. Emails will be: first initial and last name @hpph.ca.

Fax Numbers

The HPPH fax numbers are as follows:

Perth County	Confidential Fax
Stratford - West Gore	519-271-2195
Stratford - Festival Square	519-271-5368
Huron County	
Clinton	1-844-935-1327

Website and Social Media

The new website will be launched January 1, 2020, and is www.hpph.ca. The website is easy to navigate and contains important public health information, details about our programs, services and clinics, and sections for our partners and stakeholders, such as healthcare providers and food premises operators.

Over the next few months we will be merging our social media pages and we will keep you posted on this transition.

Identity

The new logo and identity for HPPH, which we will begin using starting January 1, 2020, is:



A public communications and marketing plan will take place over the next few months to ensure our residents know how to contact us and access our programs and services.

Inquiries

If you have any questions regarding the merger or merger contact information, please contact Rebecca Hill, Communications Manager, at 519-271-7600 x 3279 or communications@pdhu.on.ca (before January 1, 2020). After January 1, you can contact Rebecca at 1-888-221-2133 x 3279 or rhill@hpph.ca.

We look forward to continuing the important work of public health with you!

December 18, 2019

VIA EMAIL

The Honourable Patty Hajdu
Minister of Health
Confederation Building
278
House of Commons
Ottawa, ON K1A 0A6

Dear Minister Hajdu:

Re: National Universal Pharmacare Program

The Leeds, Grenville and Lanark District Health Unit Board of Health urges the Federal Government to follow through on the promises made by three of the four federal parties during the recent federal election to develop a national universal pharmacare program.

A national universal pharmacare program is an essential component of a comprehensive publicly funded health system and Canada is the only country with a publicly-insured health care system that does not cover the cost of prescription medications. This means that, for many people, the cost of medication is a barrier to receiving the treatment they need for health problems.

Forty percent of the residents in Leeds, Grenville and Lanark do not have additional benefits to cover the cost of necessary medication. Bulk buying would also reduce the cost of drugs for insurance companies which would be passed on to employers in our communities.

...2

The Honourable Patty Hadju
Page 2
December 18, 2019

The work of experts outlined in the Government of Canada report "Towards Implementation of National Pharmacare: Discussion Paper"¹ outlines the rationale for, and a way forward, to improve the health of Canadians. Now is the time to act on it.

Sincerely,



Doug Malanka
Board Chair

DM/hb

cc: The Right Honourable Justin Trudeau, Prime Minister, Liberal Party of Canada
The Honourable Andrew Scheer, Conservative Party of Canada
The Honourable Jagmeet Singh, New Democratic Party of Canada
The Honourable Jo-Ann Roberts, Green Party of Canada
The Honourable Christine Elliott, Minister of Health
The Honourable Scott Reid, MP Lanark-Frontenac-Kingston
The Honourable Michael Barrett, MP Leeds-Grenville-Thousand Islands and
Rideau Lakes
Ontario Boards of Health

¹ https://www.canada.ca/content/dam/hc-sc/documents/corporate/publications/council_on_pharmacare_EN.PDF

January 2, 2020

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: Request for Weekly Data Reports on Vaping Cases

At its meeting on December 11, 2019, the Board of Health for Peterborough Public Health received for information correspondence from the City of Hamilton (attached) requesting that cases of vaping-related severe pulmonary disease in Hamilton hospitals be shared with Hamilton's Medical Officers of Health.

The Board of Health for Peterborough Public Health also requests that local cases of vaping-related severe pulmonary disease reported by Peterborough Regional Health Centre to the Chief Medical Officer of Health under section 77.7.1 of the Health Protection and Promotion Act be shared with Peterborough's Medical Officer of Health.

Considering the importance of public health surveillance and the need to continue to raise awareness of health impacts related to vaping, information related to incidences of hospitalizations locally is critical in assessing the extent of the ill-effects of vaping on the health of residents of Curve Lake and Hiawatha First Nations, and the County and City of Peterborough.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

Encl.
/ag

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Dr. Peter McLaughlin, President and Chief Executive Officer, Peterborough Regional Health Centre
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

January 9, 2020

Honourable Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Sent via email: patty.hajdu@parl.gc.ca

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

Dear Minister Hajdu and Minister Elliot,

The Board of Health for the Porcupine Health Unit would like to take this opportunity to support the correspondence forwarded by the Board of Health Chair of the Simcoe Muskoka District Health Unit dated September 18th, 2019. This requested stronger provincial legislation to restrict the display and promotion of vaping products and ban flavoured vaping products to address the youth vaping crisis. Accordingly, the concerns identified in the document reflect those of our Board of Health and community partners.

We would like to commend your leadership in making the decision to prohibit the promotion of vaping products in convenience stores and gas stations effective January 1, 2020. This measure is a critical first step towards preventing youth access and initiation. Nevertheless, the Board of Health for the Porcupine Health Unit (PHU) remains uncertain that banning the promotion of vaping products in retail settings will be enough to reduce youth uptake and related harms. With increasing numbers of youth seen vaping across PHU communities, and an already higher than provincial average tobacco use rate we remain extremely concerned. Evidence supports that e-cigarette companies are appealing to young people through the promotion of flavours. As such, banning flavoured e-cigarette products would be a great step towards curbing the current youth vaping epidemic.

The Board of Health for the Porcupine Health Unit supports Private Members Bill 151 which was brought forward in the Ontario Legislature by the Ontario NDP Health Critic France Gélinas on November 27, 2019. The Smoke-Free Ontario Amendment Act (*Vaping is not for Kids*) bill includes measures concerning e-cigarettes, such as banning flavours unless exempted by regulation; banning sales except in adult-only specialty vape stores; and requiring specialty vape stores to be approved by local Board of Health. The bill would prohibit the promotion of vaping products, regulate the availability of flavours, set a maximum amount of nicotine per milliliter of e-fluid, restrict sales to specialty shops, require Ontario Health to prepare an annual report on vaping usage and health effects as well as prioritize research by setting tax money aside. We urge the Ministry of Health to support this bill so that we not only protect our youth but can mutually reach our goal of achieving a smoking rate of less than 5% by 2035.



Years of
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Moosonee, Smooth Rock Falls

The Honourable Patty Hajdu; and
The Honourable Christine Elliott
January 9, 2020

2.

Our concern that current measures will not be enough to adequately address the crisis of youth vaping continue to be supported. Decades of experience with youth smoking demonstrate the need for comprehensive protective measures. As such, the recommendations forwarded on December 19, 2019, by the *Physicians for a Smoke-Free Canada* should also be considered in the development of new regulations.

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

Sincerely,



Sue Perras
Chair, Board of Health for the Porcupine Health Unit

cc: Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Porcupine Health Unit - Member Municipalities