Algoma
PUBLIC HEALTH
Santé publique Algoma

Jan 23, 2019

BOARD OF HEALTH MEETING

SSM Community Room A

www.algomapublichealth.com

Jan 23, 2019 - Board of Health Meeting Book

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17. Announcements / Next Committee Meetings

    a. Finance & Audit Committee Meeting - February 13, 2019

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18. Evaluation

19. Adjournment

ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
AGENDA
JANUARY 23, 2019 @ 5:00 PM - SSM ROOM A

BOARD MEMBERS

Louise Caicco Tett
Randi Condie
Deborah Graystone
Micheline Hatfield
Adrienne Kappes
Lee Mason
Dr. Heather O'Brien
Ed Pearce
Karen Raybould
Sergio Saccucci
Mathew Scott

APH EXECUTIVES / MEMBERS

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

1.0 Meeting Called to Order *M. Spruyt*

a. Declaration of Conflict of Interest

2.0 Election of Officers *M. Spruyt*

a. Appointment of Board of Health Chair

RESOLUTION	THAT the Algoma Public Health Board of Health appoints _____as Chair for the year 2019.

b. Appointment of Board of Health First Vice-Chair and Chair of the Finance and Audit Committee for the year 2019

RESOLUTION	THAT the Algoma Public Health Board of Health appoints _____as First Vice-Chair and Chair of the Finance and Audit Committee for the year 2019.

c. Appointment of Board of Health Second Vice-Chair and Chair of the Governance Committee for the year 2019

RESOLUTION	THAT the Algoma Public Health Board of Health appoints _____as Second Vice-Chair and Chair of the Governance Committee for the year 2019.

d. Call for Committee Members for the Finance & Audit Committee and Governance Committee

3.0 Orientation

4.0 Signing Authority *M. Spruyt*

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

5.0 Adoption of Agenda *M. Spruyt*

RESOLUTION	THAT the Agenda dated January 23, 2019 be adopted as presented.

6.0 Adoption of Minutes of Previous Meeting *M. Spruyt*

a. November 28, 2018 Minutes

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

7.0 Delegations / Presentations *Kristy Harper / Hilary Cutler*

a. Healthy Public Policy

8.0 Business Arising from Minutes *M. Spruyt*

9.0 Reports to the Board

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

i. MOH Report - January 2019

RESOLUTON	THAT the report of the Medical Officer of Health and CEO be adopted as presented.

b. Finance and Audit Committee Report

i. 2017 Finance and Audit Committee Year End Report *J. Pino*

RESOLUTION	THAT the 2017 Finance and Audit Committee Year End Report be adopted as presented

ii. Financial Statements for the period ending November 30, 2018 *J. Pino*

RESOLUTION	THAT the Financial statements for the period ending November 30, 2018 be approved as presented

iii. **Briefing Note - 2018 Insurance Renewal** *J. Pino*

RESOLUTION	THAT the Board of Health approve the renewal of the 2018 Insurance coverage for APH and; THAT the Board of Health provides the authority to the Finance & Audit Committee to commit to any incremental changes with respect to insurance coverage. The Finance & Audit Committee would provide an update to the Board of Health of the changes at the February board meeting and highlight any costs associated with the changes.

iv. **Community Accountability Planning Submission** *J. Pino*

RESOLUTION	THAT the Board of Health reviewed and accepts the Community Accountability Planning Submission (CAPS) report as presented.

c. Governance Committee Report *L. Mason*

i. 2017 Governance Committee Year End Report

RESOLUTION	THAT the 2017 Governance Committee Year End Report be adopted as presented

8.0 New Business/General Business *M. Spruyt*

a. Relationship Building With Indigenous Communities In Algoma

i. Land Acknowledgement Background

RESOLUTION

Whereas the Truth and Reconciliation Commission (TRC) of Canada released a report documenting the voices of survivors of Indian Residential Schools; and

Whereas the modernized Standards for Public Health Programs and Services recognize the requirement for boards of health to engage with Indigenous communities in ways that are meaningful for them; and

Whereas the research project titled Talking together to improve health has identified four principles of Indigenous engagement, including respect, trust, self-determination, and commitment; and

Whereas the literature indicates that saying a land acknowledgement, when appropriate, can be a small but important step in continuing to build and sustain meaningful relationships with Indigenous communities and people;

Be it resolved that APH acknowledge the harm that colonization and the residential school system caused and continues to cause to Canada's Indigenous people;

Be it further resolved that the land acknowledgements written for communities in the Algoma district are approved for use by the board of health and staff, when saying the land acknowledgement is deemed meaningful to do so.

9.0 Correspondence *M. Spruyt*

a. Congratulations to Algoma Public Health in recognition of their 50th Anniversary from Carol Hughes, MP, Algoma-Manitoulin-Kapuskasing dated Nov 28, 2018

b. Congratulations to Algoma Public Health in recognition of their 50th Anniversary from Michael Mantha, MPP, Algoma-Manitioulin dated Nov 28, 2018

c. Letter to APH BOH Chair from Sudbury & Districts Public Health re 50th Anniversary dated Dec 12, 2018

d. Letter to the Attorney General from KFL&A Public Health re Cannabis Retail Locations dated Dec 5, 2018

e. Letter to the Minister of Economic Development from Timiskaming Health Unit re Bill 47 dated Dec 10, 2018

f. Letter to the Premier from Sudbury & District Public Health re Oral Health Program for Low Income Adults and Seniors dated Dec 7, 2018

g. Letter to the Premier from Peterborough Public Health re Opiod Crisis dated Jan 7, 2019

h. Letter to the Minister of Economic Development from alPHa re Bill 66 dated Jan 16, 2019

10.0 Items for Information *M. Spruyt*

a. Welcome to Board of Health Members from alPHa dated Dec 19, 2018

b. 2018 alPHa BOH Orientation Manual & Governance Toolkit

c. 2019 CPHA Honorary Awards & Board of Directors

d. The SSM & Area Drug Strategy Call to Action

11.0 Addendum *M. Spruyt*

12.0 In-Camera *M. Spruyt*

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

13.0 Open Meeting *M. Spruyt*

a. Resolutions resulting from in-camera meeting

14.0 Announcements / Next Committee Meetings: *M. Spruyt*

Finance & Audit Committee
Date: February 13, 2019
Prince Meeting Room, 3rd Floor

Board of Health Meeting:
February 27, 2019 @ 5:00 pm
Sault Ste. Marie, Room A

15.0 Evaluation *M. Spruyt*

16.0 Adjournment *M. Spruyt*

RESOLUTION THAT the Board of Health meeting adjourns

ALGOMA PUBLIC HEALTH
BOARD OF HEALTH MEETING
MINUTES
NOVEMBER 28, 2018 @ 5:00 PM - SSM ROOM A & B

PRESENT :

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

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

REGRETS : S.Jensen, E.Pearce,

1.0 Meeting Called to Order

a. Declaration of Conflict of Interest

I. Frazier called the meeting to order at 5:03 pm

2.0 Adoption of Agenda

a. November 28, 2018 Agenda

2018-85

Moved: L. Mason

Seconded: L. Castellani

THAT the Agenda dated November 28, 2018 be adopted as presented.

CARRIED

3.0 Adoption of Minutes of Previous Meeting

a. October 24, 2018 Minutes

2018-86

Moved: K. Raybould

Seconded: P. Avery

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

CARRIED

4.0 Delegations / Presentations

a. Keynote Speaker Gil Penalosa presented on Healthy Communities at the APH 50th Anniversary Celebration in the afternoon on this day

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 2018

2018-87

Moved: A. Kappes

Seconded: D. Graystone

THAT the monthly report of the Medical Officer of Health and CEO be adopted as presented.

CARRIED

b. Orientation

c. Finance and Audit Committee Report

i. Finance and Audit Committee Chair Report

S.Saccucci provided overview of the November 2018 Report

2018-88

Moved: D. Thompson

Seconded: P. Avery

THAT the Finance and Audit Committee Chair Report for November 14, 2018 be approved as presented

CARRIED

ii. Financial Statements for the period ending September 30, 2018

J.Pino provided details on IT expenses including equipment purchases and license renewals

2018-89

Moved: L. Mason

Seconded: K. Raybould

THAT the Financial statements for the period ending September 30, 2018 be approved as presented

CARRIED

iii. **Briefing Note - 2018 Contribution to APH Reserve Fund**

J.Pino presented and discussion followed

2018-90

Moved: L. Mason

Seconded: D. Graystone

THAT the Board of Health accepts the recommendation of the Finance and Audit Committee and approves a contribution of $300,000 into the Reserve Fund from APH's operating account.

CARRIED

iv. **2019 Public Health Operating and Capital Budget**

J.Pino delivered the report and discussion followed

2018-91	**Moved:** L. Mason **Seconded:** D. Graystone THAT the Board of Health accepts the recommendation of the Finance and Audit Committee and approves the 2019 Public Health Operating and Capital Budget. **CARRIED**

c. Governance Committee Report

i. Governance Committee Chair Report

L. Mason provided the report from the November meeting

2018-92	**Moved:** H. O'Brien **Seconded:** D. Thompson THAT the Governance Committee Chair Report for November 7, 2018 be approved as presented. **CARRIED**

ii. Monthly and Yearly Evaluations

2018-93	**Moved:** K. Raybould **Seconded:** L. Castellani THAT the Board of Health accepts the recommendation of the Governance Committee and approves the revised Monthly and Yearly Board Evaluations to be adopted as presented beginning in 2019. **CARRIED**

iii. 02-05-086 Sponsorship of Charitable Organizations

2018-94	**Moved:** K. Raybould **Seconded:** L. Castellani THAT the Board of Health accepts the recommendation of the Governance Committee and approves Policy 02-05-086 Sponsorship of Charitable Organizations to be adopted as presented. **CARRIED**

iv. 02-05-025 - Board Remuneration

2018-95	**Moved:** P. Avery **Seconded:** K. Raybould THAT the Board of Health accepts the recommendation of the Governance Committee and approves the change of remuneration for attendance at Board meetings to be $109 and; THAT staff is directed to review and bring information to the first Governance meeting in 2019 regarding travel time remuneration for geographic areas and conference attendance. **CARRIED**

v. 02-05-035 - Continuing Education for Board Members

2018-96	**Moved:** D. Thompson **Seconded:** A. Kappes THAT the Board of Health accepts the recommendation of the Governance Committee and approves the revised policy 02-05-035 Continuing Education for Board Members to be adopted as amended. **CARRIED**

7.0 New Business/General Business

Not applicable

8.0 Correspondence

a. Letter to the Premier from HCHU re Ontario Basic Income Research Project dated Nov 8, 2018.

b. Letter to the Ministry of Attorney General from Peterborough Public Health regarding Regulatory Framework for Cannabis Storefronts in Ontario dated Nov 8, 2018

c. Letter to the Ministry of the Attorney General from Peterborough Public Health regarding Provincial Legislation for Cannabis and the amended Smoke-Free Ontario Act dated Nov 18, 2018

d. Letter to the Minister of Health from Peterborough Public Health regarding A Public Health Approach to Drug Policy Reform dated Nov 2, 2018

e. Letter to the Minister of Health from Peterborough Public Health regarding Sustainable Infrastructure and Financial Supports for local drug strategies dated Nov 5, 2018

f. Letter to the Minister of Health from Peterborough Public Health regarding Strengthening the Smoke-Free Ontario Act to address the promotion of vaping dated Nov 5, 2018

g. Letter to the Premier from Southwestern Public Health regarding Increased Actions to Opioid Crisis dated October 24, 2018

9.0 Items for Information

Not applicable

10.0 Addendum:

Not applicable

11.0 In-Camera - 6:04 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.

2018-97	**Moved:** L. Mason **Seconded:** D. Graystone THAT the Board of Health go In-Camera **CARRIED**

12.0 Open Meeting - 6:35 pm

The Board of Health returned to open meeting with report:
Council has directed management to move forward with divestment of the program. Communication related to this transition of services will be shared with community stakeholders when available

a. Resolutions resulting from in-camera meeting

Not applicable

13.0 Announcements / Next Committee Meetings:

Board of Health Meeting:
January 23, 2019 @ 5:00 pm
Sault Ste. Marie, Room A

14.0 Evaluation - Reminder to complete the monthly evaluation in BoardEffect

15.0 Adjournment

2018-101	**Moved:** L. Mason **Seconded:** A. Kappes THAT the Board of Health meeting adjourns **CARRIED**

Board Chair	**Tania Caputo, Secretary**
Date	**Date**

Healthy Public Policy

Kristy Harper, Program Manager Community Wellness & Chief Nursing Officer
Hilary Cutler, Research & Policy Analyst

January 23rd , 2019

Algoma PUBLIC HEALTH
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Public Health

Public health is defined as the organized efforts of society to keep people healthy and prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote health.

The goal of public health in Ontario is to improve and protect the health and well-being of the population of Ontario.

Public health focuses on **population health approach**, which includes efforts to promote health and prevent disease in populations.

Public health focuses on **health equity**, which includes efforts so that everyone has equal opportunities to attain their full health potential.

The Chief Public Health Officer's Report on State of Public Health in Canada, 2008
Ontario Public Health Standards, 2018

Public Health

- **Health Protection** – ensure water, air and food are safe, control infectious diseases and protection from environmental threats.

- **Health Surveillance** – ongoing use of health data to monitor and forecast health events.

- **Disease and Injury Prevention** – investigation, contact tracing, preventative measures to reduce risk of disease and outbreaks, and activities to promote healthy lifestyles.

- **Population Health Assessment** – understanding the health of communities or populations to inform policies, programs and services.

- **Health Promotion** – preventing disease, improving health through **public policy**, community interventions, public participation and advocacy on determinants of health.

- **Emergency Preparedness and Response** – planning for natural and man-made disasters.

The Chief Public Health Officer's Report on The State of Public Health in Canada, 2008

Ottawa Charter for Health Promotion (1986)

Health Promotion is the process of enabling people to increase control over, and to improve, their health. Health Promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Ottawa Charter for Health Promotion, 1986

Policy & Public Health

Policy: A broad statement of goals, objectives, and means that create a framework for activity[1]; interrelated decisions that should be within the policymakers' power to achieve[2].

Health policy: Any policy that directly or indirectly affects the health system[3].

Healthy public policy: "Characterized by an **explicit concern for health and equity in all areas of policy** and by an **accountability for health impact**"[4].

Centers for Disease Control and Prevention, Office of the Associate Director for Policy. (2016). Health in All Policies. Retrieved from https://www.cdc.gov/policy/hiap/index.html

1. Region of Waterloo Public Health. (2013). Healthy Public Policy Development Approach.
2. Deber, R.A. (2014). Concepts for the Policy Analyst. Book Chapter in Case Studies in Canadian Health Policy and Management.
3. Buse, K. et al. (2009). Making Health Policy. Open University Press.
4. World Health Organization. (1998). Adelaide Recommendations on Healthy Public Policy. Second International Conference on Health Promotion.

Let's break it down

Address poverty and you improve health: Mercer; Medical officer wants planning with 'health lens'

Guelph Mercury (Guelph, Ontario). (Mar. 8, 2012): News: pA1.

Listen

Full Text:

Byline: Joanne Shuttleworth, Mercury staff

Wellington-Dufferin-Guelph Public Health is developing a strategy to improve the health of residents in its catchment area which, in turn, should reduce the need for costly hospital visits and medical interventions.

Dr. Nicola Mercer, the area's medical officer of health, presented a report at Wednesday's board of health meeting. She called on the politicians sitting around the table to view any policies, bylaws and new developments with a "health lens" when they make their decisions.

Three Guelph city councillors - Karl Wettstein, Lise Burcher and June Hofland - rejoined the board after walking away in protest of financial matters last year. Mercer's comments to politicians also extended to councillors on the board from Centre and North Wellington, Guelph-Eramosa and Dufferin County.

"Take a health-in-everything approach," Mercer said. "It doesn't necessarily mean more cost. But when you view things through a health lens, there could be better options."

The health unit was asked to report on the social determinants of health and to determine the impact on health-care costs for the Waterloo Wellington Local Health Integration Network. With the provincial budget poised for cuts - and health spending the biggest expense - the network was being proactive.

There are many reasons why people who live in poverty often live with poor health, but the fact remains: Poverty costs the health care system, Mercer said. If you want a healthy community, you have to address poverty.

Int. J. Environ. Res. Public Health **2014**, *11*, 11384-11397; doi:10.3390/ijerph111111384

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Public Health
ISSN 1660-4601
www.mdpi.com/journal/ijerph

Article

Estimating the Costs and Benefits of Providing Free Public Transit Passes to Students in Los Angeles County: Lessons Learned in Applying a Health Lens to Decision-Making

Lauren N. Gase [1,*], Tony Kuo [1,2], Steven Teutsch [3,4] and Jonathan E. Fielding [3,4]

[1] Division of Chronic Disease and Injury Prevention, Los Angeles County Department of Public Health, 3530 Wilshire Blvd, 8th floor, Los Angeles, CA 90010, USA; E-Mail: tkuo@ph.lacounty.gov
[2] David Geffen School of Medicine, University of California, Los Angeles, 10880 Wilshire Blvd, Ste. 1800, Los Angeles, CA 90024, USA
[3] Los Angeles County Department of Public Health, 313 N Figueroa St., Los Angeles, CA 90012, USA; E-Mail: steventeutsch@gmail.com
[4] Fielding School of Public Health, University of California, Los Angeles, 640 Charles E Young Dr., Los Angeles, CA 90095, USA; E-Mail: jfieldin@ucla.edu

* Author to whom correspondence should be addressed; E-Mail: lgase@ph.lacounty.gov; Tel.: +1-213-427-4409; Fax: +1-213-351-2713.

External Editor: Jeffery Spickett

Received: 18 September 2014; in revised form: 15 October 2014 / Accepted: 22 October 2014 / Published: 31 October 2014

Abstract: In spite of increased focus by public health to engage and work with non-health sector partners to improve the health of the general as well as special populations, only a paucity of studies have described and disseminated emerging lessons and promising practices that can be used to undertake this work. This article describes the process used to conduct a Health Impact Assessment of a proposal to provide free public transportation passes to students in Los Angeles County. This illustrative case example describes opportunities and challenges encountered in working with an array of cross-sector partners and highlights four important lessons learned: (1) the benefits and challenges associated with broad conceptualization of public issues; (2) the need for more comprehensive, longitudinal data systems and dynamic simulation models to inform decision-making; (3) the importance of having a comprehensive policy assessment strategy that considers health impacts as well as costs and feasibility; and (4) the need for additional efforts to

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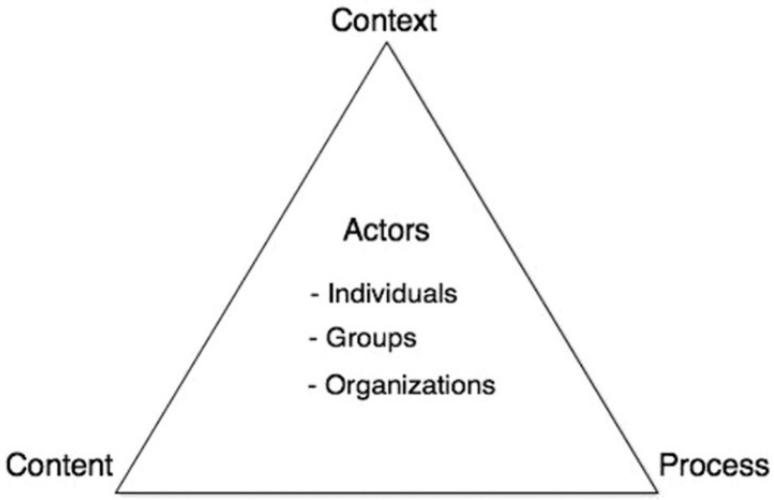
Theories, models, and frameworks

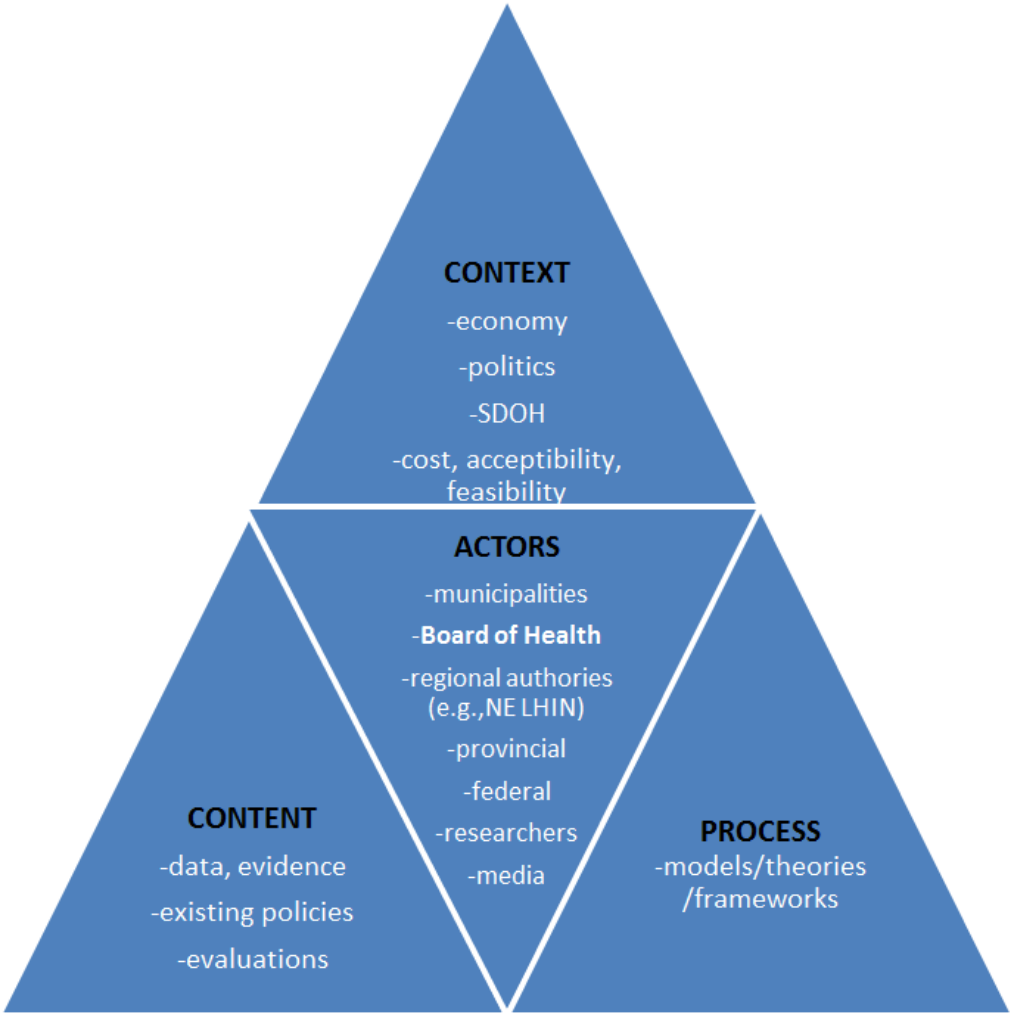
Help us organize how we think about complex problems

- Policy = complex
- Healthy public policy (HPP) = complex
- Theories, models, and frameworks tend to be:
  - ❑ Iterative, analytical
  - ❑ Dynamic, punctuated
- HPP = Iterative AND dynamic

Toronto Public Health. (2015). Healthy Public Policy Development Framework: Foundational Report.

Walt & Gilson (1994)-A model for health policy analysis



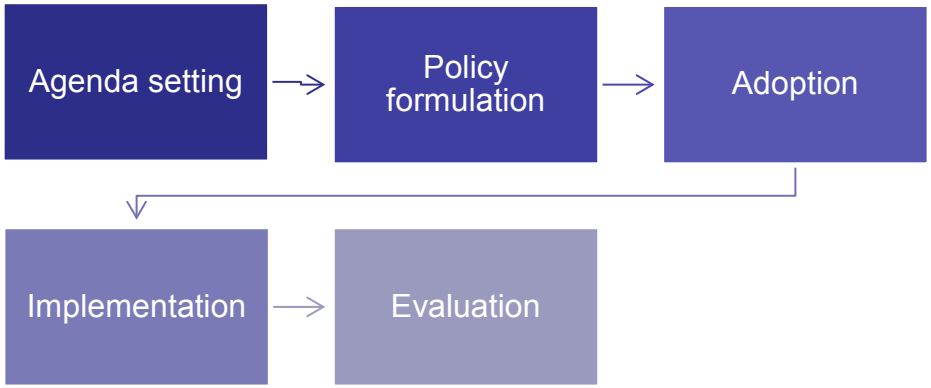


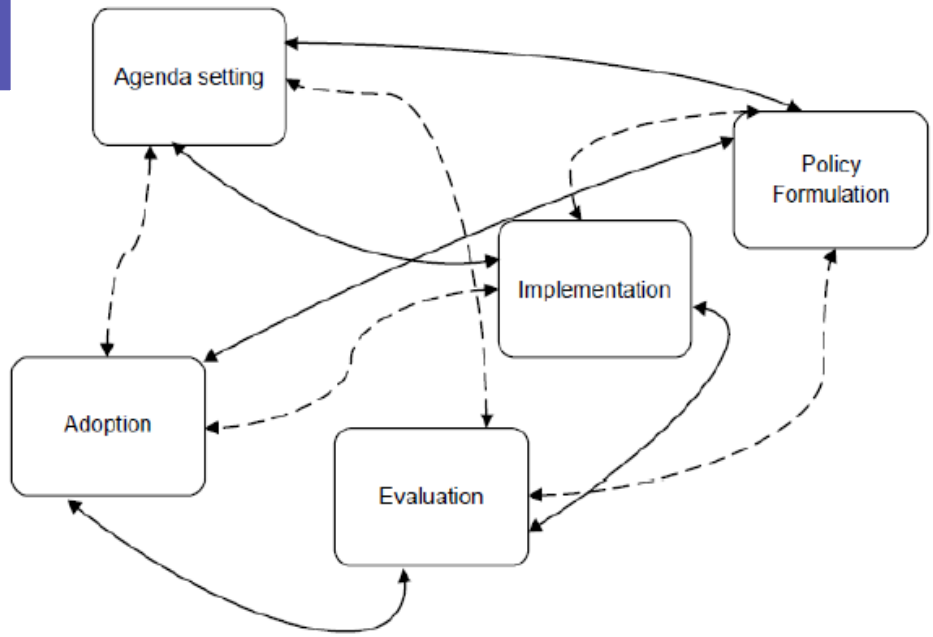
Walt and Gilson's (1994) mode for health policy analysis

Note: Text in white was added to help provide a visual of the interconnectedness of factors

Iterative models, aka “what steps are involved?”

Stages heuristic model

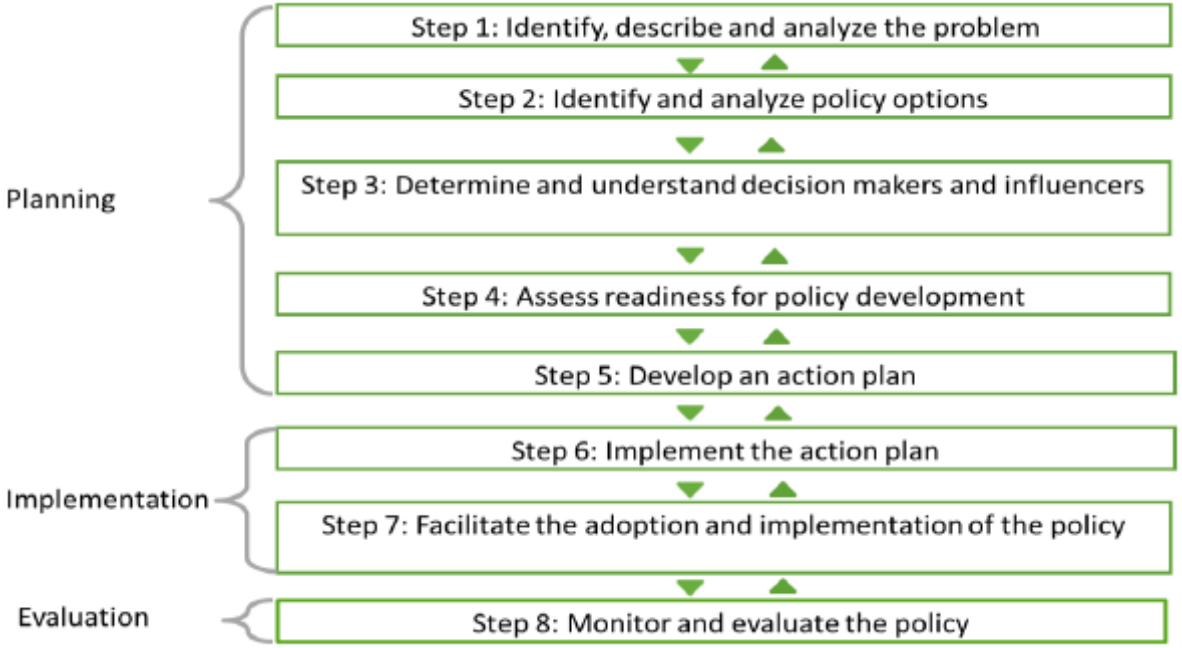




Public Health Ontario (2016). Focus On: Relevance of the stage heuristic model for developing healthy public policies. Retrieved from http://www.publichealthontario.ca/en/eRepository/Focus_On_Stages_Model_and_Policies.pdf

Stages model adapted for public health

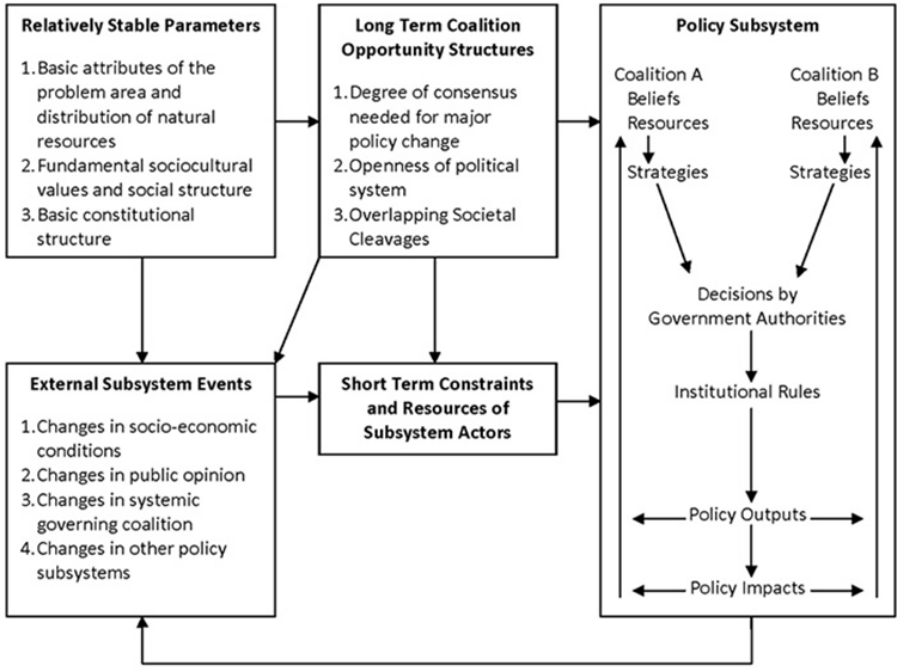
8 steps for developing HPP



Public Health Ontario (2016). Focus On: Relevance of the stage heuristic model for developing healthy public policies. Retrieved from http://www.publichealthontario.ca/en/eRepository/Focus_On_Stages_Model_and_Policies.pdf

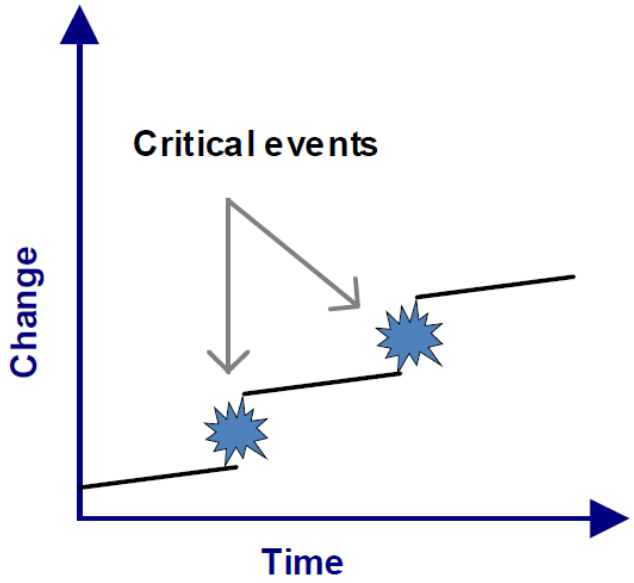
Dynamic models, aka “what contextual factors do we need to know about?”

6. Advocacy Coalition Framework Flow Diagram



Source: Weible, C. (2013). Advocacy Coalition Framework. University of Colorado Denver, School of Public Affairs. Available at: http://www.ucdenver.edu/academics/colleges/SPA/BuechnerInstitute/Centers/WOPPR/ACF/Pages/AdvocacyCoalitionFramework.aspx

Punctuated equilibrium model



National Collaborating Centre for Healthy Public Policy. (2018). An introduction to punctuated equilibrium: A model for understanding stability and dramatic change in public policies, briefing note.

How does the Research & Policy Analyst support HPP?

- Support APH staff in **HPP competency development**
  - Help monitor issues of public health importance
  - Research and synthesize policy options and opportunities
  - Review and write letters, reports, and summaries for various audiences

- Support APH **HPP strategic directions**
  - Provincial and municipal election campaigns, 2018
  - HPP environmental scan, 2019
  - HPP agency framework- coming soon in 2019!

Competency development

Council gearing up for cannabis decision in new year

Sault Ste. Marie's city council will need to decide in January whether the city should opt out of hosting retail cannabis stores. City staff has been asked to prepare a report for that meeting.

Elaine Della-Mattia

More from Elaine Della-Mattia

Published on: December 10, 2018 | Last Updated: December 10, 2018 9:39 PM EST

Purpose of this document

The purpose of this document is to provide a review of the academic literature regarding effective health interventions for promoting radon testing to the public. This includes who to promote testi (i.e., target populations), factors affecting testing (i.e., public knowledge and awareness as it relate testing), and how to go about reaching the target population(s) (i.e., effective communication strategies).

The 'Research questions 2018' guided this review. This document does not present the health effe

Public health considerations for Algoma municipalities related to cannabis

Key Messages:

- The municipal choice to opt in or out of having cannabis retail stores is a democratic decision and there are multiple social and economic considerations unique to each municipality.
- **There are evidence-based public health considerations for *both* opting in and opting out.**
- Algoma Public Health is supporting municipal decision-making on this matter by summarizing public health considerations below.

Context:

- Following the legalization of cannabis in Canada and under the new provincial Cannabis Licence Act, 2018, all Ontario municipalities have a one-time opportunity to prohibit cannabis retail stores from being located in the municipality. **Municipalities wishing to opt-out of having retail stores must pass a resolution to do so by January 22, 2019.** [1]
- Municipalities who do not opt out through resolution in advance of the January 22 deadline will not be able to revisit this decision. Municipalities who opt out of cannabis retail at this time may revisit this decision and opt in at a later date.

Public health evidence and considerations:

The physical availability of a legal substance is linked to community health impacts.
At this time, control over cannabis retail location rests with the provincial government.

Increased availability and exposure to legal substances, such as alcohol and tobacco, increases related harms. Specifically, public health research has shown the following:

- ***High retail outlet density*** increases substance use and related health harms.[2]
- ***Longer retail hours*** significantly increase substance use and related harms such as traffic fatalities and injuries.[2]
- Retail outlets ***located near youth-oriented community spaces*** normalize substance use, and such perceptions can impact health behaviours. Youth and people living in low income are at highest risk of this normalization effect.[3-4]
- ***Co-location*** of retail cannabis with sales of other legal substances has significant health and safety risks, particularly related to driving. Co-use or mixed use of cannabis with other substances such as alcohol increases the risk of injury and health harms. Co-location of sales drives public misperception that co-use is condoned or encouraged.[5]

At this time, under the Cannabis Licence Act, 2018, cannabis retail cannot be designated as a separate land use from retail generally, and cannabis retail stores would be exempt from municipal licensing requirements[1]. Instead, **municipalities would have a 15-day window to comment on whether a proposed storefront location is in the public interest**, defined in regulation as protecting public health and safety, protecting youth and restricting their access to cannabis, and preventing illicit activities in

Strategic directions

Algoma Public He

Goals:

1. **Encourage** mu
2. **Educate** cand

Research questior

1. What are effe **policymakers**
2. What are effe the **general p**

Research questior questions.

Population: Policy

Situation: Effectiv information).

2018 Objectives [i

1. **Educate** abou MOH office)
   a. [gene
2. **Advise** on loc
   a. [cand
3. **Promote** publ
   a. [gene

Youth employment and health

The Issue

- Employment and health are strongly linked.[1] Unemployment is associated with adverse wellbeing for individuals, as well as social, health, and economic costs to society.[2] However, steady attachment to paid work is a strong protective factor in avoiding low-income, while contributing to a range of positive health benefits.[1,2]
- Although 22% of Algoma's youth aged 15 to 24 years are unemployed (17.6% in Ontario)[3], increased youth employment opportunities can help youth establish healthier life pathways, and lower their risk of poor health outcomes.
- Adolescent pregnancies and accidental overdoses are serious issues affecting Algoma's youth.[3,4] Interventions that go beyond traditional health care and treatment, such as completion of education and employment opportunities, are examples of preventative strategies that help create positive outcomes for youth.

Return on Investment

- Investing in local programs that focus on job-based training can increase youth employment[2], which provides a net benefit to communities as more youth enter the workforce, contributing to economic growth and decreased youth outmigration.
- Youth civic engagement helps elected officials make decisions that benefit all residents, addresses succession planning, and requires minimal funding; therefore contributing to a significant return on investment for communities.[5]
- More youth in the workforce can bring generational return on investment.
  - Parents who are employed are more protected from low-income[1], which helps protect the next generation of children and contributes to breaking the cycle of poverty.
- Public policies that address mental health and addictions can help improve population health outcomes (e.g., illness, death, and disease), create a culture free of stigma, and ultimately reduce costs absorbed by municipalities, such as emergency medical services, fire services, and law enforcement.
- Investing in personal development and completion of education for adolescents is effective in preventing adolescent pregnancies.
  - Cost-savings may include averted health costs and productivity costs associated with employment.[6]

Policy options for Municipal Governments

- Partner with local agencies to provide a range of multi-component **interventions aimed at increasing youth employment**.[2]
  - E.g., classroom and job-based training, internships, work experience, job placements.
- Develop and strengthen **youth councils/committees** in municipalities, using a youth engagement framework that addresses: physical and social environment, youth-adult partnerships, meaningful opportunities, positive youth outcomes, and community partnerships.[7]
  - Consider opportunities to include youth representation on council.[5]
- Address youth mental health issues with **system-level interventions** (i.e., public policies), while incorporating organizational, family, and individual-level interventions.[8]
  - Health programs for adolescents are most successful when supported by community leaders and decision-makers.[8,9] System-level changes are linked with better treatment retention among youth suffering from mental health issues, compared to person-specific strategies.[8]
- Support (financially or nominally) **community-based programs** that are grounded in strong research evidence to achieve positive outcomes.
  - Programs that focus on both families and communities are most effective in preventing adolescent pregnancies.[6]

Interested in building a healthy community? Contact Algoma Public Health at 705-942-4646 ext. 3066 or info@algomapublichealth.com

References

1. Hatfield, M. (2017). Vulnerability to Persistent Low Income. Retrieved from http://www.horizons.gc.ca/en/content/feature-article-vulnerability-persistent-low-income
2. Mawn, L., et al. (2017). Are we failing young people not in employment, education or training (NEETs)? A systematic review and meta-analysis of re-engagement interventions. Systematic Reviews, 6(16). DOI 10.1186/s13643-016-0394-2.
3. Algoma Public Health. Community Health Profile. (2018). Sault Ste. Marie (ON): Algoma Public Health; 2018. http://www.algomapublichealth.com/media/2787/2018-community-health-profile-full-release-digital.pdf
4. Public Health Ontario. (2018). Interactive Opioid Tool. Rates of Opioid-related ED visits by age group, Ontario 2016.
5. Federation of Canadian Municipalities. (2017). The Municipal Youth Engagement Handbook. Retrieved from https://fcm.ca/Documents/tools/FCM/Municipal_Youth_Engagement_Handbook_EN.pdf
6. Algoma Public Health. (2018). Adolescent pregnancy prevention rapid review (Internal document).
7. Algoma Public Health. (2016). APH's Youth Engagement Model- YED Model 5 Key Components. Retrieved from http://www.algomapublichealth.com/professionals/youth-engagement-development-yed/aphs-youth-engagement-model/
8. 8. Kim, H. et al. (2012). Engagement in Mental Health Treatment Among Adolescents and Young Adults: A Systematic Review. Child Adolesc Soc Work J (2012) 29:241–266.
9. 9. World Health Organization. (2015). Global Standards for Quality Health Care Services for Adolescents. Volume 1: Standards and Criteria. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/183935/9789241549332_vol1_eng.

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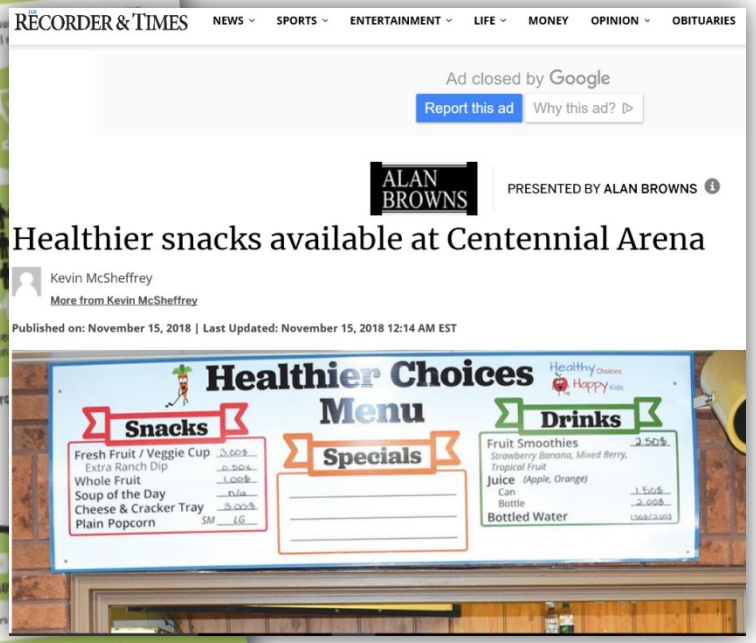
Set the agenda & identify policy options



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Healthy Public Policy in Action

Set the agenda & identify policy options

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December 6, 2018

Dear Municipal Partner,

RE: Information to help municipal staff update s
for Algoma municipalities related to cannabis

Algoma Public Health is encouraging municipalities
smoke-free bylaws and consider making amendmen
physical and social exposure to cannabis and vaping.

For years, municipalities in Algoma have been progres
beyond the Smoke-Free Ontario Act (SFOA) to further
smoke. Examples of these restrictions include prohibiti
municipal permit, establishing smoke-free distances at
the smoking of waterpipes or hookahs in public places a

Enclosed you will find a fact sheet with information about
bylaws to include prohibiting the smoking and vaping of ca
about evidence-based strategies for reducing cannabis-rela
retail market.

If your municipality would like support to amend existing sm
smoking and vaping of cannabis please contact: Allison McFar
amcfarlane@algomapublichealth.com or (705) 942-4646 ext.

Your continued support in promoting and protecting the health

Sincerely,

Marlene Spruyt, BSc., MD, CCFP, FCFP, MSc-PH
Medical Officer of Health/CEO

Enclosure: Health Considerations for Algoma Municipalities related to C

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Issues currently within municipal jurisdiction in Ontario and evidence for consideration:

ISSUE	CONSIDERATION
Current smoke-free municipal bylaws do not encompass cannabis smoke and e-cigarette emissions.	Update current bylaws or enact new bylaws to include definitions of smoking and vaping as defined by the Smoke-Free Ontario Act[3]. Example: Several municipalities, such as Caledon[4], are electing to update current smoke-free bylaws to include smoking and vaping of cannabis.

Issues not directly within municipal jurisdiction at this time and evidence to inform potential future action, as consultation opportunities arise:

ISSUE	CONSIDERATION
High retail outlet density can contribute to increased consumption and associated harms.[2,6,7,8]	Reduce cannabis retail outlet density through minimum distance requirements between cannabis retail outlets, and by setting limits on the overall number of outlets. Example: The City of Calgary[9] has enacted a 300m separation distance between cannabis retail outlets.
Retail outlet proximity to areas where youth frequent can normalize and increase substance use.[10,11]	Reduce youth access through minimum distance requirements from youth-serving facilities such as schools, child care centres and community centres. Example: *Minimum distance requirements* have been set at 150m[12] from schools. In Kelowna[13], cannabis retail locations are recommended to be 500m away from any secondary schools.
Retail outlet proximity to other sensitive areas may negatively influence vulnerable residents.[8,14]	Protect vulnerable residents by limiting cannabis stores in low socioeconomic neighbourhoods and enacting minimum distance requirements between sensitive areas.[2,14] Example: The City of Vancouver[15] has restricted medical cannabis retail locations to commercial zones.
Co-use of cannabis and other substances increases the risks of harm such as impaired driving.[1]	Discourage co-use of cannabis and other substances by prohibiting co-location and enacting minimum distance requirements between cannabis, alcohol, and tobacco and vaping retail outlets. Example: Kingston, Frontenac and Lennox and Addington Public Health[16] have recommended a minimum 200m separation distance between cannabis retail outlets and alcohol and tobacco retail outlets.
Longer retail hours of sale can significantly increase consumption and associated harms.[3]	Reduce cannabis consumption and associated harms by limiting late night and early morning sales.[17] Example: The Centre for Addiction and Mental Health recommends that the hours for cannabis retail outlets reflect those established by the LCBO[17]. New provincial guidelines[12] require hours of operation for all cannabis retail stores to be between 0900-2300 hours.

Public health considerations for Algoma municipalities related to cannabis

Key Messages:

- The municipal choice to opt in or out of having cannabis retail stores is a democratic decision and there are multiple social and economic considerations unique to each municipality.
- **There are evidence-based public health considerations for *both* opting in and opting out.**
- Algoma Public Health is supporting municipal decision-making on this matter by summarizing public health considerations below.

xt:

Following the legalization of cannabis in Canada and under the new provincial Cannabis Licence Act, 2018, all Ontario municipalities have a one-time opportunity to prohibit cannabis retail tores from being located in the municipality. **Municipalities wishing to opt-out of having retail res must pass a resolution to do so by January 22, 2019.**[1]
nicipalities who do not opt out through resolution in advance of the January 22 deadline will e able to revisit this decision. Municipalities who opt out of cannabis retail at this time may this decision and opt in at a later date.

dence and considerations:

cal availability of a legal substance is linked to community health impacts.
control over cannabis retail location rests with the provincial government.

nd exposure to legal substances, such as alcohol and tobacco, increases related lic health research has shown the following:
density increases substance use and related health harms.[2]
s significantly increase substance use and related harms such as traffic s.[2]
near youth-oriented community spaces normalize substance use, and impact health behaviours. Youth and people living in low income are at nalization effect.[3-4]
nabis with sales of other legal substances has significant health and elated to driving. Co-use or mixed use of cannabis with other increases the risk of injury and health harms. Co-location of sales that co-use is condoned or encouraged.[5]

ce Act, 2018, cannabis retail cannot be designated as a separate nabis retail stores would be exempt from municipal licensing **would have a 15-day window to comment on whether a blic interest**, defined in regulation as protecting public health g their access to cannabis, and preventing illicit activities in

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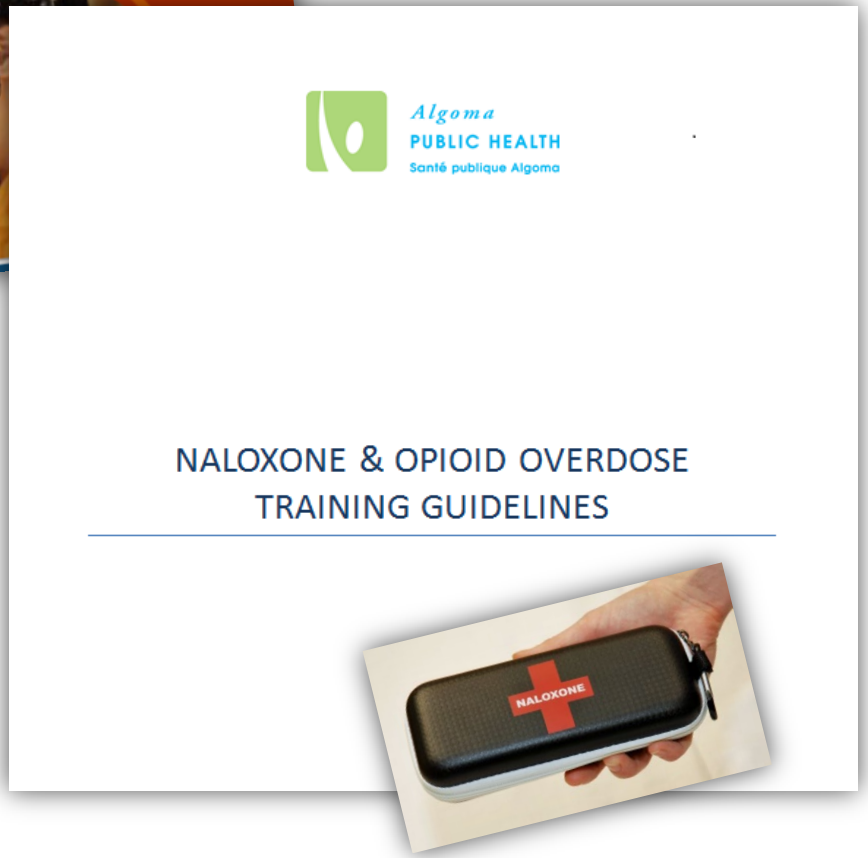
Healthy Public Policy in Action

Develop action plan & adopt and implement policy



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The goal of building healthy public policy is to create supportive environments for people in our communities to lead healthy lives. It is about making healthy choices easier.

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January 2019

Medical Officer of Health / CEO

50th Anniversary Celebration – November 28, 2018

1st Annual Public Health Champion - Andree Riopel

Prepared by:
Dr. Marlene Spruyt and the Leadership Team

Presented to:
Algoma Public Health Board of Health
01/23/2019

TABLE OF CONTENTS

APH AT-A-GLANCE

December 2018 marked the end of a 4 year municipal cycle and the beginning of several new appointments to our Board. For those new to the Board of Health you will be aware that we celebrated our 50th anniversary in November of 2018. That date is documented as the official creation of the Board of Health for Algoma District, (i.e. receiving provincial approval and funding) however the original Board of Health did not meet until January 1969 so this meeting is another celebration.

Looking forward in 2019 we are currently in the final stages of implementation of our new electronic time and attendance tracking system, named the stAPH portal. We go live on January 27, 2019 and during the subsequent several pay periods we will run double systems (paper and electronic) to iron out any issues. Additional modules to this system will support performance appraisals and other Human Resource functions.

Our current strategic plan encompasses the time frame 2015-2020. Much has changed in the past 5 years and during 2019 we will be laying the groundwork for our next strategic plan. This will require input from all BOH members, community partners, municipal partners and the communities throughout the district. The Executive Team has done some very preliminary planning of the overall process and will be providing you with a work plan for your review in the near future.

PARTNERSHIPS

- APH supported Blind River community in collaboration with their schools in an application for funding to support Walkable Communities.

- APH working with SSM Drug Strategy Table to implement Project Meth in SSM and surrounding community

- APH supported all municipalities with information to assist in their decisions regarding retail sales of cannabis and their opportunity to review Smoke Free bylaws. To date we are only aware of SSM revising their Smoke-Free bylaw to exclude smoking /vaping in public parks.

PROGRAM HIGHLIGHTS

Topic: Health Communications

From: Leo Vecchio, Communications

Public Health Goal

To improve and protect the health and well-being of the population of Algoma and to reduce health inequities.

Program Standard Requirements addressed in this report

- Research, Knowledge Exchange, and Communication Foundational Standard, under Effective Public Health Practice acknowledges that public health promotion and protection requires effective communication.

- Requirement #7: "The board of health shall use a variety of communication modalities, including social media, taking advantage of existing resources where possible, and complementing national/provincial health communications strategies".[1]

Key Messages

- Health communication is foundational to the work of public health; it helps us connect evidence-based information to individuals, organizations, communities, and entire populations.

- An effective health communication strategy is comprehensive and mindful of its audience's learning and information needs.

- APH utilizes online and traditional platforms to communicate with target audiences and collect information that helps improve program delivery.

What is Health Communication and why do we need it?

Health communication is the study and use of communication strategies to inform and influence individual and community decisions that enhance health.[2]

Health communication is an important part of health promotion because it alone can affect change among individuals, organizations, communities and society as a whole. For example, health communication can increase demand for a service, provide education, counter myths and misconceptions, and help drive healthy public policy development/reform.

Health communication does this by

- prompting an individual to take action – stop smoking
- communicating benefits of a behaviour change – benefits of testing one's home for radon
- advocating for healthy public policy – healthy menu options at recreation centres

At Algoma Public Health (APH) communication plans are comprehensive and consider many factors, as communication is a dynamic process.[3] This process involves gathering data, analyzing audiences, establishing goals and objectives, developing messages, implementing the communication plan and evaluating the outcomes.

When the end-user receives, understands, and/or acts upon the public health message being communicated, we can say that our health communications are effective.

Considerations for health communication at APH

the comprehensive approach to developing, implementing, and evaluating communication plans is our roadmap for planning; but how can we determine if our communication is actually effective? Are we reaching who we intend to and are we achieving our desired outcomes (e.g., increasing knowledge, prompting action, and/or influencing behaviour change)? Considerations such as these and others help APH staff choose appropriate language to convey the message (e.g., what is the health literacy of our audience?) and determine the type of media to use (e.g., social media vs. print or radio).

Health Literacy- using plain language to communicate effectively

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. [4]

In public health, wording, structure and design of ads or documents need to be clear so the intended audience can easily find what they need, understand what they find, and use that information. Language should be written at a grade 5-7 level. [5]

Analytics - strategic communication through online and traditional media platforms

The media landscape has changed since the invention of social media. Online communication has become an important method to reach audiences.

Although APH still uses traditional print and radio communications to be inclusive of the needs across the population of Algoma, much of what we do has moved online.

APH has a website, and several social media platforms – Facebook, Twitter, YouTube – that allow us to communicate public health information, listen to our community, and engage in discussion.

The analytics and metrics available through web and social media help us evaluate our efforts for effectiveness, better understand our audiences, and collect and analyze local data for the purpose of improving program.

From March – May of 2018, we ran a harm reduction campaign that focused on destigmatizing opioid addictions. The majority of the advertising campaign had ads placed on Google and targeted towards the Algoma district only. Our ads were viewed over 660, 000 times during this period, directing over 3,500 people to our website to learn more about the topic.

Moving Forward

Health communication is foundational to the work of public health. It helps connect evidence-based information with people who need it most, whether it's policymakers and municipal officials, or hard-to-reach, vulnerable populations such as people who use drugs. Public health work is grounded in a population health approach, where health communications help us improve and protect the health and well-being of the population of Algoma and reduce health inequities.

References

1. Ministry of Health and Long-Term Care. (2018). Protecting and Promoting the Health of Ontarians: Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

2. U.S. Department of Health & Human Services. Making Health Communication Programs Work. Retrieved from https://www.cancer.gov/publications/health-communication/pink-book.pdf

3. Public Health Ontario. (2018) 12 Steps for Developing a Health Communication Campaign. Retrieved from https://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/health-communications-aag.aspx

4. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Washington, DC: Author. Retrieved from https://health.gov/communication/initiatives/health-literacy-action-plan.asp

5. Learning Networks of Ontario. (2018) Retrieved from https://learningnetworks.ca

Topic: Healthy Babies Healthy Children (HBHC)

From: Hannele Dionisi, Program Manager, Healthy Babies Healthy Children
Laurie Zeppa, Director, Health Promotion Programs

Public Health Goal

The goal of the Healthy Growth and Development Program is to achieve optimal preconception, pregnancy, newborn, child, youth, parental and family health.

Program Standard Requirements addressed in this report

The Board of Health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2018* (or as current).

Program Funder

Ministry of Children, Community and Social Services (MCCSS)

Key Messages

- The Healthy Babies Healthy Children Program (HBHC) is a family- centred, voluntary service that is focused on improving outcomes for children and families.
- HBHC screening is offered to expectant mothers and families to help identify risks to healthy child development.
- On average, 1,034 babies are born each year in Algoma.[1] In 2017, a total of 1115 screens were completed; 168 prenatal, 883 postpartum, and 64 early childhood.

Introduction

A child's early years from before birth to age six-are very important. Healthy babies are more likely to develop into healthy children, and healthy children are more likely to grow up to be healthy teenagers and healthy adults.[2]

The Healthy Babies Healthy Children (HBHC) is a family-centred, voluntary program that provides home visits by public health nurses and family support workers to expectant mothers and new parents with young children up to the age of six who may need additional support. The program is focused on improving outcomes for the child and family and providing families the support and information they need to make healthy choices for themselves and their children.[3]

The vision of Ontario's HBHC program is that women and their families in the prenatal period and families with children from birth until their transition to school, identified with risk, will be provided with opportunities to achieve their potential.[4] Identified children and families are provided information and/or are referred to local services that support child development and positive parenting.

The program helps infants and children get a healthy start in life through:

- Screening activities and assessments to determine if there are any risks that could affect a child's healthy development
- Providing supports for new parents and/or
- Assisting in finding community programs, services, and resources on topics such as breastfeeding, health services, or parenting programs.[2]

Population Health Snapshot

According to the Algoma Community Health Profile many Algoma parents with infants face circumstances that make parenting even more challenging than it already is. These parents can benefit from social support, access to health care and income support. In 2016, 20.1 % of pregnant women in Algoma smoked, compared to 7.4 % in Ontario.[5]

On average, 1,034 babies are born each year in Algoma.[1] Algoma Public Health screens families with infants for risk factors related to healthy child development. In 2017, about 883 postpartum screens were completed as part of the HBHC program. Results of these screens are presented in Table 1. Algoma infants tend to be born into families with more risk factors for healthy child development compared to Ontario.[1]

Table 1: Percent of infants who are born into families with **risk factors for healthy child development**, Algoma and Ontario, 2017 [5]

Risk factor	Algoma (% of babies screened)	Ontario (% of babies screened)
Family has been involved with Child Protective Services	15.9	3.9
Family has a parent who has a disability	3.7	1.0
Family has a parent who has a mental illness	39.8	17.9
Family has concerns about money	11.3	3.5
Family requires newcomer support	2.4	4.1
Infant or mother does not have a primary care provider	9.0	3.0
Mother is a single parent	8.6	4.7

APH Intervention

The HBHC program includes interventions to support pregnant women and their families and families with children from birth to their transition to school. Key interventions include:

Screening

HBHC screening is offered to expectant mothers and families with children from birth to their transition to school, to help identify any risks to healthy child development. Referrals for screening are received through community agencies and individuals.[3] Screening can be completed during the prenatal period, postpartum and early childhood up to school entry. In 2017, a total of 1115 screens were completed; 168 prenatal, 883 postpartum, and 64 early childhood.

The prenatal screening is focused on young mothers, families coping with mental health and/or addictions or families experiencing isolation or poor access to prenatal services. This population may benefit the greatest from early intervention.[4]

The postpartum screen is offered to all women who give birth in Algoma. All families identified with risk through the HBHC Screen are contacted within 48 hours of being discharged from the hospital. In 2017 a total of 621 phone calls and 244 HBHC postpartum visits were conducted by public health nurses.

Early childhood screening is focused on children and families that would benefit from early childhood interventions such as families with an exposure to adverse childhood events and/or families with a child having an existing developmental delay with no or limited service supports.[4]

Blended Home Visiting Service

The Blended Home Visiting Service is an early intervention for families who are identified at risk through the HBHC Screen (prenatal, postpartum, early childhood) and confirmed through an assessment. This service is a blended/collaborative approach between a public health nurse and a family support worker that is based on family focused goals. This service is offered to expectant mothers and families with children from birth up to school transition.

Services Systems and Integration

HBHC works in collaboration with community hospitals and related children's services agencies to support children and families. APH has an agreement with Sault Area Hospital and St Joseph's Hospital in Elliot Lake to ensure that efficient processes are in place for consenting families to receive a 48 hour phone call follow-up post discharge. This partnership with both hospitals in Algoma has increased access to the HBHC program.

Next Steps

The HBHC program will continue to work with community partners to engage and support families in early childhood development and building family capacity. Moving forward, one of the program goals is to increase the number of prenatal screens to identify families with risk in an effort to provide a healthy foundation for a child's well-being.

In an effort to reduce smoking rates in both the prenatal and postpartum periods, HBHC will be targeting women who smoke during and after pregnancy. All clients who identify as smokers through the HBHC screening process will receive a phone call from a trained Public Health Nurse to talk about their smoking behaviours and options for cessation, with an option to 'opt-out' of this service.

References

1. Algoma Community Health Profile. September 2018. Algoma Public Health.
2. Ministry of Community and Social Services, http://www.children.gov.on.ca/htdocs/English/earlychildhood/health/index.aspx
3. Healthy Babies Healthy Children Guidance Document. 2012
4. Healthy Babies Healthy Children Program Project Description January 2018
5. Public Health Ontario. (03 January 2019). Snapshots: Algoma Public Health: Mother is a Single Parent; No designated primary care provider for mother and/or infant; Infants with families in need of newcomer support; Infants with families who have concerns about money; Parent or partner with mental illness; Parent or partner with disability; Involvement with Child Protection Services 2016.
6. Healthy Babies Healthy Children Program Protocol. Ministry of Health and Long Term Care, January 2018.

PROGRAM ACTIVITY INDICATORS

		2018 Q1 JAN - MAR	2018 Q2 APR - JUN	2018 Q3 JUL - SEP	2018 Q4 OCT - DEC	2018 YEAR END					2017 YEAR END
HBHC POSTPARTUM		**Q1**	**Q2**	**Q3**	**Q4**	**WW**	**SSM**	**BR**	**EL**	**2018 YE**	**2017 YE**
	Phone Calls	127	118	130	100	12	396	42	25	475	621
	Home Visits	49	54	47	23	3	160	10	0	173	244
COMMUNITY MENTAL HEALTH		**Q1**	**Q2**	**Q3**	**Q4**					**2018 YE**	**2017 YE**
	CMH New Clients: Individuals receiving 1st service	61	51	48	43					203	209
	CMH non registered: Client Interactions	313	322	344	346					1,325	1,182
CADAP LHIN FUNDED PROGRAMS		**Q1**	**Q2**	**Q3**	**Q4**					**2018 YE**	**2017 YE**
	New Client admissions Clinics / programs	155	77	110	116					458	515
	Direct Client interactions / group or individual including anonymous clients AS / SRP groups included	355	265	310	439					1,369	1,143
	Back on Track Group 1 and 2 day course participants / Group Participants - every 90 days	14	17	15	29					75	115
SUBSTANCE MISUSE		**Q1**	**Q2**	**Q3**	**Q4**	**WW**	**SSM**	**BR**	**EL**	**2018 YE**	**2017 YE**
Needle Exchange	Needles distributed	86,066	79,107	75,070	71,904	4	299,580	83	12,480	312,147	293,382
	Needles returned - NEP (estimates)	19,625	15,247	20,288	12,861	0	65,697	0	2,324	68,021	70,649
	Needles returned - Drop Bins SSM (estimates)	59,872	63,851	68,643	79,354	0	271,720	0	0	250,457	151,440
Addictions - Overdose Prevention	Naloxone trainings completed - with at risk individuals	131	208	166	85	18	178	0	20	590	200
HEALTH PROTECTION		**Q1**	**Q2**	**Q3**	**Q4**	**WW**	**SSM**	**BR**	**EL**	**2018 YE**	**2017 YE**
Safe Water	Private Wells - Adverse Reports	10	47	165	60	7	212	53	10	282	232
	Regulated Premise - ADW (O.reg.319)	0	6	4	3	5	4	2	2	13	25
	Boil Water Advisory	5	8	5	3	3	9	6	3	21	11
	Drinking Water Advisory	1	2	0	0	1	1	1	0	3	3
	Beach Closures	0	0	6	0	0	4	2	0	6	8
Rabies	Risk investigations initiated	35	51	62	45	6	149	23	15	193	217

HEALTH PROTECTION (CONT'D)		Q1	Q2	Q3	Q4	WW	SSM	BR	EL	2018 YE	2017 YE
Food Safety	Special Event Permits issued	52	92	126	28	8	189	70	31	298	268
	Food Handler Training (# persons)	134	159	96	219	21	492	59	36	608	411
	Farmers Market Approvals	0	45	14	2	0	65	19	5	89	108
Health Hazard	Complaint / Investigations all types	34	51	35	28	0	132	13	3	148	228
Land Control - OBC	Applications / Permits - Class IV	6	57	61	24	2	113	24	9	148	145
Communicable Disease Control	Institutional outbreaks	17	7	0	2	1	21	1	3	26	26
	Outbreak days in quarter	201	75	0	31	5	243	17	42	299	424
	Gonorrhea	6	5	5	1	1	14	1	1	17	40
	Chlamydia	0	63	64	44	2	221	8	12	243	291
	BBI (Hep B, C, HIV)	26	32	20	10	0	78	0	1	79	85
	Confirmed influenza cases	135	19	0	1	2	135	2	15	154	87
	Other reportable diseases	42	10	18	8	3	68	5	2	62	124

*the SSM column is the cumulative district data

CONTRACEPTIVE PURCHASES	Q1	Q2	Q3	Q4	WW	SSM	BR	EL	2018 YE	2017 YE
14-19 years	55	35	34	31		155			155	394
20-24 years	95	79	48	45		267			267	631
25-29 years	171	157	141	137		606			606	764
30 + years	166	172	181	190		709			709	712
Total	487	443	404	403		1,737			1,737	2,501

CALLS TO THE SEXUAL HEALTH LINE	1,203	997	938	862	4,000	2,514

TOBACCO CESSATION	Q1	Q2	Q3	Q4	SSM	DISTR.	2018 YE	2017 YE
Number of APH clients assessed or reassessed for tobacco use using Brief Contact Interventions (BCI)	713	563	605	439	2,060	289	2,349	2,953
Number of clients referred by staff to further intensive smoking cessation supports at APH during BCI (includes district)	123	87	81	73	0	81	364	548
Number of clients receiving clinic or in-home intensive tobacco cessation services from APH staff	80	64	77	69	200	90	290	264

Shaded - Indicates data not available

Algoma Public Health
(Unaudited) Financial Statements November 30, 2018

Algoma Public Health
Statement of Operations
November 2018
(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Act. to Bgt. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ YTD Budget 2018
Public Health Programs						
Revenue						
Municipal Levy - Public Health	$ 3,502,180	$ 3,502,179	$ 1	$ 3,502,179	0%	100%
Provincial Grants - Cost Shared Funding	6,896,272	6,896,273	(1)	7,523,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	2,746,784	2,747,209	(425)	2,996,950	0%	100%
Fees, other grants and recovery of expenditures	550,255	607,984	(57,729)	699,214	-9%	91%
Total Public Health Revenue	$ 13,695,491	$ 13,753,645	$ (58,154)	$ 14,721,543	0%	100%
Expenditures						
Public Health Cost Shared	$ 10,167,594	$ 10,761,980	$ 594,386	$ 11,724,592	-6%	94%
Public Health 100% Prov. Funded Programs	2,665,789	2,749,259	83,470	2,996,951	-3%	97%
Total Public Health Programs Expenditures	$ 12,833,383	$ 13,511,240	$ 677,857	$ 14,721,543	-5%	95%
Excess of Rev. over Exp. Cost Shared Funding	$ 781,113	$ 244,456	$ 536,657	$ 2		
Excess of Rev. over Exp. 100% Prov. Funded	80,995	(2,051)	83,046	(2)		
Total Rev. over Exp. Public Health	$ 862,108	$ 242,405	$ 619,703	$ (0)		
Healthy Babies Healthy Children						
Provincial Grants and Recoveries	$ 981,986	981,985	(1)	1,070,986	0%	100%
Expenditures	981,766	982,202	(436)	1,070,986	0%	100%
Excess of Rev. over Exp.	220	(217)	437	(0)		
Public Health Programs - Fiscal 18/19						
Provincial Grants and Recoveries	$ 151,808	151,806	(2)	227,700		
Expenditures	137,902	139,549	(1,647)	227,700		
Excess of Rev. over Fiscal Funded	13,906	12,257	1,649	-		
Community Health Programs						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	$ -	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	317,000	304,792	12,208	332,500	4%	104%
Total Community Health Revenue	$ 317,000	$ 304,792	$ 12,208	$ 332,500	4%	104%
Expenditures						
Child Benefits Ontario Works	19,536	22,458	2,922	24,500	-13%	87%
Algoma CADAP programs	251,885	282,333	30,448	308,000	-11%	89%
One-Time Funding programs	0	0	-	-	#DIV/0!	#DIV/0!
Total Calendar Community Health Programs	$ 271,421	$ 304,792	$ 33,371	$ 332,500	-11%	89%
Total Rev. over Exp. Calendar Community Health	$ 45,579	$ (0)	$ 45,579	$ 0		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	$ 3,796,106	$ 3,792,267	$ 3,839	$ 5,719,160	0%	100%
Municipal, Federal, and Other Funding	534,412	549,290	(14,878)	724,253	-3%	97%
Other Bill for Service Programs	32,532		32,532			
Total Community Health Revenue	$ 4,363,051	$ 4,341,557	$ 21,494	$ 6,443,413	0%	100%
Expenditures						
Brighter Futures for Children	61,234	76,298	15,064	114,447	-20%	80%
Infant Development	420,135	429,855	9,721	643,783	-2%	98%
Preschool Speech and Languages	408,203	409,837	1,634	614,256	0%	100%
Nurse Practitioner	94,525	97,635	3,110	145,452	-3%	97%
Genetics Counseling	292,566	245,204	(47,363)	367,806	19%	119%
Community Mental Health	2,291,799	2,393,101	101,302	3,607,762	-4%	96%
Community Alcohol and Drug Assessment	472,946	491,218	18,272	737,406	-4%	96%
Healthy Kids Community Challenge	93,321	112,500	19,179	112,500	-17%	83%
Stay on Your Feet	57,895	66,667	8,771	100,000	-13%	87%
Bill for Service Programs	21,517	-	(21,517)	-		
Misc Fiscal	-	-	-	4,000		
Total Fiscal Community Health Programs	$ 4,214,142	$ 4,322,315	$ 108,172	$ 6,447,412	-3%	97%
Total Rev. over Exp. Fiscal Community Health	$ 148,908	$ 19,242	$ 129,666	$ (3,999)		

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

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

Algoma Public Health
Revenue Statement
For the Eleven Months Ending November 30, 2018
(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Bgt. to Act. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ Annual Budget 2018	Comparison Prior Year: YTD Actual 2017	YTD BGT 2017	Variance 2017
Levies Sault Ste Marie	2,425,762	2,425,762	0	2,425,762	0%	100%	2,422,972	2,422,972	0
Levies Vector Borne Disease and Safe Water	59,433	59,433	0	59,433	0%	100%	59,433	59,433	0
Levies District	1,016,985	1,016,984	1	1,016,984	0%	100%	1,002,381	1,002,381	0
Total Levies	**3,502,180**	**3,502,179**	**1**	**3,502,179**	**0%**	**100%**	**3,484,786**	**3,484,786**	**0**
MOH Public Health Funding	6,732,833	6,732,832	1	7,344,900	0%	92%	6,536,660	6,536,658	2
MOH Funding Vector Borne Disease	99,639	99,641	(2)	108,700	0%	92%	99,639	99,642	(3)
MOH Funding Safe Water	63,800	63,800	0	69,600	0%	92%	63,800	63,800	0
Total Public Health Cost Shared Funding	**6,896,272**	**6,896,273**	**(1)**	**7,523,200**	**0%**	**92%**	**6,700,099**	**6,700,100**	**(1)**
MOH Funding Needle Exchange	59,311	59,308	3	64,700	0%	92%	46,483	46,475	8
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%	705,740	705,742	(2)
MOH Funding - Social Determinants of Health	165,462	165,458	4	180,500	0%	92%	165,461	165,458	3
MOH Funding - MOH / AMOH Top Up	115,484	115,913	(429)	126,450	0%	91%	0	0	0
MOH Funding Chief Nursing Officer	111,383	111,379	4	121,500	0%	92%	111,383	111,375	8
MOH Enhanced Funding Safe Water	14,211	14,208	3	15,500	0%	92%	14,211	14,211	0
MOH Funding Unorganized	486,200	486,200	0	530,400	0%	92%	472,183	472,175	8
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.	107,600	107,617	(17)	117,400	0%	92%	107,622	107,615	7
Funding Ontario Tobacco Strategy	397,472	397,467	5	433,600	0%	92%	397,472	397,464	8
MOH Funding Harm Reduction	137,500	137,500	0	150,000	0%	92%	100,000	125,000	(25,000)
One Time Funding	0	0	0	0		0%	0	0	0
Total Public Health 100% Prov. Funded	**2,746,784**	**2,747,209**	**(425)**	**2,996,950**	**0%**	**92%**	**2,566,977**	**2,591,932**	**(24,955)**
Recoveries from Programs	40,043	26,617	13,426	27,450	50%	146%	9,222	9,222	0
Program Fees	198,492	217,950	(19,458)	237,764	-9%	83%	217,067	228,931	(11,865)
Land Control Fees	155,610	146,667	8,943	160,000	6%	97%	139,203	146,667	(7,464)
Program Fees Immunization	90,922	169,583	(78,661)	185,000	-46%	49%	135,874	164,542	(28,668)
HPV Vaccine Program	6,409	14,000	(7,591)	20,000	-54%	32%	8,458	12,500	(4,043)
Influenza Program	690	0	690	25,000	0%	3%	1,570	36,100	(34,530)
Meningococcal C Program	961	2,000	(1,039)	10,000	-52%	10%	1,386	8,000	(6,615)
Interest Revenue	33,905	12,833	21,072	14,000	164%	242%	16,257	9,783	6,474
Other Revenues	23,223	18,334	4,889	20,000	0%	116%	4,777	0	4,777
Total Fees, Other Grants and Recoveries	**550,255**	**607,984**	**(57,729)**	**699,214**	**-9%**	**79%**	**533,812**	**615,745**	**(81,933)**
Total Public Health Revenue Annual	**$ 13,695,491**	**$ 13,753,645**	**$ (58,154)**	**$ 14,721,543**	**0%**	**93%**	**$ 13,285,674**	**$ 13,392,562**	**$ (106,889)**
Public Health Fiscal									
Panorama	0	0	0	0	0%	0%	0	0	0
Smoke Free Ontario NRT	0	0	0	0	0%	0%	0	0	0
Practicum	6,672	6,672	0	10,000	0%	67%	0	0	0
Other One Time Fiscal Funding	145,136	145,136	0	217,700	0%	67%	0	0	0
Total Provincial Grants Fiscal	**$ 151,808**	**$ 151,808**	**$ -**	**$ 227,700**	**0%**	**67%**	**$ -**	**$ -**	**$ -**

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

Algoma Public Health

Expense Statement- Public Health

For the Eleven Months Ending November 30, 2018

(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Act. to Bgt. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ YTD Budget 2018	*Comparison Prior Year:* YTD Actual 2017	YTD BGT 2017	Variance 2017
Salaries & Wages	$ 7,822,850	$ 8,203,134	$ 380,284	$ 8,953,731	-5%	87%	$ 7,127,199	$ 7,921,544	$ 794,345
Benefits	1,850,677	1,948,089	97,412	2,126,952	-5%	87%	1,796,490	1,859,979	63,489
Travel - Mileage	66,627	110,803	44,176	120,775	-40%	55%	82,130	117,206	35,076
Travel - Other	137,947	68,750	(69,197)	75,000	101%	184%	90,474	79,097	(11,377)
Program	613,412	615,095	1,683	669,715	0%	92%	508,047	661,941	153,894
Office	96,498	107,167	10,669	116,909	-10%	83%	104,676	123,937	19,262
Computer Services	674,462	726,558	52,096	782,881	-7%	86%	622,994	641,225	18,231
Telecommunications	231,035	278,029	46,994	303,304	-17%	76%	314,788	305,428	(9,360)
Program Promotion	116,728	153,566	36,838	167,223	-24%	70%	119,052	156,564	37,512
Facilities Expenses	755,465	753,750	(1,715)	820,000	0%	92%	659,730	733,654	73,924
Fees & Insurance	138,129	219,413	81,284	228,450	-37%	60%	311,417	229,838	(81,579)
Debt Management	422,490	422,492	2	460,900	0%	92%	422,490	422,492	1
Recoveries	(92,937)	(95,606)	(2,669)	(104,297)	-3%	89%	(108,855)	(62,707)	46,148
	$ 12,833,383	$ 13,511,240	$ 677,856	$ 14,721,543	-5%	87%	$ 12,050,632	$ 13,190,198	$ 1,139,566

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

Notes to Financial Statements – November 2018

Reporting Period

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

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of November 30th, 2018, Public Health programs are reporting a $620k positive variance.

Total Public Health Revenues are indicating a negative $58k variance. This is a result of Fees, Other Grants & Recoveries being less than budgeted. Program Fees Immunization is the primary contributor to the negative variance. Management has adjusted the Program Fees Immunization budget for 2019 to more accurately reflect actual fees received.

There is a positive variance of $678k related to Total Public Health expenses being less than budgeted. Salary and Wages expense is driving this positive variance. The unanticipated increase in additional base funding for 2018 is contributing to the size of the positive variance associated with Salary and Wages expense. Additionally, the time it takes to recruit suitable candidates to fill vacant positions within the agency is contributing to the positive variance noted.

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

Brighter Futures for Children Program is indicating a positive $15k variance. This is a result of timing of expenses not yet incurred.

Genetics Counseling is showing a negative $47k variance. APH has entered into a Memorandum of Agreement with London Health Sciences for the provisions of Genetics counselling support. APH management continues to use deferred revenue associated with the program to ensure actual program costs are fairly reflected. The general administration support Public Health provides to the Genetics Program more accurately reflects actual usage.

Healthy Kids Community Challenge Program is showing a $19k positive variance. The Healthy Kids Community Challenge Program ended September 30th, 2018. This program has now come to its conclusion.

Public Health Revenue (see page 2)

Public Health funding revenues are showing a negative $58k variance.

Notes Continued...

The municipal levies are within budget.

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

Fees, Other Grants & Recoveries are showing a negative variance of $58k. Program Fees Immunization is showing a $79k negative variance. Management has adjusted the Program Fees Immunization budget for 2019 to more accurately reflect actual fees received.

Recoveries from Programs are showing a positive $13k variance. This is a result of additional services provided to Garden River First Nations that was not budgeted.

Interest Revenue is showing a positive variance of $21k. This is a result of an improved liquidity position throughout 2018 relative to 2017. Management has adjusted the Interest Revenue budget for 2019 to reflect this reality.

Public Health Expenses (see page 3)

Salary & Wages

The $380k 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. Also contributing to the positive variance associated with Salary and Wages expense is the increase in base funding APH received in 2018 which was not budgeted. The increase in base funding has allowed Management to increase the FTE complement to help meet the requirements set out in the new Standards. Relative to 2017, Salary & Wages expense has increased.

Travel - Mileage

Travel – mileage expense is indicating a positive $44k variance. Actual expenses are less than anticipated.

Travel - Other

Travel – Other expense is indicating a negative $69k variance. Relative to 2017 Year-to-Date actual expenses, Travel-Other has increased. Part of the reason for increased Travel-Other expense is the fact that APH hosted the 'Bridges Out of Poverty' workshop in Sault Ste. Marie and held its '50th Anniversary' event in which all staff were required to attend. This resulted in increased travel expenses as staff from the district offices attended the workshop. Aside from these events, Travel-Other expense is higher than anticipated. The net impact of actual Travel – Mileage expense and Travel – Other expense is a negative $25k variance.

Office

Office expense is indicating a positive $11k variance. This is a result of timing of expense not yet incurred.

Notes Continued...

Telecommunications

Telecommunications expense is showing a positive $47k variance. APH's contract for warranty of telephone hardware expired in 2018. At the time the 2018 budget was developed there was uncertainty as to whether further warranty was needed given the age of the assets. Management built the expense into the budget however these costs will not be realized in 2018. Management is currently reviewing options with MicroAge as to the best solution related to the warranty of the hardware.

Program Promotion

Program Promotion expense is indicating a positive $37k variance. This is a result of budgeted promotional dollars not being spent. APH was able to use internal resources for some promotional activities.

Fees & Insurance

Fees & Insurance expense is indicating a positive $81k variance. APH did receive one-time funding related to legal cost incurred associated with a Public Health policy matter. This one-time funding and associated costs are now reflected in one-time Fiscal Funding as opposed to Public Health cost-shared programs. Additionally, Management budgeted for legal fees that have not been incurred.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of November 30th, 2018. Cash & Investments includes $530k in short-term investments. The amount in short-term investments will increase to $830k in the December Financial Statements as a result of the Board of Health's decision to contribute $300k into reserves in November 2018.

Long-term debt of $5.20 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. $302k 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:

- Up-to-date long-term debt figures provided in Notes to Financial Statements above.
- Statement of Financial Position - Employee Future Benefit Obligations, Term Loan and Non-Financial Assets figures updated as of December 31st of previous year.

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of November 2018	**November 2018**	December 2017
Assets		
Current		
Cash & Investments	$ **2,945,312**	$ 2,931,699
Accounts Receivable	**363,203**	489,631
Receivable from Municipalities	**95,247**	30,769
Receivable from Province of Ontario		
Subtotal Current Assets	**3,403,761**	3,452,099
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	**839,436**	1,436,721
Payable to Gov't of Ont/Municipalities	**77,571**	543,083
Deferred Revenue	**450,515**	512,747
Employee Future Benefit Obligations	**2,704,275**	2,704,275
Term Loan	**5,554,992**	5,554,992
Subtotal Current Liabilities	**9,626,789**	10,751,817
Net Debt	**-6,223,028**	-7,299,718
Non-Financial Assets:		
Building	**22,732,421**	22,732,421
Furniture & Fixtures	**1,911,323**	1,911,323
Leasehold Improvements	**1,572,807**	1,572,807
IT	**3,244,030**	3,244,030
Automobile	**40,113**	40,113
Accumulated Depreciation	**-8,586,824**	-8,586,824
Subtotal Non-Financial Assets	**20,913,869**	20,913,869
Accumulated Surplus	**14,690,842**	13,614,152

555 Oak Street East, 3rd Floor
North Bay, ON P1B 8E3
Tel: 705 840-2872 • Fax: 705 840-0142
Toll Free: 1 866 906-5446
www.nelhin.on.ca

555, rue Oak Est, 3e étage
North Bay, ON P1B 8E3
Téléphone : 705 840-2872
Sans frais : 1 866 906-5446
Télécopieur : 705 840-0142
www.nelhin.on.ca

September 28, 2018

Dr. Marlene Spruyt
Medical Officer of Health and CEO
Board Of Health For The Algoma Health Unit
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9

Dear Dr. Spruyt,

Re: Advance Notice of Community Accountability Planning Submission

As you know the 2018-2019 Multi-Sector Service Accountability Agreement (MSAA) will expire at March 31, 2019. Local Health Integration Networks (the "LHIN"), provincially are developing new MSAA templates for 2019-2022.

Subsection 6.1(a) of the 2018-19 MSAA requires the North East LHIN to give at least sixty (60) days' notice to a health service provider of the date by which a Community Accountability Planning Submission ("CAPS"), approved by the health service provider's Board (as defined in the MSAA) must be submitted to the LHIN.

The LHIN hereby gives notice that:

- it requires your organization to submit a draft CAPS, that is not approved by your Board, to the LHIN on or before November 16, 2018; and
- as changes may occur through the LHIN review process after that submission, your organization must submit to the LHIN a final CAPS approved by your Board by January 31, 2019.

The CAPS template is expected to be available in the Self Reporting Initiative (SRI) the week of October 1st. The CAPS Guidelines and CAPS User Guide will be posted on the LHIN website, at http://www.nelhin.on.ca/forhsps/msaa.aspx, once they are available.

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Should you have any questions, please contact Barry Lajeunesse, Director, System Performance and Accountability at barry.lajeunesse@lhins.on.ca or 705-840-2610.

Sincerely,

Kate Fyfe
Vice President, Performance and Accountability

cc: Lee Mason, Chair, Board Of Health For The Algoma Health Unit
Ron Farrell, Chair, NE LHIN
Barry Lajeunesse, Director, System Performance and Accountability

Community Accountability Planning Submission - LHIN Managed

HSP Name : Algoma Public Health

Budget 2019-20

Community Mental Health (CMHP1) - Funding & FTE Planning

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LHIN Program: Revenue & Expenses	Budget 2018-19	Budget 2019-20	Budget 2020-21	Budget 2021-22	Change from Prior Budget $	Change from Prior Budget %	Comments
Revenue							
LHIN Global Base Allocation	$2,889,198	$2,990,662	$2,990,662	$2,990,662	$101,464	3.5%	
HBAM Funding (CCAC only)	$0	$0	$0	$0	$0	0.0%	
Quality-Based Procedures (CCAC only)	$0	$0	$0	$0	$0	0.0%	
MOHLTC Base Allocation	$0	$0	$0	$0	$0	0.0%	
MOHLTC Other funding envelopes	$0	$0	$0	$0	$0	0.0%	
LHIN One Time	$0	$0	$0	$0	$0	0.0%	
MOHLTC One Time	$0	$0	$0	$0	$0	0.0%	
Paymaster Flow Through (Row 80)	$0	$0	$0	$0	$0	0.0%	
Service Recipient Revenue	$0	$0	$0	$0	$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	$2,889,198	$2,990,662	$2,990,662	$2,990,662	$101,464	3.5%	
Recoveries from External/Internal Sources	$0	$0	$0	$0	$0	0.0%	
Donations	$0	$0	$0	$0	$0	0.0%	
Other Funding Sources & Other Revenue	$0	$0	$0	$0	$0	0.0%	
Subtotal Other Revenues	$0	$0	$0	$0	$0	0.0%	
TOTAL REVENUE FUND TYPE 2	$2,889,198	$2,990,662	$2,990,662	$2,990,662	$101,464	3.5%	
EXPENSES							
Compensation							
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	$2,063,466	$2,141,447	$2,153,111	$2,158,859	($77,981)	(3.8%)	
Benefit Contributions (Row 93+104)	$524,332	$535,442	$539,171	$540,423	($11,110)	(2.1%)	
Employee Future Benefit Compensation	$0	$0	$0	$0	$0	0.0%	
Physician Compensation (Row 130)	$0	$0	$0	$0	$0	0.0%	
Physician Assistant Compensation (Row 131)	$0	$0	$0	$0	$0	0.0%	
Nurse Practitioner Compensation (Row 132)	$0	$0	$0	$0	$0	0.0%	
Physiotherapist Compensation (Row 133)	$0	$0	$0	$0	$0	0.0%	
Chiropractor Compensation (Row 134)	$0	$0	$0	$0	$0	0.0%	
All Other Medical Staff Compensation (Row 135)	$0	$0	$0	$0	$0	0.0%	
Sessional Fees	$0	$0	$0	$0	$0	0.0%	
Service Costs							
Med/Surgical Supplies & Drugs	$0	$0	$0	$0	$0	0.0%	
Supplies & Sundry Expenses	$192,592	$206,969	$192,713	$188,713	($14,377)	(7.5%)	
Community One Time Expense	$0	$0	$0	$0	$0	0.0%	
Equipment Expenses	$2,000	$0	$0	$0	$2,000	100.0%	
Amortization on Major Equip, Software License & Fees	$0	$0	$0	$0	$0	0.0%	
Contracted Out Expense	$34,808	$34,804	$33,667	$30,667	$4	0.0%	
Buildings & Grounds Expenses	$72,000	$72,000	$72,000	$72,000	$0	0.0%	
Building Amortization	$0	$0	$0	$0	$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	$2,889,198	$2,990,662	$2,990,662	$2,990,662	($101,464)	(3.5%)	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	$0	$0	$0	$0	$0		

Community Accountability Planning Submission - LHIN Managed
HSP Name : Algoma Public Health
Budget 2019-20
Sessional Fees (SF) - Funding & FTE Planning
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LHIN Program: Revenue & Expenses	Budget 2018-19	Budget 2019-20	Budget 2020-21	Budget 2021-22	Change from Prior Budget $	Change from Prior Budget %	Comments
Revenue							
LHIN Global Base Allocation	$19,440	$19,440	$19,440	$19,440	$0	0.0%	
HBAM Funding (CCAC only)	$0	$0	$0	$0	$0	0.0%	
Quality-Based Procedures (CCAC only)	$0	$0	$0	$0	$0	0.0%	
MOHLTC Base Allocation	$0	$0	$0	$0	$0	0.0%	
MOHLTC Other funding envelopes	$0	$0	$0	$0	$0	0.0%	
LHIN One Time	$0	$0	$0	$0	$0	0.0%	
MOHLTC One Time	$0	$0	$0	$0	$0	0.0%	
Paymaster Flow Through (Row 80)	$0	$0	$0	$0	$0	0.0%	
Service Recipient Revenue	$0	$0	$0	$0	$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	$19,440	$19,440	$19,440	$19,440	$0	0.0%	
Recoveries from External/Internal Sources	$0	$0	$0	$0	$0	0.0%	
Donations	$0	$0	$0	$0	$0	0.0%	
Other Funding Sources & Other Revenue	$0	$0	$0	$0	$0	0.0%	
Subtotal Other Revenues	$0	$0	$0	$0	$0	0.0%	
TOTAL REVENUE FUND TYPE 2	$19,440	$19,440	$19,440	$19,440	$0	0.0%	
EXPENSES							
Compensation							
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	$0	$0	$0	$0	$0	0.0%	
Benefit Contributions (Row 93+104)	$0	$0	$0	$0	$0	0.0%	
Employee Future Benefit Compensation	$0	$0	$0	$0	$0	0.0%	
Physician Compensation (Row 130)	$0	$0	$0	$0	$0	0.0%	
Physician Assistant Compensation (Row 131)	$0	$0	$0	$0	$0	0.0%	
Nurse Practitioner Compensation (Row 132)	$0	$0	$0	$0	$0	0.0%	
Physiotherapist Compensation (Row 133)	$0	$0	$0	$0	$0	0.0%	
Chiropractor Compensation (Row 134)	$0	$0	$0	$0	$0	0.0%	
All Other Medical Staff Compensation (Row 135)	$0	$0	$0	$0	$0	0.0%	
Sessional Fees	$19,440	$19,440	$19,440	$19,440	$0	0.0%	

LHIN Program: Revenue & Expenses	Budget 2018-19	Budget 2019-20	Budget 2020-21	Budget 2021-22	Change from Prior Budget $	Change from Prior Budget %	Comments
Service Costs							
Med/Surgical Supplies & Drugs	$0	$0	$0	$0	$0	0.0%	
Supplies & Sundry Expenses	$0	$0	$0	$0	$0	0.0%	
Community One Time Expense	$0	$0	$0	$0	$0	0.0%	
Equipment Expenses	$0	$0	$0	$0	$0	0.0%	
Amortization on Major Equip, Software License & Fees	$0	$0	$0	$0	$0	0.0%	
Contracted Out Expense	$0	$0	$0	$0	$0	0.0%	
Buildings & Grounds Expenses	$0	$0	$0	$0	$0	0.0%	
Building Amortization	$0	$0	$0	$0	$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	**$19,440**	**$19,440**	**$19,440**	**$19,440**	**$0**	**0.0%**	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	**$0**	**$0**	**$0**	**$0**	**$0**		

Community Accountability Planning Submission - LHIN Managed
HSP Name : Algoma Public Health
Budget 2019-20
Substance Abuse Program (SAP)- Funding & FTE Planning
Return to Main Page

LHIN Program: Revenue & Expenses	Budget 2018-19	Budget 2019-20	Budget 2020-21	Budget 2021-22	Change from Prior Budget $	Change from Prior Budget %	Comments
Revenue							
LHIN Global Base Allocation	$704,717	$717,971	$717,971	$717,971	$13,254	1.9%	
HBAM Funding (CCAC only)	$0	$0	$0	$0	$0	0.0%	
Quality-Based Procedures (CCAC only)	$0	$0	$0	$0	$0	0.0%	
MOHLTC Base Allocation	$0	$0	$0	$0	$0	0.0%	
MOHLTC Other funding envelopes	$0	$0	$0	$0	$0	0.0%	
LHIN One Time	$0	$0	$0	$0	$0	0.0%	
MOHLTC One Time	$0	$0	$0	$0	$0	0.0%	
Paymaster Flow Through (Row 80)	$0	$0	$0	$0	$0	0.0%	
Service Recipient Revenue	$0	$0	$0	$0	$0	0.0%	
Subtotal Revenue LHIN/MOHLTC	$704,717	$717,971	$717,971	$717,971	$13,254	1.9%	
Recoveries from External/Internal Sources	$0	$0	$0	$0	$0	0.0%	
Donations	$0	$0	$0	$0	$0	0.0%	
Other Funding Sources & Other Revenue	$0	$0	$0	$0	$0	0.0%	
Subtotal Other Revenues	$0	$0	$0	$0	$0	0.0%	
TOTAL REVENUE FUND TYPE 2	$704,717	$717,971	$717,971	$717,971	$13,254	1.9%	
EXPENSES							
Compensation							
Salaries (Worked hours + Benefit hours cost) (Row 92+103)	$506,661	$508,338	$509,976	$511,639	($1,677)	(0.3%)	
Benefit Contributions (Row 93+104)	$114,182	$125,839	$125,839	$125,839	($11,657)	(10.2%)	
Employee Future Benefit Compensation	$0	$0	$0	$0	$0	0.0%	
Physician Compensation (Row 130)	$0	$0	$0	$0	$0	0.0%	
Physician Assistant Compensation (Row 131)	$0	$0	$0	$0	$0	0.0%	
Nurse Practitioner Compensation (Row 132)	$0	$0	$0	$0	$0	0.0%	
Physiotherapist Compensation (Row 133)	$0	$0	$0	$0	$0	0.0%	
Chiropractor Compensation (Row 134)	$0	$0	$0	$0	$0	0.0%	
All Other Medical Staff Compensation (Row 135)	$0	$0	$0	$0	$0	0.0%	
Sessional Fees	$0	$0	$0	$0	$0	0.0%	

LHIN Program: Revenue & Expenses	Budget 2018-19	Budget 2019-20	Budget 2020-21	Budget 2021-22	Change from Prior Budget $	Change from Prior Budget %	Comments
Service Costs							
Med/Surgical Supplies & Drugs	$0	$0	$0	$0	$0	0.0%	
Supplies & Sundry Expenses	$33,759	$34,444	$32,806	$31,143	($685)	(2.0%)	
Community One Time Expense	$0	$0	$0	$0	$0	0.0%	
Equipment Expenses	$0	$0	$0	$0	$0	0.0%	
Amortization on Major Equip, Software License & Fees	$0	$0	$0	$0	$0	0.0%	
Contracted Out Expense	$5,565	$4,800	$4,800	$4,800	$765	13.7%	
Buildings & Grounds Expenses	$44,550	$44,550	$44,550	$44,550	$0	0.0%	
Building Amortization	$0	$0	$0	$0	$0	0.0%	
TOTAL EXPENSES FUND TYPE 2	**$704,717**	**$717,971**	**$717,971**	**$717,971**	**($13,254)**	**(1.9%)**	
NET SURPLUS/(DEFICIT) FROM OPERATIONS	**$0**	**$0**	**$0**	**$0**	**$0**		

Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

Background Note

To: **The Board of Health**
From: **Dr. Marlene Spruyt, Medical Officer of Health / CEO**
Date: **January 23, 2019**
Re: **Relationship building with Indigenous communities in Algoma: Land acknowledgement as a first step**

Key messages

- Relationships are the foundation of successful collaboration between public health and Indigenous/First Nation communities in order to achieve and maintain good health for all.
- The Truth and Reconciliation Commission (TRC) of Canada's final report, along with public health-specific guidance documents, have provided an evidence-base from which Algoma Public Health (APH) can continue to maintain and build meaningful relationships with Indigenous/First Nation communities in Algoma.
- The resolution to support the voluntary reading of land acknowledgements at APH-led events, if approved, will help build agency-wide awareness of Indigenous history, presence, and rights, while supporting relationship building and collaboration.

Public health goal: To improve and protect the health and well-being of the population of Algoma and to reduce health inequities.

Public health standard requirements addressed in this report
Health Equity Foundational Standard
Requirement 3 states that the board of health shall engage in multi-sectoral collaboration including engagement with communities and organizations, such as Indigenous/First Nations communities. The *Relationship with Indigenous Communities Guideline, 2018* emphasizes the importance of engaging with Indigenous communities to **create meaningful relationships and collaborative partnerships** and to work towards decreasing health inequities.

Relationships and the role of land acknowledgements in public health
Relationships are the foundation of successful collaboration between public health and Indigenous/First Nation communities in order to achieve and maintain good health for all.[2] In fact, the Truth and Reconciliation Commission (TRC) of Canada defines reconciliation as "…an ongoing process of establishing and maintaining respectful relationships (p.11)."[5]

Several pivotal documents have influenced the development of the resolution and land acknowledgements, included below. First, the findings and calls to action from the TRC's final report have prompted agencies, such as the Ontario Public Health Association (OPHA), to encourage boards of health and public health staff to form a deeper understanding of Indigenous history and culture, as well as prioritize cultural competency training for both staff and board members.[1] The *Relationship with Indigenous Communities Guideline, 2018* provides the fundamentals for boards of health to begin forming meaningful relationships with Indigenous communities that come from a place of trust, mutual respect, understanding, and reciprocity.[6] Finally, an ongoing, Ontario-based research project titled *Talking together to improve health* has identified four principles of Indigenous engagement, all of which APH can reference when building and sustaining meaningful relationships with Indigenous communities in Algoma. The four principles from the research project are respect, trust, self-determination, and commitment.[2]

APH staff collaborated with Indigenous partners to craft and finalize the three land acknowledgements included below. The Indigenous partners who were consulted view the acknowledgement as a positive gesture. The intention of the land acknowledgement is to show respect for and build meaningful relationships with Indigenous communities, with hopes of achieving the shared goal of improved health and well-being for everyone that lives in Algoma.

Algoma District Land Acknowledgements for Algoma Public Health Events
(September 2018)

East Algoma Territorial Land Acknowledgment

We would like to begin by acknowledging that we are in Robinson-Huron Treaty territory and that the land on which we are gathered is the traditional territory of the Anishnaabeg, specifically the Mississauga, Thessalon, Sagamok and Serpent River First Nations, as well as Metis people.

We say 'meegwetch' to thank Indigenous peoples for taking care of this land from time immemorial.

We are all called to treat this sacred land, its plants, animals, stories and its Peoples with honour and respect.

We commit to the shared goal of reconciliation.

Sault Ste Marie and area Territorial Land Acknowledgment

We would like to begin by acknowledging that we are in Robinson-Huron Treaty territory and that the land on which we are gathered is the traditional territory of the Anishnaabeg, specifically the Garden River and Batchewana First Nations, as well as Metis people.

We say 'meegwetch' to thank Indigenous peoples for taking care of this land from time immemorial.

We are all called to treat this sacred land, its plants, animals, stories and its Peoples with honour and respect.

We commit to the shared goal of reconciliation.

Wawa and area Territorial Land Acknowledgment

We would like to begin by acknowledging that we are in Robinson-Superior Treaty territory and that the land on which we are gathered is the traditional territory of the Anishnaabeg specifically the Michipicoten and Missinabie Cree First Nations, as well as Metis people.

We say 'meegwetch' to thank Indigenous peoples for taking care of this land from time immemorial.

We are all called to treat this sacred land, its plants, animals, stories and its Peoples with honour and respect.

We commit to the shared goal of reconciliation.

Land acknowledgement FAQs[3,4]

1. **What is a land acknowledgement and why is it provided?**
   - A land acknowledgement is a way to help build awareness of Indigenous history, presence, and rights in everyday life.
   - A territorial or land acknowledgement involves making a statement that recognizes the traditional territory of the Indigenous people who called the land home before the arrival of settlers, and still call it home today.
   - Many consider these acknowledgements to be a small, but essential step towards reconciliation and building meaningful relationships with Indigenous peoples and communities.
   - It is important to reflect on why you are saying a land acknowledgement; never say one 'just because.' Consider what it means to acknowledge the history of colonialism and how this reflects your individual and organizational actions towards reconciliation.

2. **When might a land acknowledgement be provided?**
   - Land acknowledgement statements may be delivered verbally at the beginning of APH-led:
     - public meetings and consultations,
     - formal meetings for large groups (e.g., 20 people), workshops, and training sessions
     - meetings/consultations/events with Indigenous partners and clients
     - special events or gatherings
   - Land acknowledgements may also be provided at any event if there is a **specific request** that one be provided from staff or by a community member.

3. **Who can provide a land acknowledgement?**
   - A land acknowledgement can be provided by any APH staff or board of health member. You do not have to identify as Indigenous to provide a land acknowledgement.
   - If your meeting/event is with Indigenous partners, out of respect, you may wish to ask someone from the Indigenous community ahead of time if they would like to provide an opening or blessing. (Note that there are certain protocols for reaching out to an Elder or Knowledge Keeper; be aware prior to the event.)
   - Indigenous staff, partners, or community members should never be expected to provide a land acknowledgement.

References

1. Ontario Public Health Association. (2017). OPHA's Resolution on the Public Health Response to the Truth and Reconciliation's Call to Action. Retrieved from http://opha.on.ca/Advocacy-and-Policy/Position-Paper,-Resolutions-and-Motions.aspx

2. Relationship Building with First Nations and Public Health Research Team. (2017). Relationship building with First Nations and public health: Exploring principles and practices for engagement to improve community health – Literature Review. Sudbury, ON: Locally Driven Collaborative Projects. Retrieved from http://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/FirstNationsTeam_LiteratureReview_FINAL.pdf

3. Jones, Allison et al. (n.d). Territory Acknowledgment. Native Land (website). Retrieved 07 January 2019 from https://native-land.ca/territory-acknowledgement/

4. Wilkes, R. et al. (2017). Canadian University Acknowledgment of Indigenous Lands, Treaties, and Peoples. *Canadian Sociological Association*, 54(1). Retrieved from https://onlinelibrary.wiley.com/doi/abs/10.1111/cars.12140

5. Truth and Reconciliation Commission of Canada. (2015). Honoring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada. Retrieved from http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf

6. Ministry of Health and Long-Term Care. (2018). *Relationship with Indigenous Communities Guideline, 2018*. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Relationship_with_Indigenous_Communities_Guideline_en.pdf

November 28th, 2018

As Member of Parliament,
it is with great pleasure that I extend
my sincere congratulations to

Algoma Public Health

Sault Ste. Marie

in recognition of their

50th Anniversary

Congratulations on 50 successful years
of promoting and protecting the health of
individuals in the Algoma region! On this special
occasion, please accept my best wishes!

Carol Hughes, MP
Algoma-Manitoulin-Kapuskasing

Ontario

November 28th, 2018

Michael Mantha

Member of Provincial Parliament for Algoma-Manitoulin
is pleased to congratulate

Algoma Public Health

on the occasion of your

50th Anniversary

Congratulations on fifty years of safeguarding the health and welfare of the People of Algoma. Best wishes for continued strength and success in the years to come.

"For he who has health has hope;
and he who has hope, has everything." ~Owen Arthur

Michael Mantha, MPP
Algoma-Manitoulin

Public Health
Santé publique
SUDBURY & DISTRICTS

December 12, 2018

Mr. Ian Frazier
Board of Health Chair
Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9

Dear Mr. Frazier:

Re: 50th Anniversary of the Algoma Public Health

On behalf of the Board of Health for Public Health Sudbury & Districts, I wish to congratulate Algoma Public Health on your 50 year anniversary!

As your northern neighbour, Public Health Sudbury & Districts has enjoyed working closely with Algoma Public Health over the years, including providing Acting Medical Officer of Health and Acting Chief Executive Officer coverage over 2015–2016. We have been privileged to have played a small part in your journey.

Congratulations on 50 years of collaboration and important public health services to your communities to *create and sustain healthy communities*.

Sincerely,

René Lapierre
Board of Health Chair

cc: Dr. M. Spruyt, Algoma Public Health
Dr. P. Sutcliffe, Public Health Sudbury & Districts

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais
1.866.522.9200

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December 5, 2018

Honourable Caroline Mulroney
Attorney General and Minister of Francophone Affairs
Ministry of the Attorney General
McMurtry-Scott Building
720 Bay Street, 11th Floor
Toronto, ON K7A 2S09

Dear Minister Mulroney:

Re: Cannabis Retail Locations

With the Government of Ontario's policy objective to ensure that a private cannabis retail system is implemented with a minimum of harm, KFL&A Board of Health is expressing concern about the recently announced regulations regarding the physical availability of cannabis. At its meeting of November 21, 2018, the KFL&A Board of Health approved the following motion:

> ***THAT correspondence be sent to Ontario's Attorney General to express concern regarding the minimum distance requirement of 150 metres between cannabis retail locations and schools and to urge the government to strengthen regulations by increasing the minimum distance requirements.***

Physical accessibility is a determinant of use for both tobacco and alcohol use and it is reasonable to expect that there will be a similar relationship for cannabis.[1] Notably, alcohol retail outlet proximity to sensitive use spaces, such as schools, increases normalization among sensitive populations.[2,3] Accordingly, KFL&A Public Health,[4] City of Kingston[5] and other public health stakeholders such as the Centre for Addiction and Mental Health,[6] have recommended more restrictive proximity buffers around sensitive use areas (e.g., 300 to 500 meters). These wider buffers will still ensure access to regulated cannabis by those who choose to use, while limiting the social normalization of cannabis among youth.

As a society, we need to heed the lessons we have learned from tobacco and alcohol; indeed, we are compelled to do so to protect the health of Ontarians, particularly those at the greatest risk of harm. As such, the KFL&A Board of Health respectfully urges the Ontario Government to strengthen ONTARIO

… 2

Honourable Caroline Mulroney
December 5, 2018

REGULATION 468/18, under the *Cannabis Licence Act, 2018* by increasing the minimum distance requirements between cannabis retail storefronts and schools.

Yours truly,

Denis Doyle, Chair
KFL&A Board of Health

Copy to: Board of Health Members
R. Hillier, MPP, Lanark-Frontenac
D. Kramp, MPP, Hastings-Lennox and Addington
I. Arthur, MPP, Kingston and the Islands
Ontario Boards of Health
Association of Municipalities of Ontario

References

1. DeVillaer M. Cannabis law reform in Canada: pretense & perils. Hamilton, ON: McMaster University, The Peter Boris Centre for Addictions Research, 2017 Feb.
2. Alcohol policy review: opportunities for Ontario municipalities. [Internet] Developed for Wellington-Dufferin Guelph Health Unit, Durham Region Health Department and Thunder Bay District; 2018. Available from http://opha.on.ca/getmedia/4e8f860f-6e34-4036-9fa6-a1311a35852e/Alcohol-Policy-Review-Full-Report-Final.pdf.aspx
3. OPHA Issue Series: Alcohol Marketing & Advertising. Strategies to Reduce Alcohol-Related Harms and Costs in Ontario. [Internet]. Toronto: Ontario Public Health Association; 2015. Available from http://opha.on.ca/getmedia/23a643ff-6899-4846-920f-7440631c92ac/Marketing-Advertising-Alcohol-OPHA-Issue-Series-2015.pdf.aspx
4. KFL&A Public Health. Provincial Recommendations on the Cannabis Retail System: Roundtable Consultation on Cannabis; 2018 Aug 21.
5. City of Kingston. Siting of Cannabis Retail Operation in Kingston Information Report to Council Report Number 18-025; 2017 Dec 19. Available from: https://www.cityofkingston.ca/documents/10180/22990022/COU_A0218-18025.pdf/fec38a0d-b3f5-4227-90f6-81189dd59214
6. Centre for Addiction and Mental Health. Submission to the Ministry of the Attorney General and the Ministry of Finance; 2018 Sep 24. Available from https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/camhsubmission-cannabisretail_2018-09-25-pdf.pdf?

Services de santé du TIMISKAMING Health Unit
Enhancing your health in so many ways.

Head Office:
247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:
Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

December 10, 2018

Honourable Minister Todd Smith
Minister of Economic Development, Job Creation and Trade
900 Bay Street - Mowat Block, 6th Floor
Toronto, ON M7A 1L2

Honourable Minister Laurie Scott
Minister of Labour
14th Floor, 400 University Avenue
Toronto, ON M7A 1T7

Dear Ministers:

Re: A population health perspective on Bill 47, Making Ontario Open for Business Act, 2018

On December 5, 2018, at a regular meeting of the Board for the Timiskaming Health Unit, the Board passed the following motion:

MOTION #66R-2018
Moved by: Maria Overton
Seconded by: Merrill Bond
The Board of Health be in receipt of the Simcoe Muskoka District Health Unit letter regarding a population health perspective on Bill 47 and further that, the Board of Health send a letter to the Minister of Economic Development, Job Creation, and Trade and to the Minister of Labour endorsing the recommendations in principle and calling on the Ontario Government to consider close monitoring of the social, health and well-being impacts of Bill 47 for all Ontarians.

CARRIED

Sincerely,

Carman Kidd
Board of Health Chair

Enclosures.

Services de santé du TIMISKAMING Health Unit
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Head Office:
247 Whitewood Avenue, Unit 43
PO Box 1090
New Liskeard, ON P0J 1P0
Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:
Englehart Tel.: 705-544-2221 Fax: 705-544-8698
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

www.timiskaminghu.com

December 5 , 2018

Honourable Minister Todd Smith
Minister of Economic Development, Job Creation and Trade
900 Bay Street - Mowat Block, 6th Floor
Toronto, ON M7A 1L2

Honourable Minister Laurie Scott
Minister of Labour
14th Floor, 400 University Avenue
Toronto, ON M7A 1T7

Dear Minister Smith and Minister Scott:

Re: A population health perspective on Bill 47, Making Ontario Open for Business Act, 2018

On behalf of the Timiskaming Health Unit (THU), I am writing to express our concerns about Bill 47, Making Ontario Open for Business Act, 2018 which recently received Royal Assent.

We appreciate your government's intention to help job creators succeed and keep Ontario workers and families safe and healthy. However, evidence-informed assessments reveal that Bill 47 excludes aspects of the repealed Bill 148, The Fair Workplaces Better Jobs Act, 2017 which could result in negative health outcomes for Ontario workers and families. This includes some of our most vulnerable residents thereby worsening health inequities within the population.

As outlined in the attached letter to you from Simcoe Muskoka District Health Unit Board of Health (November, 2018) and in a related Wellesley Institute 2018 report[1] there is significant evidence demonstrating the powerful link between income, employment security and working conditions and health outcomes.

Reducing the negative impact of such social determinants of health is fundamental to the work of public health. The Board of Health for the Timiskaming Health Unit has previously expressed support for an adequate income for Ontarians. The effects of employment security, working conditions, low income and of income inequality may be felt more severely in northern areas of the province such as Timiskaming, where the median income is lower than the provincial average, a greater proportion of the population lives in low income, and access to health and social services may be more limited.[2]

Halting the minimum wage increase, repealing equal pay for equal work and employee scheduling benefits and reducing leave of absence benefits with Bill 47 could have harmful physical and mental health consequences,

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especially for Ontario's most vulnerable workers and families. Public health staff are committed to working for the people of Ontario and are available to consult with government on such legislative decisions.

Furthermore, we recommend close monitoring of the social, health and well-being impacts of Bill 47 for all Ontarians.

Sincerely,

Carman Kidd, Chair
Board of Health for Timiskaming Health Unit

cc: Honourable Doug Ford, Premier of Ontario
Honourable Christine Elliott, Minister of Health and Long-Term Care and Deputy Premier
John Vanthof, Member of Provincial Parliament, Timiskaming-Cochrane
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
All Ontario Boards of Health

References

1. Wellesley Institute. 2018 Hill, Malaika., Cheff, Rebecca. Potential Health Equity Impacts of the Making Ontario Open for Business Act (Bill 47). Available from https://www.wellesleyinstitute.com/wp-content/uploads/2018/11/Potential-Health-Equity-Impacts-of-the-Making-Ontario-Open-for-Business-Act-Bill-47.pdf
2. Statistics Canada. 2017. Timiskaming Health Unit, [Health region, December 2017], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E (accessed July 24, 2018).

simcoe muskoka
DISTRICT HEALTH UNIT

November 14, 2018

Honourable Minister Todd Smith
Minister of Economic Development, Job Creation and Trade
Mowat Block, 6th Floor
900 Bay St
Toronto, ON M7A 1L2
todd.smithco@pc.ola.org

Honourable Minister Laurie Scott
Minister of Labour
14th Floor, 400 University Ave
Toronto, ON M7A 1T7
laurie.scott@pc.ola.org

Dear Minister Smith and Minister Scott,

Re: A population health perspective on Bill 47, Making Ontario Open for Business Act, 2018

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to express our concern about your government's decision to repeal Bill 148, The Fair Workplaces Better Jobs Act, 2017, and to replace it with Bill 47, Making Ontario Open for Business Act, 2018. In our assessment, the new bill excludes a number of important aspects of the previous bill, which will result in negative impacts on both income and health, particularly for our most vulnerable citizens.

While we appreciate your government's intention to create and protect jobs that help families get ahead, we feel strongly that certain employment protections are needed to ensure these outcomes are achieved. A large body of research indicates that income, employment security and working conditions are critical determinants of health[1]. With long-term trends toward greater precarious employment in Ontario and beyond, the previous bill made a significant step forward in providing important mechanisms for greater security and stability for workers – both financially and in their employment and working conditions – therefore creating opportunity for substantial and equitable health improvements for individuals and communities in Ontario.

From an income and health perspective, the key elements of the previous bill that we are in strong support of and would like to see continued in Bill 47 include:

1. Minimum wage increase as planned for Jan 1, 2019, followed by annual increases at the rate of inflation, and scheduled minimum wage reviews every 5 years;
2. Pay equity for full-time, part-time, casual and temporary workers doing the same work; and
3. Employee benefits related to scheduling and personal emergency leave.

. . . 2

SMDHU's Board of Health has been a vocal proponent of policies and legislation that support fair workplaces, good jobs, and adequate income for Ontarians. In August 2018, our Board wrote a letter urging your government to reconsider its decision to cancel the Ontario Basic Income Pilot and reduce the planned increases to social assistance rates. In 2016, our Board endorsed the Responses to Food Insecurity Position Statement of the Ontario Society of Nutrition Professionals in Public Health, which recognizes that food is a significant human right and social justice issue with strong links between poverty, food insecurity and health, and advocates for income-based policy responses. In 2013, SMDHU staff contributed a letter to the Minimum Wage Advisory Panel in support of the Ontario minimum wage review, which highlighted the link between income and health and advocated for an increase in minimum wage. In 2008, our Board wrote a letter and passed a resolution urging the provincial government to implement a coordinated, long-term poverty reduction strategy as a way to ensure that people have enough money to purchase an adequate and nutritious diet. The letter also called for the immediate implementation of the full Ontario Child Benefit, a minimum wage (at that time $10) which is indexed to keep pace with inflation, and a review of the Employment Standards Act to ensure vulnerable workers are protected. Finally, in 2018, our Board supported SMDHU's information sheets for the 2018 provincial and municipal elections, which highlight the above policy priorities and also call for economic development strategies that will attract full-time jobs paying an adequate wage.

Our support of these policies and legislation has been informed by evidence that income is likely the most important determinant of a person's health and quality of life[2]. Research also indicates that employment insecurity and precarious work arrangements are linked with poorer working conditions and overall poorer health[1]. Mortality is higher in temporary workers than in permanent workers, and poor mental health outcomes are associated with precarious employment[3].

In Simcoe Muskoka, 12% of the population live in low income, and the prevalence of self-reported chronic diseases such as diabetes and heart disease are one and a half to two times higher for those living in low income compared to their higher income counterparts[2]. In addition, our 2018 Nutritious Food Basket Survey results show that individuals and families living in low income do not have enough money to cover the cost of healthy food, housing and other basic necessities. For example, a family of four earning minimum wage ($14/hr) in our region spends at least 60% of their household income on food and housing costs alone. Food insecure individuals experience poorer physical and mental health, including higher rates of depression, diabetes, high blood pressure and heart disease[4]. Clearly there are compelling reasons to ensure our most vulnerable citizens have enough money for food and other basic needs.

While we appreciate your government's decision to maintain the previous minimum wage increase to $14/hour and other positive aspects of Bill 47, such as preserving the right to three weeks of paid vacation after five years and protecting current paid leave provisions for cases of domestic and sexual violence, we are concerned that repealing the other important aspects of the previous bill as highlighted above will have negative health, social and economic consequences for employees, their families, and communities.

. . . 3

As Bill 47 proceeds through the legislative process, we urge you to consider its necessary protective elements to ensure access to jobs with adequate pay and benefits, in pursuit of the health, social and economic well-being of all Ontarians.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock
Board of Health Chair
Simcoe Muskoka District Health Unit

Att. (3)

c. Simcoe Muskoka District Health Unit Board of Health
Honourable Doug Ford, Premier of Ontario
Honourable Christine Elliot, Minister of Health and Long-Term Care and Deputy Premier
Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Pegeen Walsh, Executive Director, Ontario Public Health Association
Simcoe Muskoka Members of Provincial Parliament:
Doug Downey, Barrie—Springwater—Oro-Medonte
Jill Dunlop, Simcoe North
Andrea Khanjin, Barrie – Innisfil
Caroline Mulroney, York Simcoe
Norman Miller, Parry Sound—Muskoka

References

[1] Raphael, D, editor. Social determinants of health: Canadian Perspectives 3rd edition. Toronto: Canadian Scholars' Press Inc; 2016.
[2] Simcoe Muskoka District Health Unit. Low income focus report. [on line]. Barrie: Simcoe Muskoka District Health Unit; 2017 [Last accessed 2018 Nov 1]. Available from http://www.simcoemuskokahealthstats.org/reports/focus-reports
[3] Marmot M, Friel S, Bell R, Houweling TA, Taylor S. Closing the gap in a generation: health equity through action on the social determinants of health. The Lancet 2008; 372:1661-9.
[4] Vozoris N, Tarasuk V. Household food insufficiency is associated with poorer health. The Journal of Nutrition 2003; 133(1):120 -126.

Public Health
Santé publique
SUDBURY & DISTRICTS

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre
10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
101 rue Pine Street E
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais
1.866.522.9200

phsd.ca

December 7, 2018

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

Re: Support for Provinical Oral Health Program for Low Income Adults and Seniors

I am very pleased to write to you on behalf of the Board of Health for Public Health Sudbury & Districts to share our sincere appreciation for the provincial government's support of a provincial oral health program for low-income seniors. This is a welcome addition to oral health programs already available for children and youth in low-income families through Healthy Smiles Ontario.

The Board of Health for Public Health Sudbury & Districts has a keen interest in oral health. In reviewing our 2018 data on oral health, we identified that to further support oral health for all Ontarians, programs are needed for low-income adults, in addition to those in place or planned for children, youth and seniors.

At its meeting on November 22, 2018, the Board of Health carried the following resolution #42-18:

WHEREAS as compared with other provinces, Ontario has the lowest rate of public funding for dental care, as a percentage of all dental care expenditures and the lowest per capita public sector spending on dental services, resulting in precarious access to dental preventive and treatment services, especially for low-income Ontarians; and

WHEREAS the Ontario Progressive Conservative party pledged to implement a comprehensive dental care program that provides low income seniors with quality care by increasing the funding for dental services in Public Health Units, Community Health Centres, and Aboriginal Health Access Centres and by investing in a new dental services in underserviced areas including increasing the capacity in public health units and investing in mobile dental buses;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts fully support the Premier's plan to invest in oral health programs for low income seniors and further encourage the government to expand access to include low income adults; and

FURTHER that this motion be shared with area municipalities and relevant dental and health sector partners, all Ontario Boards of Health, Chief Medical Officer of Health, Association of Municipalities of Ontario (AMO), and local MPPs.

Thank you for your attention to this matter and I look forward hearing more about the role public health can take in support of a new oral health program for low income adults and seniors that is cost effective and accessible.

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Honorable Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health, Minister of Health and Long-Term Care
Mr. Jamie West, MPP, Sudbury
Ms. France Gelinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
All Ontario Boards of Health
Constituent Municipalities within Public Health Sudbury & Districts
Ms. Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Association of Municipalities of Ontario
Dr. David Diamond, President, Sudbury & District Dental Society
Dr. Tyler McNicholl, vice-president, Sudbury & District Dental Society
Ms. Jacquie Maund, Alliance for Healthier Communities

Peterborough Public Health
1889-2019 LOCAL & STRONG

Jackson Square, **185 King Street**, Peterborough, ON K9J 2R8
P: **705-743-1000** or 1-877-743-0101
F: 705-743-2897
peterboroughpublichealth.ca

January 7, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
doug.ford@pc.ola.org

Dear Premier Ford,

On behalf of the Board of Health for Peterborough Public Health, I am writing a letter of support for Southwestern Public Health's request of both the provincial and federal governments to increase their actions in response to the current opioid crisis.

Throughout Canada the misuse of opioids, particularly fentanyl, is a growing public health crisis resulting in epidemic-like numbers of overdose deaths. The overall economic cost (healthcare costs, lost productivity costs, criminal justice costs and other direct costs) of substance use in Canada in 2014 was estimated to be $38.4 billion. This estimate represents a cost of approximately $1,100 for every Canadian regardless of age. Opioids contributed $3.5 billion or 9.1% of these total costs.

Our current approaches to managing this situation- focused on changing prescribing practices and interrupting the flow of drugs- have failed to reduce the death toll. An enhanced comprehensive public health approach based on the evidence-informed four pillars of harm reduction, prevention, treatment and enforcement is necessary. This approach should include the meaningful involvement of people with lived expertise as well as stakeholders including Indigenous peoples' governance organizations to establish prevention, harm reduction and health promotion programs that meet the needs of their communities.

The time to act is now. In the Chief Public Health's Officer's Report on the State of Public Health in Canada 2018: Prevention Problematic Substance Use in Youth, Dr. Theresa Tam states that "The national life expectancy of Canadians may actually be decreasing for the first time in decades, because of the opioid overdose crisis".

We are urging all levels of government to continue their efforts to address this crisis in our country with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

/ag
Encl.

cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
The Hon. Ginette Petitpas Taylor, Minister of Health
The Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPs
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

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

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

October 24, 2018

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

Dear Honourable Doug Ford,

On behalf of the Southwestern Public Health Board, I am writing to both our provincial and federal government leaders to reinforce the urgency of the opioid poisoning emergency in our country and urge both the provincial and federal governments to increase actions in response to this emergency based on the evidenced-informed four pillar approach of harm reduction, prevention, treatment and enforcement.

There is an expanding opioid crisis in Canada that is resulting in epidemic-like numbers of overdose deaths. These deaths are the result of an interaction between prescribed, diverted and illegal opioids (such as fentanyl) and the recent entry into the illegal drug market of newer, more powerful synthetic opioids. The current approaches to managing this situation – focused on changing prescribing practices and interrupting the flow of drugs – have failed to reduce the death toll and should be supplemented with an enhanced and comprehensive public health approach. Such an approach would include the meaningful involvement of people with lived experience. [1]

We call on both levels of government to support initiatives that address the causes and determinants of problematic substance use, to make all tools and resources available to support efforts to address the opioid crisis at a community level, to expand and strengthen the integration of surveillance information between provincial and federal partners, to expedite approvals for newer therapeutic modalities for medication assisted and opioid substitution treatment, to provide funding to municipalities and regional health services to establish safe consumption facilities, and to support harm reduction and health promotion services needed to mitigate the opioid crisis at a regional level.

Injection drug use is associated with many serious drug-related harms, such as the transmission of blood borne infections (HIV, Hepatitis C, Hepatitis B), and with fatal and non-fatal overdoses and injection site bacterial infections. In some parts of the world, these harms are widespread among people who inject drugs. Access to interventions such as needle and syringe exchange, opioid substitution therapies, naloxone distribution, sharps management strategies, overdose prevention sites, and supervised consumption sites are essential to reducing these harms and improving the health of the people who use drugs.[2]

We are urging both our federal and provincial Ministers of Health to continue their efforts to address this crisis in our country with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

Sincerely,

Bernie Wiehle
Chair, Board of Health
Southwestern Public Health

copy:

Honourable Justin Trudeau, Prime Minister of Canada
Honourable Ginette Petitpas Taylor, Federal Minister of Health
Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
Honourable Jeff Yurek, Member of Provincial Parliament, Elgin – Middlesex – London
Honourable Ernie Hardeman, Member of Provincial Parliament, Oxford
Association of Local Public Health Agencies
Ontario Boards of Health

1 https://www.cpha.ca/opioid-crisis-canada
2 Harm reduction international www.hri.global/public-health-approaches-to-drug-related-harms

alPHa
Association of Local PUBLIC HEALTH Agencies

2 Carlton Street, Suite 1306
Toronto, Ontario M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

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

Hon. Todd Smith
Minister of Economic Development, Job Creation and Trade
900 Bay Street - Mowat Block, 6th Floor
Toronto, ON M7A 1L2

January 16, 2019

Dear Minister Smith,

Re: Bill 66, Restoring Ontario's Competitiveness Act, 2018.

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 provide comments on aspects of Bill 66, Restoring Ontario's Competitiveness Act, which we believe could have negative consequences for the health of Ontarians.

Bill 66 contains exemptions to several key legislative provisions that are in place to protect the health of the people. As public health professionals, we are on the front lines of protecting the people of Ontario from threats to their health and we have obligations under the Ontario Public Health Standards to "reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks". Specific requirements include collaborating with municipalities under the Ontario Planning Act to reduce exposure to environmental health hazards in the community, which includes examining and addressing the potential impacts of land use decisions on ground water sources.

We are therefore troubled by the list in Schedule 10 of the Bill that itemizes the legislated environmental protections that could be suspended in favour of commercial interests and job creation. Far from being "red tape", these provisions are in place to protect healthy environments and prevent the introduction of and exposure to health hazards. It is very difficult to interpret exempting business from these provisions as anything other than eliminating their obligations to minimize their negative impacts on the environments within which they operate.

We are particularly concerned by the potential for exemptions from the source water protection clause of the Clean Water Act, 2006 that requires land-use planning decisions in the province to protect safe drinking water, which was passed in the wake of the May 2000 outbreak of *E. coli 0157:H7* in Walkerton, Ontario that killed 7 people and made over 2,300 – more than half of the town's population - seriously ill. Since that time, Ontario has applied the lessons learned from this tragedy to become a world leader in ensuring the availability of safe drinking water through a strict regulatory regime that includes source-to-tap protection, treatment, monitoring, and swift public notification of any potential hazards.

To exempt commercial interests from any part of this regime is to weaken a link in the strong regulatory chain that has made Ontario's drinking water among the safest and best protected in the world, putting the health of the people of Ontario at risk. We therefore strongly recommend that any potential exemptions to the legislated protections of Ontario's water sources be removed from Bill 66.

We would be pleased to meet with you to discuss our submission. To schedule a meeting, please contact Loretta Ryan, Executive Director, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,

Dr. Robert Kyle,
alPHa President

COPY: Hon. Christine Elliott, Deputy Premier & Minister of Health and Long-Term Care
Hon. Steve Clark, Minister of Municipal Affairs and Housing
Hon. Rod Phillips, Minister of the Environment, Conservation and Parks
Dr. David Williams, Chief Medical Officer of Health
Hon. Bill Walker, MPP, Bruce-Grey-Owen Sound

alPHa
Association of Local PUBLIC HEALTH Agencies

2 Carlton Street, Suite 1306
Toronto ON M5B 1J3
Tel: (416) 595-0006
Fax: (416) 595-0030
E-mail: info@alphaweb.org

Providing leadership in public health management

Update to Board of Health Members
December 19, 2018

Welcome to alPHa

The alPHa Boards of Health (BOH) Section Executive Committee welcomes those members who are returning to their local board of health following the fall 2018 municipal election. The BOH Executive also extends a warm welcome to new board of health members who are joining the public health community for the first time. The BOH Executive and alPHa hope that all board of health members, whether new or seasoned, will find their time on the board of health to be an exciting opportunity to help improve the health of their local communities. alPHa, as the provincial organization that represents the interests of public health units and their boards, has developed some educational resources to assist new board of health members in their important role and responsibilities. Read below to learn more.

Orientation Manual and Governance Toolkit

alPHa has released its updated *2018 Orientation Manual for Boards of Health* along with its companion kit *Governance Toolkit for Ontario Boards of Health*. The documents, which are updated in years when there is a municipal election, can be accessed by visiting alPHa's website (see links below). Special thanks to members who provided their feedback on the manual. We hope these resources will be of use to all board of health members.
Download the 2018 Orientation Manual for BOH Members
Download the Governance Toolkit for Ontario BOHs

2019 alPHa Winter Symposium

alPHa invites all members to attend the upcoming 2019 Winter Symposium on February 21, 2019 at the Chestnut Conference Centre in downtown Toronto. The one-day event will feature two discussion panels, one on the public health system and the other on managing risk for Ontario health units. The panels will take place in the morning of February 21 and will be followed by concurrent business meetings for COMOH and board of health members in the afternoon. The Boards of Health Section meeting will include an orientation session for those new to public health; it will also cover must-know topics such as board liability for all BOH members. Ending the Symposium will be a reception and special guest lecture that will be held at the nearby Dalla Lana School of Public Health, our co-host for the evening. Stay tuned for more program and registration details in the new year!

Important note: *Symposium attendees requiring an overnight stay are advised to start booking their own accommodations at their preferred lodging. The Chestnut Conference Centre does not have onsite guest accommodations.*

Public Consultations on Bill 66 and Alcohol Sales

On December 6, the Ontario government introduced Bill 66, *Restoring Ontario's Competitiveness Act, 2018*. Bill 66 seeks to amend several pieces of legislation for the purpose of creating a more favourable

environment for the operation of Ontario businesses. Public consultation on the bill closes on January 20, 2019, 11:59 PM. alPHa will be preparing a response to Bill 66 in the new year as there could be impacts to health, and asks that health units share their Bill 66 concerns and responses with us.We will post these along with alPHa's input on our website.
Read the full text of Bill 66, Restoring Ontario's Competitiveness Act
Learn more about Bill 66 and the consultation

alPHa will also be commenting in follow up to the province's invitation to share views on increasing consumers' choice and convenience on alcohol. A survey has been made available; the deadline to submit input is February 1, 2019.
Learn more about the consultation on alcohol and take the survey

Click here to view the list of current consultations on alPHa's website.

Meeting with Minister of Health and Long-Term Care

On November 23, the alPHa Board of Directors met with the Honourable Christine Elliott, Minister of Health and Long-Term Care, in Toronto to introduce the association and highlight the key role public health plays in the health system. The Board emphasized not only the upstream approach in improving health but also public health's strong relationships at the community level. Minister Elliott identified her immediate priorities, i.e. hospital overcrowding, a comprehensive mental health framework, and the long-term care bed shortage. She went on to thank public health for its role as the Board expressed hope for further opportunities to engage with her office.
View alPHa's Twitter: @PHAgencies for photos from Nov. 23

alPHa Correspondence

Check out our online library that houses the latest letters and correspondences sent by alPHa to government and other stakeholders on public health issues of the day. Scroll down and click the documents to view alPHa's letters of concern, responses to public consultations, and other materials, including responses from government.

Upcoming Events and Meetings for All Board of Health Members

February 21, 2019: alPHa Winter Symposium (morning) and Boards of Health Section Meeting (afternoon), Chestnut Conference Centre, 89 Chestnut St., Toronto, Ontario. Registration and program details to come.

June 9-11, 2019: alPHa 2019 Annual General Meeting & Conference, Four Points by Sheraton Hotel & Suites, 285 King St. E., Kingston, Ontario.

June 11, 2019 (during alPHa Annual Conference): alPHa Boards of Health Section Meeting

This update was brought to you by the Boards of Health Section Executive Committee of the alPHa Board of Directors. alPHa provides a forum for member boards of health and public health units in Ontario to work together to improve the health of all Ontarians. Any individual who sits on a board of health that is a member organization of alPHa is entitled to attend alPHa events and sit on the Association's various committees. Learn more about us at www.alphaweb.org

From: Susan Lee
To: All Health Units
Subject: 2018 alPHa BOH Orientation Manual & Governance Toolkit
Date: Friday, December 14, 2018 12:58:51 PM
Importance: High

ATTENTION:

All Board of Health Members
All Staff Involved in BOH Orientation
****

alPHa is pleased to release its updated *2018 Orientation Manual for Board of Health Members* and the companion document *Governance Toolkit for Ontario Boards of Health*. We hope you will find these to be useful resources. Many thanks to board of health members and health unit staff who provided feedback on the manual prior to the update.

The documents may be accessed online by visiting the following links to alPHa's website:

2018 alPHa BOH Orientation Manual
Governance Toolkit for Ontario Boards of Health

Board of health members may also want to check out the province's The Ontario Muncipal Councillor's Guide 2018, which is geared to those who are new to municipal council.

alPHa encourages all board of health members to attend the upcoming Winter Symposium and Boards of Health Section meeting on February 21, 2019. There will be an orientation session during the afternoon BOH Section meeting that will be geared to new board of health members as well as returning board members. Further program and registration details to come in the new year.

Regards,

Susan

Susan Lee
Manager, Administrative & Association Services
Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto ON M5B 1J3
Tel. (416) 595-0006 ext. 25
Fax. (416) 595-0030
Please visit us at http://www.alphaweb.org

From: Gordon Fleming
To: All Health Units
Subject: 2019 CPHA Honorary Awards & Board of Directors
Date: Tuesday, January 08, 2019 11:58:42 AM

ATTENTION:
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH
MANAGERS, ALL PROGRAMS
****

Dear alPHa Member,

Please see below for information about the Canadian Public Health Association's call for nominations for its 2019 Honorary Awards as well as a list of its Directors for the coming year.

Gordon WD Fleming, BA, BASc, CPHI(C)
Manager, Public Health Issues
Association of Local Public Health Agencies
2 Carlton St. #1306
Toronto ON M5B 1J3
416-595-0006 ext. 23

From: CPHA Communications ACSP <communications@cpha.ca>
Sent: January 7, 2019 1:38 PM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: 2019 CPHA Honorary Awards & Board of Directors

2019 CPHA Honorary Awards - Call for Nominations

Each year, CPHA has the opportunity to recognize individuals, groups and organizations that have made a significant contribution in the area of public health.

We are now accepting nominations for the following awards and honours:

- R.D. Defries Award
- Honorary Life Membership
- Certificate of Merit
- Ron Draper Health Promotion Award

National Public Health Hero Award
- R. Stirling Ferguson Award

This year's nominations should be submitted following the guidelines provided and forwarded to the CPHA Awards Committee no later than **19 February 2019**.

Nominations will be reviewed by the Awards Committee and Awards will be presented at Public Health 2019, in Ottawa, Ontario from 30 April to 2 May 2019.

For further information, please read the Honorary Awards Operational Procedures.

Questions? Please contact:
Karen Spiess
613-725-3769 ext. 137
awards@cpha.ca

CPHA's 2019 Board of Directors

We would like to express our appreciation to all the nominees for letting their names stand for election and for their ongoing interest in the work of CPHA. We had an excellent slate of candidates and the results showed a high level of commitment to the mission and goals of the Association. We thank everyone who took the time to cast a ballot. Your 2019 Board of Directors is:

Chair
Richard Musto, MD, FRCPC

Chair-elect
Benita Cohen, RN, MSc, PhD

Directors
Katie-Sue Derejko, MPH, M.A., PMP
Caitlin Johnston, BA, MSc-PPH
Donika Jones, MPH, BSc, B.A.
Nancy Laliberté, PhD (c), MPH
Sume Ndumbe-Eyoh, Hons BSc, MHSc
Manasi Parikh, BHSc
Vamini Selvanandan, BSc, MD, CCFP
Julie Stratton, BSc, MHSc
Ingrid Tyler, MD, CCFP, MHSc, MEd, FRCPC

CPHA COMMUNICATIONS ACSP

CANADIAN PUBLIC HEALTH ASSOCIATION
404 - 1525 Carling Ave.
Ottawa ON K1Z 8R9
cpha.ca

ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE
T: 613-725-3769 x 160

The SSM & Area Drug Strategy

CALL TO ACTION

"We envision a safer & Healthier community that optimizes the lives, abilities and health of individuals."

The SSM & Area Drug Strategy Committee

The Devastating Impact of the Opioid Crisis

The latest public health statement released December 12th, 2018 by the Special Advisory Committee on the Epidemic of Opioid Overdoses, confirms the current opioid crisis is the worst drug problem in Canadian history and the reality is frightening. What was once inconceivable is the new reality with a reported 2,066 opioid-related deaths in the first half of 2018[1], and the grim news cautioning citizens the efforts to change the trajectory have failed. Communities across the provinces mourn the loss of friends, co-workers, and family members. Health and social community front-line workers are seeing an unprecedented ripple effect of the socio-ecological devastation ripping families apart as they fight to keep loved ones alive, support parents as they bury their children, and help young children who are now growing up without a parent. It's unthinkable of those 2,066 deaths 94% were accidental – that's 1942 people, 1398 or 72% of the accidental deaths were involved fentanyl or fentanyl analogues[1]. The contaminated illicit drug supply is poisoning the "first-time user", the "recreational user", the "closet user", the "careful user", the "experienced user", there is no stereotype.

Highlights from phase one of the national study on opioid and other drug-related overdose deaths: insights from coroners and medical examiners[2]:

- History of mental health concerns, substance use disorder, trauma, and stigma
- Decreased drug tolerance
- Being alone at the time of overdose
- Lack of social support
- Lack of comprehensive and coordinated healthcare and social service follow-**up**[2]

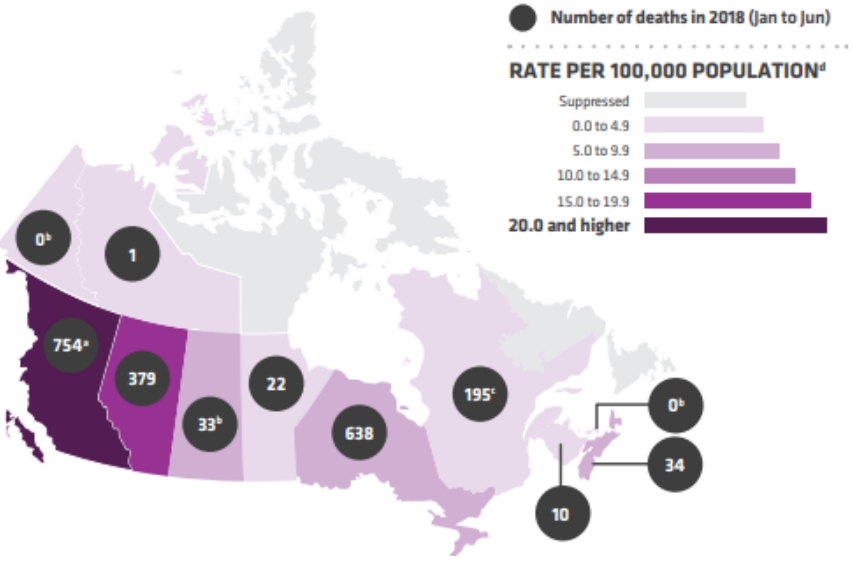
"I have seen it from all walks of life, though. I've seen it from some of the wealthiest families to some of the poorest. Yeah, it does strike across all lines. It concentrates in certain areas but it is not by any means limited to it[2]."

11 Approximately 11 Canadians die every day from apparent opioid related incidents[2].

"[Fentanyl is] so powerful that people don't have time to go into a full respiratory failure, they just drop… That's how scary this drug is. It takes no prisoners, you're just - you're dead[2]."

1. Public Health Agency of Canada (January 2016 - June 2018). News release: Latest Data on the Opioid Crisis. Retrieved from https://www.canada.ca/en/public-health/news/2018/12/latest-data-on-the-opioid-crisis.html
2. Special Advisory Committee on the Epidemic of Opioid Overdoses. Highlights from phase one of the national study on opioid- and other drug-related overdose deaths: insights from coroners and medical examiners. Ottawa: Public Health Agency of Canada; September 2018.

Opioid Poisoning: Hospitalizations and Emergency Department Visits



https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/infographic-opioid-related-harms-december-2018

Canada 2017

An average of 17 people were hospitalized for opioid poisonings in Canada each day in 2017— an increase from 16 per day in 2016[1].

In 2017, opioid poisoning hospitalization rates in smaller communities were 2.5 times higher than rates in Canada's largest cities[1].

Rates of hospitalizations due to opioid poisoning are highest for patients who live in communities with a population between 50,000 and 99,999[2].

Sault Ste. Marie Population[4]

73,368

During 2017,

SSM

Ranked **#8** in the top 15 highest number of opioid poisoning hospitalizations by census subdivision, Canada, 2017[2].

Ranked **#1** as the highest rate of opioid poisoning related emergency department visits compared in Ontario and Alberta with a population of 50,000 - 99,999[2].

There were **22** deaths due to opioid overdoses in Algoma in 2017. This translates to a rate of 19.1 deaths per 100,000 people[3].

1. Public Health Agency of Canada (January 2016 - June 2018). News release: Latest Data on the Opioid Crisis. Retrieved from https://www.canada.ca/en/public-health/news/2018/12/latest-data-on-the-opioid-crisis.html
2. Canadian Institute for Health Information. (December 2018). Opioid-Related Harms in Canada, December 2018 Report.
3. Public Health Ontario. 2017). Opioid Reporting Tool: Algoma Public Health: Opioid-related morbidity and mortality in Ontario (2003 - 2017). Retrieved from https://www.publichealthontario.ca/en/DataAndAnalytics/Pages/Opioid.aspx
4. Statistics Canada. Canadian Community Health Survey [2015-2016]. Share File. (Calculated rates are age-adjusted).

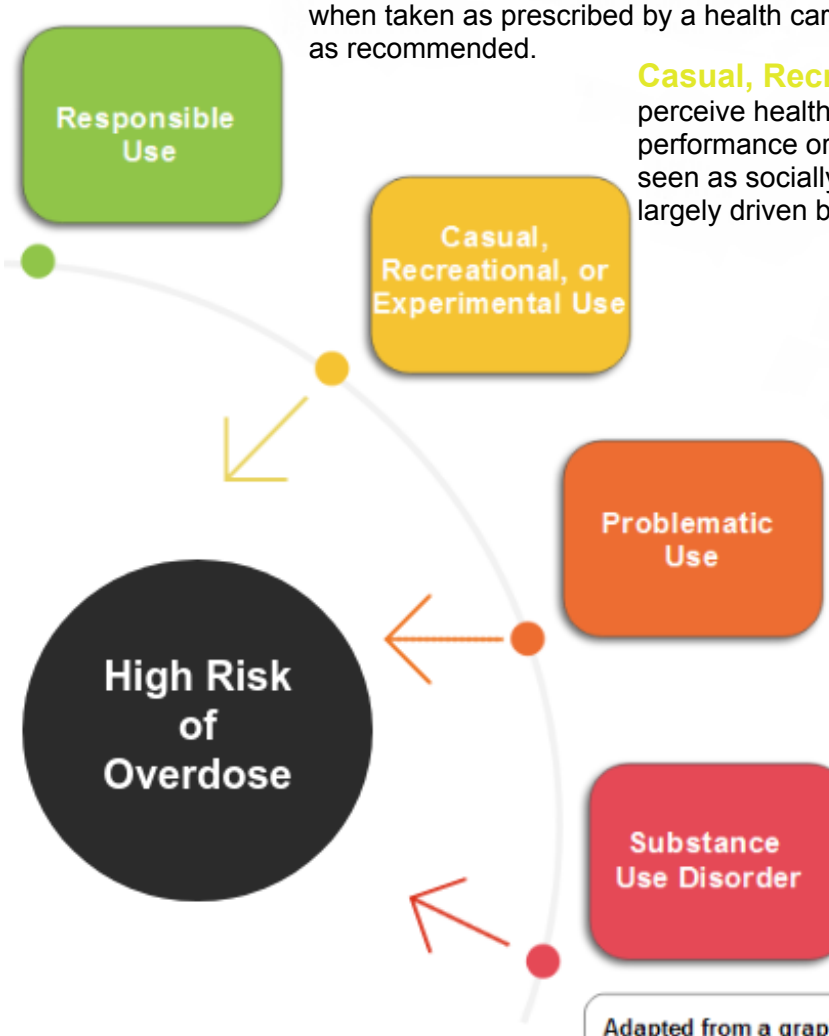
The Spectrum of Substance Use

Responsible Use: Typically has positive health or social effects when taken as prescribed by a health care provider to an individual or as recommended.

Casual, Recreational, or Experimental Use: Individuals perceive health or social benefit of the substance to enhance performance or social networking. The high-risk behaviour is often seen as socially acceptable, integral to the "party scene", and largely driven by movie or tv portrayal.

Problematic Use: The impact of substance use extends beyond the individual to family, friends, colleagues, and community. The definition of problematic use is not limited to the frequency of consumption rather it recognizes the behaviour or impaired decision making associated to the substance use. A person may continue to be a high functioning member of society and struggle with substance use in silence.

Substance Use Disorder (SUD): Use that has become habitual and compulsive despite negative health and social effects. Substance use disorders significantly impact health, wealth, home, friends, and family. Dangerous misconceptions regarding who is at risk of an overdose is often related to a person with a SUD due to historical, inaccurate, and often offensive stereotypes.



Adapted from a graphic presented in the "Substance Use and Addiction" Publication located CMHA: https://ontario.cmha.ca/addiction-and-substance-misuse/#_edn3

Who Is At Risk Of An Overdose?

- Any person who uses street drugs: Recreational, Casual, or at any frequency is at risk of an overdose.
- Any person who does not follow their health care provider prescribed dosage and frequency of medication.
- Inhalation and incidental ingestion of fentanyl, carfentanil, or other analogs are the greatest threats to health and community care workers or any person who comes in contact. (Inhaling, Snorting, smoking, or injecting legal or illegal fentanyl, fentanyl analogues, fentanyl mixed with heroin, cocaine puts users at greater risk for overdose.)

Algoma District Health Survey Insights

Concurrent Disorders

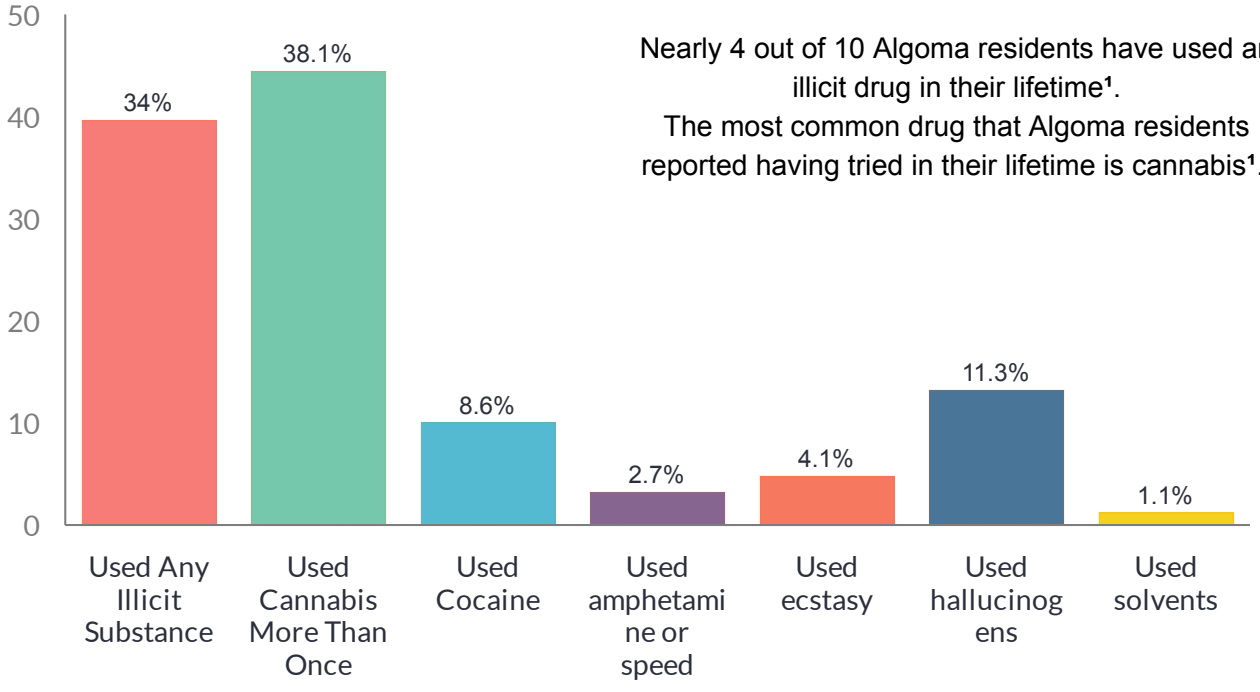
Most people in Algoma report positive mental health; however, many Algoma residents still live with the challenges of life stress, job stress and mental illness.[1]

Serious mental health issues in Algoma include problematic substance use, self-harm and suicide.[1]

Health harms from opioid use is an ongoing concern for Algoma communities.[1]

1. Public Health Ontario. (September 2018). Key Messages: Algoma Public Health: Chapter 8: Substance Use andMental Health: Retrieved from http://www.algomapublichealth.com/media/2787/2018-community-health-profile-full-release-digital.pdf

Substance Use and Mental Health In Algoma[1]



Nearly 4 out of 10 Algoma residents have used an illicit drug in their lifetime[1].
The most common drug that Algoma residents reported having tried in their lifetime is cannabis[1].

Cannabis

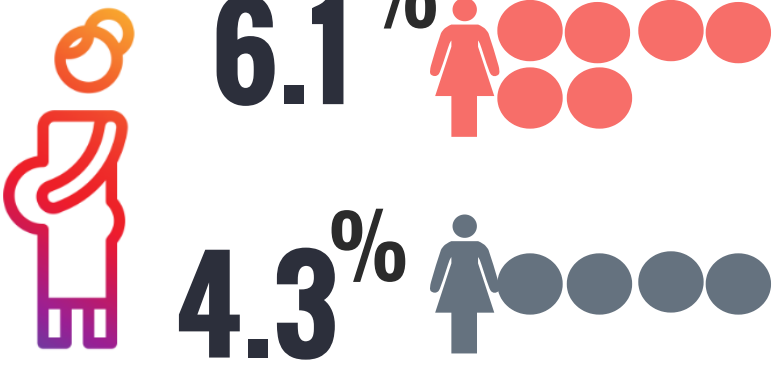
28.3%

Algoma Youth 12 to 19 have tried Cannabis

Algoma Youth are struggling with unhealthy behaviours such as cigarette smoking and cannabis use[2].
28.3% of Algoma youth aged 12 to 19 years old have tried cannabis[2]. In Ontario overall, 22.9% of youth have tried cannabis[2].

1. Public Health Ontario. (September 2018). Key Messages: Algoma Public Health: Chapter 8: Substance Use andMental Health: Retrieved from http://www.algomapublichealth.com/media/2787/2018-community-health-profile-full-release-digital.pdf
2. Public Health Ontario. (30 November 2016). Snapshots: Algoma Public Health: Self-reported proportion of the population who have ever used cannabis, crude rate (age 12 to 19) 2009-2012. Retrieved from https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Illicit-Drug-Use.aspx.

Substance Use During Pregnancy



6.1% of Algoma mothers use alcohol or drugs during pregnancy[1]. This is comparable to 4.3% of mothers in Ontario. Alcohol and drug use during pregnancy can lead to fetal alcohol spectrum disorder (FASD) and other serious pregnancy and birth complications[2].

1 in 4 Algoma mothers experienced a mental health challenge during pregnancy or postpartum, most commonly anxiety and/or depression[1]. This is a higher proportion of mothers compared to Ontario (25.6%versus 15.8%)[1].

Increased Risk: Blood-borne Transmitted Infections Via Drug Use

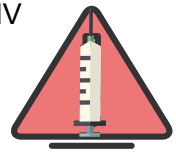
83

Algoma Residents - Diagnosed with Hepatitis C

In 2017, there were **83** people diagnosed with **Hepatitis C** in Algoma, which was the highest number of new cases in a year since 2008[3].

During the 5-year period between 2013 and 2017, Algoma's rate* of new hepatitis C cases was the highest in the North East and in Ontario[3].

Algoma has lower rates of HIV compared to Ontario[3].



1. Public Health Ontario. (18 April 2018). Maternal Health Snapshot: Algoma Public Health: Smoking during pregnancy, overall percent; Folic acid use prior to and during pregnancy, overall percent; Maternal mental health concerns, overall percent; Alcohol or drug use during pregnancy, overall percent; Infants fed breast milk only (Overall percent), 2015. Retrieved from https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Maternal-health.aspx.
2. Popova, S., Lange, S, Probst, C, Gmel, G, & Rehm, J. (2017). Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. Lancet Global Health, 5
3. Public Health Ontario. (May 2018). Query: Algoma Public Health: Counts by Age and Gender (2008-2017). Retrieved from http://www.publichealthontario.ca/en/DataAndAnalytics/Query/Pages/default.aspx.

DRUG STRATEGY
SSM & AREA

Algoma District Opioid Response To Date:

2003 -2012

- 2003 OATC Methadone Clinic
- 2010 Leading Mentally Healthy Schools
- 2012 NEP - Needle Exchange Program Expansion

2013 - 2014

- Neighbourhood Resource Centre Education K- Gr 12 Supporting Minds Program
- Launch Patch 4 Patch Fentanyl Program

2015 - 2016

- N'Mninoeyaa Mental Wellness & Minobimaadizing Services
- Know Your Source Campaign
- Portable Housing Initiative
- Annual Rockin' Out For Recovery

2017

- Road to Recovery Clinic
- Needle Drop Bin Program
- Good Samaritan Overdose Act
- N'Mninoeyaa Mental Wellness & Minobimaadizing Services Expansion
- Naloxone Distribution
- Annual National Addictions Awareness Week
- Youth Outreach Services Expansion.
- Community Homelessness Prevention Initiative (CHPI)

2018

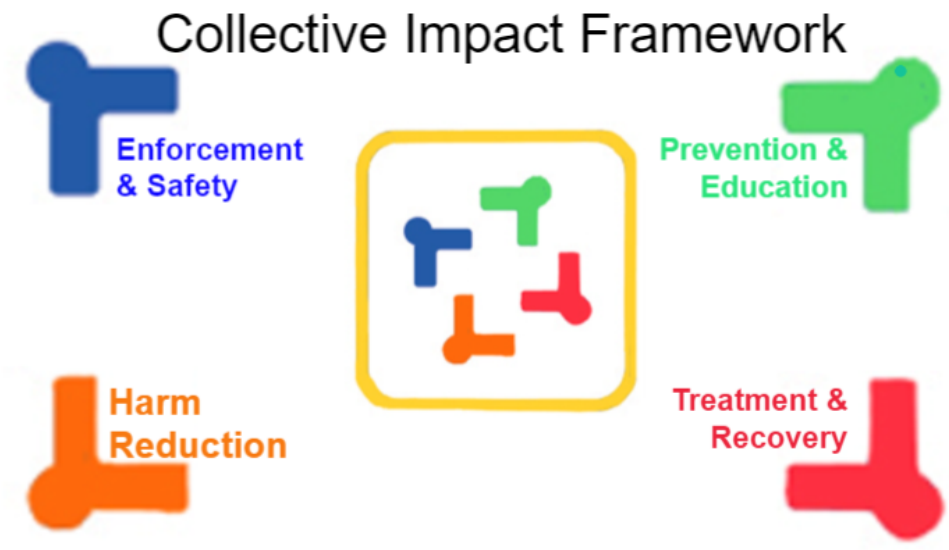
- RAAM Clinic
- Naloxone Kits Expansion to Pharmacies
- Cannabis Awareness
- Needle Drop Bin Program Expansion
- Methwatch
- Safe Meth Smoking Kits
- Data Requirements Indicator
- Indigenous Child Care + Housing Initiative
- 1st Annual Silver Ribbon Gala
- Project H.E.A.T.
- SAH Proposed Level III Withdrawal Centre
- Community Advocates for Provincial and Federal Funding to Support Opioid Crisis

The SSM & Area Drug Strategy Committee

Front-Line Community Champions

Our Mission

With the intention of accessing expertise in the field, gathering research and data to develop a comprehensive drug strategy plan, the Committee will promote an environment to reduce negative perceptions, as well as raise awareness of the social determinants affecting individuals and the community impacted by substance misuse issues.



Guiding Principles:

Inclusion: All levels of government, the academic, legal and human service sectors, the private sector, and persons impacted in the community will be involved in a meaningful way in the development, implementation, delivery and evaluation of research and programs.

Respect: We respect the equality, dignity, human rights, strengths, and choices of individuals, families, neighbourhoods and communities. A person's worth is not impacted by the nature of their substance use. We value compassion over judgement.

Evidence: We agree that successful strategies are based on research and practice that demonstrates effectiveness. A full range of evidence sources will be considered, including scientific, community–based and individual experience.

Sustainable & Relevant: We agree this strategy is evergreen and will be reviewed to ensure it is sustainable and relevant to the community.

Taken together, these values underpin the goals, objectives and actions in this strategy and reinforce the Government's commitment to adopt a health-led approach to Mental Health and Substance Use Disorders and to provide the supports that are necessary to help people recover their health, well-being and quality of life.

Priorities - Not Complete

Overarching

- Promote, advocate, educate, and inform community members about the vital need to support approaches to eliminate stigma, discrimination, social, and health inequities that affect people who use drugs.

Treatment & Recovery

- Centralized Access / Coordinated Care
- Day / Evening Substance Use Disorder Treatment Services
- Day / Evening Concurrent Disorder Treatment Services
- Level III Withdrawal Treatment Centre: 33 Bed - Adult and Youth Support

Harm Reduction

- Increase awareness of harm reduction strategies for people who use illicit and prescription opioids.
- Seek opportunities to implement innovative evidence-based harm reduction interventions.

Enforcement & Safety

- Improve data collection, reporting, and analysis to alert community members with near real-time information when there is an increased risk of a fatal overdose.
- Reduce the supply of illicit substances in the community.

Prevention & Education

- Vocational Rehabilitation Program - Employment support includes skills development, on-the-job skills training, job coaching and supports to sustaining employment. Model of service is vocational rehabilitation.
- Engage target population including at-risk groups in the development of educational resources and health promotion initiatives related to opioid misuse

Our Next Steps

The Drug Strategy provides an approach that captures the work currently being completed to address our community substance use issues, provides information on the research and resources available to support the ongoing work, and provides a directional framework for the additional work to occur under each of the four pillars. Under the leadership of the Drug Strategy Committee with the support of the Algoma Leadership Table, an opportunity exists for the community to engage in the work through this defined strategy that will evolve over time. Together we can make a difference. Together we can save lives and improve the well-being of our community through our collective impact. It takes a village!

How You Can Help

- Educated and empowered parents are the first connection of support in preventing opioid misuse and illicit drug use. Talk to your loved ones and have open supportive conversations about substance use.
- Recognize how to spot an overdose and learn how to administer Naloxone to help save a life. (Please talk to your Pharmacist or the Algoma Public Health for information and training regarding Naloxone)
- Know the dangers of opioid misuse and illicit drug use and understand how misuse can lead to addiction.
- Encourage friends and family members struggling with substance use to talk to their health care team.
- Dispose of any unused medications.
- Use clean needles and never share to protect yourself from HIV, Hep C, and other viruses. Safely dispose of any used needles.
- Be aware! Fentanyl is a potent drug that should only be taken under the direction of a health care provider. There are increasing reports of fentanyl and its derivatives contaminating or purposefully added to other drugs that you can smoke, swallow, and inject.
- For news and community forums, events, and information sessions "Like" and follow us on Facebook: https://www.facebook.com/SSMDrugStrategy/

SOURCES:

1. Statistics Canada. Canadian Community Health Survey [2015-2016]. Share File. (Calculated rates are age-adjusted).

2. Canadian Mental Health Association. (2018). Mental Fitness Tips. Retrieved from https://cmha.ca/resources/mental-fitness-tips.

3. Ontario Ministry of Health and Long-Term Care. (27 April 2018). Inpatient Discharges, 2007-2017. IntelliHEALTH Ontario.

4. Ontario Ministry of Health and Long-Term Care. (6 April 2018). Population Estimates, 2007-2016. IntelliHEALTH Ontario.

5. Ontario Ministry of Health and Long-Term Care. (6 April 2018). Population Projections, 2017-2036. IntelliHEALTH Ontario.

6. Ontario Ministry of Health and Long-Term Care. (20 April 2018). Ontario Mortality Data [2008-2012]. IntelliHEALTH Ontario.

7. Canadian Institute for Health Information. (December 2018). Opioid-Related Harms in Canada, December 2018 Report.

8. Public Health Ontario. (18 April 2018). Maternal Health Snapshot: Algoma Public Health: Smoking during pregnancy, overall percent; Folic acid use prior to and during pregnancy, overall percent; Maternal mental health concerns, overall percent; Alcohol or drug use during pregnancy, overall percent; Infants fed breast milk only (Overall percent), 2015. Retrieved from https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Maternal-health.aspx.

9. Popova, S., Lange, S, Probst, C, Gmel, G, & Rehm, J. (2017). Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. Lancet Global Health, 5.

10. Public Health Ontario. (30 November 2016). Snapshots: Algoma Public Health: Self-reported proportion of the population who have ever used cannabis, crude rate (age 12 to 19) 2009-2012. Retrieved from https://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Illicit-Drug-Use.aspx.

11. Public Health Ontario. (September 2018). Key Messages: Algoma Public Health: Chapter 8: Substance Use andMental Health: Retrieved from http://www.algomapublichealth.com/media/2787/2018-community-health-profile-full-release-digital.pdf

12. Public Health Ontario. (May 2018). Query: Algoma Public Health: Counts by Age and Gender (2008-2017). Retrieved from http://www.publichealthontario.ca/en/DataAndAnalytics/Query/Pages/default.aspx.

13. Public Health Agency of Canada (January 2016 - June 2018). News release: Latest Data on the Opioid Crisis. Retrieved from https://www.canada.ca/en/public-health/news/2018/12/latest-data-on-the-opioid-crisis.html

14. Public Health Ontario. 2017). Opioid Reporting Tool: Algoma Public Health: Opioid-related morbidity and mortality in Ontario (2003 - 2017). Retrieved from https://www.publichealthontario.ca/en/DataAndAnalytics/Pages/Opioid.aspx

15. Special Advisory Committee on the Epidemic of Opioid Overdoses. Highlights from phase one of the national study on opioid- and other drug-related overdose deaths: insights from coroners and medical examiners. Ottawa: Public Health Agency of Canada; September 2018.