Algoma
PUBLIC HEALTH
Santé publique Algoma

February 27, 2019

BOARD OF HEALTH MEETING

SSM Community Room A

www.algomapublichealth.com

Feb 27, 2019 - Board of Health Meeting Book

Algoma Public Health Board of Health Meeting Table of Contents

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

BOARD MEMBERS

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

APH EXECUTIVE

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

1.0 Meeting Called to Order *L. Mason*

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda *L. Mason*

RESOLUTION

THAT the Agenda dated February 27, 2019 be approved as presented.

3.0 Adoption of Minutes of Previous Meeting *L. Mason*

a. January 23, 2019 Minutes

RESOLUTION

THAT the Board of Health minutes for the month of January 2019 be approved as presented.

4.0 Delegations / Presentations

a. A Changing Landscape: Cannabis and Public Health *K.Harper*

5.0 Business Arising from Minutes *L. Mason*

This resolution is made to approve the officer positions as acclaimed at the January 23, 2019 Board of Health Meeting

RESOLUTION

Be it resolved that the following is the Board of Health slate of officers for the year 2019.

Board of Health Chair:	Lee Mason
1st Vice Chair & Finance and Audit Committee Chair	Ed Pearce
2nd Vice Chair & Governance Committee Chair	Deborah Graystone

6.0 Reports to the Board

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

i. MOH Report - February 2019

RESOLUTION

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

ii. Briefing Note - Level III Withdrawal Management Services Facility *M. Spruyt*

Responding to the burden of illness of addiction in Sault Ste. Marie and in Algoma by putting adequate treatment in place: support for a regional level III residential withdrawal management services facility.

RESOLUTION

WHEREAS under the Ontario Public Health Standards, the Board of Health for Algoma Public Health has a general mandate to work with community partners to improve overall health and health equity for the population of Algoma, and a specific mandate to reduce the burden of substance use; and

WHEREAS substance use disorder, commonly known as drug addiction, is a significant public health issue in communities across Canada, including the City of Sault Ste. Marie and other Algoma and northern Ontario communities; and

WHEREAS in 2017, the City of Sault Ste. Marie had the 8th highest emergency department visit rate for opioid-poisoning, compared to other cities in Canada with a population of 50,000-99,999; and

WHEREAS in 2017, the death rate from opioid poisonings in Algoma was double the Ontario rate (19.1 versus 8.9 deaths per 100,000 people); and

WHEREAS in 2017, Algoma's hospitalization rate for drug toxicity was double the provincial rate (133.1 versus 62.5 hospitalizations per 100,00 people); and

WHEREAS in 2017, Algoma's hospitalization rate due to mental health or addictions issues was triple the provincial rate (553.9 versus 184.3 hospitalizations per 100,000 people); and

WHEREAS the North East Local Health Integration Network (LHIN) also experiences a higher burden of deaths from opioid poisonings and hospitalizations for mental health and addictions compared to Ontario; and

WHEREAS treatment is one of the four pillars of an evidence-based approach to addressing substance-related harms; and

WHEREAS withdrawal from substances without medical monitoring can be ineffective, dangerous and fatal; and

WHEREAS a level III withdrawal management services facility provides proper medical monitoring; and

WHEREAS there is currently no access to treatment for those requiring level III withdrawal management services in northern Ontario; and

WHEREAS provision of this much needed service would be consistent with the Premier's commitment to ending hallway medicine by matching local needs to an appropriate mix of services and potentially alleviating the burden on hospitals; and

WHEREAS the Sault Area Hospital has worked with the North East LHIN to seek provincial approval and funding for a proposed level III facility that would serve the region of northeastern Ontario; and

WHEREAS in April of 2018,the Council of the City of Sault Ste. Marie endorsed the proposal and committed to working with community partners to collectively address substance use disorder; and

WHEREAS in December of 2018, the Mayor of the City of Sault Ste. Marie wrote to the provincial government to request notification of a funding decision regarding this facility; and

WHEREAS the Sault Ste. Marie & Area Drug Strategy is calling upon community partners to voice clear support for the provincial approval of a level III withdrawal management services facility;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health write to the Ontario Minister of Health and Long-Term Care and to local Members of Provincial Parliament in Algoma to request the approval of funding for a regional level III residential withdrawal management services facility, to be located in Sault Ste. Marie; and

BE IT FURTHER RESOLVED THAT correspondence of this resolution be copied to the Federal Minister of Health, Members of Parliament of northeastern Ontario, the Chief Medical Officer of Health of Ontario, the Boards of Health of northeastern Ontario, the councils of Algoma municipalities, the Sault Area Hospital CEO, and the North East LHIN CEO.

iii. Briefing Note - Strategic Planning *M. Spruyt*

RESOLUTION

THAT the Board Chair or a designate commit to work with the Evaluation Team to review and approve the contract with the chosen consultant and;

THAT the BOH authorize the MOH to approve expenditure for this contract which may exceed the current allowable maximum of the MOH ($55K).

b. Finance and Audit Committee Report *E. Pearce*

i. Committee Chair Report for February 2019

RESOLUTION

THAT the Finance and Audit Committee Chair Report for February 2019 be adopted as presented.

ii. 2019 Insurance Coverage *E. Pearce*

RESOLUTION

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee for the renewal of the 2019 Insurance coverage for APH and;

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee and approves the purchase of Network Service Agreement coverage to be added to the Cyber insurance coverage at an incremental cost of $2,000 and;

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee and approves increasing the Cyber insurance liability limit at an incremental cost of $2,000.

iii. Financial Statements *E. Pearce*

RESOLUTION

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

7.0 New Business/General Business *L. Mason*

8.0 Correspondence *L. Mason*

a. Letter to the Executive Director Legalization of Cannabis Secretariat, Ministry of the Attorney General from Southwestern Public Health Unit regarding Regulatory Framework for Cannabis Storefronts in Ontario dated January 10, 2019

b. Letter to the Premier of Ontario from Simcoe Muskoka District Health Unit regarding Support of a Provincial Oral Health Program for Seniors dated February 6, 2019

c. Letter to the Premier of Ontario from Haliburton, Kawartha, Pine Ridge District Health Unit regarding Support for Provincial Oral Health Program for Low-Income Adults and Seniors dated February 14, 2019

9.0 Items for Information *L. Mason*

10.0 Addendum *L. Mason*

11.0 In Camera *L. Mason*

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

RESOLUTION

THAT the Board of Health go in camera

12.0 Open Meeting *L. Mason*

a. Resolutions resulting from the in camera meeting

13.0 Announcements / Next Committee Meetings: *L. Mason*

Governance Committee
March 18, 2019 @ TBD
Prince Meeting Room, 3rd Floor

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

14.0 Evaluation *L. Mason*

15.0 Adjournment *L. Mason*

RESOLUTION

THAT the Board of Health meeting adjourns

Lee Mason, Chair	**Tania Caputo, Secretary**
Date	**Date**

Board of Health Meeting
MINUTES
January 23, 2019
Sault Ste. Marie - Community Room A

	BOARD MEMBERS	APH EXECUTIVE
	Dr. Patricia Avery	Dr. Marlene Spruyt - MOH/CEO
	Louise Caicco Tett	Dr. Jennifer Loo - AMOH & Director of Health Protection
	Randi Condie	Justin Pino - CFO /Director of Operations
	Adrienne Kappes	Antoniette Tomie - Director of Human Resourses
	Lee Mason - Chair	Laurie Zeppa - Director of Health Promotion & Prevention
	Dr. Heather O'Brien	Tania Caputo - Board Secretary
	Ed Pearce - 1st Vice Chair	
	Karen Raybould	
	Matthew Scott	
T/C :	M. Hatfield, D. Graystone - 2nd Vice Chair	
REGRETS :	S. Saccucci	

1.0 Meeting Called to Order

M. Spruyt called the meeting to order at 5:00 pm and welcomed the new and returning Board of Health members. Round table introductions were made.

2.0 Election of Officers

Advanced notification of elections was sent to Board members. Interested members may send notice of nomination for a position ahead of the meeting.

a. Appointment of Board of Health Chair

M. Spruyt called for nominations for the position of Board Chair.
L. Mason nominated himself.
M. Spruyt called for any other nominations.
There being no further nominations, the nominations were closed.
L. Mason was acclaimed as Board Chair for the year 2019.

At this point L. Mason assumed the position of Chair of the Board of Health and resumed with the election of officers.

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

L. Mason called for nominations for the position of First Vice-Chair and Chair of the Finance and Audit Committee.
E. Pearce nominated himself.
L. Mason called for any other nominations.
There being no further nominations, the nominations were closed.
E. Pearce was acclaimed 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

L. Mason called for nominations for the position of Second Vice-Chair and Chair of the Governance Committee.
D. Graystone nominated herself by advanced submission.
L. Mason called for any other nominations.
There being no further nominations, the nominations were closed.
D. Graystone was acclaimed 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

i) Finance & Audit Committee Volunteers are: A. Kappes, P. Avery and R. Condie along with the Finance & Audit Committee Chair (E. Pearce) and BOH Chair (L. Mason)

ii) Governance Committee Volunteers are: H. O'Brien, K. Raybould, A. Kappes, L. Caicco Tett along with the Governance Committee Chair (D. Graystone) and BOH Chair (L. Mason)

The Chairs of the committees will take the list of volunteer names and decide on the structure of each committee and communicate to the board.

A question was asked regarding the ability to vote on teleconference and L. Mason clarified that in our BOH bylaw this is allowed.

3.0 Signing Authority

RESOLUTION 2019-01 **Moved:** K. Raybould **Seconded:** A. Kappes

WHEREAS By-Law 95-2 identifies that signing authorities for all accounts shall be restricted to:
i) the Chair of the Board of Health
ii) one other Board member, designated by Resolution
iii) the Medical Officer of Health/Chief Executive Officer
iv) the Chief Financial Officer
SO BE IT RESOLVED that signing authority is provided to **Patricia Avery** as the one other Board member, designated by Resolution until the next election of Officers.

CARRIED

4.0 Adoption of Agenda

RESOLUTION 2019-02 **Moved:** K. Raybould **Seconded:** P. Avery

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

CARRIED

5.0 Adoption of Minutes of Previous Meeting

a. November 28, 2018 Minutes

RESOLUTION 2019-03	**Moved:**	K. Raybould
	Seconded:	A. Kappes

THAT the Board of Health minutes for the month of November 2018 be approved with revisions.

CARRIED

6.0 Delegations / Presentations

a. Healthy Public Policy

Kristy Harper and Hilary Cutler delivered a presentation on Healthy Public Policy. Questions were raised about smoke-free bylaws and how these are enforced in smaller communities. The Tobacco Enforcement Officers provide services to all Algoma communities and are able to investigate complaints if communities report problem areas to APH. The team is currently at full complement with progress being made on all mandatory inspections.

7.0 Business Arising from Minutes

a. Not Applicable

8.0 Declaration of Conflict of Interest

None declared

9.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - January 2019

RESOLUTION 2019-04	**Moved:**	E. Pearce
	Seconded:	A. Kappes

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

CARRIED

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

J. Pino provided an overview with some explanation on sources of funding and position of the reserve fund.

RESOLUTION 2019-05	**Moved:**	P. Avery
	Seconded:	A. Kappes

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

CARRIED

iii. Community Accountability Planning Submission

J. Pino provided an explanation of CAPS and the work that is done in advance of the submission.

RESOLUTION 2019-06	**Moved:**	E. Pearce
	Seconded:	M. Scott

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

CARRIED

10.0 New Business/General Business

a. Relationship Building With Indigenous Communities In Algoma

i. Land Acknowledgement Background

RESOLUTION 2019-07	**Moved:**	H. O'Brien
	Seconded:	K. Raybould

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.

CARRIED

11.0 Correspondence

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 Opioid Crisis dated Jan 7, 2019.

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

12.0 Items for Information

a. Welcome to Board of Health Members from alPHa dated Dec 19, 2018
M. Spruyt explained the alPHa structure and invited those interested to take part in events they organize.

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

e. Board of Health Orientation
Discussion took place regarding the preferred timing for BOH Orientation. Consensus is that a Saturday session would be best rather than broken into smaller units at each of the BOH meetings. T. Caputo will send a request for date preference to all Board members.

13.0 Addendum

Not applicable

14.0 In Camera - 6:50 pm

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

RESOLUTION 2019-08	**Moved:**	H. O'Brien
	Seconded:	A. Kappes

THAT the Board of Health go in camera.

CARRIED

15.0 Open Meeting - 7:03 pm

The Board of Health returned to open meeting without report.

16.0 Announcements / Next Committee Meetings:

Finance & Audit Committee
February 13, 2019 @ 4:30 pm
Prince Meeting Room, 3rd Floor

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

17.0 Evaluation

T. Caputo will send the evaluation through BoardEffect and also by email to the new members.

18.0 Adjournment - 7:06 pm

RESOLUTION 2019-10	**Moved:**	P. Avery
	Seconded:	A. Kappes

THAT the Board of Health meeting adjourns.

CARRIED

Lee Mason, Chair	**Tania Caputo, Secretary**
Date	**Date**

A Changing Landscape: Cannabis & Public Health

Kristy Harper, Program Manager Community Wellness & Chief Nursing Officer

February 27, 2019

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Overview

- Cannabis and the Ontario Public Health Standards
- Health and social effects of cannabis
- THC and CBD
- Provincial and Local Data
- Federal and Provincial Legislation
- Public Health's Role

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The Ontario Public Health Standards (OPHS)

Chronic Disease Prevention and Well-Being

Goal

To reduce the burden of chronic diseases of public health importance[6] and improve well-being.

Substance Use and Injury Prevention

Goal

To reduce the burden of preventable injuries and substance[19] use.

School Health

Goal

To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

Effective Public Health Practice

Goal

Public health practice is transparent, responsive to current and emerging evidence, and emphasizes continuous quality improvement.

Healthy Growth and Development

Goal

To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health.

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

What is Cannabis?

Cannabis is the commonly used term to describe the products derived from leaves, flowers and resins of the *Cannabis sativa, Cannabis indica* and *Cannabis ruderalis* plants

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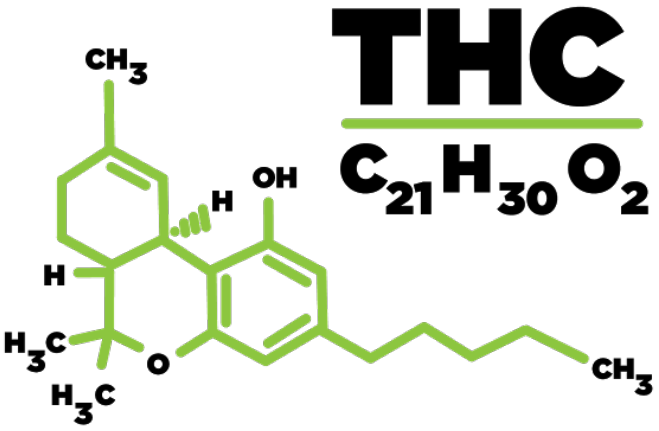
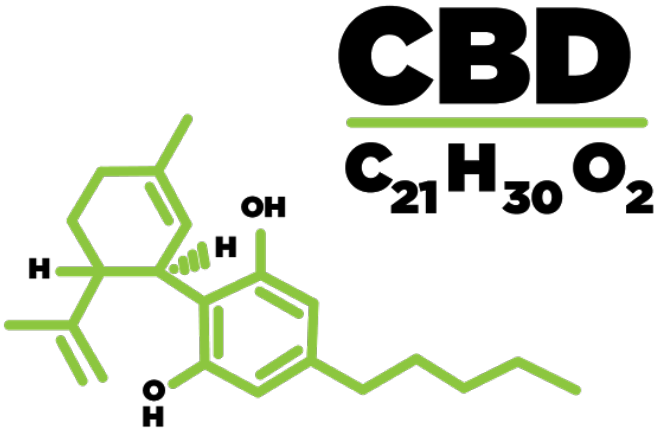
THC and CBD



Delta-9-tetrahydrocannabinol

- Psychoactive and intoxicating effects
- Consuming large amounts of THC may produce overwhelming, unpleasant or harmful effects



Cannabidiol

- Generally has no intoxicating effect
- Being studied for its possible therapeutic uses

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How is cannabis consumed?

- Smoked
- Vapourized
- Oils and Concentrates
- Edibles
- Lotions and Salves

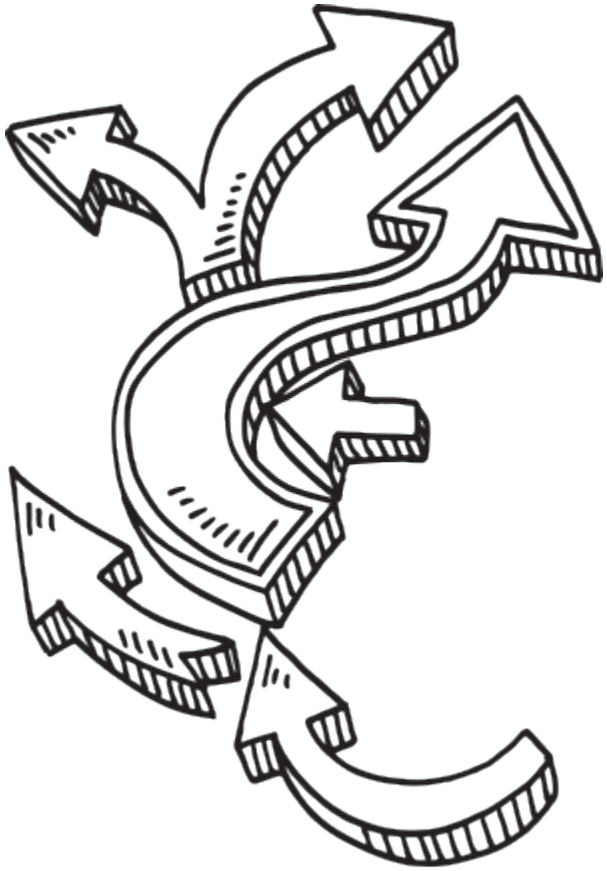
89% of those who used cannabis in the past 12 months stated smoking was the most common method of consumption

National Data

https://www.canada.ca/en/services/health/publications/drugs-health-products/canadian-cannabis-survey-2018-summary.html

Health and Social Effects of Cannabis Use

- Reduction in short-term memory
- Diminished reaction time
- Impaired coordination
- Trouble thinking and problem solving
- Changes in perception
- Disorientation
- Confusion
- Drowsiness
- Loss of full control of bodily movements
- Falls/Injuries
- Respiratory effects



Health Canada. (2017). Health Effects of Cannabis. Retrieved from https://www.canada.ca/content/dam/hc-sc/documents/services/campaigns/27-16-1808-Factsheet-Health-Effects-eng-web.pdf
National Academies of Sciences, Engineering, and Medicine. 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. https://doi.org/10.17226/24625.

Image: https://cannabissupport.com.au/stoned-driving/driving-fast-facts/

Health and Social Effects of Cannabis Use

- Lower academic achievement
- Lower job performance
- Impaired social relationships
- Decreased life satisfaction

Health Canada. (2017). Health Effects of Cannabis. Retrieved from https://www.canada.ca/content/dam/hc-sc/documents/services/campaigns/27-16-1808-Factsheet-Health-Effects-eng-web.pdf
National Academies of Sciences, Engineering, and Medicine. 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. https://doi.org/10.17226/24625.

Image: canada.ca/cannabis

Cannabis & Addiction

Cannabis can be addictive

1 in 3 people who use cannabis will develop a problem with their use.

1 in 10 people who use cannabis will develop an addiction to it.

This statistic rises to about **1 in 6** for people who started using cannabis as a teenager.

https://www.canada.ca/en/services/health/campaigns/cannabis/canadians.html

Image: https://www.newleafrecovery.co.uk/wp-content/uploads/2017/01/Cannabis-Addicition-192x300-192x300.jpg

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Why Legalize?

The purpose of the **Cannabis Act** is to provide legal access to cannabis and to control and regulate its production, distribution and sale.

Rationale:

- Prevent youth from accessing cannabis
- Displace the illegal cannabis market
- Deter and reduce criminal activity
- Protect youth from promotion and advertising
- Protect public health
- Enhance public awareness of the health risks

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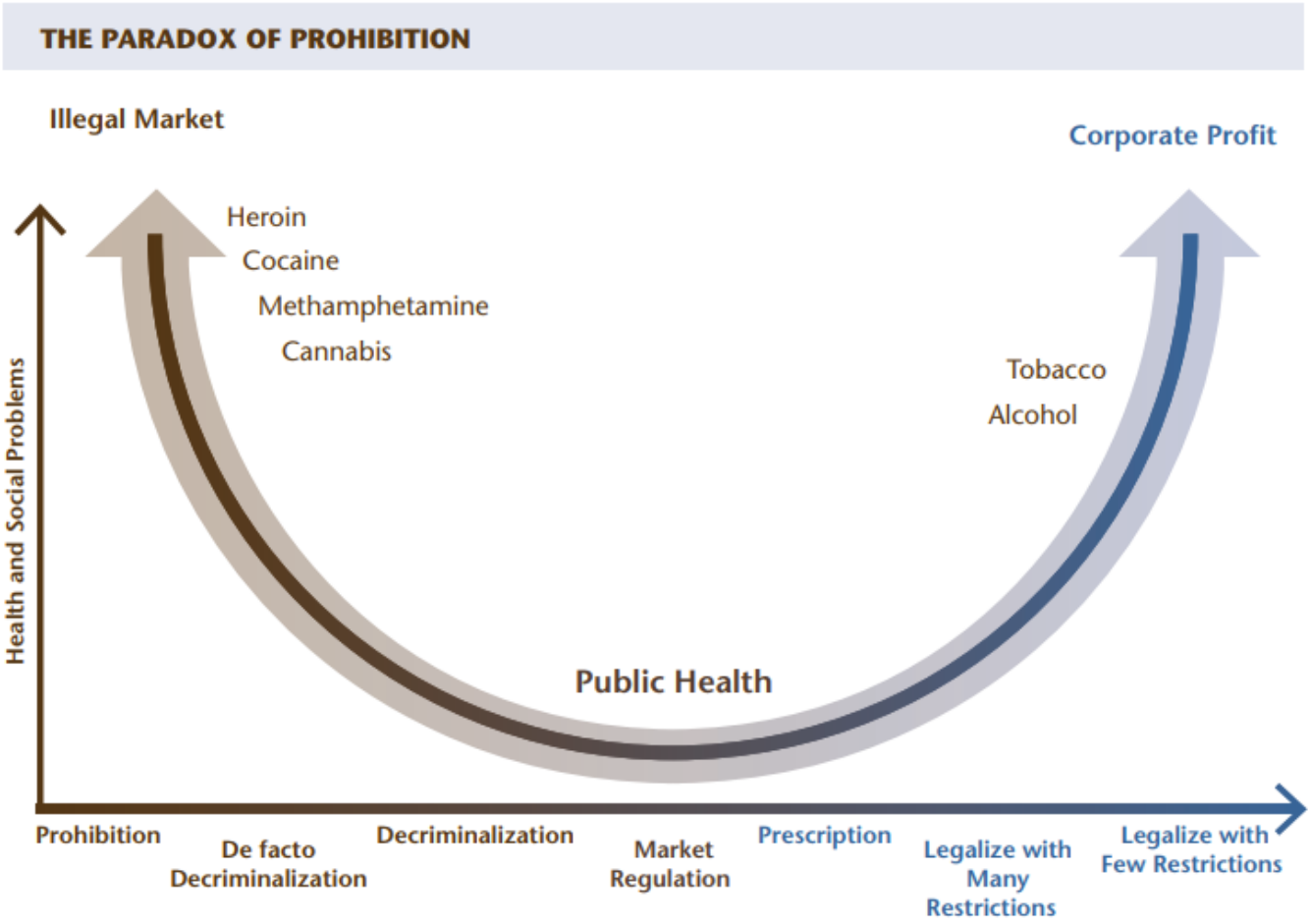
Public Health Approach to Legalization



Canadian Public Health Association (May 2014). A New Approach to Managing Illegal Psychoactive Substances in Canada. Ottawa, ON.

Cannabis Legalization Timeline

April 2017 – Bill C-45 “The Cannabis Act” introduced

Summer 2017 – Provincial consultations launched

Nov 1, 2017 – Ontario introduced Bill 174

Sep 27, 2018 – Ontario plans to move forward with private retail sales

October 17, 2018 – Legalization Day across Canada

December 2018 – PC government declares cannabis retail lottery*

January 11, 2019 – Cannabis lottery held in Ontario; 25 licenses awarded to applicants

April 1, 2019 – Ontario plans to launch in-person cannabis retail sales

October 2019 – Edibles available for sale approximately 1 year post legalization

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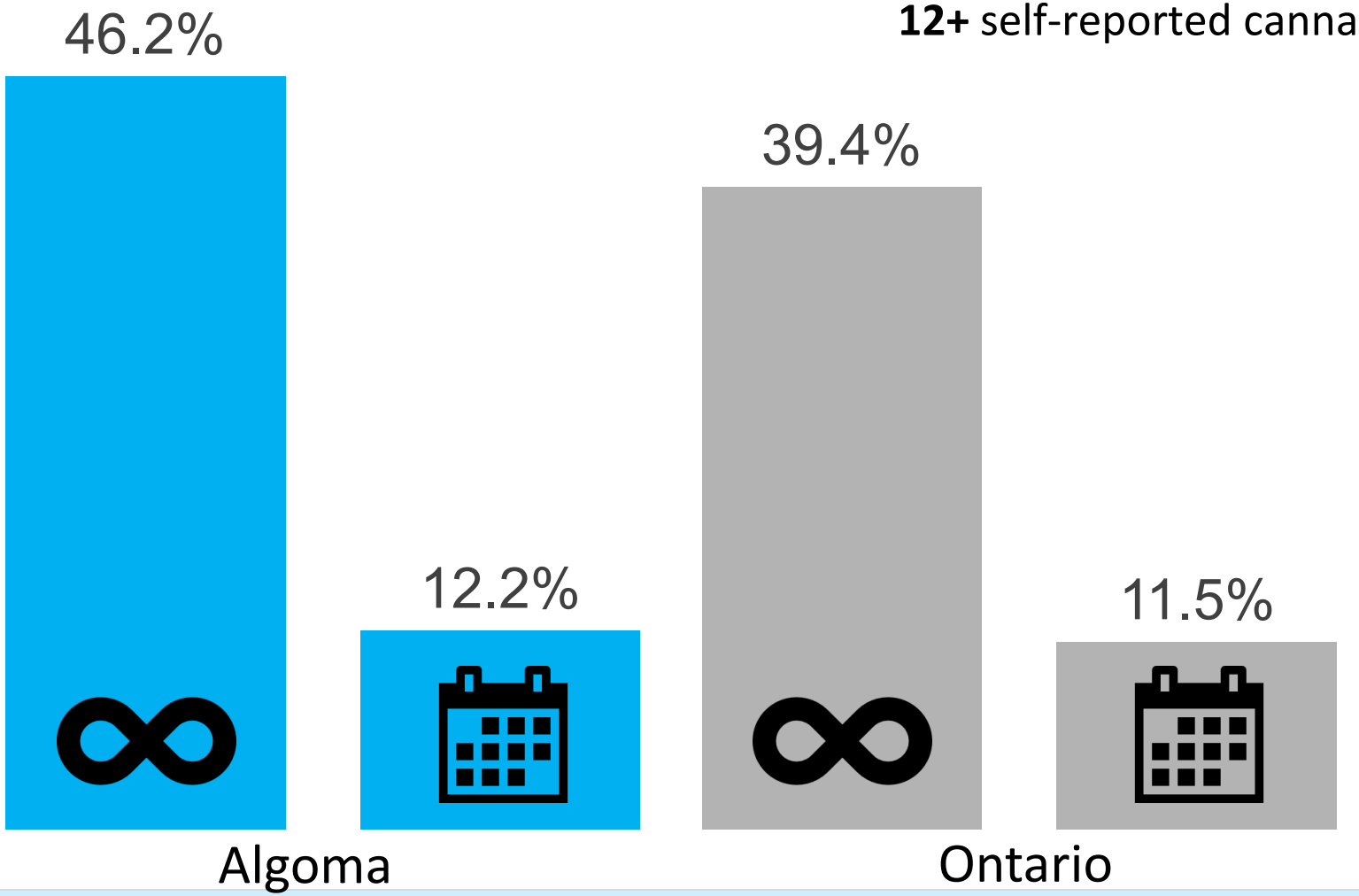
Cannabis Use Trends in Algoma

12+ self-reported cannabis use

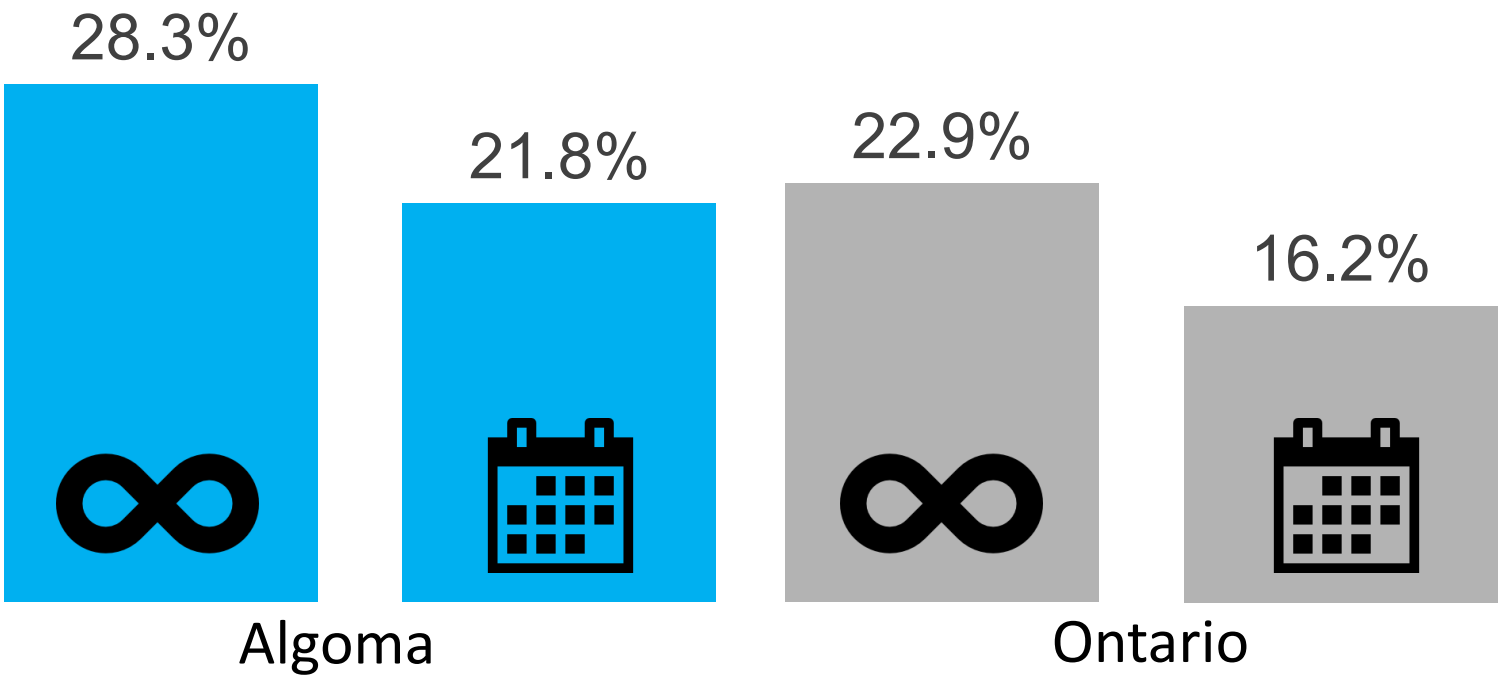


Public Health Ontario. Snapshots: Toronto Public Health: Self-reported illicit drug use - age standardized rate (both sexes combined) 2009-10. Toronto, ON: Ontario Agency for Health Protection and Promotion; 2013 Mar 12 [cited 2013 Apr 30]. Available from: http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Self-Reported-Illicit-Drug-Use.aspx

(CCHS Share File 2009-2012)

Youth Cannabis Use Trends in Algoma

12-19 self-reported cannabis use



Public Health Ontario. Snapshots: Toronto Public Health: Self-reported illicit drug use - age standardized rate (both sexes combined) 2009-10. Toronto, ON: Ontario Agency for Health Protection and Promotion; 2013 Mar 12 [cited 2013 Apr 30]. Available from: http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Self-Reported-Illicit-Drug-Use.aspx

(CCHS Share File 2009-2012)

Youth Cannabis Use Trends in Ontario

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Boak, A., Hamilton, H. A., Adlaf, E. M., & Mann, R. E., (2017). Drug use among Ontario students, 1977-2017: Detailed OSDUHS findings (CAMH Research Document Series No. 46). Toronto, ON: Centre for Addiction and Mental Health.

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.

Public Health & Cannabis

December 14, 2018

To: All Municipal Councillors, District of Algoma Health Unit
Contact Name, title,
Address

Dear Municipal Partner,

RE: public health considerations for Algoma municipalities related to cannabis

As Algoma's Medical Officer of Health, may I first congratulate you on your recent successful election as a municipal representative. Local public health agencies in Ontario have a longstanding history of working collaboratively with our municipal partners. On behalf of Algoma Public Health, we look forward to continuing our partnership with you over the next four years, toward healthier communities.

I am writing to you at this time to offer public health considerations with regards to cannabis retail availability and cannabis consumption in Algoma municipalities.

As you are no doubt aware, 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. A municipality wishing to opt out of having retail stores must pass a resolution to do so by January 22, 2019.

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. **Algoma Public Health is committed to supporting municipal decision-making on this matter by offering the public health considerations for *both* opting in and opting out.** Evidence-based public health considerations are summarized in the enclosed fact sheet.

Compared to the retail environment for cannabis, municipalities have greater jurisdiction and control over where cannabis may be consumed. **Algoma Public Health has recently provided municipal staff with resources and a public health contact should municipalities wish to develop or update smoke-free bylaws.** If your municipality would like further public health consultation regarding smoke-free bylaws, please contact: Allison McFarlane at amcfarlane@algomapublichealth.com or (705) 942-4646 ext. 3055. Strong municipal smoke-free bylaws can protect our communities – and particularly our youth – from the physical and social exposure to cannabis, vaping and tobacco smoking.

Thank you for your time in reviewing the public health considerations regarding cannabis consumption and retail availability in your community.

Sincerely,

Health Education Resource

For internal use only – not to be distributed to the public

TITLE	*Cannabis Use in Preconception, Pregnancy, Breastfeeding and Paren*		
Date Created:	August 1, 2018	**Date Revised:**	
Approved by:	*Leslie Wright – Program Manager*	**Approval Date:**	August 28, 2018

Purpose

This document was created as an **internal** health information resource to provide key mes
and for staff to reference when working with clients who disclose cannabis use. This docu
should not be provided to clients as a resource.

Summary of Key Messages

Women who are pregnant or contemplating a pregnancy should be encouraged to discon
cannabis use.[1,2]

Breastfeeding women should be encouraged to avoid further use or minimize use as muc
possible.[3] The decision to breastfeed should be made on an individual basis.

Parents and/or caregivers should be encouraged to avoid the use of cannabis while in dire
care positions with children.

Health Care Professionals have an obligation to report cannabis use to CAS if the clients' a
to parent safely is affected.[3]

Cannabis use during pregnancy, breastfeeding and parenting has the potential to negative
dhood outcomes.[4]

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Donald McConnell, MCIP, RPP
Director, Planning & Enterprise Services
99 Foster Drive
Sault Ste. Marie, ON P6A 5X6

November 6, 2017

Re: Ministry of Finance identifying Sault Ste. Marie as an initial cannabis retail site.

As you are aware, the Ministry of Finance recently identified Sault Ste. Marie as an initial cannabis retail site. It is Algoma Public Health's (APH) understanding that the Ministry of Finance will be consulting with our municipal government, to determine the best approach on deciding a suitable location. From a public health perspective, APH is very interested in establishing a partnership with you about this matter. We hope to work with the corporation of the city of Sault Ste. Marie to establish a suitable location for a cannabis retail outlet that will aim to delay age of initiation, reduce frequency of use, reduce exposure to high risk populations, and will ensure a continued focus on the wellbeing and safety of all residents of Sault Ste. Marie.

Public health has had many successes with the institution of tobacco control measures and related harms. By building on this knowledge we can create a safe and responsible atmosphere surrounding cannabis. We know that by locating retail outlets near any youth-serving facility, there is a known environmental risk factor for excessive substance misuse. We are pleased that the government is moving forward with its plan to support youth, young adults and vulnerable populations with an integrated prevention and harm reduction approach.

Based on this, APH urges you to consider
Sault Ste. Marie's first cannabis retail out

- Require retail cannabis locations
  schools, parks, recreation center

Clearing the Air about Recreational Marijuana (Cannabis) Use

It seems like everyone is talking about marijuana.

Public discussions about legalization of recreational marijuana (cannabis) may have led people to believe that this drug is harmless. Ontario's doctors want to provide clarity on some of the myths associated with use of recreational marijuana, particularly for youth. Before using, be informed of the risks.

MYTH: Marijuana isn't that bad for you.

FACT: Recreational marijuana is associated with a number of negative health risks and is an inherently harmful substance. The health risks caused by recreational marijuana can best be avoided by abstaining from use.

MYTH: Marijuana isn't addictive.

FACT: Canadian youth are among top users of marijuana in the Western world. Using marijuana when you are a teenager and your brain is still developing can lead to physical and emotional impacts as well as substance dependence.

MYTH: It's just fun, and there are no real negative effects of using marijuana.

FACT: Users of marijuana can develop cannabis (marijuana) use disorder. Symptoms of this disorder include tolerance and withdrawal, which are also seen in other addictive substances such as alcohol and tobacco. Marijuana withdrawal includes irritability, anger or aggression, anxiety, depressed mood, restlessness, difficulty sleeping, decreased appetite, and weight loss.

MYTH: Marijuana helps anxiety issues.

FACT: Marijuana use can have harmful effects on the mental health of some at risk individuals, and generally harmful effects on most users. It has been found to contribute to anxiety and depression by increasing the negative feelings associated with these conditions. Evidence suggests that using marijuana during teenage years is linked to the development of mood and anxiety disorders.

MYTH: It's okay to use marijuana when you are young, it impacts people of all ages the same way.

FACT: There is strong evidence that shows marijuana impacts brain development. We know that the brain continues to develop through early adulthood, until the age of 25.

MYTH: Smoking marijuana isn't as bad as smoking Tobacco.

FACT: No matter what, smoking harms your respiratory tract. Tar from a marijuana cigarette harms the lungs, and smoking it increases your chance of respiratory diseases, including lung cancer.

MYTH: Marijuana doesn't cause any long term harm to the body.

FACT: Smoking marijuana is known to have negative effects on cognition. Effects include difficulties with attention, problem solving and impaired judgement, decision-making and ability to learn.

MYTH: Using marijuana and then driving isn't as bad as using alcohol and driving.

FACT: While the effects of marijuana are different from alcohol, it similarly impairs reaction times and the ability to concentrate on the road. When a person consumes marijuana, his/her heart rate increases, short-term memory is impaired, and attention, motor skills, reaction time, and the organization of complex information are all reduced. All of these impacts are crucial for driving a motor vehicle.

(April 11, 2018)

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OMA

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

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

camh

[Evidence Brief]

An evidence-based tool to guide choices and improve the health of Canadians who use cannabis

Cannabis use and health

Cannabis use is common, especially among adolescents and young adults. There are well-documented risks from cannabis use to both immediate and long-term health. The main risks include cognitive, psychomotor and memory impairments; hallucinations and impaired perception; impaired driving and injuries (including fatalities); mental health problems (including psychosis); dependence; pulmonary/bronchial problems; and reproductive problems.

Why Lower-Risk Cannabis Use Guidelines?

Cannabis has been illegal for decades, but Canada is moving toward legalizing and regulating use and supply. The main goals of this policy are to protect public health and public safety. Towards that end, education, prevention and guidance on cannabis use and health are key elements for reducing cannabis use–related harms and problems in the population. Extensive data show that cannabis use has inherent health risks, but users can make choices as to how and what they use to modify their own risks. The main objective of Canada's Lower-Risk Cannabis Use Guidelines (LRCUG) is to provide science-based recommendations to enable people to reduce their health risks associated with cannabis use, similar to the intent of health-oriented guidelines for low-risk drinking, nutrition or sexual behavior.

How were the LRCUG developed?

The scientific version of the Lower-Risk Cannabis Use Guidelines was published in the American Journal of Public Health in 2017 (see "Reference" on back), where all data and sources can be found. The original LRCUG had been tabled in 2011; the current version has been updated by an international team of addiction and health experts.

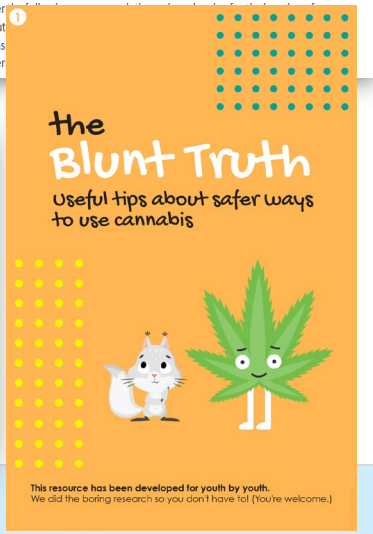
Who are the LRCUG for?

The LRCUG are a health education and prevention tool for:

- anyone who is considering using cannabis or has made the choice to use, as well as their family, friends and peers.
- any professional, organization or government aiming to improve the health of Canadians who use cannabis through evidence-based information and education.

FAST FACTS

- Canada has among the highest cannabis use rates in the world.
- Fatal and non-fatal injuries from motor-vehicle accidents, as well as dependence and other mental health problems, are the most common cannabis-related harms negatively impacting public health.
- About 1 in 5 people seeking substance use treatment have cannabis-related problems.



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Public Health & Cannabis

The goal of public health is to promote and protect the health and well-being of all members of a population and reduce inequities within the population.

- Continue to review and disseminate relevant data to inform local planning and action
- Continue to provide education, awareness, and harm reduction messaging
- Continue to share information and provide public health consultative support to community partners and municipalities
- Maintain alignment to local and provincial committees

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Thank You

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PUBLIC HEALTH
Santé publique Algoma

February 2019

Medical Officer of Health / CEO

Environmental Health Team

Prepared by:
Dr. Marlene Spruyt and the
Leadership Team

Presented to:
Algoma Public Health Board of Health
02/27/2019

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APH AT-A-GLANCE

Winter has had its grip on Algoma during the past month and it seems like it has been snowing continuously since our last meeting.

All public health program teams have been busy completing the Annual Service Plans for 2019 as required by the MOHLTC. This is only the 2nd year that the Ministry has required us to provide the service plans along with our budget submission. This more detailed plan requires us to indicate what specific program interventions we intend to provide during the upcoming year and align FTE and outcomes to those activities.

APH was requested by SSM City Council to present at their budget information session and Jennifer Justin and I provided information on our budget process and what services community residents get for only 34 cents a day. We will shortly be reaching out to our district municipalities to offer similar presentations.

In addition, Jennifer, Laurie and I were able to attend the 4th annual Anishinabek Health Conference that is held annually here in SSM and gain further understanding of the transformation activities underway in those communities.

Work has continued on the Northeastern Ontario Public Health Collaborative Project with the consultants providing us with some ideas for improving our service delivery by collaborating with the other 4 Health Units in the Northeast. For those new to the Board, this project received 100% MOHLTC one-time funding to hire a consulting firm to examine the operations and programs of the 5 Northeastern Health Units: Algoma, Sudbury and Districts, North Bay-Parry Sound, Timiskaming and Porcupine. Given the environment of fiscal restraint, we wished to examine if there were possibilities for avoiding duplication and sharing resources. There are some possible projects and we will be submitting a 2nd request for further one-time funding to hire a Project Manager to begin implementation of 1-2 pilot projects.

Attached to this report you will also receive a separate document that outlines the initial steps of our strategic planning process.

PARTNERSHIPS

- APH is working with Sault Area Hospital and SSM Drug Strategy Table to advocate for improved access to addiction treatment services for those living in Northeastern Ontario (see attached briefing note/resolution)

PROGRAM HIGHLIGHTS

Topic: Substance Use Prevention: Opioids and the Harm Reduction Program Expansion

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

Public Health Goal

Substance Use and Injury Prevention: To reduce the burden of preventable injuries and substance use.

Program Standard Requirements

The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to injuries and substance use and report and disseminate the data and information in accordance with the *Population Health Assessment and Surveillance Protocol*.

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

Key Messages

- Opioid-related health harms are an ongoing concern for Algoma communities.
- Algoma rates of opioid-related emergency department visits, hospitalizations, and deaths are
- higher than the overall rates for Ontario.
- APH is responsible for implementing the Ministry of Long-Term Care (MOHLTC) Harm Reduction Program Expansion throughout Algoma, which involves working closely with community partners and prioritizing vulnerable populations with respect to local surveillance, expansion of naloxone services, and advancing a local opioid response.
- Algoma Public Health (APH) is building on existing community services and assets, and supporting local partners in preventing and reducing harms related to substance use in our communities.

Introduction

Opioids are a class of substances which are prescribed for pain control (e.g., codeine, morphine), for the treatment of opioid addiction (e.g., methadone), and they are also used recreationally (e.g., heroin, street fentanyl).

Unintentional poisoning from opioids (most notably, fentanyl) is an emerging global health crisis, accounting for thousands of annual deaths across the world.[1] In Canada, this is most notable in

communities with populations between 50,000 and 99,999. In 2017, the City of Sault Ste. Marie ranked 8th highest across Canada for emergency department visits due to opioid poisonings.[2]

APH uses a comprehensive health promotion approach to inform the development and implementation of public health interventions that support substance use prevention and harm reduction. Harm reduction programs provide services to people who use drugs (and their families), such as clean needle-exchanges, naloxone training, and stigma-free education. Having harm reduction programs that are free from stigma can increase the likelihood that people will access services, as well as open doors to treatment options by building positive relationships with service providers.[3]

In October 2016, the Minister of Health and Long-Term Care released a comprehensive opioid strategy which includes ongoing work to enhance data collection and surveillance, modernizing prescribing and dispensing practices, improving access to high quality addiction treatment services, and enhancing harm reduction services and supports.[4] This strategy includes the Harm Reduction Program Expansion (HRPE), which mandates public health units (PHUs) to conduct local surveillance of opioid-related harms, engage in a local opioid response with community partners, and expand the distribution of naloxone. The latter activity leverages the work already being done by Public Health Units (PHUs), with the over-arching objective of increasing dissemination of naloxone kits to priority populations by partnering with agencies where at-risk clients are already receiving care.

Population Health Snapshot

Both Algoma and the North East Local Health Integration Network (NE LHIN) have higher rates of hospitalizations due to drug toxicity than Ontario. Opioids are a major cause of drug toxicity hospitalizations in Algoma.[5] In 2017, the City of Sault Ste. Marie had the 8th highest emergency department visit rate for opioid-poisoning, compared to other cities in Canada with a population of 50,000-99,999.[2] Table 1 shows the rates of ED visits, hospitalizations, and deaths in 2017 for Algoma, the NE LHIN, and Ontario.

Table 1. Rates per 100,000 people of ED visits, hospitalizations, and deaths, 2017: a regional comparison

	ED Visits	Hospitalizations	Deaths
Algoma	139.1	44.3	19.1
NE LHIN	65.0	27.7	12.1
Ontario	54.6	15.1	8.9

In Ontario, fentanyl was the most commonly found opioid present at the time of an opioid-related death in the most recent year of available data. In Algoma, the two most commonly detected opioids at time of death in 2017 were fentanyl, in 40.9% of deaths (9 out of 22), followed by morphine in 31.8% (7 out of 22).[6]

Substance use prevention and harm reduction in Algoma

Implementing the Harm Reduction Program Expansion

A proven harm reduction strategy that is saving lives is providing overdose prevention, recognition, and response education to people who are currently using substances and their neighbours, friends, and families, as well as the service providers who work with them.[7] APH coordinates the implementation of the HRPE by enrolling eligible community organizations as distributors of naloxone, facilitating opioid poisoning recognition and response training sessions with community partners, and providing ongoing support to all agencies who serve clients most at-risk of experiencing opioid-related harms. An example of this support would be working with community partners to create awareness, reduce stigma, and develop policies and procedures for the administration and dispensing of naloxone. In 2018, as part of the HRPE, APH dispensed 590 naloxone kits to at-risk clients, a 66% increase from 2017.[8]

Working with community partners across Algoma: strengthening harm reduction service delivery, public health surveillance, and a coordinated community response

APH collaborates with community partners to deliver safer drug use supplies to clients via our Needle Syringe Programs. These programs also provide a point of access into health and social services, as well as opportunities for education on safer drug and sexual health practices. In 2018, as part of the needle syringe program, approximately 312,147 needles were distributed to clients (*a 6.4% increase from 2017*), and approximately 318,478 needles were returned to needle syringe program satellite locations and needle drop-bins placed strategically throughout the community (representing a 43% increase from 2017).[8]

APH also serves as a lead organization for the compilation of local data to create an early warning system, for the purpose of informing relevant partners and stakeholders of important trends in emergency service usage related to opioid poisonings. This information can prompt partners to facilitate more informed responses to local situations, and contribute to the development of strong public health policies and strategies.

APH has representation on the Sault Ste. Marie and Area Drug Strategy (SSMADS) Committee from the Community Wellness Program and the Community Alcohol and Drug Assessment Program (CADAP).

Prioritizing vulnerable populations

The relationship between substance use and health equity is complex and must be considered when planning any harm reduction or health promotion program. Social, economic and health factors, as well as structural and compounded stigma can directly and indirectly impact people who use substances, and their ability to access services they need. APH continues to identify barriers and tailor strategies to best engage and serve priority populations.

Next Steps

APH is both a leader and a partner in a concerted effort to reduce the health harms of substance use in Algoma communities. In 2019, APH will be involved in the following as it relates to opioids in Algoma:

- In consultation with partners and stakeholders, develop and disseminate a **comprehensive opioid situational assessment**, which will depict a current-state analysis and provide a call to action for the community.
- Build on existing community services and assets, and **support local partners to act** on the factors associated with preventing and reducing harms related to substance use. This includes APH's alignment to and partnership with the Sault Ste. Marie & Area Drug Strategy.
- Explore opportunities to **expand needle exchange services** with other service providers who work with at-risk clients.
- Work with local partners to **increase public and partner awareness** of risk and protective factors, healthy behaviours, and stigma related to substance use and harm reduction.
- Conduct an **evaluation of APH's opioid communications strategy** with regards public messaging that combats stigma and reduces opioid-related harms.

Definitions

Harm Reduction: Harm reduction can be defined as an evidence-based, client centered approach that seeks to reduce the health and social harms associated with substance use, without necessarily requiring people who use substances from abstaining or stopping.[9]

Opioids: Group of natural or synthetic substances that act on opioid receptors in the body. Opioids are used to reduce pain in clinical settings (as prescribed), used recreationally (illicit use), and/or used to treat opioid use disorder (as prescribed).[10]

Opioid poisoning: Opioid poisoning occurs when an opioid is taken incorrectly and results in harm. Incorrect use includes wrong dosage of an opioid, self-prescribed opioids taken in combination with another prescribed drug or alcohol, and self-prescribed opioid not taken as recommended.[2]

Stigma: Stigma refers the negative attitudes (prejudice) and negative behaviours (discrimination) toward people with substance use and mental health problems.[11]

Substance Use Disorder: Substance use disorder is characterized by (1) continued use despite harmful consequences, (2) a loss of control, and (3) physiologic tolerance and withdrawal symptoms.[11]

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Algoma PUBLIC HEALTH
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Briefing Note

To: **The Board of Health**

From: **Dr. Marlene Spruyt, Medical Officer of Health / CEO**

Date: **February 27, 2019**

Re: **Level III Residential Withdrawal Management Services Facility**

☒ For Information ☐ For Discussion ☒ For a Decision

PURPOSE

Responding to the burden of illness of addiction in Sault Ste. Marie and in Algoma by putting adequate treatment in place: support for a regional level III residential withdrawal management services facility

KEY MESSAGES

- The health burden of substance use in Algoma is substantial; opioid-related deaths, hospitalizations, and emergency department visits are much higher in Algoma than in Ontario.
- The Sault Area Hospital's proposal for a regional level III residential withdrawal management services facility is awaiting approval from the provincial government. This facility would better-address the needs of people who suffer from substance use disorder in northern Ontario than the current level I facility in Sault Ste. Marie.
- Several community partners and elected officials have supported the proposal, in a concerted effort to reduce the burden of substance use in Algoma.
- The attached resolution asks the Board of Health to write to the Ontario Minister of Health and Long-Term Care and to local Members of Provincial Parliament to request the approval of funding for a level III residential withdrawal management services facility, to be located in Sault Ste. Marie.

The Ontario Public Health Standards (OPHS) identify a broad mandate for Boards of Health to improve health and health equity for local populations. Under the Substance Use and Injury Prevention Program Standard there is a specific mandate to work towards reducing the health burden of substance use in the local setting.

In the fall of 2017 Public Health Units (PHUs) in Ontario received the Harm Reduction Program Enhancement funding, a provincial funding stream that specifies three areas of mandatory work for local PHUs: local opioid response, naloxone distribution and training, and opioid overdose early warning and surveillance. Of importance to this resolution is the local opioid response, which mandates PHUs to "work with a broad base of partners to ensure that any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs."[1]

To meet the evolving needs in Algoma, Sault Area Hospital (SAH) has applied for a regional level III residential withdrawal management services facility. There is a substantial gap in adequate services and care for people experiencing substance use disorder in Algoma and in northern Ontario, which contributes to individual and system-level burdens in the community. The funding proposal for this facility addresses the need to put effective systems and structures in place to meet the substance use demands in the north.

The burden of illness of addiction in Sault Ste. Marie and Algoma

Substance use disorder, also known as drug addiction, is a significant public health issue in communities across Canada, including the City of Sault Ste. Marie. The burden of this problem extends beyond health harms to citizens (i.e., opioid poisonings and deaths) to include system-wide strains such as emergency department (ED) visits and hospitalizations.

Algoma experiences a significantly higher opioid-related death rate compared to Ontario (see Table 1 below).[2] Additionally, Algoma has higher rates of hospitalizations due to drug toxicity than Ontario, with opioids being a major cause.[3] In 2017, the City of Sault Ste. Marie had the 8th highest ED visit rate for opioid-poisoning, compared to other cities in Canada with a population of 50,000-99,999.[4] Table 1 shows the rate of opioid-related ED visits, hospitalizations, and deaths during 2017 for Algoma, the North East Local Health Integration Network (NE LHIN), and Ontario.[2]

Table 1. Rates of opioid-related ED visits, hospitalizations, and deaths, 2017: A regional comparison

	ED Visits	Hospitalizations	Deaths
Algoma	139.1	44.3	19.1
NE LHIN	65.0	27.7	12.1
Ontario	54.6	15.1	8.9

Note: rates are per 100,000 people.

The report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain (2019)*, identified that fair access to health care across the province continues to be a concern.[5] Ontario does not have an adequate mix of services and beds to meet substance use treatment demands, placing capacity pressures on hospitals. In fact, Ontario has only three level III residential withdrawal management services facilities; none of which are located in northern Ontario.

For the past 40 years the SAH has been operating a level I withdrawal management facility in Sault Ste. Marie, which has been identified as no longer adequate for servicing the needs of the community.[6] A level III residential withdrawal management facility is required in order to provide medically-assisted withdrawal to people with complex substance use disorder, as medically unsupervised withdrawal can be ineffective, dangerous and potentially fatal.

Community efforts to date

Community partners and elected officials have committed their support to SAH's funding proposal over the past two years. The following is a timeline of events that signify support from community partners and elected officials for the proposed level III residential withdrawal management services facility.

- November 2016- SAH shared initial proposal with the NE LHIN.[6]
- Spring 2017- APH MOH writes a letter of support for the facility (see attached).
- February 20, 2018- Council of the City of Sault Ste. Marie endorsed SAH's funding proposal for the facility.[7]
- March 2018- NE LHIN Board passed a resolution to support the business case for the facility, pending the inclusion of some recommendations, such as making the facility open to communities outside of Sault Ste. Marie.[6]
- April 2018- SAH submitted a 'boosted business case' for the facility, with the inclusion to make it accessible to other northeastern communities outside of Sault Ste. Marie.[6]
- April 23, 2018- Council of the City of Sault Ste. Marie committed to "continuing to work with and support the collective efforts of Algoma Leadership Table, Sault Area Hospitals, Group Health Centre, Algoma Public Health, Sault Ste. Marie Police Services and the Drug Strategy Committee to collectively address the opioid crisis and its consequences."[8]
- December 5, 2018- Mayor of the City of Sault Ste. Marie, Christian Provenzano, wrote a letter to the Minister of Health and Long-Term Care Christine Elliott, Sault Ste. Marie MPP Ross Romano, and the NE LHIN CEO Jeremy Stevenson, requesting notification of a funding decision regarding the facility.[9]
- February 2018- Sault Ste. Marie & Area Drug Strategy called upon community partners to voice clear support for the provincial approval of the facility.

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Algoma PUBLIC HEALTH
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Board of Health

DATE: February 27, 2019	**RESOLUTION NO.: 2019 -**
MOVED:	**SECONDED:**
SUBJECT: Level III Residential Withdrawal Management Services Facility	

Resolution:
Responding to the burden of illness of addiction in Sault Ste. Marie and in Algoma by putting adequate treatment in place: support for a regional level III residential withdrawal management services facility

WHEREAS under the Ontario Public Health Standards, the Board of Health for Algoma Public Health has a general mandate to work with community partners to improve overall health and health equity for the population of Algoma, and a specific mandate to reduce the burden of substance use; and

WHEREAS substance use disorder, commonly known as drug addiction, is a significant public health issue in communities across Canada, including the City of Sault Ste. Marie and other Algoma and northern Ontario communities; and

WHEREAS in 2017, the City of Sault Ste. Marie had the 8th highest emergency department visit rate for opioid-poisoning, compared to other cities in Canada with a population of 50,000-99,999; and

WHEREAS in 2017, the **death rate from opioid poisonings in Algoma was double the Ontario rate** (19.1 versus 8.9 deaths per 100,000 people); and

WHEREAS in 2017, **Algoma's hospitalization rate for drug toxicity was double the provincial rate** (133.1 versus 62.5 hospitalizations per 100,00 people); and

WHEREAS in 2017, **Algoma's hospitalization rate due to mental health or addictions issues was triple the provincial rate** (553.9 versus 184.3 hospitalizations per 100,000 people); and

WHEREAS the North East Local Health Integration Network (LHIN) also experiences a higher burden of deaths from opioid poisonings and hospitalizations for mental health and addictions compared to Ontario; and

WHEREAS treatment is one of the four pillars of an evidence-based approach to addressing substance-related harms; and

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Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

WHEREAS withdrawal from substances without medical monitoring can be ineffective, dangerous and fatal; and

WHEREAS a level III withdrawal management services facility provides proper medical monitoring; and

WHEREAS there is currently no access to treatment for those requiring level III withdrawal management services in northern Ontario; and

WHEREAS provision of this much needed service would be consistent with the Premier's commitment to ending hallway medicine by matching local needs to an appropriate mix of services and potentially alleviating the burden on hospitals; and

WHEREAS the Sault Area Hospital has worked with the North East LHIN to seek provincial approval and funding for a proposed level III facility that would serve the region of northeastern Ontario; and

WHEREAS in April of 2018, the Council of the City of Sault Ste. Marie endorsed the proposal and committed to working with community partners to collectively address substance use disorder; and

WHEREAS in December of 2018, the Mayor of the City of Sault Ste. Marie wrote to the provincial government to request notification of a funding decision regarding this facility; and

WHEREAS the Sault Ste. Marie & Area Drug Strategy is calling upon community partners to voice clear support for the provincial approval of a level III withdrawal management services facility;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health write to the Ontario Minister of Health and Long-Term Care and to local Members of Provincial Parliament in Algoma to request the approval of funding for a regional level III residential withdrawal management services facility, to be located in Sault Ste. Marie; and

BE IT FURTHER RESOLVED THAT correspondence of this resolution be copied to the Federal Minister of Health, Members of Parliament of northeastern Ontario, the Chief Medical Officer of Health of Ontario, the Boards of Health of northeastern Ontario, the councils of Algoma municipalities, the Sault Area Hospital CEO, and the North East LHIN CEO.

CARRIED: Chair's Signature _____

☐ **Patricia Avery**	☐ **Micheline Hatfield**	☐ **Ed Pearce**
☐ **Louise Caicco Tett**	☐ **Adrienne Kappes**	☐ **Karen Raybould**
☐ **Randi Condie**	☐ **Lee Mason**	☐ **Sergio Saccucci**
☐ **Deborah Graystone**	☐ **Heather O'Brien**	☐ **Matthew Scott**

Algoma
PUBLIC HEALTH
Santé publique Algoma

www.algomapublichealth.com

March 13, 2017

Re: Letters of Support for a Level III Medical Withdrawal Management Service

Dear NE LIHN,

Algoma Public Health is pleased to provide this letter of support for the Sault Area Hospital's proposal to replace their aging Residential Withdrawal Management Service (WMS) facility and their application for full funding for a Level III WMS medical model of enhanced services.

Substance misuse is a critical public health issue in Northeastern Ontario. A comprehensive range of programs is essential to deal with the complexity of problems encountered in individuals coping with substance addictions.

Evidenced based withdrawal management practices have changed significantly and with the increased complexities of Substance Use Disorder withdrawal, more specialized facility and medically trained care providers are required. We support the expansion of services to accept youth under the age of 16 (with parental consent). With enhanced funding, the SSM WMS program would be able to monitor withdrawal symptoms with the addition of medically trained staff (RN's) and physician and psychiatric oversight. This would allow for compassionate, timely and appropriate medical and psychiatric consultation, treatment initiation, symptomatic medication as required, treatment planning and referrals. For individuals who presently require hospitalization, having a medical WMS service available in the community, will reduce the number of hospital days and allow for successful care in the community for addictions problems, whether mild or severe.

We look forward to continuing to work collaboratively with the Withdrawal Management Services in the future to ensure excellent care for our community members.

Regards,

Dr. Marlene Spruyt
Medical Officer of Health/CEO

/mh

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Algoma PUBLIC HEALTH
Santé publique Algoma

Briefing Note

To: **The Board of Health**

From: **Dr. Marlene Spruyt, Medical Officer of Health / CEO**

Date: **February 27, 2019**

Re: **A New Strategic Plan for Algoma Public Health**

☒ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

- The Public Health Accountability Framework section of the Ontario Public Health Standards (OPHS) states *" 8. The board of health shall have a strategic plan that establishes strategic priorities over 3-5 years, includes input from staff, clients, and community partners and is reviewed at least every other year."*
- APH has under gone an extensive period of transition during the past 4 years and operations have now stabilized such that it there is organizational readiness for a new strategic plan
- APH executive team has begun the planning process and is prepared to release an RFP to acquire the services of a consultant to support this work
- Board of health input is requested to assist in reviewing the RFP submissions

RECOMMENDED ACTION:

1. The Board Chair or a designate commit to work with the Evaluation Team to review and approve the contract with the chosen consultant
2. The BOH authorize the MOH to approve expenditure for this contract which may exceed the current allowable maximum of the MOH ($55K)

BACKGROUND:

The time is right: organizational readiness for strategic planning

- Following a period of transitional leadership and extensive renewal in organizational governance APH appears to be on more stable ground and the existing Strategic Plan for 2015-2020 lacks relevance to our present position.

- APH's management and teams completed reorganization in 2018 and public health teams are now aligned to the modernized Ontario Public Health Standards.
- Following successful negotiations in 2018, multi-year collective agreements are in place for all unionized employees.
- As of January 2019, the current Board of Health is comprised of both returning and newly appointed municipal and provincial representatives.

A new strategy is needed: responding to the public health realities in Algoma communities

- The APH Community Health Profile was released in fall of 2018.
- Compared to Ontario, the general health status of Algoma communities is marked by lower life expectancy, higher all-cause mortality, and higher infant mortality.
- Within Algoma, there is stark inequity in how the health of the population has changed in the past 15-20 years. Premature death rates have improved in people of higher socioeconomic status, but worsened in people of lower socioeconomic status.
- Many of Algoma's major, longstanding health burdens, such as tobacco-related harms and hepatitis C infection, are preventable and amenable to evidence-informed public health action.

External context: advancing local public health in the midst of health system change

- Health system transformation continues to remain high on the agenda of provincial policy makers, in the context of managing health spending and improving value-for money in the health care sector (e.g. the Patients First: Action Plan for Health Care under the previous Ontario Liberal government, and the report and ongoing work of the Premier's Council on Improving Healthcare and Ending Hallway Medicine under the current Conservative government). Although health care services tend to be the main focus of these initiatives, major system changes can impact local public health in fundamental ways, including governance, funding, and legislated service mandate.

- At the local level, northern Ontario municipalities in Algoma are partners in the funding and delivery of both health services and services that impact the social determinants of health. Municipalities also face ongoing challenges related to rising health costs. Following the municipal elections of 2018, APH continues to build and strengthen its municipal partnerships toward the creation of supportive environments and healthy public policies in local communities.

- Federal policy direction on evolving issues continues to impact the scope of local public health work, from cannabis legalization, to the new Canada's Food Guide, to climate change. Local public health professionals must readily adapt to optimize existing operations and implement new programs and services as needed.

- Recent federal and provincial commitment to Indigenous health, consistent with the calls to action of the Truth and Reconciliation Commission of Canada, have included initiating a process of

Indigenous health transformation with the Anishinabek Nation. This and other ongoing developments in Indigenous health will continue to shape APH's OPHS mandate to engage and build meaningful and collaborative partnerships with Indigenous communities and organizations.

Internal context: investment in workforce development and organizational culture

- Effectively responding to the public health challenges of Algoma communities while navigating a changing external landscape requires significant capacity building with respect to the core competencies of public health, including management and leadership competencies. Given the public health human resource challenges within the northern Ontario setting, there is internal recognition of the opportunity to combine improved recruitment and retention efforts with strategic capacity development within APH's existing workforce.

- Following a period of time of considerable internal change, APH management and staff have committed to rebuilding and strengthening relationships internally and recognize the need to invest in creating a positive organizational culture.

Activities to date:

The executive team has developed a timeline for this work which will result in a finished product to be presented to the BOH in March of 2020. We believe we have committed sufficient time for the consultant to adequately engage with external partners, stakeholders, employees, Board of health members, municipalities and the community at large. We have determined the membership of the internal Steering Committee. Communication to all staff regarding strategic planning activities and timelines will begin after the BOH meeting of February 2019.

REFERENCES

1. Protecting and Promoting the Health of Ontarians, Ontario Public Health Standards: Requirements for Programs, Services, and Accountability , January 2018 http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/reference.aspx

2. Algoma Public Health. (2018). Community Health Profile. Sault Ste. Marie, ON. Retrieved from http://www.algomapublichealth.com/media/2799/2018-community-health-profile-full-release-digital-v2.pdf.

3. Premier's Council on Improving Healthcare and Ending Hallway Medicine, Ontario Ministry of Health and Long-Term Care. (January 2019). Hallway Health Care: A System Under Strain- 1st Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine. Retrieved from http://www.health.gov.on.ca/en/public/publications/premiers_council/docs/premiers_council_report.pdf

Algoma Public Health Finance and Audit Committee Report

February 13, 2019

Attendance: Ed Pearce, Randi Condie, Lee Mason
Dr. Marlene Spruyt, Justin Pino, Joel Merrylees,
Tania Caputo

Prior to reviewing the draft financial statements for the period ending December 31, 2018, Justin Pino, Chief Financial Officer provided an overview with respect to the format of the financial statements. This discussion provided insight into the revenue and expenses of the Public Health and Community Health Programs. The objective was to assist the finance committee members in the understanding of the monthly financial statements for the organization.

The Draft financial statements for the period ending December 31, 2018 were discussed and reviewed. With respect to the revenue and expenses as per the statement of operations, there was sufficient revenue to cover expenses. With respect to the balance sheet, the working capital position continues to trend in a satisfactory manner due to the cash and short term investments that are available.

A presentation was made by KPMG regarding the 2018 audit plan. The process of the audit of the 2018 financial statements was discussed including materiality, areas of audit focus, independence, introduction of team members, cost of the audit, and projected timelines for audit completion.

Additionally, a representative from BrokerLink provided a summary of the agency insurance policy. The Committee reviewed 2019 insurance coverage for the board and is recommending its renewal with additional coverage for cyber insurance coverage and liability.

The organization outsources their information technology (IT) services. The agreement with our provider was to expire on April 1st, 2019 but was extended by the board to April 1, 2020 in late 2018 due to discussions exploring shared services opportunities with other health units within the Northeast area and to provide ample time to review any collaboration opportunities. As the NE Collaborative project is still ongoing, the Finance and Audit Committee recommended that staff prepare a draft IT services plan post contact period. Specifically, the Finance and Audit committee would like to mitigate the risk of an outside supplier being the sole source of IT services for the agency. The plan would be reviewed by both the Finance and Audit Committee and the Governance Committee prior to review by the full board.

A discussion also took place regarding language in the procurement policy surrounding disposal of assets. Specifically, requests from board members to purchase electronics at their depreciated value. The Finance Committee directed staff to draft language for a revision in the procurement policy for the Governance Committee to review.

Ed Pearce
Finance and Audit Committee Chair

Algoma PUBLIC HEALTH
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Briefing Note

www.algomapublichealth.com

To: Algoma Public Health Finance and Audit Committee

From: Dr. Marlene Spruyt, MOH/CEO
Justin Pino, CFO

Date: February 13th, 2019

Re: 2019 Insurance Renewal

☐ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

Algoma Public Health (APH) is in the process of completing the agency's annual renewal of its insurance coverage. The terms of reference of APH's Finance & Audit Committee state that one of the duties of the Finance and Audit Committee is to "review and ensure that all risk management is complete with respect to all insurance coverage for the board". One item management is recommending adding to the Cyber insurance coverage is Network Service Agreement coverage.

RECOMMENDED ACTION:

1) It is recommended that the Finance and Audit Commit recommend to the Board of Health approval of the renewal of the 2019 Insurance coverage for APH.

2) It is recommended that the Finance and Audit Committee recommend to the Board of Health the purchase of Network Service Agreement coverage to be added to the Cyber insurance coverage.

BACKGROUND:

It is anticipated the 2019 Insurance Coverage will be similar to 2018 with regards to limits of insurance. In 2018, the Board of Health approved the purchase of Cyber Insurance. The coverage includes:

- Media Content Services Liability
- Network Security Liability
- Privacy Liability

- Extortion Threat

The Network Service Liability noted above is for loss involving personal or confidential data in electronic form stored on the Insured's own computer system. It does not cover shared network operating system.

The additional annual premium for the purchase Cyber Insurance in 2018 was $8,000 for the year.

At the time, the Board of Health opted out of the Network Service Agreement coverage with a premium of $2,000.

When Management was completing the Cyber Risk Detailed application for 2019, questions related to a Shared Network Operating System were asked. As per the application, a Shared Network Operating System is defined as:

"exposure is when a client is required (usually by a Government authority) to share computer and network services and/or data with other similar groups of entities. While the data is being stored at another location it is being shared with a number of other entities. You will typically have access to and be able to upload, download, change or view not only your data/information but that of another entity E.g. and electronic health record system with networks to connect health organizations.

As a public health unit operating in the province of Ontario, APH does use ministry applications that would fit this definition. As such, Management is recommending the additional purchase of the Network Service Agreement insurance coverage. Furthermore, APH's Insurance Broker, BrokerLink is recommending the Network Service Agreement coverage as well.

A summary of APH's insurance coverage, including applicable deductibles and limit of insurance is included with this briefing note.

FINANCIAL IMPLICATIONS:

The financial commitment to insure APH in 2018 was $97,090. 2019 insurance costs will increase to $102,577. The overall package policy premium increased based on the increased payroll costs resulting in an increase in Liability and Director's & Officer's premium. The Property premium increased by 2% in order to maintain inflationary increases and ensure 100% replacement cost is insured to value.

With the additional $2,000 premium for Shared Network Operating System coverage, total insurance costs for 2019 would be $104,577. $105,000 was budgeted in APH's 2019 Operating Budget.

NOTE:

In 2018, the Board agreed to move the annual insurance renewal date from February 14th to March 14. This was done to allow the Finance & Audit Committee of the Board time to review the agency's annual insurance renewal, as per the Terms of Reference of the Finance & Audit Committee. As the first meeting of the Board of Health occurs in late January and Board Committee membership is determined shortly thereafter, the earliest the Finance & Audit Committee could meet is early February (typically second Wednesday of the month). This did not allow the Finance & Audit Committee sufficient time to review the annual insurance renewal.

As a result of moving the renewal date back one month, the 2019 budget year will reflect 13 payments (one invoice for $9,162.88 from February 14th 2019 to March 14th 2 2019) and one payment for 12 months (March 14th, 2019 to March 14th, 2020). The total costs will be captured in the 2019 budget year. Alternatively a prepayment could be set up for insurance costs; however, the amount of the prepayment falls under the materiality threshold.

CONTACT:

J. Pino, Chief Financial Officer

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

Algoma Public Health
Statement of Operations
December 2018
(Unaudited)

Public Health Programs

	Actual YTD 2018	Budget YTD 2018	Variance Act. to Bgt. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ YTD Budget 2018
Revenue						
Municipal Levy - Public Health	**$ 3,502,180**	$ 3,502,179	$ 1	$ 3,502,179	0%	100%
Provincial Grants - Cost Shared Funding	**7,523,200**	7,523,200	-	7,523,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	**2,996,513**	2,996,950	(437)	2,996,950	0%	100%
Fees, other grants and recovery of expenditures	**620,866**	699,214	(78,348)	699,214	-11%	89%
Total Public Health Revenue	**$ 14,642,759**	$ 14,721,543	$ (78,784)	$ 14,721,543	-1%	99%
Expenditures						
Public Health Cost Shared	**$ 11,126,032**	$ 11,724,592	$ 598,560	$ 11,724,592	-5%	95%
Public Health 100% Prov. Funded Programs	**2,939,997**	2,996,951	56,955	2,996,951	-2%	98%
Total Public Health Programs Expenditures	**$ 14,066,029**	$ 14,721,543	$ 655,515	$ 14,721,543	-4%	96%
Excess of Rev. over Exp. Cost Shared Funding	**$ 520,214**	$ 1	$ 520,213	$ 2		
Excess of Rev. over Exp. 100% Prov. Funded	**56,516**	(1)	56,518	(2)		
Total Rev. over Exp. Public Health	**$ 576,731**	$ (0)	$ 576,731	$ (0)		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	**$ 1,070,986**	1,070,986	-	1,070,986	0%	100%
Expenditures	**1,070,638**	1,070,986	(348)	1,070,986	0%	100%
Excess of Rev. over Exp.	**348**	(0)	348	(0)		

Public Health Programs - Fiscal 18/19

Provincial Grants and Recoveries	**$ 170,775**	170,784	9	227,700		
Expenditures	**139,451**	225,700	(86,249)	227,700		
Excess of Rev. over Fiscal Funded	**31,324**	(54,917)	86,241	-		

Community Health Programs

Calendar Programs

Revenue						
Provincial Grants - Community Health	**$ -**	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	**332,500**	332,500	-	332,500	0%	100%
Total Community Health Revenue	**$ 332,500**	$ 332,500	$ -	$ 332,500	0%	100%
Expenditures						
Child Benefits Ontario Works	**24,500**	24,500	-	24,500	0%	100%
Algoma CADAP programs	**277,874**	308,000	30,126	308,000	-10%	90%
One-Time Funding programs	**0**	0	-	-		
Total Calendar Community Health Programs	**$ 302,374**	$ 332,500	$ 30,126	$ 332,500	-9%	91%
Total Rev. over Exp. Calendar Community Health	**$ 30,126**	$ 0	$ 30,126	$ 0		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	**$ 4,289,362**	$ 4,285,049	$ 4,314	$ 5,719,161	0%	100%
Municipal, Federal, and Other Funding	**594,424**	583,941	10,483	728,253	2%	102%
Other Bill for Service Programs	**41,627**		41,627			
Total Community Health Revenue	**$ 4,925,413**	$ 4,868,989	$ 56,424	$ 6,447,414	1%	101%
Expenditures						
Brighter Futures for Children	**67,401**	85,835	18,434	114,447	-21%	79%
Infant Development	**475,665**	483,337	7,672	643,783	-2%	98%
Preschool Speech and Languages	**456,320**	460,941	4,621	614,256	-1%	99%
Nurse Practitioner	**105,902**	109,589	3,687	145,452	-3%	97%
Genetics Counseling	**335,205**	275,854	(59,351)	367,806	22%	122%
Community Mental Health	**2,559,020**	2,699,591	140,571	3,607,765	-5%	95%
Community Alcohol and Drug Assessment	**532,610**	552,676	20,066	737,406	-4%	96%
Healthy Kids Community Challenge	**93,321**	112,500	19,179	112,500	-17%	83%
Stay on Your Feet	**67,835**	75,000	7,165	100,000	-10%	90%
Bill for Service Programs	**23,765**	-	(23,765)	-		
Misc Fiscal	**-**	4,000	4,000	4,000		
Total Fiscal Community Health Programs	**$ 4,717,046**	$ 4,859,324	$ 142,278	$ 6,447,414	-3%	97%
Total Rev. over Exp. Fiscal Community Health	**$ 208,367**	$ 9,665	$ 198,702	$ (0)		

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

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

Algoma Public Health
Revenue Statement
For the Twelve Months Ending December 31, 2018
(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Bgt. to Act. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ Annual Budget 2018	*Comparison Prior Year: YTD Actual 2017*	*YTD BGT 2017*	*Variance 2017*
Levies Sault Ste Marie	2,425,762	2,425,762	0	2,425,762	0%	100%	2,422,972	2,422,972	0
Levies Vector Bourne 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	7,344,900	7,344,900	0	7,344,900	0%	100%	7,130,900	7,130,900	(0)
MOH Funding Vector Borne Disease	108,700	108,700	0	108,700	0%	100%	108,700	108,700	0
MOH Funding Safe Water	69,600	69,600	0	69,600	0%	100%	69,600	69,600	0
Total Public Health Cost Shared Funding	**7,523,200**	**7,523,200**	**0**	**7,523,200**	**0%**	**100%**	**7,309,200**	**7,309,200**	**(0)**
MOH Funding Needle Exchange	64,700	64,700	0	64,700	0%	100%	50,700	50,700	0
MOH Funding Haines Food Safety	24,600	24,600	0	24,600	0%	100%	24,600	24,600	0
MOH Funding Healthy Smiles	769,900	769,900	0	769,900	0%	100%	769,900	769,900	0
MOH Funding - Social Determinants of Health	180,500	180,500	0	180,500	0%	100%	180,500	180,500	0
MOH Funding - MOH / AMOH Top Up	126,019	126,450	(431)	126,450	0%	100%	100,725	100,725	0
MOH Funding Chief Nursing Officer	121,500	121,500	0	121,500	0%	100%	121,500	121,500	0
MOH Enhanced Funding Safe Water	15,500	15,500	0	15,500	0%	100%	15,500	15,500	0
MOH Funding Unorganized	530,400	530,400	0	530,400	0%	100%	530,400	530,400	0
MOH Funding Infection Control	312,400	312,400	0	312,400	0%	100%	312,400	312,400	0
MOH Funding Diabetes	150,000	150,000	0	150,000	0%	100%	150,000	150,000	0
MOH Funding Northern Ontario Fruits & Veg.	117,394	117,400	(6)	117,400	0%	100%	117,400	117,400	0
Funding Ontario Tobacco Strategy	433,600	433,600	0	433,600	0%	100%	433,600	433,600	0
MOH Funding Harm Reduction	150,000	150,000	0	150,000	0%	100%	150,000	150,000	0
One Time Funding	0	0	0	0		0%	5,000	5,000	0
Total Public Health 100% Prov. Funded	**2,996,513**	**2,996,950**	**(437)**	**2,996,950**	**0%**	**100%**	**2,962,225**	**2,962,225**	**0**
Recoveries from Programs	40,882	27,450	13,432	27,450	49%	149%	10,060	10,060	0
Program Fees	216,446	237,764	(21,318)	237,764	-9%	91%	227,447	249,744	(22,296)
Land Control Fees	157,135	160,000	(2,865)	160,000	-2%	98%	142,703	160,000	(17,297)
Program Fees Immunization	98,347	185,000	(86,653)	185,000	-47%	53%	146,955	179,500	(32,545)
HPV Vaccine Program	11,841	20,000	(8,159)	20,000	-41%	59%	15,003	12,500	2,503
Influenza Program	24,345	25,000	(655)	25,000	-3%	97%	20,775	40,000	(19,225)
Meningococcal C Program	7,582	10,000	(2,418)	10,000	-24%	76%	7,140	8,000	(860)
Interest Revenue	38,162	14,000	24,162	14,000	173%	273%	19,093	10,672	8,421
Other Revenues	26,126	20,000	6,126	20,000	0%	131%	4,777	0	4,777
Total Fees, Other Grants and Recoveries	**620,866**	**699,214**	**(78,348)**	**699,214**	**-11%**	**89%**	**593,953**	**670,476**	**(76,523)**
Total Public Health Revenue Annual	**$ 14,642,759**	**$ 14,721,543**	**$ (78,784)**	**$ 14,721,543**	**-1%**	**99%**	**$ 14,350,164**	**$ 14,426,687**	**$ (76,523)**
Public Health Fiscal									
Panorama	0	0	0	0	0%	0%	55,575	37,050	18,525
Smoke Free Ontario NRT	0	0	0	0	0%	0%	22,500	15,000	7,500
Practicum	7,500	7,500	0	10,000	0%	75%	7,500	5,000	2,500
Other One Time Fiscal Funding	163,275	163,275	0	217,700	0%	75%	15,075	10,050	5,025
Total Provincial Grants Fiscal	**$ 170,775**	**$ 170,775**	**$ -**	**$ 227,700**	**0%**	**75%**	**$ 100,650**	**$ 67,100**	**$ 33,550**

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 Twelve Months Ending December 31, 2018

(Unaudited)

	Actual YTD 2018	Budget YTD 2018	Variance Act. to Bgt. 2018	Annual Budget 2018	Variance % Act. to Bgt. 2018	YTD Actual/ YTD Budget 2018	*Comparison Prior Year:* *YTD Actual 2017*	*YTD BGT 2017*	*Variance 2017*
Salaries & Wages	$ 8,475,859	$ 8,953,731	$ 477,872	$ 8,953,731	-5%	95%	$ 7,786,485	$ 8,652,095	$ 865,610
Benefits	1,999,702	2,126,952	127,250	2,126,952	-6%	94%	1,937,347	2,036,464	99,117
Travel - Mileage	73,198	120,775	47,577	120,775	-39%	61%	87,209	127,861	40,652
Travel - Other	143,847	75,000	(68,847)	75,000	92%	192%	89,236	93,242	4,006
Program	723,098	669,715	(53,383)	669,715	8%	108%	611,204	750,528	139,324
Office	97,271	116,909	19,638	116,909	-17%	83%	130,023	135,250	5,227
Computer Services	789,278	782,881	(6,397)	782,881	1%	101%	673,949	699,518	25,570
Telecommunications	248,526	303,304	54,778	303,304	-18%	82%	346,152	325,994	(20,158)
Program Promotion	124,270	167,223	42,953	167,223	-26%	74%	137,349	170,797	33,448
Facilities Expenses	857,210	820,000	(37,210)	820,000	5%	105%	855,089	800,350	(54,739)
Fees & Insurance	176,840	228,450	51,610	228,450	-23%	77%	330,650	242,096	(88,554)
Debt Management	460,900	460,900	-	460,900	0%	100%	460,900	460,900	(0)
Recoveries	(103,968)	(104,297)	(329)	(104,297)	0%	100%	(116,966)	(68,408)	48,558
	$ 14,066,031	$ 14,721,543	$ 655,512	$ 14,721,543	**-4%**	**96%**	$ 13,328,627	$ 14,426,688	$ 1,098,061

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 – December 2018

Reporting Period

The draft December 2018 financial reports include twelve 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 nine 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 December 31st, 2018, Public Health programs are reporting a $577k positive variance.

Total Public Health Revenues are indicating a negative $79k 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 $656k 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.

The province funds 75% of the approved allocation to administer mandatory cost-shared programs. Unspent provincial funding dollars are returned to the ministry. As contributing municipalities within the District of Algoma currently contribute more than the 25%, the positive $599k variance associated with Public Health Cost-Shared Programs does not reflect funds that will be returned to the province. Once Q4 reporting is submitted to the Ministry, Management will know if/how much funds will be returned to the ministry.

100% Provincially Funded Programs typically relate to specific Public Health initiatives and are prescriptive as to what is an eligible expense. The $57k positive variance associated with Public Health 100% Provincially Funded Programs is primarily a result of funding related to the Healthy Smiles Program and unspent dollars designated for legal expenses associated with the Smoke Fee Ontario Program.

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

Brighter Futures for Children Program is indicating a positive $18k variance. This is a result of timing of expenses not yet incurred.

Genetics Counseling is showing a negative $59k variance. 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.

Notes Continued…

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 $79k variance.

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 $78k. Program Fees Immunization is indicating an $87k 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 providing additional services to Garden River First Nations that was not budgeted.

Interest Revenue is showing a positive variance of $24k. This is a result of an improved liquidity position throughout 2018 relative to 2017. Management has adjusted the Interest Revenue budget for 2019 to more accurately project Interest Revenue earned.

Public Health Expenses (see page 3)

Salary & Wages

The $478k 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 $48k variance. Actual expenses are less than anticipated.

Travel - Other

Notes Continued…
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 and held its '50th Anniversary' event in Sault Ste. Marie in which all staff were required to attend. This resulted in increased travel expenses as staff from the district offices attended these events. Additionally, staff professional development outside the district is higher than what was budgeted.

Office
Office expense is indicating a positive $20k variance. This is a result of less than anticipated office expenses being incurred.

Telecommunications

Telecommunications expense is showing a positive $55k variance. APH's contract for warranty of telephone hardware and software support 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 will be purchasing further warranty and software support in 2019 at a reduced rate from previous years.

Program Promotion
Program Promotion expense is indicating a positive $43k 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 $52k 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 December 31st, 2018. Cash & Investments includes $830k in short-term investments as a result of the Board of Health's decision to contribute $300k into reserves in November 2018.

Notes Continued…

Long-term debt of $5.14 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. $300k 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. APH is working with several municipalities with respect to late levy payment.

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 December 2018	**December 2018**	December 2017
Assets		
Current		
Cash & Investments	**$ 3,090,710**	$ 2,931,699
Accounts Receivable	**501,030**	489,631
Receivable from Municipalities	**75,726**	30,769
Receivable from Province of Ontario		
Subtotal Current Assets	**3,667,466**	3,452,099
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	**1,328,762**	1,436,721
Payable to Gov't of Ont/Municipalities	**77,571**	543,083
Deferred Revenue	**449,418**	512,747
Employee Future Benefit Obligations	**2,704,275**	2,704,275
Term Loan	**5,554,992**	5,554,992
Subtotal Current Liabilities	**10,115,017**	10,751,817
Net Debt	**(6,447,551)**	(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	**14,466,318**	13,614,152

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

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

January 10, 2019

Renu Kulendran, Executive Director
Legalization of Cannabis Secretariat
Ministry of the Attorney General
McMurty-Scott Building
720 Bay Street, 11th Floor
Toronto, ON M7A 2S9

Email: Renu.Kulendran@ontario.ca

Dear Ms. Kulendran,

Re: Regulatory Framework for Cannabis Storefronts in Ontario

The Board of Health for Southwestern Public Health, at its meeting on January 9, 2019 considered correspondence from Peterborough Public Health (November 8, 2018) regarding the regulatory framework for cannabis storefronts in Ontario. On behalf of the Board of Health for Southwestern Public Health, we are writing to you to inform you that the Board supports the comments written by Peterborough Public Health, as outlined below. Southwestern Public Health continues to receive questions from municipalities and residents concerning the cannabis retail environment. The regulation of the cannabis retail environment is an important component of a public health approach to cannabis legalization to reduce negative impacts of cannabis use. Lessons from alcohol and tobacco retail show that increased availability results in increased consumption, which can lead to significant health and social costs.[1]

Operating Parameters

Limit retail hours:

- Research shows that longer retail hours significantly increase consumption and related harms.[1] Cannabis consumption and harms can be reduced by limiting early morning and late-night hours.[2]

Establish minimum training requirements for staff:

- According to the Alcohol and Gaming Commission of Ontario (AGCO), training will be required for holders of a retail store authorization, holders or a cannabis retail manager licence, and employees of a cannabis retail store. The Centre for Addiction and Mental Health (CAMH) suggested the Liquor Control Board of Ontario's Challenges and Refusal program could provide a good model for this training.

Siting Requirements

Set minimum distances from youth-serving facilities and vulnerable populations:

- Retail outlet proximity to youth-serving facilities and vulnerable populations can normalize and increase substance use.[3] Setting minimum distances prevents the role-

modeling of cannabis use and reduces youth access through minimum distance requirements from facilities such as schools, child care centres, libraries, and community centres. In Kelowna there are recommendations for retail cannabis stores to be 150m from elementary schools and 500m from middle and secondary schools.

Regulate cannabis retail densities:

- A high retail density can contribute to increased consumption and related harms.[1] Outlet density can be reduced through minimum distance requirements between cannabis retail outlets and limits on the overall number of outlets. The City of Calgary has enacted a 300m separation distance between cannabis stores.

Prohibit co-location of cannabis, alcohol, and tobacco retail:

- Evidence suggests the co-use of cannabis and other substances increases the risk of harm, such as impaired driving.[4] Prohibiting the co-locations of cannabis, alcohol, and tobacco can discourage the co-use of these substances. CAMH reports that this precautionary measure has been taken in all U.S. states that have legalized cannabis.

Public Notice Processes

Strengthen municipal influence over store locations and density:

- The *Cannabis Licence Act, 2018*, limits the authority of municipalities to pass zoning or licensing by-laws relating to cannabis retail. Municipalities play an important role in the health and safety of communities and strengthening the voice of municipalities within the written comment period with AGCO, would enable municipalities to uphold this role.

Clarify 'public interest' for written submission:

- As the *Cannabis Licence Act, 2018*, sets out, municipalities and residents are granted a 15-day period to make written submissions to the AGCO regarding whether a store authorization is in public interest. It is unclear how municipalities are to make an informed determination around public interest within the 15-day period. Municipal by-laws can help clarify the written submission parameters for municipal respondents.

Sincerely,

Cynthia St. John
Chief Executive Director

Dr. Joyce Lock
Medical Officer of Health

c. The Hon. Doug Ford, Premier of Ontario
The Hon. Christine Elliot, Minister of Health and Long-Term Care
Municipal Councils in Oxford County, County of Elgin, and the City of St. Thomas
Ernie Hardeman, MPP, Oxford
Jeff Yurek, MPP, Elgin-Middlesex-London
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

[1] Babor, T, Caetano R, Cassell S, Edwards G, Giesbrecht N, Graham K, Rossow I. (2010). Alcohol no ordinary commodity: Research and public policy (Second ed.). New York, USA: Oxford University Press. Ottawa, ON.

[2] Popova S, Giesbrecht N, Bekmuradov D, Patra J. (2009). Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. Alcohol Oct;44(5):500-16.

[3] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Available from: https://addiction.surgeongeneral.gov/surgeon-generals- report.pdf

[4] Government of Canada (2016). A framework for the legalization and regulation of cannabis in Canada: The final report of the task force on cannabis legalization and regulation. Available from: http://www.healthycanadians.gc.ca/task-force-marijuana-groupe- etude/framework-cadre/alt/framework-cadre-eng.pdf

simcoe muskoka
DISTRICT HEALTH UNIT

February 6, 2019

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

Dear Premier Ford:

Re: Support of a Provincial Oral Health Program for Seniors

The Board of Health for the Simcoe Muskoka District Health Unit (Board) is encouraged by the new provincial government's support for a provincial oral health program for low-income seniors. The financial, health and social impacts of poor oral health in seniors has been a long standing area of concern for our Board.

In 2016, our Board sent a letter to the Minister of Health calling on the Provincial Government to expand access to publically funded dental care for all low income adults, including low income seniors and all institutionalized seniors. The letter cited how access to prevention and dental treatment would reduce oral health inequities in Ontario that profoundly impact some of the most vulnerable people in our local jurisdiction and the Province as a whole.

As an indication of this need, in 2017 there were 4,069 visits to emergency departments within hospitals in Simcoe and Muskoka for oral health reasons. This figure remains highly troubling. It shows that a large number of our residents lack access to preventive and restorative oral health care, and therefore, need to resort to emergency departments for their dental needs. Unfortunately, these visits further burden an already overwhelmed hospital system and ultimately fail to address the underlying oral health problems causing pain and infection.

The Ontario Progressive Conservative Party has pledged to implement a publically funded dental care program for low income seniors. As well, they have committed to increase dental services through Public Health Units, Community Health Centres, and Aboriginal Health Access Centres and to increase funding to provide investment for service delivery in underserviced areas. Our Board sees firsthand the positive impact that our Healthy Smiles Dental Clinics have on the clients and communities we serve. In 2018, we completed approximately 4,300 appointments for eligible clients in our clinics and over 900 preventive appointments for

Healthy Smiles Ontario children in schools. We support increasing clinical capacity, including in Public Health Units, in order to address the severe need among low income seniors.
We await further news concerning public health's role in reducing barriers to oral health, increasing service delivery for low income seniors and improving health system efficiency.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:HM:cm

Cc. Honorable Christine Elliot, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Members of Provincial Parliament for Simcoe and Muskoka
Ontario Boards of Health
Ms. Loretta Ryan, Association of Local Public Health Agencies
Ms. Jacquie Maund and Ms. Anna Rusak, Ontario Oral Health Alliance
Mayors and Councils in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

www.hkpr.on.ca • info@hkpr.on.ca
1-866-888-4577

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
(Sent via email to: premier@ontario.ca)

February 14, 2019

Dear Premier Ford

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

I am writing to you on behalf of the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (Health Unit) to express our support for the Government of Ontario's commitment to build a provincial dental program for low-income seniors by increasing the funding for dental services in Public Health Units (PHUs), Community Health Centres (CHCs), and Aboriginal Health Access Centres and by investing in new dental services in underserviced areas including increasing the capacity in PHUs and investing in mobile dental buses. The Health Unit's Oral Health staff take pride in being able to assist parents of children and youth 17 and under in our communities to access the Healthy Smiles Ontario program to look after their children's oral health needs and look forward to being able to help local seniors access dental care.

In our Health Unit area, we are fortunate to have two CHCs, one in Northumberland County and one in the City of Kawartha Lakes that offer low-cost dental programs, and there is a volunteer dental clinic in Haliburton County, run by dental professionals who provide treatment at no cost to residents with serious dental care needs. Our local social service agencies are able to offer some limited discretionary dental assistance to recipients of Ontario Works. Northumberland County Community & Social Services also has a Community Outreach program that may be able to provide minimal funding to some low-income adults and seniors to assist with health issues like dental care.

Despite the existence of these programs, our Health Unit's Oral Health staff regularly hear from adults and seniors who fail to qualify for these programs because discretionary funding has run out, they are not financially or clinically eligible for the program and/or they simply cannot afford to pay the reduced rate offered. This leaves many residents no choice but to visit their local Emergency Room (ER). Hospital data from the Ministry of Health and Long-Term Care tell us that in 2015, 1,208 adults living in our Health Unit area visited the ER for dental-related issues. At an estimated $513 per dental-related ER visit, this cost the system $619,700, for patients to access a painkiller or an antibiotic but no dental treatment. We also know from these data that over 75% of those visiting the ER are adults between the ages of 20 and 64. We therefore ask that while developing the proposed dental program for low-income seniors, that your government consider how this program could eventually expand into a dental care program that also serves low- income adults.

…/2

We look forward to receiving more information about how Ontario public health units can facilitate and support the implementation of a new public dental program for low-income seniors, with the potential for this program to also serve low-income adults in the future.

Thank you again for your commitment to improving the oral health and overall health of Ontarians.

Sincerely

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

Cammie Jaquays
Chair, Board of Health

AR/ALN:ed

cc (via email) : Honourable 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. David Piccini, MPP, Northumberland Peterborough South
Ms. Laurie Scott, MPP, Haliburton Kawartha Brock
Municipalities within the Haliburton, Kawartha, Pine Ridge District Health Unit area
All Ontario Boards of Health
Ms. Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ms. Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Municipalities of Ontario