



May 22, 2019

BOARD OF HEALTH MEETING

SSM Community Room A

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May 22, 2019 - Board of Health Meeting Book

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11. In Camera

12. Open Meeting

13. Resolutions Resulting From In Camera

14. Announcements

- a. Governance Committee Meeting - May 29 @ 4:30 pm
 - b. Finance and Audit Committee Meeting - June 12,
2019 @ 4:30 pm
 - c. Board of Health Meeting - June 26, 2019 @ 5:00 pm
-

15. Adjournment



Board of Health Meeting
AGENDA
May 22, 2019 at 5:00 pm
Sault Ste. Marie - Community Room A

BOARD MEMBERS

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

APH EXECUTIVE

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

- 1.0 Meeting Called to Order** *L. Mason*
- a. Declaration of Conflict of Interest**
- 2.0 Adoption of Agenda** *L. Mason*
- RESOLUTION**
- THAT the Board of Health agenda dated May 22, 2019 be approved as presented.
- 3.0 Adoption of Minutes of Previous Meeting** *L. Mason*
- RESOLUTION**
- THAT the Board of Health minutes dated April 24, 2019 be approved as presented.
- 4.0 Delegations / Presentations**
- a. Strategic Planning session with LBCG consulting will take the place of the presentation.** *M. Spruyt*
- 5.0 Business Arising from Minutes** *L. Mason*
- 6.0 Reports to the Board**
- a. Medical Officer of Health and Chief Executive Officer Reports** *M. Spruyt*
- i. MOH Report - May 2019**
- RESOLUTION**
- THAT the report of the Medical Officer of Health and CEO for May 2019 be adopted as presented.

b. Finance and Audit Committee

J. Pino

i. Financial Statements

RESOLUTION

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

7.0 New Business/General Business

M. Spruyt

a. Municipal Boundaries

8.0 Correspondence

L. Mason

- a. alPHA News Release - Ontario Budget 2019 - Reducing Investments in Public Health dated April 12, 2019.
- b. Letter to the Deputy Premier, Minister of Health and Long-Term Care and the Minister of Municipal Affairs and Housing from KFL&A Public Health regarding Restructuring Ontario's Public Health System dated April 17, 2019.
- c. Resolution from the Thunder Bay District Health Unit, Board of Health regarding Public Health Restructuring dated April 17, 2019.
- d. Letter to the Premier of Ontario from Perth District Health Unit regarding Response to Budget and Public Health Impact dated April 18, 2019.
- e. Letter to the Deputy Premier, Minister of Health and Long-Term Care from Simcoe Muskoka District Health Unit regarding The Public Health System and the 2019 Ontario Provincial Budget dated April 18, 2019.
- f. Letter to the Premier of Ontario from Haliburton, Kawartha, Pine Ridge District Health Unit regarding Support for Bill 60, Establishing a Social Assistance Research Commission dated April 18, 2019.
- g. Letter to the Deputy Premier of Ontario, Minister of Health and Long-Term Care and the Minister of Municipal Affairs and Housing from the Leeds, Grenville & Lanark District Health Unit regarding the Provincial / Municipal Funding Ratio dated April 23, 2019.
- h. alPHA Position Statement - Impact of Reducing Investments in Public Health dated April 24, 2019.
- i. Letter to the Premier of Ontario and the Deputy Premier, Minister of Health and Long-Term Care from Haliburton, Kawartha Pine Ridge District Health Unit regarding the 2019 Ontario Budget, Protecting What Matters Most dated April 24, 2019.
- j. Letter to the Minister of Children, Community and Social Services from KFL&A Public Health regarding Endorsement of the Ontario Dietitians in Public Health Letter on Bill 60 dated April 25, 2019.
- k. Letter to the Premier of Ontario from KFL&A Public Health regarding Minimizing Harms Associated with the Announced Expansion of the Sale of Beverage Alcohol in Ontario dated April 25, 2019.
- l. Letter to the Premier of Ontario from KFL&A Public Health regarding Endorsement of the Children Count Task Force Recommendations dated April 25, 2019.

- m. Letter to the Chairpersons, Boards of Health, Medical Officers of Health, Public Health Units, Chief Executive Officers, Public Health Units from the Ministry of Health and Long-Term Care regarding Public Health Modernization dated April 29, 2019.
- n. Letter to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care from the Renfrew County and District Health Unit regarding Proposed Changes to Local Public Health dated April 29, 2019.
- o. Letter to the Premier of Ontario from Peterborough Public Health regarding the Ongoing Modernization of Alcohol Retail Sales in Ontario dated May 1, 2019.
- p. Letter to the Premier of Ontario and the Deputy Premier, Minister of Health and Long-Term Care from Hastings Prince Edward Public Health regarding the 2019 Ontario Budget implications dated May 1, 2019.
- q. Statement released to all Boards of Health and Medical Officers of Health from the Association of Municipalities of Ontario regarding the Increase to Ontario's Supply of Affordable Housing dated May 2, 2019.
- r. Letter to the Minister of Health and Long-Term Care from Peterborough Public Health regarding Managed Opioid Programs dated May 3, 2019.
- s. Letter to the Minister of Health and Long-Term Care from alPHa regarding Modernizing Ontario's Health Units dated May 3, 2019.
- t. Letter to the Senate of Canada from Peterborough Public Health regarding Bill S-228, the Child Health Protection Act dated May 9, 2019.
- u. Update to Board of Health Members from alPHa regarding the 2019 Ontario Budget: Public Health System Restructuring dated May 10, 2019.
- v. Letter to the Deputy Premier, Minister of Health and Long-Term Care from the Windsor-Essex County Health Unit regarding Strengthening the Smoke-Free Ontario Act, 2017 to Address the Promotion of Vaping dated May 15, 2019.

9.0 Items for Information

M. Spruyt

- a. alPHa Challenge results
- b. Bridges Out of Poverty

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 Meeting

May 29, 2019 @ 4:30 pm

Prince Meeting Room, 3rd Floor

Finance & Audit Committee Meeting

June 12, 2019 @ TBD

Prince Meeting Room, 3rd Floor

Board of Health Meeting:

June 26, 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.



**Board of Health Meeting
MINUTES
April 24, 2019
Sault Ste. Marie - Community Room A**

BOARD MEMBERS

PRESENT : 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
Brent Rankin
Karen Raybould
Matthew Scott

APH EXECUTIVE

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

T/C: Dr. Heather O'Brien
REGRETS: Sergio Saccucci

1.0 Meeting Called to Order

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda

**RESOLUTION
2019-32**

Moved: B. Rankin
Seconded: P. Avery

THAT the Board of Health agenda dated April 24, 2019 be approved as amended.

CARRIED

3.0 Adoption of Minutes of Previous Meeting

**RESOLUTION
2019-33**

Moved: L. Caicco Tett
Seconded: K. Raybould

THAT the Board of Health minutes dated March 27, 2019 be approved as presented.

CARRIED

4.0 Delegations / Presentations

a. Diseases of Public Health Significance

Jon Bouma, Manager, Infectious Diseases presented on the role of public health in the prevention of infectious and communicable diseases. The complete presentation is available in the agenda package.

5.0 Business Arising from Minutes

Not applicable

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - April 2019

M. Spruyt provided a report on the state of our IT since the mid-April cyber-attack and IMS (Incident Management System) response. An update and discussion followed on the April budget announcement regarding Public Health Modernization in Ontario. The MOH report is included in the Board of Health meeting package and available in the agenda package.

RESOLUTION 2019-34	Moved: M. Hatfield Seconded: A. Kappes
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THAT the report of the Medical Officer of Health and CEO for April 2019 be adopted as presented.

CARRIED

b. Finance and Audit Committee Report

i. Committee Chair Report for April 2019

E. Pearce provided a summary of the April Finance and Audit Committee meeting.

ii. Draft Audited Financial Statements for the period ending December 31, 2018

J. Pino provided a summary of the 2018 Audited Financial Statements.

RESOLUTION 2019-35	Moved: E. Pearce Seconded: P. Avery
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THAT the Finance and Audit Committee Chair report for the month of April 2019 be accepted as presented; and

THAT the Draft Audited Financial Statements for the period ending December 31, 2018 be approved as presented.

CARRIED

iii. Draft Financial Statements for the period ending February 28, 2019

J. Pino provided a summary and answered related questions.

RESOLUTION 2019-36	Moved: E. Pearce Seconded: K. Raybould
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THAT the Financial Statements for the period ending February 28, 2019 be approved as presented.

CARRIED

iv. Briefing Note related to IT Services

E. Pearce provided the summary and led the discussion regarding the options in the briefing note.

RESOLUTION

2019-37

Moved: K. Raybould

Seconded: A. Kappes

THAT the Board of Health move to defer discussion related to the manager of IT until the Ministry of Health gives clear direction of regionalization decision.

CARRIED

v. 02-05-065 Algoma Board of Health Reserve Fund

RESOLUTION

2019-38

Moved: E. Pearce

Seconded: D. Graystone

THAT the Board of Health has reviewed and accepted the recommendation of the Finance and Audit Committee to approve Policy 02-05-065 Algoma Board of Health Reserve Fund as presented.

CARRIED

7.0 New Business/General Business

a. Board letter of response regarding Ministry changes - L. Caicco Tett

Discussed after in camera session.

8.0 Correspondence

- a. Letter to the Ministry of Children, Community and Social Services from Peterborough Public Health regarding funding for the Healthy Babies, Healthy Children Program dated April 3, 2019.
- b. Letter to the Premier of Ontario from Perth District Health Unit regarding Strengthening SFOA, 2017 dated April 2, 2019.
- c. Letter to APH from Members of Municipal Council for the Municipality of Wawa extending congratulations on the 50th Anniversary of Algoma Public Health.
- d. Letter to the Minister of Health and Long-Term Care from Southwestern Public Health regarding funding for the Child Visual Health and Vision Screening protocol dated April 3, 2019.
- e. Letter to the Minister of Health and Long-Term Care from Algoma Family Services regarding the Regional Level III Residential Withdrawal Management Services Facility dated April 5, 2019.

9.0 Items for Information

- a. June 2019 alPha Annual Conference - Minding Public Health
- b. alPha Resolutions for consideration Due April 26
- c. alPha communication regarding the 2019 Ontario Budget, Protecting what Matters Most
- d. alPha News Release - Ontario Budget 2019 - Reducing Investments in Public Health
- e. Post 2018 Municipal Election Flyer

10.0 Addendum

11.0 In Camera - 6:48 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

2019-39

Moved: K. Raybould

Seconded: D. Graystone

THAT the Board of Health go in camera.

CARRIED

12.0 Open Meeting - 7:32 pm

a. Resolutions resulting from the in camera meeting.

New business (agenda item 7) - Board letter of response regarding Ministry changes prepared by L. Caicco Tett.

RESOLUTION

2019-41

Moved: K. Raybould

Seconded: A. Kappes

That the Board of Health of Algoma send a notice of concern related to the proposed changes to the Public Health as modified.

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

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

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

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

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

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

Whereas the current provincial government proposes to amalgamate 35 health units into 10 provincial entities.

Now therefore be it resolved that the Board of Health for Algoma Public Health Board write to the Minister of Health and Long-Term Care and to local Members of Provincial Parliament in Algoma to voice their concern over the amalgamation of health units and how it will impact the health of Ontarians, and;

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

CARRIED

13.0 Announcements / Next Committee Meetings:

Board of Health Meeting:

May 22, 2019 @ 5:00 pm

Sault Ste. Marie, Room A

14.0 Evaluation

A reminder to all Board members to complete the monthly evaluation.

15.0 Adjournment - 7:57 pm

**RESOLUTION
2019-42**

Moved: A. Kappes

Seconded: D. Graystone

THAT the Board of Health meeting adjourns.

CARRIED

Lee Mason, Chair

Date

Tania Caputo, Secretary

Date



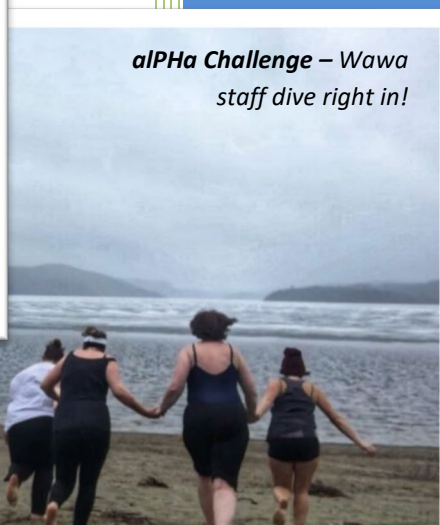
Algoma
PUBLIC HEALTH
Santé publique Algoma

May 2019

Medical Officer of Health / CEO



alPHA Challenge – in SSM Debbie Corbett and Whitney Whitfield win the Team Spirit award for their “May Flower” costumes.



alPHA Challenge – Wawa staff dive right in!



Soo Sings for Kids – APH Team Encore make us proud!

Prepared by:
Dr. Marlene Spruyt and the
Leadership Team

Presented to:
Algoma Public Health Board of Health
05/22/2019

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APH AT-A-GLANCE

What a busy month it has been. We are recovering from our cyber-attack, and after 3 weeks our operations are almost back to normal. Because of the large variety of activities we engage in and the numerous databases that support our operations, this recovery operation took longer than one would expect. However, our IT team also used the opportunity to clean up servers, create a new, faster back up system, and enhance our security.



Strategic Planning

APH has a current strategic plan that was created in 2015 for a 5 year period. During our management operational planning for 2019 we determined that we should begin the strategic planning process for the next 5 years and we posted an RFP to acquire the services of a consultant to guide us through that process. We awarded the contract to Lough Barnes Consulting Group (LBCG) and a few days later the Ontario Budget was released. Our first scheduled meeting with the Executive team and the consultants happened shortly after the budget announcement and the discussion centered on how we could modify the plan to fit into the current political environment. Fortunately LBCG is familiar with the Northern Ontario health units as they supported the background work for the Northeast Collaborative Project. They are also familiar with public health and supported the operational plan for the merger of Oxford County and Elgin-St Thomas to become Southwestern Public Health. The focus of this strategic

planning process will be to identify what needs to happen to support the health of the communities in Algoma and the employees of APH in the future state of a regional public entity. The Ministry has stated that they wish to strengthen ties with municipalities and to find efficiencies in the system. Both of these will be serious issues for consideration during the next few months. The consulting team is in SSM May 22 and 23 and will meet with the Board for an educational session after the regular Board meeting. We will not be having the usual presentation to allow the Board members ample time to engage in the Strategic Planning process. During the next few months, all staff will have an opportunity for input. During this current visit, in addition to meeting with the Board of Health, LBCG will view our premises in SSM, meet with our Executive Team, the Steering Committee, and engage in 1:1 meetings with some managers and Directors. Further trips are scheduled which will include other meetings with staff and visits to the District offices, involvement with community partners and the community at large.

North East Public Health Collaborative:

The work of this group has evolved with the recent budget and regionalization announcements. We are utilizing the services of the Project Manager to help support us in the work that will be required to develop an effective regional public health organization. The 5 MOHs form the steering committee and a work plan has been developed to review corporate functions and program areas with the aim of creating a distributed organization model that will retain its connections with all municipalities. As a single appendix I am providing an overview of our terms of reference.

Other Activities:

The first Thursday in May is the annual alPHa fitness challenge. All health units in the province attempt to engage their staff in 30 minutes of physical activity. Many HU compete to participate in interesting activities and the winner is acknowledged at the alPHa annual

meeting. Although we are not a winner I have to commend the bravery of our Wawa group who participated in a walk to the lake for a polar bear dip!

Early in May a group of our employees competes in the annual fundraiser known as Soo Sings. Although not a winner this year they were successful in raising some funds for the Infant Child Development Program. Congratulations to that team for their time and energy in rehearsal and performance.

I was invited to speak at the Annual North Central Hospital Auxiliary Conference at Laurentian Lodge, Elliot Lake on May 4, 2019. The invitation occurred as a result of the [Prescription for a Healthy Community](#) article that we circulated across the district during the fall municipal election cycle.

Currently we have begun our cycle of presentations to our municipal councils and Jennifer and I travelled to Wawa on May 7 and White River on May 8 and Jennifer and Justin went to Elliot Lake on May 13.

PARTNERSHIPS

Ontario Health Team:

There have been several meetings among partners in the SSM and area health care providers group which have resulted in an Expression of Interest submission to be considered as a developing Ontario Health Team. Currently the northern and eastern rural areas are also considering separate submissions based on the rural health hub model.

PROGRAM HIGHLIGHTS

Topic: School Health – Oral Health

From: Roylene Bowden, Manager of School Health

Laurie Zeppa, Director of Prevention and Promotion

Public Health Goal:

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

Program Standard Requirements addressed in this report:

- Conduct surveillance, oral screening and report data and information.
- Provide Healthy Smiles Ontario (HSO) program.

Key Messages

- The Oral Health Team, as part of the School Health Team, conducts oral health screening and facilitates treatment for eligible school-aged children and youth.
- 100% of Algoma elementary schools receive oral health screening.
- Assessing local oral health data is important for identifying areas of greatest need and targeting programming accordingly.
- The team is planning the implementation of a fluoride varnish program for preschool children.

Introduction

Improving and protecting the health and well-being of school-aged children and youth is a priority for Ontario's public health units. Schools are key settings to reach children and families and to integrate health promotion programs and services.¹

Algoma Public Health's (APH) School Oral Health Team is multidisciplinary; Registered Dental Hygienists (RDH) and Dental Health Educators (DHE) assess oral health needs of school-aged children and youth. Requirements of Oral Health are guided by the *Ontario Public Health Standards, 2018* (OPHS) and the associated *Oral Health Protocol, 2018*.

APH aligns to 50 elementary and 4 intermediate schools across 4 school boards in Algoma:

- Sault Ste. Marie area – 29 elementary, 3 intermediate
- North Algoma – 7 elementary
- Elliot Lake – 8 elementary
- Blind River and area – 6 elementary, 1 intermediate

Population Health Snapshot

The majority of preschool and school-aged children in Algoma exhibit good oral health behaviours (i.e., tooth brushing) and oral health outcomes (i.e., cavities, fillings, missing teeth).

- 65% of Algoma primary school students do not have cavities, fillings, or missing teeth during dental screening.²
- 83.1% of Algoma youth aged 12-19 years brush their teeth at least twice a day; similar to 82% of Ontario youth.²

The Oral Health Team screens, analyzes, and reports on local data for the purpose of identifying the areas of greatest need and targeting programming accordingly. Figure 1 shows schools throughout Algoma that were screened in 2017/18, with their associated intensity levels, low, medium, and high. The intensity levels, as defined by the *Oral Health Protocol, 2018*, are based on the school's current year grade 2 oral screening results and help determine additional grades to be screened. As shown in Figure 1, nearly half of the schools in Elliot Lake and area are high intensity, as well as one third of the schools in East Algoma.

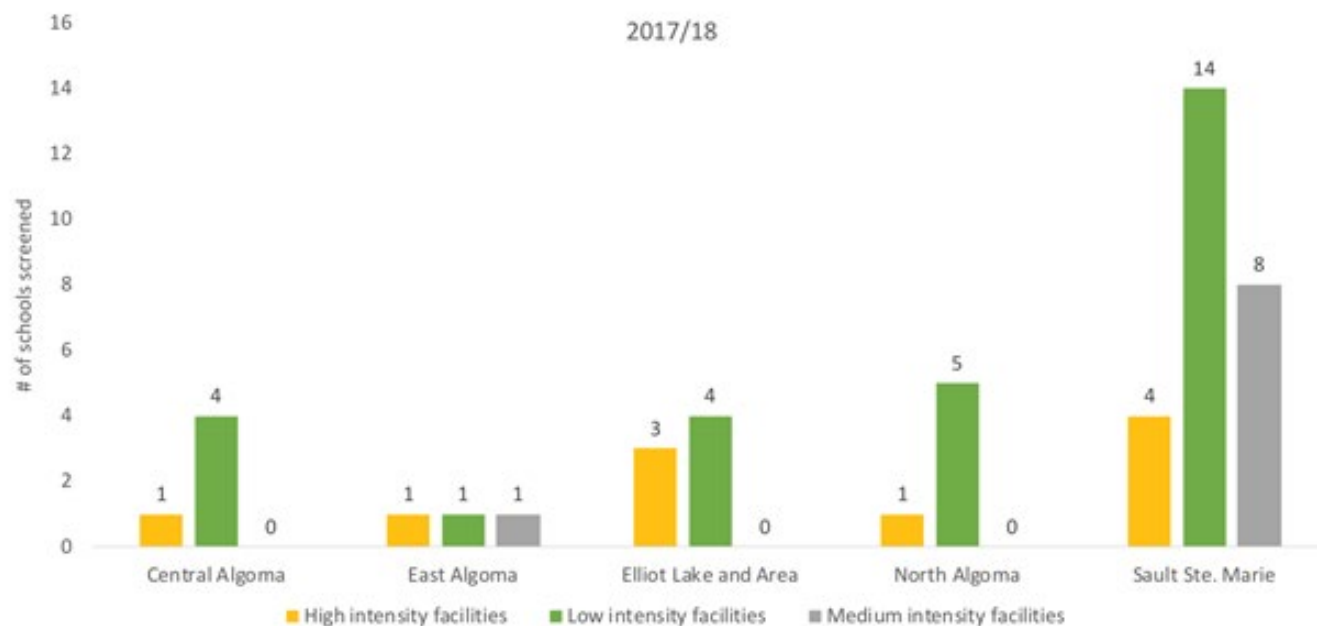


Figure 1. Screening intensity ratings for elementary and intermediate schools in Algoma, 2017/18³

Screening and Treatment Interventions

The Oral Health Team conducts screening of all school-aged children and youth in Algoma, in addition to facilitating referrals to the Healthy Smiles Ontario (HSO) program.

The *Oral Health Protocol, 2018* describes oral health screening to be a relatively short assessment conducted by regulated dental professionals, which can indicate need for dental care. The screening is not a replacement for a complete dental examination.⁴

APH's regulated dental professionals assessing elementary school children record decay findings in both primary and secondary teeth to determine the school's risk and screening intensity level (Figure 1). In addition to determining the schools risk and screening intensity level, oral health staff record number of decayed, missing and filled teeth for all senior kindergarten students annually. Oral health screenings are provided to 100% of elementary schools within the District of Algoma. Post screening notification and follow-up with parents/ guardians occurs after the screening. Communicating the screening findings provides an opportunity to support parents/guardians with oral health education and information to navigate treatment options such as the Healthy Smiles Program (HSO).

HSO is a government-funded basic dental program providing preventive and early treatment services to children and youth, 17 years of age or under in low income families.. Oral health staff help families enroll in HSO as well as help them establish an ongoing relationship with a dentist.⁴

Next Steps

The Oral Health Team at APH continues to work in collaboration with schools, school boards, and licensed child care centres with the goal of optimizing the oral health of children and youth. Some of the next steps that support this goal include:

- Assess oral health data to identify needs and inform targeted programming.
- Plan, implement and evaluate a fluoride varnish program for preschool children.
- Support children and youth 17 years of age and under and their families to improve knowledge of oral health and awareness of oral health services through health promotion and targeted outreach.
- Integrate components of effective, evidence-based oral health programs in childcare and school settings to support oral health such as brushing and flossing education, healthy eating education and food policy development.⁵

References

1. Joint Consortium for School Health. (2018). Comprehensive school health. Summerside, PE: Joint Consortium for School Health. Retrieved from: <http://www.jcsh-cces.ca/index.php/about/comprehensive-school-health>
2. Algoma Public Health. (September 2018). Community Health Profile. Retrieved from: <http://www.algomapublichealth.com/media/2799/2018-community-health-profile-full-release-digital-v2.pdf>
3. Algoma Public Health. [Extracted December 20, 2018]. Oral Health Screening [2017-2018].
4. Ministry of Health and Long-Term Care. (2018). Oral Health Protocol, 2018. Retrieved from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Oral_Health_Protocol_2018_en.pdf
5. Algoma Public Health. (February 2019). Supporting the implementation of a fluoride varnish program for preschool-aged children in Algoma: A literature review. Internal document.

Topic: Breastfeeding

From: Hannele Dionisi, Manager of Child and Family Services and Healthy Growth & Development

Laurie Zeppa, Director of Health Promotion and Prevention

Public Health Goal: To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health.

Program Standard Requirements addressed in this report:

- The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to healthy growth and development.
- The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to support healthy growth and development in the health unit population. One of the topics for consideration is breastfeeding.

Key Messages

- Exclusive breastfeeding is recommended for the first six months of life and continued breastfeeding for up to two years and beyond with the introduction of appropriate solids.
- Breastfeeding has many benefits to mothers, children, families, and the environment.
- Infant feeding surveillance is routinely conducted to monitor breastfeeding initiation and duration.
- APH supports families to make informed infant feeding decisions and provides continued breastfeeding services in the prenatal to postnatal period.

Introduction

Current guidelines recommend breastfeeding within the first hour of childbirth and exclusively for the first six months of life and continued, alongside supplementary foods, until two years and beyond.¹ Breastfeeding is the optimal source of nutrition to support healthy growth and cognitive development of infants². Breastfeeding gives a healthy start to life, and provides short and long-term health and benefits for the baby.^{3,4} Breastfeeding is also associated with a decreased risk of type 2 diabetes and certain breast and ovarian cancers.^{5,6}

Additionally, breastfeeding benefits extend beyond mother and child to families who incur cost savings associated with not purchasing formula, and to the greater community that benefits from less waste production and used resources.¹ Breastfeeding provides food security for infants as it does not depend on the financial resources of the family.

In 2010, Algoma Public Health (APH) received its Baby-Friendly Initiative (BFI) designation. APH received its re-designation in 2016 and is due for re-designation again in early 2021. BFI is an evidenced based program of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). BFI is intended to improve infant health by supporting, promoting, and protecting breastfeeding. The BFI designation further supports our staff in their aim to provide consistent breastfeeding education and support for families at critical healthy growth stages, including: prenatal, birth, and beyond. APH supports the WHO's International Code of Marketing of Breast-milk Substitutes, and therefore does not accept or advertise free formula, bottles, or products produced by formula companies.

Public Health Snapshot

In Canada, breastfeeding initiation rates have increased over time, but the rates for exclusive breastfeeding and breastfeeding duration are still low. ⁷

Table 1. Infants fed breastmilk only, overall per cent at initiation, Algoma and Ontario, 2017/18⁸

Year	Algoma	Ontario
2017	59.7%	57.3%
2018	62.1%	56%

APH's infant feeding surveillance seeks to capture major trends regarding breastfeeding at birth, as well as post-natal intervals of 48 hours, 2 weeks, 6 weeks and 6 months. Public Health Nurses (PHNs) offer continued breastfeeding education and support to mothers and their families during these intervals.

BFI requirement:

- 75% of exclusive breastfeeding rates for babies entering APH service in the past year; OR
- Any breastfeeding rate + demonstration of improvements in breastfeeding rates over a three year period. ⁹

Table 2. Exclusive and Any breastfeeding rates, Algoma, 2016-18¹⁰

BF Rates (% of mothers reached)	2016		2017		2018	
	Exclusive	Any	Exclusive	Any	Exclusive	Any
Entry to Service	63%	80%	56%	78%	66%	83%
48hr	62%	82%	53%	80%	64%	83%
2 weeks	55%	63%	53%	70%	51%	74%
6 weeks	46%	52%	44%	56%	42%	58%
6 months	30%	N/A	34%	38%	N/A	N/A

APH Program

The Healthy Growth and Development program staff is trained to educate and support mothers and families on breastfeeding initiation and duration. Client services include breastfeeding in prenatal classes, education and support at birth at the Sault Area Hospital, 48-hour follow-up phone calls and home visits throughout the district, Healthy Babies Healthy Children program, parenting classes, a drop-in Parent Child Information Centre, scheduled Lactation Consultant appointments and advice to families through the Parent Child Information Line.

Additionally, through a service agreement, APH provides prenatal, parenting classes, and Parent Child Information services at the Garden River Wellness Centre.

In 2018, an APH Lactation Consultant supported St. Joseph's Hospital in Elliot Lake by providing breastfeeding education and practical support for new nursing staff. In November 2018, staff from St. Joseph's Hospital, Sault Area Hospital, and APH attended a BFI Implementation workshop hosted by BFI Ontario. As a result St. Joseph's Hospital invited BFI Ontario to present the breastfeeding 20-hour train-the-trainer education to local service providers in Elliot Lake, who further support breastfeeding families in East Algoma.

Next Steps

APH is committed to supporting and promoting breastfeeding for optimal healthy growth and development for all families. Current interventions that support breastfeeding families will be evaluated during 2019-20. APH's Foundations and Strategic Support Team will review literature focused on effective approaches in public health for promoting breastfeeding and supporting breastfeeding duration. This information will inform a comprehensive health promotion approach for APH's Healthy Growth and Development program.

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10. Algoma Public Health. (2016-2018). Infant Feeding Surveillance System, 2016-2018.

North East Public Health Transformation Initiative

Steering Committee

Terms of Reference

Vision

A healthy northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity.

Goal

To develop action-oriented recommendations for the implementation in the NE of a modernized public health unit as announced in Ontario's 2019 provincial budget, [*Protecting What Matters Most*](#).

Guiding principles:

The committee will be guided by the following values and principles:

- Respectful, honest and caring values will form the foundation of all working relationships
- A spirit of collaboration, shared leadership and innovation will provide direction and support the modernized regional and local NE public health

Values	Operating Principles
1. The best interests of the health of the people of NE Ontario guide all decisions	1. Public health budgets are protected or ring-fenced from health care budgets
2. Current NE public health unit staff are valued and respected	2. Local flexibility for programming based on needs occurs at the local service delivery areas
3. We are stronger together than apart and united in our commitment to collaboration	3. Connection to local communities is essential for effective public health actions
	4. A balance in long- and short-term investments, i.e. between health protection/disease protection and health promotion, is maintained
	5. Innovation balanced with evidence-informed practice is critical to an effective future state for the NE

Purpose of the committee:

- To develop recommendations that will inform key aspects of the establishment of a NE Regional Public Health entity.
- To develop recommendations for effective and sensitive transition to the future health entity.
- To support the Leadership and Work Teams by providing guiding principles and parameters for the development of a new regional entity,

- To ensure appropriate consultation with stakeholders, including municipalities and communities, and Ontario Health and Ontario Health Teams, to most effectively promote and protect health and to prevent disease for the communities served by the NE Public Health entity.
- To ensure appropriate communication with boards of health, staff, and stakeholders throughout the process.
- To continue to implement, and demonstrate quality performance in programs and foundational standard functions under OHPS requirements with the support of corporate services, and
- To ensure the conditions of effective change management and a safe working environment for all staff.

Accountability

- Reporting of Steering Committee members is to their respective boards of health as per usual processes; additionally it is anticipated that the Steering Committee will have timely project progress reports, risk and change management strategies and recommendations.
- Additional accountabilities are to the provincial government, staff, stakeholders, and communities.

Membership

- MOH from each of the five NE Health Units. Committee Chair will be selected from the membership.
- The Steering Committee is supported by a Project Manager with additional administrative support as required. The Project Manager reports to the SC, however, day to day reporting is to the Chair of the SC.

Meetings

- Meetings will be held on designated days on a weekly basis to begin with and then frequency will be reviewed by the committee, or as required.
- Meetings will be by distance, with regular face to face meetings scheduled for specific agenda items.
- Quorum and decision making: decision making is by consensus and must include all members. If a majority of members is present, discussion to further work of the project may be held but no decisions will be made (any recommendations must be ratified by the entire group).
- The Project Manager will provide updates to the master work plans, highlighting actions and discussions to be taken and team recommendations, and will maintain minutes.
- The action items will be developed and updated after each meeting.
- The action items will be shared with each member and reflected in the revised version for every meeting. Leadership Teams, Working Teams and other various stakeholder meetings will be

added in the shared location at all stages of activity/program planning, development, implementation and evaluation.

Agenda and Minutes

- An agenda will be circulated before each meeting of the Committee.
- Minutes and relevant materials, such as work plans, will be added to a shared folder for each member after each meeting,

Evaluation and Review

- As part of the detailed work plans with the Leadership Teams and Working Teams, the continuous quality evaluations of the changes to programs and foundations will be measured. Its success, effectiveness and opportunities for improvement will be summarized on a semi to annual basis and presented to the Steering Committee

Appendix A – Roles and Responsibilities of the Project Teams

Project Manager will:

- Provide project management leadership to the entire project organizational structure
- Provide the Steering Committee with regular updates of the work being completed by the Leadership Teams and Working Groups
- Facilitate the work of the Leadership Teams ensuring cross functional considerations are discussed and addressed within the recommendations
- Maintain a comprehensive master work plan which captures the work of the Working Group recommendations, communications, risk and change management

Leadership Teams will:

- Provide leadership to the Work Teams
- Facilitate meetings by summarizing the work and update work plans, provide recommendations, and highlight any risks
- Prepare and present key findings, project updates, highlight priorities and further recommendations from the Work Teams to Project Manager and Steering Committee for review and approval
- Share all documents with the Project Manager at regular (weekly) status meetings

Work Teams will:

- Be comprised of Subject Matter Experts (SME), front-line staff, and management who will discuss, prioritize, and develop recommendations to the Leadership Teams
- Perform the work/tasks outline in the work plans
- Summarize the work and update work plans, provide recommendations, and highlight any risks to the Leadership Teams

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

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Algoma Public Health
Statement of Operations
March 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ YTD Budget 2019
Public Health Programs						
Revenue						
Municipal Levy - Public Health	\$ 917,045	\$ 879,923	\$ 37,123	\$ 3,519,690	4%	104%
Provincial Grants - Cost Shared Funding	1,880,800	1,880,800	0	7,523,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	748,805	749,237	(432)	2,996,950	0%	100%
Fees, other grants and recovery of expenditures	98,421	167,224	(68,803)	695,214	-41%	59%
Total Public Health Revenue	\$ 3,645,071	\$ 3,677,183	\$ (32,112)	\$ 14,735,054	-1%	99%
Total Public Health Programs Expenditures	\$ 3,461,135	\$ 3,823,016	\$ 361,881	\$ 14,735,055	-9%	91%
Total Rev. over Exp. Public Health	\$ 183,936	\$ (145,833)	\$ 329,769	\$ (1)		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 267,000	267,003	3	1,068,011	0%	100%
Expenditures	257,818	266,453	(8,635)	1,068,011	-3%	97%
Excess of Rev. over Exp.	9,182	550	8,632	-		

Public Health Programs - Fiscal 18/19

Provincial Grants and Recoveries	\$ 177,000	227,700	50,700	227,700		
Expenditures	179,210	227,700	(48,490)	227,700		
Excess of Rev. over Fiscal Funded	(2,210)	-	(2,210)	-		

Community Health Programs

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	47,198	83,822	(36,625)	335,290	-44%	56%
Total Community Health Revenue	\$ 47,198	\$ 83,822	\$ (36,625)	\$ 335,290	-44%	56%
Expenditures						
Child Benefits Ontario Works	1,155	6,125	4,970	24,500	-81%	19%
Algoma CADAP programs	73,337	77,697	4,360	310,790	-6%	94%
Total Calendar Community Health Programs	\$ 74,492	\$ 83,823	\$ 9,331	\$ 335,290	-11%	89%
Total Rev. over Exp. Calendar Community Health	\$ (27,294)	\$ (0)	\$ (27,294)	\$ 0		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 5,676,123	\$ 5,721,084	\$ (44,961)	\$ 5,721,084	-1%	99%
Municipal, Federal, and Other Funding	736,575	733,905	2,670	733,905	0%	100%
Other Bill for Service Programs	49,033		49,033			
Total Community Health Revenue	\$ 6,461,731	\$ 6,454,989	\$ 6,742	\$ 6,454,989	0%	100%
Expenditures						
Brighter Futures for Children	120,099	120,099	-	120,099	0%	100%
Infant Development	627,730	643,783	16,053	643,783	-2%	98%
Preschool Speech and Languages	614,256	614,256	0	614,256	0%	100%
Nurse Practitioner	145,452	145,452	(0)	145,452	0%	100%
Genetics Counseling	453,398	367,806	(85,592)	367,806	23%	123%
Community Mental Health	3,540,079	3,607,761	67,682	3,607,765	-2%	98%
Community Alcohol and Drug Assessment	724,552	737,406	12,853	737,406	-2%	98%
Healthy Kids Community Challenge	93,321	112,500	19,179	112,500	-17%	83%
Stay on Your Feet	101,923	101,923	-	101,923	0%	100%
Bill for Service Programs	31,650	-	(31,650)	-		
Misc Fiscal	90	4,000	3,910	4,000		
Total Fiscal Community Health Programs	\$ 6,452,551	\$ 6,454,985	\$ 2,435	\$ 6,454,989	0%	100%
Total Rev. over Exp. Fiscal Community Health	\$ 9,180	\$ 4	\$ 9,177	\$ (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 Three Months Ending March 31, 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Bgt. to Act. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ Annual Budget 2019	Comparison Prior Year:		
							YTD Actual 2018	YTD BGT 2018	Variance 2018
Levies Sault Ste Marie	609,525	609,525	0	2,438,100	0%	25%	606,441	606,441	0
Levies Vector Borne Disease and Safe Water	14,858	14,858	0	59,433	0%	25%	14,858	14,858	0
Levies District	292,662	255,539	37,123	1,022,157	15%	29%	254,246	254,246	0
Total Levies	917,045	879,922	37,123	3,519,690	4%	26%	875,545	875,545	0
MOH Public Health Funding	1,836,225	1,836,225	0	7,344,900	0%	25%	1,782,725	1,782,725	0
MOH Funding Vector Borne Disease	27,175	27,175	0	108,700	0%	25%	27,175	27,175	0
MOH Funding Safe Water	17,400	17,400	0	69,600	0%	25%	17,400	17,400	0
Total Public Health Cost Shared Funding	1,880,800	1,880,800	0	7,523,200	0%	25%	1,827,300	1,827,300	0
MOH Funding Needle Exchange	16,175	16,175	(0)	64,700	0%	25%	12,675	16,175	(3,500)
MOH Funding Haines Food Safety	6,150	6,150	0	24,600	0%	25%	6,150	6,150	0
MOH Funding Healthy Smiles	192,475	192,475	0	769,900	0%	25%	192,475	192,475	0
MOH Funding - Social Determinants of Health	45,125	45,125	0	180,500	0%	25%	45,125	45,125	0
MOH Funding - MOH / AMOH Top Up	31,180	31,613	(433)	126,450	-1%	25%	31,180	31,613	(433)
MOH Funding Chief Nursing Officer	30,375	30,375	0	121,500	0%	25%	30,375	30,375	0
MOH Enhanced Funding Safe Water	3,875	3,875	0	15,500	0%	25%	3,875	3,875	0
MOH Funding Unorganized	132,600	132,600	0	530,400	0%	25%	132,600	132,600	0
MOH Funding Infection Control	78,100	78,100	0	312,400	0%	25%	78,100	78,100	0
MOH Funding Diabetes	37,500	37,500	0	150,000	0%	25%	37,500	37,500	0
MOH Funding Northern Ontario Fruits & Veg.	29,350	29,350	0	117,400	0%	25%	29,345	29,344	1
Funding Ontario Tobacco Strategy	108,400	108,400	0	433,600	0%	25%	108,400	108,407	(7)
MOH Funding Harm Reduction	37,500	37,500	0	150,000	0%	25%	37,500	37,500	0
One Time Funding	0	0	0	0	0%	0%	0	0	0
Total Public Health 100% Prov. Funded	748,805	749,238	(433)	2,996,950	0%	25%	745,300	749,239	(3,939)
Recoveries from Programs	2,515	20,075	(17,560)	27,621	-87%	9%	2,515	19,950	(17,435)
Program Fees	54,367	59,648	(5,281)	238,593	-9%	23%	56,234	59,441	(3,207)
Land Control Fees	4,890	27,500	(22,610)	160,000	-82%	3%	5,860	40,000	(34,140)
Program Fees Immunization	24,002	38,750	(14,748)	155,000	-38%	15%	26,769	46,250	(19,481)
HPV Vaccine Program	0	4,000	(4,000)	12,000	0%	0%	298	7,000	(6,703)
Influenza Program	0	0	0	25,000	0%	0%	0	0	0
Meningococcal C Program	0	0	0	8,000	0%	0%	77	1,000	(924)
Interest Revenue	11,146	8,000	3,146	32,000	39%	35%	8,318	3,500	4,818
Other Revenues	1,500	9,250	(7,750)	37,000	0%	4%	0	5,000	(5,000)
Total Fees, Other Grants and Recoveries	98,421	167,224	(68,803)	695,214	-41%	14%	100,070	182,141	(82,071)
Total Public Health Revenue Annual	\$ 3,645,071	\$ 3,677,184	\$ (32,113)	\$ 14,735,054	-1%	25%	\$ 3,548,215	\$ 3,634,225	\$ (86,010)
Public Health Fiscal									
Panorama	0	0	0	0	0%	0%	74,100	74,100	0
Smoke Free Ontario NRT	0	0	0	0	0%	0%	30,000	30,000	0
Practicum	10,000	10,000	0	10,000	0%	100%	10,000	10,000	0
Other One Time Fiscal Funding	167,000	217,700	(50,700)	217,700	-23%	77%	50,224	50,224	0
Total Provincial Grants Fiscal	\$ 177,000	\$ 227,700	\$ (50,700)	\$ 227,700	-22%	78%	\$ 164,324	\$ 164,324	\$ -

Algoma Public Health
Expense Statement- Public Health
For Three Monthes Ending March 31, 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ YTD Budget 2019	Comparison Prior Year:		
							YTD Actual 2018	YTD BGT 2018	Variance 2018
Salaries & Wages	\$ 2,067,863	\$ 2,257,855	\$ 189,992	\$ 9,031,427	-8%	23%	\$ 2,023,760	\$ 2,208,938	\$ 185,179
Benefits	543,742	546,272	2,530	2,185,088	0%	25%	530,850	525,951	(4,899)
Travel	41,361	47,767	6,406	191,069	-13%	22%	39,802	48,665	8,863
Program	80,645	157,858	77,214	631,433	-49%	13%	106,636	161,754	55,118
Office	18,851	25,886	7,035	103,544	-27%	18%	33,634	29,227	(4,407)
Computer Services	191,938	238,486	46,548	806,927	-20%	24%	182,161	168,970	(13,191)
Telecommunications	80,715	96,921	16,206	267,685	-17%	30%	74,214	75,826	1,612
Program Promotion	4,873	15,732	10,859	62,930	-69%	8%	4,947	15,259	10,311
Professional Development	21,258	24,176	2,918	96,702	-12%	22%	32,384	25,714	(6,670)
Facilities Expenses	189,420	190,000	580	760,000	0%	25%	198,044	198,750	706
Fees & Insurance	132,155	133,020	865	242,080	-1%	55%	117,390	122,113	4,722
Debt Management	115,225	115,225	0	460,900	0%	25%	115,225	115,225	0
Recoveries	(26,909)	(26,182)	727	(104,730)	3%	26%	(25,083)	(26,074)	(991)
	\$ 3,461,136	\$ 3,823,016	\$ 361,880	\$ 14,735,055	-9%	23%	\$ 3,433,965	\$ 3,670,318	\$ 236,353

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 – March 2019

Reporting Period

The March 2019 financial reports include three 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 twelve month result from operations year ended March 31st, 2018.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

The Provincial Government has announced changes in the funding model associated with Public Health programs and services. As a result, it is anticipated that the cost sharing split between municipalities and the province will change. Specifically for APH, the traditional 75% provincially funded, 25% municipally funded ratio would transition to a 70% provincially funded and 30% municipally funded ratio. The financial statements as of March 31st, 2019 do not reflect these proposed changes.

As of March 31st, 2019, Public Health programs are reporting a \$330k positive variance.

Total Public Health Revenues are indicating a negative \$32k variance. This is a result of Fees, Other Grants and Recoveries being less than budgeted. APH typically captures the bulk of its fees between the spring and fall months.

There is a positive variance of \$362k related to Total Public Health expenses being less than budgeted. Salary and Wages expense is driving this positive variance.

Community Health Calendar program Revenues are showing a negative \$36k variance. This is a result of timing of funding received.

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

Genetics Counseling is showing a negative \$86k 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. As APH makes plans to transition the management of the program to Health Science North, funding associated with the program will end March 31st, 2019. The plan is for APH to continue to use deferred revenue after March 31st, 2019, as the transition continues.

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

Notes Continued...

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are within budget.

The municipal levies are showing a positive \$37k variance. This is a result of timing of receipts of the municipal levy as some smaller municipalities have paid their portion of the levy in full.

Cost Shared Funding is within budget.

100% Provincially Funded Grants are within budget.

Fees, Other Grants & Recoveries are showing a negative variance of \$69k. Recoveries from Programs are showing a negative \$18k variance. Land Control Fees are showing a negative \$23k variance. In addition, Program Fees Immunization is showing a \$15k negative variance. APH typically captures the bulk of its fees between the spring and fall months.

Public Health Expenses (see page 3)

Salary & Wages

The \$190k 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. A Public Health supervisor position was budgeted for the full calendar year. The successful candidate started in late February. Currently, there are some vacant positions within the agency that have been budgeted but yet to be filled. Some of these positions will be absorbed once the Genetics program is fully transferred to Health Sciences North.

Program

Program expense is indicating a positive \$77k variance. As Public Health programs are only three month's into the budget year, this variance is a result of timing of expenses not yet incurred. Additionally, Program Fees Immunization is \$15k under budget which directly impacts the costs of associated Program expenses.

Computer Services

Computer Services expense is indicating a positive \$47k variance. This is primarily a result of Microsoft licenses that have been budgeted but have yet to be paid.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of March 31st, 2019. Cash includes \$837k in short-term investments.

Long-term debt of \$5.05 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. \$295k of the loan relates to the financing of the Elliot

Notes Continued...

Lake office renovations with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no collection concerns for accounts receivable.

Algoma Public Health
Statement of Financial Position
(Unaudited)

	March 2019	December 2018
Date: As of March 2019		
Assets		
Current		
Cash & Investments	\$ 3,151,401	\$ 3,095,904
Accounts Receivable	163,294	513,364
Receivable from Municipalities	145,527	75,726
Receivable from Province of Ontario		
<i>Subtotal Current Assets</i>	3,460,222	3,684,994
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,291,415	1,345,384
Payable to Gov't of Ont/Municipalities	97,520	344,305
Deferred Revenue	431,307	428,341
Employee Future Benefit Obligations	2,811,714	2,811,714
Term Loan	5,199,815	5,199,815
<i>Subtotal Current Liabilities</i>	9,831,771	10,129,560
Net Debt	(6,371,550)	(6,444,566)
Non-Financial Assets:		
Building	22,732,421	22,732,421
Furniture & Fixtures	1,936,985	1,936,985
Leasehold Improvements	1,572,807	1,572,807
IT	3,244,030	3,244,030
Automobile	40,113	40,113
Accumulated Depreciation	(9,476,105)	(9,476,105)
<i>Subtotal Non-Financial Assets</i>	20,050,250	20,050,250
Accumulated Surplus	13,678,700	13,605,684

May 15, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

I am writing on behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) to recommend that the full territory of SMDHU remain intact and join with York Region to form a new regional public health entity on April 1, 2020. This is in response to information provided verbally to Dr. Charles Gardner, Medical Officer of Health for SMDHU by staff from the Ministry of Health and Long - Term Care on May 7th, 2019 indicating that public health services in the District of Muskoka will be provided by a regional public health entity that will also serve Sudbury, North Bay, Parry Sound, Algoma, Porcupine, Timiskaming and part of Renfrew; he also was informed that Simcoe County will be served by a public health entity that will also serve York Region. From this communication it is also Dr. Gardner's understanding that the provincial government is willing to consider feedback on these boundary changes. The Board appreciates having the opportunity to recommend that all of the territory served by SMDHU be combined with that of York Region in a new regional public health entity.

The Board and staff have worked very hard since the inception of SMDHU (the result of a merger prompted by the province in 2005) in order to create a cohesive public health agency that is highly successful in fulfilling its mandate. The District of Muskoka benefits from public health services provided in partnership with Simcoe County. The division of our Muskoka and Simcoe operations would disrupt and undermine program delivery.

The geographic area of the proposed *northeastern regional public health entity* is extremely large (over 400,000 kilometers, extending to James Bay). Providing public health services over such a large and low density area will be very challenging, and it will be very difficult for the governance and management of such a regional public health entity to provide attention to local service provision. The provision of public health services in the District of Muskoka would be more challenging within this very large public health entity than they would be if Muskoka were to join Simcoe County in a regional public health entity with York Region. The provision of public health services for the remaining communities in the proposed *northeastern regional public health entity* would also be further challenged with the addition of Muskoka to their territory.

The inclusion of the District of Muskoka with Simcoe County and York Region in a single public health entity would also be consistent with the observation that in general, the community and health care service referral patterns in Muskoka are directed to facilities in Simcoe County (Barrie and Orillia), and to communities further south (including in York Region).

Barrie:
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705-721-7520
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280 Pretty River Pkwy.
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705-445-0804
FAX: 705-445-6498

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FAX: 705-458-0105

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705-789-8813
FAX: 705-789-7245

Midland:
B-865 Hugel Ave.
Midland, ON
L4R 1X8
705-526-9324
FAX: 705-526-1513

Orillia:
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

Finally, of great concern to the Board is the reality that the division of Muskoka from Simcoe would greatly increase the complexity, cost and duration of time required for the creation of the new public health entities, compared with having Muskoka and Simcoe join together with the public health services in York Region. A merger between SMDHU and York Region would be complex on its own, however the splitting of our operations between Simcoe and Muskoka at the same time as mergers both with York, and with six other health units to the north would be overwhelming in its complexity.

Given the inherent and substantial disadvantages of dividing Simcoe and Muskoka, the Board recommends that SMDHU join in its entirety with York Region in the modernization of public health.

Thank you for considering our recommendation.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

CG:cm

cc. Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka
Boards of Health for York Region, Sudbury, North Bay, Parry Sound, Algoma, Porcupine,
Timiskaming, and Renfrew
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Dr. David Williams, Chief Medical Officer of Health
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

From: Gardner, Charles [mailto:Charles.Gardner@smdhu.org]
Sent: Wednesday, May 15, 2019 2:30 PM
To: Penny Sutcliffe; jim.chirico@healthunit.ca; Marlene Spruyt; Lianne Catton; 'Monika Dutt - Timiskaming Health Unit (duttm@timiskaminghu.com)'; karim.kurji@york.ca
Cc: Miller, Christine; Shoreman, Carolyn
Subject: Board Motion and Letter re Municipal Boundaries

Hello colleagues. Below you will find the motion approved by the SMDHU Board of Health today, and attached its letter to the Minister of Health. Please share and use as you deem appropriate. My EA will be circulating this to the parties cited, including to your EAs for the consideration of your boards. Although the letter does not specifically call for the support of your boards, this would be most helpful if possible.

Thank you for your guidance and support on this. I do ask that you also provide me with your levy in 2018 as we will use it to do an estimation of the likely levy for the District of Muskoka if it goes to the NE public health entity as opposed to Simcoe York.

Our board also approved Carolyn Shoreman being our Director of the Public Health Transition. Her role is to provide leadership in the management of our transition, organizing engagement teams to this end. As next steps it would be helpful if she and I could join with counterparts by teleconference in York, and in the NE health units in the near future. Please advise on this.

Penny, I would welcome your offer to arrange a teleconference meeting with Liz Walker re feedback on the boundary change (re Muskoka). I will also email her now on this with this attached letter to initiate the discussion.

Thank you

Sincerely,
Chuck

Dr. Charles Gardner, MD, CCFP, MHSc, FRCPC

Medical Officer of Health and Chief Executive Officer

t: 705-721-7520 or 1-877-721-7520 x: 7219

e: Charles.Gardner@smdhu.org

Simcoe Muskoka District Health Unit, 15 Sperling Dr, Barrie ON L4M 6K9

MOTION passed by the Simcoe Muskoka District Health Unit May 15, 2019:

IT IS RECOMMENDED THAT the Board of Health communicate with the Ontario Minister of Health, recommending that the full territory of the Simcoe Muskoka District Health Unit remain intact and join with York Region to form a new regional public health entity on April 1, 2020;

AND FURTHERMORE THAT the municipalities, the MPPs and Local Health Integration Networks of Simcoe Muskoka, as well as the Boards of Health for York Region, Sudbury, North Bay, Parry Sound, Algoma, Porcupine, Timiskaming, and Renfrew, the Association of Local Public Health Agency and the Chief Medical Officer of Health receive a copy of this communication.

Thank you,
Christine

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Thank you.

From: Penny Sutcliffe [mailto:sutcliffep@phsd.ca]
Sent: Friday, May 17, 2019 7:52 AM
To: 'Gardner, Charles'
Cc: jim. chirico; 'Monika Dutt - Timiskaming Health Unit (duttm@timiskaminghu.com)'; Marlene Spruyt; Lianne Catton; Rachel Quesnel
Subject: Public Health Sudbury & District Board Motion

**NORTH EAST PUBLIC HEALTH REGIONAL BOUNDARIES – MODERNIZATION OF THE
ONTARIO**

PUBLIC HEALTH SYSTEM

MOTION:

WHEREAS the Health Protection and Promotion Act amendment effective April 1, 2005,

enabled the merger of the Muskoka-Parry Sound Health Unit with the Simcoe County District Health Unit and with the North Bay & District Health Unit; and

WHEREAS North Bay Parry Sound District Health Unit and Simcoe Muskoka District Health

Unit (SMDHU) have invested greatly since that time to successfully transition to their respective new agencies; and

WHEREAS the new public health entity for northeastern Ontario is proposed to include the

existing public health units in the region (Algoma Public Health, Public Health Sudbury

&

Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, Timiskaming

Health Unit) along with Muskoka District and a part of Renfrew; and

WHEREAS the northeast public health entity is the only one of ten proposed regional entities that would not respect existing health unit boundaries and would require the costly

dissolution of existing health units; and

WHEREAS the demographics, socioeconomic status, health status, and important health

care referral patterns of the Muskoka District are all distinct from those of the northeast;

and

WHEREAS the proposed northeast public health entity is a massive area (402,489 km²) with

significant administrative and geographic complexities, for which the incorporation of an

additional distinct area would tax the region's ability to respond appropriately to diverse

public health needs; and

WHEREAS the Board of Health for SMDHU having expressed similar observations, is requesting the support of northeast boards of health for their position that SMDHU remain

intact as they transition to a new regional entity;

THEREFORE be it resolved that the Board of Health for Public Health Sudbury & Districts

endorse the position of the Board of Health for SMDHU that the organization of their public

health services remains intact as they transition to the new regional public health entity.

Penny Sutcliffe, MD, MHSc, FRCPC

Medical Officer of Health and Chief Executive Officer / Médecin-hygiéniste et directrice générale

Public Health Sudbury & Districts / Santé publique Sudbury et districts

1300 rue Paris Street | Sudbury, Ontario P3E 3A3

sutcliffep@phsd.ca

Phone 705.522.9200 ext./poste 291 Fax 705.677.9606

NEWS RELEASE

April 12th, 2019

For Immediate Release

Ontario Budget 2019 – Reducing Investments in Public Health

The Association of Local Public Health Agencies (alPHa), which represents Ontario's Medical Officers of Health, Boards of Health members and front-line public health professionals throughout the province, is surprised and deeply concerned to learn of the Government's plans to restructure Ontario's public health system and reduce its funding by \$200M per year.

"Investments in keeping people healthy are a cornerstone of a sustainable health care system. We have spent considerable time since the election of the new Government communicating the importance of Ontario's locally-based public health system to ending hallway medicine," said alPHa President Dr. Robert Kyle. "The reality is that this \$200M savings is a 26% reduction in the already-lean annual provincial investment in local public health. This will greatly reduce our ability to deliver the front-line local public health services that keep people out of hospitals and doctors' offices."

In order to achieve this reduction, the Government is proposing to replace 35 public health units and 35 local boards of health with 10 larger regional entities with boards of health of unknown composition and size. As alPHa pointed out in its response to the previous Government's Expert Panel on Public Health Report (which proposed a similar reduction), the magnitude of such a change is significant and will cause major disruptions in every facet of the system. "The proposed one-year time frame for this change is extremely ambitious, and we hope that the government will acknowledge the need to carefully examine the complexities of what it is proposing and move forward with care and consideration," added Dr. Kyle.

Public Health initiatives show a return on investment. Much of the success of our locally-based public health system can be attributed to partnerships with municipal governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that are oriented towards healthy behaviours. The health protection and promotion needs of Ontarians vary significantly depending on their communities, and preserving these partnerships is essential to meeting them regardless of the number of public health units.

We look forward to receiving more details of this plan from the Ministry so that we can work with them to ensure that Ontario's public health system continues to draw strength from dedicated local voices and effective partnerships and maintains the capacity to deliver essential front-line health protection and promotion services while working to meet the Government's stated goals of broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention.

- 30 -

For more information regarding this news release, please contact

Loretta Ryan
Executive Director
(647) 325-9594
(416) 595-0006 ext. 22

About alPHA

The Association of Local Public Health Agencies (alPHA) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians. Further details on the functions and value of Ontario's public health system are available in alPHA's [2019 Public Health Resource Paper](https://bit.ly/2G8F3Ov) (<https://bit.ly/2G8F3Ov>)

April 17, 2019

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

The Honourable Steve Clark
Minister of Municipal Affairs and Housing
17th Floor
777 Bay Street
Toronto, ON M5G 2E5

Dear Ministers:

Ontario's local public health system is an essential part of keeping communities safe and healthy. Public health delivers excellent return on investment and works on the front line to protect our communities from illness and promote health and wellbeing. The services provided by public health, centred on Ontario's Public Health Standards, ensure that our population stays out of the health care system and remain well for as long as possible.

As the Chair of the Board of KFL&A Public Health, I unequivocally support KFL&A Public Health and its staff in the work that they do. The needs of Ontarians are variable and preserving partnerships locally is essential. Local knowledge and expertise to ensure the health of our communities is not something that our region can afford to lose.

Our Board of Health was surprised and disappointed to learn of the Government of Ontario's plans to restructure Ontario's public health system. The proposed \$200 million per year reduction in funding for local public health services represents a significant strain on the ability of local public health agencies like KFL&A Public Health to continue to deliver on their mandate. A reduction in funding that represents 26% of the budget cannot happen without cutting services. These cuts will impact our ability to deliver the front-line public health services that keep people out of hospitals and doctors' offices and will ultimately mean a greater downstream cost to the health care system. KFL&A Public Health's Board is requesting the Province of Ontario maintain and augment the health protection, promotion, and prevention mandate of KFL&A Public health. Furthermore, we request the Province of Ontario maintain the current 75 percent provincial, 25 percent municipal funding formula for KFL&A Public Health and public health programs in Ontario. We request that the Province of Ontario stop the planned reduction of Ontario public health units from 35 to 10 and the planned reduction by \$200 million from public health and instead initiate consultations with municipalities and

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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

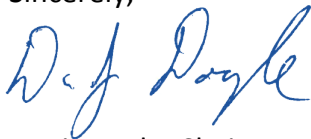
public health agencies on the public health system in Ontario. Finally, we have directed the Medical Officer of Health and the staff of KFL&A Public health to work with the Association of Local Public Health Agencies to coordinate and support their efforts to respond to cuts to public health in Ontario. We called upon the municipalities that fund KFL&A Public Health to do the same.

Money invested into public health is money well spent; prevention is the fiscally responsible investment for our communities. There is strong evidence to support the excellent return on investment that public health offers, with an average of \$14 of upstream savings for every \$1 investment in public health services.

It has been fifteen years since the last major public health crisis in this province, and we have learned well from those lessons. We do not wish to repeat the mistakes of the past; the cuts proposed by this government have the potential to jeopardize our ability to protect the health of the people of Ontario.

Ontario has an integrated, cost-effective, and accountable public health system. Boards of health provide programs and services tailored to address local needs across the province. The public health system works upstream to reduce demands and costs to the acute care sector while providing essential front-line services to local communities. Modest investments in public health generate significant returns. In short, public health plays an important role in our work, our families, and our communities. Divestment from it would be a loss for all.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: *Hon. D. Ford, Premier of Ontario*
Hon. H. Angus, Deputy Minister of Health and Long-Term Care
Ian Arthur, MPP Kingston and the Islands
Daryl Kramp, MPP Hastings-Lennox and Addington
Dr. David William, Chief Medical Officer of Health
Loretta Ryan, Association of Local Health Agencies
Ontario Boards of Health
Board of Health members
Kelly Pender, CAO, County of Frontenac
Brenda Orchard, CAO, County of Lennox and Addington
Mayor B. Paterson and City Councillors
Monica Turner, Director of Policy, Association of Municipalities of Ontario

Kingston, Frontenac and Lennox & Addington Public Health

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



Board of Health Resolution

MOVED BY: K. O'Gorman

SECONDED BY: D. Smith

SOURCE: TBDHU Board of Health

DATE: April 17, 2019

Page 1 of 1

RESOLUTION NO.: 54b-2019



CARRIED



AMENDED



LOST



DEFERRED/
REFERRED

ITEM NO.: 8.10

J. McPherson

CHAIR

RE: Public Health Restructuring

THAT with respect to Public Health Restructuring, the Board of Health:

1. Affirms its support for the Thunder Bay District Health Unit;
2. Requests the Province of Ontario to maintain the health protection and health promotion mandate of the Thunder Bay District Health Unit;
3. Requests the Province of Ontario to maintain the current 75 percent provincial, 25 percent municipal funding for the Thunder Bay District Health Unit;
4. Requests the Province of Ontario to stop the planned reduction of Ontario public health units from 35 to 10 and planned reduction of \$200 million from public health, and instead initiate consultation with municipalities and public health agencies on the public health system in Ontario;
5. Directs the Medical of Health of the Thunder Bay District Health Unit to work with the Association of Local Public Health Agencies to support their efforts on responding to the provincial cuts to public health in Ontario;
6. Requests the Province of Ontario to recognize the vast distance and lack of homogeneity in Ontario, north of the French River.

Accordingly, the Province should ensure that distances are manageable and that public health units are not overwhelmed because they are providing service to areas that are too large and vast.

FOR OFFICE USE ONLY --- RESOLUTION DISTRIBUTION

	<i>To:</i>	<i>INSTRUCTIONS:</i>	<i>To:</i>	<i>INSTRUCTIONS:</i>
1	Dr. DeMille		S. Stevens	
2	L. Dyll		S. Oleksuk	
3	L. Roberts		T. Royer	
4	T. Rabachuk			
5				
6				File Copy



April 18, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queens Park
Toronto, ON M7A 1A1
Sent via e-mail: doug.ford@pc.ola.org

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

Dear Premier Ford and Minister Elliott

During its regular board meeting on April 17, 2019, the Board of Health for the Perth District Health Unit reviewed the budget tabled by the government of Ontario on April 11, 2019 with regard to proposed changes to local public health, specifically:

- Changes to municipal-provincial cost-sharing (2019-2020)
- 35 local agencies to become 10 regional (2020-21)
- \$200M reduction (2021-2022) (Current provincial funding is ~\$750M)

Background considerations included:

- the aPHa letter to Dr. Devlin (regarding the First Report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine: *Hallway Health Care: A System Under Strain*) outlining the important role of Public Health in keeping communities strong and healthy and preventing people from becoming patients, and the excellent return on investment delivered by public health programs and services
- previous reports on the organization of public health in Ontario including the 2006 Report of the Capacity Review Committee, *Revitalizing Ontario's Public Health Capacity* and the 2017 Report of the Ministers Expert Panel *Public Health within an Integrated Health System*
- current work being taken to amalgamate Perth District Health Unit with Huron County Health Unit.

.../2

Perth District Health Unit, 653 West Gore Street, Stratford, ON N5A 1L4 Canada
Tel: 519-271-7600 Fax: 519-271-2195 Toll-Free: 1-877-271-7348 Web: www.pdhu.on.ca

Given the significant changes being proposed, the board moved to:

- Request the Province of Ontario to maintain the health protection and health promotion and prevention mandate of the Perth District Health Unit;
- Request the continued support of the Province of Ontario for the merger of the Perth District Health Unit and Huron County Health Unit;
- Request the Province of Ontario to maintain the current 75% provincial, 25% municipal funding formula for the Perth District Health and public health programs in Ontario;
- Request the Province of Ontario to stop the planned reduction of Ontario public health units from 35 to 10 and planned reduction of \$200 million (2021-2022) from public health and instead initiate consultations with municipalities and public health agencies on the public health system in Ontario;
- Direct the Medical Officer of Health and the Perth District Health Unit to work with the Association of Local Health Agencies to coordinate and support their efforts on responding to the Provincial cuts to public health in Ontario.

Sincerely,



Kathy Vassilakos,
Chair, Perth District Health Unit

cc: Mr. Randy Pettapiece, MPP Perth Wellington
Mayor Dan Mathieson, City of Stratford
Mayor Todd Kasenburg, North Perth
Mayor Robert Wilhelm, Perth South
Mayor Rhonda Ehgoetz, Perth East
Mayor Al Strathdee, Town of St. Marys
Mayor Walter McKenzie, West Perth
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
All Boards of Health
All Health Units
Association of Local Public Health Units

April 18, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Elliott:

Re: The Public Health System and the 2019 Ontario Provincial Budget:

We are writing to express the views of the Board of Health for the Simcoe Muskoka District Health Unit regarding the 2019 Ontario Provincial Budget and its implications for the public health system. Certainly the budget speaks of the transformation of the public health system in the immediate future, with a consolidation of health units within 10 regional public health entities, a change in the funding arrangement between the province and the municipalities, and a large reduction in provincial funding (\$200 million by 2021-2022). It is the Board's understanding that these changes are being pursued to achieve efficiencies and increased responsiveness to local public health needs, working with municipalities and other health care agencies.

The mandate of public health puts people first by working with the entire population to prevent disease, and to protect and promote health. Public health protects what matters most, saving thousands of lives and billions of dollars in health care costs. The public health approach manifests in a wide range of services including (but certainly not limited to) the following:

- the provision of vaccines (to protect children from what were once universally common infectious diseases such as measles and whooping cough and are now rare due to our vaccination program),
- the response to outbreaks (such as SARS in 2003, and influenza outbreaks in health care facilities each year),
- the inspection of food provided in restaurants and in health care and educational facilities (to prevent foodborne outbreaks of disease),
- ensuring safe drinking water (preventing community-wide outbreaks, such as what happened in 2000 in Walkerton),
- tobacco control,
- home visits to support the health of newborn children in at risk homes (the Healthy Babies Healthy Children Program),
- enhancing infant health through the promotion of breastfeeding,
- mental health promotion in schools,

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FAX: 705-325-2091

- helping to guide municipalities address changes in cannabis legislation,
- and working with municipalities in their preparation and response to community emergencies (such as the influenza pandemic of 2009).

The province's commitment to enhance the oral health work of public health with \$90 million for low income seniors is commendable and appreciated.

The work of public health is inherently cost effective, with an excellent return on investment, and is essential for the province to achieve its goal of ending hallway medicine. Funding for public health is a sound investment in support of the health and wellbeing of the people.

From today's teleconference with Dr. David Williams we learned details of the province's decision to change the funding formula between the province and the municipalities effective April 1, 2019. The Board asks that the provincial government reconsider the size of the reduction in funding cited in the provincial budget, as this will challenge our ability to continue to fully provide these cost-effective and essential services. We appreciate from Dr. William's teleconference that the new public health entities will have independent boards of health with strong municipal and provincial representation, seeking a strong municipal relationship; we commend this.

We also appreciate from Dr. William's teleconference today that the province will proceed very shortly (starting next week) with consultation with individual boards of health and health units regarding the transition details to be implemented. We commend this approach and welcome the opportunity to participate in this engagement. As the province proceeds with its modernization of health care and public health, the Board of Health and staff for the Simcoe Muskoka District Health Unit are ready to be a partner, providing our insights and expertise to bring forward all that is essential within public health to the regional public health entity to come in Central Ontario. We are prepared to join with our neighbouring health units, our local municipalities, our school boards, and our partner agencies within and outside of health care to build a new public health entity to achieve excellence in public health.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

ORIGINAL Signed By:

Charles Gardner, MD, CCFP, MHSc, FRCPC
Medical Officer of Health

CG:cm

Cc: Association of Local Public Health Agencies
Mayor and Council of Simcoe and Muskoka

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☐ **Orillia:**
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Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

April 18, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Sent via e-mail: premier@ontario.ca

Dear Premier Ford:

Re: Support for Bill 60, Establishing a Social Assistance Research Commission

At its meeting held on April 18, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence from the North Bay Parry Sound District Health Unit regarding the establishment of a Social Assistance Research Commission under the *Ministry of Community and Social Services Act, R.S.O. 1990, c.M.20* (Bill 60).

Inadequate income and food insecurity result in poor health outcomes and higher health care costs. Current social assistance rates do not meet the minimum basic needs of shelter and food, putting recipients of social assistance programs at greater risk for poor health outcomes and mortality. The Board of Health agrees with the recommendations provided in North Bay Parry Sound's resolution (attached) and supports Bill 60, an Act to amend the *Ministry of Community and Social Services Act* to establish the Social Assistance Research Commission.

We appreciate your consideration of this important public health issue.

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



Cammie Jaquays, Chair, Board of Health

Cc (via email) : The Hon. Christine Elliott, Minister of Health and Long-Term Care
The Hon. Lisa MacLeod, Minister Responsible for Women's Issues, Minister of Children, Community & Social Services
The Hon. Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
David Piccini, MPP Northumberland-Peterborough South
Dr. David Williams, Ontario Chief Medical Officer of Health
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies

Attachment

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LINDSAY OFFICE
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February 27, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Room 281
Queen's Park
Toronto, ON M7A 1A1

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

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

The Board of Health for the North Bay Parry Sound District Health Unit (Board) would like to share with you the resolutions passed at our recent meeting on February 27, 2019. The resolutions highlight our continued support of staff and community stakeholders to reduce health inequities, and our support for Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. A copy of the motion passed is included as Appendix A.

One in seven households in our Health Unit region experience food insecurity. Included is a copy of our [2018 Food Insecurity poster](#), highlighting this important statistic, as Appendix B. Our goal with this key messaging is to emphasize the magnitude of this issue in our area. The [full report](#) is available on our website.

While our community has a broad gamete of important social service and food charity programs in place to assist those experiencing food insecurity, this complex issue cannot be adequately or sustainably addressed at the local level. Food insecurity is defined as inadequate or insecure access to food due to financial constraints, which highlights low income as the root of the problem. Our Health Unit continues to raise awareness about the importance of income security for low income Ontarians, in an effort to reduce food insecurity rates. Food insecurity is a significant public health problem because of its great impact on health and well-being. In light of the release of the new Canada's Food Guide, it is important to note that these dietary recommendations are out of reach for many low-income Canadians.

While there are a number of risk factors for being food insecure, social assistance recipients are at particularly high risk. Research has shown that 64% of households in Ontario receiving social assistance

.../2

experience food insecurity, demonstrating that social assistance rates are too low to protect recipients from being food insecure. For this reason, our Board supports Bill 60, an act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission. This group will make recommendations on social assistance policy, including social assistance rates based on the real costs of living in regions across Ontario, taking into account the cost of healthy eating. Our Health Unit, community partners and households receiving social assistance are eagerly awaiting the release of more details about the changes that will be made to Ontario's social assistance system following Minister MacLeod's announcement on November 22, 2018. Please consider the establishment of the Social Assistance Research Commission as part of the changes that will ensue by prioritizing Bill 60.

Last year, we expressed our [support and feedback](#) to the previous government on the [Income Security: A Roadmap for Change](#) report. This report was prepared in collaboration with many experts, including Indigenous representatives, and has already undergone a public consultation process. Please take into account the elements outlined in this report when implementing changes to the current social assistance system. We emphasized this last August, when we [expressed our concern](#) about the cancellation of the basic income pilot project and the reduction to the scheduled increase to social assistance rates in 2018.

Thank you for taking the time to review this information and we will look forward to hearing next steps in strengthening income security in Ontario.

Sincerely,



James Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer



Don Brisbane
Vice-Chairperson, Board of Health

Enclosures (2)

Copied to:

Victor Fedeli, MPP, Nipissing
Norm Miller, MPP, Parry Sound-Muskoka
John Vanthof, MPP, Timiskaming-Cochrane
Robert Bailey, MPP, Sarnia-Lambton
Paul Miller, MPP, Hamilton East-Stoney Creek
North Bay Parry Sound District Health Unit Member Municipalities
Joseph Bradbury, Chief Administrative Officer, DNSSAB
Janet Patterson, Chief Administrative Officer, PSDSSAB
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

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Health Unit
Bureau de santé
du district de North Bay Parry Sound



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TEL 705-746-5801 FAX 705-746-2711

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**NORTH BAY PARRY SOUND DISTRICT HEALTH UNIT
 BOARD OF HEALTH**

RESOLUTION

DATE: February 27, 2019

MOVED BY: Mike Poeta

RESOLUTION: #BOH/2019/02/04

SECONDED BY: Dan Roveda

Whereas, The Nutritious Food Basket Survey results show that many low income individuals and families do not have enough money for nutritious food after paying for housing and other basic living expenses; and

Whereas, The Board of Health for the North Bay Parry Sound District Health Unit recognizes the impact of adequate income on food security and other social determinants of health; and

Whereas, Food insecurity rates are very high among social assistance recipients; and

Whereas, Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission) would help ensure social assistance rates are indexed to inflation, reviewed on an annual basis, and reflect regional costs of living including the cost of a Nutritious Food Basket; and

Whereas, the Ontario Public Health Standards require public health units to assess and report on the health of local populations, describing the existence and impact of health inequities;

Therefore Be It Resolved, That the Board of Health for the North Bay Parry Sound District Health Unit continue to support the efforts of employees and community stakeholders to reduce health inequities, including food insecurity; and

Furthermore Be It Resolved, That the Board of Health support Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission); and

Furthermore Be It Resolved, That the Board of Health provide correspondence of these resolutions to district municipalities, Ontario Boards of Health, Victor Fedeli, MPP (Nipissing), Norm Miller, MPP (Parry Sound-Muskoka), John Vanthof, MPP (Timiskaming-Cochrane), the Honourable Doug Ford (Premier), the Honourable Lisa MacLeod (Minister of Community and Social Services), the Honourable Christine Elliott (Minister of Health and Long-Term Care) and the Association of Local Public Health Agencies (alPHA).

CARRIED: ✓ **VICE-CHAIRPERSON:** Original Signed by Don Brisbane

1 in 7

Nipissing and Parry Sound
homes are **food insecure**
because they don't have
enough money.

This can mean:

- Worrying about running out of food
- Eating less healthy food
- Skipping meals
- Having poor health



Be informed myhealthunit.ca/foodinsecurity



April 23, 2019

VIA ELECTRONIC MAIL

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

The Honourable Steve Clark
Minister of Municipal Affairs and Housing
17th Floor
777 Bay Street
Toronto, ON M5G 2E5

Dear Ministers:

Ontario local public health units play a crucial role in ensuring the safety, health and well-being of Ontario communities and their people. This crucial role is played out daily as Public Health Units work diligently and professionally to protect our communities from illnesses and promote health and well-being. These services centred on Ontario's Public Health Standards and related Public Health Programs like Smoke Free Ontario and Healthy Smiles ensure that our population remains healthy and does not end up requiring costly care and treatment in hospital emergency rooms and wards.

As Chair of the Board of the Leeds, Grenville and Lanark District Health Unit (LGLDHU), I can confirm the Board's unconditional support of the LGLDHU and its staff in all the work that they do. The health needs of Ontarians are variable and preserving local partnerships with municipalities and others is essential to ensuring the effectiveness, efficiency and success of health programs and services. It is this Board's view that the LGLDHU is right sized and right staffed to professionally deliver health unit services for and in partnership with the municipalities served.

With this backdrop, our Board of Health was surprised, disappointed and confused by the Government of Ontario's budget announcement to restructure Ontario's Public Health system that changes the Provincial-Municipal funding formula by downloading costs to municipalities after budgets have been set. The latter will place a significant strain on the ability of local public health units like LGLDHU to continue to deliver on their mandate. Moreover, it has been reported that the Public Health budget represents approximately 2% of the Province's total health expenditures and that every dollar spent has an average of \$14 of upstream savings. With this in mind, it is difficult to comprehend how a \$200 million dollar provincial reduction in prevention services will contribute to lowering future overall health care costs.

Before the Budget's new directions for public health units are fully implemented, the LGLDHU Health Board recommends for your consideration that any change in the funding ratio should be done in consultation with AMO and the municipalities rather than unilaterally by the province. The 2019 public health municipal levy has already been established, and municipalities are already more than a quarter into their fiscal year.

As the Regional Public Health Entity to replace the LGLDHU has not yet been announced, the LGLDHU Health Board further recommends that the Ministry consult with Public Health Ontario, the Association of Local Public Health Agencies, the Council of Medical Officers of Health, and other experts in the field before the Regional Public Health Entity is implemented to ensure it will improve the effectiveness and efficiency of public health services in the community.

Additionally, the LGLDHU Board of Health recommends that the following principles in the development of the Regional Public Health Entity be adopted to ensure this change in public health governance and organization is as effective and efficient as possible while maintaining the strong public health presence and impact in our community:

- a. *No loss of service to our community* - All current employees providing programs and services under the Foundational and Program Standards as listed in the 2019 Annual Service Plan continue to be funded within the Regional Public Health Entity to provide service in Lanark, Leeds, and Grenville.
- b. *Meaningful involvement in planning* – The needs and assets of the Lanark, Leeds and Grenville communities are considered in the planning of any public health programs and services for the community.
- c. *Integrity of Health Unit* - The Health Unit functions as a unit and service and programs will be difficult to maintain if the health unit is split into two.
- d. *Like Health Unit Populations Be Grouped Together* – Collaboration will be more effective and efficient if the populations are similar among the health units in the Regional Public Health Entity.
- e. *Equitable access to positions* - All Management and Administrative positions in the new Regional Public Health Entity must be open to all our current employees through a competition process.
- f. *Effective “back office” support* – All services included in the “back office” support provided by the Regional Public Health Entity be at the same quality or better than currently exist in the Health Unit.
- g. *Appropriate municipal role in governance* – The public expects that their municipal tax dollars are overseen by the municipal politicians they elect. For the municipal public health investment, this currently occurs through representatives from obligated municipalities on the Board of Health.

The Leeds, Grenville and Lanark District Health Unit provides high quality public health programs and services in collaboration with local partners, including municipalities, to promote and protect health of the population. The LGLDHU Board of Health includes all obligated municipalities who provide funding to the Health Unit, and this relationship extends to working with municipalities on important public health concerns. The current grant from the provincial government is insufficient to respond to all the requirements in the Ontario Public Health Standards and Accountability Framework, therefore, any reduction in provincial funding will cause a reduction in programs and services that will impact the population's health.

I look forward to working collaboratively with you to continue to provide exemplary public health programs and services to the people of Leeds, Grenville and Lanark.

Sincerely



Doug Malanka
Board Chair

cc: Leeds, Grenville and Lanark District Board of Health
 Hon. Doug Ford, Premier of Ontario
 Hon. Helen Angus, Deputy Minister of Health and Long-Term Care
 Dr. David Williams, Chief Medical Officer of Health
 Randy Hillier, MPP – Lanark, Frontenac, Kingston
 Monica Turner, Director of Policy, Association of Municipalities of Ontario
 Leeds, Grenville and Lanark Municipalities
 Loretta Ryan, Association of Local Public Health Units
 Ontario Boards of Health

Impact of Reducing Investments in Public Health

alPHa Position Statement

April 24, 2019

The Association of Local Public Health Agencies (alPHa), which represents Ontario's Medical Officers of Health, Boards of Health and frontline public health professionals throughout the province, remains deeply concerned about the Government's plans to restructure Ontario's public health system. Following a briefing hosted by the Chief Medical Officer of Health last Thursday afternoon, we are further concerned about the recently announced changes to the provincial/municipal cost-sharing formula that funds local public health.

On April 11, in the 2019 Ontario Budget, the Government announced that it will replace 35 public health units and 35 local boards of health with 10 larger regional entities with boards of health of unknown composition and size, with the exception of City of Toronto, which will be one of the Regions. The Government's significant reduction in the provincial contribution to the funding formula is of concern, especially as the first phase takes effect in this current fiscal year. Complicating matters is that further details are not known at this time and the proposed one-year timeframe for the reduction from 35 to 10 public health units is extremely ambitious given the complexities of delivering public health services. The magnitude of these changes is significant and will cause major disruptions in every facet of the system. This will result in substantial reductions in frontline public health services such as vaccination programs and outbreak investigations. We are particularly concerned about the reduction in funding to Toronto Public Health that will see the provincial contribution reduced within three years to 50% because infectious diseases do not stop at municipal borders and all areas of the province needs sufficient funding to adequately protect the public. Given all of this, alPHa is calling upon the Ontario Government to re-consider the cuts and the timelines.

Key public health responsibilities are mandated by the Ontario Public Health Standards and local delivery of these contributes to ensuring that Ontarians have safe and healthy communities:

- Chronic Disease Prevention and Well-Being
- Emergency Management
- Food Safety
- Health Equity
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Population Health Assessment
- Safe Water
- School Health, including Oral Health
- Substance Use and Injury Prevention

Much of the success of our locally based public health system can be attributed to partnerships with municipal governments, schools and other community stakeholders to develop healthy public policies, build community capacity to address health issues and promote environments that are oriented towards healthy behaviours. The health protection and promotion needs of Ontarians vary significantly depending on their communities, and preserving these partnerships is essential to meeting them regardless of the number of public health units.

Public health works as a system that is greater than the sum of its parts. By leveraging the skills and experience of boards of health, nutritionists, nurses, health promoters, inspectors, epidemiologists, doctors, dentists and dental hygienists, board members and administrators, and more, the health of Ontarians is supported and protected. Public health delivers promotion, protection and prevention services on behalf of, and in partnership with, the Ontario Government which has the responsibility for the health of the people of Ontario.

One of the ways to end hallway medicine is to prevent illness. Local public health agencies reduce the demand for hospital and primary care services by keeping people healthy. Building healthy communities through an efficient, proactive and locally managed public health system—one that is mandated to lead on preventative measures to protect and promote the health of Ontarians—can go a long way to reducing that demand. When combined with stable, designated funding, the public health system has the capacity to relieve pressure on doctors and hospitals. Furthermore, accountability is firmly established by provincial legislation and policy ensuring that the money spent on public health is spent effectively and with purpose.

Ontario's public health system delivers value for money, ensuring Ontarians remain healthy, and are able to contribute fully to a prosperous Ontario. Studies have shown tremendous return on investment. For example, every \$1 spent on:

- **mental health and addictions** saves \$7 in health costs and \$30 dollars in lost productivity and social costs;
- **immunizing children** with the measles-mumps-rubella vaccine saves \$16 in health care costs; and
- **early childhood development and health care** saves up to \$9 in future spending on health, social and justice services.

In short, public health actions now can result in fewer emergency room and doctor's office visits today and in the future. Local public health's impact is beyond simply reducing health care dollars. Local public health ensures that healthy people can support a strong economy, providing a direct economic impact. The old adage 'an ounce of prevention is worth a pound of cure' is certainly relevant to public health.

We look forward to receiving more details of this plan from the Ministry of Health and Long-Term Care so that we can work with the government. To this end, alPha will continue to communicate with the Minister, the Hon. Christine Elliott, and Dr. David Williams, Chief Medical Officer of Health, towards ensuring that alPha members, and its partners including the Association of Municipalities of Ontario and the City of Toronto, are extensively consulted before final decisions are made with respect to the governance, management and administration of a regionalized public health system and the delivery of frontline public health programs and services.

We can help ensure that Ontario's public health system continues to draw strength from dedicated local voices and effective partnerships. It will be crucial to maintain the capacity to deliver essential frontline health protection and promotion services while working to meet the Government's stated goals of broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention.

alPHA acknowledges, appreciates and supports the voices of all its members. We encourage you to meet with your local mayors, municipal council(s), MPs and MPPs. We also encourage you to make use of alPHA's resources:

- [Speaking Notes – Toronto Board of Health Meeting April 15th](#)
- [alPHA News Release - Budget 2019 & PH Restructure](#)
- [alPHA Memo to Members - Budget 2019](#)
- [alPHA Post-Election Flyer](#)
- [alPHA Pre-Budget Submission 2019](#)
- [Resource Paper](#)
- [Local Public Health Responses](#)
- [alPHA Submission - Expert Panel on Public Health](#)
- alPHA Promotional material including the [brochure](#) and [video](#)
- Follow alPHA on Twitter: @PHAgencies

alPHA will continue to keep our members updated and advocate on their behalf so that Ontarians continue to have a local public health system that remains on the frontlines to protect and promote the health of all Ontarians.

For more information, please contact:

Loretta Ryan
Executive Director
(647) 325-9594

About alPHA

The Association of Local Public Health Agencies (alPHA) is a non-profit organization that provides leadership to Ontario's boards of health and public health units. The Association works with governments and other health organizations, to advocate for a strong and effective local public health system in the province, as well as public health policies, programs and services that benefit all Ontarians.



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

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
(Sent via email to: christine.elliottco@ola.org)

April 24, 2019

Dear Premier Ford and Minister Elliott

Re: 2019 Ontario Budget, Protecting What Matters Most - Chapter 1, A Plan for the People: Modernizing Ontario's Public Health Units

Ontario's local public health system is an efficiently run and essential part of keeping communities safe and healthy. Public health delivers excellent return on investment and works on the front line to protect our communities from illness and promote health and wellbeing. The services provided by public health, centred on Ontario's Public Health Standards, ensure that our population stays out of the health care system and remain well for as long as possible.

As the Chair of the Board for the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit, the Board and I unequivocally support HKPR District Health Unit and its staff in the work that they do. The needs of Ontarians are variable and preserving partnerships locally is essential. Local knowledge and expertise to ensure the health of our communities is not something that our region can afford to lose.

Our Board of Health was surprised and are concerned to learn of the Government of Ontario's plans to restructure Ontario's public health system. The proposed \$200 million per year reduction in funding for local public health services represents a significant strain on the ability of local public health agencies like HKPR District Health Unit to continue to deliver on their mandate. A reduction in funding that represents 26% of the budget cannot happen without cutting services. These cuts will impact our ability to deliver the front-line public health services that keep people out of hospitals and doctors' offices and will ultimately mean a greater downstream cost to the health care system.

HKPR District Health Unit's Board is requesting the Province of Ontario maintain and augment the health protection, promotion, and prevention mandate in the service of public health. We request that the Province of Ontario stop the planned reduction of Ontario public health units from 35 to 10 and the planned reduction by \$200 million from public health.

... /2

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Money invested into public health is money well spent; prevention is the fiscally responsible investment for our communities. There is strong evidence to support the excellent return on investment that public health offers, with an average of \$14 of upstream savings for every \$1 investment in public health services. It has been fifteen years since the last major public health crisis in this province, and we have learned well from those lessons. We do not wish to repeat the mistakes of the past; the cuts proposed by this government have the potential to jeopardize our ability to protect the health of the people of Ontario.

Ontario has an integrated, cost-effective, accountable and transparent public health system. Boards of health oversee the provision of preventative programs and services tailored to address local needs across the province. The public health system works upstream to reduce demands and costs to the acute care sector while providing essential front-line services to local communities. Modest investments in public health generate significant returns in the long term. In short, public health plays an important role in our work, our families, and our communities. Divestment would be a loss for all.

The Board of Health for the HKPR District Health Unit implores your government to leave the current structure as it is, delivering excellent and local preventative care to our community. The information we have to date is concerning and we request a detailed timeline to allow for the planning and stability in the delivery of such well-needed public health services. How will this proposed system re-structuring 'modernize' healthcare and improve on an already well-functioning system? Please provide details of how the HKPR District Health Unit and other units across Ontario will continue to deliver services under the new model with a much leaner budget. Public Health Units currently deliver quality preventative care throughout Ontario, saving the province billions of dollars in health care delivery costs.

Sincerely

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



Cammie Jaquays
Chair, Board of Health

CJ:ed

Attached: 2019 Ontario Budget Summary, Dr Lynn Noseworthy, Medical Officer of Health at Haliburton, Kawartha, Pine Ridge District Health Unit

cc (via email): Hon. H. Angus, Deputy Minister of Health and Long-Term Care
Dave Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Dr. David William, Chief Medical Officer of Health
Municipalities within the Haliburton, Kawartha, Pine Ridge District Health Unit area
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies
Board of Health Members

April 25, 2019

VIA: Electronic Mail (lisa.macleodco@pc.ola.org)

Honourable Lisa MacLeod
Minister of Children, Community and Social Services
80 Grosvenor Street
Hepburn Block 6th Floor
Toronto, ON M7A 2C4

Dear Minister MacLeod:

RE: Endorsement of The Ontario Dietitians in Public Health letter on Bill 60

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

THAT the KFL&A Board of Health endorse the letter by The Ontario Dietitians in Public Health, regarding support for Bill 60, establishing a Social Assistance Research Commission, and send correspondence to the Honourable Lisa MacLeod, Minister of Children, Community and Social Services.

FURTHER THAT a copy of this letter be forwarded to:

- 1) Honourable Doug Ford, Premier of Ontario**
- 2) Honourable Christine Elliot, Deputy Premier and Minister of Health and Long-Term Care**
- 3) Paul Miller, MPP Hamilton East-Stoney Creek (co-Sponsor of Bill 60)**
- 4) Robert Bailey, MPP Sarnia-Lambton (co-Sponsor of Bill 60)**
- 5) Ian Arthur, MPP Kingston and the Islands**
- 6) Randy Hillier, MPP Lanark-Frontenac-Kingston**
- 7) Daryl Kramp, MPP Hastings-Lennox and Addington**
- 8) Monica Turner, Director of Policy, Association of Municipalities of Ontario**
- 9) Loretta Ryan, Association of Local Public Health Agencies**
- 10) Ontario Boards of Health**
- 11) The Ontario Dietitians in Public Health, Carolyn Doris and Mary Ellen Prange**

One in 10 households in KFL&A area experience food insecurity. Income is the root cause of food insecurity and is a key determinant of health. As such, responses are needed to address food insecurity. Bill 60 has the potential to improve income security for social assistance recipients, and hence, food security. The Ontario Dietitians in Public Health's support of Bill 60 aligns with KFL&A Public Health's commitment to addressing health disparities, such as food insecurity.

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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

The KFL&A Board of Health urges the Government of Ontario to support Bill 60 and create a Social Assistance Research Commission to recommend rates of provincial social assistance that is grounded in an analysis of the cost for basic and other necessities.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Hon. D. Ford, Premier of Ontario
Hon. C. Elliot, Deputy Premier and Minister of Health and Long-Term Care
P. Miller, MPP Hamilton East-Stoney Creek (co-Sponsor of Bill 60)
R. Bailey, MPP Sarnia-Lambton (co-Sponsor of Bill 60)
I. Arthur, MPP Kingston and the Islands
R. Hillier, MPP Lanark-Frontenac-Kingston
D. Kramp, MPP Hastings-Lennox and Addington
M. Turner, Director of Policy, Association of Municipalities of Ontario
L. Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
The Ontario Dietitians in Public Health, C. Doris and M.E. Prange

April 25, 2019

VIA: Electronic Mail (doug.ford@pc.ola.org)

Honourable Doug Ford
Premier of Ontario
Premier's Office
Room 281
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

RE: Minimizing harms associated with the announced expansion of the sale of beverage alcohol in Ontario

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

THAT the KFL&A Board of Health ask the Government of Ontario to outline the actions that they will take to implement their commitment to the safe and responsible sale and consumption of alcohol in Ontario as noted in the 2019 provincial budget; and

THAT the KFL&A Board of Health strongly urge the provincial government to ensure that any plan to address the safe and responsible sale and consumption of beverage alcohol include a wide range of evidence-based policies including: implementing alcohol pricing policies, controlling physical and legal availability, curtailing alcohol marketing, regulating and monitoring alcohol control systems, countering drinking and driving, educating and promoting behaviour change, increasing access to screening and brief interventions, and surveillance, research and knowledge exchange, and that this plan be funded, and monitored for effectiveness; and

THAT the KFL&A Board of Health ask the Government of Ontario to indicate how much alcohol consumption will increase with the proposed expansion over the next five years, how much this increased consumption will cost the justice, social and health care systems over the next five years, and the fiscal plan to pay for these anticipated costs;

AND FURTHER THAT correspondence be sent to:

- 1) Honourable Doug Ford, Premier of Ontario
- 2) Honourable Vic Fedeli, Minister of Finance, Chair of Cabinet
- 3) Honourable Christine Elliot, Provincial Minister of Health and Long-term Care, Deputy Premier
- 4) Ian Arthur, MPP Kingston and the Islands
- 5) Randy Hillier, MPP Lanark-Frontenac-Kingston
- 6) Daryl Kramp, MPP Hastings-Lennox and Addington

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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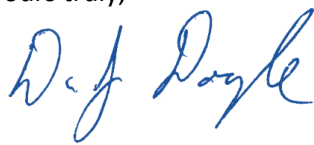
Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Napanee	613-354-3357	Fax: 613-354-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

- 7) **Loretta Ryan, Association of Local Public Health Agencies**
- 8) **Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-term Care**
- 9) **Ontario Boards of Health**

The recent release of the 2019 Ontario budget includes a number of changes to increase the choice and convenience of beverage alcohol for consumers. However, this same document, while assuring Ontarians that safe and responsible sale and consumption of alcohol in Ontario is, and will continue to be, a top priority, the document does not include any specific action by the Government of Ontario to realize this goal. The KFL&A Board of Health would be pleased to hear the government's plans for safe and responsible sale and consumption of alcohol. Furthermore, there are many evidence-based strategies that protect and promote health that KFL&A Public Health would encourage the government to include in this plan.

In addition, evidence from other provinces have demonstrated that increases to the availability of alcohol had negative social and health outcomes, including increased alcohol-related traffic incidents and suicides. These are the short-term impacts of the over-consumption of alcohol. Longer term effects will result in increased chronic diseases such as cancers and heart disease both of which are costly to manage and treat. There is no reason to believe that the expansion of beverage alcohol sales in Ontario will not have the same result – an increase in alcohol consumption with the concomitant increase in health, social and justice services use, and hence, costs. The KFL&A Board of Health would also be pleased to hear from the provincial government regarding how much the increase in alcohol availability is anticipated to impact consumption and the use of health, social and justice services. Furthermore, the KFL&A Board of Health would ask that the government provide a plan for how these anticipated expenses will be funded.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
 The Honourable Lisa Thompson, Minister of Education
 The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister
 Responsible for Women's Issues
 Ian Arthur, MPP Kingston and the Islands
 Randy Hillier, MPP Lanark-Frontenac-Kingston
 Daryl Kramp, MPP Hastings-Lennox and Addington
 Loretta Ryan, Association of Local Public Health Agencies
 Ontario Boards of Health

April 25, 2019

VIA: Electronic Mail (doug.ford@pc.ola.org)

Honourable Doug Ford
Premier of Ontario
Premier's Office
Room 281
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

RE: Endorsement of the Children Count Task Force Recommendations

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its April 24, 2019 meeting:

That the KFL&A Board of Health endorse the Children Count Task Force Recommendations and send correspondence to:

- 1) The Honourable Doug Ford, Premier of Ontario
- 2) The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
- 3) The Honourable Lisa Thompson, Minister of Education
- 4) The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and Minister Responsible for Women's Issues
- 5) Ian Arthur, MPP Kingston and the Islands
- 6) Randy Hillier, MPP Lanark-Frontenac-Kingston
- 7) Daryl Kramp, MPP Hastings-Lennox and Addington
- 8) Loretta Ryan, Association of Local Public Health Agencies
- 9) Ontario Boards of Health

At present, there are approximately 50 federal programs collecting health data on the Canadian population, many of which include school age children and youth. Notwithstanding the number of sources, data collected from these surveys are not always collected in a way that provides representative results at the regional and local levels. As such, Ontario needs a coordinated and cost-effective system for measuring the health and well-being of children and youth to inform local, regional and provincial programming. Such a system will enable stakeholders at all levels (local, regional and provincial) to effectively measure the health and well-being of our kids, and in turn, the return on investment in relevant programs.

To address this gap, the Children Count Task Force has made one overarching recommendation, which is to create a secretariat responsible for overseeing the implementation of the systems, tools, and resources required to improve the surveillance of child and youth health and well-being in Ontario. To further support this secretariat, the task force made an additional five recommendations:

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

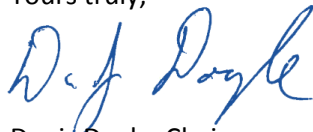
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	Napanee	613-354-3357	Fax: 613-354-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

- **Recommendation 1:** Create an interactive web-based registry of database profiles resulting from child and youth health and well-being data collection in Ontario schools.
- **Recommendation 2:** Mandate the use of a standardized School Climate Survey template in Ontario schools and a coordinated survey implementation process across Ontario.
- **Recommendation 3:** Develop and formalize knowledge exchange practice through the use of centrally coordinated data sharing agreements.
- **Recommendation 4:** Develop and implement a centralized research ethics review process to support research activities in Ontario school boards.
- **Recommendation 5:** Work with the Information and Privacy Commissioner (IPC) of Ontario to develop a guideline for the interpretation of privacy legislation related to student health and well-being data collection in schools.

The KFL&A Board of Health urges the Government of Ontario to act on the recommendations from the Children Count Task Force.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: The Honourable Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
The Honourable Lisa Thompson, Minister of Education
The Honourable Lisa MacLeod, Minister of Children, Community and Social Services and
Minister Responsible for Women's Issues
Ian Arthur, MPP Kingston and the Islands
Randy Hillier, MPP Lanark-Frontenac-Kingston
Daryl Kramp, MPP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

**Ministry of Health
and Long-Term Care**

Office of Chief Medical Officer of Health,
Public Health
393 University Avenue, 21st Floor
Toronto ON M5G 2M2

Telephone: (416) 212-3831
Facsimile: (416) 325-8412

**Ministère de la Santé
et des Soins de longue durée**

Bureau du médecin hygiéniste en chef,
santé publique
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April 29, 2019

TO: Chairpersons, Boards of Health
Medical Officers of Health, Public Health Units
Chief Executive Officers, Public Health Units

RE: Public Health Modernization

As you are aware, the Ontario government released its Budget on April 11, 2019. The government is taking a comprehensive approach to modernize Ontario's health care system which includes a coordinated public health sector that is nimble, resilient, efficient, and responsible to the province's evolving health needs and priorities.

While the broader health care system undergoes transformation, a clear opportunity has emerged for us to transform and strengthen the role of public health and its connectedness to communities. Modernizing and streamlining the role of public health units across the province will better coordinate access to health promotion and disease prevention programs at the local level, ensuring that Ontario's families stay safe and healthy.

As you know well, public health is a uniquely placed sector that must evolve to better meet ever-changing community needs. To that end, the Ministry of Health and Long-Term Care (the "ministry") has been working to define what a more resilient, modernized public health sector will look like, and also how it can contribute to the patient experience and better align to the new Ontario Health Agency, local Ontario Health teams, and the health system at large.

Notably, with respect to the public health sector, the ministry is proposing the following:

- Changing the cost-sharing arrangement with municipalities that would reflect an increased role for municipalities within a modernized public health system beginning 2019-20. The ministry will graduate the cost-sharing changes slowly over the next 3 years and will vary the final ratios by population size of the new Regional Public Health Entities. This is being done to recognize the variation across the province (i.e., geography, disbursement of populations, etc.). The cost-sharing changes, which will also apply to all 100% provincial programs funded by MOHLTC (except for the unorganized territories grant provided to northern public health units, and the new seniors dental program) are planned as follows:

- **2019-20 (April 1, 2019):** 60% (provincial) / 40% (municipal) for Toronto; and, 70% (provincial) / 30% (municipal) for all other public health units.
 - **2020-21 (April 1, 2020):** 60% (provincial) / 40% (municipal) for the Toronto Regional Public Health Entity; and, 70% (provincial) / 30% (municipal) for all other Regional Public Health Entities.
 - **End State 2021-22 (April 1, 2021):** 50% (provincial) / 50% (municipal) for the Toronto Regional Public Health Entity; 60% (provincial) / 40% (municipal) for 6 larger Regional Public Health Entities with populations over 1 million; and, 70% (provincial) / 30% (municipal) for 3 smaller Regional Public Health Entities with populations under 1 million.
- Creating 10 Regional Public Health Entities, governed by autonomous boards of health, with strong municipal and provincial representation. Realigning the public health sector at a regional level provides for enhanced system capacity, consistent service delivery and greater coordination to support health system planning. The role of municipalities are core aspects of public health that the ministry wants to preserve in this new model and will do so by maintaining a local public health presence in communities.
 - Modernizing Public Health Ontario to reflect changes in the health and public health landscape.
 - Introducing a comprehensive, publicly-funded dental care program for low-income seniors. The program aims to prevent chronic disease, reduce infections, and improve quality of life, while reducing burden on the health care system.

It is important to note that the \$200 million annual provincial savings target identified in the 2019 Ontario budget (by 2021-22) incorporates provincial savings related to the cost-sharing change, as well as savings from the proposed creation of 10 Regional Public Health Entities.

As mitigation, and to support boards of health experiencing challenges during transition, the Ministry of Health and Long-Term Care will consider providing one-time funding to help mitigate financial impacts on municipalities and consider exceptions or “waivers” for some aspects of the Ontario Public Health Standards on a board by board basis. Implementation of these exceptions will ensure that critical public health (health protection and health promotion) programs and services are maintained for the protection for the public’s health.

The proposed changes in both structure and cost-sharing are premised on the fact that essential public health program and service levels would be maintained and will remain local. The Ministry of Health and Long-Term Care will work with boards of health and public health units to manage any potential reductions in budgets, including encouraging public health units to look for administrative efficiencies rather than reductions to direct service delivery.

As a first step, we will be arranging calls with each of the Health Units over the next week to discuss the Annual Business Plan and Budget Submissions you have submitted, discuss the planned changes for this year and related mitigation opportunities, and ensure this next phase of planning supports your local needs and priorities.

Further details on the 2019 Ontario Budget can be found on the government's website at: <http://budget.ontario.ca/2019/contents.html>.

As previously noted, there is a significant role for public health to play within the larger health care system and it will continue to be a valued partner. I look forward to your input and collaboration as we work to modernize the public health sector.

Thank you for your ongoing support as the ministry continues to build a modern, sustainable and integrated health care system that meets the needs of Ontarians.

Sincerely,

Original signed by

David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health

c: Business Administrators, Public Health Units
Executive Director, Association of Municipalities of Ontario
City Manager, City of Toronto
Executive Director, Association of Local Public Health Agencies



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

April 29, 2019

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queens Park
Toronto, ON M7A 1A1
Sent via email: doug.ford@pc.ola.org

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

Dear Premier Ford and Minister Elliott,

During a special board meeting on April 24, 2019, the Board of Health for the Renfrew County and District Health Unit reviewed the budget tabled by the government of Ontario on April 11, 2019, with regard to the proposed changes to local public health. We are writing to express the views of the board members regarding the implications to the public health system.

Transformation of the system is planned for the immediate future, including the consolidation of public health units from 35 down to 10. The board asks the province to stop the planned reduction from 35 Health Units to 10.

As well, the funding arrangement between the Province and the municipalities is under review. We ask that the Province maintain the current 75 percent provincial, 25 percent municipal funding for Renfrew County and District Health Unit. The recently announced provincial funding reduction will have a devastating effect on the health of the residents of Renfrew County and District.

The board understands these changes have been announced in response to achieving efficiencies while increasing responsiveness to local public health needs.

The board asks the provincial government reconsider the funding reduction, as this will challenge our ability to continue to provide these essential services within our community.

The Province will soon begin consultations with individual boards of health and health units regarding the transition details from 35 health units to 10. The board, however, requests the Province of Ontario maintain the health protection and health promotion mandate of Renfrew County and District Health Unit.

The Board asks the Province of Ontario to recognize the vast distance and lack of homogeneity in Ontario. The Province must ensure that distances are manageable and that public health units are not overwhelmed because they are providing service to areas that are too large and vast.

The board in respect to public health restructuring affirms support of the Province of Ontario in implementing a common governance model for existing public health units. We request that consultations on this model begin immediately and do appreciate the opportunity to participate in this process.

Additionally, the board asks the Province to ensure this change in public health governance and organization is as effective and efficient as possible, while maintaining the strong public health presence and impact in our community.

The board considers these specific issues of significant importance during a potential restructuring process:

- Guarantee that service levels to our community will be maintained, with no service losses nor reduction to quality.
- Ensure meaningful involvement by the community throughout the change process.
- Improve the effectiveness of collaboration by grouping similar health unit populations together.
- Provide equitable access to lost administrative "back office" positions within the new Regional Public Health Entity for all current employees, through a fair competition process.
- Establish "back office" support services that are of equal quality or superior standards to those systems currently in place.

- Maintain appropriate municipal role in governance by obligated municipalities within the new structure.

The board commends the commitment by the Province to enhance the oral health efforts of public health with the \$90 million funding for low-income seniors.

As we continue to deliver essential front line health protection and promotion services, we look forward to working with the Ministry so we may, together, achieve the efficiency goals while meeting local public health needs.

Sincerely,



Janice Visneskie Moore
Chair, Board of Health

cc: Renfrew County and District Board of Health
Dr. David Williams, Chief Medical Officer of Health
The Honourable John Yakabuski, MPP—Renfrew-Nipissing-Pembroke
Loretta Ryan, Association of Local Public Health Agencies—alPha
Ontario Medical Association—OMA
Northern Ontario Municipal Association—NOMA
Federation of Northern Ontario Municipalities—FONOM
Monica Turner, Association of Municipalities—AMO
Rural Ontario Municipal Association—ROMA
Ontario Boards of Health
Renfrew County and District Municipalities and Townships

May 1, 2019

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

Dear Premier Ford:

Re: Urgent provincial action needed to address the potential health and social harms from the ongoing modernization of alcohol retail sales in Ontario

On behalf of the Peterborough Public Health (PPH) Board of Health, I am writing to call on the Government of Ontario to develop a comprehensive, province-wide strategy to minimize alcohol-related harm and support safer consumption of alcohol in the province.

Alcohol is a legal psychoactive substance, not a regular commodity. As with other psychoactive substances, alcohol causes changes in perception and behaviour and its use exists on a spectrum from beneficial, to problematic, to chronic dependence. Recent statistics show that approximately 21% of Ontarians who drink exceed the low-risk alcohol drinking guidelines¹, a key modifiable risk factor of chronic diseases and injuries and their associated health care costs.

The costs of alcohol are significant. In 2014, Ontario spent \$5.3 billion on alcohol-related harms; more than any other substance including tobacco, cannabis and opioids.² In the same year net revenue from alcohol amounted to only \$3.9 billion, representing a net annual loss of over \$1.4 billion.³ Since 2015, alcohol use has contributed to more than 43,000 emergency room visits and 66 hospitalizations per day, a significant and avoidable burden on Ontario's healthcare system.⁴

It is well established that increasing access to alcohol is related to a subsequent increase in alcohol use⁵, which in turn increases the potential for rising harms and costs. A comprehensive provincial alcohol strategy can help support a culture of moderation and mitigate the potential harms and costs of alcohol use. Such a strategy should include:

- Strong policies to minimize the potential health and social harms of alcohol consumption;
- Strategies to enhance alcohol treatment and harm-reduction programs;
- An improved monitoring system to track alcohol-related harms;
- Rigorous enforcement of alcohol marketing regulations, and;
- Public education and awareness campaigns aimed at changing attitudes and social norms around consumption.

The Ontario Government has committed to putting more money in people's pockets, and cutting hospital wait times and ending hallway healthcare as part of the 2019 Ontario Budget.⁶ Given the significant costs associated with alcohol consumption, which are shouldered by both individual taxpayers and government systems, these commitments risk being undermined by recent and anticipated changes to provincial alcohol policy, including: reducing the minimum retail price of beer to \$1.00, halting the annual inflation-indexed increase in the beer tax, extending the hours of sale for alcohol retail outlets, permitting municipalities to designate public areas for consumption of alcohol, advertising happy hour, and creating a tailgating permit for eligible sporting events including post-secondary events.

We echo the call from the Canadian Centre for Substance Use Research which, in the 2019 review of alcohol policies across Canada, identified that "in light of the on-going expansion of alcohol availability in Ontario the development and implementation of an alcohol-specific government-endorsed strategy should be given high priority".⁷ In doing so, Ontario would join Alberta, Nova Scotia, and Nunavut as leaders in this important domain of alcohol policy.⁸

We believe it is possible to create a healthy alcohol culture in Ontario that balances interests in public health, government revenue, economic development, and consumer preferences without sacrificing the health of Ontarians. We support both the Council of Ontario Medical Officers of Health and Association of Local Public Health Agencies' request to ensure such a balance, and we thereby encourage the government to develop a provincial alcohol strategy that incorporates health goals. Now is the time for Ontario to take leadership and address the harms of alcohol use in our province.

Thank you for your consideration.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Hon. Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care
Hon. Vic Fedeli, Minister of Finance
Ken Hughes, Special Advisor for the Beverage Alcohol Review
Dr. David Williams, Chief Medical Officer of Health for Ontario
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Canadian Tobacco, Alcohol and Drugs Survey. (2017). Table 18 Alcohol Indicators by province 2017. Accessed from: <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary/2017-detailed-tables.html#t18>

² Canadian Centre for Substance Use and Addiction. (2019). Canadian substance Use Costs and Harms. Accessed from: <https://csuch.ca/>

³ Canadian Institute for Substance Use Research. (2019). Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review.

⁴ Ontario Public Health Association. (2018) The Facts: Alcohol Harms and Costs in Ontario.

⁵ Popova, S., Giesbrecht, N., Bekmuradov, D. & Petra, J. (2009) Hours and days of sale and density of alcohol outlets: Impacts of alcohol consumption and damage: A systematic review. *Alcohol and Alcoholism*, 44(5), 500-516.

⁶ Province of Ontario. (2019). 2019 Ontario Budget: Protecting What Matters Most. Accessed from:
<http://budget.ontario.ca/2019/foreword.html#section-0>

⁷ Canadian Institute for Substance Use Research. (2019). Reducing Alcohol-Related Harms and Costs in Ontario: A Policy Review.

⁸ Canadian Institute for Substance Use Research. (2019). Canadian Alcohol Policy Evaluation (CAPE). Accessed from:
<https://www.uvic.ca/research/centres/cisur/projects/active/projects/canadian-alcohol-policy-evaluation.php>

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May 01, 2019

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

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
(Sent via email to: christine.elliottco@ola.org)

Dear Premier Ford and Minister Elliott,

On behalf of Hastings Prince Edward Board of Health we are writing you today to express our concerns regarding the implications of the 2019 Provincial Budget, as well as to affirm our ability to contribute to Ontario's plans to modernize public health.

While we recognize the need to implement a sustainable public health system in Ontario, we are urging you to implement any changes in a manner that does not jeopardize the health and safety of our communities and is based on consultation with existing Boards of Health and the municipalities that they represent. We acknowledge that there is potential for administrative and program efficiencies by moving to 10 regional public health entities, however, we have concerns regarding the timing and method of implementation. We are seeking additional information as soon as possible to determine how to address proposed changes effectively and ensure continuity of services in our communities. Until we have details regarding the regional boundaries, service expectations, and funding, it is impossible for us to plan in a meaningful way. We urge you to engage in comprehensive consultation with public health to clarify plans and expectations. With this information, we will be able to work collaboratively and proactively to develop a vision for the future of public health.

We are strongly recommending that the province postpone any changes to the funding formula, to ensure that public health services are not put at risk. As municipal budgets have already been set for 2019, increasing tax levies to accommodate for retroactive and unexpected changes to the funding formula is not an option. We recommend that any changes to the cost sharing formula be postponed until after the regional model is in place, which will allow us to be proactive in identifying efficiencies and opportunities within the new structure. The stability and security of provincial funding is critical to ensure the health and safety of our communities is maintained while we adapt to any structural changes.

We will adjust the way we deliver our programs and services to adapt to a new structure and funding model. We are critically reviewing the way we deliver our programs and services

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to determine how we can adapt to a new model. We will work with the Ministry and our municipal partners to prioritize the delivery of core functions as changes in funding and structure are implemented. However, we need information as soon as possible regarding the new regional boundaries and the parameters that will guide decisions to grant exemptions to the provincial standards in order to proceed with planning.

The work of Public Health continues to be essential to the long-term sustainability of the health care system, by protecting the health of the population and preventing disease and injury before it occurs. The Hastings Prince Edward Board of Health looks forward to working with the Ministry to determine how we can effectively modernize public health in Ontario, while concurrently maintaining a strong investment in programs and services that will help reduce cost and strain on the health care system in the future.

Sincerely,



Jo-Anne Albert, Chair
Hastings Prince Edward Board of Health
Mayor, Municipality of Tweed,



Piotr Oglaza MD, CPHI (C), MPH, CCFP, FRCPC
Medical Officer of Health and CEO
Hastings Prince Edward Public Health

From: [Susan Lee](#)
To: [All Health Units](#)
Subject: FW: AMO President's Statement
Date: Thursday, May 2, 2019 3:48:55 PM

PLEASE ROUTE TO:

All Board of Health Members
All Medical Officers of Health

Please see the message below from the Association of Municipalities of Ontario your information.

Regards,

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

May 2, 2019

AMO President's Statement

This morning the Ontario Government outlined a range of changes that are intended to quickly increase Ontario's supply of affordable housing. It seeks to provide a greater range of housing types, faster. To do that, the legislation they introduce this afternoon will make changes to existing Acts, regulations, authorities and planning processes.

At a high level we share these goals and there are some positives for municipal governments. For example, it protects development charges for hard services and proposes a new approach to supporting community benefits, like community centres and recreational facilities. It recognizes that vibrant communities require infrastructure and facilities, and it recognizes the principle that growth should pay for growth.

There are changes to the *Heritage Act*, the Ontario Building Code, the Growth Plan for the GTHA, and more. It will take time to sift through the whole Bill and see where municipal consultation has been reflected, and where it hasn't. AMO policy staff will be reviewing the details carefully and sharing updates over the coming days and weeks.

Across Ontario, in big cities and rural places, there are housing challenges that do

need to be met by the Ontario government, municipal governments, developers and others. Here is the link to the “More Homes: More Choice” plan that the Province has released: www.Ontario.ca/morehomes.

Generally, I know our members are trying to cope with the level and pace of change that a new government brings. When changes are made on this scale, there will be some that we like and others that will be major challenges, such as public health. Capping or reducing promised grant funding affects our services, infrastructure investments and asset management plans. Municipal governments are not alone. Others in the broader public sector are managing their own challenges – and municipal governments may be asked to help them.

We do not have any additional details for public health and ambulance services as of today. The absence of information can generate fear, rumours and impatience. At times like this, we all need to do our best to separate fact from fiction and make the most of what information is available. We need to take a comprehensive look at everything, and we will.

Given the pace of announcements and consultations that are happening now, please keep an eye on our [website](#), our Twitter feed ([@AMOPolicy](#)), and our free weekly e-newsletter, the [AMO Watch File](#).

This afternoon, we expect to hear more about the Province’s transit and transportation plans.

Tomorrow, I’ll be addressing delegates at the 2019 Ontario Small Urban Municipalities Conference in Pembroke. The Minister of Municipal Affairs and Housing will address the Conference right after me.

In the meantime, rest assured that AMO is doing its part to ensure our two orders of government work together. AMO’s long history of serving municipal governments has taught us the value of open doors and a mutual respect. Ontario’s provincial government, and its many municipal governments, can achieve more for our communities by making sure that we work together, with good information in hand, to ensure that changes serve the people of Ontario well.

Jamie McGarvey
AMO President

May 3, 2019

The Honourable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St.
Toronto, ON M7A 1E9
christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Urgent provincial action needed to expand opioid substitution treatment with Managed Opioid Programs (MOPs) to address the increased and immense number of opioid-related preventable deaths in Ontario

On behalf of the Board of Health for Peterborough Public Health, I am writing to call on the Government of Ontario to enhance its current response to the opioid poisoning crisis by providing operational and capital funding to support the implementation of Managed Opioid Programs (MOPs) in Peterborough.

Canada's current crisis with opioids continues to devastate communities nationwide and is affecting people from all demographics, age groups, and socio-economic backgrounds. The Peterborough community, including the City, the County, and both Curve Lake and Hiawatha First Nations, is no exception. Between 2013- 2016, Peterborough had the fourth highest rate of opioid-related deaths in Ontario.¹ In 2017, Peterborough ranked among the top 3 cities in Ontario per census metropolitan area for opioid poisoning emergency department visits.² Since January 2019, there have already been 17 suspected opioid poisoning fatalities in Peterborough, almost a three-fold increase over the same time period last year (preliminary findings, yet to be confirmed with Coroner data). The introduction of fentanyl and other toxic substances into the illicit drug supply has contributed considerably to the number of opioid poisoning fatalities in Ontario. In the first half of 2018, 72% of accidental overdose deaths involved fentanyl-related substances.³

To save lives and improve health outcomes for people who use drugs, we believe that there is a critical need to rapidly expand treatment options to include MOPs. MOPs provide patients with oral or injectable hydromorphone or diacetylmorphine (pharmaceutical heroin), along with methadone or slow release oral morphine for overnight relief. Used as a second line treatment option, managed opioid medications are prescribed by a physician in a clinic setting. Clients take the prescribed medications under medical supervision reducing the risk of drug-related harms from toxic street use. Through the provision of a clean, non-toxic drug supply, MOPs are cost-saving, provide a gateway for clients to access health and social support services, and is an effective form of treatment for people suffering chronic opioid use who have been unsuccessful with conventional forms of treatment, such as methadone.⁴

MOPs have a proven track record of increasing client participation in treatment, reducing the use of street drugs, and decreasing illegal activities associated with the drug trade.⁵ MOPs reduce the prevalence of acute

opioid poisonings in the growing opioid-dependent population by providing safer alternatives to illicit drugs in a supervised and controlled environment. In Europe, six randomized control trials occurring over 15 years, demonstrated that prescribed supervised injectable heroin (SIH) treatment reduced crime and heroin use in the public.⁶ Patients also led more meaningful lives with improved social functioning, such as acquiring stable housing, enhancing family functioning and increasing rates of employment.⁷ The cost to deliver SIH treatment in Europe is higher than oral methadone treatment, however, this higher cost was offset by significant savings in the criminal justice system.⁸

The Province of Ontario recently announced a \$102 million funding agreement with the federal government for drug treatment, and MOP's, which have demonstrated effectiveness in other Canadian regions as a treatment option, have potential to be an impactful tool under this agreement for communities such as Peterborough if appropriately resourced.

Peterborough's Board of Health is urging the Ministry of Health and Long-Term Care to:

- enhance the provincial response to the opioid poisoning crisis by immediately identifying operational and capital funding to support the implementation of managed opioid programs in communities like Peterborough, where appropriate;
- take action to add medications that could be used in a managed program to the Ontario Drug Benefit Formulary at appropriate concentrations to treat opioid use disorder (i.e. 50 mg/mL and 100 mg/mL hydromorphone), as well as ensure managed opioid medications are accessible to all Ontarians requiring treatment for opioid use disorder;
- include diacetylmorphine (pharmaceutical-grade heroin) for potential use as a managed opioid program medication in Ontario by obtaining authority from Health Canada;
- address barriers to procuring, storing, and transporting diacetylmorphine and/or mitigate its effects by collaborating with Health Canada and other necessary federal bodies to facilitate use of this managed opioid program medication; and
- ensure that the cost of managed opioid medications is not a barrier and that these medications are universally accessible to all Ontarians who could benefit from managed opioid programs.

Tragically, the majority of opioid poisoning deaths are accidental. To combat the large number of preventable deaths occurring in the province, urgent expansion of treatment options geared to reducing consumption of toxic street drugs is a public health priority. We urge you as our Minister of Health to make this the time for Ontario to take a progressive, evidence-based approach in addressing the opioid crisis through the expansion of treatment options that include MOPs.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health for Ontario
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health

¹ Gomes T, Pasricha S, Martins D, et al. *Behind the prescriptions: A snapshot of opioid use across all Ontarians*. Toronto: Ontario Drug Policy Research Network; 2017

² Canadian Institute for Health Information. Opioid-related harms in Canada. https://secure.cihi.ca/free_products/opioid-related-harms-report-2018-en-web.pdf Published December 2018. Accessed March 12, 2019

³ Latest data on the opioid crisis. Canadian Institute for Health Information. <https://www.cihi.ca/en/latest-data-on-the-opioid-crisis>. Published December 12, 2018

⁴ Jesseman R, Payer D. Decriminalization: Options and evidence. Canadian Centre on Substance Use and Addiction. <http://www.ccsa.ca/Resource%20Library/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf>. Published June 2018. Accessed May 1, 2019

⁵ Leece P, Tenenbaum M. *Effectiveness of supervised injectable opioid agonist treatment (SIOAT) for opioid use disorder*. Toronto, ON: Public Health Ontario; 2017: 1-8. <https://www.publichealthontario.ca/-/media/documents/eb-effectiveness-sioat.pdf?la=en> Accessed May 1, 2019

⁶ Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment*. Luxembourg: European Monitoring Centre for Drugs and Addiction; 2012: 11-23

⁷ Jesseman R, Payer D. Decriminalization: Options and evidence. Canadian Centre on Substance Use and Addiction. <http://www.ccsa.ca/Resource%20Library/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf>. Published June 2018. Accessed May 1, 2019

⁸ Strang J, Groshkova T, Metrebian N. *EMCDDA insights: New heroin-assisted treatment*. Luxembourg: European Monitoring Centre for Drugs and Addiction; 2012: 11-23

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

May 3, 2019

Hon. Christine Elliott
Minister of Health and Long-Term Care
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott,

Re: Modernizing Ontario's Health Units

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to seek clarity on several aspects of the government's proposed steps towards reorganizing public health in Ontario, as announced in the 2019 Ontario Budget.

We are supportive of focusing on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignments with the health care system, improved staff recruitment and retention, and improved public health promotion and prevention. We are ready and willing to assist you in meeting those goals, but in order to do so, we will need to be equipped with more information.

Our most immediate concern is related to public health funding. We appreciated receiving the memo from the Chief Medical Officer of Health on April 29th, which outlined the changes to the cost-sharing arrangement over the next three years. While this change is characterized as gradual, the municipalities' share of the cost of public health funding envelope will increase to varying degrees, effective immediately. Given that local budgets have already been set for the year, this will represent an unforeseen additional expense that will be difficult to absorb. Additionally, we have concerns about the decision to implement this change prior to finalizing the new public health governance structure that will ultimately be responsible for it. We are therefore looking forward to our upcoming calls with the Chief Medical Officer of Health for more specific and detailed descriptions of the Province's plans to ensure that any immediate local shortfalls are covered and that the total investment in local public health does not decrease over time.

We would also welcome the opportunity to draw on the wealth of expertise that currently exists within local public health to provide informed advice on the proposed replacement of Ontario's 35 public health units with 10 regional entities governed by new boards under a common governance model. We believe that our input will be vital to ensuring that all governance and operational aspects of the proposed transition are considered and that it can be achieved effectively and on time.

From a system standpoint, we eagerly anticipate more details about the plans to "streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities." Also known as Public Health Ontario, this agency is an essential partner to local public health and a most valuable resource for making the evidence-based decisions that are at the root of efficient and effective public health practice.

Finally, we would welcome a conversation about the status of the recently modernized Ontario Public Health Standards (OPHS), Protocols, and Guidelines within the Government's vision of a modernized public health system. For over three decades, population health in Ontario has benefitted from detailed mandatory health programs and services as itemized in Sections 5 through 9 of the Health Protection and Promotion Act, which include the enabling authority for the OPHS. Taken together, these form a comprehensive blueprint for addressing the public health needs of every Ontarian in every community. If changes are being considered, it is imperative that these be communicated and subject to inclusive and reciprocal stakeholder consultation.

We support modernizing the public health system in a way that improves population health. We find that the magnitude of the changes being proposed and achieving this within less than one year exceptionally ambitious given the intricacies of public health services and their deliberate and appropriate variation among communities. The pace and breadth of these changes will cause significant disruptions in every facet of the public health system. It is essential that attendant risks are mitigated, and Ontario's front-line public health professionals continue to have the local and provincial support that they require to carry out their essential duties to keep Ontarians healthy during this time of transition.

We also acknowledge the important contributions that such modernization can make to ensuring the province's fiscal health by identifying efficiencies and, more importantly, keeping Ontarians healthy. We look forward to learning more from the discussions that the Chief Medical Officer of Health has scheduled with each of Ontario's Boards of Health.

As the organization that represents the public health system's Medical Officers of Health, Boards of Health and Affiliate organizations, we would like to request a meeting with you to discuss opportunities for input into the design and implementation of these changes. To schedule a meeting, please contact aPHa Executive Director, Loretta Ryan, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Dr. Robert Kyle,
aPHa President

COPY: Helen Angus, Deputy Minister, Ministry of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Dr. Peter Donnelly, President and CEO, Public Health Ontario
Pat Vanini, Executive Director, Association of Municipalities of Ontario
Chris Murray, City Manager for Toronto

May 9, 2019

Senate of Canada
Ottawa, Ontario
Canada K1A 0A4

Dear Honourable Senators,

Re: Bill S-228, the Child Health Protection Act

On behalf of the Board of Health for Peterborough Public Health, we strongly urge the Senate to accept the House of Commons amendments, and support the expedited passing of Bill S-228, the Child Health Protection Act.

Restricting the marketing of unhealthy food and beverages to children is a key priority identified in Health Canada's Healthy Eating Strategy. The food industry spends billions of dollars per year marketing to children. Child-targeted marketing is unethical. It takes advantage of a vulnerable population that is unable to understand the intent of marketing and thus make an informed decision. Advertisements aimed at children can influence their lifelong eating attitudes and behaviours (including food preferences, food choices, and purchasing selections), and intends to build brand loyalty.¹ The majority of these foods and beverages are calorie-dense and low in nutrition. Frequent consumption of these foods and beverages has consistently been linked to excessive weight gain and suboptimal nutrient intake among children and youth, making it a public health concern.

Following the amendments brought forth by the House of Commons, the Senate expressed concerns that were unfounded and should not delay the vote on Bill S-228.² Specifically:

- Sports sponsorship of community sporting events - Health Canada clearly stated that these would be exempt from the proposed regulations.³
- Definition of "unhealthy foods" - Health Canada has not committed to replacing the word "unhealthy", however, they confirmed that the word would not be associated to any specific food product. The decision model was revised to consider first if an item is advertised to children before establishing if its nutrient profile exceeds restrictions. Also, foods that are recommended for children to eat often will not be included in the restrictions (e.g. most breads, milk and alternatives).⁴
- Front-of-package labelling - Despite also being part of Health Canada's multi-year Healthy Eating Strategy⁵ it is separate to Bill S-228 and should not impact the passing of this legislation.

Bill S-228 is based on scientific evidence and mirrors countless recommendations worldwide. Restricted marketing to children is a recognized best practice by the World Health Organization, as a public health approach to reduce the high prevalence of diet-related diseases, and related expenses within the healthcare system and to society at large. It is critical to protect children's health, as part of a multi-component, upstream strategy included within the Health Eating Strategy for Canada. Children deserve to be protected

from marketing of unhealthy food and beverages and their parents need support in their efforts to create healthy eating environments.

This legislation is required, as self-regulation by industry does not work. In Canada, over the last 10 years the food and beverage industry set standards to self-regulate marketing through the Canadian Children's Food and Beverage Advertising Initiative. Self-regulation has proven itself to be unsuccessful. Research has demonstrated that exposure to food and beverage advertising has actually increased and that the healthfulness of foods advertised to children has not changed.⁶ As long as regulation is optional, we will continue to see marketing directed to children, warranting the need for the legislation to pass.

Bill S-228 has been passed by the House of Commons and reviewed over the last two years by the Senate. We urge that the Senate approve the final passage of the Bill to positively impact the health of Canadian children and improve the food environment in Canada.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: The Right Honourable Justin Trudeau, Prime Minister of Canada
The Hon. Ginette Petitpas, Minister of Health
Local MPs
The Stop Marketing to Kids Coalition
Association of Local Public Health Agencies
Ontario Boards of Health
Ontario Dietitians in Public Health

¹ Dietitians of Canada. 2010. Advertising of Food and Beverages to Children. Position of Dietitians of Canada.

² Parliament of Canada. (November 22nd, 2018). Bill to Amend - Message from Commons-Motion for Concurrence in Commons Amendments - Debate Continued. *1st Session, 42nd Parliament*, 150(249). Retrieved from https://sencanada.ca/en/content/sen/chamber/421/debates/249db_2018-11-22-e?language=e.

³ Health Canada. (2018). Restricting Marketing of Unhealthy Food and Beverages to Children: An Update on Proposed Regulations. Retrieve from <https://www.canada.ca/en/health-canada/programs/consultation-restricting-unhealthy-food-and-beverage-marketing-to-children/update-proposed-regulations.html>

⁴ The Senate of Canada. (2018). Standing Senate Committee on Agriculture and Forestry [Video File]. Retrieved from <https://sencanada.ca/en/committees/AGFO/Witnesses/42-1>

⁵ Government of Canada. (January 20th, 2019). Health Canada's healthy eating strategy. Retrieved from <https://www.canada.ca/en/services/health/campaigns/vision-healthy-canada/healthy-eating.html>

⁶ Potvin-Kent M, Martin CL, Kent EA. Changes in the volume, power, and nutritional quality of foods marketed to children on television in Canada. *Obesity*. 2014;22 (9):2053-2060.

Update to Board of Health Members May 10, 2019

2019 Ontario Budget: Public Health System Restructuring

On April 11, as part of the 2019 Ontario Budget reading, the provincial government announced plans to change the public health system as follows:

- reduce the number of public health units from the current 35 to 10 and move to a regional structure by 2020-21 (these 10 new regional public health entities will be governed by 10 regional boards of health, the size and composition of which are presently unknown);
- save \$200 million annually from across the local public health system by 2021-22;
- streamline Public Health Ontario; and
- regionalize the public health laboratory system.

Since then, the Ministry of Health and Long-Term Care has informed health units that it will reduce the current provincial-municipal cost-sharing arrangement over the next three years beginning April 1, 2019 as follows:

Year	Provincial-Municipal Share for Toronto	Provincial-Municipal Share for All Other Health Units
2019-20	60/40	70/30
2020-21	60/40	70/30
2021-22	50/50	60/40 for 6 regions with population greater than 1 million; 70/30 for 3 regions with a population less than 1 million

alPHa Responses and Action

Soon after the budget announcements, alPHa and the membership worked to make Ontarians aware of public health's concerns over the potential negative impacts of these changes on community health and well-being. On April 24, a [position statement](#) was issued and a [news release](#) was sent out on April 12.

alPHa's Executive Committee, COMOH members, and Board of Health Chairs also held several emergency meetings over the past several weeks to discuss the proposals and strategize on next steps. The alPHa Board of Directors met at the end of April and sent a [letter](#) on May 3rd to the Minister of Health and Long-Term Care seeking clarification on aspects of the proposed changes. alPHa has set up a [dedicated page](#) on its website that houses all communications to date by the association, as well as those by members, on the proposed changes. These are being shared with health units and boards of health in the hopes they may be adapted for local context and use.

Quick Links to alPHa's Online Resources Regarding Public Health Restructuring:

- [Speaking Notes – Toronto Board of Health Meeting May 6th](#)
- [Letter to the Minister](#)
- [alPHa Position Statement](#)

- [Speaking Notes – Toronto Board of Health Meeting April 15th](#)
- [alPHA News Release - Budget 2019 & PH Restructure](#)
- [alPHA Memo to Members - Budget 2019](#)
- [alPHA Post-Election Flyer](#)
- [alPHA Pre-Budget Submission 2019](#)
- [Resource Paper](#)
- [Local Public Health Responses](#)
- [alPHA Submission - Expert Panel on Public Health](#)
- Public health promotional material including a [brochure](#) and [video](#)
- Media Coverage on Twitter: [@PHAgenies](#)

Next Steps

As we wait to hear further details from the Ministry in the coming weeks, alPHA encourages the membership to attend the upcoming annual conference in Kingston, Ontario. Retitled **Moving Forward with Public Health**, the program has been redrafted to reflect the recent announcements on sectoral changes. Canada's Chief Public Health Officer will kick off the event with a keynote address on building partnerships and there will be two panel discussions related to public health restructuring. The first panel will look at the cyclical nature of support for public health in this province and the second panel will examine the critical elements of Ontario's public health system as it evolves. This conference will provide many opportunities for board of health members to share their thoughts and ideas on restructuring as public health moves forward.

Upcoming Events and Meetings for All Board of Health Members

June 9-11, 2019: Moving Forward with Public Health, [alPHA 2019 Annual General Meeting & Conference](#), Four Points by Sheraton Hotel & Suites, 285 King St. E., Kingston, Ontario.

June 11, 2019 (during alPHA Annual Conference): [alPHA Boards of Health Section Meeting](#)
All board of health members in Ontario are welcome to attend this meeting, which will be held during the alPHA Annual Conference in Kingston (pre-registration required).

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

May 2019

Honourable Christine Elliott
Deputy Premier, Minister
Ministry of Health and Long-Term Care
Hepburn Block 10th Floor,
80 Grosvenor St, Toronto, ON M7A 2C4
Christine.elliott@ontario.ca

Dear Honourable Christine Elliott,

Re: Strengthening the Smoke-Free Ontario Act, 2017 to address the promotion of vaping

On behalf of our board of health, I am writing you in support of Peterborough Public Health's call to action regarding strengthening the Smoke-free Ontario Act, 2017 to address the promotion of vaping.

The Windsor Essex County Board of Health supports the call to address retail promotion for vaping products in convenience stores, gas bars and other retail locations across Ontario. Peterborough Public Health's letter (attached below) outlines some of the negative impacts of nicotine exposure on the adolescent brain as well as evidence of respiratory health impacts among youth who vape. WECHU has responded to alarming number of complaints related to youth vaping at schools and within the community.

The Windsor-Essex County Health Unit thanks you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Association of Local Public Health Agencies (aLPHa)
Ontario Boards of Health



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

March 04, 2019

The Honourable Christine Elliott
Deputy Premier of Ontario
Minister of Health and Long-Term Care
christine.elliottco@ola.org

Dear Minister Elliott,

Re: Strengthening the Smoke-Free Ontario Act, 2017 to address the promotion of vaping

At the February 26, 2019 regular meeting of the Board of Health for the Renfrew County and District Health Unit (RCDHU) the Board considered the attached correspondence from Peterborough Public Health urging the Ontario government to strengthen the Smoke-Free Ontario Act, 2017 to prohibit through regulation, the promotion of vaping products.

The following motion was recommended by the Stakeholder Relations Committee and accepted by the Board on February 26, 2019:

Resolution: # 3 SRC 2019-Feb-08

A motion by M. A. Aikens; seconded by J. Dumas; be it resolved that the Stakeholder Relations Committee recommend to the Board that the RCDBH support the correspondence from Peterborough Health Unit urging the province to strengthen the Smoke-Free Ontario Act 2017 and prohibit the promotion of vaping products and further that it be cc as per the Sudbury letter.

Carried

Sincerely,

Janice Visneskie Moore
Chair, Board of Health
Renfrew County and District Health Unit

cc (via email): The Honourable Doug Ford, Premier of Ontario
 Dr. David Williams, Chief Medical Office of Health
 The Honourable John Yakabuski, MPP, Renfrew-Nipissing-Pembroke

Ontario Boards of Health

Loretta Ryan, Executive Director, association of Local Public Health
Agencies

Pegeen Walsh, Executive Director, Ontario Public Health
Associations

Association of Municipalities of Ontario

Jacquie Maund, Alliance for Healthier Communities



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

November 5, 2018

The Honourable Christine Elliott
 Minister of Health and Long-Term Care
 10th Floor, Hepburn Block
 80 Grosvenor Street
 Toronto, ON M7A 2C4
christine.elliott@pc.ola.org

Dear Minister Elliott,

Re: Strengthening the Smoke-Free Ontario Act (2017) to address the promotion of vaping

At its meeting on October 10, 2018, the Board of Health for Peterborough Public Health passed a motion to urge the Ontario government to strengthen the Smoke-Free Ontario Act (2017) and prohibit through regulation, the promotion of vaping products.

By and large the changes in the updated Act and regulations are viewed favorably by Peterborough Public Health as it harmonizes medicinal cannabis, recreational cannabis, conventional cigarettes, and e-cigarette laws into one piece of legislation. However, health experts conclude that allowing retail vaping displays and promotion will put thousands of children and youth at risk of nicotine addiction. The legislation only bans actual vaping product displays at retail outlets and does not restrict other types of retail promotion for vaping products. It permits the widespread promotion of vaping products in convenience stores, gas bars and other retail locations across Ontario. This includes freestanding brand promotions now located inside and outside retail locations like gas bars, posters including pictures of products, video product promotion, and many other types of promotion including those featuring actual vaping products, are all allowed. Mass media promotion of vaping produces (i.e., television advertising) has already been seen in Ontario.

Public health representatives are very concerned about the outcome of nicotine exposure on the adolescent brain. There is also more evidence of respiratory health impacts among young vapers. We are sure that these serious health impacts must be of concern to you and the Government of Ontario as well. We agree with a federal commitment to reducing tobacco use to 5% in Ontario by 2035¹ and fear that current promotion of vaping will actually lead to increased tobacco use among youth. Recently released results from the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) shows that current smoking rates for Canadians aged 15 years and over have actually increased to 15.1% in 2017 from 13.0% in 2015.² Your action is urgently needed to protect the health of youth in Ontario and avoid an epidemic of vaping and nicotine addiction. We must work collaboratively to ensure that young people do not start smoking or vaping.

In conjunction with the above actions, the Board of Health requests that the Province invest in a timely evaluation of the implementation of the Smoke-Free Ontario Act to monitor the impacts of the limited promotion of vaping products with a commitment to make the required amendments as soon as possible.

Sincerely,

Original signed by

Councillor Henry Clarke
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

¹ Health Canada (2018). Canada's Tobacco Strategy. Retrieved from <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/canada-tobacco-strategy/overview-canada-tobacco-strategy-eng.pdf>

² Statistics Canada (2018). Canadian Tobacco, Alcohol and Drugs Survey (CTADS): Summary of results for 2017. Retrieved from <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary.html>

From: [Info](#)
To: [All Health Units](#); [Alvcia Collins](#); [Anita Trusler](#); [Bernadette Hymus](#); [Bill Eekhof](#); [bmcdonald@nwhu.on.ca](#); [Carol Snell](#); [Cathy Copot-Nepszy](#); [Chris Sherman](#); [Clayton McDonald](#); [David Groulx](#); [David Patterson](#); [dominique.lacasse@ottawa.ca](#); [Elizabeth Cullen Keidann](#); [Elizabeth McLaren](#); [Grant Lafontaine](#); [halls@timiskaminghu.com](#); [Helen Parker](#); [Joanne Desormeaux](#); [Jody Lane](#); [Katie Seguin](#); [Kristy Harper](#); [kellie.flynn@durham.ca](#); [Kelly Vanderhoeven](#); [Kristy Eaglason](#); [Laan Megan](#); [Laura Jenkins](#); [Laura Merritt](#); [Leslie Andrade](#); [Lisa Kaldeway](#); [lorrie.levesque@ottawa.ca](#); [Lydia DeMelo](#); [Lyndsay Snowe](#); [Lysanne Trudeau](#); [Martin Paul](#); [Melanie Davis](#); [Melanie Simms](#); [mherbac@nwhu.on.ca](#); [Myrna Ojala](#); [Pamela Ewart](#); [Paul Saunders](#); [Sandy](#); [Shirley Vander Ploeg](#); [Sudbury](#); [Sylvia Dwyer](#); [Tracey Benson](#)
Subject: 2019 alPHa Annual Fitness Challenge Winner
Date: Thursday, May 16, 2019 10:27:29 AM

Dear alPHa Members,

Congratulations to all of the health units that took part in this year's alPHa Fitness Challenge!

We had 18 health units participate in a wide variety of activities that included an 80s Aerobics dance party, squash, indoor mini-putt, and a new twist on boot camp using decks of cards. Others did spin classes, weight training, soccer, walking stairs, circuit training, basketball, swimming and hockey. Renfrew County staff organized a bean bag toss as part of an obstacle course relay. Last week was Mental Health Awareness week and the Timiskaming Health Unit held an "Amazing Race Challenge" where they combined both physical challenges with mental health challenges. Hat's off to Algoma Public Health's Wawa site where they braved the cold water and did a Polar Bear swim. Congratulations to the two health units, Huron County Health Unit and Northwestern Health Unit, for achieving 100% participation from their staff members. Honorable mentions are extended to Public Health Sudbury & Districts for achieving 98% health unit participation.

2019 alPHa Annual Fitness Challenge Results

Huron County Health Unit	100%
Northwestern Health Unit	100%
Public Health Sudbury & Districts	98%
Timiskaming Health Unit	94%
Grey Bruce Health Unit	93%
Durham Region Health Department	89%
Renfrew County and District Health Unit	80%
Porcupine Health Unit	76%
KFL&A Public Health	73%
Perth District Health Unit	70%
Lambton Public Health	61%
Algoma Public Health	59%
Chatham-Kent Public Health	57%
Middlesex-London Health Unit	56%
Thunder Bay District Health Unit	50%
Southwestern Health Unit	49%
HKPR District Health Unit	37%
Wellington-Dufferin-Guelph Public Health	25%

Loretta Ryan, CAE, RPP
Executive Director

Association of Local Public Health Agencies (alPHa)

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P Consider the environment. Please don't print this E-Mail unless necessary.

In partnership with the Algoma District Social Services Board (ADSSAB) APH will be offering *Bridges Out of Poverty* educational sessions on the following dates:

- June 11th in Elliott Lake
- June 12th in Blind River

Bridges Out of Poverty is a framework designed to educate community partners, service providers and professionals on the social and economic impact that poverty has on individuals and communities, the realities experienced by individuals living in poverty and the barriers individuals face when attempting to move themselves out of poverty. Invitation and registration will be sent to the communities by ADSSB.