Algoma
PUBLIC HEALTH
Santé publique Algoma

November 27, 2019

BOARD OF HEALTH MEETING

SSM Community Room A

www.algomapublichealth.com

Meeting Book - November 27, 2019 Board of Health Meeting

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z. Letter to the Minister of Health and Long-Term Care and the Minister of Health, Canada from Haliburton, Kawartha, Pine Ridge District Health Unit regarding Vaping Regulations dated November 21, 2019. Page 186

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13. **Resolutions Resulting From In-Camera**

14. **Announcements / Next Committee Meetings**

    a. Board of Health Meeting - January 22, 2020 @ 5:00 pm

    b. Finance and Audit Committee Meeting - February 12, 2020 @ 5:00 pm

    c. Governance Committee Meeting - March 11, 2020 @ 5:00 pm

15. **Evaluation**

16. **Adjournment**

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

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

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

1.0 Meeting Called to Order *L. Mason*

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda *L. Mason*

RESOLUTION

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

3.0 Delegations / Presentations *L. Mason*

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

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

RESOLUTION

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

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 - November 2019

RESOLUTION

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

b. Finance and Audit Committee

i. Finance and Audit Committee Chair Report *E. Pearce*

RESOLUTION

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

ii. Terms of Reference - Finance and Audit Committee *E. Pearce*

RESOLUTION

THAT the Finance and Audit Committee has reviewed and recommends to the Board of Health for approval the Terms of Reference with no revisions as presented.

iii. Financial Statements *J. Pino*

RESOLUTION

THAT the Finance and Audit Committee has reviewed and recommends to the Board of Health for approval the Financial Statements for the period ending September 30, 2019 as presented.

iv. 2020 Public Health Operating and Capital Budget *J. Pino*

RESOLUTION

THAT the Finance and Audit Committee has reviewed and recommends to the Board of Health for approval the 2020 Public Health Operating and Capital Budget.

v. Briefing Note - 2019 Contribution to the APH Reserve Fund *J. Pino*

RESOLUTION

THAT the Finance and Audit Committee has reviewed and recommends to the Board of Health for approval, Option 1 - up to $300,000, as the 2019 Contribution to the APH Reserve Fund.

c. Governance Committee *D. Graystone*

i. Governance Committee Chair Report

RESOLUTION

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

ii. Travel Policy 02-05-020 *D. Graystone*

RESOLUTION

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

7.0 New Business/General Business *L. Mason*

8.0 Correspondence *L. Mason*

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

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

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

d. Letter to the Minister of Health and Long-Term Care from the Windsor-Essex County Health Unit regarding **Removal of Regulation 268 of the Smoke-Free Ontario Act, 2017, to restrict marketing of Vaping Products** dated October 22, 2019.

e. Letter to the NE Boards of Health from the Timiskaming Health Unit regarding **Public Health Modernization - North East Public Health Transformation Initiative** dated October 23, 2019.

f. Letter to the Prime Minister from the Regional Municipality of Durham regarding **Opioid Overdose Emergency Resolution** dated October 24, 2019.

g. News Release from the Ministry of Health regarding **Protecting Youth from the Dangers of Vaping - Ontario Banning the Promotion of Vaping Products Outside of Specialty Stores** dated October 25, 2019.

h. Letter to the Minister of Health and Long-Term Care from the Simcoe Muskoka District Health Unit regarding **Vaping Display and Promotion** dated October 25, 2019.

i. News Release from newsroom@ontario.ca regarding **Government Lays out Legislative Priorities for the Upcoming Session** dated October 28, 2019.

j. Letter to the Minister of Health and Long-Term Care from the City of Hamilton regarding **Opposition to Co-Payment for Dentures under the New Ontario Seniors Dental Care Program** dated October 30, 2019.

k. Letter to the Minister of Health and Long-Term Care and the Chief Medical Officer of Health from the City of Hamilton regarding **Support for a Seamless Provincial Immunization Registry** dated October 30, 2019.

l. Letter to the Minister of Health and Long-Term Care from the City of Hamilton regarding **Request for Weekly Data Reports on Vaping Cases** dated October 30, 2019.

m. Communication from Grey Bruce Public Health Unit to all Health Units regarding Motions of support for **Funding for Leave the Pack Behind, National School Food Program, Display and Promotion of Vaping Products, Promotion and Display of Vapour Products in Ontario** dated October 31, 2019

n. Letter to the Minister of Health and Long-Term Care from the Renfrew County and District Health Unit regarding **The Harms of Vaping and the Next Steps for Regulation** dated October 31, 2019.

o. Communication to All Ontario Health Units from the Timiskaming Health Unit sharing their **2018 Annual Report** dated November 6, 2019.

p. News Release from the Ministry of Health regarding **Ontario Taking Next Steps to Integrate Health Care System** dated November 13, 2019.

q. **Connected Care Update** from the Ministry of Health dated November 13, 2019.

r. News Release from newsroom@ontario.ca regarding **Ontario Expanding Digital and Virtual Health Care** dated November 13, 2019.

s. Communication from alPHa to All Health Units regarding **alPHa Statement of Principles** dated November 15, 2019.

t. Communication from alPHa to All Health Units regarding **Update on Public Health Modernization** dated November 18, 2019.

u. News Release from the Ministry of Health regarding **Discussion Papers - Public Health Services Modernization** dated November 18, 2019.

v. News Release from newsroom@ontario.ca regarding **Ontario Launches Free Dental Care for Low-Income Seniors** dated November 20, 2019.

w. Communication from Ontario Chief Medical Officer of Health to all Health Units regarding retirement of Laura Pisko dated November 20, 2019

x. Letter to the Minister of Health and Long-Term Care and Special Advisor, Public Health Modernization from Simcoe Muskoka District Health Unit regarding **Public Health Modernization** dated November 20, 2019.

y. Communication from alPHa to All Health Units regarding **alPHa Member Feedback on Public Health Modernization** dated November 21, 2019.

z. Letter to the Minister of Health and Long-Term Care and the Minister of Health, Canada from Haliburton, Kawartha, Pine Ridge District Health Unit regarding **Vaping Regulations** dated November 21, 2019.

9.0 Items for Information *L. Mason*

10.0 Addendum *L. Mason*

11.0 In-Camera *L. Mason*

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

RESOLUTION

THAT the Board of Health go in camera.

12.0 Open Meeting *L. Mason*

Resolutions resulting from in camera meeting.

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

Board of Health Meeting:
January 22, 2020 @ 5:00 pm
Sault Ste. Marie, Room A

Finance & Audit Committee Meeting
February 12, 2020 @ 5:00 pm
Prince Meeting Room, 3rd Floor

Governance Committee Meeting
March 11, 2020 @ 5:00 pm
Prince Meeting Room, 3rd Floor

14.0 Evaluation *L. Mason*

15.0 Adjournment *L. Mason*

RESOLUTION

THAT the Board of Health meeting adjourns.

Algoma PUBLIC HEALTH
Santé publique Algoma

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

PRESENT :

BOARD MEMBERS
Lee Mason - Chair
Ed Pearce - 1st Vice Chair
Deborah Graystone - 2nd Vice Chair
Dr. Patricia Avery
Louise Caicco Tett
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
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

GUEST : Elizabeth Edgar-Webkamigad - Indigenous Engagement presentation

REGRETS : Randi Condie, Micheline Hatfield

1.0 Meeting Called to Order

a. Declaration of Conflict of Interest

None declared.

2.0 Adoption of Agenda

RESOLUTION 2019-69

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

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

CARRIED

- At this time H. O'Brien requested an addition to the agenda regarding public health issues related to the proposed ferrochrome smelter. The question will be addressed by M. Spruyt at agenda item 6.0 - MOH/CEO report.

3.0 Delegations / Presentations

a. Indigenous Engagement

The guest presenter for this item was delayed and the chair continued through the agenda items until her arrival.

4.0 Adoption of Minutes of Previous Meeting

RESOLUTION 2019-70

Moved: L. Caicco-Tett
Seconded: A. Kappes

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

CARRIED

5.0 Business Arising from Minutes

Not applicable

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - October 2019

Comprehensive Tobacco Control is the Program Highlight this month and combines Community Engagement , Health Promotion initiatives and Enforcement activities. There is public concern about vaping and a provincial round table was held on October 9th seeking feedback. The province is receptive to considering amendments to the legislation.
M. Spruyt addressed the question about the potential ferrochrome smelter and the local concerns about health impacts. Dr. Spruyt and Dr. Loo have met with City of SSM executives and Noront and will continue to be a partner at the table involved in the process. There is much work to be done and environmental assessments before there is more information available about impacts. There will be other community engagement sessions and consultation from Public Health Ontario that will address local concerns.

RESOLUTION 2019-71

Moved: P. Avery
Seconded: H. O'Brien

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

CARRIED

b. Finance and Audit Committee

i. Financial Statements

J. Pino provided an overview of the Financial Statements ending August 31, 2019, and explained the factors related to variances.

RESOLUTION 2019-72

Moved: E. Pearce
Seconded: H. O'Brien

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

CARRIED

ii. Update on status of Copier Project

J. Pino provided information on the purchase of copiers. Cooperative purchasing program was used with anticipated savings in the amount of $30,000 per year. The improved technology will reduce operating costs.

c. Governance Committee

i. 02-05-025 Remuneration Policy

D. Graystone spoke about the change to the rates in the remuneration policy.

RESOLUTION 2019-73

Moved: D. Graystone
Seconded: K. Raybould

THAT the Board of Health approve the revised Remuneration Policy 02-05-025 and will take effect at the next committee meeting.

CARRIED

7.0 Delegations / Presentations

a. Indigenous Engagement

The presentation was provided by guest presenter Elizabeth Edgar-Webkamigad, Director, Shingwauk Residential Schools Centre, Algoma University and by Laurie Zeppa, Director of Health Promotion and Prevention at APH. They covered the national, provincial, regional , and local context related to Indigenous engagement. In addition, they spoke to APH engagement efforts to date and plans moving forward using Indigenous engagement principles and practices.

8.0 New Business/General Business

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

The 5 Chairs of the NE boards of health are requesting that municipal consultations for Emergency Services and for Public health be held separately.

RESOLUTION 2019-74

Moved: P. Avery

Seconded: A. Kappes

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

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

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

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

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

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

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

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

b. Algoma Room Renovations

M. Spruyt described the RFP process and the requirement to have a board member appointed to review the submissions on behalf of the board.

RESOLUTION 2019-75	**Moved:**	A. Kappes
	Seconded:	D. Graystone

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

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

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

THEREFORE, be it resolved that the Board of Health appoints **Lee Mason** to act on it's behalf in approving the successful bid.

CARRIED

9.0 Correspondence

a. Letter to Algoma Public Health from the Corporation of the Township of Laird regarding **Proposed Changes to Public Health in Ontario** dated September 10, 2019.

b. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Southwestern Public Health regarding **Expanding Alcohol Retail Outlets** dated September 11, 2019.

c. Letter to the Minister of Health of Canada and the Deputy Premier and Minister of Health and Long-Term Care from Simcoe Muskoka District Health Unit regarding **Vaping Display and Promotion** dated September 18 2019.

d. Letter to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care from the County of Lambton regarding **Provincial Plans for the Modernization of Public Health Service Delivery** dated September 18, 2019.

e. Letter to the Deputy Premier and Minister of Health and Long-Term Care from alPHa regarding **Vapour Products Display and Promotion** dated September 19, 2019.

f. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Haliburton, Kawartha, Pine Ridge District Health Unit regarding **Immunization for School Children - Seamless Immunization Registry** dated September 19, 2019.

g. Letter to the Deputy Premier and Minister of Health and Long-Term Care from KFL&A Public Health regarding **Remove Regulation 268 of the Smoke-Free Ontario Act, 2017** dated September 27, 2019.

h. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Windsor-Essex County Health Unit regarding **Completion of Consumption and Treatment Services Application and Site Location** dated September 27, 2019.

i. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Windsor-Essex County Health Unit regarding **Funding Cancelled for Leave the Pack Behind** dated September 27, 2019.

j. Letter to the Minister of Children, Community and Social Services from Windsor-Essex County Health Unit regarding **Changes to Provincial Autism Supports** dated September 27, 2019.

k. Letter to the Minister of Finance from Windsor-Essex County Health Unit regarding **Alcohol Choice & Convenience** dated September 27, 2019.

l. Letter to the Deputy Premier and Minister of Health and Long-Term Care from Peterborough Public Health regarding **The Opioid Emergency in Ontario - Recommendations from the association of Municipalities of Ontario** dated October 1, 2019.

m. Communication to All Ontario Health Units from Simcoe Muskoka District Health Unit sharing their **2018-19 Annual Report** Dated October 3, 2019.

n. Communication from the Ministry of Health regarding **Advisor on Public Health and Emergency Health Services Consultations** dated October 10, 2019.

o. Letter to the Deputy Premier and Minister of Health and Long-Term Care from KFL&A regarding **Vapour Products Display and Promotion** dated October 11, 2019.

p. Letter to the Minister of Health of Canada from KFL&A Public Health regarding **Comprehensive measures to address the rise of vaping in Canada** dated October 16, 2019.

q. Communication to All Ontario Health Units from Grey Bruce Health Unit sharing their **2018 Annual Report** dated October 17, 2019.

10.0 Items for Information

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

L. Mason asked that members wishing to attend the conference should let he and T. Caputo know by Friday October 25.

11.0 Addendum

Not applicable

12.0 In Camera 6:55 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 2019-76

Moved: M. Scott

Seconded: P. Avery

THAT the Board of Health go in camera.

CARRIED

13.0 Open Meeting - 7:03 pm

Resolutions resulting from in camera meeting.

RESOLUTION 2019-79

Moved: E. Pearce

Seconded: A. Kappes

THAT the Board of Health accepts and approves the 2019 Algoma Public Health Risk Management Model as presented.

CARRIED

14.0 Announcements / Next Committee Meetings:

Finance & Audit Committee Meeting

November 13, 2019 @ 4:00 pm

Prince Meeting Room, 3rd Floor

Governance Committee Meeting

November 20, 2019 @ 5:00 pm

Prince Meeting Room, 3rd Floor

Board of Health Meeting:

November 27, 2019 @ 5:00 pm

Sault Ste. Marie, Room A

Strategic Planning Retreat

November 28, 2019 @ 9:00 am

Quattro Hotel and Convention Centre

15.0 Evaluation

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

16.0 Adjournment 7:22 pm

RESOLUTION 2019-80	**Moved:** M. Scott
	Seconded: P. Avery

THAT the Board of Health meeting adjourns.

CARRIED

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

Algoma
PUBLIC HEALTH
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November 2019

Medical Officer of Health / CEO

Public Education Campaign
OMA President Dr. Sohail Gandhi and Algoma Public Health's Medical Officer of Health, Dr. Marlene Spruyt, speaking about vaccination in the Algoma district, vaccine hesitancy and the OMA's public education campaign.

Prepared by:
Dr. Marlene Spruyt and the Leadership Team

Presented to:
Algoma Public Health Board of Health
11/27/2019

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APH AT-A-GLANCE

The November 2019 is the final BOH meeting for this calendar year, and we will be reviewing the 2020 budget. As well we will have further discussion with our Strategic Planning consultants in advance of the all-day retreat on Thursday.

We had many excellent nominations for our 2nd Public Health Champion Award, and the award will be announced and presented at the beginning of our meeting.

Seniors Low Income Dental:

This program is still in the early implementation phase. On Wednesday, November 20, the Ministry launched the program Ontario Seniors Dental Care Program (OSDCP). Individuals are required to apply for a "dental card," which they can use to access services. Our initial role will be to assist individuals in navigating the application process. We are still in the process of recruiting Dental Hygienist(s) and Dentists to deliver the services to eligible seniors.

Public Health Modernization/Transformation:

Public Health Modernization consultation process was launched with a webinar the morning of Monday, November 18 and the discussion paper was released at the end of the day. Although they were sent to you via separate email, I am enclosing them here again for easier access. We will also place the documents in your BOH resource library.

Consultation Website English and French (portal to most of what is included below).

- Discussion Paper: Public Health Modernization
- November 18, 2019 Webcast recording
- Survey Tool
- Memo to First Nations / Indigenous Communities

Inquiries and submissions are also welcome through the EHS Modernization Team's dedicated e-mail address: ehsphmodernization@ontario.ca.

The Association of Public Health Agencies of Ontario (alPHa) has produced a Statement of Principles document, and the Council of Medical Officers of Health (COMOH) is in the

process of finalizing one as well. We have been advised that in-person consultation sessions will be announced in the very near future.

PARTNERSHIPS

Ontario Health Teams:

As communicated to you last month The Algoma Ontario Health Team (OHT) submitted their full application. In follow-up, Ministry staff had an in-person visit with the Steering Committee on November 6. I understand the discussions went well and they were told that follow-up communication regarding final approval should occur in early January 2020. A governance workshop was offered to Committee and Board members on November 18, which was very informative and provided opportunity to discuss methods of governance that did not involve dissolving Boards of individual organizations.

PROGRAM HIGHLIGHTS

Topic: Learners / Students
From: Antoniette Tomie

Key Messages

- Algoma Public Health (APH) works collaboratively with educational institutions to provide student placement opportunities
- Student placements contribute to successes of APH's programs and services
- Recruitment of students enhance the future capacity of APH

Introduction

APH is committed to providing students with an opportunity to apply knowledge and theory learned at school in a practical experience in the workplace. Student placements include various types of experiences such as internships, practicums, consolidations and co-ops.

APH has over twenty affiliation agreements with various post-secondary educational institutions across Canada. For example, APH and Sault College support the nursing student placements and public health learning by meeting at a minimum of twice a year to communicate and collaborate related to nursing education.

Student placement snapshot

APH averages about 26 student placements per year, the majority being nursing students from Sault College.

Employees are preceptors for students. Some preceptors may have more than one student assigned to them, and at times students may be assigned to various members of a team. The preceptor and student meet to decide on mutually beneficial outcomes that the placement will achieve. Depending on program of study, some placements require specific objectives to be met, for example, environmental health practicums are to be provided opportunities to develop basic investigative skills and abilities required to become a public health inspector, whereas other programs may require the application of theory and/or knowledge learned during the placement. As one preceptor described:

"The experience of being a preceptor to nursing students has been a rewarding opportunity to mentor a new generation of potential public health professionals.

Being able to foster an understanding of upstream interventions and hopefully inspire these young people to carry that knowledge with them into their future practice has been for me a personal goal.

Working with students has also provided a wonderful opportunity to learn, including how health promotion information is accessed and processed by the young adult demographic." Janet Allen Public Health Nurse

The Diversity of Learners at APH

Recent placements reflect a variety of experiences:

Nursing

Student placements occur in third and fourth year in the nursing program.

An example of a key contribution from 3rd Year Nursing Student Placements included a partnership with Sault College to plan and implement *3rd Year Group Placements.* The group placements focused on projects related to orientation to public health nursing and reflective practice in nursing.

The Chief Nursing Officer and Nursing Practice Council worked with two small groups of nursing students to identify existing public health nursing orientation resources, outline the current public health nursing orientation practices across the APH programs, and put forward recommendations for public health nursing orientation moving forward. Some of the placement activities involved: reviewing and summarizing relevant literature, reaching out to other public health units, reviewing existing APH orientation program checklists, interviewing members of the APH Nursing Practice Council, interviewing APH Nursing Managers, and presenting and disseminating the information/findings at an All Nursing Staff Meeting.

Fourth year nursing student placements are two hundred hours in length. Placements generally are focused on a certain Ontario Public Health Standards priority with a program, and the student is immersed in the daily functions/role of a public health nurse. A few examples of some of the topic focused work in the Community Wellness program includes:

- Cannabis Legalization –literature and evidence review to help inform public health priorities and planning related to cannabis
- Comprehensive Tobacco Control – Algoma 5 in 5 Tobacco Cessation Initiative, mapping tobacco cessation services and the social determinants of health, working with community partners to support and provide tobacco cessation services throughout Algoma.

I feel the self-directed aspect of this placement was possibly the most valuable learning experience. I was forced to trust the process, be organized, and learn how to manage a project successfully to meet a deadline. I feel the self-directed nature prepared me for future nursing practice, as the majority of nursing careers will require me to practice autonomously. Algoma Public Health helped me develop an understanding of how theory is integrated into practice. I now recognize just how influential these concepts are in the development of health programs and policies. I have a better grasp of the practical applications of these concepts. This helped strengthen my professional research, interview and presentation skills. Devan Turner, 3rd year nursing student placement.

Environmental Health

Practicum students are with us a minimum of twelve weeks. Practicums are typically not coordinated through the educational institution but rather through APH recruitment process. Practicum students will conduct inspections, shadow inspectors, and work on their board reports for national certification. Past projects include sanitary surveys (Ontario Building Code), Drinking Water Sampling Project and the Radon Campaign. Practicums are paid positions, and we normally receive ministry funding for at least one position.

Food and Nutrition

Since 2007, APH has accepted two Dietetic Interns per year from the Northern Ontario Dietetic Internship Program (NODIP). The program is through the Northern Ontario School of Medicine. NODIP is nationally accredited and thus has been designed to develop the competencies required of an entry-level dietitian. Students are expected to complete a Public Health Assignment during their term. Many of the dietitians, who completed this internship program, have stayed in the North and are currently working in Northern Ontario.

Speech and Language

Speech-Language Pathologist (SLP) or Communicative Disorders Assistant (CDA) students participate in assessment and intervention activities. Assessment activities, including chart reviews, parent interviews, clinical assessments, standardized assessments, and report writing. Intervention activities include planning and preparing for group sessions, material preparation, delivering intervention, and conversations with parents and teachers following session.

Office Administration

On an annual basis APH will have at least one student placement from the Office Administration – Executive program from Sault College. The placement is usually one month long, and the student is exposed to a general overview of clerical functions at APH.

Community Mental Health (CMH) & Community Alcohol Drug Assessment Programs (CADAP)

Bachelor of Social Work and Social Services worker placements are usually in the CMH & CADAP programs. Some of the placements span an entire school year from September to April on a part-time basis.

Students shadow our front line staff in these programs, including client visits, food security resources and harm reduction interventions (needle exchange, naloxone, outreach supports).

Geographic Information Systems (GIS)

We had a student who worked with our foundational standards team to create a "foundational atlas" of maps for APH. These maps show the large geographic region of Algoma Public Health and the location of the area's municipalities and First Nation communities. The maps will help support future APH work that aims to describe the spatial distribution of health and disease within Algoma.

Masters of Public Health

In 2019 there were two Master of Public Health (MPH) students who completed their practicum placements at APH. One student completed their practicum focused on Hepatitis C Virus (HCV) strategy planning. They produced an epidemiological summary of HCV for the APH region, completed a rapid literature review to recommend effective approaches to engage people who inject drugs and prepared HCV partner, stakeholder and services information for asset mapping across APH communities.

The other student is completing a rapid review of the literature for healthy environment interventions that have evidence for effectiveness, particularly in northern, rural, and remote settings. The student recently accompanied APH Healthy Environments staff to attend the Ontario Public Health Association (OPHA) Fall Forum on Climate Change and Health, and she is supporting the work of the Healthy Environments team by creating an inventory of indicators for this new OPHS program standard.

Public Health and Preventive Medicine Resident

Over the summer of 2019, APH welcomed a fourth-year Public Health and Preventive Medicine resident for the Northern Ontario School of Medicine (NOSM) for a rotation in Health Policy and Planning. (Residents are individuals enrolled in post-graduate specialty MD programs). The resident supported the development of a mass immunization plan for APH, and also accompanied the Medical Officer of Health to local consultations with the Federal Health Minister.

Summary

Having student placements benefits the student and APH. Students who come to APH become immersed in the world of public health and learn first-hand key public health concepts, such as the population health approach (i.e. how public health differs from primary health care) and program planning.

Additionally, APH staff have benefitted from working with students, who may share different perspectives or approaches to topic areas. A significant benefit to having student placements is the potential to recruit and build future capacity within APH. APH has been quite fortunate to recruit former student placements into various positions within the organization, from front line staff to positions in leadership.

APH values its educational partnerships and the diversity of learners that participate in various placements across the agency. APH looks forward to continuing to provide education, and learn from students of all public health disciplines. The agency is proud to be fostering public health professionals for the future while building a sustainable workforce in Algoma.

PROGRAM ACTIVITY INDICATORS

		2019 Q1 JAN - MAR	2019 Q2 APR - JUN	2019 Q3 JUL - SEP	2019 YEAR END					2018 YEAR END
HBHC POSTPARTUM		**Q1**	**Q2**	**Q3**	**WW**	**SSM**	**BR**	**EL**	**2019 YE**	**2018 YE**
	Phone Calls	139	180	137	37	364	27	28	456	475
	Home Visits	47	66	51	4	142	8	10	164	173
COMMUNITY MENTAL HEALTH		**Q1**	**Q2**	**Q3**					**2019 YE**	**2018 YE**
	CMH New Clients: Individuals receiving 1st service	60	53	53					166	203
	CMH non registered: Client Interactions	407	271	268					946	1,325
SUBSTANCE MISUSE		**Q1**	**Q2**	**Q3**	**WW**	**SSM**	**BR**	**EL**	**2019 YE**	**2018 YE**
Needle Exchange	Needles distributed	35,811	68,116	12,527	332	100,013	183	15,926	116,454	312,147
	Needles returned - NEP (estimates)	9,185	29,164	2,257	40	38,294	20	2,252	40,606	68,021
	Needles returned - Drop Bins SSM (estimates)	82,688	84,896		0	167,584	0	0	167,584	250,457
Addictions - Overdose Prevention	Naloxone trainings completed - with at risk individuals	187	183	359	0	546	0	0	729	590
HEALTH PROTECTION		**Q1**	**Q2**	**Q3**	**WW**	**SSM**	**BR**	**EL**	**2019 YE**	**2018 YE**
Safe Water	Private Wells - Adverse Reports	8	49	142	1	151	40	7	199	282
	Regulated Premise - ADW (O.reg.319)	1	16	10	3	11	11	2	27	13
	Boil Water Advisory	3	3	10	5	7	0	4	16	21
	Drinking Water Advisory	0	3	7	1	2	0	7	10	3
	Beach Closures	0	2	3	0	2	3	0	5	6
Rabies	Risk investigations initiated	31	65	71	14	114	19	20	167	193
Food Safety	Special Event Permits issued	32	79	123	7	155	52	20	111	298
	Food Handler Training (# persons)	475	288	189	0	806	101	45	952	608
	Farmers Market Approvals	36	47	7	0	55	35	0	90	89
Health Hazard	Complaint / Investigations all types	27	74	157	2	212	36	8	258	148
Land Control - OBC	Applications / Permits - Class IV	0	46	56	1	78	19	4	102	148

HEALTH PROTECTION (CONT'D)		Q1	Q2	Q3	WW	SSM	BR	EL	2019 YE	2018 YE
Communicable Disease Control	Institutional outbreaks	12	5	3	1	15	4	0	20	26
	Outbreak days in quarter	162	75	32	16	171	82	0	269	299
	Gonorrhea	5	7	6	0	11	1	5	18	17
	Chlamydia	48	99	103	3	211	12	19	250	243
	BBI (Hep B, C, HIV)	0	27	21	0	14	0	0	48	79
	Confirmed influenza cases	72	14	0	0	81	2	3	86	154

* total includes instances of uncategorized location

CONTRACEPTIVE PURCHASES	Q1	Q2	Q3	WW	SSM	BR	EL	2019 YE	2018 YE
14-19 years	16	12	25		41			53	155
20-24 years	52	48	58		110			158	267
25-29 years	107	123	130		237			360	606
30 + years	170	138	132		302			440	709
Total	345	321	345		690			1,011	1,737

*the SSM column is the cumulative district data

CALLS TO THE SEXUAL HEALTH LINE	159	984	1,256					2,399	4,000

TOBACCO CESSATION	Q1	Q2	Q3	SSM	DISTR.	2019 YE	2018 YE
Number of APH clients assessed or reassessed for tobacco use using Brief Contact Interventions (BCI)	624	508	463	1,373	222	1,595	2,349
Number of clients referred by staff to further intensive smoking cessation supports at APH during BCI (includes district)	136	59	70	0	0	265	364
Number of clients receiving clinic or in-home intensive tobacco cessation services from APH staff	87	67	67	165	56	221	290

Shaded - Indicates data not available

Finance and Audit Committee

Chair's Report

November 13, 2019

The Finance and Audit Committee met on November 13th and after review has the following items to place before the Board.

1. **Terms of Reference**
    - **a.** Attached
    - **b.** The Committee reviewed the Terms of Reference at the request of the Governance Committee and recommends no changes to the TOR at this time.

2. **Draft Financial Statements, Period Ending September 30, 2019**
    a. The Finance and Audit Committee recommends and puts forth to the Board the Draft Financial Statement for the period ending September 30, 2019.
    b. Attached
    c. Comments

3. **Draft Operating Budget 2020**
    - **a.** The Finance and Audit Committee recommends approval of the 2020 Public Health Operating Budget for the Algoma Health Unit as presented.
    - **b.** Attached
    - **c.** Comments

4. **2019 Contribution to the 2019 APH Reserve Fund**
    - **a.** The Finance and Audit Committee has reviewed the proposed options and puts forth to the Board the following recommended 2019 contribution to the APH Reserve Fund.

BOARD OF HEALTH FOR ALGOMA PUBLIC HEALTH
FINANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE

O: May 22, 2015

Reviewed: September 28, 2016
Reviewed: November 13, 2019

The following Terms of Reference are in accordance with By-Law No. 95-1. The Committee is advisory to the Board unless the Board expressly delegates authority to the Committee on a particular matter.

Name:	Finance and Audit Committee
Mandate:	To assist the Board in meeting its responsibilities, the Finance and Audit Committee (the "Committee") shall: • Act in an advisory capacity to the Board; and • Ensure the adequacy and effectiveness of financial reporting by reviewing and recommending approval to the Board of financial statements, accounting policies, internal and external audits, internal controls, management plans and information. From time to time the Board may instruct the Committee to act on its behalf. In such cases, a motion by the Board must be passed stating the specifics of the assignment, the timeframe under which the Committee will carry out the assignment and a requirement to report back its actions and decisions to the board at its earliest possible convenience.
Roles and Responsibilities	These Finance and Audit Committee functions are fulfilled through the following roles and responsibilities: Review and make recommendations to the Board regarding monthly financial statements and other monthly/quarterly financial reporting being presented to the Board; • Review and make recommendations to the Board regarding the annual Operating and Capital Plan; • Review and make recommendations to the Board regarding the annual audited financial statements; • Review and recommend the annual audit plan, audit fees, and scope of audit services (engagement letter); • Meet with external auditors to review the findings of the audit including but not limited to the auditor's Management Letter, any weaknesses in internal controls and the Executive Management's response to such letter; • Review and report to the Board any changes in accounting policies or significant transactions which impact the financial statements in a significant manner as per the annual financial statements; • Periodically review the need for an internal audit and if required make such recommendation to the Board; • Monitor the internal audit process, ensure all items from the internal

	auditor's reports are resolved and assess the internal audit performance; • Monitor the effectiveness of internal controls to ensure compliance with Board policies and standard accounting principles; • Review and ensure that all risk management is complete with respect to all insurance coverage for the Board; • Review and make recommendations to the Board regarding long-term financial goals and long-term revenue and expense projections; • Review and make recommendation to the Board concerning any material asset acquisitions; • Review and make recommendations to the Board regarding financial, Investing and banking transactions, providers and signing officers; and • Review other projects or developments as directed by the Board. • Complete tasks as stated in the Board's Annual Activity Plan
Chair:	The Chair of the Committee shall be elected annually by the Board and shall serve no longer than three terms. The Chair of the Finance and Audit Committee will also serve as the 1st Vice-Chair of the Board of Health. The Committee chair in consultation with the MOH/CEO/CAO is responsible for: establishing Committee agendas; conducting the meetings; liaison with the Board Chair, the Board and the MOH/CEO/CAO; reporting to the Board on the activities of the Committee and presenting Committee recommendations to the Board. The Committee may elect a vice-chair on an annual basis.
Recorder:	The secretary to the Board will act as recorder for the Finance and Audit Committee.
Reporting and Accountability to the Board:	The Committee will keep brief decision minutes of its meetings in which shall be recorded all matters considered at each meeting. These minutes will be circulated to the full Board once approved by the Committee. The Committee chair will report to the Board on recommendations from the Committee, including a brief outline of the issue, the options considered, the conclusions and recommendations arrived at and the implications and risks associated with the recommendations. In the absence of the Committee chair, this responsibility may be delegated to the Vice-Chair or another Director member of the Committee or to staff.
Committee Performance:	The performance and effectiveness of the Committee shall be assessed annually as part of the Board's evaluation process. The evaluation will be based on the Committee fulfilling its Mandate.
Membership:	The Finance and Audit Committee shall be comprised of: • Up to six (6) members of the Board of Health plus the Board Chair and no less than three (3) voting members; • MOH/CEO/CAO of Algoma Public Health, resource • CFO or designate of Algoma Public Health, resource
Frequency:	A minimum of four (4) meetings will be held annually as outlined in the Board's annual activity plan. Additional meetings can be held at the call of the Chair or at the request of the Board.

	The location of the meetings will be at APH's main office unless otherwise agreed upon by the Committee.
Term:	The Committee shall be appointed annually by the Board.
Committee Operations:	Quorum for Committee meetings is a majority of the voting members of the Committee. The Committee shall operate in accordance with the procedures for Board meetings as set out in By-Law No. 95-1 The Committee may, with the approval of the Board, establish sub-committees.
Amendments:	The Committee will review the Terms of Reference on an annual basis and make recommendations for any amendments to the Board for its review and decision re: approval.
Distribution of Minutes:	Minutes shall be provided to the committee members and the Board of Health.

Algoma Public Health
(Unaudited) Financial Statements September 30, 2019

Algoma Public Health
Statement of Operations
September 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	$ **2,689,095**	$ 2,639,768	$ 49,327	$ 3,519,690	2%	102%
Provincial Grants - Cost Shared Funding	**5,642,404**	5,642,400	4	7,523,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	**2,338,100**	2,338,507	(407)	3,376,710	0%	100%
Fees, other grants and recovery of expenditures	**472,999**	508,551	(35,552)	695,214	-7%	93%
Total Public Health Revenue	$ **11,142,597**	$ 11,129,225	$ 13,372	$ 15,114,814	0%	100%
Total Public Health Programs Expenditures	$ **10,776,419**	$ 11,184,338	$ 407,919	$ 15,114,815	-4%	96%
Total Rev. over Exp. Public Health	$ **366,179**	$ (55,113)	$ 421,291	$ (1)		
Healthy Babies Healthy Children						
Provincial Grants and Recoveries	$ **534,011**	534,011	-	1,068,011	0%	100%
Expenditures	**521,849**	535,106	(13,256)	1,068,011	-2%	98%
Excess of Rev. over Exp.	**12,162**	(1,095)	13,256	(0)		
Public Health Programs - Fiscal 19/20						
Provincial Grants and Recoveries	$ **74,256**	74,256	-	148,500		
Expenditures	**12,425**	11,000	1,425	148,500		
Excess of Rev. over Fiscal Funded	**61,831**	63,256	(1,425)	-		
Community Health Programs						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	$ **-**	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	**286,197**	286,197	0	363,118	0%	100%
Total Community Health Revenue	$ **286,197**	$ 286,197	$ 0	$ 363,118	0%	100%
Expenditures						
Child Benefits Ontario Works	**17,235**	18,375	1,140	24,500	-6%	94%
Algoma CADAP programs	**266,050**	267,822	1,773	338,619	-1%	99%
Total Calendar Community Health Programs	$ **283,285**	$ 286,198	$ 2,913	$ 363,119	-1%	99%
Total Rev. over Exp. Calendar Community Health	$ **2,913**	$ (1)	$ 2,913	$ (1)		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	$ **2,838,900**	$ 2,863,905	$ (25,006)	$ 5,844,253	-1%	99%
Municipal, Federal, and Other Funding	**156,934**	156,934	-	253,547	0%	100%
Other Bill for Service Programs	**24,173**		24,173			
Total Community Health Revenue	$ **3,020,007**	$ 3,020,839	$ (833)	$ 6,097,800	0%	100%
Expenditures						
Brighter Futures for Children	**52,814**	57,223	4,409	114,447	-8%	92%
Infant Development	**322,284**	323,016	731	644,031	0%	100%
Preschool Speech and Languages	**299,717**	308,128	8,411	614,256	-3%	97%
Nurse Practitioner	**77,751**	77,876	125	153,752	0%	100%
Genetics Counseling	**59,457**	-	(59,457)	-	0%	0%
Community Mental Health	**1,804,079**	1,836,964	32,885	3,729,308	-2%	98%
Community Alcohol and Drug Assessment	**376,525**	368,703	(7,821)	737,406	2%	102%
Stay on Your Feet	**47,134**	50,000	2,865	100,000	-6%	94%
Bill for Service Programs	**22,007**	-	(22,007)	-		
Misc Fiscal	**124**	2,300	2,176	4,600		
Total Fiscal Community Health Programs	$ **3,061,892**	$ 3,024,209	$ (37,683)	$ 6,097,800	1%	101%
Total Rev. over Exp. Fiscal Community Health	$ **(41,885)**	$ (3,370)	$ (38,515)	$ (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 Nine Monthes Ending September 30, 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Bgt. to Act. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ Annual Budget 2019	*Comparison Prior Year:* YTD Actual 2018	YTD BGT 2018	Variance 2018
Levies Sault Ste Marie	1,828,575	1,828,575	0	2,438,100	0%	75%	1,819,323	1,819,323	0
Levies Vector Bourne Disease and Safe Water	44,574	44,574	0	59,433	0%	75%	44,574	44,574	0
Levies District	815,946	766,619	49,327	1,022,157	6%	80%	762,738	762,738	0
Total Levies	**2,689,095**	**2,639,768**	**49,327**	**3,519,690**	**2%**	**76%**	**2,626,635**	**2,626,635**	**0**
MOH Public Health Funding	5,508,681	5,508,675	6	7,344,900	0%	75%	5,508,681	5,508,682	(1)
MOH Funding Vector Borne Disease	81,523	81,525	(2)	108,700	0%	75%	81,523	81,523	0
MOH Funding Small Drinking Water Systems	52,200	52,200	0	69,600	0%	75%	52,200	52,200	0
Total Public Health Cost Shared Funding	**5,642,404**	**5,642,400**	**4**	**7,523,200**	**0%**	**75%**	**5,642,404**	**5,642,405**	**(1)**
MOH Funding Needle Exchange	48,527	48,525	2	64,700	0%	75%	48,527	48,525	2
MOH Funding Haines Food Safety	18,450	18,450	0	24,600	0%	75%	18,450	18,450	0
MOH Funding Healthy Smiles	577,423	577,425	(2)	769,900	0%	75%	577,424	577,425	(1)
MOH Funding - Social Determinants of Health	135,377	135,375	2	180,500	0%	75%	135,377	135,377	0
MOH Funding - MOH / AMOH Top Up	94,408	94,838	(430)	126,450	0%	75%	94,408	94,838	(430)
MOH Funding Chief Nursing Officer	91,131	91,125	6	121,500	0%	75%	91,131	91,131	0
MOH Enhanced Funding Safe Water	11,627	11,625	2	15,500	0%	75%	11,627	11,625	2
MOH Funding Unorganized	397,800	397,800	0	530,400	0%	75%	397,800	397,800	0
MOH Funding Infection Control	234,304	234,300	4	312,400	0%	75%	234,304	234,300	4
MOH Funding Diabetes	112,500	112,500	0	150,000	0%	75%	112,500	112,500	0
MOH Funding Northern Ontario Fruits & Veg.	88,054	88,050	4	117,400	0%	75%	88,036	88,045	(9)
Funding Ontario Tobacco Strategy	325,204	325,200	4	433,600	0%	75%	325,204	325,200	4
MOH Funding Harm Reduction	112,500	112,500	0	150,000	0%	75%	112,500	112,500	0
MOH Senior Dental	90,795	90,795	0	379,760	0%	24%			
One Time Funding	0	0	0	0		0%	0	0	0
Total Public Health 100% Prov. Funded	**2,338,100**	**2,338,508**	**(408)**	**3,376,710**	**0%**	**69%**	**2,247,288**	**2,247,716**	**(428)**
Recoveries from Programs	25,580	25,106	474	27,621	2%	93%	38,116	24,950	13,166
Program Fees	155,136	178,945	(23,809)	238,593	-13%	65%	160,129	178,323	(18,194)
Land Control Fees	121,510	132,500	(10,990)	160,000	-8%	76%	126,910	120,000	6,910
Program Fees Immunization	90,070	116,250	(26,180)	155,000	-23%	58%	73,307	138,750	(65,443)
HPV Vaccine Program	6,460	4,000	2,460	12,000	0%	54%	6,409	14,000	(7,591)
Influenza Program	985	0	985	25,000	0%	4%	690	0	690
Meningococcal C Program	944	0	944	8,000	0%	12%	961	2,000	(1,039)
Interest Revenue	34,337	24,000	10,337	32,000	43%	107%	26,175	10,500	15,675
Other Revenues	37,978	27,750	10,228	37,000	0%	103%	11,071	15,000	(3,929)
Total Fees, Other Grants and Recoveries	**472,999**	**508,551**	**(35,551)**	**695,214**	**-7%**	**68%**	**443,768**	**503,523**	**(59,755)**
Total Public Health Revenue Annual	**$ 11,142,598**	**$ 11,129,227**	**$ 13,371**	**$ 15,114,814**	**0%**	**74%**	**$ 10,960,095**	**$ 11,020,279**	**$ (60,184)**

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

Algoma Public Health
Expense Statement- Public Health
For Nine Monthes Ending September 30, 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ Budget 2019	*Comparison Prior Year:* *YTD Actual 2018*	*YTD BGT 2018*	*Variance 2018*
Salaries & Wages	$ 6,551,475	$ 6,815,487	$ 264,012	$ 9,173,166	-4%	71%	$ 6,214,003	$ 6,701,975	$ 487,972
Benefits	1,653,699	1,644,680	(9,019)	2,202,680	1%	75%	1,534,668	1,590,320	55,652
Travel	165,132	143,302	(21,830)	197,069	15%	84%	150,124	147,110	(3,014)
Program	424,011	473,575	49,564	655,833	-10%	65%	453,139	507,261	54,122
Office	62,408	77,658	15,250	103,544	-20%	60%	76,579	87,682	11,103
Computer Services	593,881	627,191	33,310	826,415	-5%	72%	586,804	560,411	(26,393)
Telecommunications	196,439	214,306	17,867	274,770	-8%	71%	190,692	227,478	36,786
Program Promotion	18,696	47,197	28,501	72,930	-60%	26%	35,972	49,111	13,139
Professional Development	68,832	72,527	3,695	100,702	-5%	68%	55,900	77,140	21,240
Facilities Expenses	574,537	584,728	10,191	879,456	-2%	65%	608,996	621,250	12,255
Fees & Insurance	194,448	201,560	7,112	242,080	-4%	80%	128,533	201,338	72,805
Debt Management	345,674	345,675	1	460,900	0%	75%	345,674	345,675	1
Recoveries	(72,812)	(63,547)	9,265	(74,730)	15%	97%	(75,982)	(78,223)	(2,241)
	$ 10,776,418	$ 11,184,338	$ 407,919	$ 15,114,815	**-4%**	71%	$ 10,305,102	$ 11,038,527	$ 733,426

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 – September 2019

Reporting Period

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

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of September 30th, 2019, Public Health programs are reporting a $421k positive variance. $107k of the $421k positive variance is associated with 100% Provincially Funded Program expenses being less than budgeted. Any surplus dollars associated with 100% Provincially Funded Programs have to be returned to the Ministry.

Total Public Health Revenues are indicating a positive $13k variance. This is a result of Fees, Other Grants and Recoveries being less than budgeted. This negative variance is being offset by a positive variance associated with the municipal levy as some smaller municipalities have paid their portion of the levy in full.

There is a positive variance of $408k related to Total Public Health expenses being less than budgeted. Salary and Wages expense is driving this positive variance.

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

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

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are within budget.

The municipal levies are showing a positive $49k 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 $36k. Program Fees is showing a negative $24k variance and Program Fees Immunization is reflecting a $26k negative variance. This is a result of actual revenues being less than anticipated. Management has adjusted the 2020 Operating

Notes Continued…

Budget to reflect actual fees most recently received. The negative variances associated with Fees are being somewhat offset with the positive $10k variance associated with Interest Revenue.

Public Health Expenses (see page 3)

Salary & Wages
The $264k positive variance associated with Salary and Wages expense is a result of the time it takes to recruit suitable candidates when a position becomes vacant within the agency. Currently, there are no vacant Public Health positions within the agency that have been budgeted but yet to be filled.

Travel
Travel expense is reflecting a negative $22k variance. This is a result of Public Health Inspectors (PHI) from the Sault office travelling to Wawa as a result of a previous PHI vacancy in Wawa. This Wawa PHI position has since been filled. Additionally, Program Managers have been travelling to the District offices more frequently as a result of District staff reporting directly to Program Managers. Finally, in 2019, the MOH, AMOH, and CFO travelled throughout the District making presentations to local municipalities with respect to the work public health performs, APH's budget, and the return-on-investment public health provides to communities.

Program
Program expense is indicating a positive $50k variance. Program Fees Immunization is $26k under budget which directly impacts the costs of associated Program expenses. Additionally, expenses are less than budgeted.

Program Promotion
Program Promotion expense is indicating a positive $28k variance. This is a result of timing of expenses not yet incurred.

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of September 30th, 2019. Cash includes $843k in short-term investments.

Long-term debt of $4.90 million is held by TD Bank @ 1.95% for a 60 month term (amortization period of 180 months) and matures on September 1, 2021. $284k of the loan relates to the financing of the Elliot Lake office renovations with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no material accounts receivable collection concerns. APH is working with several municipalities with respect to late levy payment.

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

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of September 2019	**September 2019**	December 2018
Assets		
Current		
Cash & Investments	**$ 3,390,285**	$ 3,095,904
Accounts Receivable	**213,712**	513,364
Receivable from Municipalities	**54,816**	75,726
Receivable from Province of Ontario		
Subtotal Current Assets	**3,658,813**	3,684,994
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	**1,335,309**	1,345,384
Payable to Gov't of Ont/Municipalities	**109,464**	344,305
Deferred Revenue	**403,902**	428,341
Employee Future Benefit Obligations	**2,811,714**	2,811,714
Term Loan	**5,199,815**	5,199,815
Subtotal Current Liabilities	**9,860,205**	10,129,560
Net Debt	**(6,201,393)**	(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)
Subtotal Non-Financial Assets	**20,050,250**	20,050,250
Accumulated Surplus	**13,848,857**	13,605,684

Algoma PUBLIC HEALTH
Santé publique Algoma

Algoma Public Health

2020 Public Health Operating & Capital Budget

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EXECUTIVE SUMMARY:

Issue:

The *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* (OPHS) requires boards of health to ensure administration develops a budget forecast for the fiscal year that does not project a deficit. To support municipal budget planning, Algoma Public Health (APH) attempts to advise contributing municipalities of their respective levies as early as possible.

Recommended Action:

"That the Board of Health for the District of Algoma Health Unit approves the 2020 Public Health Operating and Capital budget as presented".

Budget Summary:

The 2020 APH Operating & Capital Budget (the Budget) is designed to position the Board of Health for the District of Algoma Health Unit in fulfilling its mandate as per the requirements set out in the *Health Protection and Promotion Act (HPPA)*, the OPHS*, the Public Health Accountability Agreement*, and APH's strategic plan.

The proposed 2020 Budget for mandatory programs and services is $15,384,190 and as compared to the 2019 Board of Health approved budget, represents a 4.4% overall increase. This increase is a result of a new mandatory program, the Ontario Senior Dental Care Program, for which APH is receiving $697,900 in 100% provincially funded dollars.

Municipalities within Ontario will be contributing more for Public Health services starting in 2020. This is a result of the Ontario Government's plan to:

- Change the cost-sharing formula
- Incorporate the majority of previous 100% provincially funded programs into the cost-sharing formula

The 2020 Budget reflects the province's plan to change the cost-sharing funding model by increasing the municipalities' contribution to 30% (from the traditional 25%) and by reducing the province's share to 70% (from the traditional 75%).

For 2020, the Government has indicated that all municipalities will be protected from any cost increases resulting from this cost-sharing change by capping the increase at no more than 10% of existing costs (based on 2018 Q3 actual expenditures and Q4 forecasted expenditures). One-

time mitigation funding is being provided by the province to municipalities through health units.

In order for public health units' to receive the full amount of mitigation funding available, the levy increase must be equal to or greater than 10% of the municipal portion of 2018 operating costs. Specifically for Algoma, this cap would equate to a $268,807 increase in the municipal levy. As a result, APH is projected to receive $808,535 in provincial one-time mitigation funding for 2020.

Management, in consultation with the Finance and Audit Committee of the Board of Health, is recommending aligning the 2020 municipal levy increase with the cap the Government has implemented for 2020. This equates to a $268,807 or a 7.6% increase in the municipal levy.

By aligning the municipal levy increase with the Government levy cap for 2020, the Board of Health will minimize the financial risk municipalities may face in future years as this change in the funding model transitions to the provincial government's desired ratios.

2020 Financial Assumptions:

- Costs associated with changes in service offerings are projected
- 4.4% increase on APH's overall operating budget compared to 2019
- 7.6% or $268,807 overall increase in the 2020 municipal levy (operational and capital portion)
- $808,535 provincial one-time transitional funding as per Management calculations based on review with MOHTC
- 0% increase in provincial growth funding
- Salary increases range from 1.75% to 2.0% for all employee groups as of April 1st 2020
- Non-salary budgeted costs are based on historical data and where possible, efficiencies introduced; adjustments for inflation have been incorporated where appropriate
- Total Public Health Full Time Equivalent (FTE) compliment is unchanged from 2019 budget levels
- The 2020 Budget includes 4.5 FTE positions aligned to the new Ontario Seniors Dental Program
- Debt repayment plans will be managed within approved (existing) resources

PUBLIC HEALTH BUDGET BACKGROUND:

Provincial Government Context

In April 2019 the Provincial Government announced fundamental changes in the way Public Health will be funded, structured and delivered within Ontario. Specifically, as of January 1, 2020 the provincial funding share would be reduced from 75% to 70% while municipalities will contribute 30% from 25%. Additionally, the majority of programs that were previously 100% provincially funded would now be cost-shared at the new ratios noted above. The chart below summarizes the impact of the funding formula changes as it relates to mandatory cost-shared programs and previously 100% provincially funded programs for the municipalities within the District of Algoma:

Cost Shared Municipal and Provincial Funded Programs	2019 Provincial Share	2020 Provincial Share	2020 Increased Municipal Share
Mandatory Cost-Shared Programs	$ 7,523,200	$ 7,147,888	$ 375,312
Previous 100% Provincially Funded Programs	**2019 Provincial Share**	**New Provincial Share**	**Increased Municipal Share**
Diabetes Prevention Programming	$ 150,000	$ 105,000	$ 45,000
Enhanced Food Safety - Haines Initiative	24,600	$ 17,220	$ 7,380
Enhanced Safe Water Initiative	15,500	$ 10,850	$ 4,650
Harm Reduction Program Enhancement	150,000	$ 105,000	$ 45,000
Healthy Smiles Ontario Program	769,900	$ 538,930	$ 230,970
Infectious Diseases Control Initiative	222,300	$ 155,610	$ 66,690
Needle Exchange Program Initiative	64,700	$ 45,290	$ 19,410
Northern Ontario Fruit and Vegetable Program	117,400	$ 82,180	$ 35,220
Nursing Initiatives	392,100	$ 274,470	$ 117,630
Smoke Free Ontario	433,600	$ 303,520	$ 130,080
TOTAL	**$ 9,863,300**	**$ 8,785,958**	**$ 1,077,342**

To help provide additional stability as municipalities begin to adapt to shifting funding models, the Government had indicated that they will provide one-time mitigation funding in 2020 to assist all public health units and municipalities to manage this increase. Municipalities will be protected from any cost increases resulting from this new cost-sharing formula by capping the increase at no more than 10% of existing municipal costs (based on 2018 expenditures). As a result, APH will be receiving approximately $808,535 in provincial one-time mitigation funding.

As per MOHLTC calculations, for the Board of Health for the District of Algoma to achieve the Provincial Government's desire of a 70% provincially funded share and 30% municipally funded

share, $1.1 million dollars or an additional 40% of the 2018 operational levy must be downloaded to Algoma municipalities to cover the reduction in funding from the province.[1] Over the past number of years, as part of the Board of Health's risk management plan, Algoma municipalities have been contributing more than 25% of the costs for cost-shared programs for Algoma Public Health. As a result, Algoma municipalities will eventually have to absorb approximately $700,000, instead of the $1.1 million calculated by the MOHLTC (Appendix 1).

Algoma Public Health Context

APH Strategic Planning Process

The 2020 Budget includes dollars allocated for the development of a new Strategic Plan. The Public Health Accountability Framework section of the OPHS specify that "the board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients and community partners, and is reviewed at least every other year".

APH's current strategic plan is set to expire in 2020. In 2019, the Board of Health initiated the development of a new strategic plan scheduled to be finalized in early 2020.

APH 2019 Grant Approval:

In August of 2019, APH was notified by the MOHLTC that it would receive up to $697,900 in base funding related to the Ontario Seniors Dental Care Program. Administration of this program is budgeted for 2020.

In past years, Management provided the Board of Health with a summary of historical growth in provincial MOHLTC funding for *mandatory cost-shared programs*. Since the province is changing the cost-shared funding model, in addition to reducing the number of 100% provincially funded programs, this comparator will not be meaningful for 2020. For budgeting purposes, management is assuming 0% growth in provincial funding.

A summary of the 100% provincially funded programs for 2020 is provided below for context:

- Ontario Seniors Dental Program $697,900
- Unorganized Territories $530,400
- MOH/AMOH Compensation Initiative $152,100
- **One-time mitigation funding (shifting funding model) $808,535**

[1] Provincial/Municipal funding ratios are based on 2018 Q3 Expenditures and Q4 Forecast. As per MOHLTC figures, the province funds 78.6% of Public Health expenditures while Algoma municipalities contribute 21.4%. This includes cost-shared programs and 100% provincially funded programs that will be transitioning to cost-shared.

The Northern Fruit and Vegetable Program ($117,400) may be funded at 100% provincial however this has not been confirmed.

2020 PUBLIC HEALTH BUDGET ANALYSIS:

As a result of the province's plans to transition the cost-sharing funding model to 70% provincially funded and 30% municipal funded, in addition to transitioning the majority of programs that were previously 100% provincially funded to cost-shared, APH's budget is built on a recommended 7.6% increase in the municipal levy.

Revenue Generating & Cost Savings Initiatives:

Identification of revenue generating and cost savings opportunities is necessary in order to attain a balanced budget for 2020 and in anticipation of ongoing funding pressures. Management and the Finance and Audit Committee have worked towards identifying opportunities to generate revenue and control costs. Noted below is a summary of key initiatives built into the 2020 Budget that will result in cost savings or incremental revenue generation for APH.

#	Cost Savings/Revenue Generating Initiative	Amount
1	Print Services (Xerox Contract)	$ 30,000
2	Phone Hardware Warranty (CISCO)	$ 35,000
3	Increase in Ontario Building Code Fees (Approved in 2017)	$ 6,450
TOTAL		$ 71,450

Action Plan to Funding Changes

- Development of the 2020 Budget to ensure it is aligned with community health needs, APH's strategic directions and MOHLTC Accountability Agreement and the OPHS.
- Continue to submit one-time funding requests to the MOHLTC through the Annual Service Plan process.
- Identification of process improvements and improved efficiency opportunities.
- Utilization of additional funding opportunities (e.g. through the Northern Ontario Heritage Fund and Health Canada Federal Climate Change funding).
- Continued exploration of cost-sharing opportunities with Northeast health units (Northeastern Public Health Collaboration Project).

Revenues

APH's revenues are funded by the province, and 21 municipalities along with other sources of revenue, such as interest revenue, and user fees (Appendix 2). Additionally, the province

contributes funding for services to Unorganized Territories (a geographic region that is not part of a municipality or First Nation reserve).

Provincial

Pursuant to section 76 of the Health Protection & Promotion Act, the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate.

Municipal

Pursuant to section 72 of the Health Protection & Promotion Act, obligated municipalities in a health unit shall pay,

(a) the expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under the HPPA or any other act; and
(b) the expenses incurred by or on behalf of the MOH of the board of health in the performance of his or her functions and duties under the HPPPA or any other Act.

Over the past number of years, the municipalities within the District of Algoma have contributed more than the required minimum 25% with respect to cost-shared programs.

APH's funding ratio for 2019 was 70% provincial funding and 30% municipal funding. These municipal dollars, through the form of the levy, have allowed the Board of Health to make contribution decisions with respect to the Board's Reserve Fund. This is within the context of the Board's risk management strategy. As a result of municipalities contributing more than 25% over the years, the impact to municipalities as a result of the funding formula changes will be less than if municipalities had contributed the minimum 25%.

Beginning in 2020, many programs that were historically 100% provincially funded will now be cost-shared at the new funding ratio.

2016 census data is used in the 2020 Budget to apportion a per capita levy amongst the 21 Municipalities within the District of Algoma.

Management is recommending a 7.6% overall increase in the levy (operating and capital portion) from obligated municipalities. The proposed 7.6% increase is a direct result of cost-shared funding changes the Government is implementing. This equates to a $268,807 increase in revenues apportioned among the 21 Municipalities within the Algoma District (Appendix 3). For perspective, a 1.0% overall increase in the levy would result in an additional $35,022 of revenue compared to 2019.

Over the past number of years, the Board of Health has approved municipal levy increases below cost-of-living increases. For context, the Board of Health for the District of Algoma Health Unit has experienced the following historical growth with respect to the municipal levy.

Year	District of Algoma Municipal Levy ($)	Levy Increase (%)	Levy Increase ($)	Per Capita Rate ($)
2020	3,788,497	*7.60%*	*$ 268,807*	*36.38*
2019	3,519,690	0.50%	17,511	33.80
2018	3,502,179	0.50%	$ 17,393	33.63
2017	3,484,786	2.50%	$ -	32.81

While APH does not have access to the total municipal levy figures for each of the 21 municipalities within Algoma, APH is able to compare its public health levy to the total revenue of most of the municipalities within Algoma. APH's levy is no more than 1.8% of the total revenues of any municipality within the District of Algoma.[2]

[2] This comparison is made for illustrative purposes. A more representative comparator would be comparing APH's public health levy applied to each municipality to that municipality's total municipal levy.

Municipality	Source	Revenue	Levy Corresponding Year	% of Revenue
City of SSM	2018 Financial Statement	220,478,150	2,467,639	1.1%
Elliot Lake	2017 Financial Statement	25,632,746	352,383	1.4%
Blind River	2017 Financial Statement	13,341,813	113,907	0.9%
Wawa	2017 Financial Statement	13,859,912	95,305	0.7%
Dubreuiville	2018 Financial Statement	2,144,895	20,617	1.0%
Thessalon	2018 Financial Statement	3,651,521	43,253	1.2%
Huron Shores	2018 Financial Statement	5,159,738	55,967	1.1%
Hilton Beach	2018 Financial Statement	1,241,653	5,751	0.5%
Johnson	2016 Financial Statement	2,554,980	24,005	0.9%
Laird	2018 Financial Statement	1,943,020	35,215	1.8%
The North Shore	2018 Financial Statement	2,227,792	16,716	0.8%
Plummer Add'l	2017 Financial Statement	2,340,052	21,653	0.9%
Prince	2015 Financial Statement	3,617,846	31,578	0.9%
St. Joseph	2017 Financial Statement	3,519,011	40,681	1.2%
Spanish	2018 Financial Statement	7,374,511	23,947	0.3%
Tarbutt & Tarbutt Add'l	2017 Financial Statement	1,451,222	17,519	1.2%
Bruce Mines	N/A			
Hilton	N/A			
Jocelyn	N/A			
MacDonald, Meredithand Aberdeen Add'l	N/A			
White River	N/A			

User Fees

APH is very mindful that a strong public health system ensures access to public health programs and services for those groups of people within our population that most need them. As such, when assessing the cost and benefits of increasing user fees, APH has taken a strategic view.

Under Part VIII of the Ontario Building Code, APH is responsible for issuing permits for the construction and use of sewage treatment systems within the District of Algoma. Additionally, APH is required to inspect and approve all sewage system applications within the District of Algoma that have a calculated daily sewage flows under 10,000/day. In June of 2017, the Board of Health approved a nominal price increase related to the Ontario Building Code Fees. This increase applies to the year 2020 and has been built into the 2020 Budget. It should be noted that the Land Control program is funded only through the fees generated. As such APH must ensure that it is at least covering the cost incurred to administer the program.

Expenses

Expenses are primarily driven through staff salary and benefits, (approximately 76% of all expenses), goods and service contracts, debt financing, and inflation (Appendix 4).

Inflationary pressures will continue to place upward pressures on APH's operating costs. The Consumer Price Index percentage change from August 2018 to August 2019 increased as follows:

- Canada: 1.9%
- Ontario: 1.9%

When building an operating budget, the rate of inflation is a factor to consider.

Salary and Wages

Salary and Wages expenses are projected to increase by 4.5% or $402,789 compared to 2019.

Both CUPE and ONA collective agreements were ratified in 2018 and both agreements expire in 2021. Collectively bargained salary increases are reflected within the 2020 Budget. Salary increases for Non-Union and Management staff are approximately equivalent to that of negotiated increases with union employees.

For context, a summary of FTE Public Health staffing is noted below:

Year	FTE	
2020	*123*	*budgeted*
2019	123	
2018	121	
2017	120	
2016	122	

Compared to budgeted 2019 FTE, the Public Health FTE count has remained the same in the 2020 Budget.

4.5 FTE positions are built into the 2020 budget as a result of the new 100% Ontario Seniors Dental Program funding. These resources will help to meet requirements set out with this new program.

Some FTE positions have been absorbed in other public health program and administrative areas as a result of strategically not filling positions while working within existing budget

resources. Collectively, the Seniors Dental positions that have been built into the 2020 budget have a salary cost that is greater than those positions that have been absorbed, thus adding to the increase in Salary and Wages expenses compared to 2019.

Benefits

Benefit expenses are projected to increase by 3.1% or $67,241 compared to 2019.

This is a result of increased salary and wages expense as noted above as well as increasing costs associated with non-statutory benefits (e.g. health and life insurance benefits) that the health unit is committed to.

Travel

Travel expenses are projected to remain unchanged from 2019.

In 2019 Management revised the travel budget to more accurately reflect actual travel expenses incurred the previous year. This budgeted amount is indicative of actual travel.

Program

Program expenses are projected to increase by 6.1% or $38,404 compared to 2019.

This is a result of revising the Immunization budgeted expenses to more accurately reflect actual expenses incurred in 2019. Offsetting the reduction in spending is the inclusion of purchased services for updating the agency's strategic plan.

Equipment

Equipment expenses are projected to increase by 163% or $40,746 compared to 2019.

Dual-factor authentication devices or similar technology is budgeted to enhance APH's IT control environment. Additionally, computers for staff are normally refreshed on a three year cycle with $25,000 budgeted annually.

Office Expenses

Office expenses are projected to decrease by 34.6% or $35,844 compared to 2019.

APH's Xerox lease commitments expired in 2018. Co-operative Purchasing program pricing, such as the Public Sector Vendor of Record (VOR) program and the Ontario Education Collaborative Marketplace (OECM), were explored in late 2018 and early 2019. Management had planned to finalize lease commitments early in 2019 but with announced Public Health

system changes and managing a cyber-attack, lease commitments were not finalized until late 2019. Anticipated cost savings have now been budgeted for 2020. APH's centralized procurement processes continues to generate savings and improve operating efficiencies by allowing APH to capitalize on volume discounts and developing staff procurement expertise.

Computer Services

Computer Services expenses are projected to remain relatively unchanged compared to 2019.

APH's Service Level Agreement with MicroAge expires March 31, 2020. For budgeting purposes, APH Management is assuming costs to remain similar to 2019 levels adjusting for inflation. Included in the 2020 budget are APH's new time and attendance system and staff training software related to identification of phishing emails.

Telecommunications

Telecommunications expenses are projected to increase by 4.5% or $11,927 compared to 2019.

In 2019 APH upgraded internet connectivity at its district offices. In addition to improved speed, this upgrade also helps with APH's disaster recovery plan.

Program Promotion

Program promotion expenses are projected to increase by 43.9% or $70,041 compared to 2019.

Increased public health interventions are planned with respect to smoking prevention and cessation. Additionally, professional development expenses are budgeted to increase slightly as APH attempts to align investment in staff with public health core competencies.

Facility Leases

Facility Leases expense is projected remain relatively unchanged compared to 2019. The Wawa lease does expiry December 31/20.

No increases with current leased facilities in Blind River, Elliot Lake, and Wawa offices are scheduled for 2020.

Building Maintenance

Building Maintenance expenses are projected to remain relatively unchanged compared to 2019.

Some minor maintenance work is required to ensure APH's dental suite at its 294 Willow Avenue location in Sault Ste. Marie is in a state to accommodate the new Seniors Dental Program.

Fees & Insurance

Fees & Insurance expenses are projected to increase by 4.9% or $11,800 compared to 2019.

In 2018, the Board of Health made a commitment to purchase cyber insurance and in 2019 the Board of Health committed to increasing coverage limits. These expenses are factored into the 2019 Operating Budget.

Expense Recoveries

Expense Recoveries are projected to decrease by 21.4% or $22,387 compared to 2019.

2020 Expense Recoveries are budgeted to decrease compared to 2019 projections as a result of the Board of Health's decision to transition the Genetics program to Health Sciences North. Expense Recoveries are administrative allocations from Community Health programs to Public Health programs. An example would be Public Health charging a Community Health program for administrative services related to clerical or financial reporting support. In order to more accurately reflect the work Public Health is supporting with respect to Community Health programs, Management is ensuring adequate administrative charges for Community Health programs. This is in line with the Boards strategy to ensure it is accountable for the dollars it receives and spends by not subsidizing Community Health programs.

Debt Management

Debt Management expenses are projected to remain unchanged compared to 2020.

The interest portion of the loan is financed through operating dollars. The loan related to 294 Willow Avenue property and leasehold improvements for office space in Elliot Lakes matures September 1st, 2021 with monthly payments applied according to schedule.

The principal portion of the loan payments is financed through the capital portion of the municipal levy.

Capital Expenses

In accordance with APH's 2018 - 2030 Capital Asset Funding Plan (Appendix 5), the 2020 budget includes the following expenditures:

- Computer upgrades ($25,000)

- Vaccine refrigerators ($7,000)
- Painting of Wawa office ($5,000)
- Dual-factor authentication devices or similar technology ($40,000)

Recommended Action:

"That the Board of Health for the District of Algoma Health Unit approves the 2020 Public Health Operating and Capital budget as presented".

APPENDIX 1

Funding Source	2018 (Q3 Expenditures & Q4 Forecast)					2020					Municipal Impact		Cap Increase at 10%		One Time Mitigation
	Prov ($)	Mun ($)	Total	Prov (%)	Mun (%)	Prov ($)	Mun ($)	Total	Prov (%)	Mun (%)	($)	(%)	($)	(%)	
Public Health Programs	$9.9M	$2.7M	$12.6M	78.6%	21.4%	$8.8M	$3.8M	$12.6M	70%	30%	$1.1M	40%	$0.27M	10%	$0.81M

The province intends to eventually transfer/download an additional $1.1M to Algoma municipalities based on 2018 Q3 Reporting (Q3 Actual expenditures and Q4 forecast).
In 2019 APH received $3.1M in municipal operational levies as this was part of the Board of Health's risk mitigation plan to increase APH's reserves.
The province has capped the increase to municipalities at 10% for 2020 and will provide one time mitigation funds to APH for approx. $808k in 2020

2018 Municipal Levy Reconciliation

2018 Board of Health approved levy	$ 3,502,179
Municipal Q3 Expenditures and Q4 Forecast	2,688,068
Difference between 2018 Board approved levy and 2018 Municipal Q3 Expenditures and Q4 Forecast	814,111
Capital Portion of 2018 Board approved Municipal Levy	355,000
Forecasted Municipal Contribution over 25%	$ 459,111

Note: Municipalities in Algoma were contributing more than 25% the past number of years. As a result, the $1.1M transfer/download impact noted above is actually approximately $0.7M.
Assuming a 10% increase to the current levy, the impact is an increase of $268k which is 38% of the remaining $700k to get to the provinces plan of a 70/30 cost shared split

2019 Funding Projections *Grants, Levies and Recoveries*	2019 Annual Budget	2020 Annual Budget	Ch as %
Public Health Mandatory Programs	$ 7,523,200	$ 7,147,888	-5.0%
Healthy Smiles Ontario Program	769,900	538,930	-30.0%
Smoke-Free Ontario Strategy	433,600	303,520	-30.0%
Nursing Initiatives	392,100	274,470	-30.0%
Infectious Diseases Control Initiative	222,300	155,610	-30.0%
Diabetes Prevention Programming	150,000	105,000	-30.0%
Harm Reduction Program Enhancement	150,000	105,000	-30.0%
Northern Fruit and Vegetable Program	117,400	82,180	-30.0%
Needle Exchange Program Initiative	64,700	45,290	-30.0%
Enhanced Food Safety - Haines Initiative	24,600	17,220	-30.0%
Enhanced Safe Water Initiative	15,500	10,850	-30.0%
Senior Dental (100%)		697,900	
Unorganized Territories (100%)	530,400	530,400	0.0%
MOH / AMOH Compensation Initiative (100%)	126,451	152,086	20.3%
Mitigation Funding		808,535	
Levies Sault Ste. Marie	2,479,977	2,669,377	7.6%
Levies District	1,039,713	1,119,120	7.6%
Recoveries	238,214	195,814	-17.8%
Land Control Fees	160,000	160,000	0.0%
Program Fees	65,000	50,000	-23.1%
Program Fees Immunization	160,000	130,000	-18.8%
Program Fees Influenza, HPV & Menactra	40,000	30,000	-25.0%
Interest & Other	32,000	55,000	71.9%
Total	**14,735,055**	**15,384,190**	**4.4%**
Summary			
Grants	**10,520,151**	**10,974,879**	**4.3%**
Levies	**3,519,690**	**3,788,497**	**7.6%**
Recoveries	**695,214**	**620,814**	**-10.7%**
Total	**$ 14,735,055**	**$ 15,384,190**	**4.4%**

One Time Funding per Accountability Agreement	**$ 148,500**

APPENDIX 3

2019 Municipal Levy	POP 2016 Census	Proposed 2020 Rate	Proposed 2020 Levy	2019 Rate	2019 Levy	Change in Net Amount	% Change in Net Amount	Apportionment of Costs
CITIES								
Sault Ste. Marie	73,368	36.38	2,669,377	33.80	2,479,977	189,400	7.6%	70.5%
Elliot Lake	10,741	36.38	390,795	33.80	363,066	27,729	7.6%	10.3%
TOWNS								
Blind River	3,472	36.38	126,324	33.80	117,360	8,963	7.6%	3.3%
Bruce Mines	582	36.38	21,175	33.80	19,673	1,502	7.6%	0.6%
Thessalon	1,286	36.38	46,789	33.80	43,469	3,320	7.6%	1.2%
VILLAGES/MUNICIPALITY								
Hilton Beach	171	36.38	6,222	33.80	5,780	441	7.6%	0.2%
Huron Shores	1,664	36.38	60,542	33.80	56,246	4,296	7.6%	1.6%
TOWNSHIPS								
Dubreuilville	613	36.38	22,303	33.80	20,721	1,583	7.6%	0.6%
Jocelyn	313	36.38	11,388	33.80	10,580	808	7.6%	0.3%
Johnson	751	36.38	27,324	33.80	25,385	1,939	7.6%	0.7%
Hilton	307	36.38	11,170	33.80	10,377	793	7.6%	0.3%
Laird	1,047	36.38	38,094	33.80	35,391	2,703	7.6%	1.0%
MacDonald, Meredithand Aberdeen Add'l	1,609	36.38	58,541	33.80	54,387	4,154	7.6%	1.5%
Wawa (formerly Michipicoten)	2,905	36.38	105,694	33.80	98,195	7,500	7.6%	2.8%
The North Shore	497	36.38	18,083	33.80	16,800	1,283	7.6%	0.5%
Plummer Add'l	660	36.38	24,013	33.80	22,309	1,704	7.6%	0.6%
Prince	1,010	36.38	36,747	33.80	34,140	2,607	7.6%	1.0%
St. Joseph	1,240	36.38	45,116	33.80	41,914	3,201	7.6%	1.2%
Spanish	712	36.38	25,905	33.80	24,067	1,838	7.6%	0.7%
Tarbutt & Tarbutt Add'l	534	36.38	19,429	33.80	18,050	1,379	7.6%	0.5%
White River	645	36.38	23,467	33.80	21,802	1,665	7.6%	0.6%
Total	104,127		3,788,497		3,519,690	268,807	7.6%	100.0%

Note:

Population from 2016 CENSUS per Stats Canada

2020 Annual Operating Budget

	2019 Annual Budget (Final Approved)	2020 Annual Budget	Inc as %
Revenues Summary			
Province Portion of Jointly Funded Programs	$ 7,523,200	$ 8,785,958	16.8%
100% Provincially Funded Programs	2,996,951	1,380,386	-53.9%
Province Mitigation Fund		808,535	
Municipal Levies	3,519,690	3,788,497	7.6%
Other Recoveries and Fees	695,214	620,814	-10.7%
Total	14,735,055	15,384,190	4.4%
Expenses:			
Salaries and Wages	9,031,428	9,434,217	4.5%
Benefits	2,185,087	2,252,328	3.1%
Travel	191,069	191,000	0.0%
Program	631,433	669,837	6.1%
Equipment	25,000	65,746	163.0%
Office	103,544	67,700	-34.6%
Computer Services	781,927	787,400	0.7%
Telecommunications	267,685	279,612	4.5%
Program Promotion	159,632	229,673	43.9%
Facilities Leases	160,000	164,240	2.7%
Building Maintenance	600,000	610,000	1.7%
Fees & Insurance	242,080	253,880	4.9%
Expense Recoveries	(104,730)	(82,343)	-21.4%
Debt Management (I & P)	460,900	460,900	0.0%
Total	14,735,055	15,384,190	4.4%
Surplus/(Deficit)	$ -	$ -	

Algoma
PUBLIC HEALTH
Santé publique Algoma

APPENDIX 5

Algoma Public Health

2018 - 2030 Capital Asset Funding Plan

Table of Contents

Purpose:

The Board of Health for the District of Algoma (the Board) has undertaken the development of a Capital Asset Funding Plan (the Plan). The purpose of the Plan is to provide visibility to the Board with respect to capital asset needs. The Capital Asset Plan, in conjunction with APH's Reserve Fund Policy, will allow the Board of Health to set long-term financial goals.

As part of the Ontario Public Health Standards, "the board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported". As APH owns and operates a facility in Sault Ste. Marie, there is a need to plan for and appropriately fund the cost of major ongoing repairs and maintenance associated with the facility. In addition, APH leases several facilities which may require leasehold improvements. By maintaining adequate Reserves, APH will be able to offset the need to obtain alternate sources of financing.

Operating Budget versus Capital Asset Plan:

The Operating Budget captures the projected incoming revenues and outgoing expenses that will be incurred on a daily basis for the operating year.

The Capital Asset Plan is a blueprint to identify potential capital expenditures and to develop a method in which to finance the associated expenditure. Capital expenditures are cost incurred for physical goods that will be used for more than one year.

The development of the Capital Asset Funding Plan serves as a risk management tool as it minimizes having large unforeseen budget increases in the future as a result of capital needs.

In addition, the Capital Asset Funding Plan will help the Board with contribution and withdrawal decisions to the Reserve Fund. Reserves can only be generated through unrestricted operating surpluses. As any unspent provincial dollars must be returned to the Ministry, the only mechanism to generate surplus dollars is through the Municipal levy. Maintaining adequate Reserves reduces the need for the Board of Health to further levy obligated municipalities within the district to cover unexpected expenses incurred by the board of health.

The Capital Asset Funding Plan was developed around the Building Conditions Assessment (the Assessment) that was completed on behalf of the Ministry of

Community and Social Services (the Ministry). The Assessment was conducted on November 20, 2015 with a final report received on February 20th, 2018. This Assessment report, specifically the Capital Reserve Expenditure schedule serves as the foundation of APH's Capital Asset Funding Plan over a 20 year period. In addition, the Assessment will help with Reserve Fund contribution decisions.

The Capital Asset Plan is a fluid document. The timing of planned expenditures may be moved up or pushed back depending on the situation.

Types of Capital Assets:

In addition to the specific capital building needs, APH management included items related to Computer Equipment; Furniture and Equipment; Vehicles; and Leasehold Improvements (as APH leases office space within the District). These categories mirror those referenced in APH's Financial Statements which are amortized over a period of time.

Computer Equipment/Furniture/Vehicles

Investing in Computer Equipment, Furniture, and Vehicles is required to allow APH employees to provide services within the District of Algoma. Keeping staff well-equipped improves efficiencies while improving program outcomes.

Facilities – Maintenance, Repair and Replacement

APH owns and leases space. As a result, it is necessary to make improvements to the property (capital or leasehold improvements). As the owner of the facility located at 294 Willow Avenue in Sault Ste. Marie, APH is responsible for repairs and maintenance of the facility. Anticipating what repairs or improvements may be necessary, researching and estimating the related costs, determining the target amount needed and the approximate timing of the expenditure are all part of the capital budgeting process, along with developing funding strategies.

Types of Financing Options Available to the Board of Health:

Depending of the nature and the associated cost of the expenditure, there are different financing options available to the Board of Health. Three examples include:

Operating Dollar Financing – can be used if APH is operating in a surplus position in any given year and the associated cost of the expenditure will still allow the Board to remain on target with respect to their annual operating budget. The nature of the expenditure would have to be admissible under the terms of the Ministry Accountability Agreement. Use of operating dollars for capital expenditures helps to minimize the amount of dollars that may have to be returned to the Ministry within any given year.

Reserve Financing – can be used if APH determines that the use of operating dollars is not feasible (i.e. cost of the expenditure would negatively impact the annual Operating Budget or the type of expenditure is inadmissible under the terms of the Ministry Accountability Agreement). The advantages of Reserve Financing are it minimizes the amount of debt the Board would otherwise incur and/or reduces the Levy that municipalities would have to contribute.

Debt Financing – can be used when the expenditure is large in scale such that operating dollars and Reserves would not support it.

Regardless of whether the expenditure is capital or operating in nature, APH's Procurement Policy 02-04-030 and Reserve Fund Policy 02-05-065 must be adhered to. As such, management may make capital expenditures with operating or reserve dollars provided the expenditure is within the Board approved spending limits as noted within each of the respective policies. Any debt financing would typically require Board approval.

ALGOMA PUBLIC HEALTH
CAPTIAL ASSET PLAN

Item	Actaul Expenditure		Forecasted Expenditure											
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
Computer Equipment														-
Network Servers		4,000			200,000							200,000		400,000
Telephone System	150,000								150,000					150,000
Network Infrastructure		10,000	40,000		60,000									100,000
Polycom Video Conference System				28,000				28,000						56,000
Backup Data Storage		29,000									30,000			30,000
Computers	25,000	50,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000	275,000
														-
Furniture and Equipment														-
Vaccine Refrigerators	29,000	14,500	7,000				7,000				7,000			21,000
Digital Sign	21,000													-
Vehicle														-
Truck (land control)						50,000								50,000
														-
														-
Leasehold Improvements														-
Blind River Office		5,000												-
Generator		30,000												
Elliot Lake Office					7,000									7,000
Wawa Office			5,000											5,000
														-
Owned Facility:														-
294 Willow Avenue Building, Sault Ste. Marie														-
Municipal/Utility Services														-
Water Supply														-
Sanitary Supply														-
Storm Sewer														-
Gas Utility														-
Hydro Utility														-
Other Municipal/Utility Services														-
Site Finishes														-
Passenger Vehicle Parking Area - Pavement and Curbing							26,600							26,600
Roadways - Pavement and Curbing							17,500							17,500
Walkways, Sidewalks and Exterior stairs														-
Exterior Light Standards														-
Soft Landscaping and Picnic Facilities														-
Signage														-
Retaining walls and other Site Improvements														-
Site Drainage														-
Parking Gates														-
Other Site Finishes														-
Structural														-
Building Substructure, including foundations and basement walls														-
Building Superstructure														-
Interior Stairs														-
Roof Construction														-
Other Structural														-
Building Exterior														-
Foundation Wall														-
Cladding System														-
Exterior Sealants and Caulking														-
Entrances and Doors														-
Windows including Frames														-
Parapets and Canopies														-
Loading Dock														-
Other Building Exterior														-
Roof														-
Roof Assembly (waterproofing membrane and roof surface)					165,000									165,000
Flashing														-
Roof Drainage (eaves troughs/downspouts, roof drains)														-
Chimneys/Boiler Stacks														-
Skylights and other Roof Openings														-
Roof venting, if any														-
Other Roof														-
Building Interior														-
Interior Partitions and Doors														-
Flooring														-
Ceiling				60,000									60,000	120,000
Wall Finishes (Paint, Trim Baseboards, etc.)				45,000									45,000	90,000
Washroom Fixtures and Accessories (Towel dispensers, hand dryers, soap dispensers, change tables, partitions, etc.)														-
Presence of Mould														-
Other Building Interior														-
Mechanical and HVAC														-
Heating, Ventilating and Air Conditioning Systems							122,000							122,000
Building, Automation Systems, if any														-
Ductwork, if any														-
Vertical Transportation Devices, if any														-
Other Mechanical and HVAC														-

ALGOMA PUBLIC HEALTH
CAPTIAL ASSET PLAN

Item	Actaul Expenditure		Forecasted Expenditure											
	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	
Plumbing														-
Plumbing fixtures														-
Domestic water distribution														-
Sanitary waster														-
Rainwater drainage														-
Water Fountain														-
Electric														-
Primary Feed and Main Switchgear														-
Main Transformers														-
Step-down Transformers														-
Emergency Power Source or Generator														-
Distribution Systems and Panels														-
Interior Lighting														-
Exterior Lighting (Building-Mounted)														-
Automated Lighting Control System														-
Other Electrical														-
Fire Protection and Life Safety Systems														-
Water Reservoir, if any														-
Sprinkler and/or Standpipe System, if any														-
Fire Extinguishers														-
Fire Pumps, if any														-
Fire Alarm System and Voice Communication Systems, if any														-
Smoke and Heat Detectors and Carbon Monoxide Detectors, as applicable														-
Emergency Lighting and Exit Signage														-
Security System														-
Fire/Emergency Plans														-
Fire Separations (visual inspection and inclusion of info that is readily available)														-
Automatic door closers														-
Other Fire Protection and Life Safety Systems														-
Hazardous Materials														-
Asbestos														-
PCB's														-
Other Hazardous Materials														-
Subtotal	225,000	142,500	77,000	158,000	457,000	75,000	198,100	53,000	175,000	25,000	62,000	225,000	130,000	1,635,100
Contingency (10%)	22,500	14,250	7,700	15,800	45,700	7,500	19,810	5,300	17,500	2,500	6,200	22,500	13,000	163,510
Subtotal Including Contingency	247,500	156,750	84,700	173,800	502,700	82,500	217,910	58,300	192,500	27,500	68,200	247,500	143,000	1,798,610
Escalation Allowance	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-
Escalation Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Estimate Financial Projections	247,500	156,750	84,700	173,800	502,700	82,500	217,910	58,300	192,500	27,500	68,200	247,500	143,000	1,798,610

Total Net Sq. Ft. of Owned Facility	74,000
Year Built	2011
Age (yrs.)	9
Reserve Term (yrs.)	20

NOTES:
1) Contingency of 10% has been carried to cover unforeseen items & cost increases.

2) Cost in 2017 dollars with no provision for escalation.
3) HST is excluded.

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Briefing Note

To: Algoma Public Health Finance & Audit Committee

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

Date: November 13th, 2019

Re: 2019 Contribution to APH Reserve Fund

☐ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

In accordance with Board of Health Policy 02-05-065, Reserve Fund,

> "the Board of Health in each year may provide in its estimates for a reasonable amount to be paid into the reserve funds provided that no amount shall be included in the estimates which is to be paid into the reserve funds when the cumulative balance of all the reserve funds in the given year exceeds 15 percent of the regular operating revenues for the Board of Health approved budget for the mandatory cost shared programs and services".

The 2018 Audited Financial Statements are complete and Management believes that there will not be any material changes from the 2018 Settlement that was submitted to the Ministry. The current amount of funds in the Reserve Fund is approximately $842,000. Any contribution decisions to the Reserve Fund must consider the cumulative balance of the Reserve Fund. Specifically, the cumulative balance of the Reserve Fund in any given year is not to exceed 15 percent of Algoma Public Health's (APH's) regular operating revenues for mandatory cost shared programs and services as mandated by the Board of Health policy 02-05-065, Reserve Fund. In 2019, total mandatory cost shared revenues derived by APH was $11,042,890, 15% of which equates to $1,656,433.

OPTIONS FOR CONSIDERATION:

That the Finance & Audit Committee for the District of Algoma Health Unit recommends one of the following options to the Board of Health:

1) Contribution up to $300,000 into the Reserve Fund from APH's operating account for 2019.
2) 2018 surplus dollars remain in APH's operating account and used for any additional cash outlays that may be necessary such as renovations to APH's Board room/Emergency Response room.

BACKGROUND:

APH's Board of Health established a Reserve Fund Policy in June of 2015. The purpose of the establishment of a Reserve Fund is to be better prepared to:

- meet any unexpected costs that may arise in the future;
- help offset one-time or capital expenditures;
- help offset any revenue shortfalls;
- minimize fluctuations in funding;
- help manage cash flows and;
- avoid application of additional levies to municipalities in the event of any cash shortfalls.

Maintaining sufficient balances in reserves is a critical component of long-term financial planning as it strengthens long-term financial sustainability. It is a financial "safety net".

Based on APH's 2018 audited financial statements and the 2018 Settlement that was submitted to the ministry, management believes the 2018 municipal surplus to be approximately $520,000.

APH's lowest daily liquidity position with the past six months was $1.9 million. Management believes a contribution of up to $300,000 to the Reserve Fund will not negatively impact working capital requirements while satisfying the parameters noted in the Board of Health Policy 02-05-065, Reserve Fund.

As every provincial dollar received that is unspent by the Board of Health must be returned to the Ministry, Reserves can only be generated through municipal dollars.

Additionally, 2019 expenditures are anticipated to be closer to budget than in previous years. This is primarily a result improved staffing to what was budgeted, costs associated with the cyber-attack (that may not be fully covered by insurance), unexpected purchase of a new generator for APH's Blind River office, and board approved renovations associated with a new board room/emergency response room.

Option 1: Contribute up to $300,000 into APH's Reserve Fund

Pros:

- Consistent with the Board of Health's risk management strategy over the past number of years.
- Improved Reserve Fund balance for Board of Health (which may be considered low given APH's operating budget)
- Interest earned at 1.7% for a balance between $500,000 to $999,999 and 1.9% for a balance between $1,000,000 to $4,999,999.

Cons:

- Assets of public health units, such as a reserve fund, could get absorbed if regionalization were to occur. (Note: Funds in an operating account could also be absorbed - the Board of Health may decide at any time a strategy for reserve funds).

Option 2: 2018 Surplus Dollars Remain in APH's Operating Account

Pros:

- Surplus dollars will help offset 2019 expenditures more expeditiously (Board approval is required for transfers any transfers from the Board's reserves in excess of $50,000 per transaction).

Cons:

- Funds held in APH's operating account earn less interest than the Premium Investment Account where Reserve Funds are held.

Appendix A attached is an overview of Reserve balances from December 31st, 2014 with projections for December 31st, 2019. Assuming no contribution to the Reserve Fund for 2019, the balance will remain relatively the same compared to end of year 2018 balances.

CONTACT:

J. Pino, Chief Financial Officer

Appendix A to Briefing Note: 2019 Contribution to APH Reserve Fund

Algoma Public Health 2015-2019 Reserves Overview			
Balance Dec 31 2014	**Contributions [1]**	**Drawdowns**	**Balance Dec 31 2015**
$ 322,233	$ 384,102	$ -	$ 706,335
Balance Dec 31 2015	**Contributions [2]**	**Drawdowns [3]**	**Balance Dec 31 2016**
$ 706,335	$ 2,429	-$384,062	$ 324,702
Balance Dec 31 2016	**Contributions [4]**	**Drawdowns**	**Balance Dec 31 2017**
$ 324,702	$ 200,641	$ -	$ 525,343
Balance Dec 31 2017	**Contributions [5]**	**Drawdowns**	**Projected Balance Dec 31 2018**
$ 525,343	$ 305,000	$ -	$ 830,343
Projected Balance Dec 31 2018	**Contributions [6]**	**Drawdowns**	**Projected Balance Dec 31 2019**
$ 830,343	$ 13,500	$ -	$ 843,843

Notes:
(1) 2015 Contributions consist of insurance settlement funds from EL mall collapse & interest income

(2) 2016 Contributions consists of interest income

(3) 2016 Drawdowns consists of use of insurance settlement funds to help finance new EL office space

(4) 2017 contributions consist of surplus dollars generated by proportional increases in cost shared formula, improved operational efficiencies and interest income

(5) 2018 proposed contributions consist of surplus dollars generated by proportional increases in cost shared formula, improved operational efficiencies and interest income

(6) 2019 proposed contributions consist of surplus dollars generated by interest income

Governance Committee Meeting
November 20, 2019

Attendees:
Deborah Graystone - Chair
Adrienne Kappes
Karen Raybould
Louise Caicco Tett
Lee Mason - Board Chair
Regrets: Heather O'Brien

APHU Executive
Marlene Spruyt - MOH/CEO
Jennifer Loo - AMOH & Director of Health Protection
Tania Caputo - Board Secretary

The Governance Committee reviewed and approved a revised copy of the Board Member Profile Matrix. Dr. Spruyt recommended adding this Skills Matrix as an attachment to the already existing Policy #02-05-000 "Composition and Accountability of the Board of Directors". This policy is due for review in May 2020 at which time the content of this policy will be reviewed officially by the Governance Committee. It was also suggested to change the Policy # to 02-05-01. The Committee agreed.

By-Law 06-01 Sewage Systems Part 8 of the Ontario Building Code Act was reviewed. Discussion around the fee rates clarified that the Algoma Health Unit reviews these rates and considers similar communities and their rates for comparison. Dr. Spruyt also clarified that this is intended to be a revenue neutral fee schedule. This By-Law was reviewed and approved without amendments by the Governance Committee.

By-Law #95-1 "To Regulate the Proceedings of the Board of Health". Amendments were made including removal of #1 d) (i) which spoke to the direction under Section 57 of the Act to hold the first meeting of each year no later than the 1st day of February. This was removed from the Act and therefore removed from our By-Law. This direction is contained in another Algoma Health Unit Policy. #1 (d) (ii) "Chairman" was changed to Chair and Vice-Chair.
In this By-Law we also amended: #1. i) by changing to (MOHLTC Communication 2016) from (MOHLTC interpretation) #11 a) by re-arranging the Agenda order according to our health unit process along with changing "Reports of Officer/Program Manager" to "Report of Medical Officer of Health". Also in #11 (a) "In-Committee Session was changed to "In-Camera" to be consistent with other policies.

By-Law #95-2 "To Provide for Banking and Finance" was reviewed and approved with no amendments.

By-Law #95-3 "To Provide for the Duties of the Auditor of the Board of Health" was reviewed and approved with no amendments.

The Travel Policies for Employees and Board Members had been amalgamated and amended by the Governance Committee. This will be presented to the Board in November.

APPROVED BY: Medical Officer of Health **REFERENCE #:** 02-05-020

DATE: O: March 1991
Revised: March 4, 2014
Revised: November 6, 2014
Revised: July 8, 2015
Revised :January 13, 2017
Revised draft: October 23, 2019

SUBJECT: Travel Policy

PURPOSE:

The purpose of this document is to ensure that employees and board members have a clear understanding of the policy and procedures for Algoma Public Health (APH) business travel.

APH will reimburse employees and board members for all reasonable and necessary expenses while travelling on authorized APH business. APH assumes no responsibility to reimburse employees and board members for expenses that are not in compliance with this policy.

TRAVEL POLICY:

APH's Travel Policy must be followed, and the Travel Expense Report competed if any of the following conditions are true:

- An employee or board member is travelling outside the district of Algoma
- An employee or board members requires accommodations within the district for at least one night
- An employee or board member is travelling more than 250 km within one day

The below scenarios will serve as a guide:

Scenario One
Employee/board member travelling between Sault Ste. Marie and Elliot Lake and will spend the one night in the destination location

- Departure time is 1:00 p.m. Return to Sault Ste. Marie 3:00 pm the next day. Admissible meal expenses would include:
  - Dinner the night of travel
  - Breakfast the next day (assuming not provided at the hotel)
  - Lunch the next day.

Scenario Two
Employee/board member travelling between Elliot Lake and Blind River and will return to origin the same day (114 total km).

- No admissible meal expenses permitted.

Scenario Three
Employee/board member travelling from Sault Ste. Marie to Toronto for a conference or seminar and will spend two nights in Toronto.

- Departure time is 5:30 p.m. on Monday. Return home Wednesday at 5:00pm. Admissible meal expense would include:
  - Dinner the night of travel
  - Breakfast the next day (assuming not provided by the hotel/conference/seminar)

- Lunch the next day (assuming not provided by the conference/seminar)
- Dinner the next day (assuming not provided by the conference or seminar)
- Breakfast the second day (assuming not provided by the hotel/conference/seminar)
- Lunch the second day (assuming not provided by the conference/seminar)

Scenario Four
Employee/board member travelling between Blind River and Sault Ste. Marie and will return to the original location the same day (284 total km). Admissible meal expenses would include:

- Lunch for that day
- Dinner for that day only if the employee arrives home after 6:30 p.m.

Scenario Five
Employee/board member travelling more than 250 km within one day while conducting APH Business.

- Departure time is 8:30 a.m. Return home by 4:30 p.m. the same day. Admissible meal expense would include:
  - Lunch for that day

Scenario Six
Employee travelling from Sault Ste. Marie to Toronto for a meeting and will return the same day.

- Departure time is before 7:00 a.m. Return home after 6:30 p.m. the same day. Admissible meal expense would include:
  - Breakfast for that day
  - Lunch for that day
  - Dinner for that day (if return flight is after 6:30p.m.)

TRAVEL AUTHORIZATION:

All employee/board member travel outside the district of Algoma must be pre-approved. Employee travel must be pre-approved by their respective Manager. Manager travel outside the district of Algoma must be pre-approved by their respective Director. Director travel outside the district of Algoma must be pre-approved by the MOH/CEO or designate from the Executive team. For employees, a travel authorization form must be completed when travelling outside of the district of Algoma.

Board member travel must be pre-approved by the Board Chair or designate. Board Chair travel must be pre-approved by the Vice-Chair or designate.

Given the level of responsibility, MOH/CEO travel does not require prior authorization; however, any expenses related to travel must be approved by the Chair of the Board or Vice-Chair of the Board or designate.

METHOD OF TRAVEL:

Employees/board members will travel to places outside the health unit area by the most practical and economical method. In some cases, travel by air is the most economical giving consideration to out of office time. In other cases, vehicle travel is the better alternative.

Air Travel

When booking air travel, the employee must engage an APH Clerical/Administrative Assistant to book the flight on the employee's behalf. Air Travel must be booked through *Maritime Travel* at (705) 942-2800 or 1 (800) 461-7261. Reservations should be made several weeks in advance to ensure flight availability and acquire reasonable pricing. Economy flights are to be booked. Board members will work with the Secretary of the Board to book travel via air.

Once booked, an itinerary will be e-mailed to the employee/board member. It is advisable to carry the itinerary at the time of travel. Travellers must carry government-issued photo identification to receive their boarding pass.

APH will pay Maritime Travel directly. When completing the Travel Expense Report, populate Section (B) CHARGED TO COMPANY as it relates to the respective flight.

APH will reimburse employees/board members for 1st checked baggage fee charged by certain airlines. APH will not reimburse employees/board members for additional checked baggage fees. APH will not reimburse employees/board members for fees associated with overweight bags.

APH will reimburse employees/board members for airport parking or taxi services to and from the airport if it is more economical or practical.

Personal Automobiles

Per kilometre reimbursement for employees is provided at Canada Revenue Agency rate and updated annually on April 01

If requested, employees/board members should be able to provide verification of kilometres travelled.

For reference, the following is provided:

Algoma Public Health
Round Trip Kilometers (as per Google Maps)

From/To	294 Willow Avenue, Sault Ste. Marie	9 Lawton Street, Blind River	302-31 Nova Scotia Walk, Elliot Lake	18 Ganley Street, Wawa
294 Willow Avenue, Sault Ste. Marie	N/A	284	396	450
9 Lawton Street, Blind River	284	N/A	114	734
302-31 Nova Scotia Walk, Elliot Lake	396	114	N/A	844
18 Ganley Street, Wawa	450	734	844	N/A

Car Rental

If required and economically prudent, employees/board members may rent vehicles while on APH business with Management approval. Mid-sized vehicles must be reserved unless a larger vehicle is required to accommodate the number of travellers sharing the vehicle.

APH has special rates for car rentals in Sault Ste. Marie with Enterprise Rent-A-Car. Reservations may be made directly with *Enterprise Rent-A-Car* at 705-254-3227 and billed to APH directly.

Note: Employees/board members will NOT be reimbursed for any traffic or parking tickets resulting from business travel

ACCOMMODATIONS:

Employees/board members are expected to stay in a Standard-type room in a good standing hotel. The employee/board member is entitled to an individual room.

Hotel reservations will be made by the travelling employee. For board members, the Secretary to the Board will make hotel reservations. Where possible, the accommodations chosen should be a government-approved hotel offering government rates or the host hotel of the conference or seminar. Employees/Board Secretary should inquire about the possibility of obtaining a government rate. Once a confirmation number for the reservation is provided, the employee/board member should carry it with them during their travels.

Algoma Public Health has secured corporate rates with the following hotels within the District of Algoma based on price and proximity to APH offices:

Elliot Lake, ON

Hampton Inn
279 Highway 108 North
Elliot Lake, ON P5A 2S9
Tel: 705-848-4004

Sault Ste. Marie, ON

Quattro Hotel & Conference Centre
229 Great Northern Road,
Sault Ste. Marie, ON, P6B 4Z2
Tel: 705-942-2500

Algoma's Water Tower Inn & Suites
360 Great Northern Rd
Sault Ste. Marie, ON, P6B 4Z7
Tel: 705-949-8111

Quality Inn and Suites Bay Front
180 Bay Street
Sault Ste. Marie, ON
Tel: 705-945-9264

Wawa, ON

Algoma Motel & Cabins
164 Mission Rd
Wawa, On, P0S 1K0
Tel: 705-856-7010

Best Northern Motel
150 Hwy 17 South
Wawa, On, P0S 1K0
Tel: 705-856-7302

Wawa Motor Inn
118 Mission Rd
Wawa, On, P06 1K0
Tel: 705-856-2278

Long Beach Bed & Breakfast
55 Long Beach Road, Site 9, Box 6
Wawa, On, P0S 1K0
Tel: 705-856-4286

When travelling for APH business and the employee/board member will be spending the night in Elliot Lake, Sault Ste. Marie or Wawa, employees/Board Secretary, must attempt to book the accommodations at one of the hotels listed above. This is the only scenario where APH will be billed directly for accommodations. The travelling employee/Board Secretary must secure a signed Purchase Order with the associated hotel prior to booking accommodations. The travelling employee or a clerical employee may prepare the Purchase Order on behalf of the travelling employee. When completing the Travel Expense Report, employees are required to populate Section (B) CHARGED TO COMPANY as it relates to their respective hotel stay.

When travelling to all other locations, employees/board members (excluding those employees with a corporate credit card), must pay for hotel expenses using a personal credit card. The employee/board member will subsequently be reimbursed by APH when submitting their expense form by populating Section (A) REIMBURSABLE EXPENSES as it relates to their respective hotel stay.

If an employee has been issued a corporate credit card, it may be used to pay for hotel expenses. When completing the Travel Expense Report, populate Section (B) CHARGED TO COMPANY as it relates to the respective hotel stay.

Cancellations

It is the responsibility of the employee/Secretary to the Board to cancel a hotel reservation in the event of a change. To avoid charges, the employee/Secretary to the Board should be familiar with the hotel's cancellation policy. The employee/Secretary to the Board should record the cancellation number in case of a billing dispute.

MEALS & OTHER EXPENSES:

Alcohol is NOT a reimbursable expense.

Original itemized receipts are required for meals and other allowable expenses such as parking, taxis, buses, in order to be eligible for reimbursement. Original itemized receipts must state date, place and cost (credit card receipts that do not identify the items will **NOT** be accepted). If an itemized receipt cannot be provided (i.e. Itemized receipt is misplaced), a written explanation must be submitted to explain why the receipt is unavailable, and a description itemizing and confirming the expenses must be provided;

Reimbursement for meal expenses will be based on actual expenses incurred *up to* the rates set out in the chart below. These rates include gratuities.

Meals	Maximum Amount
Breakfast	$12.00
Lunch	$18.00
Dinner	$30.00

APH will <u>not provide</u> a per diem to employees. These rates are not an allowance. They are for individual meals – you must have eaten the meal to be able to submit a claim for reimbursement.

Reimbursement is for restaurant or prepared food only.

Reimbursement for groceries must have prior approval, and a written rationale must be submitted with the claim. If prior approval is provided, the itemized receipt must clearly indicate which items (s) relate to each particular meal, up to the maximum amounts noted above.
If meals are provided at the event or part of the hotel booking, the employee will not be eligible for reimbursement (i.e. if breakfast is provided at the hotel or conference, the employee will not be eligible to submit expenses for breakfast on the date of the conference).

When more than one meal is claimed for any day, you may allocate the combined maximum rates between the meals. For example, if you will be eating breakfast and lunch, the combined rate is $30.00. This now becomes the maximum rate for the two meals, regardless of what you spend on each meal.

APH will be responsible for the expenses incurred by an APH employee/board member only.

One receipt, per meal, per employee/board member, is required. However, if an employee has been issued a corporate credit card, it may be used to pay for meal expenses for themselves and other APH employees/board members. All names of the APH employees/board members whose meals were charged on the corporate credit card must be noted on the back of the original itemized receipt. When completing the Travel Expense Report, the employee whose corporate credit card has been used is required to populate Section (B) CHARGED TO COMPANY as it relates to the respective meals charged to the corporate credit card. The maximum reimbursable rates, as set out in this policy, will apply to all employees when using a corporate credit card for meals.

TIPS/GRATUITIES

You may be reimbursed for reasonable gratuities for meals and taxis. Keep a record of gratuities paid.

- 15%-18% on a meal and a taxi fare

TRAVEL ADVANCES

APH will NOT provide travel advances.

EXPENSE REPORTS:

Employees/board members must submit an expense report within 15 business days of the completion of each trip. Any expenses submitted after that time will may NOT be reimbursed by APH. Expense reports must be approved by the employee's Manager. Managers have their expense report approved by their Director. Directors have their expense report approved by the MOH/CEO. The MOH/CEO must have expenses approved by the Chair of the Board or Vice-Chair of the Board. Board members must have expense approved by the Chair of the Board/ Vice-Chair of the Board. The Chair of the Board must have expenses approved by the Vice-Chair .

Original itemized receipts should be attached to the expense report. Expense reports are to be submitted to Clerical in Accounts Payable. Employees/board members will be reimbursed for expenses via the cheque run to ensure prompt reimbursement of expenses.

TRAVEL REIMBURSEMENT THROUGH MINISTRY/THIRD PARTY:

APH recognizes there are times when an employee/board member will be travelling, and the expenses incurred are to be submitted to the Ministry/Third Party for reimbursement. When such a situation arises, the employee/board member is expected to follow the rules outlined in the Ministry/Third Party Travel Policy. The Ministry/Third Party travel policy will supersede APH's travel policy with regards to allowable reimbursable expenses and dollar amounts. Any travel that is considered reimbursable through the Ministry/Third Party must be approved at the Director level or above.

In order to keep track of costs and ensure no duplication of employee/board member reimbursement, APH should be reimbursed by the Ministry/Third Party directly. Under no circumstance should an employee/board member receive a cheque from the Ministry/Third Party directly.

In situations where the employee/board member is travelling, and the Ministry/Third Party will reimburse APH, the following must be adhered to:

- The Ministry/Third Party expense report is to be completed with a copy submitted to the APH's clerical in Accounts Payable (Director to ensure both the original expense report and the copy are identical prior to any report being submitted to the Ministry/Third Party and APH Accounts Payable).
- The Ministry/Third Party expense report and original itemized receipts will be submitted to the Ministry/Third for APH to be reimbursed (this expense report must include expenses incurred by both the employee/board member and APH)
- The Ministry/Third Party expense report and copies of itemized receipts will be submitted to APH for employee/board member to be reimbursed. This is the only circumstance where copies of itemized receipts will be accepted by APH. Expense reports must be submitted within 15 business days after each trip.
- APH will reimburse the employee/board member
- APH will be reimbursed by the Ministry

NOTE: Flights are to be booked through Maritime Travel. Hotels are to be paid using the employee's personal credit card.

KFL&A Public Health

October 18, 2019

Mayor Bryan Paterson and City Council
City of Kingston
City Hall
216 Ontario Street
Kingston, ON K7L 2Z3

Dear Mayor Paterson and Council:

RE: Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol Harms

Recently announced provincial regulatory changes will impact the sale, service and consumption of alcohol in local communities. These changes include:

- Municipalities now have the authority to designate public areas, such as parks, for the consumption of alcohol through a local by-law.
- Special Occasion Permit events will have extended hours for the sale of alcohol, will no longer have to serve food at these events, and will not have to physically separate areas where alcohol is sold and consumed from the rest of the event.
- Tailgate Events, where patrons bring their own booze, will be allowed at professional, semi-professional, or post-secondary sporting events.

It is anticipated that these changes will increase alcohol consumption and its concomitant harms, along with demand, and hence cost, for municipal services such as police, EMS, fire services and public health. In fact, in 2014, the cost of alcohol to the healthcare system, criminal justice system, workplaces and other direct costs was $1.4 billion, $1.3 billion, $2.1 billion and $495 million, respectively. With increased consumption, these costs will only increase.

Ontario municipalities can use Municipal Alcohol Policies (MAPs), along with other municipal policies, to balance the responsible provision and use of alcohol against the need to reduce alcohol-related risk and harm for events hosted on municipal property, and to protect local governments from liability and from increasing costs to manage alcohol-related harms. In the context of the Government of Ontario's alcohol policy reforms, municipalities must consider the following:

- By loosening public consumption controls, the risk increases significantly for underage drinking, harmful alcohol consumption, intoxication, and alcohol-related harms, and could lead to serious injury and death, and consequently municipal liability. Further still, public consumption of alcohol will further normalize its use and its consumption or over consumption in public spaces may hinder the public's enjoyment of community spaces.

- While there are AGCO guidelines for Tailgate Events, there are insufficient parameters related to the management or monitoring of the Bring Your Own Booze provision, enforcement or staff training. Many municipalities are impacted by unsanctioned street parties involving the over consumption of alcohol by students and other individuals. Unrestricted access to alcohol in this type of environment contributes to harmful drinking behaviour and has the potential to place an undue burden on surrounding neighbourhoods, police and paramedic services. Queen's University Homecoming and St. Patrick's Day give rise to massive gatherings or street parties that are accompanied by a spike in Emergency Department visits in Kingston each year.
- Evidence indicates that expanding hours of alcohol service is related to increased alcohol consumption and related harms. This policy also contributes to the normalization of alcohol use among vulnerable populations including children and youth.

As such, at the October 16, 2019 meeting of the KFL&A Board of Health, the following motion was passed:

THAT the KFL&A Board of Health strongly advise municipalities to continue to prohibit alcohol consumption in public spaces such as parks as per current *Liquor License Act, 2019,*

THAT the KFL&A Board of Health strongly urges all KFL&A municipalities to strengthen or to develop municipal alcohol policies that balance the responsible provision and use of alcohol against the need to reduce alcohol-related risk and harm, and to include, at a minimum, the following provisions in their Municipal Alcohol Policy (MAP):

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

I strongly encourage all of our municipalities to reach out to Daphne Mayer, Manager of the Substance Use, Mental Health and Injury Prevention Team, to develop or strengthen your Municipal Alcohol Policy to preserve the health and safety of our residents.

Sincerely,

Denis Doyle

Denis Doyle, Chair
KFL&A Board of Health

cc to: Monica Turner, Association of Municipalities of Ontario
Pegeen Walsh, Ontario Public Health Association
Loretta Ryan, Association of Local Health Agencies
Ontario Boards of Health

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

October 21, 2019

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

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation. WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

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

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

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

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

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Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

October 22, 2019

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

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

Dear Minister Petitpas Taylor and Minister Elliott:

Restrictions on Display and Promotion of Vaping Products and the Ban of Flavoured E-Cigarettes

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Simcoe Muskoka District Health Unit where their Board of Health approved a motion at their September 18, 2019 Board of Health meeting calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes to help prevent the further uptake of vaping, and the potential risk of smoking commencement by youth.

The Smoke-Free Ontario Act, 2017 (SFOA) originally put comprehensive restrictions on the display and promotion of vaping products similar to tobacco, however those restrictions were not implemented by the Ontario provincial government before the SFOA, 2017 was enacted. Point of sale display and promotion of vaping products at convenience stores, gas stations and grocery store chains is widespread through promotional materials (posters, three-dimensional cut-outs and packaging displays).

In addition, the SFOA regulations need to be strengthened to include a ban on flavoured vaping products and the display and promotion of vaping products, mirroring the ban on tobacco products.

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

Sincerely,

Gary McNamara, Chair
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Dr. Theresa Tam, Chief Public Health Officer
Corporation of the City of Windsor – Clerk's office
Local MP's – Brian Masse, Irek, Kusmeirczyk, Chris Lewis
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
AMO – Association of Municipalities of Ontario
Council of Medical Officers of Health (COMOH)
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

WINDSOR-ESSEX COUNTY HEALTH UNIT
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October 22, 2019

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

Dear Minister Elliott:

Removal of Regulation 268 of the Smoke-Free Ontario Act, 2017, to restrict marketing of Vaping Products

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter we received from Kingston, Frontenac and Lennox & Addington Public Health where their Board of Health passed the following motion at their September 25, 2019 Board of Health meeting:

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

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

Sincerely,

Gary McNamara, Chair
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Ginette Petitpas Taylor, Minister, Health Canada
Corporation of the City of Windsor – Clerk's office
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
AMO – Association of Municipalities of Ontario
Dr. Theresa Tam, Chief Public Health Officer
Corporation of the County of Essex – Clerk's office
Local MP's – Brian Masse, Irek, Kusmeirczyk, Chris Lewis

PUBLIC HEALTH MODERNIZATION – NORTH EAST PUBLIC HEALTH TRANSFORMATION INITIATIVE

Date: **October 23, 2019**

Moved by: **Pat Kiely**

Seconded by: **Paul Kelly**

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

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

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

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

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

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

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

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

CARRIED

The Regional Municipality of Durham

Corporate Services Department – Legislative Services

605 Rossland Rd. E.
Level 1
P.O. Box 623
Whitby, ON L1N 6A3
Canada

905-668-7711
1-800-372-1102
Fax: 905-668-9963

durham.ca

October 24, 2019

The Right Honourable Justin Trudeau
Prime Minister
House of Commons
Ottawa ON K1A 0A6

Honourable Sir:

RE: Notice of Motion re: Opioid Overdose Emergency Resolution Our File: P00

Council of the Region of Durham, at its meeting held on October 23, 2019, adopted the following recommendations of the Health and Social Services Committee:

"Whereas the opioid overdose emergency is affecting communities across Ontario, including Durham Region; and

Whereas the prevalence of addiction and the incidence of emergency department visits and deaths associated with opioid use disorder have increased in recent years; and

Whereas addiction to prescription and illegal opioids is negatively affecting individuals, families and entire communities; and

Whereas on September 12, 2019, the Government of Ontario announced its plan to establish the Mental Health and Addictions Division (MHAD) under the leadership of Karen Glass, Assistant Deputy Ministry; and

Whereas the MHAD will lead the development and implementation of Ontario's Mental Health and Addictions Strategy; and

Whereas the Government of Ontario will be consulting key stakeholders and the public on modernizing public health and land ambulance services; and

Whereas public health programs and services demonstrate superior value for money and return on investment; and

Whereas the Federation of Canadian Municipalities (FCM) has identified a need for federal and provincial strategies that are comprehensive, coordinated and address the root causes of the opioid crisis; and

Whereas FCM has recommended an intergovernmental action plan that aligns federal, provincial/territorial and local strategies, responds to specific needs of indigenous communities and rapidly expand all aspects of the collective response; and

Whereas FCM has echoed the recommendations of the Mayor's Task Force on the Opioid Crisis; and

Whereas the Association of Municipalities Ontario (AMO) has identified the following recommendations for a provincial response to addressing the opioid overdose emergency in Ontario:

i. That the Province publicly affirms the seriousness of the opioid overdose emergency and commit to take all necessary measures to save lives and prevent harm, including the provision of long-term funding for existing programs as well as new funding streams, where necessary;

ii. That the Province undertakes an 'all of government' effort to develop a comprehensive provincial drug strategy that addresses the opioid overdose emergency, based on a public health approach that addresses the social determinants of health, and that takes a non-discriminatory approach to overdose prevention and harm reduction. This strategy should cascade down to guide local drug strategy development and implementation with accompanying resources so that municipalities in Ontario have comprehensive, multi-faceted, funded drug strategies in place led by dedicated local coordinators. Further, progress toward implementation should be measured with performance indicators and be evaluated for outcomes achieved;

iii. That the Province examines, and its ministries provide, a coordinated 'all of government' response with adequate funding to address the root causes of addiction, including housing related factors, poverty, unemployment, mental illness, and trauma;

iv. That the Ministry of Health provides more funding to support, enhance and expand evidence- based consumption, treatment and rehabilitation services, addiction prevention and education, and harm reduction measures in all areas of Ontario;

v. That the Ministry of Health targets funding for addiction and mental health services that would assist in treating people with mental illness to reduce and/or eliminate self-medication and would provide services to help people overcome their addiction;

vi. That the Ministry of the Solicitor General provides enhanced funding to enforce laws surrounding illicit drug supply, production, and distribution;

vii. That the Province enhances funding for diversion programs, mobile crisis intervention teams, and further promote harm reduction approaches among police services;

viii. That the Ministry of Health examines community paramedicine as a viable option to provide treatment and referral services;

ix. That the Ministry of Health funds a public education campaign, including on social media, to complement the efforts of individual communities;

x. That the provincial coordinator work with the Ministry of Education to add a health promoting youth-resiliency program to the school curriculum that includes coping skills to get through obstacles in life, e.g. social competence, conflict resolution, healthy relationships, and informed decision-making;

xi. That the Ministry of Health fully funds (100%) Naloxone for all municipal first responders (paramedics, police, and fire services) and provide training in its use;

xii. That the Ministry of Health and the Ministry of Children, Community and Social Services work together with municipal human service system managers to better link social service and health supports including to help people overcome addiction and address mental health;

xiii. That the Ministry of Health works toward a goal of establishing and maintaining 30,000 supportive housing units in the province; and

xiv. That the Province advocates to the federal government for appropriate and supportive measures that will support effective provincial and local responses;

Now therefore be it resolved that the Health & Social Services Committee recommends to Regional Council:

A) That the Government of Canada and Ontario recognize, acknowledge and declare a national health epidemic in respect to the opioid overdose emergency across Canada;

B) That AMO's recommendations with respect to Ontario's opioid overdose emergency be endorsed;

C) That the Government of Ontario be urged to continue funding the important work of public health units to help address the current opioid crisis;

D) That the Government of Canada and Ontario be advised that the opioid emergency is not limited to major urban centres and that federal and provincial representatives work directly with the Region of Durham, to develop and fund a full-suite of prevention and addiction services, affordable social and supportive housing to address the crisis in our communities; and

E) That the Prime Minister of Canada, Ministers of Health and Children, Families and Social Development, and Minister Responsible for the Canada Mortgage and Housing Corporation, Durham's MPs, Chief Public Health Officer of Canada, Premier of Ontario, Deputy Premier & Minister of Health, Ministers of Children, Community and Social Services, Finance, and Municipal Affairs and Housing, Durham's MPPs, Chief Medical Officer of Health, AMO, alPHa, FCM, all local municipalities, and all Ontario boards of health be so advised as well as be provided with a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue."

As directed, attached is a copy of the presentation from M. Hutchinson, Manager, Population Health, regarding The Opioid Crisis: A Complex, Multifaceted Health and Social Issue.

Ralph Walton,
Regional Clerk/Director of Legislative Services

RW/np

Attach.

c: The Honourable Ginette C. Petitpas Taylor, Minister of Health
The Honourable Jean-Yves Duclos, Minister of Families, Children and Social Development and Minister Responsible for the Canada Mortgage and Housing Corporation
Mark Holland, MP (Ajax)
Mr. Erin O'Toole, MP (Durham)
Jamie Schmale MP (Haliburton/Kawartha Lakes/Brock)
Philip Lawrence, MP (Northumberland/Peterborough South)
Dr. Colin Carrie MP (Oshawa)

Jennifer O'Connell, MP (Pickering/Uxbridge)
Ryan Turnbull, MP (Whitby)
Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier of Ontario
The Honourable Christine Elliott, Deputy Premier & Minister of Health
The Honourable Todd Smith, Minister of Children, Community and Social Services
The Honourable Rod Phillips, Minister of Finance
The Honourable Steve Clark, Minister of Municipal Affairs and Housing
Rod Phillips. MPP (Ajax/Pickering)
Lorne Coe, MPP (Whitby/Oshawa)
Lindsey Park, MPP (Durham)
Jennifer French, MPP (Oshawa)
Laurie Scott, MPP (Haliburton/Kawartha Lakes/Brock)
Peter Bethlenfalvy, MPP (Pickering/Uxbridge)
David Piccini, MPP Northumberland-Peterborough South
Dr. David Williams, Chief Medical Officer of Health
Brian Rosborough, Executive Director, Association of Municipalities of Ontario (AMO)
L. Ryan, Executive Director, Association of Local Public Health Agencies (alPHa)
C. Saab, Executive Director, Policy and Public Affairs, Federation of Canadian Municipalities (FCM)
A. Harras, Acting Clerk, Town of Ajax
B. Jamieson, Clerk, Township of Brock
A. Greentree, Clerk, Municipality of Clarington
M. Medeiros, Acting Clerk, City of Oshawa
S. Cassel, City Clerk, City of Pickering
J.P. Newman, Director of Corporate Services/Clerk, Township of Scugog
D. Leroux, Clerk, Township of Uxbridge
C. Harris, Clerk, Town of Whitby
Ontario boards of health
Dr. R.J. Kyle, Commissioner and Medical Officer of Health

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The Opioid Crisis: A Complex, Multifaceted Health and Social Issue

simcoe muskoka
DISTRICT HEALTH UNIT

October 25, 2019

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

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit I wish to commend your decision to prohibit the promotion of vapour products in convenience stores and gas stations effective January 1, 2020. This regulatory amendment to the *Smoke-Free Ontario Act, 2017* will have immediate and long-lasting benefits, protecting the health of the youth in our province.

Your leadership is in keeping with the letter from the Board of Health to you and the federal Minister of Health on September 18, 2019, calling for stringent restrictions on the display and promotion of vaping products and to ban flavoured e-cigarettes. This is to help prevent the further uptake of vaping (and with it, the potential risk of smoking commencement) by youth. The Board noted that vaping has been increasing rapidly in our youth which has been borne out in the evidence: A 74% increase in vaping among youth aged 16-19 in Canada was reported from 2017 to 2018.

In recognizing this significant amendment to display and promotion regulation, I renew the Board of Health's request to ban flavoured e-cigarettes. With thousands of flavours of e-liquid available, including candy and fruit-flavoured varieties, the evidence clearly supports that flavoured e-liquid is a significant factor in youth uptake and use .

The Ministry of Health's leadership in enacting the *Smoke-Free Ontario Act, 2017* one year ago has been critical to the protection of Ontario's citizens from the harms of tobacco, vaping and cannabis. The Board of Health recognizes this action as being an important step, and recommends the further development of a renewed comprehensive tobacco control strategy towards the tobacco endgame goal of achieving a smoking rate of less than 5% by 2035.

Thank you for your leadership on this very important public health matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Board of Health Chair

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

Ontario

NEWS

Ministry of Health

Protecting Youth from the Dangers of Vaping

Ontario Banning the Promotion of Vaping Products Outside of Specialty Stores

October 25, 2019 9:00 A.M.

Ontario is taking urgent action to address the issue of youth vaping by banning the promotion of vapour products in convenience stores and gas stations. Starting January 1, 2020, the promotion of vapour products in retail stores will only be permitted in specialty vape stores and cannabis retail stores, which are only open to people aged 19 and over.

"Restricting the promotion of vapour products in retail stores will help prevent youth from being exposed and influenced by promotion in retail settings," said Christine Elliott, Deputy Premier and Minister of Health. "This is just one way our government is taking action to protect young people in Ontario."

These changes follow consultations with stakeholders - including experts, communities and families concerned with youth vaping and the promotion of vapour products - as well as new and emerging research from health experts that indicate vaping among Ontario's youth is on the rise.

"Vaping is not without risk, and the potential long-term effects of vaping remain uncertain," said Elliott. "As we continue to engage with experts and families to identify further action we can take to protect our youth, this first step will help begin to curb the alarming increase in young people vaping."

The regulatory amendment will align rules for in-store promotion of vapour products with those for tobacco under the *Smoke-Free Ontario Act, 2017*, bringing Ontario in line with seven other Canadian provinces with similar restrictions.

QUICK FACTS

- Under the *Smoke-Free Ontario Act, 2017* (SFOA, 2017), retail stores that are not specialty vape stores (“non-specialty stores”) like convenience stores and gas stations currently can promote vapour products, if the promotion complies with the *Tobacco and Vaping Products Act* (Canada).
- Vaping has become increasingly popular, particularly with youth. In just one year, from 2017 to 2018, there has been a 74 per cent increase in vaping among Canadian youth aged 16-19 (Hammond et al, 2019).

- Of concern, two thirds of students who vape are using products with nicotine (Canadian Student Alcohol and Drugs Survey, 2017).

LEARN MORE

- Learn more about the risks of vaping
- Statement by Deputy Premier and Minister of Health Christine Elliott

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David Jensen Communications Branch
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News Release

Building Ontario Together

October 28, 2019

Government Lays out Legislative Priorities for the Upcoming Session

TORONTO — With the legislature returning today, the Ford Government is continuing to focus on jobs, economic growth and smart initiatives that will allow government to operate more efficiently while delivering on its priorities and commitments to the people of Ontario.

"With the House resuming today, the people of Ontario expect to see their government and elected officials working hard to make sure families, job creators and communities have the opportunities and tools they need to succeed - and we will be doing just that," said Government House Leader Paul Calandra.

Calandra pointed to key priority areas, including:

- Restoring trust and accountability in government by continuing to find efficiencies and respect taxpayers dollars.
- Leaving more money in people's pockets.
- Reducing red tape and regulatory burdens and making Ontario open for business so our small, medium and large job creators can continue to invest in communities and people.
- Connecting people and places by investing in infrastructure, transit and broadband networks.
- Building safer communities, combatting violence and criminal activity related to drugs, guns and gang activity.
- **Ending hallway health care, putting patients first and ensuring sustainable services for future generations.**
- Adopting smart initiatives that will reduce costs, eliminate wasteful spending, and ensure government services are delivered thoughtfully and efficiently, while protecting what matters most.

"Our government looks forward to continuing to deliver on the priorities that matter most to the people of Ontario," added Calandra. "We are ready and serious about delivering, and will always put the best interests of people first."

CONTACTS

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99 Wellesley Street West 4th floor, Room 4620 Toronto ON M7A 1A1

OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliot
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

RE: Opposition to Co-Payment for Dentures under the New Ontario Seniors Dental Care Program

Dear Minister Elliott,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the Ontario Senior's Dental Program. As a result, the Board of Health was very happy to have this new program, but concerned about a possible co-payment for dentures.

Many seniors in Hamilton cannot afford dental care and either pay out of pocket or forgo regular dental care. As a result, many seniors increasingly seek dental care in hospital emergency departments. Seniors living in low-income areas are two times more likely to visit hospitals than those living in high income areas.

Oral health is linked to overall health and is an important health matter for many seniors in the community. As people age, their oral health may become worse due to medications, medical conditions as well as mobility limitations that make good oral hygiene difficult to maintain. In addition, seniors may face barriers to accessing dental care due to cost, limited physical and cognitive abilities and transportation.

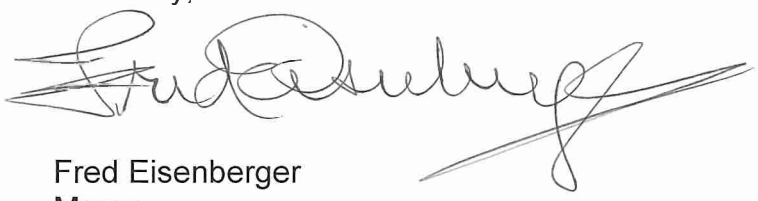
In Hamilton there are approximately 10,230 seniors who could be eligible for the new Ontario Seniors Dental Care program (OSDCP). Local population health data indicates that 47% of all seniors wear dentures, and without regular dental care it could be surmised that the proportion of low-income seniors would be greater than the overall 47%. Dentures are important functional appliances to replace missing teeth. Dentures allow people to speak and chew properly therefore supporting good nutrition, communication, social interaction and self esteem.

.../2

The purpose of the new OSDCP program is to increase access and reduce barriers to care so low-income seniors could be provided with proper dental care and maintain good oral health, without the cost of dental care being a factor.

Given that the cost of dental care has been identified as one of the main barriers to care, imposing a 10% co-payment would compound this barrier and dentures would remain inaccessible for many low-income seniors. This would adversely affect seniors' overall quality of life and is contrary to the original purpose of the program. Due to the factors listed above, we are opposed to the possibility of a 10% co-payment for the OSDCP.

Sincerely,



Fred Eisenberger
Mayor

CC:
Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain
Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliot
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3
christine.elliott@pc.ola.org

RE: Request for Weekly Data Reports on Vaping Cases

Dear Minister Elliott,

At its meeting on October 18, 2019 the City of Hamilton Board of Health discussed the potential health effects associated with the use of electronic cigarettes, in particular, the current outbreak of severe pulmonary disease, and your recent order for hospitals to report such cases to Ontario's Chief Medical Officer of Health.

In order to enable Hamilton's Board of Health to better assess the extent of the ill-effects of vaping on the health of those in Hamilton, I am writing on behalf of the Hamilton Board to request that any such reports to Ontario's Chief Medical Officer of Health by Hamilton hospitals be shared with Hamilton's Medical Officer of Health.

Sincerely,

Fred Eisenberger
Mayor

CC:
Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain

.../2

71 MAIN STREET WEST, 2ND FLOOR, HAMILTON, ONTARIO L8P 4Y5 PHONE 905.546.4200 FAX: 905.546.2340

Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

OFFICE OF THE MAYOR
CITY OF HAMILTON

October 30, 2019

VIA: Email

Hon. Christine Elliott
Minister of Health and Long-Term Care
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3
christine.elliott@pc.ola.org

Dr. David Williams
Chief Medical Office of Health
Ministry of Health and Long-Term Care
21st Flr, 393 University Avenue, 21st Floor
Toronto, ON M5G 2M2
dr.david.williams@ontario.ca

RE: Support for a Seamless Provincial Immunization Registry

Dear Minister Elliott and Dr. David Williams,

At its meeting on October 18, 2019, the City of Hamilton Board of Health received a report and presentation on the *Immunization of School Pupils Act* (ISPA). As a result, the Board of Health was happy to support the position of the Council of Ontario Medical Officers of Health in support of a seamless immunization registry and asked that the report (BOH19029) be circulated to those copied on this letter.

Local public health units are responsible for the enforcement of the ISPA, a provincial law that requires children attending school to be vaccinated according to the Ontario immunization schedule. The Hamilton Public Health Vaccine Program engages in a screening and suspension process that ensures parents and guardians are adequately notified of ISPA requirements. The program is responsible for assessing and maintaining vaccine records for over 70,000 students enrolled in Hamilton elementary and secondary schools. For the 2018-2019 school year, at the completion of the screening and suspension process, the compliance rate ranged between 94.3% to 98.5% for 7 to 8 year-old school students and 93.1% to 99.8% for 17 to 18 year-old students.

Although ISPA is an effective tool to ensure individual and community level immunity, the process is resource intensive both from a staff and time perspective. This is a result of most vaccine records requiring manual input into the provincial database by program staff, and follow-up required on records received that are missing information such as date of administration, required demographics or fax error.

.../2

A major challenge to the administration of ISPA is the lack of a provincial immunization registry to seamlessly transfer immunization information from primary and community health care providers, at the time a vaccine is given, to the Digital Health Immunization Repository. As a result, parents/guardians are responsible for reporting their child(ren)'s vaccine records to Public Health. Furthermore, public health units across Ontario do not have a process to verify information received from parents/guardians with their health care provider, as this would be both labour intensive and costly.

Support for a seamless immunization registry would address several of the challenges with the current system, including:

- Eliminating the burden on parents/guardians to report vaccines to Public Health;
- Reducing the risk of inaccurate information being reported by parents;
- Reducing staff time and resources needed to manually input vaccine records; and,
- Reducing the number of suspensions due to the lack of reporting by parents.

Immunizations remain one of the most successful and cost-effective public health interventions as they protect individuals from the harmful effects of vaccine-preventable diseases in additional to providing community level protection. Hamilton Public Health Services is committed to protecting the health of the community by preventing vaccine-preventable diseases. To achieve this goal, Hamilton Public Health Services will continue to collaborate and support parents and local school boards to ensure compliance with the Immunization of School Pupils Act. Moving toward a seamless immunization registry would increase efficiencies in the screening and suspension process while reducing parental burden to report vaccines to public health.

Sincerely,

Fred Eisenberger
Mayor

CC:
Hon. Donna Skelly, MPP, Flamborough – Glanbrook
Hon. Andrea Horwath, Leader of the Official Opposition, MPP, Hamilton Centre
Hon. Paul Miller, MPP, Hamilton East – Stoney Creek
Hon. Monique Taylor, MPP, Hamilton Mountain
Hon. Sandy Shaw, MPP, Hamilton West – Ancaster, Dundas
Council of Ontario Medical Officers of Health
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health

From: Erin Meneray
To: AllHealthUnits@lists.alphaweb.org
Cc: Karen@alphaweb.org
Subject: Grey Bruce Health Unit BOH Motions of Support
Date: Thursday, October 31, 2019 4:09:43 PM

Attention: Boards of Health:

On August 23, 2019 the Board of Health for the Grey Bruce Health Unit passed the following motions:

GBHU BOH Motion #2019-67 Funding for Leave the Pack Behind
GBHU BOH Motion #2019-68 National School Food Program

On September 27, 2019 the Board of Health for the Grey Bruce Health Unit passed the following motions:

GBHU BOH Motion #2019-79 Display and Promotion of Vaping Products
GBHU BOH Motion #2019-80 Promotion and Display of Vapour Products in Ontario

Heather Smith on behalf of
Erin Meneray
Executive Assistant to the Medical Officer of Health and Board of Health
Grey Bruce Health Unit
101 17th Street East
Owen Sound ON N4K 0A5
Phone: 519-376-9420, Ext. 1241 **Fax:** 519-376-0605 **Email:** e.meneray@publichealthgreybruce.on.ca
www.publichealthgreybruce.on.ca

October 31, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott,

On October 29, 2019, Renfrew County and District Board of Health passed the following resolution in support of Windsor-Essex County Board of Health's October 17, 2019 motion regarding *The Harms of Vaping and the Next Steps for Regulation*:

Resolution: # 4 2019-Oct-29

A motion by P. Emon; seconded by W. Matthews; be it resolved that the Board support Windsor-Essex County Health Unit's October 17 motion re: The Harms of Vaping and the Next Steps for Regulation and furthermore we implore the provincial government to move quickly to gather and share clinical information with Ontario Public Health Units and the public about the effects of vaping products on the teen and general public as soon as possible.

We thank you for considering this resolution.

Sincerely,

Janice Visneskie Moore

Janice Visneskie Moore
Chair, Board of Health

c. Honourable Doug Ford, Premier of Ontario
Honourable Ginette Petitpas Taylor, Minister of Health
Honourable David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health and Long-Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies—Loretta Ryan
Ontario Boards of Health
Honourable John Yakabuski, Renfrew-Nipissing-Pembroke
Honourable Chery Gallant, Renfrew-Nipissing-Pembroke
Local Municipalities
AMO/ROMA

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

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Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

October 21, 2019

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

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation. WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

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

Sincerely,

Gary McNamara
Chair, Board of Health

Theresa Marentette
Chief Executive Officer

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

From: Rachelle Cote
To: AllHealthUnits@lists.alphaweb.org
Cc: Dr Glenn Corneil
Subject: THU 2018 Annual Report
Date: Wednesday, November 6, 2019 8:55:24 AM
Attachments: image002.emz
image004.png

Sent on behalf of Dr. Glenn Corneil, Acting Medical Officer of Health/CEO
We are pleased to release our 2018 Annual Report!
The report provides just a few examples of the work, achievements and program highlights in Public Health throughout the Timiskaming district for year 2018.
If you have any questions or would like more information, please feel free to contact us at the number below.
Thank you!

Rachelle Côté
Executive Assistant
Secretary to the Board of Health
Timiskaming Health Unit
247 Whitewood Avenue, Unit 43
P.O. Box 1090
New Liskeard, ON P0J 1P0
Tel: 705-647-4305 ext: 2254
Fax: 705-647-5779

From: Loretta Ryan
To: Board
Subject: FW: Connected Care Update - November 13, 2019
Date: Wednesday, November 13, 2019 10:47:15 AM

More……

From: Ministry of Health <connectedcare@ontario.ca>
Sent: November 13, 2019 10:43 AM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: Connected Care Update - November 13, 2019

View this email in your browser | Lire ce message en français

November 13, 2019

Ontario has now reached several important milestones in our journey to build a connected and coordinated public health care system that starts and ends with the patient.

Transfer Notices Issued

As announced earlier this year, we are integrating multiple provincial agencies into one agency, Ontario Health. As the next step in the integration of the agencies, the Minister of Health has issued transfer orders to the Board Chair and CEOs of five provincial agencies to inform them that their agencies will transfer into Ontario Health on December 2, 2019.

The transferring agencies are: Cancer Care Ontario, Health Quality Ontario, eHealth Ontario, Health Shared Services Ontario, and HealthForceOntario Marketing and Recruitment Agency.

There will be no change to the activities of the five agencies when they transfer into Ontario Health. Current contracts, agreements and reporting obligations for all transferring agencies remain the same for the time being.

Each legacy provincial agency will transfer into Ontario Health "in whole". The only exception is the Physician Assistant Career Start Program operated by the Health Force Ontario Marketing and Recruitment Agency. The Ministry of Health will assume responsibility for this program and use existing ministry staff and resources to continue its management, while HealthForceOntario staff transfer into Ontario Health. There will be no other changes to the program. Current positions funded by the Physician Assistant Career Start Program remain and eligible employers should continue filling them.

Given the complexity of Ontario’s organ and tissue donation system, the Trillium Gift of Life Network will transfer into Ontario Health at a later date to ensure there will be no disruption to patients and families involved with organ and tissue donation.

LHIN Regional Clustering

As part of the ongoing work to plan for the careful transition of certain LHIN functions and oversight responsibilities into Ontario Health, Ontario is overseeing the operational reorganization of the 14 LHINs into five interim and transitional geographical regions based on the existing 14 LHIN geographic boundaries as set out presently in the LHIN’s governing legislation.

Ontario is also reducing the number of LHIN CEO positions from 14 to five to reflect this inter-LHIN operational realignment. These five positions will become Transitional Regional Leads for each of the five interim regions respectively.

The Transitional Regional Leads will report to the Ontario Health Board which remains as the Board for the LHINs. They will also be responsible for the ongoing management of the LHIN operations in their regions, including staying on top of local needs and overseeing the continued coordination of patient access to home and community care and long-term care placement. The Transitional Regional Leads will further report to the Interim CEO of Ontario Health to support planning for the eventual transition of certain LHIN functions and oversight responsibilities into

Ontario Health.

The five interim leads are:

- Bruce Lauckner, who will become the regional lead in western Ontario (and CEO of the Erie St. Clair, Hamilton Niagara Haldimand Norfolk Brant, South West and Waterloo Wellington LHINs).
- Renato Discenza, who will become the regional lead in eastern Ontario (and CEO of the Champlain, South East and Central East LHINs).
- Scott McLeod, who will become the regional lead in central Ontario (and CEO of the Central, Central West, Mississauga Halton, and North Simcoe Muskoka LHINs).
- Tess Romain, who will become the regional lead in Toronto (and CEO of Toronto Central LHIN).
- Rhonda Crocker Ellacott, who will become the regional lead in northern Ontario (and CEO of the North East and North West LHINs).

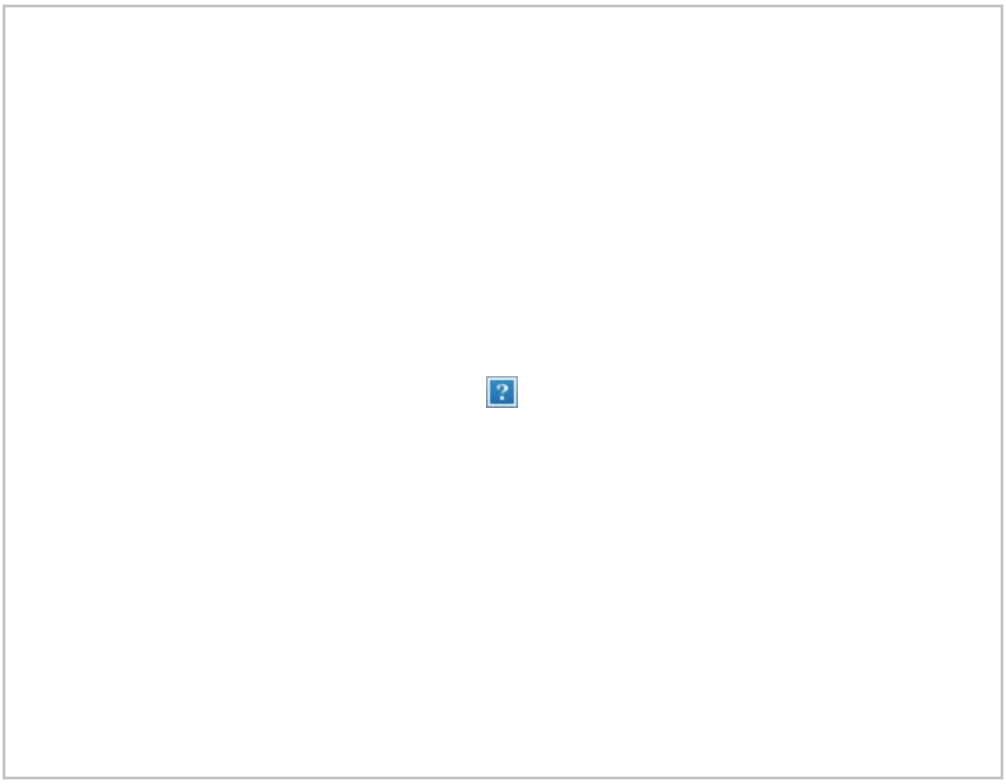
The interim regional clustering of LHINs are:

Region	Clustering of LHIN Corporations
West	Erie-St. Clair, South West, Hamilton Niagara Haldimand Brant, Waterloo Wellington
Central	Mississauga Halton, Central West, Central, North Simcoe Muskoka
Toronto	Toronto Central
East	Central East, South East, Champlain
North	North West, North East

To be clear: this is not an amalgamation or merger of any of 14 LHINs but a means of operationally reorganizing regional oversight between the existing LHINs. LHINs will continue with their day-to-day work in their respective jurisdictions, including delivering home and community care and long-term care placement services. There will be no changes to how patients access these services.

Certain LHIN functions will eventually transition into Ontario Health over time based on a careful plan the ministry is developing with Ontario Health and the LHINs. LHIN functions that involve delivering home and community care remain unchanged in the short-term and will eventually move to local Ontario Health Teams. Continuity of patient care throughout this process will remain a top priority.

The Ministry of Health would like to acknowledge and thank the LHIN executive leadership for their ongoing professionalism, dedication and excellence as work to modernize the health care system continues.



Legislative and Regulatory Changes

The Ministry of Health is making several legislative and regulatory changes that support Ontario's work to modernize the health care system and ensure services remain uninterrupted during this transformational period.

A topline summary is provided below. Further details will be made available shortly on the Ontario eLaws website.

Supporting Transition into Ontario Health

The Ministry is proclaiming into force select consequential legislative changes as part of *The People's Health Care Act, 2019* to the *Excellent Care for All Act, 2010* and is making regulatory amendments to various regulations made under the *Personal Health Information and Protection Act, 2004*, *Excellent Care for All Act, 2010*, and the *Connecting Care Act, 2019* to ensure that the work of the agencies being transferred can continue without interruption under Ontario Health. This includes ensuring that the privacy of a patient's personal health information remains protected during and after transition.

Paving the way for digital health

The Ministry is making a regulatory amendment under the *Home Care and Community Services Act, 1994* to clarify that virtual care can be delivered in home and community care settings. This will help pave the way for the continued expansion of virtual care access across the province.

Building a cohesive approach to lung health

As part of a mandate to reduce silos and provide a single, integrated source of clinical guidance for the health care sector in Ontario through Ontario Health, it is expected that the work related to lung health would continue as is through various programs within the Ministry of Health until it is determined how chronic disease would be approached by Ontario Health.*The Lung Health Act, 2017* is consequently being repealed.

Through the Ministry of Health's Smoke Free Ontario strategy, the Ministry of Health will also continue to invest in programs and services that promote lung health and prevent lung disease. Examples include funding community partners to deliver comprehensive smoking cessation services that help people quit smoking and vaping, and funding initiatives led by Public Health Units that prevent people, especially youth and young adults, from becoming addicted to nicotine. The Ministry also enforces the Smoke-Free Ontario Act, 2017, which creates smoke and vape-free spaces and restricts the display and promotion of tobacco and vapour products.

Engaging Indigenous and Francophone communities

Ontario is committed to engaging Indigenous and Francophone communities in our work to build a connected health care system that improves the patient and caregiver experience and strengthens local services.

The Minister is proclaiming into force amendments to the *Ministry of Health and Long-Term Care Act,* to allow for the establishment of one or more Indigenous health councils that will advise the Minister about health and service delivery issues related to Indigenous peoples.

The Ministry is also proclaiming into force consequential amendments to the *Ministry of Health and Long-Term Care Act,* and *the Local Health System Integration Act, 2006* to permit the Minister to similarly establish a French language health services advisory council to advise the Minister about health and service delivery issues related to Francophone communities.

Establishing these new advisory councils and adding greater flexibility in how members are appointed will ensure further opportunities for the diversity of voices

across Indigenous and Francophone communities to inform the government's ongoing work on health system modernization.

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From: Loretta Ryan
To: Board
Subject: FW: Ontario Expanding Digital and Virtual Health Care
Date: Wednesday, November 13, 2019 2:51:31 PM

FYI - Prevention and health promotion are noted below as being the first of four pillars of a comprehensive plan to end hallway health care.

From: Ontario News <newsroom@ontario.ca>
Sent: November 13, 2019 2:36 PM
To: Loretta Ryan <loretta@alphaweb.org>
Subject: Ontario Expanding Digital and Virtual Health Care

News Release

Ontario Expanding Digital and Virtual Health Care

November 13, 2019

Giving Patients More Options Part of Province's Plan to End Hallway Health Care

MISSISSAUGA — Ontario's new Digital First for Health strategy will bring the patient experience into the 21st century and help end hallway health care by offering more choices and making health care simpler, easier and more convenient for patients. At the same time, this new strategy will harness the imagination and capabilities of Ontario's digital health innovators to improve care for all Ontarians. Today, Christine Elliott, Deputy Premier and Minister of Health, was at Trillium Health Partners' Credit Valley Hospital to announce the five pillars of the government's Digital First for Health strategy. Once this new strategy is fully implemented, patients can expect:

1. **More virtual care options:** Expanding availability of video visits and enabling other virtual care tools such as secure messaging. Additionally, providers will be able to leverage a variety of virtual care technologies that best meet the needs of their patients.
2. **Expanded access to online appointment booking:** Patients will be able to book appointments that best meet their needs.
3. **Greater data access for patients:** More patients will be able to review their secure health record online and make informed choices about their care.
4. **Better, more connected tools for frontline providers:** More providers will be able to access patient records stored across multiple health service providers to provide better, faster care.

5. **Data integration and predictive analytics:** Providers will face fewer barriers to integrating and using secure health information to manage health resources and improve patient care. This could lead to improvements such as earlier intervention and better management of chronic disease.

"Ontario is adopting new digital practices and technologies that will improve the patient experience and help end hallway health care by expanding access to digital and virtual care options," said Elliott. "Our Digital First for Health strategy will support how we will achieve a modern and fully connected health care system. For Ontarians, this will mean being able to choose how they receive care and services, control over how to access personal health information, and not needing to retell their stories. For health care providers, this will mean having the necessary information and supports at their fingertips, enabling them to focus on care rather than technology."

The first phase of the digital strategy will increase the availability of virtual care with approximately 55,000 more video visits provided by physicians directly to patients in their location of choice over the next year. To do so, the government will invest $3 million in new funding to compensate physicians for video visits they are now able to provide. In doing so, patients will enjoy more flexibility to access care through video visits. More patients will be able to have secure video visits with their health care providers from their location of choice, such as the comfort of their own home. Patients will still be able to see their providers in person, but this will allow providers to use video visits to provide their patients with more options to access their services.

In addition, this first phase will enable Ontario Health Teams to collect, use and share information to allow for better patient care and outcomes. This will improve convenience for patients and promote more connected care by ensuring patients won't need to retell their health information over and over. This will be achieved through the proposed changes Ontario is making to modernize the *Personal Health Information Protection Act* (PHIPA) that will also introduce stricter provisions for any individual or organization that misuses personal health information.

As the development and implementation of digital first approach to health continues, the government will make continued investments to expand digital health solutions in support of the full implementation of the strategy.

"Ontario is already a world leader in providing specialized care video visits to patients at health care facilities across the province, improving access to care in our most northern and rural communities," said Dr. Ed Brown, CEO of Ontario Telemedicine Network. "Recently, we've focused on more innovative virtual care options that connect patients directly with health care providers easily and conveniently through their own personal computer or smartphone. The ability to connect virtually enables patients to receive care when and where they need it."

Ontario has a comprehensive plan to end hallway health care, which includes making investments and advancing new initiatives across four pillars:

1. **Prevention and health promotion:** keeping patients as healthy as possible in their communities and out of hospitals.
2. **Providing the right care in the right place:** when patients need care, ensure that they receive it in the most appropriate setting, not always the hospital. This includes expanding Ontarians' access to new digital and virtual care options through Ontario's Digital First for Health strategy.
3. **Integration and improved patient flow:** better integrate care providers to ensure patients spend less time waiting in hospitals when they are ready to be discharged.
4. **Building capacity:** build new hospital and long-term care beds while increasing community-based services across Ontario.

QUICK FACTS

- Two thirds of Canadians are interested in consulting with various health care providers through a virtual platform.
- Video visits won't be appropriate for every type of doctor's visit but interested Ontarians should talk to their doctors to see if this solution is available and appropriate for them.
- The government will continue to engage and consult with health care providers, patients and privacy experts to enable the broader Digital First for Health strategy.

CONTACTS

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Senior Manager, Media Relations
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99 Wellesley Street West 4th floor, Room 4620 Toronto ON M7A 1A1

From: Loretta Ryan
To: Board
Subject: News Release - Ontario Taking Next Steps to Integrate Health Care System
Date: Wednesday, November 13, 2019 10:46:12 AM

News Release

Ontario Taking Next Steps to Integrate Health Care System

Changes will Protect Uninterrupted Access to Patient Care

November 13, 2019 9:30 A.M.

Ministry of Health

TORONTO — Ontario is taking the next steps in its plan to better integrate the province's health care system to help end hallway health care.

On December 2, 2019, five provincial agencies will begin transferring into Ontario Health while the 14 Local Health Integration Networks (LHINs) have been clustered into five interim and transitional geographic regions.

This is an administrative step only and not a merger of the LHIN boundaries. Further, there will be no impact to patients' access to home and community care or long-term care placement as Ontarians continue to receive the care they need from the care providers they have built relationships with at the 14 LHINs. These changes are a means of streamlining the regional oversight as an interim measure as the government continues to work toward moving home and community care supports out of bureaucracy to integrate them with Ontario Health Teams.

"Our government has said from the beginning that we are working toward ending hallway health care," said Doug Ford, Premier of Ontario. "In order to bring our world-class health care system into the 21st century, we need to get rid of the inefficiencies and back office duplication. This is how we are continuing to put patients first and ensure sustainability for future generations."

As part of this next step to cluster the LHINs, the number of chief executive officer (CEO) positions has been reduced to five to ensure alignment and to eliminate duplication of roles and responsibilities. These five CEOs will now serve as interim regional leads and will be responsible for supporting the work required to transition LHIN functions into Ontario Health or to Ontario Health Teams, and to ensure that patient services continue uninterrupted. The money saved from this change will be redirected into frontline patient care.

"As we take the next steps to integrate Ontario's health care system, continuity of patient care remains our top priority," said Christine Elliott, Deputy Premier and Minister of Health. "This transfer will combine the knowledge, strength and expertise of many talented professionals under one roof as part of our plan to better coordinate and connect Ontario's health care system to end hallway health care. We would like to acknowledge and thank the LHIN executive leadership for the ongoing professionalism, dedication and support as the government continues to modernize and strengthen Ontario's health care system."

"Ontario Health's goal is to ensure Ontarians receive high-quality health care services where and when they need them," said Bill Hatanaka, Ontario Health Board Chair. "On December 2, we bring the knowledge, skills and experience of this first wave of transferring organizations into Ontario Health and begin working with the five interim regional leads too. We are building our talent base to become one agency with one strategy and one set of priorities; applying the best of our collective expertise to all Ontario patients."

Quick Facts

- The five agencies transferring into Ontario Health are: Cancer Care Ontario; Health Quality Ontario; eHealth Ontario; Health Shared Services Ontario; and HealthForceOntario Marketing and Recruitment Agency.
- The 14 LHINs have been clustered into five interim geographic regions and will be led by five transitional regional leads. The new appointees are: Bruce Lauckner (West), Scott McLeod (Central), Tess Romain (Toronto), Renato Discenza (East), and Rhonda Crocker Ellacott (North).
- Trillium Gift of Life Network will transfer in at a later date to ensure there will be no disruption to patients and families involved with organ and tissue donation.
- LHIN functions will eventually transition into Ontario Health or to local Ontario

Health Teams over time based on a careful plan the ministry is developing with Ontario Health and LHINs.

Additional Resources

- Improving Health Care in Ontario
- Ontario Health
- Ontario's Government for the People to Break Down Barriers to Better Patient Care
- Building a Connected Public Health Care System for the Patient
- Hallway Health Care: A System Under Strain

https://www.ontariohealth.ca/

Loretta

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Statement of Principles
Public Health Modernization
November 2019

BACKGROUND

On April 11, 2019 the Minister of Finance announced the 2019 Ontario Budget, which included a pledge to modernize "the way public health units are organized, allowing for a focus on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention".

Plans announced for this initiative included regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, adjustments to the provincial-municipal cost-sharing of public health funding and an emphasis on digitizing and streamlining processes.

On November 6, 2019, further details were presented as part of the government's Fall Economic Statement, which reiterates the Province's consideration of "how to best deliver public health in a way that is coordinated, resilient, efficient and nimble, and meets the evolving health needs and priorities of communities". To this end, the government is renewing consultations with municipal governments and the public health sector under the leadership of Special Advisor Jim Pine, who is also the Chief Administrative Officer of the County of Hastings. The aim of the consultation is to ensure:

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

In preparation for these consultations and with the intent of actively supporting positive systemic change, the alPHa Board of Directors has agreed on the following principles as a foundation for its separate and formal submissions to the consultation process.

PRINCIPLES

Foundational Principle

1) Any and all changes must serve the goal of strengthening the Ontario public health system's capacity to improve population health in all of Ontario's communities through the effective and efficient local delivery of evidence-based public health programs and services.

Organizational Principles

2) Ontario's public health system must remain financially and administratively separate and distinct from the health care system.

3) The strong, independent local authority for planning and delivery of public health programs and services must be preserved, including the authority to customize centralized public health programming or messaging according to local circumstances.

4) Parts I-V and Parts VI.1 – IX of the Health Protection and Promotion Act should be retained as the statutory framework for the purpose of the Act, which is to "provide for the organization and delivery of public health programs and services, the prevention of the spread of disease and the promotion and protection of the health of the people of Ontario".

5) The *Ontario Public Health Standards: Requirements for Programs, Services, and Accountability* should be retained as the foundational basis for local planning and budgeting for the delivery of public health programs and services.

6) Special consideration will need to be given to the effects of any proposed organizational change on Ontario's many Indigenous communities, especially those with a close relationship with the boards of health for the health units within which they are located. Opportunities to formalize and improve these relationships must be explored as part of the modernization process.

Capacity Principles

7) Regardless of the sources of funding for public health in Ontario, mechanisms must be included to ensure that the total funding envelope is stable, predictable, protected and sufficient for the full delivery of all public health programs and services whether they are mandated by the province or developed to serve unique local needs as authorized by Section 9 of the Health Protection and Promotion Act.

8) Any amalgamation of existing public health units must be predicated on evidence-based conclusions that it will demonstrably improve the capacity to deliver public health programs and services to the residents of that area. Any changes to boundaries must respect and preserve existing municipal and community stakeholder relationships.

9) Provincial supports (financial, legal, administrative) must be provided to assist existing local public health agencies in their transition to any new state without interruption to front-line services.

Governance Principles

10) The local public health governance body must be autonomous, have a specialized and devoted focus on public health, with sole oversight of dedicated and non-transferable public health resources.

11) The local public health governance body must reflect the communities that it serves through local representation, including municipal, citizen and / or provincial appointments from within the area. Appointments should be made with full consideration of skill sets, reflection of the area's socio-demographic characteristics and understanding of the purpose of public health.

12) The leadership role of the local Medical Officer of Health as currently defined in the Health Protection and Promotion act must be preserved with no degradation of independence, leadership or authority.

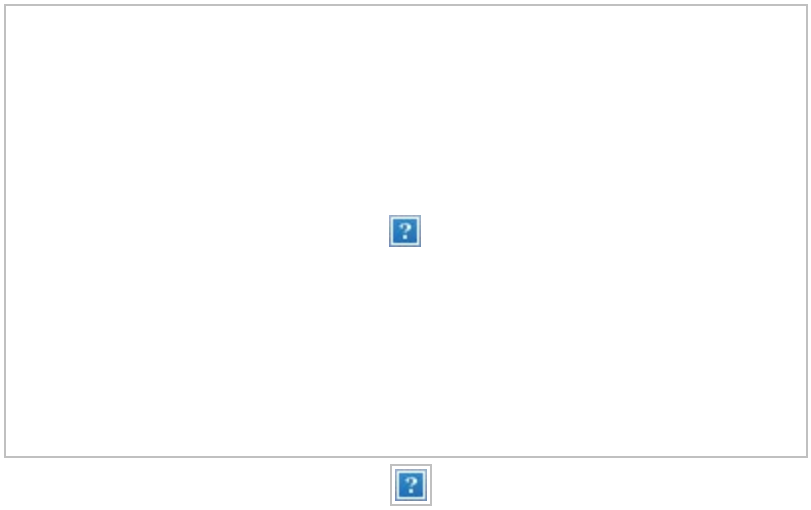
DESIRED OUTCOMES

- Population health in Ontario will benefit from a highly skilled, trusted and properly resourced public health sector at both the provincial and local levels.
- Increased public and political recognition of the critical importance of investments in health protection and promotion and disease prevention to population health and the sustainability of the health care system.
- Local public health will have the capacity to efficiently and equitably deliver both universal public health programs and services and those targeted at at-risk / vulnerable / priority populations.
- The geographical and organizational characteristics of any new local public health agencies will ensure critical mass to efficiently and equitably deliver public health programs and services in all parts of the province.
- The geographical and organizational characteristics of any new local public health agencies will preserve and improve relationships with municipal governments, boards of education, social services organizations, First Nations communities, Ontario Health Teams and other local stakeholders.
- The geographical and organizational characteristics of any new local public health agencies will reflect the geographical, demographic and social makeup of the communities they serve in order to ensure that local public health needs are assessed and equitably and efficiently addressed.
- Local public health will benefit from strong provincial supports, including a robust Ontario Agency for Health Protection and Promotion (Public Health Ontario) and a robust and independent Office of the Chief Medical Officer of Health.
- The expertise and skills of Ontario's public health sector will be recognized and utilized by decision makers across sectors to ensure that health and health equity are assessed and addressed in all public policy.

From: Susan Lee
To: All Health Units
Subject: alPHa Information Break - November 18, 2019
Date: Monday, November 18, 2019 1:29:20 PM

PLEASE ROUTE TO:

All Board of Health Members / Members of Health & Social Services Committees



November 18, 2019

This update is a tool to keep alPHa's members apprised of the latest news in public health including provincial announcements, legislation, alPHa activities, correspondence and events.

Update on Public Health Modernization

Today, via webinar, the Ministry of Health launched the long-awaited consultation process for public health and emergency health services modernization. The Deputy Premier and Minister of Health, the Hon. Christine Elliott, announced there would be two discussion papers that will "anchor consultations in the coming weeks." Jim Pine, Special Advisor on Public Health and Emergency Health Services, noted the ministry was keen on meeting with as many stakeholders as possible and looked forward to "thoughtful input and dialogue" with stakeholders, who will be invited to make written submissions via email and a Ministry survey during the process. Chief Medical Officer of Health Dr. David Williams outlined a few of the key challenges in the public health discussion paper after speaking to the need for changing the current systems. Alison Blair, ADM, Emergency Health Services and Executive Lead for Public Health Modernization, also spoke to the key challenges facing the

emergency health services sector that will be addressed in the consultations. In our ongoing efforts to help members stay updated on the latest news, alPHa will draft a summary shortly on the information presented at the webinar and share it broadly with the membership, so please stay tuned.

On November 15, alPHa submitted a foundational document, *Statement of Principles for Public Health Modernization*, to the Minister of Health, the Chief Medical Officer of Health, and the Special Advisor and the Executive Lead for Public Health Modernization. Approved by the alPHa Board, the document will inform the association's contributions to the upcoming consultations and is in advance of responses that will be submitted.
View the Statement of Principles here
Go to alPHa's web page on Public Health Modernization

The recently concluded alPHa Fall Symposium, held on November 6, featured many key figures in public health modernization. Minister Christine Elliott provided welcoming remarks to the assembled delegates and confirmed that keeping patients as healthy as possible in their communities and out of hospitals through investments in health protection and promotion is a key pillar in Ontario's comprehensive plan to end hallway health care. She also provided updates on the Public Health Modernization consultations, approaches to reducing youth vaping and the launch of this year's Universal Influenza Immunization Program. Dr. David Williams, along with Alison Blair and Jim Pine, led a panel to update members on the upcoming consultations.

At their November 5 meeting, alPHa Board members met with Jim Pine, Alison Blair and Colleen Kiel from the Ministry of Health. Mr. Pine looked forward to working with the sector during the consultations, noting that he and staff had been given a mandate by the Minister to meet with many stakeholders and to listen to as much feedback as possible. He also shared his expectation that the consultations would be fairly broad in scope and cover much ground on system-related issues.

Fall 2019 Symposium

alPHa held its best-attended Fall Symposium last week in Toronto. More than 130 attendees gathered at the Dalla Lana School of Public Health to hear from high-profile speakers in government and partner organizations on transformation and change management. Ending the day was a reception and guest lecture by Dr. Peter Donnelly, President and CEO of Public Health Ontario. His message was that catastrophic biological risks are ever-present and that investment, vigilance and the capacity to apply lessons learned can only reinforce public health's resident experience and expertise to respond to them.

Many thanks to the members and speakers for participating and the Dalla Lana School of Public Health for providing the venue, all of which helped to make the day a successful event.

Please click the link below to view the slide decks from November 6 and the Section meetings of November 7 (login and password required).
Download the Fall 2019 Symposium & Section Meeting presentations

alPHa Strategic Plan

The alPHa Board of Directors approved a new 2020-2023 strategic plan at its meeting in November. The three-year plan builds on the previous one, which focused on member relations, and adds an external component that will see alPHa leading the dialogue and engaging with government and ministries to advocate for the health of Ontarians through a strong local public health system. Click the link below to view the updated alPHa Strategic Plan.
Learn more about alPHa's 2020-2023 Strategic Plan here

Rapid Risk Factor Surveillance System (RRFSS) Update

It's not too late to sign up for the Rapid Risk Factor Surveillance System (RRFSS) 2020 data collection! There are more reasons than ever to be a member of RRFSS: Survey questions can be added at any time during the year on new/emerging issues (such as e-cigarettes and cannabis) and RRFSS sample area/size can be adapted very quickly if needed. Contact Lynne Russell, RRFSS Coordinator, at lynnerussell@rrfss.ca for more information.

News Roundup

Province reorganizes LHINs to five transitional regions and transfers five provincial agencies to new Ontario Health - 2019/11/13

Ontario announces Digital First for Health Strategy to improve patient experience - 2019/11/13

Expert panel releases report, When Antiobotics Fail, on socioeconomic impacts of antimicrobial resistance - 2019/11/12

Ontario undertakes multi-sector provincial climate impact assessment - 2019/11/07

Province releases 2019 Ontario Economic Outlook and Fiscal Review - 2019/11/06

Standing Committee on Public Accounts' Report on Public Health: Chronic Disease Prevention - 2019/11/05

Ontario legislature resumes and announces priorities for upcoming session - 2019/10/28

Province gives $143M funding to municipalities to help lower costs and improve municipal services - 2019/10/25

Government of Ontario bans vaping product promotion outside of specialty stores - 2019/10/25

Ministry of Finance allocates 2020 Ontario Municipal Partnership Fund - 2019/10/24

CIHI releases data on changing opioid prescribing practices - 2019/10/17

Current Consultations of Public Health Interest

Health units and boards of health are invited to provide comments this month on a number of provincial regulatory amendments affecting public health practice. For many of these, the deadline to submit input is November 27, 2019. Click the link below to see a list of proposed amendments.
Go to alPHa's Current Consultations web page

Upcoming Events - Mark your calendars!

Winter 2019 Symposium/Section Meetings -Tentative dates: February 20 & 21, 2020, Toronto.

The Ontario Public Health Convention (TOPHC) 2020 - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. www.tophc.ca

June 2020 Annual General Meeting & Conference - June 10-12, 2020; Toronto.

Susan Lee
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From: "Kiel, Colleen (MOHLTC)" <Colleen.Kiel@ontario.ca>
Date: November 18, 2019 at 5:30:10 PM EST
To: "EHS PH Modernization Feedback (MOHLTC)" <ehsphmodernization@ontario.ca>
Subject: Release of Discussion Papers - Public Health and Emergency Health Services Modernization

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Good afternoon,

This morning we launched the next phase of consultations on public health and emergency health services with a webcast for stakeholders. Thank you to those of you who were able to attend.

At this time, we are sharing the links to the consultation website in English and French where you can find a link to today's webcast and the discussion papers for public health and emergency health services. Within the discussion papers is a link to the survey where you can submit your responses to the questions in the paper.

We look forward to engaging with you throughout the consultation period. Sign up here to receive Connected Care updates.

If you have any questions or comments about the consultations, please email ehsphmodernization@ontario.ca.

The EHS and PH Modernization Team

From: Ontario News <newsroom@ontario.ca>
Sent: November 20, 2019 9:14 AM
Subject: Ontario Launches Free Routine Dental Care for Low-Income Seniors

Ontario Newsroom

News Release

Ontario Launches Free Routine Dental Care for Low-Income Seniors

November 20, 2019

Program Will Help Keep Seniors Healthy

TORONTO — As part of its comprehensive plan to end hallway health care, Ontario is investing in programs that keep seniors healthy in their communities longer.

Each year in Ontario, preventable dental issues like gum disease, infections and chronic pain lead to more than 60,000 emergency department visits by patients, of which a significant portion are seniors. Many low-income seniors face challenges accessing regular dental care because they cannot afford it, impacting their overall well-being.

This is why the government is investing approximately $90 million annually for the new Ontario Seniors Dental Care Program (OSDCP), which will provide free routine dental care for eligible low-income seniors across the province. In doing so, the government expects to reduce the number of dental-related emergency department visits, helping to end hallway health care.

Today Premier Doug Ford, Christine Elliott, Deputy Premier and Minister of Health, and Raymond Cho, Minister for Seniors and Accessibility, visited Rexdale Community Health Centre to launch the new user-friendly web portal (ontario.ca/SeniorsDental) seniors can use to apply to the program.

Eligible seniors can apply to the program online as of today, or by picking up an application form at a local public health unit.

"With this program, we are making sure Ontario's low-income seniors can age with dignity and enjoy the quality of life they deserve," said Premier Ford. "This is another concrete way our government is delivering on our commitment to end hallway health care and cut hospital wait times."

"By providing seniors with access to quality dental care and keeping them out of hospitals, this new program is a key part of our plan to end hallway health care," said Minister Elliott. "Ontario is building a connected system of care that supports all Ontarians throughout their health care journey."

"The well-being of all Ontario's seniors is a top priority for this government," said Minister Cho. "This new dental care program will help eligible seniors receive the quality dental care they deserve. By keeping seniors healthy, we can also help seniors avoid emergency visits to the hospital, prevent chronic diseases, and increase quality of life for seniors across the province."

Ontarians aged 65 and over with an income of $19,300 or less, or couples with a combined annual income of $32,300 or less, who do not have dental benefits, will qualify for the Ontario Seniors Dental Care Program.

Ontario remains committed to building healthier communities and making life more affordable for everyone, including seniors and their families.

QUICK FACTS

- It is estimated that 100,000 low-income seniors will benefit annually from this program once fully implemented.
- Two-thirds of low-income seniors do not have access to dental insurance.
- The new dental care program will be available through public health units, including some mobile dental clinics, as well as participating Community Health Centres (CHCs) and Aboriginal Health Access Centres (AHACs).

ADDITIONAL RESOURCES

-

Call 416-916-0204

Toll-Free 1-833-207-4435

To find out more:

TTY 1-800-855-0511

ontario.ca/SeniorsDental

- Ontario's public health units
- Seniors: stay healthy and active

CONTACTS

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Premier's Office
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Office of the Premier
http://www.ontario.ca/premier

From: Seeds, Laura (MOHLTC) on behalf of Williams, Dr. David (MOHLTC)
To: Elizabeth.Urbantke@bchu.org; davidc@chatham-kent.ca; elizabeth.richardson@hamilton.ca; eileen.devilla@toronto.ca; robert.kyle@durham.ca; proumeliotis@eohu.ca; i.arra@publichealthgreybruce.on.ca; hnmoh@norfolkcounty.ca; shanker.nesathurai@hnhss.ca; lnoseworthy@hkpr.on.ca; hamidah.meghani@halton.ca; poglaza@hpeph.ca; moh@hpeph.ca; moh@huroncounty.ca; kieran.moore@kflaph.ca; sudit.ranade@county-lambton.on.ca; paula.stewart@healthunit.org; christopher.mackie@mlhu.on.ca; mustafa.hirji@niagararegion.ca; jim.chirico@healthunit.ca; igemmill@nwhu.on.ca; vera.etches@ottawa.ca; jlock@swpublichealth.ca; moh@swpublichealth.ca; jessica.hopkins@peelregion.ca; mklassen@pdhu.on.ca; rsalvaterra@peterboroughpublichealth.ca; lianne.catton@porcupinehu.on.ca; hwang@regionofwaterloo.ca; rcushman@rcdhu.com; charles.gardner@smdhu.org; sutcliffep@sdhu.com; Marlene Spruyt; janet.demille@tbdhu.com; corneilg@timiskaminghu.com; nicola.mercer@wdgpublichealth.ca; wahmed@wechu.org; "karim.kurji@york.ca"; Peter.Donnelly@oahpp.ca; Schwartz, Brian (OAHPP); Deeks, Shelley (OAHPP); Copes, Ray (OAHPP)
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Subject: Announcement from OCMOH, PH
Date: Wednesday, November 20, 2019 11:39:00 AM

Dear colleagues,

After a career spanning close to 35 years, our very own Laura Pisko has decided to retire. While I am pleased that Laura will be able to pursue passions outside of her work as an Ontario Public Servant (beekeeping anyone?), the loss of her knowledge and dedication will not only be felt by the OPS and the Office of the Chief Medical Officer of Health, Public Health, but by me personally.

In her time as Director of the Health Improvement Policy and Programs Branch, she has been responsible for delivering on some of the government's most important and high profile policies and initiatives - consumption and treatment services, safe food and water, and the Smoke-Free Ontario Strategy – just to name a few.

While we in the OCMOH, PH were privileged to work with Laura over these last few years, this was by no means the only important work that she did. To look back over her career is to look back at someone who has dedicated themselves to public service – and that is something to be incredibly proud of. Laura worked to increase accountability for the quality of resident care at private retirement homes, was responsible for planning, integrating and coordinating services of 200 health service providers in one of the most complex local health system in Ontario and, engaged over 300 cardiac staff in the first ever strategic planning and program development consolidating the SickKids Cardiac Program's status as a world-leading heart centre.

After almost 35 years, Laura definitely deserves a break.

Laura's last day in the office will be December 20th. Please stay tuned for a future date where we will be honouring and celebrating Laura Pisko and her exceptional public service career.

I know you will all join me in congratulating Laura and wishing her well on this next chapter in her life.

David

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

simcoe muskoka
DISTRICT HEALTH UNIT

November 20, 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

Mr. Jim Pine
Special Adviser, Public Health Modernization
c/o Minister of Health
10th Flr, 80 Grosvenor St,
Toronto, ON M7A 2C4

Dear Minister Elliott and Mr. Pine:

Re: Public Health Modernization

During the Association of Local Public Health Agencies meetings held November 6 & 7, 2019 in Toronto, representatives from the Ministry of Health indicated that aspects of the original direction provided to health units on April 11, 2019 regarding the creation of 10 regional public health entities have now been paused. Given this, I am writing on behalf of the Board of Health for the Simcoe Muskoka District Health Unit to recommend that the Simcoe Muskoka District Health Unit (SMDHU) remain as an independent health unit operating within its current boundaries and under its current governance structure.

It should be noted that this position for the Board is a change from its previously stated position calling on the province to maintain SMDHU intact as it merges with public health services in York Region. The rationale for the prior position was based on a very strong desire to avoid services in Simcoe and Muskoka being divided, and on the assumption at the time (immediately following the release of the April budget and verbal communication from Ministry of Health staff) that a merger would not be avoidable. However, with the present opportunity to consider our future with a fresh look, this current position is based on what it would deem to be actually best for the provision of public health services in Simcoe Muskoka.

On April 1, 2005 SMDHU was formed through the dissolution of the former Muskoka-Parry Sound Health Unit and the Muskoka District operations merged with the former Simcoe County District Health Unit operations and the Parry Sound District operations merged with the former North Bay & District Health Unit. The Board and staff have worked very hard since the inception of SMDHU (a merger prompted by the province) to create a cohesive public health agency that is highly successful in fulfilling its mandate. Extensive work and extraordinary merger costs were invested in the newly formed health unit.

A strong and stable governance structure currently exists through the Board of Health being represented by 14 members including four elected representatives from the County of Simcoe, two elected representatives from the District of Muskoka, two elected representatives from the

City of Barrie, one elected representative from the City of Orillia, and currently five appointees made up of citizens appointed by the Lieutenant Governor in Council, through the Provincial Appointments Secretariat. Strong by-laws and policies that clearly articulate the governing, financial, operational, oversight and statutory responsibilities of the Board of Health exists.

SMDHU believes the financial stability currently exists and it is fiscally responsible to keep the health unit in the municipalities that are funding it with the levy received via County of Simcoe, District of Muskoka, City of Barrie and City of Orillia. If SMDHU is required to merge with a smaller health unit that will have implications for the current SMDHU subsidizing the smaller health unit; and merging with a larger health unit will require that health unit to subsidize the current SMDHU. Any cost efficiencies that SMDHU is currently putting in place will need to be spent in order to bring together a new entity.

Currently, the geographic boundary of SMDHU covers 8,800 square kilometers of land area. According to the 2016 Census, 540,249 people, or 61 people per square kilometer, were living in the service area of the Simcoe Muskoka District Health Unit. This included 479,650 living in Simcoe County and 60,599 living in the District of Muskoka. The current geographic area for Simcoe Muskoka is large enough to remain as a distinct entity. This population size is consistent with evidence demonstrating the ideal population size to realize public health outcomes serves a population of about 500,000.

A large, stable and skilled workforce exists within SMDHU. There are currently 370 employees which allows for several disciplines to be working within the health unit and specific expertise to be drawn upon. Recruitment and retention of employees has not been a barrier to having a stable workforce. Employees have access to ongoing skill development.

Extensive work with key partners in the local community including municipalities, school boards, and community agencies regarding the delivery of our public health mandate reflects a key strategic priority.

A strong organizational culture exists and it has taken years to develop a new culture within the current organization that will be impacted if a new entity is created. SMDHU is recognized as a learning organization, supports evidence-informed decision making and ensures accountability and continuous quality improvement initiatives ongoing. There is a history of successful accreditation through the former Ontario Council of Community Health Accreditation (OCCHA) reflecting a strong policy foundation within the health unit.

Overall, across the province in Ontario, there may be smaller health units that may benefit from forming new entities to achieve the public health functions described in the Ontario Public Health Standards and impact positively on population health status. They may be experiencing challenges with recruitment, capacity, financial stability, and governance that can be alleviated by becoming a new public health entity. SMDHU is achieving its mandate very well in its current state.

We look forward to participating in the upcoming consultations. 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.

Thank you for considering our recommendations.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CS:cm

cc: Association of Local Public Health Agencies
Ontario Public Health Association
Boards of Health for York Region, Sudbury, North Bay, Parry Sound, Algoma, Porcupine, Timiskaming, and Renfrew
Municipal Councils of Simcoe Muskoka
Members of Parliament in Simcoe Muskoka
Members of Provincial Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

Public Health Modernization Discussion Paper
Member Feedback
Questions for Discussion by Theme

The questions that are posed in the Public Health Modernization Discussion Paper are reproduced below, sorted by theme. Please provide answers that you believe should be included in alPHa's written submission, which is intended to reflect the themes and priorities that are common to the local public health sector throughout the province.

Please note that this document is being provided only to capture responses to the Discussion Paper questions, which are preceded by important contextual information in the Discussion Paper itself. We ask that you carefully review the Paper prior to submitting your answers.

Feedback will be synthesized, condensed and edited for clarity and respondents will not be identified. Responding to these questions here is not meant to pre-empt any of our members' own responses to the survey. alPHa strongly encourages its members to submit separate responses to the discussion paper to ensure that unique local circumstances and priorities are captured.

Theme: Insufficient Capacity

What is currently working well in the public health sector?

What are some changes that could be considered to address the variability in capacity in the current public health sector?

What changes to the structure and organization of public health should be considered to address these challenges?

Theme: Misalignment of Health, Social, and Other Services

What has been successful in the current system to foster collaboration among public health, the health sector and social services?

How could a modernized public health system become more connected to the health care system or social services?

What are some examples of effective collaborations among public health, health services and social services?

Theme: Duplication of Effort

What functions of public health units should be local and why?

What population health assessments, data and analytics are helpful to drive local improvements?

What changes should the government consider to strengthen research capacity, knowledge exchange and shared priority setting for public health in the province?

What are public health functions, programs or services that could be strengthened if coordinated or provided at the provincial level? Or by Public Health Ontario?

Beyond what currently exists, are there other technology solutions that can help to improve public health programs and services and strengthen the public health system?

Theme: Inconsistent Priority Setting

What processes and structures are currently in place that promote shared priority setting across public health units?

What should the role of Public Health Ontario be in informing and coordinating provincial priorities?

What models of leadership and governance can promote consistent priority setting?

Theme: Indigenous and First Nation Communities

What has been successful in the current system to foster collaboration among public health and Indigenous communities and organizations?

Are there opportunities to strengthen Indigenous representation and decision- making within the public health sector?

Theme: Francophone Communities

What has been successful in the current system in considering the needs of Francophone populations in planning, delivery and evaluation of public health programs and services?

What improvements could be made to public health service delivery in French to Francophone communities?

Theme: Learning from Past Reports

What improvements to the structure and organization of public health should be considered to address these challenges?

What about the current public health system should be retained as the sector is modernized?

What else should be considered as the public health sector is modernized?

HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

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November 21, 2019

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

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

Dear Minister Hajdu/Minister Elliott:

The Haliburton, Kawartha, Pine Ridge District Health Unit would like to commend the Ontario Government on the decision to prohibit the promotion of vapour products in convenience stores and gas stations as of January 1, 2020. However, we believe that further steps are necessary to protect our youth and prevent the continued rise in vapour product use in youth and other vulnerable populations.

Vaping has been rapidly increasing in our youth, with a 74% increase in vaping among Canadian youth aged 16-19 reported from 2017 to 2018[1]. While vaping products have been regarded as safer than combustible tobacco cigarettes, recent reports of severe pulmonary illness associated with vaping in the United States and Canada have given rise to concerns about the use of vaping products, especially among youth. Most vaping products contain nicotine at varying levels. This is concerning as children and youth may become dependent on nicotine more rapidly than adults leading to addiction and physical dependence[2]. Research has demonstrated that youth are especially susceptible to the negative effects of nicotine, as it can alter their brain development and can affect memory and concentration.[2,3] There are thousands of flavours of e-liquids available, including candy and fruit flavoured varieties that are greatly appealing to youth, and there is a strong body of evidence to support that flavours attract youth to e-cigarette use where research concludes that flavour influences youth to try and buy e-cigarettes and the appeal of ads promoting flavours is linked to uptake of vaping by youth[4].

[1] Hammond, D., Reid, J.L., Rynard, V.L., Fong, G.T., Gummings, K.M., McNeill, A., & O'Conner, R. (2019). Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross-sectional surveys. BJM, 365, I2219.
[2] Health Canada. (2019-02-04). Vaping: Get the Facts. Retrieved November 2019 from: tobacco/vaping/risks.html?utm_source=google&utm_medium=cpc_en&utm_content=risks_2&utm_campaign=vapingprevention2019&utm_term=%2Bvape
[3] England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. American journal of preventive medicine, 49(2), pp.286-293.
[4] Vasiljevic M, Petrescu DC, Marteau TM. Impact of advertisements promoting candy-like flavoured e-cigarettes on appeal of tobacco smoking among children: an experimental study, Tobacco Control, 2016:25(e2):e107-e112.

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At its meeting held on November 21, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit approved a motion to write to you to request more stringent vaping regulations, similar to those regulating tobacco products, to address the rise in vapour product use in youth and other vulnerable populations.

These recommended regulations include:

- Require a ban on flavoured e-cigarettes to help prevent the further uptake of vaping by youth.
- Restrict the nicotine concentration in all vaping products.
- Require health and toxicity warnings on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Require standardized and tamper proof packaging on all vapour products.
- Require an age of 21 years for tobacco, vaping and cannabis sales.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance.
- Revise the Federal *Tobacco and Vaping Products Act* (TVPA) to ban display, promotion and advertising, mirroring the restrictions on tobacco in the TVPA.

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

Sincerely

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

Doug Elmslie, Chair, Board of Health

DE/lm

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