February 26, 2020 Board of Health Meeting

BOARD OF HEALTH MEETING

Algoma Community Room

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Meeting Book - February 26, 2020 Board of Health Meeting

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Public Health, regarding E-cigarette & Aerosolized Product Prevention and Cessation dated January 22, 2020.

e. Letter to the Minister of Health, Canada from the KFL&A (Kingston, Frontenac and Lennox & Addington) Board of Health regarding Monitoring of food insecurity and food affordability dated January 28, 2020. Page 46

f. Letter to the Minister of Transportation and the Minister of Health from Peterborough Public Health regarding Off Road Vehicles (ORV) and Bills 107 and 132 dated January 29, 2020. Page 48

g. Letter to the Ministers of Health from Public Health Sudbury & Districts, regarding a resolution supporting a universal publicly funded healthy school food program dated January 31, 2020. Page 51

9. **Items for Information**

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14. **Evaluation**

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Algoma PUBLIC HEALTH
Santé publique Algoma

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

BOARD MEMBERS
Lee Mason
Ed Pearce
Deborah Graystone
Dr. Patricia Avery
Louise Caicco Tett
Sally Hagman
Micheline Hatfield
Adrienne Kappes
Dr. Heather O'Brien
Brent Rankin
Karen Raybould
Matthew Scott

APH EXECUTIVE
Dr. Marlene Spruyt - Medical Officer of Health/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 February 26, 2020 be approved as presented.

3.0 Delegations / Presentations *L. Mason*

a. An educational session is agenda item 10.

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

RESOLUTION

THAT the Board of Health minutes dated January 22, 2020 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 - February 2020

RESOLUTION

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

b. Finance and Audit

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

RESOLUTION

ii. Financial Statements *E. Pearce*

RESOLUTION

THAT the Board of Health approves the unaudited Financial Statements for the period ending December 31, 2019 as presented.

iii. 2020 Insurance Coverage *E. Pearce*

RESOLUTION

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee for the renewal of the 2020 Insurance coverage for APH.

iv. IT Service Contract Briefing Note *E. Pearce*

RESOLUTION

THAT the Board of Health has reviewed and accepted the recommendation of the Finance and Audit Committee for approve a one-year SLA contract extension to the existing IT service provider under the same terms and conditions as the existing contract.

7.0 New Business/General Business *L. Mason*

8.0 Correspondence *L. Mason*

a. Media Advisory from Peterborough Public Health regarding **Position Paper on Modernizing Ontario's Public Health System** dated January 20, 2020.

b. Letter to the Minister of Health and Deputy Premier from Windor Essex County Board of Health regarding **Children Count Pilot Project** dated January 17, 2020.

c. Letter to the Minister of Health and Deputy Premier from Windor Essex County Board of Health regarding **Health Smiles Ontario Funding** dated January 17, 2020.

d. Letter to the Minister of Health from Peterborough Public Health, regarding **E-cigarette & Aerosolized Product Prevention and Cessation** dated January 22, 2020.

e. Letter to the Minister of Health, Canada from the KFL&A (Kingston, Frontenac and Lennox & Addington) Board of Health regarding **Monitoring of food insecurity and food affordability** dated January 28, 2020.

f. Letter to the Minister of Transportation and the Minister of Health from Peterborough Public Health regarding **Off Road Vehicles (ORV) and Bills 107 and 132** dated January 29, 2020.

g. Letter to the Ministers of Health from Public Health Sudbury & Districts, regarding a resolution supporting a **universal publicly funded healthy school food program** dated January 31, 2020.

9.0 Items for Information *L. Mason*

10.0 Addendum *L. Mason*

i. Educational Session

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*

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

Board of Health Meeting:
March 25, 2020 @ 5:00 pm
Algoma Community Room

Finance & Audit Committee Meeting
April 8, 2020 @ 4:00 pm
Algoma Community Room

14.0 Evaluation *L. Mason*

15.0 Adjournment *L. Mason*

RESOLUTION

THAT the Board of Health meeting adjourns.

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

PRESENT :

BOARD MEMBERS
Dr. Patricia Avery
Louise Caicco Tett
Deborah Graystone
Sally Hagman
Adrienne Kappes
Lee Mason
Dr. Heather O'Brien
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
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

T/C : Ed Pearce, Brent Rankin
REGRETS : Micheline Hatfield, Antoniette Tomie - Director of Human Resources

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1.0 Meeting Called to Order

a. Land Acknowledgment

2.0 Election of Officers

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

a. Appointment of Board of Health Chair

M. Spruyt called for nominations for the position of Board of Health Chair for 2020.

E. Pearce nominated L. Mason.

L. Mason accepted the nomination.

M. Spruyt called for any other nominations.

There being no further nominations, the nominations were closed.
L. Mason was acclaimed as Board Chair for the year 2020.

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

(1b.) Declaration of Conflict of Interest

There were no conflicts declared.

b. Appointment of Board of Health First Vice-Chair and Chair of the Finance and Audit Committee for the year 2020

L. Mason called for nominations for the position of First Vice-Chair and Chair of the Finance and Audit Committee.
E. Pearce self-nominated by email

L. Mason called for any other nominations.

There being no further nominations, the nominations were closed.
E. Pearce was acclaimed as First Vice-Chair and Chair of the Finance and Audit Committee for the year 2020.

c. Appointment of Board of Health Second Vice-Chair and Chair of the Governance Committee for the year 2020

L. Mason called for nominations for the position of Second Vice-Chair and Chair of the Governance Committee.
P. Avery nominated D. Graystone

D. Graystone accepted the nomination

L. Mason called for any other nominations.

There being no further nominations, the nominations were closed.
D. Graystone was acclaimed Second Vice-Chair and Chair of the Governance Committee for the year 2020.

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

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

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

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

RESOLUTION 2020-01

Moved: S. Hagman
Seconded: A. Kappes

THAT the Board of Health accept and approve the duly elected officers for Board Chair, First Vice-Chair and Second Vice-Chair as acclaimed.

CARRIED

3.0 Signing Authority

This resolution was modified so that the one other Board member, designated by resolution remains in place until another is approved and fully enabled with signing authority.

RESOLUTION 2020-02

Moved: P. Avery
Seconded: A. Kappes

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

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

SO BE IT RESOLVED that signing authority is provided to **Dr. Patricia Avery** as the one other Board member.

CARRIED

4.0 Adoption of Agenda

RESOLUTION 2020-03

Moved: A. Kappes
Seconded: K. Raybould

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

CARRIED

5.0 Delegations / Presentations

a. Contained in MOH / CEO Report

6.0 Business Arising from Minutes

Not applicable

7.0 Adoption of Minutes of Previous Meeting

RESOLUTION 2020-04

Moved: H. O'Brien

Seconded: A. Kappes

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

CARRIED

8.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

i. MOH Report - January 2020

ii. PHO Alcohol LRDG Infographic

iii. Municipal Alcohol Policies (MAPs) Resolution

M. Spruyt provided an overview of the Municipal Alcohol Policy (MAP) resolution. She explained the role of the Board of Health in recommending this action and that municipalities had independent authority to enact various aspect of of this type of policy.

RESOLUTION 2020-05

Moved: Heather O'Brien

Seconded: Louise Caicco-Tett

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

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

WHEREAS alcohol use is one of the leading risk factors for global disease burden;[1, 2]

WHEREAS Ontario's alcohol policy landscape has changed, and municipalities now have the authority to, among other items, permit alcohol consumption in designated public spaces (e.g. parks), extend hours for alcohol sales during events that require a Special Occasion Permit (SOP), not serve food during events on WHEREAS increased alcohol availability has led to increased consumption, contributing to increased population-level harms;[4, 5]

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

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

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

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

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

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

AND FURTHER THAT the Board of Health for APH strongly advise municipalities to continue to prohibit alcohol consumption in public spaces such as parks as per the current Liquor License Act, 2019.[9]

REFERENCES

1. Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability Toronto, Ontario: Queen's Printer for Ontario; 2018.
2. Liem S. Alcohol Policy Review: Opportunities for Ontario Municipalities. 2018.
3. Alcohol and Gaming Commission of Ontario. Liquor Reforms in Ontario: Frequently Asked Questions. May 2019 [December 30, 2019]; Available from: https://www.agco.ca/may-2019-liquor-reforms-ontario-frequently-asked-questions.
4. Myran DT CJ, Giesbrecht N, Rees VW. The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada. Addiction. 2019; 114:1183-91.
5. Shield KD PC, Rehm J. A "buck a beer," but at what cost to public health? Canadian Journal of Public Health. 2019; 110:512-5.
6. Algoma Public Health. Community Health Profile. Sault Ste. Marie, Ontario: Algoma Public Health; 2018.
7. Snapshots: Algoma Public Health: Health Inequities in Alcohol Attributable Hospitalizations 2016-17 [database on the Internet]. Ontario Agency for Health Protection and Promotion,. May 22, 2019 [cited December 30, 2019]. Available from: https://www.publichealthontario.ca/en/dataand-analysis/health-equity/alcohol-attributable-hospitalizations.
8. Giesbrecht N and Wettlaufer A for Ontario Agency for Health Protection and Promotion (Public Health Ontario). Municipal alcohol policies and public health: a primer. Toronto, Ontario: Queen's Printer for Ontario; 2016.
9. Dennis Doyle Kingston Frontenac and Lennox & Addington Public Health Board of Health Chair. RE: Municipal Alcohol Policies and Municipal Policy Options to Mitigate Alcohol Harms. In: Board of Health APH, editor. Kingston, Ontario October 18, 2019. p. 2.

CARRIED

M. Spruyt spoke about the ongoing Public Health Modernization and recent meetings attended. There is work underway to complete an official written submission from APH regarding the effect of transition on Northern Ontario Public Health operations. This report will be shared with the Board of Health when it is completed.

There were questions regarding availability of data reports regarding the monitoring of the opioid crisis for the Board. M. Spruyt explained that there is a four pillar approach to this ongoing work that APH supports. The complexity of the problem and interventions makes it difficult to develop meaningful data reports as long time frames are necessary to reflect the impact of various inteventions.

iv. Discussion of the role of Public Health in the Health System

M. Spruyt presented and clarified the role of the two components of the Health System. Health care is the component that cares for sick and injured and Public Health is the part that works upstream to build communities where it is easier to lead healthy lives.
The funding process for programs was explained and requirements under the HPPA and OPHS standards for those programs. We have the authority for the Public Health dollars and need to balance the priorities within the budget provided.

RESOLUTION 2020-06	**Moved:**	Patricia Avery
	Seconded:	A. Kappes

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

CARRIED

b. Finance and Audit

i. Financial Statements

J. Pino provided a summary of the financial statements for November 2019.

RESOLUTION 2020-07	**Moved:**	K. Raybould
	Seconded:	A. Kappes

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

CARRIED

9.0 New Business/General Business

10.0 Correspondence

L. Mason noted that as requested we will look for a more efficient way to deliver this correspondence to the Board. To have discussion on an item in the correspondence please send a note to the chair to add to the agenda.

a. Letter to the Minister of Health, Canada from the City of Hamilton regarding **Endorsement of Comprehensive Measures to Address the Rise of Vaping in Canada** dated November 27, 2019.

b. Letter to the Minister of Health from Peterborough Public Health regarding **Restrictions on Marketing of Vaping Products** dated November 29, 2019.

c. Letter to the Minister of Health from Leed, Grenville & Lanark District regarding **Vapour Product Use among Youth** dated December 2, 2019.

d. Letter to the Minister of Health from Sudbury Public Health regarding **E-Cigarette and Aerosolized Product Prevention and Cessation** dated December 3, 2019.

e. News Release from newsroom@ontario.ca regarding **Ontario Introduces 24 Ontario Health Teams Across the Province to Provide Better Connected Care** dated December 9, 2019.

f. Letter to the Minister of Natural Resources and Forestry from Wellington-Dufferin-Guelph Public Health regarding **Schedule 16 of Proposed Bill 132 Respecting the Aggregate Resources Act** dated December 9, 2019.

g. News Release from newsroom@ontario.ca regarding **Ontario Opening Cannabis Retail Market** dated December 12, 2019.

h. Letter to Community Partners from the Ministry of Children, Community and Social Services regarding **Ontario's Poverty Reduction Strategy** dated December 16, 2019.

i. Letter to the Minister of Health from alPHa regarding **Ministerial Mandate Letter** dated December 17, 2019.

j. Letter to Boards of Health from Huron Perth Public Health regarding **Merger of Huron and Perth Health Units** dated December 17, 2019.

k. Letter to the Minister of Health from Leeds, Grenville & Lanark District Health Unit regarding **National Universal Pharmacare Program** dated December 18, 2019.

l. Letter to the Minister of Health from Peterborough Public Health regarding **Request for Weekly Data Reports on Vaping Cases** dated January 2, 2020.

m. Letter to the Minister of Health, Canada and the Deputy Premier, Minister of Health, Ontario Long-Term Care from Porcupine Health Unit regarding **Display and Promotion of Vaping Products** dated January 9, 2020.

11.0 Items for Information

12.0 Addendum

M. Spruyt provided an overview of the material that was presented at Rural Ontario Municipal Association Conference (ROMA)

i. Challenges in Rural Health Care: Public Health and Emergency Health Services Modernization presented by the ministry

ii. The Modernization of Public Health in Ontario
A Position Paper: Recommendations from the Board of Health for Peterborouh Public Health

13.0 In-Camera - 6:21 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 2020-08	**Moved:** S. Hagman
	Seconded: L. Caicco Tett

THAT the Board of Health go in-camera.

14.0 Open Meeting - 7:08 pm

There are no resolutions resulting from the in-camera meeting.

15.0 Announcements / Next Committee Meetings:

Finance & Audit Committee Meeting
February 12, 2020 @ 4:00 pm
Algoma Community Room

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

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

16.0 Evaluation

L. Mason - Reminded Board members to complete the meeting evaluation.

17.0 Adjournment - 7:10 pm

RESOLUTION 2020-11	**Moved:**	M. Scott
	Seconded:	S. Hagman

THAT the Board of Health meeting adjourns.

Algoma
PUBLIC HEALTH
Santé publique Algoma

February 2020

Medical Officer of Health / CEO

Bon Soo Spirit at APH!
Staff show their community spirit by dressing for Bon Soo Red & White day.

Prepared by:
Dr. Marlene Spruyt and the Leadership Team

Presented to:
Algoma Public Health Board of Health
26/02/2020

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APH AT-A-GLANCE

What a lot can happen in a month. In January, Coronavirus was identified as an emerging issue that seemed a long distance away. However, with the arrival of the first confirmed case in Toronto, the province began to ramp up its Emergency Operations Centre (EOC) and support the healthcare and public health sector to prepare for the possibility of a pandemic in Ontario. Although at the time of writing, only 8 confirmed cases had been identified in the province, yet the amount of time that has been focused on readiness is not directly reflected by this case count. Every healthcare provider has been provided with standard operating protocols and must be prepared to deal with a potential "person under investigation" as the system is only as good as the weakest link. All 34 health units have had regular communication with the Ministry via the EOC to ensure common awareness of the status of the outbreak and to consistency of guideline implementation.

Public Health Modernization/Transformation:

Public Health Modernization consultation process continues across the province. However, due to the demands on the public health sector to shift considerable resources to focus on the Coronavirus threat, many consultation sessions have been postponed, and the deadline for written submissions has been extended to March 31, 2020.

Strategic Planning:

The final draft is being presented for review at this meeting. After your approval, we will work internally to identify team and/or program metrics that will assist us in determining our progress in specific strategic directions. Following internal engagements, we promote externally to engage the broader community, municipalities and partners.

Seniors Low Income Dental:

This program is still in the early implementation phase. We had arranged contracts with 2 dentists in the SSM area and now have finalized service delivery in the wawa area.

PARTNERSHIPS

Ontario Health Teams:

The Algoma Ontario Health Team (OHT) continues to wait for confirmation regarding its approval to proceed. The North Algoma and East Algoma tables have also submitted additional documentation to move their positions forward.

PROGRAM HIGHLIGHTS

Poverty in Our Backyard

From: Laurie Zeppa, Director of Health Promotion & Prevention

Public Health Goal:

Public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances.[1]

Health Equity Program Standard Requirements addressed in this report: [2]

Requirement 1. Assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies.

Requirement 2. Modify and orient public health interventions to decrease health inequities by:
- Engaging priority populations;
- Designing universal and targeted strategies to improve health.

Requirement 3. Engage in multi-sectoral collaboration, including:
- Engagement with Indigenous communities and organizations to foster and create meaningful relationships.

Requirement 4. Lead, support, and participate with other stakeholders in advancing healthy public policies that decrease health inequities.

Key Messages

- Poverty is a condition of inadequate income and is experienced in multiple dimensions, such as food insecurity, social exclusion, inadequate housing, lack of transportation, and other services.

- People experiencing poverty have poorer health outcomes than individuals in higher income groups.

- A greater proportion of Algoma residents are experiencing poverty, compared to Ontario.

- Algoma Public Health (APH) is involved in a number of evidence-based strategies to reduce poverty in Algoma, including the provision of foundational supports and tackling systemic disadvantage.

- APH will continue to work with partners to address the multiple dimensions of poverty, by aligning efforts with the Northern Ontario Health Equity Strategy.

What is Poverty?

Poverty is a condition of inadequate income, which is experienced in multiple dimensions, such as food insecurity, social exclusion, inadequate housing, and lack of transportation and other services.[3] A more formal definition of poverty is: "the experience of material and social deprivation that results from a lack of economic resources."[4]

Driven by low-income, those experiencing poverty have poor health outcomes (e.g. diabetes, poor mental health, addictions, lower life expectancy) and experience health inequities (e.g. inadequate housing, lack of transportation), especially in northern Ontario.[5] In fact, it is the complex interaction between the lack of several social determinants of health (SDOH)- such as access to health services, employment, and education and training, among others- that contributes to the prevalence of poverty in Northern Ontario.[5] Certain populations are at a greater risk for experiencing poverty, including low-income singles aged 45-64, lone parent families, Indigenous peoples, recent immigrants, and people with disabilities.[6]

Currently, 13.7 % of Ontarians and 16.1% of Algoma residents (representing approximately 18,500 people in the district of Algoma) live in low-income circumstances.[7] Those living in low-income are more likely to experience health disparities and fail to meet their full health and wellness potential.[8]

An Evidence-Based Approach to Poverty Reduction

Reducing poverty requires a comprehensive approach that is grounded in evidence, which includes the provision of a safety net for all (i.e. income security), foundational supports (i.e. access to housing, education and training, childcare and/or early child development, transportation, and health services and benefits), and tackling systemic disadvantage.[9] Addressing social and economic conditions by focusing on the SDOH (e.g. transportation and education) is an approach to poverty reduction that is aligned perfectly with, and fundamental to, the work of public health.[1]

Population Health Snapshot: The Burden of Poverty in Algoma

- Algoma's most deprived* residents experience over 3x the rate of potentially avoidable deaths,Δ compared to the least deprived.[10, 11]
- 25.5% of children under the age of 5 years in Algoma are living in low-income families, compared to 19.8% in Ontario.[7]
- 12.4% of people in Algoma are experiencing food insecurity, compared to 8.4% in Ontario.[7]
- Lone parent families make up 17.6 % of Algoma households.[12] Single parent families are consistently over-represented as living below the poverty line.[13]
- 40.2 % of Algoma adults have not completed a post-secondary certificate, diploma or degree compared to 34.9% of Ontarians. Employment opportunities and earning capacity are linked to educational attainment.[12] Education attainment is a foundational support for lifting people out of poverty.[9]

APH and Poverty Reduction

APH is involved in a number of strategies to address inequities in the SDOH throughout Algoma and, ultimately, reduce poverty. The following strategies seek to address the multiple dimensions of poverty:

- **Analyzing data and evidence-** food insecurity evidence review; Nutritious Food Basket (NFB) costing.
- **Raising awareness** through education about poverty with community agencies- leading the Bridges Out Of Poverty training.
- **Tackling systemic disadvantage** through the formation of the Indigenous Engagement workgroup, in partnership with Algoma University Shingwauk Residential Schools Centre.
- **Improving access to health services** for vulnerable groups, through the Healthy Smiles Ontario (HSO) Program and the Ontario Seniors Dental Care Program.

*Material deprivation is when individuals and communities are not able to access and attain basic material needs. Measuring material deprivation considers many factors, including income, quality of housing, education, and family structure.

ΔThe concept of potentially avoidable mortality is based on the knowledge that some deaths can be avoided by either preventing the onset of disease or by preventing or delaying death once a disease or condition has developed.

- **Continuing to partner** with groups such as the Sault Ste. Marie Poverty Round Table, the North Channel Poverty Network, the Neighbourhood Resource Centre, municipalities across the district, and the Best for Kids Municipal Committee.

    - The recently released Progress on Impact Report by the Sault Ste. Marie Poverty Round Table is an example of cross-sectoral action that seeks to address the multiple dimensions of poverty in Algoma.[14]

Next Steps

APH will continue to work with community partners to address the multiple dimensions of poverty, as described above. With the recent completion of the food insecurity evidence review, the internal workgroup will decide how to best use the findings and work with partners to address food insecurity in Algoma. Additionally, Bridges Out Of Poverty Training will continue to be offered throughout all communities in Algoma.

The Northern Ontario Health Equity Strategy outlines a plan for alleviating poverty that involves addressing foundational supports (i.e. housing) and tackling systematic disadvantage (i.e. addressing the Truth and Reconciliation's Calls to Action).[5] APH, with its partners, will continue to align programs and services with this Strategy.

Within the next month, APH will formally respond to the provincial Ministry of Children, Community and Social Services' consultation on developing a new Poverty Reduction Strategy for Ontario. In this submission, APH will share evidence-based approaches to poverty reduction that specifically align with northern, rural, and remote Ontario priorities (e.g. transportation).

References

1. Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability Toronto, Ontario: Queen's Printer for Ontario; 2018.
2. Ministry of Health and Long-Term Care. Health Equity Guideline, 2018. Toronto, Ontario: Queen's Printer for Ontario; 2018.
3. Government of Canada. Towards a Poverty Reduction Strategy: A Discussion Paper on Poverty in Canada. 2016.
4. Raphael D. Poverty in Canada: Implications for health and quality of life: Canadian Scholars' Press; 2011.
5. Health Quality Ontario. Northern Ontario Health Equity Strategy: A plan for achieving health equity in the North, by the North, for the North. 2018.
6. Government of Canada. Opportunity for All- Canada's First Poverty Reduction Strategy. 2018.
7. Algoma Public Health. Community Health Profile. Sault Ste. Marie, Ontario: Algoma Public Health; 2018.
8. Mikkonen J. R, D. Social Determinants of Health: The Canadian Facts. Toronto, Ontario: York University School of Health Policy and Management; 2010.
9. Loo J HB, Simon L for the Association of Local Public Health Agencies and the Ontario Public Health Association,. Response to the Canadian Poverty Reduction Strategy Consultation by the Association of Local Public Health Agencies and the Ontario Public Health Association. June 27, 2017.

10. Canadian Institute for Health Information (CIHI) and Statistics Canada. Health Indicators 2012. 2012.
11. Snapshots: Algoma Public Health: Health Inequities in Potentially Avoidable Mortality 2014-15 [database on the Internet]. Ontario Agency for Health Protection and Promotion. 2019 [cited October 29 2019]. Available from: https://www.publichealthontario.ca/en/data-and-analysis/health-equity/avoidable-mortality-health-inequities.
12. Statistics Canada. 2016 Census of Canada Statistics Canada: Canadian Community Health Survey [2015-2016]. 2016.
13. Richards J. Reducing Lone parent Poverty: A Canadian Success Story. 2010.
14. Sault Ste. Marie Poverty Round Table. Progress on Impact Report. 2020.

Vaping Update

"Can Dr. Spruyt comment on the state of vaping use, sales, in Algoma? We know smoking rates here are extremely high. Do we have vaping data? And what is our role here in Algoma? How do we support this statement? Is there a communication plan to the target audience to prevent starting to vape? To municipalities?"

Measures to address both smoking and vaping fall under APH's comprehensive approach to tobacco control.[1]

Vaping use

- APH has estimated vaping use data from a provincial student survey:
    - 13.3% of youth in grades 7-12 in northern Ontario report vaping (i.e. e-cigarette use), compared to 10.7% in Ontario.[2]

Vaping sales

- Currently, we are not aware of any publicly available sources of vaping sales data.

Vaping inspections

- APH's Environmental Assistants (EAs) conduct two types of inspections, compliance and access to minors, of e-cigarette vendors throughout Algoma.
- The number of vaping vendors in Algoma increased from 45 in 2018 up to 61 vendors in 2019,[1] all of which fall under EA inspection, as per the Smoke-Free Ontario Act.[3]

APH's role

APH conducts health promotion and prevention initiatives for smoking and vaping by:

- Working on policy with municipalities, housing units, workplaces, and academic institutions re: smoke-free/vaping bylaws and policies;

- Supporting four district wide youth-led committees in the development, implementation and evaluation of tobacco and vaping prevention initiatives that align with local priorities;

- Providing prevention (e.g. schools) and tobacco cessation services (e.g. health unit) in the community for vulnerable, marginalized groups;

- Strengthening community action via community networks, including partnerships with municipalities, committees, and youth-led initiatives that focus on tobacco and vaping prevention;

- Developing personal skills within schools by providing curriculum support regarding substance use prevention, which has more recently included providing information and awareness about vaping.

Current work

- APH is planning an evidence-informed mass media campaign for tobacco, which may incorporate vaping-related messages.

- APH continues to monitor the development of vaping-related materials from other jurisdictions in an effort to avoid duplication.

- Current focus remains on the burden of smoking in Algoma and ensuring that agency efforts remain grounded in the core functions of public health.

- While vaping is an emerging public health issue that receives a great deal of media attention, smoking remains APH's priority, as it is the most burdensome health problem affecting a large number of residents.

    - Algoma's smoking rate is almost twice as high as the province's (29.6% vs. 15.5%, respectively).[4] Furthermore, only 68% of Algoma youth aged 12-19 say they have never smoked a cigarette, compared to 86% in Ontario.[4]

References

1. Algoma Public Health. Comprehensive Tobacco Control Board of Health report. October 2019.
2. Boak A, Hamilton, H. A., Adlaf, E. M., & Mann, R. E. . Drug use among Ontario students, 1977-2017: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS) (CAMH Research Document Series No. 46). Toronto, Ontario: Centre for Addiction and Mental Health; 2017.
3. Smoke-Free Ontario Act, 2017, S.O. 2017, c. 26, Sched. 3, (2017).
4. Algoma Public Health. Community Health Profile. Sault Ste. Marie, Ontario: Algoma Public Health; 2018.

Algoma Public Health
(Unaudited) Financial Statements December 31, 2019

Algoma Public Health
Statement of Operations
December 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ YTD Budget 2019
Public Health Programs						
Revenue						
Municipal Levy - Public Health	$ 3,519,703	$ 3,519,690	$ 13	$ 3,519,690	0%	100%
Provincial Grants - Cost Shared Funding	7,523,200	7,523,200	-	7,523,200	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	3,405,823	3,405,822	1	3,405,822	0%	100%
Fees, other grants and recovery of expenditures	673,957	695,214	(21,257)	695,214	-3%	97%
Total Public Health Revenue	$ 15,122,683	$ 15,143,926	$ (21,243)	$ 15,143,926	0%	100%
Total Public Health Programs Expenditures	$ 14,786,651	$ 15,143,927	$ 357,276	$ 15,143,927	-2%	98%
Total Rev. over Exp. Public Health	$ 336,032	$ (1)	$ 336,033	$ (1)		
Healthy Babies Healthy Children						
Provincial Grants and Recoveries	$ 801,011	1,068,011	267,000	1,335,011	-25%	75%
Expenditures	793,791	1,068,558	(274,767)	1,335,011	-26%	74%
Excess of Rev. over Exp.	7,220	(547)	7,767	(0)		
Public Health Programs - Fiscal 19/20						
Provincial Grants and Recoveries	$ 111,384	111,381	(3)	148,500		
Expenditures	71,299	106,500	(35,201)	148,500		
Excess of Rev. over Fiscal Funded	40,085	4,881	35,204	-		
Community Health Programs (Non Public Health)						
Calendar Programs						
Revenue						
Provincial Grants - Community Health	$ -	$ -	$ -	$ -		
Municipal, Federal, and Other Funding	363,119	363,118	0	363,118	0%	100%
Total Community Health Revenue	$ 363,119	$ 363,118	$ 0	$ 363,118	0%	100%
Expenditures						
Child Benefits Ontario Works	24,500	24,500	-	24,500	0%	100%
Algoma CADAP programs	338,619	338,619	(0)	338,619	0%	100%
Total Calendar Community Health Programs	$ 363,119	$ 363,119	$ (0)	$ 363,119	0%	100%
Total Rev. over Exp. Calendar Community Health	$ (1)	$ (1)	$ 0	$ (1)		
Fiscal Programs						
Revenue						
Provincial Grants - Community Health	$ 4,341,021	$ 4,353,837	$ (12,816)	$ 5,870,253	0%	100%
Municipal, Federal, and Other Funding	220,052	190,559	29,493	253,547	15%	115%
Other Bill for Service Programs	40,998		40,998			
Total Community Health Revenue	$ 4,602,071	$ 4,544,396	$ 57,675	$ 6,123,800	1%	101%
Expenditures						
Brighter Futures for Children	76,539	85,835	9,296	114,447	-11%	89%
Infant Development	477,830	483,523	5,693	644,031	-1%	99%
Preschool Speech and Languages	454,636	461,192	6,556	640,256	-1%	99%
Nurse Practitioner	115,048	115,814	766	153,752	-1%	99%
Genetics Counseling	0	-	-	-	0%	0%
Community Mental Health	2,704,300	2,783,435	79,135	3,729,308	-3%	97%
Community Alcohol and Drug Assessment	530,487	553,054	22,568	737,406	-4%	96%
Stay on Your Feet	70,799	75,000	4,201	100,000	-6%	94%
Bill for Service Programs	28,086	-	(28,086)	-		
Misc Fiscal	124	3,450	3,326	4,600		
Total Fiscal Community Health Programs	$ 4,457,850	$ 4,561,305	$ 103,455	$ 6,123,800	-2%	98%
Total Rev. over Exp. Fiscal Community Health	$ 144,222	$ (16,909)	$ 161,131	$ (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 Twelve Monthes Ending December 31, 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Bgt. to Act. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ Annual Budget 2019	*Comparison Prior Year:* *YTD Actual 2018*	*YTD BGT 2018*	*Variance 2018*
Levies Sault Ste Marie	2,438,100	2,438,100	0	2,438,100	0%	100%	2,425,762	2,425,762	0
Levies Vector Bourne Disease and Safe Water	59,433	59,433	0	59,433	0%	100%	59,433	59,433	0
Levies District	1,022,170	1,022,157	13	1,022,157	0%	100%	1,016,985	1,016,984	1
Total Levies	**3,519,703**	**3,519,690**	**13**	**3,519,690**	**0%**	**100%**	**3,502,180**	**3,502,179**	**1**
MOH Public Health Funding	7,344,900	7,344,900	0	7,344,900	0%	100%	7,344,900	7,344,900	0
MOH Funding Vector Borne Disease	108,700	108,700	0	108,700	0%	100%	108,700	108,700	0
MOH Funding Small Drinking Water Systems	69,600	69,600	0	69,600	0%	100%	69,600	69,600	0
Total Public Health Cost Shared Funding	**7,523,200**	**7,523,200**	**0**	**7,523,200**	**0%**	**100%**	**7,523,200**	**7,523,200**	**0**
MOH Funding Needle Exchange	64,700	64,700	0	64,700	0%	100%	64,700	64,700	0
MOH Funding Haines Food Safety	24,600	24,600	0	24,600	0%	100%	24,600	24,600	0
MOH Funding Healthy Smiles	769,900	769,900	0	769,900	0%	100%	769,900	769,900	0
MOH Funding - Social Determinants of Health	180,500	180,500	0	180,500	0%	100%	180,500	180,500	0
MOH Funding - MOH / AMOH Top Up	155,563	155,563	0	155,563	0%	100%	126,019	126,450	(431)
MOH Funding Chief Nursing Officer	121,500	121,500	0	121,500	0%	100%	121,500	121,500	0
MOH Enhanced Funding Safe Water	15,500	15,500	0	15,500	0%	100%	15,500	15,500	0
MOH Funding Unorganized	530,400	530,400	0	530,400	0%	100%	530,400	530,400	0
MOH Funding Infection Control	312,400	312,400	0	312,400	0%	100%	312,400	312,400	0
MOH Funding Diabetes	150,000	150,000	0	150,000	0%	100%	150,000	150,000	0
MOH Funding Northern Ontario Fruits & Veg.	117,400	117,400	0	117,400	0%	100%	117,394	117,400	(6)
Funding Ontario Tobacco Strategy	433,600	433,600	0	433,600	0%	100%	433,600	433,600	0
MOH Funding Harm Reduction	150,000	150,000	0	150,000	0%	100%	150,000	150,000	0
MOH Senior Dental	379,760	379,760	0	379,760	0%	100%	0	0	0
One Time Funding	0	0	0	0		0%	0	0	0
Total Public Health 100% Prov. Funded	**3,405,823**	**3,405,823**	**0**	**3,405,823**	**0%**	**100%**	**2,996,513**	**2,996,950**	**(437)**
Recoveries from Programs	30,368	27,621	2,747	27,621	10%	110%	40,882	27,450	13,432
Program Fees	205,896	238,593	(32,698)	238,593	-14%	86%	216,446	237,764	(21,318)
Land Control Fees	157,920	160,000	(2,080)	160,000	-1%	99%	157,135	160,000	(2,865)
Program Fees Immunization	127,435	155,000	(27,565)	155,000	-18%	82%	98,347	185,000	(86,653)
HPV Vaccine Program	12,470	12,000	470	12,000	0%	104%	11,841	20,000	(8,159)
Influenza Program	25,335	25,000	335	25,000	0%	101%	24,345	25,000	(655)
Meningococcal C Program	7,548	8,000	(452)	8,000	0%	94%	7,582	10,000	(2,418)
Interest Revenue	46,834	32,000	14,834	32,000	46%	146%	38,162	14,000	24,162
Other Revenues	60,151	37,000	23,151	37,000	0%	163%	26,126	20,000	6,126
Total Fees, Other Grants and Recoveries	**673,957**	**695,214**	**(21,257)**	**695,214**	**-3%**	**97%**	**620,866**	**699,214**	**(78,348)**
Total Public Health Revenue Annual	**$ 15,122,683**	**$ 15,143,927**	**$ (21,244)**	**$ 15,143,927**	**0%**	**100%**	**$ 14,642,759**	**$ 14,721,543**	**$ (78,784)**

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 Twelve Monthes Ending December 31, 2019
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ Budget 2019	*Comparison Prior Year:* *YTD Actual 2018*	*YTD BGT 2018*	*Variance 2018*
Salaries & Wages	$ 8,838,252	$ 9,198,572	$ 360,320	$ 9,198,572	-4%	96%	$ 8,475,859	$ 8,953,731	$ 477,872
Benefits	2,148,254	2,206,386	58,132	2,206,386	-3%	97%	1,999,702	2,126,952	127,250
Travel	214,809	197,069	(17,740)	197,069	9%	109%	217,045	195,775	(21,270)
Program	624,709	655,833	31,124	655,833	-5%	95%	723,098	669,715	(53,383)
Office	84,585	103,544	18,959	103,544	-18%	82%	97,271	116,909	19,638
Computer Services	843,493	826,415	(17,078)	826,415	2%	102%	789,278	782,881	(6,397)
Telecommunications	260,081	274,770	14,689	274,770	-5%	95%	248,526	303,304	54,778
Program Promotion	40,135	72,930	32,795	72,930	-45%	55%	47,523	72,940	25,417
Professional Development	105,354	100,702	(4,652)	100,702	5%	105%	76,747	94,283	17,536
Facilities Expenses	865,229	879,456	14,227	879,456	-2%	98%	857,210	820,000	(37,210)
Fees & Insurance	238,689	242,080	3,391	242,080	-1%	99%	176,840	228,450	51,610
Debt Management	460,899	460,900	1	460,900	0%	100%	460,900	460,900	0
Recoveries	(109,670)	(74,730)	34,940	(74,730)	47%	147%	(103,968)	(104,297)	(329)
Boardroom Renovations	171,831		(171,831)						
	$ 14,786,651	$ 15,143,927	$ 357,277	$ 15,143,928	**-2%**	**98%**	$ 14,066,031	$ 14,721,543	$ 655,512

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

Notes to Financial Statements – December 2019

Reporting Period

The draft December 2019 financial reports include twelve-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 nine-month result from operations year ended March 31, 2020.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of December 31 2019, Public Health programs are reporting a $336k positive variance. $266k of the $336k positive variance is associated with the Seniors Dental Program and Healthy Smiles Program expenses being less than budgeted. Both of these programs are 100% provincially funded programs for 2019. Surplus dollars associated with these programs will be returned to the Ministry. For Public Health costs-shared programs, APH is reporting a $70k surplus.

Total Public Health Revenues are indicating a negative $21k variance. This is a result of Fees, Other Grants and Recoveries being less than budgeted.

There is a positive variance of $357k 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 nine-months into the fiscal year.

Brighter Futures for Children Program is indicating a positive $9k variance. This is a result of timing of expenses not yet incurred.

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are within budget.

The municipal levies are within budget.

Cost Shared Funding are within budget.

100% Provincially Funded Grants are within budget.

Fees, Other Grants & Recoveries are showing a negative variance of $21k. Program Fees is showing a negative $33k variance and Program Fees Immunization is reflecting a $28k negative variance. This is a result of actual revenues being less than anticipated. Management has adjusted the 2020 Operating Budget to reflect actual fees most recently received.

Notes Continued...

The negative variances associated with Fees, Other Grants & Recoveries is being somewhat offset with the positive $15k variance associated with Interest Revenue. This is a result of APH's strong liquidity position. Interest Revenue has been revised in the 2020 Operating Budget accordingly. Additionally, Other Revenues is indicating a positive $23k variance. This is a result of the agency's HST recovery being $17k higher than budgeted and APH generating $6k in additional revenue for serving as a polling station for the 2019 federal election at its 294 Willow Avenue location.

Public Health Expenses (see page 3)

Salary & Wages
The $360k 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. Relative to 2018, Salary & Wages expense has increased.

Travel
Travel expense is reflecting a negative $18k variance. This is a result of Public Health Inspectors (PHI) from the Sault office travelling to Wawa because of a previous PHI vacancy in Wawa. This Wawa PHI position has since been filled. Additionally, Program Managers have been travelling to the District offices more frequently because of District staff reporting directly to Program Managers. Finally, in 2019, the MOH, AMOH, and CFO travelled throughout the District making presentations to local municipalities with respect to the work public health performs, APH's budget, and the return-on-investment public health provides to communities.

Office
Office expense is indicating a positive $19k variance. Actual expenses are less than anticipated.

Program Promotion
Program Promotion expense is indicating a positive $33k variance. Actual expenses are less than anticipated.

Recoveries
Recoveries are showing a positive $35k variance. This is a result of the additional recoveries received compared to what was originally budgeted because of the introduction of the Ontario Seniors Dental program.

Boardroom Renovations
Boardroom Renovations are indicating a negative $172k variance. This is a result of the boardroom renovations not being budgeted at the time the 2019 Operating Budget was approved by the Board of Health.

Notes Continued...

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of December 31 2019. Cash includes $1.14M in short-term investments as a result of the Board of Health's decision to contribute $300k into reserves at the November 27 2019 Board of Health meeting.

Long-term debt of $4.78 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. $279k of the loan relates to the financing of the Elliot Lake office renovations with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no material accounts receivable collection concerns.

Note: *The Ransomware insurance claim has not been fully resolved as of the date of this report. Actual costs and anticipated costs are reflected in the draft December 2019 statements.*

Algoma Public Health

Statement of Financial Position

(Unaudited)

Date: As of December 2019	**December 2019**	December 2018
Assets		
Current		
Cash & Investments	**$ 3,443,891**	$ 3,095,904
Accounts Receivable	**434,004**	513,364
Receivable from Municipalities	**74,976**	75,726
Receivable from Province of Ontario		
Subtotal Current Assets	**3,952,871**	3,684,994
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	**1,548,686**	1,345,384
Payable to Gov't of Ont/Municipalities	**109,464**	344,305
Deferred Revenue	**294,352**	428,341
Employee Future Benefit Obligations	**2,811,714**	2,811,714
Term Loan	**5,199,815**	5,199,815
Subtotal Current Liabilities	**9,964,031**	10,129,560
Net Debt	**(6,011,160)**	(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	**14,039,090**	13,605,684

Algoma PUBLIC HEALTH Santé publique Algoma

Briefing Note

www.algomapublichealth.com

To: Algoma Public Health Finance and Audit Committee

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

Date: February 26, 2020

Re: 2020 Insurance Renewal

☐ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

Algoma Public Health's (APH) insurance policy is set to expire March 14 2020. As such, APH's Management is in the process of completing the agency's annual renewal of its insurance coverage. The terms of reference of APH's Finance & Audit Committee state that one of the duties of the Finance and Audit Committee is to "review and ensure that all risk management is complete with respect to all insurance coverage for the board".

RECOMMENDED ACTION:

1) That the Finance and Audit Commit recommend to the Board of Health approval of the renewal of the 2020 Insurance coverage for APH.

BACKGROUND:

APH received the 2020 Health Unit Insurance Program documents on Wednesday February 12 2020. Cyber Insurance Program documents were received separately on February 19 2020.

The following changes are noted in the 2020 renewal policy:

Cyber Policy

- Retention (deductible) has increased to $12,500 from $5,000.

Property Policy

- Building values have been increased in order to reflect inflationary trends.

Non-Owned Automobile Policy and Rented Vehicles

- Coverage is automatic for short-term rentals (less than 30 days).

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

FINANCIAL IMPLICATIONS:

For 2020 renewal period, the APH's insurance program costs (excluding Cyber Insurance) is $107,550. Cyber Insurance cost is $18,750.

APH's total insurance costs for 2020 would be $126,300 ($107,550 + $18,750).

In 2019, the financial commitment to insure APH was $106,577 (including Cyber Insurance, which costs $12,000). 2020 total insurance cost will increase by 19% relative to 2019 costs.

Reason for the cost increase as noted by APH's insurance broker include:

- The insurance market in Canada as a whole has changed based on strict underwriting practices, catastrophic society losses (that include flooding, water damage claims, and windstorm/tornadoes), falling investment returns, tough regulatory environment, and Re-insurer's rate increases.

- Insurers review the number of claims and payout values of claims over the years. APH has had a number of claims and payouts. Since 2012, APH has submitted over $1,000,000 in claims including APH's most recent claim of $298,500 associated with its Cyber insurance program.

APH's board approved 2020 Operating and Capital budget included $115,000 for insurance costs.

Management believes the noted rate increases can be managed within APH's 2020 operating budget.

APH's insurance broker is recommending APH explore alternative insurance markets specific to Cyber coverage to determine if current coverages and pricing is appropriate.

CONTACT:

J. Pino, Chief Financial Officer/Director of Operations

Algoma PUBLIC HEALTH Santé publique Algoma

Briefing Note

www.algomapublichealth.com

To: Algoma Public Health Board of Health

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

Date: February 12, 2020

Re: Information Technology Services Outsourcing Contract

☐ For Information ☐ For Discussion ☒ For a Decision

ISSUE:

Algoma Public Health (APH) outsources its information technology (IT) services. The current Service Level Agreement (SLA) with the service provider is set to expire April 1, 2020. As per APH's Procurement Policy 02-04-030, a formal Request for Proposal (Tender) is required given the dollar amount of the contract.

In June 2018, the Board of Health decided to extend the original contract with the current service provider. At that time, APH was exploring shared services opportunities with other health units within the Northeast. The rationale for choosing to extend the current service level agreement as opposed to committing to a long-term contract for IT services was to determine if there were opportunities that existed for the Northeast health units with respect to IT service delivery. The Board of Health was anticipating that more information would potentially be available to make a more informed decision as to how to approach IT services for the health unit. Since that time, there has been extensive dialogue regarding changes within the public health sector. Most notably, the announcement by the Government of Ontario to modernize public health within the province with the possibility of merging many of the health units. There is uncertainty at this time regarding the future of APH operating as an autonomous board of health in the future.

OPTIONS FOR CONSIDERATION:

As the current IT SLA is set to expire April 1, 2020, the Board of Health has two (2) practical options at this time to consider.

1. Extend Current SLA for a period of time (ex. One-year extension)
2. Issue a Formal Request for Proposal (RFP) and Enter into a Long-Term Contract with a prospective vendor

Option #1: Extend Current SLA for a period of time (ex. One-year extension)

Pros:

- Allows APH to continue with current IT services offering providing an element of stability during a period of change
- Board of Health has already approved budget for 2020 which included current IT contract pricing
- Provides flexibility to the Board of Health with respect to future IT service delivery in light of potential system changes as APH would not be committed to any long-term agreement
- Current service provider is agreeable to a one-year extension option if approved by the Board of Health

Cons:

- There is no guarantee that one year from today there will be greater certainty surrounding system changes.
- Does not provide for exploration of improved pricing and service delivery options

Option #2: Issue RFP and enter into a Long-Term Service Level Agreement for IT Services with a prospective vendor

Pros:

- Provides IT service stability for the future
- Opportunity to explore pricing and offerings for IT service delivery

Cons:

- Committing to long-term contract may affect APH's ability to make changes to IT service delivery in light of potential system changes, and/or mergers.
- There will be a transition period if a vendor other than the current IT service provider is the successful proponent of the RFP, which may reduce APH's productivity. This reduced productivity would occur in conjunction with managing potential system changes affecting APH.

RECOMMENDED ACTION:

That the Finance and Audit Committee of the Board recommend to the Board of Health that APH approve a one-year SLA contract extension to the existing IT service provider under the same terms and conditions as the existing contract.

FINANCIAL IMPLICATIONS:

Within the 2020 Public Health Operating Budget, the Board of Health has approved $787,400 related to Computer Services, which includes IT support and related software expenses. Approximately $676,000 of that amount relates to APH's SLA agreement with

its current served provider. The extension of the SLA for one year will not result in any budgetary impact for 2020.

CONTACT:
J. Pino, Chief Financial Officer/Director of Operations

Peterborough Public Health
Serving the residents of **Curve Lake** and **Hiawatha First Nations**, and the **County** and **City of Peterborough**

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MEDIA ADVISORY

R E V I S E D – New Start Time

Please note this overrides the original advisory issued January 16.

FOR IMMEDIATE RELEASE
Monday, January 20, 2020

Peterborough Public Health to Release Position Paper on Modernizing Ontario's Public Health System

Press Conference on Tuesday, January 21 at 12:15 p.m.
in Downtown Toronto

Media are invited to attend a press conference where Peterborough Public Health will release its position paper in response to the Ministry of Health's Consultations on Modernizing Public Health. This document will reflect the current challenges faced by rural municipalities and First Nations partners and propose a series of principles to the Ministry of Health to guide the transformation of the public health system in Ontario.

When: Tuesday, January 21, 2020 at 12:15 p.m.

Where: Peel Room, Mezzanine Level, Sheraton Centre Hotel
123 Queen St. E., Toronto

The Mezzanine Level is located one floor above the Lobby level. Attendees can use the escalator from the lobby.

What: This event will feature a brief panel discussion of three speakers, chaired by Andy Mitchell, Chair, Board of Health for Peterborough Public Health and Mayor, Selwyn Township with opportunities for media to ask questions of all participants.

For further information, please contact:
Brittany Cadence
Communications Manager
705-743-1000, ext. 391

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

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Leamington 33 Princess Street, Leamington, ON N8H 5C5

January 17, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On January 16, 2020, the Windsor-Essex County Board of Health passed the following Resolution regarding the **Children Count Pilot Project. WECHU's resolution as outlined below recognizes that the Children Count Pilot Study Project, Healthy Living Module, is a feasible approach to fulfil local, regional and provincial population health data gaps for children and youth:**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT – Children Count Pilot Project

January 16, 2020

ISSUE

The behaviours initiated in youth create a foundation for health through the life course (Toronto Public Health, 2015). Supporting student achievement and improving overall quality of life for children and youth is a priority shared across multiple sectors, including health and education. Both the Ministry of Health and the Ministry of Education have identified the importance of this stage of development through the Ontario Public Health Standards (OPHS) and the Ontario Curriculum (2019), and the interrelationship between health, well-being and educational outcomes. Collecting, analyzing and reporting data at the local level is essential for the planning, delivery and evaluation of effective and efficient services that meet the unique needs of students and ensure the responsible public stewardship of the resources allocated to these services (Windsor-Essex, 2017). The lack of a coordinated provincial system for the assessment and monitoring of child and youth health that meets local needs has been the focus of many reports, including the 2017 Annual Report of the Ontario Auditor General. The Auditor General's report identified that children are a public health priority population and that epidemiological data on children are not readily available to public health units for planning and measuring effective programming (Office of the Auditor General of Ontario, 2017).

In the initial report, Children Count: Assessing Child and Youth Surveillance Gaps for Ontario Public Health Units (Populations Health Assessment LDCP Team, 2017), public health units and school boards identified a need for local data related to mental health, physical activity and healthy eating for school-aged children and youth. In 2017, the Children Count Locally Driven Collaborative Projects (LDCP) Team convened a Task Force of leaders in education, public health, research, government and non-governmental organizations to explore solutions and make recommendations for improving assessment and monitoring of child and youth health. The Task Force recommendations have been endorsed by many organizations including the Council of Directors of Education (CODE) and Council of Medical Officers of Health (COMOH). In their report, the Children Count Task Force (Children Count Task Force, 2019) recommended building on existing infrastructure by using the Ministry of Education's mandated school climate survey (SCS). The SCS provides population level data for children and youth grades 4 to 12 and represents a significant opportunity to understand local health needs of students.

BACKGROUND

In follow up to this previous work, the Children Count LDCP Team, with a renewal grant from Public Health Ontario (PHO), embarked upon The Children Count Pilot Study Project. The Children Count Pilot Study began in December 2017 with the goal to explore the feasibility of coordinated monitoring and assessment of child and youth health, utilizing the SCS, to address local health data gaps. This provincial project included six school board and public health unit pairings who developed and piloted a Healthy Living Module (HLM) as part of the school board's SCS. The HLM covered the topics previously prioritized of mental health, healthy eating, and physical activity.

The objectives of the Pilot Study were:

1. To work collaboratively to develop a HLM for the SCS;

2. To pilot test and evaluate the applicability and feasibility of the partnership between public health units and school boards in coordinated monitoring and assessment utilizing the SCS; and

3. To develop a toolkit for implementation of coordinated monitoring and assessment for health service planning using the SCS for child and youth health in Ontario.

Using a Participatory Action Research (PAR) model, the steering committee (comprised of school board and public health leadership), worked together to build the HLM. The HLM was successfully integrated into the SCS led by participating school boards. Collaboratively school boards and local public health units analyzed and interpreted the results for knowledge sharing and planning.

The HLM enriched each school boards' SCS and identified areas for further work to support student health and well-being. The process of piloting the HLM with multiple and diverse school boards using different methods demonstrated that the overall process of coordinating a HLM into the SCS is feasible and adaptable to suit local needs while still enabling consistency in data across regions. The Children Count Pilot Project captured the process and lessons learned in their final report (December 2019) as well as developed the *Children Count Pilot Study Project: Healthy Living Module Toolkit* as a guide for school boards and health units across the province.

PROPOSED MOTION

Whereas, boards of health are required under the Ontario Public Health Standards (OPHS) to collect and analyze health data for children and youth to monitor trends over time, and

Whereas, boards of health require local population health data for planning evidence-informed, culturally and locally appropriate health services and programs, and

Whereas, addressing child and youth health and well-being is a priority across multiple sectors, including education and health, and

Whereas, Ontario lacks a single coordinated system for the monitoring and assessment of child and youth health and well-being, and

Whereas, there is insufficient data on child and youth health and well-being at the local, regional and provincial level, and

Whereas, the Children Count Pilot Study Project, Healthy Living Module is a feasible approach to fulfill local, regional and provincial population health data gaps for children and youth, and

Now therefore be it resolved that the Windsor-Essex County Board of Health receives and endorses the Healthy Living Module, and

FURTHER THAT, the Windsor-Essex County Board of Health encourage the Ministry of Health and the Ministry of Education to adopt the Healthy Living Module as part of the Ontario Public Health Standards and the Ontario School Climate Survey.

References

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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. Stephen Lecce, Minister of Education
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies – Loretta Ryan
Association of Municipalities of Ontario
Greater Essex County District School Board – Erin Kelly
Windsor Essex Catholic District School Board – Terry Lyons
CSC Providence (French Catholic) – Joseph Picard
Conseil Scolaire Viamonde (French Public) – Martin Bertrand
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, Dave Epp

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..\..\2020 BOARD MEETINGS\01-JANUARY 16-20\RESOLUTION\Children Count Pilot Study Toolkit ENG 2019.pdf

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January 17, 2020

The Honorable Christine Elliott
Minister of Health and Deputy Premier
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On December 18, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Healthy Smiles Ontario Funding. WECHU's resolution as outlined below recognizes the growing need, and increase in dental decay, among vulnerable children in Windsor-Essex and existing barriers to access to care. The WECHU recommends that HSO retain its current funding and structure as 100% funded, merging it with the Ontario Seniors Dental Care Program to be a comprehensive dental care program for vulnerable children and seniors in Ontario:**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT – Healthy Smiles Ontario Funding

December 19, 2019

ISSUE

Healthy Smiles Ontario (HSO) is a publically funded dental care program for children and youth 17 years old and under from low-income households. The Ministry of Health introduced HSO in 2010 as a 100% provincially funded mandatory program for local health units, providing $1,529,700 in funding for children in Windsor-Essex (2019). HSO covers regular visits to a licensed dental provider within the community or through public health units.

In April 2019, the provincial government introduced its 2019 Budget Protecting What Matters Most (Minister of Finance, 2019). Following the release of the provincial budget, the Ministry of Health introduced changes to the funding models for health units effective January 2020. The changes in funding for local health units include a change from a 25% municipal share, 75% provincial cost-shared budget for mandatory programs to 30% and 70% respectively. In addition, the Ministry notified health units that formerly 100% provincially funded mandatory programs such as HSO would now share these costs with municipalities at the rate of 30%, a download of approximately $458,910.00 to local municipalities.

BACKGROUND

Oral health is vital to our general health and overall well-being at every stage of life. Most oral health conditions are largely preventable and share common risk factors with other chronic diseases, as well as the social determinants of health, such as income, employment and education, whereby those in the lowest income categories have the poorest oral health outcomes. Approximately 26% of children (0-5 yrs) and 22.6% of children and youth (0-17yrs) in Windsor-

Essex County live in low-income households, compared to 19.8% and 18.4% in Ontario (Windsor-Essex County Health Unit, 2019). Tooth decay is one of the most prevalent and preventable chronic disease, particularly among children. In Windsor-Essex from 2011 to 2016, the number of children screened in school with decay and/or urgent dental needs increased by 51%. Tooth decay is also the leading cause of day surgeries for children ages one to five. The rate of day surgeries in Windsor-Essex in 2016 was 300.6/100K compared to 104.0/100K for Ontario, representing a significant cost and burden to the healthcare system (WECHU Oral Health Report, 2018). For children, untreated oral health issues can lead to trouble eating and sleeping, affect healthy growth and development, speech and contribute to school absenteeism.

In 2016, the MOHLTC integrated six publicly funding dental programs into one 100% funded program, providing a simplified enrolment process and making it easier for eligible children to get the care they need. The HSO program was part of Ontario's Poverty Reduction Strategy commitment to build community capacity to deliver oral health prevention and treatment services to children and youth from low-income families in Ontario. Windsor-Essex Health Unit operates two dental clinics, one in Windsor and one clinic in Leamington. The WECHU provides preventative and restorative services with a team of registered dental hygienists, general dentists and a pediatric dentist. There is about a six-month wait list for services in our current clinics. The number of preventative oral health services provided through the WECHU dental clinics has increased year over year from 1,931 in 2011 to 7,973 in 2017 (WECHU Oral Health Report, 2018).

Community dentists are not required to take patients under the Healthy Smiles Ontario program which can create barriers to accessing services. Changes to the funding model for HSO will not affect the services provided by local dentists and is only applied to local health units. Mixed model funding for public health units and private fee-for-service dental providers, poses a risk to the delivery of the HSO program in Ontario. Based on the data and analysis in the 2018 Oral Health report, the Windsor-Essex County Health Unit proposed recommendations to improve the oral health status in Windsor-Essex including: Improve access to oral health services within Windsor-Essex and advocate for improved funding for oral health services and expansion of public dental programs such as Healthy Smiles Ontario to priority populations. Given the growing urgent need and increase in dental decay among vulnerable children in Windsor-Essex and recognizing the existing barriers to access to care, the WECHU recommends that HSO retain its current funding and structure as 100% funded, merging it with the Ontario Seniors Dental Care Program to be a comprehensive dental care program for vulnerable children and seniors in Ontario.

PROPOSED MOTION

Whereas the WECHU operates a dental clinic in Leamington and Windsor for HSO eligible children with wait times for services exceeding 6 months, and

Whereas one in four children under five years (26.0%), one in five children under 17 years (22.6%), and one in ten seniors (11.4%) in Windsor and Essex County live in poverty, and

Whereas inadequate access and cost remain barriers to dental care for Windsor and Essex County residents, 23.7% report that they lack dental insurance that covered all or part of the cost of seeing a dental professional, and

Whereas indicators show an overall trend of declining oral health status among children in Windsor and Essex County compared to Ontario, and

Whereas the rate of oral health day surgeries for children in Windsor and Essex County (300.6/100K) far exceeds that of Ontario (100.4/100K), and

Whereas there is an increased difficulty in obtaining operating room time for dental procedures in Windsor-Essex with wait times exceeding 1 year for children in need of treatment, and

Whereas there is a chronic underfunding of the Healthy Smiles Ontario program creating barriers to accessing services among local dentists, and

Now therefore be it resolved that the Windsor-Essex County Board of Health recognizes the critical importance of oral health for vulnerable children and youth, and

FURTHER THAT, urges the Ministry of Health to reconsider its decision to download 30% of the funding of the Healthy Smiles Ontario Program to local municipalities, and

FURTHER THAT this resolution be shared with the Ontario Minister of Health, the Chief Medical Officer of Health, the Association of Municipalities of Ontario, local MPP's, the Association of Public Health Agencies, Ontario Boards of Health, the Essex County Dental Society, the Ontario Association of Public Health Dentistry, the Ontario Dental Association and local municipalities and stakeholders .

References:

Windsor-Essex County Health Unit. (2019). Community Needs Assessment 2019 Update. Windsor, Ontario
Windsor-Essex County Health Unit. (2018). Oral Health Report, 2018 Update. Windsor, Ontario

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. Patty Hadju, Minister of Health
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies – Loretta Ryan
Association of Municipalities of Ontario
Essex County Dental Society
Ontario Association of Public Health Dentistry
Ontario Dental Association
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
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Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis, Dave Epp

Peterborough Public Health

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January 22, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Sent via e-mail: ***Christine.elliott@pc.ola.org***

Dear Minister Elliott:

At its meeting on December 11, 2019, the Board of Health for Peterborough Public Health received correspondence from Public Health Sudbury & Districts (enclosed) regarding e-cigarette and aerosolized product prevention and cessation.

Foremost, we wish to congratulate the Ministry for the recently announced changes to the *Smoke-Free Ontario Act* that, effective January 2020, ban the promotion of e-cigarettes/vapour products in corner stores and gas stations. The Board of Health for Peterborough Public Health also urges **the adoption of an expert-informed comprehensive tobacco and e-cigarette strategy to address flavoured e-juice, online sales to minors, treatment program of youth cessation and public education.**

The previous Smoke-Free Ontario Strategy, released in May 2018, provided an updated framework for tobacco control, guiding direction across the province on tobacco prevention, cessation, protection and enforcement. Considering the increase in use of vapour products and the ongoing prevalence of tobacco use impacting the lives of Ontarians, it is a critical in this time of public health modernization for the Ministry of Health to develop a new comprehensive tobacco and e-cigarette strategy.

A greater proportion of the Peterborough population 12 years and older are currently smoking (2013/2014) compared to both the province and the Peer Group, at 27.0%, 17.3%, and 20.6% respectively.[1] These rates have the potential to increase with 24.1% of Peterborough area students in grades 9 to 12 trying electronic cigarettes.[2] Further to this, Professor David Hammond of the University of Waterloo, found that among Ontario youth 16-19 years old, vaping increased by a stunning 74% from 2017 to 2018, from 8.4% to 14.6%.[3]

The recent rise in youth addiction to vaping products seen in local secondary schools and requests for prevention supports in elementary schools, speak to the current situation and the need for a coordinated and comprehensive tobacco and e-cigarette strategy to improve the health of Ontarians and stay on course for achieving the lowest smoking prevalence rates in Canada.

We look forward to working with the Ministry and local partners to develop and implement a comprehensive tobacco and e-cigarette strategy that will ultimately protect the health of all Ontarians.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Ontario, Ontario Chief Medical Officer of Health
Local MPPs
Hon. Doug Downey, Attorney General of Ontario
France Gélinas, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

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[1] Peterborough County-City Health Unit (2016). Tobacco Use in Peterborough: Priorities for Action Peterborough, ON: Beecroft, K., Kurc, AR.

[2] During the 2014/2015 school year, the Peterborough County City Health Unit (PCCHU) collected data on 1,358 students at six (out of nine) different secondary schools across Peterborough with support from the Propel Centre for Population Health Impact at the University of Waterloo. This represents approximately 15% of the population 15 through 19 according to Statistics Canada's 2011 Census. Source: University of Waterloo. Canadian Student Tobacco, Alcohol, and Drugs Survey. Available: https://uwaterloo.ca/canadian-student-tobacco-alcohol-drugs-survey/about

[3] Hammond, D., Reid, J., Rynard, V., Fong, G., Cummings, K.M., McNeill, A., Hitchman, S., Thrasher, J., Goneiwicz, M., Bansal-Travers, M., O'Connor, R., Levy, D., Borland, R., White, C. (2019) Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys. *British Medical Journal* 365:l2219.

KFL&A Public Health

January 28, 2020

VIA: Electronic Mail (Patty.Hajdu@parl.gc.ca)

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

Dear Minister Hajdu:

RE: Monitoring of food insecurity and food affordability

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health passed the following motion at its January 22, 2020 meeting:

THAT the KFL&A Board of Health recommend that the Federal Government

- **commit to annual local measurement of food insecurity in all the provinces and territories by making the Household Food Security Survey Module a core module in the Canadian Community Health Survey, and**
- **update the foods included in the National Nutritious Food Basket to reflect recommendations in the 2019 Canada's Food Guide and develop a national food costing protocol.**

FURTHER THAT a copy of this letter be forwarded to:

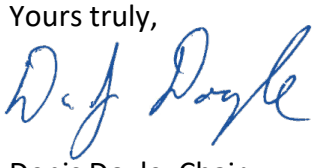
1) **Honourable Christine Elliott, Minister of Health, Ontario**
2) **Honourable Navdeep Bains, Minister of Innovation, Science and Industry**
3) **Mark Gerretsen, MP Kingston and the Islands**
4) **Scott Reid, MP Lanark-Frontenac Kingston**
5) **Derek Sloan, MP Hastings-Lennox and Addington**
6) **Ian Arthur, MPP Kingston and the Islands**
7) **Randy Hillier, MPP Lanark-Frontenac-Kingston**
8) **Daryl Kramp, MPP Hastings-Lennox and Addington**
9) **Loretta Ryan, Association of Local Public Health Agencies**
10) **Ontario Boards of Health**
11) **Mary Ellen Prange, The Ontario Dietitians in Public Health**
12) **Kim Loupos, The Ontario Dietitians in Public Health**

Monitoring food insecurity and food affordability supports KFL&A Public Health in assessing trends over time, identifying community needs and priority populations, supporting and promoting access to safe and healthy food, and informing healthy public policy. Requiring the Household Food Security Survey Module as mandatory rather than optional for provinces and territories would facilitate effective and consistent food affordability surveillance and monitoring.

KFL&A Public Health completes the Ontario Nutritious Food Basket survey tool annually to monitor the cost of healthy food in KFL&A. The National Nutritious Food Basket which serves as the basis for the Ontario Nutritious Food Basket survey tool was last updated using the 2007 Canada's Food Guide. KFL&A Public Health recommends that the Federal Government take leadership in developing a national protocol that would accompany the National Nutritious Food Basket to ensure consistency in monitoring food costing across Canada.

The consistent, systematic and relevant measurement of food insecurity is foundational for measuring and surveilling food insecurity in Canada.

Yours truly,



Denis Doyle, Chair
KFL&A Board of Health

Copy to: Hon. C. Elliott, Minister of Health, Ontario
Hon. N. Bains, Minister of Innovation, Science and Industry
M. Gerretsen, MP Kingston and the Islands
S. Reid, MP Lanark-Frontenac Kingston
D. Sloan, MP Hastings-Lennox and Addington
I. Arthur, MPP Kingston and the Islands
R. Hillier, MPP Lanark-Frontenac-Kingston
D. Kramp, MPP Hastings-Lennox and Addington
L. Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
M. E. Prange, The Ontario Dietitians in Public Health
Kim Loupos, The Ontario Dietitians in Public Health

Peterborough Public Health

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January 29, 2020

The Honourable Caroline Mulroney
Minister of Transportation
Sent via e-mail: minister.mto@ontario.ca

The Honourable Christine Elliott
Minister of Health
Sent via e-mail: christine.elliott@ontario.ca

Dear Honourable Ministers,

Re: Off Road Vehicles (ORV) and Bills 107 and 132

Peterborough Public Health (PPH) is mandated by the Ontario Public Health Standards and the Health Promotion and Protection Act to deliver public health programs and services that promote and protect the health of Peterborough City and County residents.[1] One of our stated goals is to reduce the burden of preventable injuries, where road safety is an important factor. Given the Provincial Government's recent passing of Bills 107 and 132, we anticipate changes to Ontario Regulation 316/03 are being drafted and wish to express several concerns and propose recommendations to consider. For the purpose of this letter, the term ORV is inclusive of all-terrain vehicles (ATVs), side-by-side ATVs, utility-terrain vehicles, and off-road motorcycles (i.e., dirt bikes), and does not include snowmobiles.

The popularity of ORVs has greatly increased over the last 30 years and with increased use, ORV-related injuries and deaths have also risen.[2,3] In Canada in 2010 there were 435 ORV users seriously injured and 103 ORV-related fatalities. This compares to 149 seriously injured users in 1995 and 45 fatalities in 1990.[2] These statistics are based on police reported data and medical examiner files. Hospital records are another source of data where Emergency Department (ED) visits, hospitalizations, and deaths may be identified to be caused by an ORV injury. In Ontario in 2015 to 2016, there were over 11,000 ORV-related ED visits and over 1,000 ORV-related hospitalizations.[4] There have been between 29 and 52 fatalities each year relating to ORV or snowmobile use from 2005 to 2012.[4] The most affected demographic group has been males aged 16-25.[2,4] Rollovers, falling off the vehicle, and ejection are the most commonly cited mechanisms for ORV injury.[4] The most common cause of death is due to head and neck injuries.[4]

ORV-related incidents are classified according to whether they occur on roadways ("traffic") or off-roadways ("non-traffic"). Research indicates that there are higher rates of fatalities and serious injuries for ORV riders on roadways compared to off-roadways.[5,6,7] Riding on roadways increases the risk of collisions with other motor vehicles.[5,8,9] Also, design characteristics of certain classes of ORVs make them unsafe on roadways.[5,10,11] Indeed, across the border in 2007 it was found that 65% of ATV rider deaths occurred on roads. There was also a greater increase in on-road than off-road deaths between 1998 and 2007, which coincided with more states increasing legal ATV access to roads in some way.[11]

Some of the associated risk factors related to ORVs used in Ontario include alcohol and drug use, riding at night, lack of helmet use, and excessive speed.[4,12] It has been found that the majority of ORV-related ED visits occur on the weekend (Friday to Sunday), and almost all are related to recreational use of ORVs.[4]

With these factors in mind, in revision of O. Reg 316/03, we recommend the following in PART III:

- Equipment requirements:
    - Maintain current* contents of section, ensuring content is up-to-date and is applicable to all classes of ORVs that will be permitted on roads.
- Operation requirements:
    - Maintain current* contents of section and requirements. Specifically:
        - Requiring the driver to hold a valid driver's licence, with restrictions on number of passengers at night for novice young drivers;
        - Requiring all riders to wear an approved helmet; and
        - Setting maximum speed limits of 20 kilometres per hour, if the roads speed limit is not greater than 50 kilometres per hour, and 50 kilometres per hour, if the roads speed limit is greater than 50 kilometres per hour.
    - Under "Driver's licence conditions", include the condition that the blood alcohol concentration level of young or novice drivers be zero, as per the Highway Traffic Act (2019).

Finally, we encourage the Ministry of Transportation and the Ministry of Health to establish an effective communication strategy to educate all road users about forthcoming changes to ORV road-use laws, as well as to communicate the risks of riding ORVs on roads.

In summary, ORV-related accidents continue to be a significant cause of injury, with on roadway accidents resulting in higher proportions of severe injury (hospitalization) and fatalities than off roadway accidents. We appreciate your consideration of the safety implications of on-road ORV use as you revise O. Reg. 316/03.

If you have any questions or would like additional information about our comments, please contact Deanna Leahy, Health Promoter, at 705-743-1000 ext. 354, dleahy@peterboroughpublichealth.ca.

Sincerely,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

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

**"current" refers to O. Reg. 316/03: Operation of off-road vehicles on highways, dated January 1, 2018*

References

1. Ontario Ministry of Health and Long-term Care. (2018). *Ontario Public Health Standard: Requirements for Programs, Services, and Accountability*. Toronto, ON: Author.
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Public Health
Santé publique
SUDBURY & DISTRICTS

January 31, 2020

VIA ELECTRONIC MAIL

The Honourable Patti Hajdu
Minister of Health
Government of Canada
Tunney's Pasture
Ottawa, ON K1A0K9

The Honourable Christine Elliott
Minister of Health
Government of Ontario
Toronto, ON M7A 2J3

Dear Ministers:

Re: Fully Funded Universal Healthy School Food Program

At its meeting on January 16, 2020, the Board of Health for Public Health Sudbury & Districts carried the following resolution #02-20:

> *WHEREAS a universal publicly funded healthy school food program in Canada enables all students to have the opportunity to eat healthy meals at school every day, and no child is left out due to their family's ability to pay, fundraise, or volunteer with the program; and*
>
> *WHEREAS only 19% of Sudbury & District youth (ages 12-19) reported meeting the recommended intake of fruit and vegetables, an indicator of nutrition status and a risk factor for the development of nutrition-related chronic diseases;*
>
> *THEREFORE BE IT RESOLVED THAT That the Board of Health for Public Health Sudbury & Districts support resolutions by Federation of Canadian Municipalities, and Boards of Health for Grey Bruce Health Unit, Toronto Public Health, Peterborough Public Health and Windsor-Essex County Health Unit for a universal publicly funded healthy school food program.*

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FURTHER THAT the Board calls on federal and provincial Ministers of Health to work in consultation with all provinces, territories, Indigenous leadership, and other interest groups to collaboratively develop a universal publicly funded school food program that is aligned with Canada's Dietary Guidelines.

In Ontario, the school or student nutrition program aims to support students' learning and healthy development through additional nourishment. The current model of the school nutrition programming includes contributions from the province, community groups, organizations, grants, food donations, and fundraising efforts. The patchwork funding model threatens the quantity and quality of food served to children. The lack of sustainable funding also impacts the availability of infrastructure and human resources to effectively run the program.

A publicly fully-funded universal school food program model can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success. This proposed universal program model with leadership by Canada and Ontario's Ministers of Health would enable all students to have the equal opportunity to eat healthy meals at school every day, and that no child is left out due to their family's ability to pay, fundraise, or volunteer with the program.

Further, this motion is in support of Senator Art Eggleton's motion (#358, 2015) that urges an adequately funded national cost-shared universal nutrition program. Given the impact of nutrition related chronic diseases, we trust you will advance this work quickly and so that no child is left out.

Sincerely,

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

cc: Paul Lefebvre, Member of Parliament for Sudbury
Marc Serré, Member of Parliament for Nickel Belt
Carol Hughes, Member of Parliament for Algoma-Manitoulin-Kapuskasing
Hon. Todd Smith, Ontario Minister of Children, Communities, and Social Services
Association of Local Public Health Agencies
Federation of Canadian Municipalities
Ontario Boards of Health