



Board of Health

Thursday, April 18, 2019

1:30 p.m.

Public Health Sudbury & Districts Boardroom

1300 Paris Street

Mandatory BFI and Emergency Preparedness training for all Board of Health members

is scheduled for: Thursday, April 18, 2019 from 12:45 p.m. until 1:15 p.m.,
Boardroom

AGENDA – SECOND MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, APRIL 18, 2019 – 1:30 P.M.

*Mandatory BFI and
Emergency Preparedness
training* for all Board of
Health members is
scheduled for:
Thursday, April 18, 2019
12:45 until 1:15 p.m.
Boardroom, PHSD

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) **[Public Mental Health](#)**
 - Shana Calixte, Manager, Mental Health and Addictions, Health Promotion Division
- 5. CONSENT AGENDA**
 - i) **Minutes of Previous Meeting**
 - a. First Meeting – February 19, 2019
 - ii) **Business Arising From Minutes**
 - iii) **Report of Standing Committees**
 - iv) **Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, April 2019
 - v) **Correspondence**
 - a. Provincial Oral Health Program for Low Income Adults and Seniors
 - Letter from the Board of Health, Haliburton, Kawartha, Pine Ridge District Health Unit, to the Premier of Ontario dated February 14, 2019
 - Letter from the Board of Health, Peterborough Public Health, to the Premier of Ontario dated February 27, 2019
 - Letter from the Board of Health, Perth District Health Unit, to the Premier of Ontario dated March 20, 2019
 - Letter from the Board of Health, Windsor Essex County Health Unit, to the Premier of Ontario dated March 5, 2019
 - Letter from Renfrew County and District Health Unit Board of Health to the Premier of Ontario dated March 4, 2019, supporting the Board of Health for Public Health Sudbury & Districts’ Motion 42-18

- b. Support for a Regional Level III Residential Withdrawal Management Services Facility in Sault Ste. Marie
 - Letter from Algoma Public Health to the Minister of Health and Long-Term Care dated March 4, 2019
 - Letter from Public Health Sudbury & Districts to the Minister of Health and Long-Term Care dated March 29, 2019
- c. alPHA’s Public Health Resource Paper: Improving and Maintaining the Health of the People
 - Letter from alPHA to the Premier’s Council on Improving Healthcare and Ending Hallway Medicine dated February 12, 2019
 - Letter of Support from the Simcoe Muskoka District Health Unit Board of Health to the Minister of Health and Long-Term Care dated March 20, 2019
- d. Advocacy to Increase Actions re Opioid Crisis
 - Motion from Toronto Public Health Re: Expanding Opioid Substitution Treatment dated February 12, 2019
 - Letter from the Board of Health and CEO, Windsor-Essex County Health Unit, to the Premier of Ontario dated March 5, 2019
- e. Provincial Legislation for Cannabis and the amended Smoke-Free Ontario Act, 2017
 - Letter from the Board of Health and CEO/CNO, Windsor-Essex County Health Unit, to the Ministry of the Attorney General dated February 11, 2019
 - Letter from Renfrew County and District Health Unit to Minister of Health and Long-Term Care dated March 4, 2019
 - Letter from the Board of Health, Perth District Health Unit, to the Premier of Ontario dated April 2, 2019
- f. Health Care System Transformation
 - Letter from the Chief Medical Officer of Health dated March 6, 2019
- g. Ontario’s Basic Income
 - Letter from the Board of Health and CEO/CNO, Windsor-Essex County Health Unit, to the Premier of Ontario and the Minister of Children, Community and Social Services dated February 11, 2019
- h. Funding for the Healthy Babies, Healthy Children (HBHC) Program
 - Letter from the Board of Health and CEO/CNO, Windsor-Essex County Health Unit, to the Minister of Children, Community and Social Services dated February 11, 2019
 - Letter from the Board of Health, Peterborough Public Health, to the Minister of Children, Community and Social Services dated April 3, 2019
- i. Child Visual Health and Vision Screening
 - Letter from the Board of Health, Southwestern Public Health to the Minister of Health and Long-Term Care dated April 3, 2019

- j. Public and Environmental Health Implications of Bill 66, Restoring Ontario’s Competitiveness Act, 2018
 - Letter from the Board of Health, Simcoe Muskoka District Health Unit, to the Premier of Ontario dated February 20, 2019
- k. Health Canada Proposals: Vaping Products Advertising
 - Letter from alPHa to Health Canada dated March 7, 2019
- l. Food Literacy in Ontario Curricula
 - Letter from Windsor-Essex County Board of Health and CEO/CNO to the Minister of Health, Canada dated February 11, 2019
- m. Restricting Food and Beverage Marketing to Children
 - Letter from the Board Chair, Public Health Sudbury & Districts to all Ontario Senators dated April 10, 2019
- n. Nutritious Food Basket
 - Letter from the Medical Officer of Health and the Board of Health, North Bay Parry Sound District Health Unit, to the Premier of Ontario, Deputy Premier and Minister of Health and Long-Term Care, and the Minister of Children, Community and Social Services dated February 27, 2019
 - Letter from the Board of Health, Peterborough Public Health, to the Minister of Children, Community and Social Services and the Deputy Premier and Minister of Health and Long-Term Care dated April 3, 2019
- vi) **Items of Information**
 - a. 2017 Chief Medical Officer of Health Report, *Connected Communities healthier together*, Executive Summary 2017 Annual Report
 - b. alPHa Information Break February 19, 2019
 - c. alPHa Update to Board of Health Members March 26, 2019
 - d. PHSD Workplace Health Newsletter March 1, 2019
 - Spring / Summer 2019

APPROVAL OF CONSENT AGENDA

MOTION:

THAT the Board of Health approve the consent agenda as distributed.

6. NEW BUSINESS

- i) **Provincial Budget 2019**
- ii) **Support for Undetectable = Untransmittable (U=U) Anti-Stigma Campaign**
 - Resolution from the Council of Ontario Medical Officers of Health (COMOH) dated February 21, 2019

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board Chair dated April 11, 2019

UNDETECTABLE = UNTRANSMITTABLE (U=U) ANTI-STIGMA CAMPAIGN

MOTION:

WHEREAS the U=U campaign has been endorsed by public health leaders, notably the Chief Public Health Officer of Canada, the Provincial and Territorial Chief Medical Officers of Health, and most recently the Council of Ontario Medical Officers of Health; and

WHEREAS the Board of Health, by officially endorsing the U=U campaign, transmits a strong anti-stigma message to Sudbury and districts communities and contributes to sexual health promotion;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts endorse the U=U campaign message that an undetectable HIV viral load poses effectively no risk of HIV transmission within a comprehensive public health approach to sexual health; and

FURTHER THAT community and public health partners be so advised.

- iii) **2018 – 2022 Accountability Monitoring Plan**
 - 2018 Annual Accountability Monitoring Report
- iv) **alPHa Conferences**
 - a. 2019 Winter Symposium Proceedings – February 2019
 - Boards of Health Section Meeting
 - Verbal Report from Board Member, Randy Hazlett
 - Council of Ontario Medical Officers of Health (COMOH) Section Meeting
 - b. Annual General Meeting (AGM) and Conference – June 2019

2019 ALPHA AGM/CONFERENCE

MOTION:

WHEREAS Public Health Sudbury & Districts has a modest travel budget to cover remuneration, registration, travel, meals, and accommodation as per the Board Manual Policy and Procedure I-I-10, permitting Board members to attend official Board of Health functions; and

WHEREAS the Public Health Sudbury & Districts is allocated four votes at the alPHa Annual General Meeting;

THEREFORE, BE IT RESOLVED THAT in addition to the Medical Officer of Health and the Associate Medical Officer of Health, the following two Board of Health members attend the 2019 alPHa Annual General Meeting as voting delegates for the Board of Health:

- 2019 alPHa Fitness Challenge Board of Health
- Call for alPHa Board of Health Nominations

NOMINATION TO THE ALPHA BOARD OF DIRECTORS FOR THE NORTH EAST REGION

MOTION:

WHEREAS there is currently a vacancy for a North East representative on the alPHa Board of Directors for a one-year term;

THAT the Board of Health for Public Health Sudbury & Districts supports the nomination of René Lapierre, Board Chair, as a candidate for election to the alPHa Board of Directors and for the Boards of Health Section Executive Committee seat from the North East region.

7. ADDENDUM

ADDENDUM

MOTION:

THAT this Board of Health deals with the items on the Addendum.

8. ANNOUNCEMENTS / ENQUIRIES

Please remember to complete the April Board of Health meeting evaluation in BoardEffect following the Board meeting

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

UNAPPROVED MINUTES – FIRST MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
TUESDAY, FEBRUARY 19, 2019 – 1:30 P.M.

BOARD MEMBERS PRESENT

Janet Bradley	Bill Leduc	Mark Signoretti
Randy Hazlett	Glenda Massicotte	Nicole Sykes
Jeffery Huska	Paul Myre	Carolyn Thain
Robert Kirwan	Ken Noland	
René Lapierre	Rita Pilon	

BOARD MEMBERS REGRETS

James Crispo

STAFF MEMBERS PRESENT

Sandra Laclé	France Quirion	Dr. Ariella Zbar
Stacey Laforest	Dr. Penny Sutcliffe	Jamie Lamothe
Rachel Quesnel	Renée St. Onge	

RACHEL QUESNEL PRESIDING

1. CALL TO ORDER

- Resolution from Corporation of the Municipality of French River Re: Sudbury East Municipal Association (SEMA) Appointment of Randy Hazlett dated December 19, 2018
- Letter from the Laclache Foothills Municipal Association Re: Appointment of Glenda Massicotte dated January 10, 2019
- Email from the Manitoulin Municipal Association (MMA) Re: Re-Appointment of Ken Noland dated January 10, 2019
- Resolution from the City of Greater Sudbury Council Re: Council Appointments of Councillors Mark Signoretti, Robert Kirwan, René Lapierre, and Bill Leduc dated January 29, 2019
- Resolution from the City of Greater Sudbury Nominating Committee Re: Municipal Appointment of Jeffery Huska, Carolyn Thain, and Paul Myre dated February 5, 2019
- Email from the Township of Chapleau Re: Appointment of Rita Pilon dated January 24, 2019

The meeting was called to order at 1:30 p.m. New and returning Board members were welcomed. Formal introductions took place at the Board of Health orientation session this morning.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. ELECTION OF OFFICERS

Following a call for nominations for the position of Chair of the Board, René Lapierre was nominated. There being no further nominations, the nomination for the Board of Health Chair for Public Health Sudbury & Districts for 2019 was closed.

René Lapierre accepted his nomination and the following was announced:

THAT the Board of Health appoints René Lapierre as Chair of the Board for the year 2019.

RENÉ LAPIERRE PRESIDING

APPOINTMENT OF VICE-CHAIR OF THE BOARD

Following a call for nominations for the position of Vice-Chair of the Board, Jeff Huska was nominated. There being no further nominations, the nomination for Vice-Chair for the Board of Health for 2019 was closed. Jeff Huska accepted his nomination and the following was announced:

THAT the Board of Health appoints Jeff Huska as Vice-Chair of the Board for the year 2019.

APPOINTMENTS TO THE BOARD EXECUTIVE COMMITTEE

Following a call for nominations for three positions of Board Member at Large to the Board Executive Committee, Randy Hazlett, Nicole Sykes, James Crispo, Ken Noland and Paul Myre were nominated.

There being no further nominations, the nominations for the Board Executive Committee for the year 2019 was closed. Paul Myre declined his nomination. The four other nominees accepted their nominations and a ballot vote was conducted. The Chair announced:

THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2019:

- 1. Nicole Sykes, Board Member at Large***
- 2. Ken Noland, Board Member at Large***
- 3. James Crispo, Board Member at Large***
- 4. René Lapierre, Chair***
- 5. Jeffery Huska, Vice-Chair***
- 6. Medical Officer of Health/Chief Executive Officer***
- 7. Director, Corporate Services***
- 8. Secretary Board of Health (ex-officio)***

APPOINTMENTS TO THE FINANCE STANDING COMMITTEE OF THE BOARD

Following a call for nominations for three positions of Board Member at Large to the Finance Standing Committee of the Board, Mark Signoretti, Carolyn Thain, Robert Kirwan, and Paul Myre were nominated.

There being no further nominations, the nominations for the Finance Standing Committee of the Board of Health for the year 2019 was closed. Paul Myre and Robert Kirwan declined their nominations. C. Thain and M. Signoretti accepted their nominations. The nominations were re-opened as three Board members at large are required. Randy Hazlett was nominated and accepted. The Chair announced:

THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2019:

- 1. Carolyn Thain, Board Member at Large***
- 2. Randy Hazlett, Board Member at Large***
- 3. Mark Signoretti, Board Member at Large***
- 4. René Lapierre, Board Chair***
- 5. Medical Officer of Health/Chief Executive Officer***
- 6. Director, Corporate Services***
- 7. Secretary Board of Health***

5. DELEGATION/PRESENTATION

i) 2018 Year-In Review

- Dr. Ariella Zbar, Associate Medical Officer of Health and Director, Clinical Services Division
- Stacey Laforest, Director, Environmental Health Division
- Sandra Laclé, Director, Health Promotion Division
- Renée St Onge, Director, Knowledge and Strategic Services Division

Dr. Sutcliffe shared that annually, program directors present divisional statistical updates of activities from the preceding year. The presentation showcases the scope, breadth, and volume of divisional work and complements the annual statistical report included in this month's Medical Officer of Health and Chief Executive Officer report.

The directors were introduced and individually presented high-level updates of divisional program activities undertaken in 2018. Questions and comments were entertained. The directors were thanked for the annual snapshot of public health work from the preceding year.

6. CONSENT AGENDA

- i) Minutes of Previous Board of Health Meeting**
 - a. Eighth Meeting – November 22, 2018
- ii) Business Arising From Minutes**
- iii) Report of Standing Committees**
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Statistical Report, February 2019
- v) Correspondence**
 - a. Cannabis Retail Model
 - Letter from the Kingston, Frontenac and Lennox & Addington Board of Health to the Attorney General and Minister of Francophone Affairs dated December 5, 2018
 - Letter from Southwestern Public Health CEO and Medical Officer of Health to the Executive Director, Ministry of the Attorney General dated January 10, 2019
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Executive Director, Ministry of the Attorney General Legalization of Cannabis Secretariat dated January 18, 2019
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Attorney General and Minister of Francophone Affairs dated January 22, 2019
 - b. Provincial Legislation for Cannabis and the amended Smoke-Free Ontario Act, 2017
 - Letter from the Peterborough Board of Health Chair to the Minister of the Attorney General dated November 18, 2018
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Minister of the Attorney General dated January 22, 2019
 - c. Healthy Babies Healthy Children (HBHC) Program Funding
 - Letter from the Thunder Bay District Health Unit Board of Health Chair to the Minister of Children, Community and Social Services dated November 21, 2018

- d. Ontario Basic Income Pilot Project
 - Letter from the Thunder Bay District Health Unit Board of Health Chair to the Premier of Ontario and the Minister of Children, Community and Social Services dated November 21, 2018
- e. Nutritious Food Basket
 - Letter from the Wellington-Dufferin-Guelph Public Health Board of Health Chair to the Minister of Children, Community and Social Services/Minister Responsible for Women’s Issues dated November 27, 2018
- f. The Truth and Reconciliation Commission of Canada Calls to Action
 - Letter from the Middlesex-London Health Unit Medical Officer of Health to Public Health Colleagues and Community Partners dated November 16, 2018
- g. A Population Health Perspective on Bill 47, Making Ontario Open for Business Act, 2018
 - Letter from the Board of Health Chair for the Timiskaming Health Unit to the Minister of Economic Development, Job Creation and Trade and the Minister of Labour dated December 5, 2018
- h. Provincial Oral Health Program for Low Income Adults and Seniors
 - Letter from the Simcoe Muskoka Board of Health Chair to the Premier of Ontario dated February 6, 2019
 - Board of Health for Public Health Sudbury & Districts’ Motion 42-18*
 - Letter from the Premier of Ontario to Dr. Sutcliffe dated December 12, 2018
 - Letter and Resolution from the Municipality of Killarney to Dr. Sutcliffe dated January 10, 2019
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Premier of Ontario dated January 22, 2019
- i. C.P. Shah Alumni Award of Excellence in Public Health – Dr. Sutcliffe
 - Letter from the Northwestern Health Unit Medical Officer of Health and Board of Health Chair to Dr. Sutcliffe dated November 20, 2018
 - Letter from the Association of Local Public Health Agencies (alPHa) to Dr. Sutcliffe dated November 23, 2018
- j. Bill 66, Restoring Ontario’s Competitiveness Act, 2018
 - Letter from the Association of Local Public Health Agencies President to the Minister of Economic Development, Job Creation and Trade dated January 16, 2019
- k. Sustainable Public Health System and Funding
 - Letter from the Public Health Sudbury & Districts Board of Health Chair to the Minister of Health and Long-Term Care dated December 21, 2018
- l. Advocacy to Increase Actions re Opioid Crisis
 - Letter from the Peterborough Public Health Board of Health Chair to the Premier of Ontario dated January 7, 2019

- Letter from the Grey Bruce Health Unit Medical Officer of Health to the Minister of Health and Long-Term Care dated January 18, 2019
- m. alPHa AGM Notice and Call for Resolutions – June 2019
 - Notice of the 2019 alPHa Annual General Meeting; Call for 2019 alPHa Resolutions; Call for 2019 alPHa Distinguished Service awards; and Call for Board of Health Nominations to the alPHa Board of Directors
- n. Vapour Products Display and Promotion
 - Letter from the Grey Bruce Health Unit Medical Officer of Health to the Minister of Health and Long-Term Care dated January 18, 2019
- o. Congratulations Re: Public Health Anniversaries
 - Letter to Peterborough Public Health Medical Officer of Health and Board Chair from Public Health Sudbury & Districts Medical Officer of Health dated February 5, 2019
 - Letter to the Algoma Public Health Board of Health Chair from Public Health Sudbury & Districts Board Chair dated December 7, 2018
- vi) **Items of Information**
 - a. alPHa’s Public Health Resource Paper: *Improving and Maintaining the Health of the People*
 - b. alPHa Information Break December 17, 2018
January 25, 2019
 - c. Health Canada News Release re New Approach for Canada’s Food Guide January 22, 2019
 - d. 2018 Nutritious Food Basket Scenarios
 - e. Public Health Sudbury & Districts *2018 Highlights*

01-19 APPROVAL OF CONSENT AGENDA

MOVED BY LEDUC – HAZLETT: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

7. NEW BUSINESS

i) Board Survey Results from Regular Board of Health Meeting Evaluations

- Board of Health Meeting Evaluations Summary – 2018

Dr. Sutcliffe explained that the annual roll-up of individual Board of Health meeting evaluations for 2018 is tabled for information and discussion as the Board sees relevant. The Board Chair noted that, in addition to the Board of Health meeting-specific self-evaluation process to ensure continuous quality improvement, a self-evaluation is also completed annually regarding the Board’s governance practices and outcomes. There were no questions or comments.

ii) Board of Health, Public Health Sudbury & Districts Meeting Attendance

- Board of Health Meeting Attendance Summary – 2018

A summary of Board of Health member attendance at regular Board of Health meetings is tabled annually for information. Comments were entertained. Discrepancies in the table will be reviewed and corrected as necessary.

iii) Corporate Name Registration

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated February 12, 2019

We have been notified that our Corporation name was inadvertently registered incorrectly as “*Sudbury and District Health Unit*” at the time of obtaining an Ontario Corporation number.

The proposed resolution endorses the Special Resolution instructing our solicitors to take all required steps to rectify the corporation name from “*Sudbury and District Health Unit*” to “*Board of Health for the Sudbury and District Health Unit*”. It was noted that, if carried, every Board member will be asked to sign a *Special Resolution of the Members of Sudbury and District Health Unit (the Corporation)* form.

02-19 CORPORATE NAME REGISTRATION

MOVED BY LEDUC – HAZLETT: WHEREAS the name of the Corporation was inadvertently coined to be “Sudbury and District Health Unit” at the time of obtaining an Ontario Corporation number for the Corporation.

AND WHEREAS, in order to rectify this error, Supplementary Letters Patent are to be filed with the Ministry of Government Services confirming the correct name of the Corporation to be “Board of Health for the Sudbury and District Health Unit”.

BE IT RESOLVED, AS A SPECIAL RESOLUTION, THAT:

- 1. The name of the Corporation, as registered for business names purposes, be changed from “Sudbury and District Health Unit” to “Board of Health for the Sudbury and District Health Unit”.***
- 2. Any two of the directors or officers of the Corporation are authorized and directed for and on behalf of the Corporation to execute and deliver Supplementary Letters Patent, in duplicate, and to do and perform all acts and things, including the execution of documents, necessary or desirable to give effect to the foregoing resolutions.***

CARRIED

8. ADDENDUM

None.

9. IN CAMERA

03-10 IN CAMERA

MOVED BY NOLAND – MYRE: THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time 2:26 p.m.

CARRIED

10. RISE AND REPORT

04-19 RISE AND REPORT

MOVED BY KIRWAN – MYRE: THAT this Board of Health rises and reports. Time: 2:42 p.m.

CARRIED

It was reported that one agenda item relating to a personal matter was discussed and the following motion emanated:

05-19 APPROVAL OF MEETING NOTES

MOVED BY MYRE – KIRWAN: THAT this Board of Health approve the meeting notes of the November 22, 2018, Board in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

11. ANNOUNCEMENTS / ENQUIRIES

Board of Health members are invited to attend a three-hour Bridges out of Poverty workshop offered by our agency on Friday, April 12, from 9 a.m. until 12 p.m. in the Ramsey Room at 1300 Paris Street. RSVP to the Board Secretary by Friday, March 22, 2019.

Board of Health members are also invited to attend a lecture and discussion with Dr. Evelyn Forget, keynote speaker for this year's Jennifer Keck Lecture Series on Social Justice at Laurentian University on March 8, 2019 from 11:30 a.m. to 1:30 p.m. The session is being co-hosted by Public Health Sudbury & Districts, the Laurentian University School of Social Work, and the Partners to End Poverty Steering Committee. Please RSVP to the Board Secretary by February 25, 2019.

There is no regular Board of Health meeting in March. The date of next regular Board of Health meeting is Thursday, April 18, 2019, at 1:30 p.m.

12. ADJOURNMENT

06-19 ADJOURNMENT

MOVED BY NOLAND – HUSKA: THAT we do now adjourn. Time: 2:48 p.m.

CARRIED

(Chair)

(Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, April 2019

Words for thought

Connected Communities: Healthier Together

2017 Annual Report of the Chief Medical Officer of Health

Being socially connected to family, friends and our communities — having a sense of belonging — is important to our well-being. People who are connected are happier. They enjoy better health and use fewer health services. They are more resilient in the face of adversity, and they live longer.

Communities where people feel connected have less crime and stronger economic growth. Their children perform better in school. Their citizens are more involved: they are more likely to co-operate to benefit all members of the community and to work together to address the social determinants of health, which leads to greater health equity.

How connected are Ontarians? There are worrying signs that many — particularly younger people — feel less connected than they did in the past. While most Ontarians have friends, they see them much less often. They are also much less likely to volunteer in their communities than they once did and, when they do volunteer, they give less time...

The time to act is now. Loneliness and social isolation are serious public health problems that cost us all. They affect our productivity, health, well-being — even how long we live. It's time to revitalize communities and create a healthier Ontario.

Helping people and communities (re)connect is everyone's business. To (re)build a sense of belonging — create connected communities — individuals, organizations, businesses, communities and governments must work together to foster a society that values social connection.

http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_19/default.aspx

Chair and Members of the Board,

Welcome to spring!

The just-released 2017 Annual Report of the Chief Medical Officer of Health, quoted above and included in today's agenda, resonates strongly with the work of Ontario's boards of health. Boards of health in Ontario are unique in their connection to community. Local municipal governance and funding mean the voices of community are prominent in the work of local public health programs and ensure that public health is connected with communities. The 2017 Report recommends three strategies to create more connected communities: invest in community, enable community, and be community-centred or community-driven. At Public

Health Sudbury & Districts we have many opportunities to engage with community members, businesses, leaders, and agencies. We contribute to Community Safety and Well-being Plans, connect people living in poverty to allies and resources, and share data with partner organizations to improve mental health and addictions systems, among many other examples. As Dr. Williams notes, our sense of community is increasingly threatened and helping people and communities (re)connect is everyone's business. The time to act is now.

General Report

1. Two mandatory Board of Health training requirements

Board members are invited to receive mandatory training presentations prior to the April 18, 2019, Board of Health meeting, from 12:45 p.m. to 1:15 p.m. The two training presentations by staff will cover:

- i) *Emergency Preparedness and Response*
- ii) *Baby Friendly Initiative (BFI)*

The Ontario Public Health Standards (OPHS) require that Board members receive emergency preparedness and response training on a regular basis. Board members' completion of this training influences our compliance results for Indicator 5 – Emergency Preparedness of our Accountability Monitoring Plan.

Also, in order to maintain Baby Friendly designation, all staff, including Board of Health members, are required to receive and maintain annual orientation on infant feeding policies and practices appropriate to their role.

2. alPHa Fitness Challenge for all Boards of Health

For the second year, the Association of Local Public Health Agencies (alPHa) is extending to Board of Health members its annual public health unit fitness challenge. The challenge is to involve the entire Board in a 30-minute walk, wheel, or physical activity of your choice. Boards of Health that achieve 100% group participation will be deemed a winner, any Board of Health that receives 95% or better will also receive an honorable mention.

We are hopeful the Board will surpass last year's 43% participation rate. A group activity is encouraged; therefore, weather permitting, a 30 minute walk will take place immediately following the May 16, 2019, Board of Health meeting. For Board members whose schedules cannot accommodate this, you are encouraged to log in your 30 minutes on your own. All Board members are asked to confirm their 30 minute walk through a Poll in BoardEffect and R. Quesnel, Board Secretary, will submit the results form to alPHa by the May 31 deadline.

3. Local and Provincial Meetings

Dr. Zbar and I attended the Council of Ontario Medical Officers of Health (COMOH) Section meetings on February 21 and Board of Health member, Randy Hazlett, attended the Board of Health Section meeting that same day. These were in addition to our attendance at the alPHa winter symposium. Brief verbal updates will be provided at the April 18 Board meeting.

S. Laclé, Director of Health Promotion, and I attended the alPHa Board of Directors face-to-face meeting in Toronto on February 22.

alPHa will be holding its 2019 Annual General Meeting (AGM) and Conference from June 9 to 11 in Kingston, Ontario. Board members interested in attending are asked to pencil these dates in their calendars. A motion is included in the meeting agenda relating to Board member attendance for the AGM.

I participated in the regular COMOH Executive telconference meeting on April 10.

As a Board member of the Conseil d'orientation du Centre de collaboration nationale sur les politiques publiques et la santé, I participated in teleconference meetings on February 27 and April 4.

It is my pleasure to continue as the co-chair fo the Northern Ontario Health Equity Steering Committee as we determine the next steps in this pan-northern initiative that has been supported by Health Quality Ontario (HQO). With the change in government and the transition of HQO to the new Ontario Health agency, we are looking at how to sustain the initiative in the north.

Along with Sandra Laclé, I attended a forum of community service providers on March 7 hosted by The Children's Aid Society of the Districts of Sudbury and Manitoulin to develop a northern sustainability strategy.

We were pleased to present on our public mental health action framework as part of a cross-Canada webinar organized by the National Collaborating Centre – Healthy Public Policy. We presented on March 18 in French and on March 22 in English.

4. Annual Medical Officer of Health and Chief Executive Officer Performance Appraisal

Feedback regarding the MOH/CEO's annual performance appraisal, as per Board of Health Policy and Procedure I-VI-10, will be sought shortly from the Board of Health and Senior Management members through an electronic survey in BoardEffect on your iPad. The deadline to complete the survey will be Wednesday, May 1, 2019.

Performance feedback will be obtained from Board of Health members and the positions that report directly to the MOH/CEO. The annual appraisal includes a review by the Board Executive Committee at a meeting that will be scheduled in May. Following consultation with the Board Executive Committee, the Board Chair will conduct a performance meeting with the MOH/CEO using the organization's Performance Mapping Mutual Action Plan tool. The Board of Health will be informed once the performance appraisal process is completed.

5. North East Public Health Collaboration Project

The project has moved forward into phase III which involves developing detailed project plans and business cases. To support this work, the North East Public Health Collaboration Project has recruited a Project Manager who will report jointly to all five North East Medical Officers of Health. A request for one time funding for this position has been submitted to the Ministry of Health and Long-Term Care (MOHLTC) with a commitment from the five north east public health agencies to cost share pending Ministry response. Medical Officers of Health and senior management from across all five health units participated in a one-day workshop in Sudbury on April 9. The day oriented participants to the project history and outcomes to date and engaged the participants in the identification and prioritization of specific initiatives for the collaboration.

6. Health System Transformation

We participated in an April 3 teleconference hosted by Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care. The telephone town hall presented the government's plan to implement Ontario Health Teams. The province held a stakeholder technical webinar on April 5 to walk-through the Ontario Health Teams and Guidance Document.

I was invited to participate in the Premier's Council Focus Group meeting in Sudbury on April 11.

I will also participate in an April 17 community discussion about Local Health Teams. This is hosted by various local agencies, including Health Sciences North, NE Local Health Integrated Network and the City of Greater Sudbury.

Our annual services plan was submitted to the MOHLTC by the April 1 deadline and we will be submitting our 4th quarter report by April 26. We await the MOHLTC template and reporting timelines for the 2018 annual report and attestation.

7. Louise Picard Public Health Research Grant

On Wednesday March 20, five new projects were awarded with the Louise Picard Public Health Research Grant as part of Laurentian University's Research Week activities. Each project is led by one faculty member from Laurentian University and one staff member from Public Health

Sudbury & Districts, and promotes research collaboration on local issues that are relevant to public health. The Grant is funded jointly by Laurentian University and Public Health Sudbury & Districts and awards up to \$5,000 per project. Dr. Louise Picard was also in attendance to offer congratulations to the new recipients. Projects touch on a number of relevant public health topics, including the 2SLGBTQ population's public health needs, perceptions of race relations in Sudbury, collaborating with school boards to reduce use of vaping in secondary schools, values, opinions, and beliefs about the social determinants of health, and food literacy.

8. 2018 Annual Report

In accordance with the public reporting requirements in the *Ontario Public Health Standards (2018)*, the 2018 Annual Report for Public Health Sudbury & Districts will be published the week of the Board of Health meeting. The report highlights, for example, our agency's efforts toward encouraging online immunization reporting, supporting breastfeeding and early childhood brain development, reducing and responding to health hazards, collaborating on research initiatives, and reducing the harms related to substance use. An electronic copy of the report will be provided at the April 18, 2019, Board of Health meeting. In addition, the report will be available in both English and French, will be posted online and shared through our social media channels.

9. Financial Report

The February 2019 year-to-date mandatory cost-shared financial statements report a positive variance of \$279,187 for the period ending February 28, 2019. Gapped salaries and benefits account for \$101,127 or 36%, with operating expenses and other revenue accounting for \$178,060 or 64% of the variance. Monthly reviews of the financial statement ensure that shifting demand are adjusted to account in order to mitigate the variances caused by timing of activities.

The majority of the gapping to the operating and other revenues is related to the timing of the program activities and the need to refine the calendarization of the budget to actual expenses and projected needs in future periods.

Please note the February Financial Statements reflects the 2019 Board of Health Mandatory Cost-Shared Budget which was approved November 2019.

Following are the divisional program highlights.

Clinical Services

1. Control of Infectious Diseases (CID)

Influenza

As of March 19, 2019, a total of 90 laboratory-confirmed cases of influenza have been reported within the Public Health Sudbury & Districts' catchment area this flu season. Eighty-nine cases were Influenza A and one was Influenza B.

Respiratory outbreaks

Since January 2019, the CID team has managed 16 respiratory outbreaks in institutions including long-term care homes, hospitals, daycares and retirement homes. The causative organisms were identified in seven of the facilities and included Influenza A, Respiratory Syncytial Virus and Human Metapneumovirus. There are currently no active respiratory outbreaks.

Vaccine preventable diseases

Since January, CID Public Health Nurses have been reviewing over 29,000 immunization records for all local school-aged children up to 18 years of age for compliance with the Immunization of School Pupils Act. As well, the third round of school-based vaccine provision will begin for Grade 7 students in the second week of April. This will include vaccination against Human Papillomavirus, Hepatitis B and Meningococcal disease. Students in other grades who are overdue for vaccinations will receive catch-up doses during these school-based clinics. These clinics work to ensure that our agency maintains one of the highest vaccine coverages rates in the province.

Tuberculosis

World TB day was March 24, 2019. The message of "It's Time" to step up efforts to end the global TB epidemic was promoted by the agency's social media as well as displays at the Main Office. As an example of local leadership to end TB, the CID program advocated in the summer of 2018 to ensure certain testing is more accessible in our area to ensure TB testing and resulting care are closer to home.

2. Sexual Health/Sexually Transmitted Infections including HIV and Blood Borne Infections

Sexual health promotion

Since January, a total of 481 participants attended eight community presentations relating to healthy sexuality. An interactive display was set up at Science North as part as their annual event "Nightlife on the Rocks". A healthy relationship campaign was also promoted in February. This included the distribution of healthy relationship bookmarks to five local flower shops who attached the bookmarks to their Valentine's Day floral arrangements.

Sexual health clinic

From January to March 2019, there were 786 drop-in visits to the Rainbow Office site related to sexually transmitted infections and pregnancy counselling. Since February, the Nurse Practitioners are now offering monthly sexual health services at the Espanola office.

The Nurse Practitioners have also begun implementing and evaluating an intrauterine device (IUD) insertion service pilot. The purpose of the pilot will be to explore the costs, benefits, and implications of our providing this procedure, and determine the most efficient processes for delivering such a service. It aims to increase timely access to IUD for target populations, namely, youth and young adults, individuals with risk factors for unintended pregnancy, and those from vulnerable populations who may have reduced access to services.

Needle exchange program

From January to March 2019, harm reduction supplies were distributed and services received during 3,744 client visits at the Rainbow Mall Centre office.

3. Healthy Babies Healthy Children (HBHC)

HBHC has been supporting high-risk families with parenting education, child development support; and referrals to community services since 1998. Research has consistently shown that early childhood experiences influence a child's health, coping skills, mental health and overall well-being. Early identification and intervention are key to changing the potential trajectory of children at-risk of poor social, emotional, cognitive, and physical health outcomes. HBHC has been continually evolving since that time and despite funding challenges over the last 9 years, the program has continued to reach out to those in greatest need and work with other community partners to help our communities' most vulnerable.

“Our family took part in the HBHC Program. We had such an amazing experience...The amount of knowledge, information and encouragement has been PRICELESS. Highly recommend this program to any family, 110%....Our family has thrived because of the amount of help we received.”

Public Health Sudbury & Districts offers breastfeeding clinics to support parents facing challenges with their breastfeeding. These are offered 5 days per week in our Sudbury office, 2 days per week in Val Caron, and as needed in our district areas. Public Health Sudbury & Districts is a BFI designated organization and we work with our community partners to identify and provide clinical information to breastfeeding mothers. Some of the issues that women may experience can range from relatively common to quite complicated where our nurses will work with other health care providers to ensure that wherever possible, breastfeeding is able to continue for the health of both the infant and mother.

“When we went for our appointment...it was the first time I felt like I had been heard. She offered support and resources and was so kind. I cannot even express how thankful I am....I will continue to actively recommend the breastfeeding clinic as I had such a positive experience. Breastfeeding plays such a significant role in the bond between a mom and baby- to some it comes naturally and to others it is a learning process that requires the support of experts.”

4. Oral Health/Vision Health

The oral health team has completed the delivery of the annual oral health screening in all elementary schools. Identified children have been offered support in finding a dentist, enrollment into the Healthy Smiles Ontario program and access to a professional dental cleaning. The team will continue to monitor the progress of dental treatment for children who were referred for urgent treatment. School based preventive services will be offered to consenting children in schools in May and June.

The vision screening program commenced in mid-January 2019 and the program will conclude for the school year in late June. The program has been well-received by parents, children and school staff. Parents of identified children have received information about their child's visual health and have been encouraged to bring their child for a comprehensive eye exam. Information regarding vision health and details of the vision screening program are now available on our website. The team has commenced a social media campaign that will include monthly Facebook messages and social media posts such as on Twitter, promoting the screening program and overall vision health.

Environmental Health

1. Control of Infectious Diseases

During the months of February and March, 15 sporadic enteric cases and three infection control complaints were investigated. Five enteric outbreaks were declared in institutions. The causative organism of one outbreak was confirmed to be a norovirus.

2. Food Safety

The recall of Vivi and Tom brand baby food, due to possible contamination with *Clostridium botulinum*, prompted public health inspectors to conduct checks of 77 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale.

Staff issued 59 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in February and March, 293 individuals were certified as food handlers.

On February 25, 2019, a media release offering food safety tips during and after a power outage was released after severe weather conditions left some areas without power.

A media release was also issued on March 26, 2019, reminding the public of the importance of following proper food safety practices when handling and preparing uncooked meat products.

This media release was issued in light of several Canadian Food Inspection Agency recalls involving various brands of frozen, raw breaded chicken products.

3. Health Hazard

In February and March, 66 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

In the month of February, Public health inspectors issues one order and one summons to two landlords in response to potential health hazards in rental properties.

4. Ontario Building Code

During the months of February and March, one sewage system permit, 12 renovation applications, one other government agency application, and seven consent applications were received.

5. Rabies Prevention and Control

Fifty-one rabies-related investigations were carried out in the months of February and March. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

Two individuals received rabies post-exposure prophylaxis following exposure to wild or stray animals.

6. Safe Water

During February and March, 19 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated four regulated adverse water sample results.

Three drinking water orders were issued and two drinking water orders were rescinded.

7. Smoke-Free Ontario Act, 2017 Enforcement

In February and March, Smoke-Free Ontario Act inspectors charged four individuals for smoking in an enclosed workplace, and one individual for smoking on hospital property. Twenty individuals were charged for using electronic cigarettes, three individuals were charged for smoking tobacco, and one individual was charged for smoking cannabis on school property. Additionally, one charge was laid under the City of Greater Sudbury Bylaw.

8. Emergency Preparedness

Due to warming weather conditions and the potential for localized flooding, a media release was issued on March 14, 2019, informing the public on how to prevent flooding and how to clean up after a flood.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

Presentations on food insecurity and health were provided to 3rd year nursing students at Laurentian University and Cambrian College. The presentations highlighted the impact of food insecurity on physical and mental health and the importance of addressing the root cause of food insecurity which is poverty to ensure health for all.

The Greater Sudbury Food Policy Council hosted a Four Minute Foodie event. At this event, the Greater Sudbury Food Strategy Progress Report was launched. The report highlights the many food initiatives happening throughout Greater Sudbury. The event provided the opportunity for community members and key decision makers to learn more about food initiatives that are supporting a more sustainable food system.

Mental health promotion

A healthy weights presentation was delivered to 3rd year nursing students at Laurentian University. This helped introduce the topics of obesity, weight bias, and a public health approach to the promotion of healthy weights.

Staff presented at The Ontario Public Health Convention two presentations relating to the Public Mental Health Action Framework (PMHAF). One presentation directly described the framework and the other conveyed lessons learned from being one year into implementing the Mental Health Promotion Guidelines, including the development of the PMHAF. The Public Mental Health Action Framework was also presented nationally via webinar (in French and in English, with over 120 participants at each session), at the Colloque sur la santé mentale of CNFS (at Laurentian University), to mental health and addictions partners on Manitoulin and internally to the Psychological Health and Wellness Committee and the management of Clinical Services. The sharing of the Action Framework with public health and community peers has increased our accountability and refined our next steps.

Physical activity and sedentary behaviour

Public health nurses delivered an *exercise counselling and prescription in primary care settings* in-service to primary care providers in Sudbury East. During this session, service providers were advised on how to incorporate the Exercise Is Medicine Canada prescription pad into their counselling practice and were provided an update on existing community programs and resources that support physical activity.

Active Sudbury hosted its second Physical Literacy Conference titled Let's PLAY! Supporting healthy bodies and healthy minds on Saturday February 2, 2019. Conference delegates enjoyed a variety of sessions offered by local speakers as well as experts in the field of physical literacy.

2. Healthy Growth and Development

Breastfeeding

Four breastfeeding support group sessions were held with approximately three people in attendance at each.

Since January, approximately 250 hand expression kits were distributed to Health Sciences North birthing centre to be distributed to all breastfeeding moms to enhance and encourage breastfeeding success.

Growth and development

Staff presented the new 2019 Canada's Food Guide to 14 Our Children Our Future (OCOF) staff. The session provided OCOF staff with background on the food guide, how to apply the guide to their programs, and how to share the guide with the families they serve. As well, staff worked with OCOF to update their Emergency Food Cupboard List to reflect the new Canada's Food Guide. This list is used to aid OCOF staff in purchasing food for families with young children experiencing exceptional food security issues.

In January, staff provided a menu planning workshop in Sudbury East to child care staff at Carrefour and Our Children Our Future. The focus was on planning healthy menus that meet the nutrition guidelines of the Child Care and Early Years Act, 2014. Child care staff also learned how to create a supportive nutrition environment in their settings, such as serving family-style meals and including children in food preparation.

One staff member of the Family Health Team attended the Let's Play! Workshop that supports physical activity in children and youth. Over 100 stakeholders were in attendance.

Healthy pregnancies

Since January, 36 pregnant mothers and their partners attended the full-day in-person prenatal class offered by staff from the family health team. Also, 36 expectant mothers registered for the prenatal class modules provided in an online format. Topics include comfort measures during labour and delivery, the stages of labour, breastfeeding, infant care and safety.

420 *Planning for a Healthy Baby* resources were provided to health care providers and families across the districts.

Also in February, six people attended a presentation on introducing food allergens to infants at OCOF as part of the Canadian Prenatal Nutrition Program.

Mental health promotion

Beginning in February, the Family Health Team launched the new Reaching In Reaching Out (RIRO) program. RIRO is a resiliency skills training program that provides service providers working in early learning, child care, community/mental health and other settings with the knowledge and skills they need to model and teach resilience approaches to young children. Public Health Sudbury & Districts staff and professionals from five partner agencies across the district area were in attendance with a total of 24 individuals taking part. Positive feedback was received in the form of evaluations and an increase in registrations for the upcoming sessions was observed.

Preconception health

In partnership with Laurentian University, the French translation of the *Reproductive Life Plan* video script was completed. The text will be added to the video as subtitles and promoted to Laurentian students this spring.

Preparation for parenting

Since January, 16 parents were in attendance for the two-hour *Preparation for Parenting* class that is currently being piloted.

Positive parenting

Through the Planning Network for Sudbury Families, it was identified that our partner agencies are offering parenting programs in addition to the existing Triple P programming across the city. In light of this, a new service planning committee was created to coordinate services for parenting programming. The goal of this committee is to avoid duplication and provide seamless entry to service for parents. This committee is being co-led by Public Health Sudbury & Districts and Our Children Our Future.

Four parents registered for the online Triple P course.

Family Health Team staff in the Espanola office have begun providing the Bounce Back and Thrive (BBT) program to their community. It is a 10-session evidence-based resiliency skills program for parents with children under the age of eight years. The program helps parents build skills that increase their capacity to role model resilience in their daily interactions with their children.

3. School Health

Healthy eating behaviours

Staff presented an educational workshop to more than 90 School of Education students that focused on creating healthy school nutrition environments. The session provided the students with background information on the new 2019 Canada's Food Guide. As well, these future educators explored their roles in being positive role models, reframing the use of foods with minimal nutrition value at school activities, and promoting food literacy in their classrooms.

Healthy sexuality

The School Health Promotion Team facilitated a professional development opportunity to 100 students in the School of Education program on strategies to support the teachings of healthy sexuality in the classrooms. Specific topics addressed included sexually transmitted infections, birth control, decision making, and consent.

Mental health promotion

Staff participated in media activities regarding the team's *Inhale, Exhale Mindfulness School Program* including recording a podcast with international listenership. The benefits of mindfulness practice for students and educators as a pathway to building resiliency, promoting mental health and long-term well-being, managing stress, and achieving educational success were shared.

Staff provided an interactive learning opportunity to 75 School of Education students that focused on building resiliency among school-aged children and youth within special education programs. The group discussions provided these future educators with a better understanding of the significance of developing relationships between adults and students and adopting a strength-based approach to their practice to support the health and well-being of children and youth.

Substance use and harm reduction

Staff collaborated with Health Canada in leading the *Consider the Consequences of Vaping* events at two local secondary schools. Interactive activities were used to educate 300 school-age youth about the risks associated with vaping. Our agency has equipped School Boards and educators with resources to further support their roles as adult influencers.

The topic of vaping was presented at a Parent Involvement Committee Carousel. The presentation provided parents and school staff with strategies for talking with youth about this topic, being powerful adult role models, and supporting their youth's decision making.

An educational session was provided to 25 school staff and educators on the health risks of cannabis. Topics discussed included current trends in substance-misuse prevention, protective factors for promoting youth's informed decision making, and how 'caring adults matter' in addressing and promoting students' health.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

From January to March, public health nurses hosted six *STOP on the Road* quit smoking workshops in partnership with the Center for Addiction and Mental Health (CAMH). The workshops were offered in Sudbury, Killarney, Noelville, St.-Charles and Warren. The workshops were attended by 36 clients, who each received a free five-week supply of nicotine patches, and vouchers to support the purchase of nicotine replacement therapy. From January

to March, 230 calls were received on the tobacco information line and 22 clients attended our Quit Smoking Clinic.

In March, public health staff hosted a *One Day Stand* event at Cambrian College to support the ongoing movement of their new smoke-free campus policy scheduled to be launched on May 1, 2019. The purpose of this event was to encourage students and staff who smoke to quit for the day, obtain students' opinions towards tobacco use on campus, raise awareness of the benefits of smoke-free campus policies and promote the adoption of permanent smoke-free policies. The event was well received and over 200 individuals attended the educational booths. Resources such as the new Smoke-Free Ontario Act, 2017 factsheets, tobacco, emerging products such as electronic cigarettes (vaping), cannabis and cessation supports were available on-site. Interactive activities were also available to engage staff and students in preparation to their smoke-free campus on May 1. Public health staff also submitted a response to Health Canada's consultation on potential measures to reduce the impact of vaping products advertising on youth and non-users of tobacco.

The North East Tobacco Control Area Network (NE TCAN) promoted four regional cessation testimonial videos across the North East on CTV and social media in celebration of National Non-Smoking week (January 20-29) and reached over 206,000 viewers. NE TCAN staff also promoted the smoke-free campus video throughout the North East via CTV and social media in support of the provincial *One Day Stand* event on March 20, 2019. Finally, NE TCAN staff submitted a regional response to Health Canada's consultation on potential measures to reduce the impact of vaping products advertising on youth and non-users of tobacco.

Falls

Public health staff assisted Parkside Center for Older Adults to promote the *Seniors Without Walls* initiative. *Seniors Without Walls* is a telephone support program to reduce social isolation for older adults. Our agency supported the initiative by printing and distributing rack cards.

Public health staff also attended three sessions on community engagement hosted by the Tamarack Institute. The training was delivered to nine public health participants across the North East via a webinar series.

Thirteen *STAND UP* classes were delivered by our community partners from January to March throughout our catchment area.

Healthy eating ads focusing on congregate dining were promoted through our community via newspaper ads, digital ads, social media and resource distribution to celebrate Nutrition month in March.

Public health staff in partnership with our local Stay On Your Feet Falls Prevention Sudbury Manitoulin coalition met to start the local planning of our local workplan. 11 community partners attended the session. The focus of the session was on physical activity in older adults.

Additionally, staff presented the Stay On Your Feet presentation at the Amikook Seniors Centre in Wikwemikong where 13 older adults attended.

Road safety

During January to March, public health staff in partnership with the Sudbury Road Safety Committee, promoted the *Vulnerable Road Users* campaign by promoting the lawn sign program, ads on billboards and social media. Three social media ads were posted and boosted to meet a larger audience in the community. Lawn signs are available to the public to sign out from the City of Greater Sudbury and to raise awareness on the importance of road safety issues throughout the community. The messaging reminds drivers to be cautious in residential neighbourhoods, slow down and watch for vulnerable road users such as pedestrians, cyclists, children and older adults.

In February, public health staff in partnership with the partners from Ministry of Transportation, Greater Sudbury Police Service, Our Children Our Future, and Centre Pivot Du Triangle Magique (CPTM) met to dialogue about developing a plan to make car seat inspections available throughout the community; reorient health care professionals including enforcement; and create education and awareness on car seat safety in our community.

From January to March, public health staff in partnership with CPTM and the Espanola fire services hosted five car seat inspection clinics and inspected 33 car seats.

Substance use

A draft Emergency Opioid Response plan was presented to four local drug strategy committees (Sudbury, Lacloche, Manitoulin, City of Greater Sudbury) and to the Emergency Response Advisory Committee of the City of Greater Sudbury to obtain feedback on the plan.

Staff co-presented with the Grey Bruce Health Unit to the Harm Reduction Program Enhancement group on our respective Early Warning surveillance systems. Fifty-two agencies participated in the webinar.

A data agreement between PHSD and Emergency Medical Services is in place and a dashboard which tracks calls related to suspected opioid overdoses has been created and is being tested. This dashboard will allow for the Community Drug Strategy (CDS) partners to determine the need to release a drug alert to the community if the number of overdoses is deemed higher than average.

A communications toolkit and infographic to educate and inform our communities on current harm reduction strategies including the Needs Assessment and Feasibility Study for Supervised Consumption Treatment Services has been developed and shared.

Alcohol

In January, public health staff participated in a CBC radio interview related to the health implications of the dry January challenge. Public health staff delivered a presentation to City of

Greater Sudbury staff at Pioneer Manor related to the health risks of alcohol use and promoted Canada's Low Risk Alcohol Drinking Guidelines. The Pour challenge was presented to highlight the importance of measuring a standard alcoholic drink.

Cannabis

In February, Public Health staff submitted a response to Health Canada's consultation on the proposed regulations and amendments to the *Cannabis Act* for edible cannabis, cannabis extracts, and cannabis topicals. In March, Public Health staff responded to two consultations on the proposed cannabis retail store authorization applications for *Highlife* on Marcus Drive in New Sudbury, and *Canna Cabana* on Long Lake Road in the South End of Sudbury. The responses focused on protecting public health and safety, and protecting youth and restricting their access to cannabis. As of April 1, the two proposed cannabis retail stores for Sudbury have not received authorization from the Alcohol and Gaming Commission of Ontario to open.

Harm reduction – Naloxone

The naloxone program continues to grow with nine new contacts made between January and March. During that time, five agencies entered into an agreement with Public Health Sudbury & Districts to distribute naloxone and five have developed naloxone related policies with assistance from Public Health Sudbury & Districts staff. Eleven eligible agencies received training to deliver naloxone training in their agencies with a total of 99 staff taking part. Twenty public health nurses from the Communicable Disease Team and the Mindemoya district office also received training to distribute naloxone or administer naloxone in the event of an opioid overdose emergency. Through seven presentations in the community, a total of 106 people learned about naloxone administration. Five media interviews brought information about local drug alerts and the need for naloxone to the community.

Knowledge and Strategic Services

1. Health Equity

On March 1, 2019, the agency co-hosted a full-day racial equity workshop with the National Collaborating Centre for the Determinants of Health through the Public Health Training for Equitable Systems Change. The workshop was attended by public health practitioners from Public Health Sudbury & Districts, including members from the internal racial equity task group, other public health agencies in Northeastern Ontario, and local community partners.

Public Health Sudbury & Districts co-hosted a lecture and discussion on March 8 with Dr. Evelyn Forget, a national leader in health economics and basic income. The event was co-hosted by Laurentian University's School of Social Work and the Partners to End Poverty Steering Committee as part of the Jennifer Keck Lecture Series at Laurentian University. Attendees included staff, steering committee members, Board of Health members, and other local and provincial elected officials.

Three Bridges out of Poverty workshops were delivered between January and March that were offered to the public and new agency staff. A sixth Circles Leader Training session was delivered with individuals living in low income in February and March. The session was co-facilitated with staff from St. Albert's Adult Learning Centre. The Circles Sudbury program continues to hold program sessions three times per month with individuals living in low income and volunteer allies. Sessions have been held at Montessori School of Sudbury since January. A partnership with the N'Swakamok Native Friendship Centre enabled the Health Equity Team to hire an Indigenous community member to serve as a Circles Program Intern for 10-weeks to support the Circles initiative through funding from the Apatisiwin On-the-Job Training Program.

In February and March, staff from the Health Equity Team were invited to deliver three guest lectures for students from Cambrian College's Personal Support Worker program, and Laurentian University's School of Nursing.

2. Indigenous Engagement

The Director of Knowledge and Strategic Services and the Managers for Indigenous Engagement and Health Equity met with the Executive Director of the N'Swakamok Native Friendship Centre in January to explore and discuss our ongoing collaboration efforts. As an outcome of this meeting, a collaborative networking session was held with staff from N'Swakamok Native Friendship Centre and directors and managers of Public Health Sudbury & Districts on March 5. The purpose was to learn about our respective programs and services and identify opportunities for further collaboration. This event was well attended by 25 of the N'Swakamok Native Friendship Centre's staff in a variety of programs including child and youth wellbeing, Elders' wellness and long-term care, mental health and addictions, and employment and training.

Staff from Public Health Sudbury & Districts attended the March 20 Grand Opening of the Metis Nation of Ontario office location on Notre Dame. In addition, resources and program materials were shared with Atikameksheng Anishnawbek as part of their community's Health and Wellness Forum on March 25. Program materials from our agency were also shared with Kina Gbezhgomi Child and Family Services to distribute at their youth housing conference on March 30.

3. Population Health Assessment and Surveillance

Thirteen new Population Health Assessment Team Indicator Reports (PHASSt-IR) were produced using 2016 and 2017 data from the Rapid Risk Factor Surveillance System (RRFSS). The reports included topics such as Lyme Disease , Tobacco Products and E-Cigarettes, Sugar Sweetened Beverage Consumption, West Nile Virus Awareness, Support of Shade, Recreational Trails and Facilities, Chronic Disease and Alcohol, Drinking and Driving, Cellphone Use While Driving, and Public Health Inspector Disclosure.

4. Staff Development

Over the month of March staff were invited to participate in four Indigenous Health Equity webinars hosted by Public Health Training for Equitable Systems Change touching on a variety of topics, including two-eyed seeing as it relates to public health, Indigenous engagement and planning in public health, and decolonizing data. On April 4, a debrief session was held with participants exploring their understanding of the material presented and how they envision applying the knowledge gained from the webinars to their public health practice.

In efforts to enhance supportive environments for transgendered clients, on April 18, front line office staff from all Public Health Sudbury & District offices received training from TG Innerselves, a local resource for the transgendered community and those exploring their gender identity. Training focused on understanding gender identity and the use of language.

5. Presentations

Three staff members from Public Health Sudbury & Districts attended the Chiefs of Ontario Health Forum from February 26 to 28, 2019. Staff members presented a workshop on the research project Talking Together to Improve Health, which is exploring the development of practices and principles for respectful and mutually beneficial engagement between public health and First Nation communities in the North East.

Nineteen agency staff members attended The Ontario Public Health Convention in Toronto from March 27 to March 29, 2019. The Ontario Public Health Convention (TOPHC) is an annual conference that provides networking opportunities for public health professionals and increases the knowledge and skills of Ontario's public health workforce. The 2019 conference focused on exploring strategies and practice to address changes in the public health sector. A total of eight workshops or panel discussions were facilitated by Public Health Sudbury & Districts staff members.

Respectfully submitted,

Original signed by

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

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 2 Periods Ending February 28, 2019

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,127,700	2,521,283	2,521,283	0	12,606,417
MOHLTC - Unorganized Territory	826,000	137,667	137,667	(0)	688,333
MOHLTC - VBD Education & Surveillance	65,000	10,833	10,833	0	54,167
MOHLTC - SDWS	106,000	17,667	17,667	(0)	88,333
Municipal Levies	7,276,750	1,212,792	1,212,792	(0)	6,063,958
Municipal Levies - Small Drinking Water Syst	47,222	7,870	7,870	0	39,352
Municipal Levies - VBD Education & Surveill	21,646	3,608	3,608	(0)	18,038
Interest Earned	105,000	17,500	21,639	(4,139)	83,361
Total Revenues:	\$23,575,318	\$3,929,220	\$3,933,359	\$(4,139)	\$19,641,959
Expenditures:					
Corporate Services:					
Corporate Services	3,977,579	718,517	701,685	16,832	3,275,894
Print Shop	120,102	20,017	18,033	1,984	102,069
Espanola	120,699	19,251	19,024	227	101,675
Manitoulin	130,271	20,741	18,775	1,967	111,496
Chapleau	101,791	16,062	15,628	434	86,164
Sudbury East	16,808	2,801	2,976	(174)	13,832
Intake	328,471	50,534	54,770	(4,236)	273,701
Volunteer Services	4,850	808	160	648	4,690
Facilities Management	562,937	93,823	0	93,823	562,937
Total Corporate Services:	\$5,363,508	\$942,554	\$831,050	\$111,503	\$4,532,458
Clinical Services:					
General	1,096,208	169,280	147,257	22,024	948,951
Clinical Services	1,397,111	214,956	245,909	(30,954)	1,151,201
Branches	221,267	34,141	32,540	1,602	188,728
Family	633,751	97,572	109,352	(11,780)	524,399
Risk Reduction	98,842	16,474	11,220	5,254	87,622
Clinical Preventative Services - Outreach	0	0	267	(267)	(267)
Sexual Health	1,131,169	173,943	160,991	12,952	970,179
Influenza	0	(613)	0	(613)	(0)
Meningitis	0	(165)	0	(165)	0
HPV	0	(240)	1	(240)	(1)
Dental - Clinic	454,537	69,402	66,494	2,907	388,043
Vision Health	71,343	11,165	1,794	9,371	69,549
Total Clinical Services:	\$5,104,228	\$785,916	\$775,824	\$10,092	\$4,328,405
Environmental Health:					
General	808,066	126,468	104,521	21,947	703,545
Environmental	2,451,450	373,666	377,542	(3,876)	2,073,908
Vector Borne Disease (VBD)	86,907	13,951	3,208	10,744	83,700
Small Drinking Water System	163,130	24,944	25,066	(122)	138,063
Total Environmental Health:	\$3,509,554	\$539,030	\$510,337	\$28,693	\$2,999,217
Health Promotion:					
General	1,242,506	192,384	179,645	12,738	1,062,860
School	1,426,438	219,746	213,954	5,791	1,212,484
Healthy Communities & Workplaces	146,826	22,762	21,078	1,685	125,748
Branches - Espanola / Manitoulin	324,077	49,936	51,058	(1,122)	273,019
Nutrition & Physical Activity	1,089,514	168,329	171,947	(3,618)	917,566
Branches - Chapleau / Sudbury East	390,476	60,151	57,898	2,253	332,578
Injury Prevention	393,692	60,751	42,655	18,096	351,037
Tobacco By-Law	272,393	42,172	37,247	4,925	235,146
Healthy Growth and Development	1,155,898	178,390	148,556	29,835	1,007,342
Substance Misuse Prevention	114,242	17,672	3,858	13,814	110,384
Mental Health and Addictions	356,911	55,037	41,438	13,600	315,474
Alcohol Misuse	244,533	38,019	29,836	8,183	214,697
Total Health Promotion:	\$7,157,506	\$1,105,350	\$999,170	\$106,180	\$6,158,336
Knowledge and Strategic Services:					
General	1,805,808	279,543	278,078	1,465	1,527,730
Workplace Capacity Development	23,507	3,918	28	3,890	23,480
Health Equity Office	14,440	2,407	17,024	(14,617)	(2,584)
Strategic Engagement	596,767	91,971	64,129	27,842	532,638
Total Knowledge and Strategic Services:	\$2,440,522	\$377,838	\$359,258	\$18,580	\$2,081,264
Total Expenditures:	\$23,575,318	\$3,750,688	\$3,475,640	\$275,048	\$20,099,679
Net Surplus/(Deficit)	\$(0)	\$178,532	\$457,719	\$279,187	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 2 Periods Ending February 28, 2019

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,678,618	3,946,436	3,962,248	(15,811)	19,716,370
Other Revenue/Transfers	946,536	157,756	79,187	78,570	867,349
Total Revenues & Expenditure Recoveries:	24,625,154	4,104,193	4,041,434	62,758	20,583,720
Expenditures:					
Salaries	16,347,354	2,515,399	2,418,757	96,642	13,928,597
Benefits	4,527,103	695,850	691,365	4,485	3,835,738
Travel	253,510	42,252	12,381	29,870	241,129
Program Expenses	880,853	145,558	92,663	52,895	788,190
Office Supplies	67,816	11,303	7,776	3,527	60,040
Postage & Courier Services	69,322	11,554	12,654	(1,101)	56,668
Photocopy Expenses	33,807	5,634	3,478	2,156	30,329
Telephone Expenses	61,132	10,189	8,210	1,978	52,922
Building Maintenance	365,145	60,857	20,860	39,997	344,285
Utilities	214,325	35,721	29,899	5,822	184,426
Rent	259,105	43,184	42,353	831	216,751
Insurance	115,636	109,903	109,903	0	5,733
Employee Assistance Program (EAP)	34,969	5,828	7,305	(1,477)	27,664
Memberships	32,289	5,381	4,830	551	27,459
Staff Development	111,717	18,619	15,550	3,069	96,167
Books & Subscriptions	11,815	1,886	500	1,386	11,315
Media & Advertising	110,588	18,431	4,726	13,706	105,862
Professional Fees	347,212	57,869	37,534	20,335	309,678
Translation	45,127	7,521	7,174	347	37,953
Furniture & Equipment	13,770	2,295	2,034	261	11,736
Information Technology	722,560	120,427	53,762	66,665	668,798
Total Expenditures	24,625,154	3,925,661	3,583,715	341,945	21,041,439
Net Surplus (Deficit)	(0)	178,532	457,719	279,187	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended February 28, 2019

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
INFOWAY - Immunization Ontario	702	-	-	-	#DIV/0!	Dec./19	37.5% **E
MOHLTC Local Model for Indigenous Engagement	703	103,302	87,141	16,161	84.4%	Mar 31/19	91.7% **B
Pre/Postnatal Nurse Practitioner	704	139,000	21,013	117,987	15.1%	Dec 31	16.7%
OTF - Getting Ahead and Circles	706	216,800	104,486	112,314	48.2%	Mar 31/2020	53.7%
CGS - Local Poverty Reduction Evaluation	707	98,897	33,100	65,797	33.5%	Nov 30/2019	91.7% **C
SFO - Electronic Cigarette Act	722	36,700	3,291	33,409	9.0%	Dec 31	16.7%
SFO - TCAN - Prevention	724	97,200	3,511	93,689	3.6%	Dec 31	16.7%
SFO - Tobacco Control Area Network - TCAN	725	285,800	38,167	247,633	13.4%	Dec 31	16.7%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	25,815	233,985	9.9%	Dec 31	16.7%
SFO - Tobacco Control Coordination	730	100,000	16,625	83,375	16.6%	Dec 31	16.7%
SFO - Youth Engagement	732	80,000	11,097	68,903	13.9%	Dec 31	16.7%
Infectious Disease Control	735	479,100	59,875	419,225	12.5%	Dec 31	16.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	87,144	12,856	87.1%	Mar 31/19	91.7%
MOHLTC - Special Nursing Initiative	738	180,500	33,263	147,237	18.4%	Dec 31	16.7%
MOHLTC - Northern Fruit and Vegetable Funding	743	176,100	58,862	117,238	33.4%	Dec 31	16.7%
Food Safety - Haines Funding	750	36,500	-	36,500	0.0%	Dec 31	16.7%
NE HU Collaborations/Shared Services Exploration	755	-	15,979	(15,979)	#DIV/0!	Mar 31/19	91.7%
Triple P Co-Ordination	766	81,343	6,593	74,750	8.1%	Dec 31	16.7% **A
Supervised Consumption Study	770	80,000	-	80,000	0.0%	Dec 31	16.7%
MOHTLC - Harm Reduction Program	771	150,000	13,937	136,063	9.3%	Dec 31	16.7%
Healthy Babies Healthy Children	778	1,476,897	190,536	1,286,361	12.9%	Dec 31	16.7%
Healthy Smiles Ontario (HSO)	787	612,200	82,402	529,798	13.5%	Dec 31	16.7%
Anonymous Testing	788	61,193	57,432	3,761	93.9%	Mar 31/19	91.7%
PHO/LDCP First Nations Engagement	790	108,713	80,216	28,497	73.8%	May/17 to May/19	45.8% **D
MHPS- Diabetes Prevention Program	792	175,000	15,676	159,324	9.0%	Dec 31	16.7%
MOHLTC- Built Envir.-Climate Chg. - Disclosure & Healthy Menu	793	131,100	117,083	14,017	89.3%	Mar 31/19	91.7% **F
Total		5,266,145	1,163,244	4,102,901			

**A Div. 766 -- Set up July/13 (funding by school board in Sudbury and other partners)

**B Div. 703 - set up Apr. 1/17 as orig. (Jan.-Mar./17) in cost shared but Mar. Y/E didn't work there

**C Div. 707 - set up June/17 - May/17 to Nov./19 program (2.5 yr. prog.)

**D Div. 790 - New May/17 - May 2017 to May 2019 program

**E Div. 702 - New Sept./17 to Dec./19 - Kim Presta Mgr.

**F Div. 793 -- New June/18 for 1-time Funding approved for Environmental Health Apr./18 to Mar./19

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

February 14, 2019

Dear Premier Ford

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

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

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

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

.../2

PROTECTION · PROMOTION · PREVENTION

HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · 1-866-888-4577
Fax · 905-885-9551

HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · 1-866-888-4577
Fax · 705-457-1336

LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · 1-866-888-4577
Fax · 705-324-0455

Premier Ford
February 14, 2019
Page 2

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

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

Sincerely

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



Cammie Jaquays
Chair, Board of Health

AR/ALN:ed

cc (via email) : Honourable Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health, Minister of Health and Long-Term Care
Mr. David Piccini, MPP, Northumberland Peterborough South
Ms. Laurie Scott, MPP, Haliburton Kawartha Brock
Municipalities within the Haliburton, Kawartha, Pine Ridge District Health Unit area
All Ontario Boards of Health
Ms. Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ms. Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Municipalities of Ontario

February 27, 2019

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

Dear Premier Ford:

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

At its meeting held on February 13, 2019, the Board of Health for Peterborough Public Health considered correspondence from Sudbury & District Health Unit regarding the above noted matter.

Oral health is essential to overall health and quality of life at every stage of life and has been recognized as a basic human right. The Board echoes the recommendations outlined in their resolution (attached) and we fully support the provincial government's plan to invest in an oral health program for low-income seniors and urge that access be expanded to include low-income adults.

We look forward to receiving more information about how local public health agencies in Ontario can assist and support the implementation of a new oral health program for low-income seniors, with the potential to include low-income adults.

We appreciate your attention to this important public health issue.

Yours in health,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: The Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health



Perth District Health Unit

653 West Gore Street
Stratford, Ontario N5A 1L4
(519) 271-7600 • www.pdhu.on.ca

March 20, 2019

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

Dear Premier Ford:

Re: SUPPORT FOR PROVINCIAL ORAL HEALTH PROGRAM FOR LOW-INCOME ADULTS AND SENIORS

The Board of Health of the Perth District Health Unit has received correspondence from several Public Health Units regarding support for a publicly-funded oral health program for low-income seniors, and encouraging the provincial government to expand access to this program to low-income adults.

The Board has reviewed correspondence received to date. At its regular meeting on February 20, 2019 the Board passed the following motion:

“That the Board send a letter of support regarding oral health program for low-income adults and seniors and copy Boards of Health and the provincial government.”

The Perth District Health Unit has been exploring the challenges low-income adults and seniors face with accessing dental care, and the impact this has on their lives. Stories collected from Perth County residents in the fall of 2018 illustrate how dental problems worsen existing health conditions, affect people's ability to eat, talk, and smile, and decrease their self-esteem, social connectedness, and employability.

When people have dental issues and cannot afford care, they often go to the ER or their physician. Ontario data show that every nine minutes someone goes to a hospital Emergency Room and every three minutes someone visits a doctor's office due to dental problems. This is an unnecessary burden on our health care system that costs at least \$38 million annually – with no treatment of the underlying dental problem. In 2015, there were 18,747 physician visits in the Southwest LHIN and over 500 visits to Perth County's three hospitals for dental problems.

Adults and seniors living with low income in Ontario would benefit greatly from access to dental preventive and treatment services. A provincial oral health program for seniors is a welcome addition to existing publicly-funded dental programs.

Sincerely,

Kathy Vassilakos, Chair
Board of Health

KV/ikl

c. Ontario Boards of Health

March 5th, 2019

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

Dear Premier Ford

Re: Support for Provincial Oral Health Program for Low-Income adults and seniors

On behalf of our board of health, I am writing you to express our support for Haliburton, Kawartha, Pine Ridge District Health Units request to the Government of Ontario to build a provincial dental program for low-income seniors. The financial, health and social impacts of poor oral health in seniors and adults has been a priority for our health unit and Board.

The [2016 Community Needs Assessment for Windsor-Essex](#) (Windsor-Essex County Health Unit, 2016) identified the dental health of adults in Windsor-Essex as a concern, and the second most reported service need for our residents. At the November 2016 meeting, our Board passed a resolution endorsing the importance of oral health as part of overall health and recommending the Province of Ontario expand publically funded oral health programs to include low income and vulnerable adults and seniors.

In November of 2018, the Windsor-Essex Health Unit released the results, [Dental Health of Adults and Seniors in Windsor-Essex Survey Results \(2018\)](#). This report examined the experiences of adults and seniors with the oral health system in Windsor-Essex and identified a significant barrier in accessing routine and emergency services. In particular, lack of insurance and financial security were the top barriers for improving oral health of respondents. Our community has some community supports including a low-cost/no-cost dental program for adults through the Downtown Mission of Windsor and St. Clair College, however these services have hundreds on their waiting list are scarcely enough to address the growing need in Windsor-Essex, leaving many residents with no option other than avoiding care or visiting the emergency room.

The Ontario Progressive Conservative Party has pledged to implement a publicly funded dental care program for low-income seniors. Windsor-Essex County Health Unit (WECHU) has increased our services through our healthy smiles program year over year since 2010. We see first hand the benefit these programs have for children and their families and often receive calls and requests for adults needing further support. The WECHU supports expanded publicly funded dental care programs to include low-income seniors and would like to encourage the government to consider including all low-income adults. We look forward to receiving further news related to public health's role in reducing barriers to oral health and welcome the opportunity to increase our service delivery to the most vulnerable in our community.

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

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

cc: Honorable Christine Elliot, Minister of Health and Long-Term Care, Deputy Premier
Dr. David Williams, Chief Medical Officer of Health
Local MPPs
Local Municipal Councils
Essex-County Dental Society
Ontario Dental Association
Association of Local Public Health Agencies (aLPHa)
Ontario Boards of Health
Windsor-Essex Board of Health

References

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- Windsor-Essex County Health Unit. (2018). *Dental health of adults and seniors in Windsor-Essex survey: Report 2018*. Windsor, Ontario.
- Windsor-Essex County Health Unit. (2018). *Oral Health Report, 2018 Update*. Windsor, Ontario.
- Windsor-Essex County Health Unit. (2016). *Community Needs Assessment Report*. Windsor, Ontario



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

March 04, 2019

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

Dear Premier Ford,

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

At the February 26, 2019 regular meeting of the Board of Health for the Renfrew County and District Health Unit (RCDHU) the Board considered the attached correspondence from Sudbury & Districts Public Health regarding support for the oral health program for low income seniors and encouraging the government to expand access to include low income adults.

The following motion, recommended to the RCDHU Board of Health by the Stakeholder Relations Committee, was accepted by the Board on February 26, 2019:

Resolution: # 3 SRC 2019-Feb-08

A motion by J. Dumas; seconded by M. A. Aikens; be it resolved that the Stakeholder Relations Committee recommends that the Board endorse correspondence from Sudbury and Districts Public Health regarding support for a provincial oral health program for low income adults and seniors and further that it be cc'd as per the Sudbury Board of Health letter with the addition to alpha and the Honourable MPP John Yakabuski.

Carried

Sincerely,

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

cc (via email): The Honourable Christine Elliott, Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health

The Honourable John Yakabuski, MPP, Renfrew-Nipissing-Pembroke
Ontario Boards of Health

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

Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Municipalities of Ontario

Jacque Maund, Alliance for Healthier Communities

March 4, 2019

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

Dear Minister Elliott,

RE: Regional Level III Residential Withdrawal Management Services Facility

At its meeting on February 27, 2019, The Board of Health for the District of Algoma Health Unit carried the following resolution:

Resolution 2019-15

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

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

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

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

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

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

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

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

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

Blind River	Elliot Lake	Sault Ste. Marie	Wawa
P.O. Box 194	ELNOS Building	294 Willow Avenue	18 Ganley Street
9B Lawton Street	302-31 Nova Scotia Walk	Sault Ste. Marie, ON P6B 0A9	Wawa, ON P0S 1K0
Blind River, ON P0R 1B0	Elliot Lake, ON P5A 1Y9	Tel: 705-942-4646	Tel: 705-856-7208
Tel: 705-356-2551	Tel: 705-848-2314	TF: 1 (866) 892-0172	TF: 1 (888) 211-8074
TF: 1 (888) 356-2551	TF: 1 (877) 748-2314	Fax: 705-759-1534	Fax: 705-856-1752
Fax: 705-356-2494	Fax: 705-848-1911		

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

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

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

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

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

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

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

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

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

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

Sincerely,



Lee Mason

*Board of Health Chair for the
District of Algoma Health Unit*

Cc (via email): Federal Minister of Health,
Members of Parliament of northeastern Ontario
Chief Medical Officer of Health of Ontario
Boards of Health of northeastern Ontario
Councils of Algoma municipalities
Sault Area Hospital CEO
North East LHIN CEO



Public Health
Santé publique
SUDBURY & DISTRICTS

March 29, 2019

VIA E-MAIL: christine.elliottco@ola.org

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

Dear Minister Elliott:

RE: Letter of Support for Level III Withdrawal Management Services facility in Sault Ste. Marie

Please accept this letter on behalf of Public Health Sudbury & Districts in support of the Sault Area Hospital's request for approval of a Level III Withdrawal Management Services facility to address the opioid problem in North Eastern Ontario.

In 2017, the North East Local Health Integration Network (NE LHIN) region saw 366 emergency department visits for opioid overdose; this is a rate of 65.0 visits per 100,000 people, which is greater than the provincial rate of 54.6 visits per 100,000 people. The rate of hospitalizations for opioid poisonings in 2017 in the NE LHIN region, was 27.7 per 100,000 people, almost double the Ontario rate of 15.1 per 100,000 people. During that same year, the rate of death from opioid overdose in the NE LHIN region, was 12.1 deaths per 100,000 people which is greater than the rate of death of 8.9 per 100,000 people in Ontario (Public Health Ontario, 2019).

The health burden of substance use in Northeastern Ontario is substantial. As the rate of emergency room visits, hospitalizations and deaths related to opioid misuse continue to rise in communities across Ontario and here in the north, it is vital that treatment for opioid use disorder be available in Northern Ontario.

Sudbury

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Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Rainbow Centre

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

Sudbury East / Sudbury-Est

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

Espanola

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

Île Manitoulin Island

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

Chapleau

101 rue Pine Street E
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Toll-free / Sans frais

1.866.522.9200

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Des communautés plus saines pour tous.

The Honourable Christine Elliott

Letter of Support for Level III Withdrawal Management Services facility in Sault Ste. Marie

Page 2

Currently there are two Level III facilities in the Greater Toronto Area and one in Ottawa. For those in Northeastern Ontario to access these facilities, most would need to travel over 500 km away from their homes. Bringing a Level III Withdrawal Management Services facility to Sault Ste. Marie will provide much needed treatment services to people where they need it. This gap in adequate services and care for people experiencing substance use disorder in Northeastern Ontario, contributes to individual and system-level burdens in the community. A Level III Withdrawal Management Services facility in Sault Ste. Marie will begin to address the importance of putting effective systems and structures in place to meet the treatment needs in the north.

In closing, we applaud the Government of Ontario's commitment to Mental Health and Addictions services and urge the government to redress the imbalance in access to care for people experiencing opioid use disorder in northern Ontario. Approving and funding the development of a Level III Withdrawal Management Services facility in Sault Ste. Marie importantly contributes to equity in health care access for northerners.

Sincerely,

A handwritten signature in black ink, appearing to be 'PS', written over a horizontal line.

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

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

February 12, 2019

Dr. Rueben Devlin
Chair, Premier's Council on Improving Healthcare
and Ending Hallway Medicine
80 Grosvenor Street
Toronto, ON
M7A 1E9

Dear Dr. Devlin,

**Re: First Report of the Premier's Council on Improving Healthcare and Ending Hallway
Medicine: *Hallway Health Care: A System Under Strain***

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing regarding the release of *Hallway Health Care: A System Under Strain* and to highlight the key roles our members play in reaching the goals of improving healthcare and ending hallway medicine.

Ontario's public health leaders want the Government to know that public health is a key contributor to preventing the illnesses and injuries that turn healthy people into patients. Continuing to invest in and build on strong public health programs and services that protect health and prevent illness will strengthen our ability to keep people out of doctor's offices and hospital beds.

For more than 180 years, Ontarians have benefitted from a strong, locally-based public health system that puts their health and wellbeing at the core of its mission. alPHa's members are the medical officers of health, members of boards of health, public health dentists, inspectors, epidemiologists, nutritionists, nurses, and health promoters who are responsible for the programs and services that prevent disease and promote health in every community in Ontario. In short, we are on the front line of keeping people well.

Boards of health throughout Ontario collaborate with a wide array of community partners (local medical/health care communities, municipalities, school boards, etc.) to deliver programs and services aimed at chronic and communicable disease prevention, food and water safety, healthy growth and development, substance use prevention and healthy environments. Each board tailors the requirements to meet local needs to ensure that everyone in the community is well served.

In addition to making a critical contribution to alleviating pressures on our hospitals and doctors' offices by keeping people from becoming patients in the first place, public health's emphasis on health and wellbeing delivers an excellent return-on-investment by supporting individuals' ability to optimize their own health to ensure that they can contribute to healthy families, vibrant communities and a strong economy.

I am pleased to attach our pre-budget submission to the Minister of Finance, which expands on the above points to make the case for strengthening the Ontario public health system's capacity to protect and promote the health of the entire province. We hope that you will take this into careful consideration as you and your Council colleagues develop the specific recommendations promised in the initial report.

I would be pleased to meet with you as well as to participate in further consultations with the Premier's Council as its work towards simplifying system navigation, reducing wait times, improving capacity and better coordination continues. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Dr. Robert Kyle,
alPHa President

COPY: Hon. Christine Elliott, Minister of Health and Long-Term Care
Helen Angus, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Trudy Sachowski, Chair, alPHa Boards of Health Section
Dr. Chris Mackie, Chair, Council of Ontario Medical Officers of Health

Encl.

About alPHa: The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. Membership in alPHa is open to all public health units in Ontario and we work closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration. The Association works with governments, including local government, and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. Further information on alPHa can be found at: www.alphaweb.org

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Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

January 25, 2019

The Honourable Victor Fedeli
Minister of Finance
c/o Budget Secretariat
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

Submitted via e-mail: submissions@ontario.ca

Dear Minister Fedeli,

Re: Budget 2019

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing to provide input for your consideration as you develop the 2019 Ontario Budget.

Specifically, we are recommending that the integrity of Ontario's public health system, as outlined in this submission, be maintained and reinforced with assurances from the Province that it will continue its funding commitment to cost-shared programs and make other strategic investments that address the government's priorities of improving services and ending hallway medicine.

Public Health is on the Front Line of Keeping People Well

alPHa's members are the medical officers of health, members of boards of health and managers of the major public health programs. These are the people on the front lines of delivering the programs and services that prevent disease and promote health in every community in Ontario. For more than 180 years, Ontarians have enjoyed a strong, locally-based public health system that puts their health and wellbeing at the front and centre.

Public Health Delivers an Excellent Return on Investment

Public Health makes a critical contribution to alleviating pressures on our hospitals and doctors' offices, by delivering programs and services that keep people from becoming ill in the first place. While it is difficult to accurately measure the impacts (one cannot count the number of outbreaks that didn't happen because of a vaccine campaign or cases of food poisoning that were prevented through regular inspection of restaurants), studies have nonetheless demonstrated that public health interventions are good value for money and an excellent return on investment.

The following are only a few examples of the return on investment in public health:

- Every \$1 spent on immunizing children with the measles-mumps-rubella vaccine saves \$16 in health care costs.
- Every \$1 invested in community water fluoridation yields an estimated \$38 in avoided costs for dental treatment.
- Every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 dollars in lost productivity and social costs.
- Every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs ,
- Every \$1 spent on early childhood development and health care saves up to \$9 in future spending on health, social and justice services.

Public Health is an Ounce of Prevention that is Worth a Pound of Cure

The 2017 report of the Auditor General of Ontario (AGO) contained a chapter on the Ministry of Health and Long-Term Care's (MOHLTC) Chronic Disease Prevention program, which concluded that most chronic diseases (e.g., diabetes, cancer, etc.) are preventable, or their onset can be delayed by addressing physical inactivity, smoking, unhealthy eating and excessive alcohol consumption. The Institute for Clinical Evaluative Sciences estimated that 22% of the Province's spending on health care was attributable to those four modifiable risk factors associated with chronic diseases, which totaled \$90 billion in health care costs, including hospital care, drugs and community care, between 2004 and 2013.

The MOHLTC's own estimates conclude that major chronic diseases and injuries accounted for 31% of direct, attributable health care costs in Ontario. Preventing chronic diseases not only helps to reduce the financial burden on the health care system but it also creates a better quality of life that in turn supports individuals' ability to contribute to vibrant communities and a strong economy. Public Health leads in reducing the modifiable risk factors behind chronic disease and injury. The effective execution of this role is limited only by its capacity.

Public Health Contributes to Strong and Healthy Communities

Boards of health in each of Ontario's public health units provide programs and services that are tailored to improve the health of the entire population starting with addressing needs at the local level. In so doing, they form the local foundation of a province-wide system that works "upstream" to address risks to health thereby reducing the demand on and costs to the health care system. These activities are outlined and mandated in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability* under the Health Protection and Promotion Act and fall under the following categories:

- Chronic Disease Prevention and Well-being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- Substance Use and Injury Prevention

Four “Foundational Standards” ensure that population health assessment, a focus on health equity, effective public health practice through quality assurance and transparency, and emergency management are considerations in each of these categories.

Boards of health tailor the requirements to meet local needs in collaboration with a wide array of community partners (local medical/health care communities, municipalities, school boards, etc.) or develop new programs to address the specific health needs of their communities.

Public Health is Money Well Spent

Boards of health budgets are paid for by their respective obligated municipalities in accordance with the Health Protection and Promotion Act (HPPA) with the MOHLTC providing offsetting grants of up to 75% for mandatory programs and up to 100% for priority programs.

According to the 2018-19 MOHLTC Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) is \$1.267 billion, or about 2% of the total MOHLTC operating expenses. We believe that this demonstrates the tremendous value of Ontario’s system of local public health given its significant impact on the health of the people of Ontario.

Having applied the lessons learned from several public health crises that emerged in Ontario in the first decade of the new millennium (the Walkerton tragedy (2000), SARS (2003) and pandemic influenza (2009)), Ontario’s public health system is more clearly understood and more robust now than it was then. Investing in public health has given Ontario a mature, integrated, cost-effective, and accountable public health system.

We have demonstrated that modest investments in the public health system can generate significant returns, including better health, lower costs and a stronger economy. We believe first and foremost that the integrity of Ontario’s locally-based public health system, as outlined above, should remain intact. In addition, we believe that an explicit commitment to the ongoing provision of the 75% provincial share of public health funding along with additional strategic investments in the public health system will address your Government’s priorities of improving services, ending hallway medicine and addressing Ontario’s fiscal challenges.

Public Health’s broad efforts in the areas of health protection and promotion and disease prevention touch upon where we live, work and play, improving our quality of life and promoting healthy communities across the province. Further investments in these efforts will only strengthen their contributions to your Government’s goals of cutting hospital wait times and ending hallway health care, improving the delivery of government programs and services, and even putting money back in people’s pockets by keeping them healthy and able to contribute to the prosperity of the Province of Ontario.

In closing, thank you for the opportunity to present this information as you deliberate on how Ontarians' tax dollars are to be spent over the coming year. We would be pleased to discuss our submission with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,



Dr. Robert Kyle,
alPHa President

COPY:

Honourable Christine Elliott, MPP, Deputy Premier and Minister of Health and Long-Term Care
Stephen Crawford, MPP, Chair, Standing Committee on Finance and Economic Affairs
Timothy Bryan, Committee Clerk, Standing Committee on Finance and Economic Affairs
Helen Angus, Deputy Minister, Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health and Population and Public Health, MOHLTC
Peter Donnelly, President & CEO, Public Health Ontario

About alPHa

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario.

Membership in alPHa is open to all public health units in Ontario and we work closely with board of health members, medical and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration.

The Association works with governments, including local government, and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities.

Contact: Loretta Ryan, Executive Director
loretta@alphaweb.org or 647-325-9594

Further information on alPHa can be found at: www.alphaweb.org

March 20, 2019

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

Dear Minister Elliott,

On February 20th the Board of Health for the Simcoe Muskoka District Health Unit indicated its support for the alpha report, *Improving and Maintaining the Health of the People: The Contribution of Public Health to Reducing Hallway Medicine* (attached). This is in recognition of the critical importance of local public health services to protect and promote health, and prevent disease. These services represent excellent value for money, reducing costs to the health care system and to the province, as identified with specific examples in this report. Maintaining the integrity of the public health system is essential to helping the province end hallway medicine. This is accomplished through actions that address the underlying causes of illness in our communities.

As the Province proceeds with fundamental change in the health care system, we do raise the inherent value and effectiveness of the public health system, and its ability to work with a very wide range of sectors to achieve maximum health benefit for minimum cost. The close working relationship of public health with municipalities, schools, community agencies and health care institutions enables for such creative and nimble action, allowing us to successfully address and control health challenges both long standing and emerging, and to help to avoid large scale health incidents.

The public health approach – employing a wide range of professionals, working with a wide range of players across our communities, using both innovation and evidence-informed practice to prevent disease, and keep people healthy and productive – has been a necessary part of the health care system for well over a century, and will always be essential.

The Board of Health for the Simcoe Muskoka District Health Unit has demonstrated these principles and approaches. These include the development of the Simcoe Muskoka Opioid Strategy in partnership with over forty local agencies pursuing a full range of activities within five pillars. Another example is the creation of a dental operatory in our Gravenhurst office to provide the oral health services (including

Barrie:
 15 Sperling Drive
 Barrie, ON
 L4M 6K9
 705-721-7520
 FAX: 705-721-1495

Collingwood:
 280 Pretty River Pkwy.
 Collingwood, ON
 L9Y 4J5
 705-445-0804
 FAX: 705-445-6498

Cookstown:
 2-25 King Street S.
 Cookstown, ON
 L0L 1L0
 705-458-1103
 FAX: 705-458-0105

Gravenhurst:
 2-5 Pineridge Gate
 Gravenhurst, ON
 P1P 1Z3
 705-684-9090
 FAX: 705-684-9887

Huntsville:
 34 Chaffey St.
 Huntsville, ON
 P1H 1K1
 705-789-8813
 FAX: 705-789-7245

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

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

through the difficult winter months) to clients found with our surveillance data to be at greatest need in our district.

We thank you for considering the importance of maintaining a strong, complete and sufficiently resourced public health system in order to achieve your objectives for an effective and sustainable health care system.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CG:cm

Att. (1)

cc. Dr. David Williams, Chief Medical Officer of Health
Ontario Boards of Health
Association of Local Public Health Agencies
Ontario Public Health Association
Mayors and Councils in Simcoe Muskoka
Members of Provincial Parliament for Simcoe and Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network

Improving and Maintaining the Health of the People *The Contribution of Public Health to Reducing Hallway Medicine*

As the Government of Ontario considers one of its most high-profile election commitments – the elimination of “Hallway Medicine” in Ontario – this paper has been developed to explain the work of the public health sector and to highlight the important role that the sector can play in meeting that challenge.

One of the answers to keeping people out of hospital hallways is to reduce the demand for hospital and primary care services. Building healthy communities through an efficient, proactive and locally managed public health system, mandated to lead on preventative measures to protect and promote the health of Ontarians, can go a long way to reducing that demand.

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

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

A systematic review of international public health investments published in 2017 concludes that cuts to public health budgets in high income countries represent a false economy and are likely to generate billions of dollars of additional costs to health services and the wider economy.

At the same time, the public health system supports an effective health care system by reducing the demand for hospital services through:

- advising and convening diverse stakeholders (e.g. schools, police, healthcare) to improve mental health and addictions treatments in community settings;
- ensuring people are treated for sexually transmitted infections and tuberculosis and preventing infections and related hospital visits;
- safeguarding the community from harms caused by impure drinking water and environmental hazards;
- reducing the impact of outbreaks, such as influenza in Long Term Care Homes and hospitals; and
- providing a point of access to supports and information for people with greater needs, whether rural, newcomers or others isolated in urban environments.

In short, public health actions now can result in fewer emergency room and doctor’s office visits today and in the future.

The geographic breadth of Ontario means that the needs of residents differ from region to region. Public health and community-based programs and services require localised input and delivery, leveraging existing partnerships with schools, municipalities, business networks, health care providers and social services organizations, resulting in the ability to quickly and efficiently respond to the needs

of the people:

- In 2016, the Middlesex-London Health Unit identified an outbreak of HIV in London. Provincially, HIV rates largely driven by men who have sex with men, had been declining for a decade. In London, rates were spiking, and driven by IV drug use. The Health Unit put boots on the ground, assembled an outreach team to find people on the street, and connected them with HIV testing and treatment. Today, the outbreak is over.
- As the opioid crisis became critical in 2017, Ottawa Public Health supported people most at risk, informed schools and parents, made naloxone available across the city, and created a new real-time surveillance system. Today, the public health unit is using the surveillance data to inform and organize a Mental Health and Substance Use Summit, with The Royal Hospital. A broad range of stakeholders is identifying actions to increase prevention and create a more integrated approach to improve mental health assessment and access to treatment.
- Recently, the North Bay Parry Sound Health Unit identified a need for enhanced dental services for low-income adults, based on data about high rates of emergency room visits for dental problems. The health unit solved the problem by starting a now well-used dental clinic for people who meet the financial and program criteria.
- Last year, Toronto Public Health completed implementation of a wireless strategy that allows personal services setting inspectors and nurses inspecting vaccine fridges in doctors' offices to complete their visits using tablets that upload results in real time rather than recording the inspection on paper and entering it on the website later. This means that results of inspections, information on the BodySafe website that people use each day to shop for a nail salon or other personal service, is the most current information.
- Local public health units are increasingly using technology to serve people, improving convenience and cost-effectiveness, such as through interactive web-based prenatal education and chats with nurses on Facebook and by using on-line video to observe people taking tuberculosis medication instead of in-person observation. Such innovations begin locally and have spread across the province.

These local solutions show that, when combined with stable, designated funding, the public health system has the capacity to relieve pressure on doctors and hospitals. Furthermore, accountability is firmly established by provincial legislation and policy ensuring that the money spent on public health is spent effectively and with purpose.

Together we serve the people of Ontario to ensure:

- that healthy people can support a strong economy, providing a direct economic impact;
- coordination of responses to community health concerns such as mental health and addictions, in partnership with community level organizations;
- reduction of pressures on doctors and hospitals by concentrating on the health of the community, starting at birth; and,
- a significant, cost-effective contribution to the elimination of hallway medicine.

In conclusion, public health works as a system that is greater than the sum of its parts - leveraging the skills and experience of nutritionists, nurses, health promoters, inspectors, epidemiologists, doctors, dentists and dental hygienists, board members and administrators, and more – to together support and protect the health of the people of Ontario. Public health delivers promotion, protection and prevention services on behalf of, and in partnership with, the Ontario Government.



Tracking Status

- This item was considered by [Board of Health](#) on February 25, 2019 and was adopted without amendment.

Board of Health consideration on February 25, 2019

HL3.2	ACTION	Adopted		Ward: All
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Expanding Opioid Substitution Treatment with Managed Opioid Programs

Board Decision

The Board of Health:

1. Urged the Ministry of Health and Long-Term Care to:
 - a. Immediately target operational and capital funding to support rapid scaled up implementation of managed opioid programs (including low barrier models) in Toronto and elsewhere in Ontario, given the urgency of the opioid poisoning crisis;
 - b. Take immediate action to ensure the required concentrations of managed opioid medications (i.e., 50 milligrams/milliliters and 100 milligrams/milliliters hydromorphone) are accessible to treat people with opioid use disorder in Ontario and, further, take the necessary steps to add these medications at the appropriate concentrations to the Ontario Drug Benefit Formulary for the treatment of opioid use disorder;
 - c. Seek authority from Health Canada to import diacetylmorphine (pharmaceutical heroin) for use as a managed opioid program medication in Ontario;
 - d. Work with Health Canada and other necessary federal bodies to address barriers to procuring, storing, and transporting diacetylmorphine (pharmaceutical heroin) and/or mitigate their effects to facilitate the use of this managed opioid program medication; and
 - e. Ensure that managed opioid medications are universally accessible to all Ontarians who could benefit from these kinds of programs, and that cost is not a barrier.

Origin

(February 12, 2019) Report from the Medical Officer of Health

Summary

The opioid poisoning crisis continues unabated in Toronto in large part due to the illicit drug supply, which has become increasingly toxic with fentanyl and other potent drugs. There is a critical need to expand treatment options to include managed opioid programs. This strategy is part of the response to the overdose crisis in British Columbia and Alberta, and is urgently needed in Toronto and elsewhere in Ontario.

Methadone and Suboxone are the most commonly offered opioid substitution treatments. These need to be expanded to include managed opioid programs which provide patients with oral or injectable hydromorphone or diacetylmorphine (pharmaceutical heroin) under medical supervision. Managed opioid programs are evidence-based programs that have been shown to increase retention in treatment, reduce the use of street drugs, and decrease crime.

The Province of Ontario recently announced a \$102 million funding agreement with the federal government for drug treatment. In the context of the current opioid poisoning crisis, the Ministry of Health and Long-Term Care should target some of this funding to rapidly scale up the implementation of managed opioid programs in Toronto and elsewhere in Ontario to help save lives and improve health outcomes for people who use drugs.

Background Information

(February 12, 2019) Report from the Medical Officer of Health on Expanding Opioid Substitution Treatment with Managed Opioid Programs

(<http://www.toronto.ca/legdocs/mmis/2019/hl/bgrd/backgroundfile-126527.pdf>)

Communications

(February 22, 2019) Letter from Dr. Dan Werb, Centre on Drug Policy Evaluation, Li Ka Shing Knowledge Institute, St. Michael's Hospital (HL.New.HL3.02.01)

(<http://www.toronto.ca/legdocs/mmis/2019/hl/comm/communicationfile-91666.pdf>)

Speakers

Dr. Reed Siemieniuk, Department of Health Research Methods, Evidence and Impact, McMaster University

Motions

Motion to Adopt Item moved by Councillor Joe Cressy (Carried)

Source: Toronto City Clerk at www.toronto.ca/council

March 5th, 2019

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

Dear Premier Ford,

Re: Increase actions in response to the current opioid crisis

On behalf of our board of health, I am writing you in support of Peterborough Public Health's request of the federal and provincial government to increase their actions in response to the current opioid crisis.

Throughout Canada the misuse of opioids, particularly fentanyl, is a growing public health crisis resulting in epidemic-like numbers of overdose deaths. In Windsor-Essex we have focused on multi-sector collaboration aimed at addressing the four pillars of harm reduction, prevention, treatment and enforcement. A comprehensive approach such as this requires significant investment and ongoing support and sustainability.

We support our colleagues in urging all levels of government to continue their efforts and support to address the crisis in our province and county with a coordinated pan-Canadian action plan spanning all four pillars of the national drug strategy.

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

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

<https://www.wechu.org/boh-docs>

<https://www.peterboroughpublichealth.ca/wp-content/uploads/2019/01/BOH-Agenda-Jan-12-2019-original.pdf>

cc: The Right Hon. Justin Trudeau, Prime Minister of Canada
The Hon. Ginette Petitpas Taylor, Minister of Health
The Hon. Christine Elliott, Minister of Health and Long-Term Care
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Ontario Chief Medical Officer of Health
Association of Local Public Health Agencies (ALPHA)
Ontario Boards of Health
Windsor-Essex MPP's

Windsor-Essex Board of Health

February 11, 2019

The Honorable Caroline Mulroney
Ministry of the Attorney General
McMurtry-Scott Building, 720 Bay Street
Toronto, ON M7A 2S9
Caroline.mulroney@pc.ola.org

Dear Minister Mulroney:

Smoke-Free Ontario Act, 2017 and Cannabis legislation

On behalf of our board of health, I am writing you in support of Peterborough Public Health's (PPH) call to action and shared concern regarding funding associated with the cannabis legislation and the introduction of the *Smoke-Free Ontario Act 2017*.

The Windsor-Essex County Health Unit (WECHU) applauds the ministry on the modernization of smoking regulations in Ontario and welcomes the additional restrictions outlined in the new legislation due to their alignment with local and regional goals related to reducing places of use for harmful products. The consequences however, of the inclusion of electronic cigarette-use and the smoking of cannabis as prohibited products in prescribed places involve the added responsibility of public health tobacco enforcement officers in enforcing these regulations. In addition, the transfer of responsibility from the province to local public health units related to the oversight of tobacconist and specialty vape store authorizations represents an additional burden on administrative and enforcement resources.

Although boards of health were permitted to submit for reimbursement of costs incurred due to the legalization of cannabis, through a one-time grant application process in which the Windsor-Essex County Health Unit requested \$197,392, there are concerns about the ability to ensure effective enforcement and oversight over the long-term without sustained resources dedicated to enforcement, administration, and public education. To date, no such resources have been received by the Windsor-Essex County Health Unit and there is no guarantee that resources allocated to municipalities to assist with the costs associated with cannabis legalization will be redistributed to public health agencies.

With the introduction of a sustained and dedicated funding model to account for the additional responsibilities introduced through the Smoke-free Ontario Act 2017, as well as those associated with cannabis legalization, public health units across Ontario will be able to efficiently and effectively enforce and provide oversight over these new requirements. Without these supplementary resources, WECHU has significant and legitimate concerns related to its ability to maintain existing programming when these new requirements are taken into account.

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

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette, RN, MSc
Chief Executive Officer, Chief Nursing Officer

<https://www.wechu.org/board-meetings/january-2019-board-meeting>

Encl. Peterborough Public Health – Letter to Hon. Caroline Mulroney – Nov 2018

c: The Hon. Doug Ford, Premier of Ontario
The Hon. Christine Elliott, Minister of Health and Long-Term Care, Deputy Premier
Association of Local Public Health Agencies (ALPHA)
Association of Municipalities of Ontario (AMO)
Ontario Boards of Health
Local Municipal Councils
Windsor-Essex MPPs
Windsor-Essex Board of Health



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

March 04, 2019

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

Dear Minister Elliott,

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

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

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

Resolution: # 3 SRC 2019-Feb-08

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

Carried

Sincerely,

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

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

Ontario Boards of Health

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

Pegeen Walsh, Executive Director, Ontario Public Health Associations

Association of Municipalities of Ontario

Jacque Maund, Alliance for Healthier Communities



Perth District Health Unit

653 West Gore Street
Stratford, Ontario N5A 1L4
(519) 271-7600 • www.pdhu.on.ca

April 2, 2019

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

Dear Premier Ford:

Re: Strengthening SFOA, 2017

On March 20, 2019 the Board of Health of the Perth District Health reviewed correspondence from the Renfrew County and District Health Unit and passed a motion to send a letter regarding strengthening the *Smoke-Free Ontario Act, 2017* to address the promotion of vaping.

Vaping among youth has increased in the last two years¹, and e-cigarette use has been found to increase the risk of cigarette use in youth². The Perth District Health unit is concerned that increased exposure to vapour products through display and promotion will lead to further increased vaping and tobacco use in youth, negating the progress made over the last twenty years to de-normalize tobacco use.

While the *Smoke-Free Ontario Act, 2017* and accompanying regulation included many favourable changes regarding smoking of tobacco, cannabis and vaping of any substances, further strengthening of the Act is needed. The current legislation only bans vaping product displays at retail outlets and does not restrict other types of retail promotion for vaping products at vapour product retailers. This has led to widespread advertising both in and outside of these premises, exposing kids and youth to vapour product marketing. We have seen creative advertisements such as, displays, posters and signs that are affixed to windows, on power walls, hung from ceilings, and attached to the pumps and concrete bollards at gas stations.

We are concerned about the appeal of these vapour products advertisements on children and youth as the sheer magnitude of this advertising can make these products seem socially desirable. The evidence clearly states that non-tobacco users should not start using vapour products; especially youth and young adults³. In addition to the risk of e-cigarette use increasing future combustible tobacco use and the known health effects from tobacco, public health is concerned about the detrimental impacts that nicotine exposure can have on the developing brain⁴.

The Perth District Health Unit supports the strengthening of the *Smoke-Free Ontario Act, 2017* to include banning all advertisements at any point of sale location where youth have access. This prohibition should be inclusive of any type of physical or electronic promotion including window and countertop displays, 3D models of vapour products, posters, signs, free-standing advertising (both in-store and outside store premises) and images on convenience store screens.

Sincerely,

Kathy Vassilakos, Chair
Board of Health

References:

1. Propel Centre for Population Healthy Impact, University of Waterloo. Canadian Student Tobacco, Alcohol and Drugs Survey Overview of Results, 1994-2016/17; 2018
2. National Academies of Sciences, Engineering, and Medicine. Public Health Consequences of E-Cigarettes. Washington National Academies Press. Published 2018. Accessed March 29, 2019
3. Berry, K. M., Fetterman, J. L., Benjamin, E. J., Bhatnagar, A., Barrington-Trimis, J. L., Leventhal, A. M., & Stokes, A. (2019). Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths. *JAMA network open*, 2(2), e187794-e187794.
4. England, L.J., Bunnell, R.E., Pechacek, T.F., Tong, V.T. and McAfee, T.A., 2015. Nicotine and the developing human: a neglected element in the electronic cigarette debate. *American Journal of Preventive Medicine*, 49(2), pp.286-293.

MK/mr

- c. Randy Pettapiece, MPP Perth Wellington
Ontario Boards of Health

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

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

Telephone: (416) 212-3831
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**Ministère de la Santé
et des Soins de longue durée**

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March 6, 2019

MEMORANDUM:

TO: Medical Officers of Health, Chief Executive Officers and Board Chairs

Dear Colleagues,

By now I am expecting you will have seen and heard the recent announcement on the transformation of our health care system.

At a high level, the announcement focused on the Ministry's plan to improve the patient experience and enable better connected care by:

- Supporting the establishment of Ontario Health Teams across the province and in every community, and
- Integrating multiple existing provincial agencies into a single health agency – Ontario Health.

While the main focus of the government's plan is currently on improving patient experience and fostering better connected care, as always, there is a significant role for the public health sector to play within the larger system. I want to assure you that the public health sector, as always, is a valuable partner and key piece of the health care system.

I look forward to hearing your input and collaborating as a sector as we work to understand what these changes mean for us. As we wait to hear more from the government, it will require us to remain nimble and adapt while we continue our work to best serve our communities. These are early days and more information will follow in the weeks/months ahead. And, my commitment is to share what I know with you when I am able to share it.

I have included the following information, for your reference, with respect to this week's announcement.

- [News Release](#)
- [Backgrounder](#)
- [Minister's Remarks](#)
- [Connected Care Stakeholder Webinar](#)
- [Bill 74](#)

Sincerely,

Original signed by

Dr. David Williams

Chief Medical Officer of Health
Office of Chief Medical Officer of Health, Public Health
Ministry of Health and Long-Term Care

February 11, 2019

The Honorable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honorable Lisa MacLeod
Minister of Children, Community and Social Services
lisa.macleodco@pc.ola.org

Dear Premier Ford and Minister MacLeod:

Ontario's Basic Income Pilot

On behalf of our Board of Health, I am writing to you in support of Thunder Bay District Health Unit's concern and call to action to reconsider the termination of the Ontario's Basic Income Pilot and reduction of scheduled increases to the Ontario Works and Ontario Disability Support Programs (3% to 1.5%).

The Windsor-Essex County Board of Health has previously written the government expressing its support for the Basic Income Pilot as an evidence-based program to improve quality of life for the most vulnerable Ontarians.

The Windsor-Essex County Health Unit agrees that addressing issues of poverty is a public health priority, and a health equity and human rights issue. Individuals, or households, with lower incomes experience higher levels of food insecurity and suffer from higher mortality from chronic diseases, including mental illness. In Windsor approximately 33% of children under 18, or 1 in 3, live in poverty. Providing a basic income assists in ensuring their basic needs are met, including proper nutrition, and allowing children to grow healthy and reach their full potential.

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

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette, RN, MCs
Chief Executive Officer, Chief Nursing Officer

<https://www.wechu.org/board-meetings/january-2019-board-meeting>

Encl.

c: Association of Local Public Health Agencies (ALPHA)
Association of Municipalities of Ontario (AMO)
Ontario Boards of Health
Windsor-Essex MPPs
Windsor-Essex Board of Health

February 11, 2019

The Honorable Lisa MacLeod, Minister
Ministry of Children, Community and Social Services
56 Wellesley Street West, 14th Floor
Toronto, ON M7A 1E9

Dear Minister MacLeod:

Funding for the Healthy Babies, Healthy Children (HBHC) program

On behalf of our Board of Health, I am writing to you in support of Thunder Bay District Health Unit's call to action and shared concern regarding the Healthy Babies, Healthy Children (HBHC) program funding.

As noted in Thunder Bay District Health Unit's call to action, the HBHC program is a prevention/early intervention initiative designed to ensure that all Ontario families with children (prenatal to age six) who are at risk of physical, cognitive, communicative, and/or psychosocial problems have access to effective, consistent, early intervention services and is a mandatory program for Boards of Health.

The Windsor Essex County Health Unit has seen an increase in the complexity of the clients in the HBHC program. As evidenced by the 2018 *Response to Screening and Working With Families With Complex Needs* survey that was completed by all 35 public health units, the HBHC program is seeing an increase in the complex needs of the clients across the province. This survey highlights the need for the potential changes to the model. However, the Ministry has indicated that there is no funding available for the implementation of these changes to the HBHC program in the 2019 fiscal year. Over the last several years, our local School Boards have expressed concerns over the number of children who are experiencing challenges at school entry. The inability to change the current model will continue to affect the percentage of children who achieve optimal growth and development and readiness for school.

The province did indeed commit to funding the HBHC program at 100%. However, since 2008, the HBHC program has not seen any increases in the budget except for the one-time funding in 2012 to support the implementation of the 2012 protocol, and an increase in our FTE to support the Liaison role.

Furthermore, as noted in Thunder Bay District Health Unit's call to action, the review of the HBHC program in 2016 by MNP found a funding gap of approximately \$7.808m (Ministry of Children and Youth Services - Healthy Babies Healthy Children Program Review Executive Summary p.7). Notably, this gap continues to grow every year with the increases in salaries, benefits, and operational costs.

On behalf of the Windsor-Essex County Health Unit, we thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette, RN, MSc
Chief Executive Officer, Chief Nursing Officer

<https://www.wechu.org/board-meetings/january-2019-board-meeting>

- c: Association of Local Public Health Agencies (alPHa)
Association of Municipalities of Ontario (AMO)
Ontario Boards of Health
Windsor-Essex MPPs
Windsor-Essex Board of Health

April 3, 2019

The Honourable Lisa MacLeod
Ministry of Children, Community and Social Services
56 Wellesley Street West, 14th Floor
Toronto, ON M74 1E9
lisa.macleod@pc.ola.org

Dear Minister MacLeod:

Re: Funding for the Healthy Babies, Healthy Children Program

At its meeting on March 13, 2019, the Board of Health for Peterborough Public Health considered correspondence from Thunder Bay District Health Unit (TBDHU) regarding the above noted matter. We are in full support of TBDHU's call to action and share their concern and the concern of other local public health agencies regarding the Healthy Babies, Healthy Children (HBHC) program funding.

Similarly, to other communities the demand for HBHC services in our community continues to climb, the need is great. As well, Peterborough Public Health has seen an increase in the complexity of clients in the HBHC program.

As you are aware, in 2016 the firm MNP performed a review of the HBHC program provincially and found a funding gap of approximately \$7.08M (Ministry of Children and Youth Services-Healthy Babies, Healthy Children Program Review Executive Summary p.7). This gap continues to grow every year with increases in salaries, benefits and operational costs. This gap creates barriers by reducing our reach to at-risk clients and families, as well as creating a wait-list for our services.

We appreciate your attention to this important public health issue.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: Local MPPs
Association of Municipalities of Ontario
Association of Local Public Health Agencies
Ontario Boards of Health

April 3, 2019

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

Delivered via email
Christine.elliott@ontario.ca

Dear Minister Elliott,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we applaud the Ministry of Health and Long-Term Care (MOHLTC) for striving to achieve optimal health and wellness for school-aged children and youth. It is, however, with concern that I am writing to you regarding funding for the Child Visual Health and Vision Screening protocol. The Child Visual Health and Vision Screening protocol was introduced in 2018 (by the MOHLTC) and provides direction to boards of health on child visual health and vision screening services to be offered in the school setting.

Childhood vision screening programs have the potential to detect refractive errors, strabismus and other similar conditions which impact visual acuity and in turn benefit an affected child's visual and general development. We endorse the implementation of the Child Visual Health and Vision Screening protocol to provide vision screening services in the school setting. The protocol requires 100% of all senior kindergarten children to be screened utilizing three different screening tools requiring a minimum of 10-15 minutes per child per screening. In our jurisdiction, there are approximately 2200 children that will need to be screened to maintain the standard in each school year.

To ensure this program is operational and sustainable, it is requested that additional funding be provided to implement this new vision screening program within schools.

Thank you for your consideration of our comments and request. We look forward to hearing from you. For further information, please contact David Smith, Program Director of School Health at dsmith@swpublichealth.ca or 519-631-9900 ext. 1245.

Sincerely,



Larry Martin
Chair, Board of Health

Copy: Members, SWPH Board of Health
C. St. John, CEO, SWPH
M. Nusink, Director of Finance, SWPH
Association of Local Public Health Agencies
Ontario Boards of Health

February 20, 2019

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

Dear Premier Ford:

Re: Public and Environmental Health Implications of Bill 66, Restoring Ontario’s Competitiveness Act, 2018

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to express concern about the Government of Ontario’s decision to enact Bill 66, Restoring Ontario’s Competitiveness Act, 2018.

We appreciate the intention to enhance employment opportunities throughout Ontario, and recognize good quality employment as a key element which influences health. Individuals who are unemployed, have precarious employment, or experience poor working conditions are at higher risk of stress, injury, high blood pressure and heart disease. However, the proposed bill will amend a number of acts and regulations intended to protect and promote public and environmental health.

In consideration of the proposed amendments, Bill 66 was assessed by SMDHU staff for implications to public and environmental health. We are apprehensive of unintended negative consequences which may arise from the implementation of this bill. The attached appendices outline concerns related to Schedule 3 ([Appendix 1](#)) and Schedule 5 ([Appendix 2](#)). Schedule 10 ([Appendix 3](#)) is also included, though the Board of Health is aware of media reports and social media remarks made by Honourable Minister Clark indicating “*when the legislature returns in February, (the Government) will not proceed with Schedule 10 of the Bill.*” This is welcomed, however, from our assessment of Bill 66 as it is presently written, its implementation to amend and repeal current legislation will potentially result in:

- Negative impacts to Ontario’s natural and built environment;
- Degradation of important water sources;
- Decreased preservation of greenspaces including agricultural lands, forests, parks and natural heritage features;
- Decreased opportunities for physical activity;
- Impacts to child safety; and
- Increased risk of the spread of infectious diseases.

☐ **Barrie:**
15 Sperling Drive
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705-721-7520
FAX: 705-721-1495

☐ **Collingwood:**
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Collingwood, ON
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705-445-0804
FAX: 705-445-6498

☐ **Cookstown:**
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705-458-1103
FAX: 705-458-0105

☐ **Gravenhurst:**
2-5 Pineridge Gate
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☐ **Huntsville:**
34 Chaffey St.
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☐ **Midland:**
B-865 Hugel Ave.
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☐ **Orillia:**
120-169 Front St. S.
Orillia, ON
L3V 4S8
705-325-9565
FAX: 705-325-2091

We request the government consider the impacts on the public health and safety of residents of Ontario prior to Bill 66 proceeding through the legislative process. We thank you for the opportunity to provide comment and your consideration of our feedback.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:BA:cm

- cc. Honorable Christine Elliot, Minister of Health and Long-Term Care
- Honorable Steve Clark, Minister of Municipal Affairs
- Honorable Lisa Thompson, Minister of Education
- Honorable Rod Phillips, Minister of the Environment, Conservation and Parks
- Dr. David Williams, Chief Medical Officer of Health
- Members of Provincial Parliament for Simcoe and Muskoka
- Ontario Boards of Health
- Ms. Loretta Ryan, Association of Local Public Health Agencies
- Association of Municipalities of Ontario
- Ontario Public Health Association
- Members of Provincial Parliament
- Municipal Councils
- Central Local Health Integration Network
- North Simcoe Muskoka Local Health Integration Network

Appendix 1: Concerns and considerations related to Schedule 3 – Ministry of Education

SMDHU recognizes the efforts to enhance child care availability to families by increasing the total number of children under the age of two that can be cared for by home child care providers. Though evidence on optimal infant to caregiver ratios is inconclusive, the current limits in Child Care and Early Year's Act, 2014, were chosen to ensure child safety¹. We urge the government to evaluate the effects of this legislation on child safety and developmental outcomes if implemented. The proposed changes will not adequately address issues of access, affordability, and quality child care for families. Similar to our high quality education system, a child care strategy that prioritizes accessibility, affordability and quality is best addressed through a government system that ensures universal access to high quality care.

In addition, there may be implications to infection prevention and control due to the proposed amendment to paragraph 4 subsection 6 (4) of the Child Care and Early Years Act, 2014, which recommends the reduction of the age restriction from six years of age to four for registration in authorized recreation and skill building programs. Authorized recreational and skill building programs are not proactively inspected for food safety nor infection prevention and control by local public health units. With immunization follow-up doses for several diseases (e.g. measles, pertussis, and chickenpox) not occurring until a child is between 4 – 6 years, coupled with the potential for decreased hygienic practices and larger numbers of children congregating in one location², there is the potential for the spread of vaccine-preventable diseases. Facilities that are not required to be inspected may not have the administrative (e.g. policies on when to exclude ill children) or physical (e.g. appropriate disinfectants) infrastructure to prevent infections. By lowering the age from six years to four, a potential increased infectious disease risk will occur for children 4-6 years attending these programs.

¹ Ontario Ombudsman. 2014. Ombudsman Report: "Careless about Childcare" Investigation into how the Ministry of Education responds to complaints and concerns relating to unlicensed daycare providers .Available at: www.ombudsman.on.ca/Files/sitemedia/Documents/Investigations/SORT%20Investigations/CarelessAboutChildCareEN-2.pdf

² Canadian Paediatric Society. 2015. Well Beings: A Guide to Health in Child Care – 3rd edition.

Appendix 2: Concerns and considerations related to Schedule 5 - Ministry of Environment, Conservation and Parks

The purpose of the Toxics Reductions Act (TRA) is to prevent pollution and protect human health and the environment, through reducing the use and creation of toxic substances within Ontario. While SMDHU supports efforts to avoid duplication of existing provincial and federal regulations, it is important to recognize the need to reduce the availability of toxic substances within Ontario. Existing federal requirements through the National Pollutant Release Inventory and the Chemical Management Plan have limitations to supporting further reduction of toxic substances that the province of Ontario hoped to address. The TRA can provide important economic benefits which lead to potential cost savings, creating new markets, and supporting employee health and safety. Similar legislation has shown to be effective in other jurisdictions in the United States that have required toxic reduction plans. Thus, SMDHU encourages the province to not eliminate the TRA, but to evaluate more effective opportunities for toxics reduction in Ontario that can support creating healthy environments while reducing barriers for business

Appendix 3: Concerns and considerations related to Schedule 10 - Ministry of Municipal Affairs and Housing

The Planning Act and associated provincial regulations support effective planning, by ensuring development meets community needs, allows for sustainable economic growth, while protecting green spaces such as agricultural lands, forests, parks and natural heritage features which provide multiple health, economic and environmental benefits. The health benefits of well-designed communities based on provincial policies include better air quality, protected drinking water supplies, availability of locally grown foods, reduced urban heat islands, increased climate resiliency, mitigation of vector-borne diseases, increased opportunities for physical activity, general wellbeing and lower health care costs. Conservation of natural heritage features such as the Greenbelt addresses climate change mitigation (carbon sequestration) and adaptation (mitigating flood risks). For example, the Greenbelt actively stores carbon, with an estimated value of \$4.5 billion over 20 years; annual carbon sequestration is valued at 10.7 million per year¹. Benefits of greenspaces are communicated within the 'Preserving and Protecting our Environment for Future Generations: a Made in Ontario Environment Plan' which identifies the government's commitment to protect the Greenbelt for future generations².

SMDHU is concerned that the proposed amendment to the Planning Act will allow the use of *Open for Business* planning by-laws to permit the use of these important lands for alternative purposes without adhering to existing local planning requirements, such as official plans. Employment land needs are explicitly identified within local planning documents, and thus the use of the by-law will compromise long-term planning decisions. While the by-law may provide short-term economic benefit through the expansion of employment lands, this will be at the expense of long-term, sustainable economic development and protection of green space currently prescribed by the Planning Act.

In addition, Bill 66 allows municipalities to bypass important environmental legislation and discount protections for clean water and environmentally sensitive areas across Ontario. After the events of 2000 in Walkerton, where seven people died and thousands were ill³, Ontario put legislation in place to protect the over 80% of Ontarians who get their drinking water from municipal sources. The Clean Water Act, which directly addresses 22 of the 121 recommendations made following the Walkerton Inquiry, supports the adoption of a watershed based planning process, and serves as the instrument for the creation of source water protection plans.

Current legislation protects drinking water sources and greenspace. The changes proposed in Bill 66 will weaken a number of noteworthy acts including the Clean Water Act, the Great Lakes Protection Act, the Lake Simcoe Protection Act, the Greenbelt Act, the Oak Ridges Moraine Conservation Act, and the Places to Grow Act. Currently these acts prevail in the case of conflict between a municipal plan and the noted act; under the proposed changes this would no longer be the case.

¹ Tomalty, R. 2012. *Carbon in the Bank: Ontario's Greenbelt and its role in mitigating climate change*. [Vancouver]: David Suzuki Foundation

² Ministry of the Environment, Conservation and Parks. 2018. *Preserving and protecting our environment for future generations: A Made-in-Ontario environment plan*. [Toronto]: Ontario Ministry of the Environment, Conservation and Parks.

³ Walkerton Inquiry (Ont.) and Dennis R. O'Connor. 2002. *Report of the Walkerton Inquiry: A strategy for safe drinking water*. [Toronto]: Ontario Ministry of the Attorney General.

Notably, Section 39 of the Clean Water Act currently requires all Planning Act decisions to conform to policies in approved source protection plans that address significant drinking water threats prescribed by the Clean Water Actⁱ. This important provision must remain applicable to all municipal planning and zoning decisions in order to protect public health and safety.

Bill 66 not only impacts drinking water, but also moves back progress made on protecting Lake Simcoe. The Lake Simcoe Protection Act was created to safeguard the watershed and protect our Great Lakes and Lake Simcoe from environmental damage. Lake Simcoe attracts 9 million visitors on an annual basis and accounts for approximately \$1 billion dollars in annual spending. Due to the economic, environmental and health impacts that the *Open for Business* planning bylaw will present, we urge the government to remove the amendment to the Planning Act, from Bill 66. At minimum, public health authorities should be granted the ability under the *Planning Act* to review and comment on open for business bylaw applications, due to potential risk and hazards to health and for the protection and promotion of public health and safety.

ⁱ Threats identified in the act include landfills, sewage systems, and the storage or handling of fuel, fertilizers, manure, pesticides, road salt, organic solvents and other substances on lands near wells or surface water intake pipes used by municipal drinking water systems

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

Manager, Regulations Division
Tobacco Products Regulatory Office
Tobacco Control Directorate
CSCB, Health Canada
0301A-150 Tunney's Pasture Drwy
Ottawa, ON K1A 0K9

Via E-Mail

Re: Health Canada Proposals: Vaping Products Advertising

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to provide our feedback on the federal proposals to reduce the impact of vaping products advertising on youth and non-users of tobacco products.

We have expressed our strong support to the Ontario Government for harmonizing the rules that govern the sale, promotion, display and consumption of tobacco, vape products and combustible cannabis in public places. We believe that this is sound public health policy that reduces public confusion, allows for consistent public health messaging and simplifies compliance and enforcement activities.

With the recent proliferation of billboards, point-of-sale promotions and displays for vapour products visible to children and youth in our communities, it is clear that this harmonization has not been achieved and that the existing provincial and federal restrictions on display and promotion of these products have fallen demonstrably short of their intentions.

Use of vape products among youth has risen sharply over the past two years and will continue to do so without stricter prohibitions on their promotion and marketing. The predatory marketing tactics of tobacco companies – especially as they relate to enticing young people - were recognized decades ago and the effectiveness of banning their display and promotion has been clearly demonstrated. Allowing the manufacturers of vapour products (many of which are also tobacco companies) to engage in those same predatory tactics is a leap backwards for public health in general and a threat to children, in particular.

We are therefore supportive of the regulatory measures that are under consideration and agree with the rationale behind them. The proposals appear to be well-aligned with Ontario's existing restrictions on tobacco product advertising, promotion and display, which is in keeping with our desire for consistency.

The proposed restrictions on point-of-sale promotion, display and advertising in public places would certainly stem the tide of vaping product promotion that is causing us the most concern, but we would submit that the rules governing broadcast media and publications should be strengthened.

In both cases, restriction of vaping product ads would only apply to children- and youth-oriented programming and publications. We would argue that this is the wrong approach

because of the difficulties in defining children- and youth- oriented media (which would make enforcement difficult and almost certainly lead to court challenges) and because of the absolute certainty that adult-oriented mass-media marketing would reach children anyway. We need look no further than past experience with tobacco marketing for validation of these concerns and we therefore urge you to consider revising these proposals to prohibit vape promotion in mass media of any kind.

The popularity of these products among children and youth are well established, and we are in favour of strengthening the statutory provisions aimed at minimizing their appeal. We look forward to examining and commenting more specifically on the draft legislation that we hope will be introduced soon.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'R. Kyle', written in a cursive style.

Dr. Robert Kyle,

COPY: Hon. Ginette Petitpas Taylor, Minister of Health (Canada)
Hon. Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care (Ontario)
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. David Williams, Chief Medical Officer of Health (Ontario)

February 11, 2019

Hon. Ginette Petitpas Taylor
Minister of Health, Canada
House of Commons
Ottawa, On K1A 0A6

Ginette.petitpastaylor@parl.gc.ca

Dear Minister Petitpas Taylor:

Petition for an adequately-funded national cost-shared universal healthy school food program

On behalf of the Windsor-Essex County Health Unit, we are writing to express our support for Toronto's Board of Health and Senator Art Eggleton's call for a federal universal health school program, passed at WECHU's September 2018 Board of Health meeting.

Student nutrition programs (SNPs) are community-based meal and snack programs that operate primarily in schools. School food programs are increasingly seen as vital contributors to students' physical and mental health, and academic achievement. A growing body of research demonstrates the potential of school food programs to improve food choices, prevent disease, and support academic success (including academic performance, reduced tardiness, and improved student behaviour) for all students.

In Windsor and Essex County, SNPs have been a driving force in ensuring children have access to healthy food and beverages throughout the school day. This is especially important because our region has low rates of vegetables and fruit consumption in children.

In Ontario, SNPs are run locally by students, parents and volunteers, and are funded through multiple sources including provincial funding, local community groups and organizations, grants, and local fundraising. For most programs, the current funding available does not cover the full cost to run the programs at full capacity. As well, many schools lack the infrastructure to support cooking healthy meals.

To deal with these funding shortfalls, programs resort to a variety of methods including reducing the number of meals served, offering fewer servings with smaller portions, relying on ready-made food more often, or decreasing the quality of food offered. These can significantly undermine the potential positive health effects that SNPs can have on Canadian children.

Given the documented benefits of SNPs, we urge the federal government to support an adequately-funded national cost-shared universal healthy school food program. Sustained federal investment, as proposed by Senate Motion no. 358, would leverage local efforts and allow SNPs to expand their impact and improve children's health and educational outcomes, while lowering future healthcare costs.

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

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette, RN, MSc
Chief Executive Officer, Chief Nursing Officer

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2018.HL28.5>

<https://www.wechu.org/board-meetings/september-2018-board-meeting>

c: Cheryl Hardcastle, MP Windsor-Tecumseh
Brian Masse, MP Windsor West
Tracey Ramsey, MP Essex
Dave Van Kesteren, MP Chatham Kent-Leamington
Hon. Christine Elliott, Deputy Premier, Ontario Minister of Health and Long-Term Care
Ontario Boards of Health
Windsor-Essex County Board of Health
Association of Public Health Agencies (aPHa)
Association of Municipalities of Ontario (AMO)
Federation of Canadian Municipalities
Ontario Student Nutrition Program, Windsor-Essex Region
WEC local school boards



Public Health
Santé publique
SUDBURY & DISTRICTS

April 10, 2019

All Ontario Senators
The Senate of Canada
Ottawa, ON K1A 0A4

Dear Honourable Ontario Senators:

Re: Support for Bill S-228, Child Health Protection Act

On behalf of the Board of Health for Public Health Sudbury & Districts, please accept this correspondence reaffirming our full support for Bill S-228, Child Health Protection Act, which, when passed, would ban food and beverage marketing to children under 13 years of age.

Food and beverage advertisements directed at children can negatively influence lifelong eating attitudes and behaviours (including food preferences, purchase requests, and consumption patterns). Regulation of food and beverage marketing to children is considered an effective and cost saving population-based intervention to improve health and prevent disease.

In 2016, the Board of Health supported a motion in support of Bill S-228 and urged the federal government to implement a legislative framework to protect child health by ensuring protection from aggressive marketing of unhealthy food and beverages. Additionally, the Association of Local Public Health Agencies and the Ontario Dietitians in Public Health have submitted letters expressing their full support for Bill S-228.

The Board of Health for Public Health Sudbury & Districts commends you for your leadership in the development of this landmark piece of legislation. Bill S-228 has passed its third reading in the House of Commons and is awaiting royal assent. As a critical step to improving the health of Canadians, we respectfully request that you pass Bill S-228 without further delay.

Sincerely,

Original signed by

René Lapierre, Chair
Board of Health, Public Health Sudbury & Districts

cc: Association of Local Public Health Agencies
Ontario Boards of Health

Healthier communities for all.
Des communautés plus saines pour tous.

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February 27, 2019

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

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

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

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

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

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

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

.../2

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


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

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

Sincerely,



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



Don Brisbane
Vice-Chairperson, Board of Health

Enclosures (2)

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

Your lifetime partner in healthy living.
Votre partenaire à vie pour vivre en santé.



April 3, 2019

The Honourable Lisa MacLeod
Minister of Children, Community and Social Services
Hepburn Block, 6th Floor
80 Grosvenor Street
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The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
College Part, 5th Floor
777 Bay Street
Toronto, ON M7A 213
christine.elliott@pc.ola.org

Dear Ministers:

RE: Bill 60 (An Act to amend the Ministry of Community and Social Services Act to establish the Social Assistance Research Commission)

I am writing to you on behalf of the Board of Health for Peterborough Public Health in support of the North Bay Parry Sound District Health Unit's call for the establishment of the Social Assistance Research Commission (SARC). We urge the passing of [Bill 60](#) as an important step towards fiscal responsibility for health care costs and to address health inequities associated with food insecurity.

Food insecurity is inadequate or insecure access to food due to financial constraints. It is an extremely significant [cost to the Ontario health care system](#). Between 2005 and 2010, health care costs were 23-121% higher for Ontarians in food insecure households. Having enough money for healthy food is critical for health and well-being, and when people are food insecure, they are more likely to suffer chronic health conditions such as heart disease, diabetes, and cancer.

Our region has some of the highest food insecurity rates in Ontario, with 1 in 6 households worrying about not having enough money for food. In 2013-14 in Ontario, 64% of [households on social assistance](#) experienced food insecurity. The root cause of food insecurity is insufficient income to pay for food. In 2018, a single man in our region on Ontario Works had only \$105 left after paying market rent for a bachelor apartment, but the cost of food was just over \$300 (See the attached [2018 Limited Incomes Report](#)). If social assistance rates are insufficient to meet rent and food costs, our residents on social assistance cannot meet these and other basic needs, such as utilities, clothing, and transportation? Basic needs of residents on social assistance must be met to ensure that all Ontarians can achieve physical, mental and social well-being.

Establishment of a SARC would determine the cost of living for Ontario residents on social assistance. This is an important step towards residents having adequate income for food which in the long term will lower costs to the Ontario Health System.

Furthermore, our Board of Health is committed to addressing upstream approaches to support health, and striving for equity in our community. We view adequacy of income as crucial to the health and well-being of all residents. On behalf of the Board of Health, I respectfully urge the Standing Committee on Social Policy to promptly move ahead with hearings on Bill 60.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag
Encl.

cc: The Honourable Doug Ford, Premier of Ontario
The Honourable Vic Fedeli, Minister of Finance
Local MPPs
Association of Local Public Health Agencies
Ontario Boards of Health



CONNECTED healthier COMMUNITIES together

EXECUTIVE SUMMARY

Being socially connected to family, friends and our communities – having a sense of belonging – is important to our well-being. People who are connected are happier. They enjoy better health and use fewer health services. They are more resilient in the face of adversity, and they live longer.

Communities where people feel connected have less crime and stronger economic growth. Their children perform better in school. Their citizens are more involved: they are more likely to co-operate to benefit all members of the community and to work together to address the social determinants of health, which leads to greater health equity.

How connected are Ontarians? There are worrying signs that many – particularly younger people – feel less connected than they did in the past. While most Ontarians have friends, they see them much less often. They are also much less likely to volunteer in their communities than they once did and, when they do volunteer, they give less time.

Our sense of community is threatened by large systemic pressures and changes. Changes to family and social structures, increasing work and time pressures, urbanization and sprawl, and growing income inequality all make it harder for people to feel connected. Technologies, including television, computers and smartphones, compete for our attention: a growing number of people have hundreds of friends online but few in-person contacts. Perhaps of greatest concern, a growing number of people have lost trust in governments, institutions and one another, which makes them less likely to actively participate in their communities.

These large systemic pressures require system-wide solutions.

The time to act is now. Loneliness and social isolation are serious public health problems that cost us all. They affect our productivity, health, well-being – even how long we live. It's time to revitalize communities and create a healthier Ontario.

Helping people and communities (re)connect is everyone's business. To (re)build a sense of belonging – create connected communities – individuals, organizations, businesses, communities and governments must work together to foster a society that values social connection.

This report recommends three key ways to create more connected communities:

- 1. Invest in Community:** Governments should shine a spotlight on the critical importance of connected communities by investing in collecting data on social connection and sense of community, assessing all government policies for their impact on community, creating built environments that make it easier for people to engage in their communities, and tackling the broader social and economic drivers of social isolation.
- 2. Enable Community:** Public health units – uniquely positioned between communities and different levels of government – should play a lead role in enabling community. Public health units can make people aware of the benefit of social connections, use data to develop targeted community-building programs, encourage organizations to partner to address systemic issues that drive social isolation, and champion effective frameworks for community development.
- 3. Be Community-Centred and Community-Driven:** We should challenge ourselves and each other to make community health and well-being a priority.

Community begins from the ground up. Individual actions make a big difference. At the local level, individuals and organizations – including businesses – can drive change. They can collaborate, pooling strengths and assets to build community. They can make community health and well-being a priority in all their decisions.

It's time to make social connection and sense of community as important a measure of our health and well-being as blood pressure and economic output.

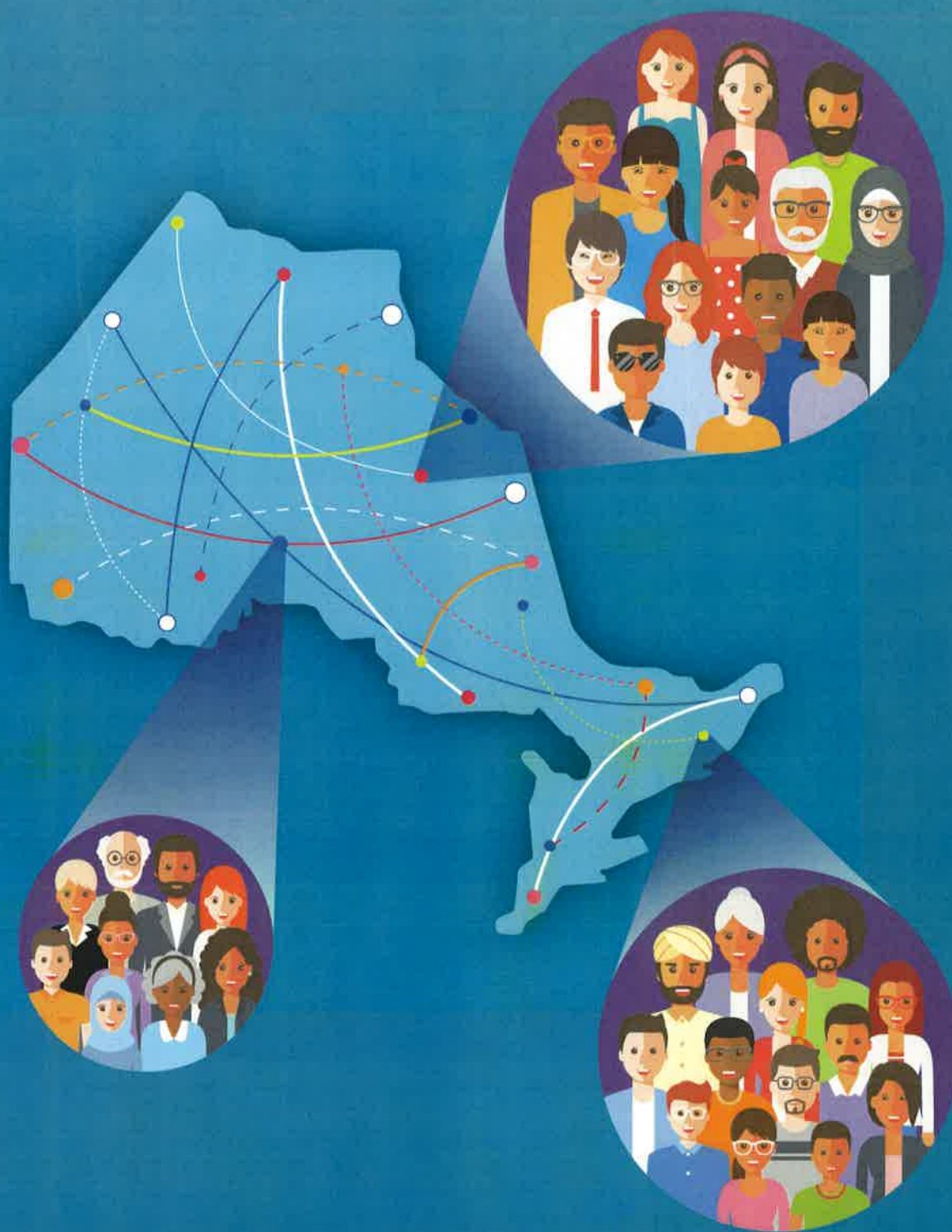
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RAPPORT ANNUEL 2017

du médecin hygiéniste en chef de l'Ontario à l'Assemblée législative de l'Ontario



COLLECTIVITÉS UNIES : en santé ensemble

RÉSUMÉ

Entretenir des liens sociaux avec sa famille, ses amis et sa collectivité – avoir un sentiment d'appartenance – est un élément important du bien-être. Les gens qui ont de tels liens sont plus heureux. Ils sont en meilleure santé et ont recours à moins de services de santé. Ils sont plus résilients devant les épreuves et vivent plus longtemps.

Les collectivités où les gens sentent qu'ils ont des liens sociaux connaissent moins de criminalité et ont une croissance économique plus vigoureuse. Les enfants ont de meilleurs résultats scolaires. Les citoyens participent plus : ils ont plus tendance à collaborer pour le bien de tous les membres de la collectivité et sont plus susceptibles de collaborer pour améliorer les déterminants sociaux de la santé, ce qui mène à une plus grande équité en matière de santé.

À quel point les Ontariens sentent-ils un lien d'appartenance? Des signes inquiétants indiquent qu'un grand nombre d'entre eux, en particulier des jeunes, sentent qu'ils ont moins de liens sociaux qu'avant. Si la plupart des Ontariens ont des amis, ils les voient cependant beaucoup moins souvent. Ils ont aussi beaucoup moins tendance qu'avant à faire du bénévolat dans leur collectivité, et quand ils en font, ils y consacrent moins de temps.

Notre sentiment d'appartenance à la collectivité est menacé par des pressions et changements systémiques importants. Avec les changements aux structures familiales et sociales, la pression accrue imposée par le travail et la gestion du temps, l'urbanisation et l'étalement urbain ainsi que l'inégalité croissante des revenus, il est plus difficile pour les gens d'avoir un sentiment d'appartenance. Les technologies, notamment la télévision, les ordinateurs et les téléphones intelligents, se disputent notre attention, de sorte que de plus en plus de gens ont des centaines d'amis en ligne, mais peu d'amis qu'ils rencontrent en personne. Plus préoccupant encore, un nombre croissant de gens ont perdu confiance en leurs gouvernements et leurs institutions et les uns envers les autres, ce qui a tendance à diminuer leur participation active dans leur collectivité.

Ces importantes pressions systémiques exigent des solutions à une échelle comparable.

Le temps d'agir est venu. La solitude et l'isolement social sont de graves problèmes de santé publique qui représentent un coût pour nous tous. Ils se répercutent sur notre productivité, notre santé, notre bien-être et même notre longévité. Il est temps de revitaliser les collectivités et de faire de l'Ontario une province plus saine.

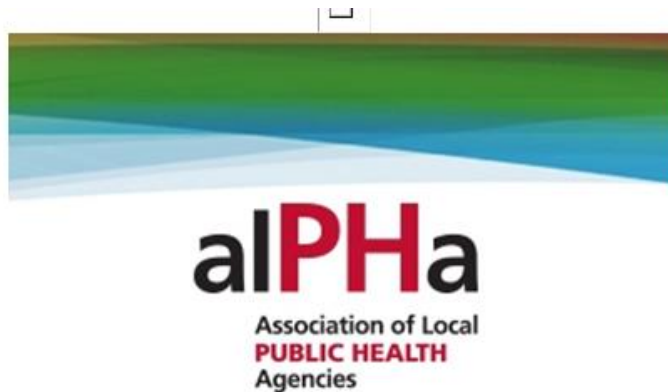
Il revient à tout le monde d'aider les personnes et les collectivités à établir ou à rétablir des liens. Pour construire ou reconstruire un sentiment d'appartenance, et créer des collectivités unies, les gens, les organismes, les entreprises, les collectivités et les gouvernements doivent travailler ensemble pour créer une société qui valorise les liens sociaux.

Le présent rapport recommande trois grandes façons de créer des collectivités plus unies :

- 1. Investir dans les collectivités :** Les gouvernements devraient mettre en lumière l'importance capitale des collectivités unies en investissant dans la collecte de données sur les liens sociaux et le sentiment d'appartenance à la collectivité, en examinant toutes les politiques gouvernementales quant à leur incidence sur les collectivités, en créant des milieux bâtis qui facilitent la participation des gens à la vie de leur collectivité, et en luttant contre les facteurs sociaux et économiques plus larges qui contribuent à l'isolement social.

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Information Break

February 19, 2019

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

2019 Winter Symposium

Today is the last day to register online for the Winter Symposium that will be held this Thursday, February 21 at the Chestnut Conference Centre in Toronto. Be sure to sign up for this informative event. Plenary highlights include morning presentations on the connection between mental health and public health, and health unit risk management. In the afternoon, Section meetings for COMOH and board of health members will take place. These will be followed by an evening reception and special guest lecture by Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine. The reception and lecture, co-hosted by alPHA and the Dalla Lana School of Public Health, will be held at the nearby School.

[Register here for the 2019 Winter Symposium](#)

[Learn more about the Symposium here](#)

alPHA Responses & Communications

On February 12, alPHA responded to the first report of the Premier's Council on Improving Health Care and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain*. alPHA's letter underscored public health's role in health protection and illness prevention, activities that can help the government achieve its health mandate. The letter also included alPHA's pre-budget submission to government.

[Download alPHA's response to the Hallway Health Care report](#)

[Read the Hallway Health Care report here](#)

The Association also wrote to the Minister of Finance in response to provincial consultations on alcohol choice and convenience. alPHa's correspondence of January 31 outlined public health concerns regarding the negative health and societal impacts of increased availability of alcohol in the province. It also asks the government to develop a comprehensive provincial alcohol strategy.

[Read alPHa's letter on proposed changes to the sale of alcohol](#)

On January 30, alPHa president Dr. Robert Kyle presented the Association's pre-budget submission and public health resource paper to several Progressive Conservative MPPs in Whitby, Ontario. Dr. Kyle spoke before Durham Region MPPs Lorne Coe, Lindsey Park and Doug Downey, parliamentary assistant to the finance minister. The opportunity to present was part of the government's 2019 budget consultations.

[Read alPHa's pre-budget submission here](#)

[Read alPHa's public health resource paper here](#)

Website Features: Correspondences & Consultations

To stay up to date on alPHa's submissions on various public health issues, visit our Correspondences web page for the latest letters and written responses.

[Go to alPHa's Correspondences page](#)

alPHa keeps a list of current government consultations on its website. Check the link below often as updates are made regularly.

[View a list of current consultations on alPHa's website](#)

Government News Round Up

[Premier's Council on Improving Health Care and Ending Hallway Medicine releases first report](#) - 2019/01/31

[Financial Accountability Office of Ontario releases report on Ontarians' personal income](#) - 2019/01/31

Upcoming Events - Mark your calendars!

February 21, 2019 - Winter Symposium & Section Meetings, Chestnut Conference Centre, 89 Chestnut Street, Toronto, Ontario. [Register here!](#) Note: There are no accommodations at the Chestnut Conference Centre so attendees will need to book their own guestrooms (see our [flyer](#) for suggestions).

March 27, 28 & 29, 2019 - [TOPHC 2019](#), Beanfield Centre, Toronto, Ontario. [Registration now open](#). Early bird deadline ends February 19.

June 9, 10 & 11, 2019 - Annual General Meeting & Conference, Kingston, Ontario. Co-hosted with KFL&A Public Health. [Four Points by Sheraton](#), 285 King St. E., Kingston, Ontario. [View the Notice of AGM and calls](#).

alPHA is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

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alPHa
Association of Local
PUBLIC HEALTH
Agencies

Information Break

March 26, 2019

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

Proceedings 2019 Winter Symposium

alPHa has prepared proceedings for last month's Winter Symposium that took place in Toronto. The write-up includes summaries of presenters' talks, links to their presentations as well as photos from the event. Thanks goes to everyone who participated and attended. [View the alPHa 2019 Winter Symposium Proceedings](#)

alPHa Consultations

alPHa will be reviewing the upcoming provincial Spring 2019 Budget when it is released on April 11, so stay tuned for an update.

On March 6, alPHa president Dr. Robert Kyle and executive director Loretta Ryan participated in a provincial roundtable regarding alcohol retail expansion. A public health and safety perspective was provided on the Ontario government's plans to expand the sale of alcohol into corner and big-box stores, and further expand into grocery stores (see link below). Earlier on March 4, COMOH members Drs. Eileen de Villa and Jessica Hopkins attended a similar roundtable on behalf of the medical and associate medical officers of health. In January, alPHa wrote a letter to the province about alcohol choice and convenience (see link below).

[Read alPHa's roundtable submission on alcohol retail expansion](#)
[Read alPHa's letter on proposed changes to the sale of alcohol](#)

On February 20, COMOH representatives Drs. David Colby, Eileen de Villa, Janet DeMille and Robert Kyle provided testimony to the Standing Committee on Public Accounts concerning the Auditor General's 2017 report, which included an audit on public health and chronic disease prevention. A key message delivered to the standing committee focused on the fact that Ontario is equipped with a interconnected and well-regulated public health system to tackle chronic diseases.

[Read the 2017 Auditor General's report on chronic disease here](#)

2019 Annual Conference

This year's annual conference, *Minding Public Health*, will take place at the Four Points by Sheraton in Kingston, Ontario. The June 9-11 event will feature an address by Canada's Chief Public Health Officer, Dr. Theresa Tam, as well as panel presentations on the upstream and downstream approaches to mental health issues taken by public health and partnering sectors. In addition to guest presentations, there will be an opening reception at the offices of conference co-host KFL&A Public Health, an awards luncheon honoring distinguished service in public health, the AGM and Resolutions Session, and business meetings for board of health members and COMOH members. Registration for the conference will open in April, so look for news in this space and upcoming emails. In the meantime, check out the conference page (link below) to learn more about this event and book your guest accommodations.

[Learn more about alPHA's 2019 Annual Conference here](#)

[View the latest program-at-a-glance here](#)

Call for Resolutions

Health units and their boards have until April 26, 2019 to submit resolutions to alPHA for consideration at the June annual conference. For resolutions amending the association's Constitution, the deadline is April 11, 2019.

[View the 2019 Call for Resolutions here](#)

alPHA Fitness Challenges

Now that spring has arrived, get ready to take part in this year's annual alPHA Fitness Challenges for health unit employees and boards of health. Health units are challenged to involve all staff in 30 minutes of physical activity on May 9. Boards of health are encouraged to get their members to participate in 30 minutes of physical activity as well during April and May. Health units and boards of health with the highest participation rate will be recognized at the upcoming June conference.

[Learn more about the health unit employee Fitness Challenge](#)

[Learn more about the Fitness Challenge for boards of health](#)

alPHA Video: What is Public Health?

alPHA has produced a short video explaining public health, the determinants of health, and its role in the community. The resource is uploaded on the association's website and may be referenced by health units and boards of health to help create awareness of public health's work and its value.

[View alPHA's public health video here](#)

News Round Up

[Chief Public Health Officer's statement on World TB Day](#) - 2019/03/24

[Province appoints special advisor for alcohol review](#) - 2019/03/21

[Province launches new local food goal](#) - 2019/03/18

(Video) [Battling Vaccine Myths, The Agenda with Steve Paikin](#), tvo.org - 2019/03/14

[Chief Public Health Officer's statement on measles and vaccine hesitancy](#) - 2019/03/12

(Podcast) [Social media and vaccine hesitancy, The Current, CBC Radio](#) - 2019/03/11

[Health Canada announces further restrictions on opioids marketing](#) - 2019/03/11

[Minister Elliott releases declaration of patient values](#) - 2019/03/08

[Province names Ontario Health Board of Directors](#) - 2019/03/08

[Health Canada sets new guideline for lead in drinking water](#) - 2019/03/08

[Ontario to release 2019 Budget on April 11](#) - 2019/03/07

[Ontario releases 2017 Annual Report of the Chief Medical Officer of Health](#) - 2019/03/06

[Health Canada funds \\$1.7M toward reducing climate change impacts](#) - 2019/03/01

[Canada strengthens accountability and transparency for sustainable development](#) - 2019/03/01

[Provinces urged to put health measures in tobacco lawsuits](#) - 2019/02/26

[Province announces next stage in environment plan](#) - 2019/02/12

Upcoming Events - Mark your calendars!

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alPHA is the provincial association for Ontario's public health units. You are receiving this update because you are a member of a board of health or an employee of a health unit.

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Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPHA.

Update to Board of Health Members March 1, 2019

2019 alPHa Winter Symposium

Thank you to all those who attended our recently concluded 2019 Winter Symposium in Toronto. More than a hundred members from 34 health units convened on February 21 to hear discussion panels on the connection between public health and mental health, and managing risk, and participate in an orientation session for new board of health members and a business meeting for medical/associate medical officers of health. A highlight was an evening reception and special guest lecture co-hosted by the Dalla Lana School of Public Health at the University of Toronto. Guest speaker Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine, presented the government's vision for excellence in health care. Full proceedings of the Symposium plenary sessions will be available to the membership shortly. In the meantime, alPHa sincerely thanks the presenters, conference planning committee members, and the Dalla Lana School of Public Health for their participation, assistance with and support of this event.

[View alPHa's photos from the Winter Symposium on Twitter here](#)

BOH Orientation

At the recent orientation session for new and returning board of health members, alPHa's Executive Director and Past President gave an overview of the association, its role and organizational structure, and the current public health system. alPHa legal counsel James LeNoury reviewed board of health liabilities, including general liabilities of board members and the responsibilities of boards of health under the *Health Protection and Promotion Act*. Click the links below to see the slide decks (login and password required).

[View the orientation slide deck by alPHa](#)

[View the board of health liability presentation by J. LeNoury](#)

[Download the 2018 Orientation Manual for BOH Members](#)

[Download the Governance Toolkit for Ontario BOHs](#)

Health System Restructuring

On February 26, the Ontario government announced plans to introduce legislation that would, if passed, support the establishment of local Ontario Health Teams that connect health care providers and services around patients and families, and integrate multiple existing provincial agencies into a single health agency – Ontario Health. Existing agencies slated for integration include the 14 Local Health Integration Networks, Cancer Care Ontario, Health Quality Ontario and eHealth Ontario, among others. On February 27, first reading was passed on Bill 74, *The People's Health Care Act*, which would enable the proposed amendments to take place. Although public health was not mentioned in the announcement, alPHa will continue to monitor developments as they arise.

[Read Bill 74, The People's Health Care Act here](#)

[Read Ontario's announcement on health care reform here](#)

[Read the Association of Municipalities of Ontario's briefing on the announcement](#)

alPHA Responses & Communications

On February 12, alPHA responded to the first report of the Premier's Council on Improving Health Care and Ending Hallway Medicine, *Hallway Health Care: A System Under Strain*. alPHA's letter underscored public health's role in health protection and illness prevention, activities that can help the government achieve its health mandate. The letter also included alPHA's pre-budget submission to government.

[Download alPHA's response to the Hallway Health Care report](#)

[Read the Hallway Health Care report here](#)

The Association also wrote to the Minister of Finance in response to provincial consultations on alcohol choice and convenience. alPHA's correspondence of January 31 outlined public health concerns regarding the negative health and societal impacts of increased availability of alcohol in the province. It also asks the government to develop a comprehensive provincial alcohol strategy.

[Read alPHA's letter on proposed changes to the sale of alcohol](#)

On January 30, alPHA's President presented the Association's pre-budget submission and public health resource paper to several Progressive Conservative MPPs in Whitby, Ontario. He spoke before Durham Region MPPs Lorne Coe, Lindsey Park and Doug Downey, parliamentary assistant to the finance minister. The opportunity to present was part of the government's 2019 budget consultations. alPHA's submission focused on public health's contributions in keeping people healthy and underscored their tremendous value. In support of the submission, alPHA also drafted a 2-page resource document. The communiqué is being used to start a conversation with MPPs about the importance of local public health and to demonstrate public health's strong return on investment.

[Read alPHA's pre-budget submission here](#)

[Read alPHA's public health resource paper here](#)

alPHA Correspondence

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

Upcoming Events and Meetings for All Board of Health Members

June 9-11, 2019: Minding Public Health, [alPHA 2019 Annual General Meeting & Conference](#), Four Points by Sheraton Hotel & Suites, 285 King St. E., Kingston, Ontario. [Book your accommodations](#) now as space is limited. See a [save the date flyer](#). Program and registration details coming soon.

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

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

WORKPLACE HEALTH

putting health on your agenda

Cannabis: Let's start a conversation

Cannabis, commonly known as marijuana, pot, or weed, has been around for a long time. So why do we need to start a conversation? Before cannabis was legalized in October 2018, individuals did not talk openly about it. Yet, many people use cannabis without giving much thought to the risks and health effects. Legalization has opened the doors to having this conversation. You have the right to know what cannabis can do other than make you feel “high”. Ask yourself: Do I understand what cannabis can do to my body? Can using cannabis affect my ability to do my job? Where can I get more information or help?

In this issue you will learn:

- How cannabis affects the body and your ability to work
- About recreational and medical cannabis
- What you can do as an employer or an employee
- About Canada's Lower-Risk Cannabis Use Guidelines

You will also learn more about available resources to support you and others in the workplace.



What is cannabis?

Cannabis is a legal substance or drug containing more than 100 chemicals called “cannabinoids” including delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD).

- THC is responsible for causing the sensation of intoxication or the “high” feeling. It is the main psychoactive (mind altering) cannabinoid and is most responsible for affecting how we feel, think, and act
- CBD has little or no psychoactive effects
- Synthetic cannabinoids are manmade chemicals that claim to imitate the effects of cannabis. Some common names include K2 or Spice. Synthetic cannabinoids can cause more serious or immediate health risks for individuals because the plant materials and chemicals used to create this drug can vary and are unknown
- Cannabis is commonly consumed by either inhalation (smoking, vaporizing) or ingestion (edibles taken orally). Smoking can provide quick but short-term effects on the body whereas oral consumption can produce delayed effects that will last longer. Cannabis impairment can last up

to 24 hours. **Caution: edibles need to be stored in a safe place away from children and pets**

- The risk of cannabis addiction increases with daily use or if you use cannabis before the age of 25

Medical cannabis

- In 2001, medical cannabis was legalized in Canada
- Authorization to use medical cannabis is given by a doctor as part of a treatment plan
- Employers have a duty to accommodate an employee who has medical authorization to use medical cannabis, to the point of undue hardship

Recreational cannabis

- In October 2018, recreational cannabis was legalized in Canada
- Recreational cannabis is used without medical justification
- Employers **are not** required by law to accommodate the use of **recreational** cannabis

Ways the use of cannabis can affect the body



Cannabis use can affect your work by:

- Impacting your ability to work safely or make decisions in safety sensitive positions
- Decreasing your reaction time and coordination
- Causing you to miss work and reduce your productivity

Legal implications

According to Canadian health and safety legislation, employers have a legal obligation to provide a safe work environment and employees are entitled to a safe workplace. Workplaces are highly encouraged to review and update their policies on substance misuse to include cannabis.

Consider the following when updating or developing your workplace policies:

- Significance to employees and the workplace
- Clear rules about recreational and medical cannabis use
- Well-defined terms for impairment and fit for duty
- Circumstances that allow for the testing of substances
- Process for accommodation
- Employee's right to confidentiality and availability of education, training and resources

Things to consider for the employer:

- Training for management to recognize and respond to substance use in the workplace
- Training and education for employees about the health impact of cannabis, workplace policies, and procedures related to substance use and the law
- Signage related to the *Smoke-Free Ontario Act 2017*
- Ensuring employees understand they are required to be fit for duty
- Providing education to reduce stigma related to substance use so that employees who have problems related to cannabis or other substances will feel comfortable asking for help. Also, so employees can understand why some individuals need to use medical cannabis
- Accommodating medical cannabis with medical authorization and required documentation
- Testing programs and disciplinary actions
- Ensuring resources are available to employees pertaining to use, addiction and help



Things to consider for the employee:

- Understanding and obeying the health and safety legislation, workplace policies, and procedures related to substance misuse such as cannabis
- Understanding the meaning of impairment and fit for duty
- Understanding the health effects of cannabis on the body
- Judging others can cause individuals to not ask for help
- Seeking help for challenges related to the use of cannabis/substance misuse

Remember:

- **Consuming recreational cannabis in the workplace is illegal**
- **Smoking and vaping cannabis in an enclosed work space or work vehicle is prohibited: <https://www.ontario.ca/page/where-you-cant-smoke-or-vape-ontario>**
- **Any form of cannabis use while operating a motor vehicle and machinery is illegal and dangerous**

How to reduce health risks associated with cannabis use:

- Abstinence is the best way to avoid harmful effects of cannabis
- Choose low risk cannabis products such as those that contain less THC
- Limit the use of cannabis to occasional use such as one day a week
- Do not use synthetic cannabinoids
- Don't drive a vehicle or operate any other machinery while using cannabis
- Avoid cannabis use if you are pregnant or if you are at risk for mental health problems
- Avoid using "deep breathing" and "breath-holding" techniques when smoking cannabis

Cannabis usage is an individual's choice however it is important to be cannabis wise as a consumer. Canada's Lower-Risk Cannabis Use Guidelines (LRUCG) were created to educate, protect and guide the public to ensure safe cannabis use and to reduce health risks.

For more information about the guidelines: <https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf>

Discuss any challenges related to cannabis consumption with:

- Health care provider
- Family member
- Employee Assistance Program provider
- Public Health Sudbury & Districts
- Ontario (ConnexOntario)
1-866-531-2600

For more information regarding cannabis:

- <https://www.phsd.ca/cannabis>
- https://www.camh.ca/-/media/files/lrucg_professional-pdf
- https://www.ccohs.ca/products/publications/cannabis_whitepaper.pdf
- <https://www.ontario.ca/page/cannabis-legalization>

The intent of this newsletter is to provide you with the facts to help start and continue conversations related to the use of cannabis. In addition, it is hoped that this will lead you and others to make decisions that will keep everyone safe and healthy, to encourage those who need help to seek it, and to understand that just because recreational cannabis usage is now legal, doesn't mean it is good for you.

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Public Health
Santé publique
SUDBURY & DISTRICTS

LA SANTÉ AU TRAVAIL

inscrire la santé à votre agenda

Cannabis : Engageons une conversation

Le cannabis, mieux connu sous le nom de marijuana, pot ou herbe, existe depuis bien longtemps. Alors, pourquoi devons-nous en parler? Avant la légalisation du cannabis en octobre 2018, les gens n'en parlaient pas ouvertement. Or, de nombreuses personnes consomment du cannabis sans vraiment réfléchir aux risques et à ses effets sur la santé. La légalisation a permis d'engager cette conversation. Vous avez le droit de savoir ce que le cannabis peut faire, autre que de vous procurer un sentiment d'euphorie. Posez-vous les questions suivantes : Est-ce que je comprends ce que le cannabis peut faire à mon corps? Le cannabis peut-il nuire à ma capacité d'accomplir mon travail? Où puis-je obtenir plus de renseignements ou d'aide?

Dans ce numéro, nous aborderons les sujets suivants :

- Les effets du cannabis sur le corps et la capacité de travailler
- Le cannabis utilisé à des fins récréatives ou médicales
- Que dois-je faire comme employeur ou employé
- Les Recommandations canadiennes pour l'usage du cannabis à moindre risque

Vous en apprendrez aussi plus sur les ressources disponibles pour aider les autres et vous-même dans le milieu de travail.



Qu'est-ce que le cannabis?

Le cannabis est une substance ou une drogue légale qui contient plus de 100 produits chimiques appelés « cannabinoïdes », y compris le delta-9-tétrahydrocannabinol (THC) et le cannabinoïde (CBD).

- Le THC entraîne la sensation d'intoxication ou d'euphorie. C'est le principal cannabinoïde psychoactif (psychotrope) qui nuit à nos sensations, à notre pensée et à nos actes.
- Le CBD a peu ou pas d'effets psychoactifs.
- Les cannabinoïdes synthétiques sont des produits chimiques créés par l'humain qui tentent d'imiter les effets du cannabis. On les appelle couramment K2 ou Spice. Les cannabinoïdes synthétiques peuvent entraîner des risques graves ou immédiats pour la santé chez les personnes qui en consomment, car les matières végétales et les produits chimiques utilisés pour les fabriquer peuvent varier et sont inconnus.
- On consomme couramment le cannabis en l'inhalant (fumé, vaporisé) ou en l'ingérant (produits comestibles). Fumer le cannabis peut provoquer des effets rapides, mais de courte durée sur le corps, tandis que le consommer sous forme de nourriture peut produire des effets retardés, qui dureront plus longtemps. Les facultés peuvent être affaiblies par le cannabis

jusqu'à 24 heures. **Mise en garde : les produits comestibles doivent être rangés dans un endroit sécuritaire et hors de la portée des enfants et des animaux.**

- Le risque de dépendance au cannabis augmente avec une consommation quotidienne, ou lorsqu'il est consommé avant l'âge de 25 ans.

Cannabis médical

- En 2001, le cannabis médical a été légalisé au Canada.
- Un médecin autorise la consommation de cannabis à des fins médicales dans le cadre d'un plan de traitement.
- Les employeurs ont le devoir de prendre des mesures d'accommodement pour un employé qui a l'autorisation médicale de consommer du cannabis, jusqu'au seuil de la contrainte excessive.

Cannabis récréatif

- En octobre 2018, le cannabis récréatif a été légalisé au Canada.
- Le cannabis récréatif est utilisé sans justification médicale.
- Les employeurs ne sont pas tenus par la loi d'accommoder la consommation de cannabis à des fins récréatives.

Effets possibles du cannabis sur le corps



La consommation de cannabis peut nuire à votre travail

- Nuit à votre capacité de travailler de manière sécuritaire ou de prendre des décisions dans des postes critiques pour la sécurité.
- Diminue votre temps de réaction et votre coordination.
- Entraîne des absences du travail et réduit votre productivité.

Répercussions juridiques

Selon la loi canadienne sur la santé et la sécurité, les employeurs ont une obligation légale de fournir un environnement de travail sécuritaire et les employés ont droit à un milieu de travail sécuritaire. On exhorte les employeurs à examiner et à mettre à jour les politiques sur le mésusage de substances, y compris le cannabis, dans les lieux de travail.

Envisagez ce qui suit lors de la mise à jour ou de l'élaboration de politiques pour votre lieu de travail :

- Pertinence pour les employés et le milieu de travail.
- Règles claires au sujet de la consommation de cannabis à des fins récréatives et médicales.
- Termes bien définis concernant les facultés affaiblies et le fait d'être apte au travail.
- Circonstances qui justifient un test de dépistage de substances.
- Processus d'accommodation.
- Droit de l'employé à la vie privée et accès à l'éducation, à la formation et aux ressources.

Aspects à envisager pour l'employeur

- Formation à l'intention de la direction pour reconnaître la consommation de substances dans le milieu de travail et pour y réagir.
- Formation et éducation pour les employés sur les effets du cannabis sur la santé, les politiques des lieux de travail et les procédures touchant la consommation de substances et la loi.
- Affichage sur la Loi de 2017 favorisant un Ontario sans fumée.
- S'assurer que les employés comprennent qu'ils sont tenus d'être aptes au travail.
- Offrir de l'éducation pour réduire la stigmatisation liée à la consommation de substances afin que les employés qui ont des problèmes avec le cannabis ou d'autres substances se sentent à l'aise de demander de l'aide. Aussi, afin que les employés comprennent pourquoi certaines personnes ont besoin de consommer du cannabis à des fins médicales.
- Accommoder la consommation de cannabis à des fins médicales autorisée par un médecin et les documents requis.
- Établir des programmes de dépistage et des mesures disciplinaires.



- S'assurer que des ressources sont disponibles aux employés concernant la consommation, la dépendance et l'aide.

Aspects à envisager pour l'employé

- Comprendre et respecter la loi sur la santé et la sécurité, les politiques des lieux de travail, et les procédures touchant le mésusage de substances, comme le cannabis.
- Comprendre la signification des facultés affaiblies et le fait d'être apte au travail.
- Comprendre les effets du cannabis sur la santé et sur le corps.
- Comprendre qu'en portant un jugement, cela peut empêcher certaines personnes de demander de l'aide.
- Chercher de l'aide pour les problèmes liés à la consommation de cannabis et au mésusage de substances.

N'oubliez pas

- **Consommer du cannabis à des fins récréatives sur les lieux de travail est illégal.**
- **Fumer et vapoter du cannabis dans un espace de travail clos ou un véhicule de travail sont interdits : <https://www.ontario.ca/fr/page/les-endroits-ou-vous-ne-pouvez-pas-fumer-ou-vapoter-en-ontario>.**
- **Toute forme de consommation de cannabis en conduisant un véhicule motorisé et de la machinerie est illégale et dangereuse.**

Comment réduire les risques pour la santé associés à la consommation de cannabis

- S'abstenir de consommer du cannabis est la meilleure façon d'éviter ses effets dangereux.
- Choisir des produits de cannabis à faible risque, comme ceux qui contiennent moins de THC.
- Limiter la consommation de cannabis, p. ex., à une fois par semaine.
- Ne pas consommer de cannabinoïdes synthétiques.
- Ne pas conduire un véhicule ni faire fonctionner de la machinerie en consommant du cannabis.
- Éviter de consommer du cannabis pendant la grossesse s'il existe un risque de problèmes de santé mentale.
- Éviter de respirer profondément ou de retenir son souffle lorsqu'on fume du cannabis.

La consommation de cannabis est un choix personnel. Cependant, il est important d'être averti comme consommateur. Les Recommandations canadiennes pour l'usage du cannabis à moindre risque ont été créées pour éduquer, protéger et guider la population afin d'assurer une consommation de cannabis sécuritaire et de réduire les risques pour la santé.

Pour obtenir plus de renseignements au sujet de ces recommandations :
<https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-fr.pdf>

Pour discuter des problèmes liés à la consommation de cannabis, s'adresser à :

- Fournisseur de soins de santé
- Membre de la famille
- Fournisseur d'un programme d'aide aux employés
- Santé publique Sudbury et districts
- Ontario (ConnexOntario) 1.866.531.2600

Pour obtenir plus de renseignements au sujet du cannabis :

- <https://www.phsd.ca/fr/sujets-et-des-programmes-de-sante/cannabis>
- https://www.camh.ca/-/media/files/lrcug_professional-pdf (anglais seulement)
- https://www.cchst.ca/products/publications/cannabis_whitepaper.pdf
- <https://www.ontario.ca/fr/page/legalisation-du-cannabis>

Le but de ce bulletin est de vous donner les faits pour aider à lancer et à poursuivre des conversations portant sur la consommation du cannabis. De plus, nous espérons que cela aidera d'autres personnes et vous-même à prendre des décisions qui assureront la sécurité et la santé de tous, à encourager les personnes qui ont besoin d'aide d'aller en chercher et à comprendre que même si le cannabis récréatif est maintenant légal, cela ne veut pas dire que c'est bon pour vous.

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Public Health
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APPROVAL OF CONSENT AGENDA

MOTION: THAT the Board of Health approve the consent agenda as distributed.

Dear alPHa Members,

Re: 2019 Ontario Budget, Protecting what Matters Most

Unlike previous recent budgets, the 2019 Ontario Budget contains a section devoted specifically to Modernizing Ontario's Public Health Units, so the traditional chapter-by-chapter summary of other items of interest to alPHa's members will be delayed as our immediate focus will be need to be on the significant changes that are being proposed for Ontario's public health system.

It appears that the Government intends to create efficiencies through streamlining back-office functions, adjusting provincial-municipal cost-sharing, and reducing the total number of health units and Boards of Health from 35 to 10 in a new regional model. As details about how they will do this are scarce, verbatim excerpts from the two areas that are directly relevant are reproduced here (*comments added in italics*):

VERBATIM EXCERPT FROM CHAPTER 1, A PLAN FOR THE PEOPLE: MODERNIZING ONTARIO'S PUBLIC HEALTH UNITS (P. 119)

"Ontario currently has 35 public health units across the province delivering programs and services, including monitoring and population health assessments, emergency management and the prevention of injuries. Funding for public health units is shared between the Province and the municipalities.

However, the current structure of Ontario's public health units does not allow for consistent service delivery, could be better coordinated with the broader system and better aligned with current government priorities. This is why Ontario's Government for the People is modernizing the way public health units are organized, allowing for a focus on Ontario's residents, broader municipal engagement, more efficient service delivery, better alignment with the health care system and more effective staff recruitment and retention to improve public health promotion and prevention.

As part of its vision for organizing Ontario public health, the government will, as first steps in 2019-20:

- Improve public health program and back-office efficiency and sustainability while providing consistent, high-quality services, be responsive to local circumstances and needs by adjusting provincial-municipal cost-sharing of public health funding (*ed. Note: what this means is not spelled out, i.e. it is not clear how such an adjustment would contribute to efficiency and if they are considering a change to the relative share, they have not revealed what it will be*).
- Streamline the Ontario Agency for Health Protection and Promotion to enable greater flexibility with respect to non-critical standards based on community priorities (*ed. Note: again, not spelled out*).

The government will also:

- Establish 10 regional public health entities and 10 new regional boards of health with one common governance model by 2020-20 (*based on the excerpt from chapter 3 below, it is likely that this means consolidation and not the establishment of another regional layer*);
- Modernize Ontario’s public health laboratory system by developing a regional strategy to create greater efficiencies across the system and reduce the number of laboratories; and
- Protect what matters most by ensuring public health agencies focus their efforts on providing better, more efficient front-line care by removing back-office inefficiencies through digitizing and streamlining processes.

VERBATIM EXCERPT FROM CHAPTER 3, ONTARIO’S FISCAL PLAN AND OUTLOOK (HEALTH SECTOR INITIATIVES, P. 276-7):

Health Sector expense is projected to increase from \$62.2B in 2018-19 to \$63.5B in 2021-22, representing an annual average growth rate of 1.6% over the period...Major sector-wide initiatives will allow health care spending to be refocused from the back office to front-line care. These initiatives include:

- Modernizing public health units through regionalization and governance changes to achieve economies of scale, streamlined back-office functions and better-coordinated action by public health units, leading to annual savings of \$200M by 2021-22.

Gordon Fleming and Pegeen Walsh (ED, OPHA) were able to ask a couple of questions of clarification of Charles Lammam (Director, Policy, Office of the Deputy Premier and Minister of Health and Long-Term Care), and he mentioned that strong local representation and a commitment to strong public health standards will be part of the initiative, and the focus of the changes is more on streamlining the governance structure. He also indicated that many of the details (including the cost-sharing model) will need to be ironed out in consultation with municipal partners and hinted that there is a rationale behind the proposed number of health units though he couldn’t share that level of detail at this time.

Please [click here](#) for the portal to the full 2019 Ontario Budget, which includes the budget papers, Minister’s speech and press kits.

alPha’s Executive Committee will be holding a teleconference at 9 AM on Friday April 12 to begin the formulation of a strategic approach to obtaining further details about the foregoing and responding to the proposals. As always, the full membership will be consulted and informed at every opportunity.

We hope that you find this information useful.

Loretta Ryan,
Executive Director

WHEREAS advances in treatment and timely interventions and supports have allowed people living with HIV to manage their illness and live a healthy life; and

WHEREAS there have been no confirmed cases of sexually transmitted HIV to an HIV-negative partner when the HIV-positive partner was continuously on antiretroviral therapy (ART) with sustained viral suppression; and

WHEREAS when a person living with HIV on ART takes their medications consistently as prescribed and maintains a confirmed suppressed viral load, there is effectively no risk of their passing the infection on to their sex partners; and

WHEREAS Canada's Chief Public Health Officer and Provincial and Territorial Chief Medical Officers of Health have acknowledged the important work of the Undetectable = Untransmittable (U=U) campaign, which promotes the scientific evidence that indicates that when an individual is being treated for HIV and maintains a suppressed viral load, there is effectively no risk of sexual transmission; and

WHEREAS the Ontario Public Health Standards require the use of health promotion approaches to increase adoption of healthy behaviours among the population and create supportive environments to promote healthy sexual practices;

NOW THEREFORE BE IT RESOLVED that the Council of Ontario Medical Officers of Health endorse the message that an undetectable HIV viral load poses effectively no risk of HIV transmission within a comprehensive public health approach to sexual health;

AND FURTHER that the Council of Medical Officers of Health join the Chief Public Health Officer of Canada and the Provincial and Territorial Chief Medical Officers of Health in acknowledging the importance of communicating the U=U message as part of a comprehensive public health approach to sexual health;

AND FURTHER that the Chief Public Health Officer of Canada, Provincial and Territorial Chief Medical Officers of Health, Ontario Minister of Health and Long-Term Care and all Ontario Boards of Health be so advised.

CARRIED February 21, 2019

To: René Lapierre, Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and CEO
Date: April 11, 2019
Re: Support for Undetectable = Untransmittable campaign

For Information

For Discussion

For a Decision

Issue:

Stigma continues to accompany living, dating and loving with HIV. This is despite scientific evidence which demonstrates that when a person living with HIV takes antiretroviral therapy (ART) as prescribed and maintains sustained viral suppression, there is effectively no risk of HIV transmission to sex partners. Initiatives such as the Undetectable = Untransmittable campaign (U=U) are changing the conversation about HIV. The U=U message is an important step in promoting community acceptance of people living with HIV and reducing barriers to testing and treatment. The official endorsement of U=U by the Board of Health sends a strong anti-stigma message to our community and contributes to sexual health promotion.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts support the motion on today's agenda to endorse the U=U campaign, as part of a comprehensive public health approach to sexual health.

Background:

The Ontario Public Health Standards require the use of health promotion approaches to increase the adoption of healthy behaviours among the population and create supportive environments to promote health sexual practices. The U=U campaign messaging is an important part of a broad, comprehensive public health approach to sexual health.

This campaign has been previously endorsed by a number of public health leaders, notably the Chief Public Health Officer of Canada, the Provincial and Territorial Chief Medical Officers of Health, and most recently the Council of Ontario Medical Officers of Health.

U=U campaign

The campaign was launched in 2016 and stems from a global community of HIV advocates, researchers, and organizations to promote the solid foundation of scientific evidence which highlights that when a

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

person living with HIV on ART takes their medications consistently as prescribed and maintains a confirmed suppressed viral load, there is effectively no risk of their passing the infection on to their sex partners. It has rapidly gathered momentum and currently [endorsed](#) by over 760 organizations from nearly 20 countries. Stigma can be a real barrier for people to HIV prevention, testing, and treatment. The U=U campaign aims to reduce this stigma and move towards improving the lives of those living with HIV.

HIV treatment

Human immunodeficiency virus (HIV) is caused by a virus that attacks the immune system. The virus is found in blood and other body fluids and is spread to others through sexual activities or through exposure to blood and body fluids of an infected person.

Advances in treatment and timely interventions and supports have allowed people living with HIV to manage their illness and live a healthy life. There have been no confirmed cases of sexually transmitted HIV to an HIV-negative partner when the HIV-positive partner was continuously on antiretroviral therapy (ART) with sustained viral suppression.

In 2015, an estimated 182 people were living with diagnosed HIV in Public Health Sudbury & Districts region. Of those, 84% were in care, 74% were on antiretroviral therapy, and 69% were virally suppressed.¹

Ontario Public Health Standard:

Infectious and Communicable Diseases Prevention and Control, Chronic Disease and Well-Being

Strategic Priority:

Equitable Opportunities

References:

¹Ontario HIV Epidemiology and Surveillance Initiative. (2018). *HIV in Ontario by public health unit: Testing, new diagnoses and care cascade*. Retrieved from <http://www.ohesi.ca/documents/OHESI-HIV-by-PHU-2018-11.pdf>

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

UNDETECTABLE = UNTRANSMITTABLE (U=U) ANTI-STIGMA CAMPAIGN

MOTION:

WHEREAS the U=U campaign has been endorsed by public health leaders, notably the Chief Public Health Officer of Canada, the Provincial and Territorial Chief Medical Officers of Health, and most recently the Council of Ontario Medical Officers of Health; and

WHEREAS the Board of Health, by officially endorsing the U=U campaign, transmits a strong anti-stigma message to Sudbury and districts communities and contributes to sexual health promotion;

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts endorse the U=U campaign message that an undetectable HIV viral load poses effectively no risk of HIV transmission within a comprehensive public health approach to sexual health; and

FURTHER THAT community and public health partners be so advised.

Public Health Sudbury & Districts

2018 Accountability Monitoring Report

Accountability Monitoring Report
2018 • 2022



Public Health
Santé publique
SUDBURY & DISTRICTS

The Accountability Monitoring Plan helps to demonstrate how we are working to achieve our vision, mission, and values, as part of our day to day work and contributes to the Board's commitment to transparency with all stakeholders. The Accountability Monitoring Plan includes three main reporting categories that collectively demonstrate accountability for provincial mandates and local commitments:

Provincial Organizational Requirements

Within the organizational requirements category, we report on four domains of accountability per the Ontario Public Health Standards (OPHS): delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice. Reporting is on compliance with the Ministry of Health and Long-Term Care organizational requirements (as outlined in the 2018 OPHS), and compliance with Public Health Sudbury & Districts locally-determined organizational indicators that reflect the local context.

Provincial & Local Program Requirements

Within the program requirements category, we will monitor progress and measure success with both provincial and local reporting mechanisms relating to the foundational and program standards of the 2018 OPHS. We report on the Ministry of Health and Long-Term Care public health indicators for program outcomes and contributions to population health outcomes, as well as on additional Public Health Sudbury & Districts locally-determined indicators in accordance with our program planning. Reporting mechanisms will be determined following receipt of additional details from the Ministry of Health and Long-Term Care.

Board of Health Strategic Priorities

Within the Board of Health strategic priorities category, we measure performance and progress as it relates to the 2018–2022 Strategic Plan and the implementation of our strategic priorities: equitable opportunities, meaningful relationships, practice excellence, and organizational commitment. Qualitative reporting provides an account of each strategic priority in action.

Executive Summary

Overall, the results of the report illustrate that Public Health Sudbury & Districts is accountable and meeting its performance monitoring goals. The measurement and monitoring strategies that are in place, and which are highlighted in the report, provide evidence for decision making and continuous quality improvement. Progress is continually monitored and adjustments to practice are made to ensure desired outcomes.

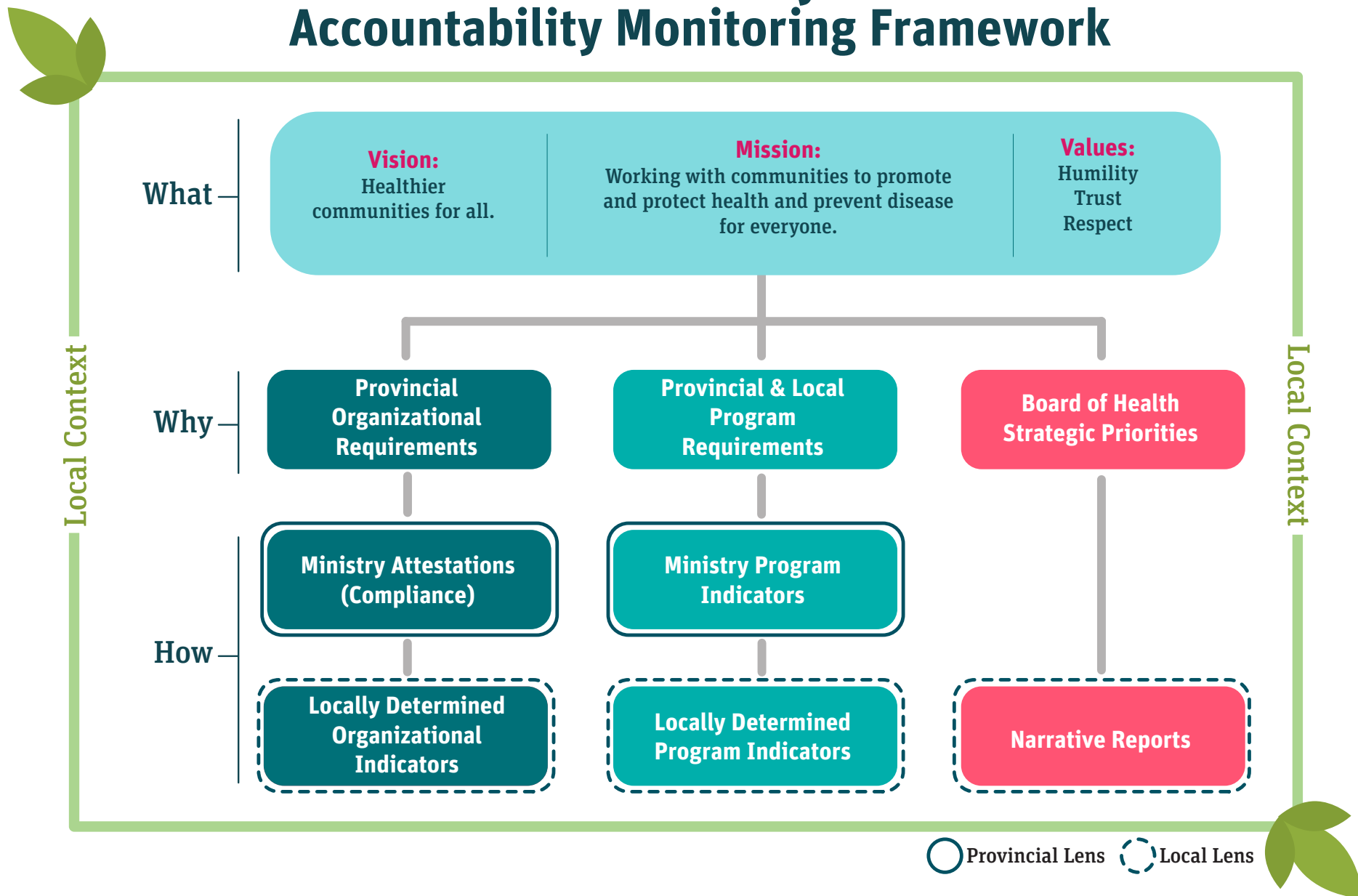
Key Findings

- Compliant with 78 of 80 Provincial Organizational Requirements.
- On track with meeting the 12 Public Health Sudbury & Districts' Organization-Specific Performance Monitoring Indicators
- 4 Strategic Priorities Narratives that highlight descriptive stories of Public Health Sudbury & Districts' programs and/or services that demonstrate the 4 Strategic Priorities "in action"

Reporting Timelines



Public Health Sudbury & Districts Accountability Monitoring Framework





Provincial Organizational Requirements

Ministry Attestations

Table 1: Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
1. Delivery of Programs and Services	1. The board of health shall deliver programs and services in compliance with the Foundational and Program Standards					
	2. The board of health shall comply with programs provided for in the Health Protection and Promotion Act					
	3. The board of health shall undertake population health assessments including identification of priority populations, social determinants of health and health inequities, and measure and report on them					
	4. The board of health shall describe the program of public health interventions and the information used to inform them including how health inequities will be addressed.					
	5. The board of health shall publicly disclose results of all inspections or other required information in accordance with the Foundational and Program Standards	*				
	6. The board of health shall prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines					
	7. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Foundational and Program Standards					
	8. The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year	*				



Met or Exceeded Standard



Non-Compliant with standard

* Explanatory note on Pg. 18

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
2. Fiduciary Requirements	1. The board of health shall comply with the terms and conditions of the Ministry-Board of Health Accountability Agreement					
	2. The board of health shall provide costing information by program					
	3. The board of health shall submit budget submissions, quarterly financial reports, annual settlement reports, and other financial reports as requested					
	4. The board of health shall place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry if the ministry provides the grant to boards of health prior to their immediate need for the grant					
	5. The board of health shall report all revenues it collects for programs or services in accordance with the direction provided in writing by the ministry					
	6. The board of health shall report any part of the grant that has not been used or accounted for in a manner requested by the ministry					
	7. The board of health shall repay ministry funding as requested by the ministry					
	8. The board of health shall ensure that expenditure forecasts are as accurate as possible					
	9. The board of health shall keep a record of financial affairs, invoices, receipts and other documents, and shall prepare annual statements of their financial affairs					
	10. The board of health shall comply with the financial requirements of the Health Protection and Promotion Act (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations					



Met or Exceeded Standard



Non-Compliant with standard

Provincial Organizational Requirements

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
2. Fiduciary Requirements	11. The board of health shall use the grant only for the purposes of the Health Protection and Promotion Act and to provide or ensure the provision of programs and services in accordance with the Health Protection and Promotion Act, Foundational and Program Standards, and Ministry-Board of Health Accountability Agreement					
	12. The board of health shall spend the grant only on admissible expenditures					
	13. The board of health shall comply with the Municipal Act, 2001 which requires that boards of health ensure that the administration adopts policies with respect to its procurement of goods and services. All procurement of goods and services should normally be through an open and competitive process					
	14. a) The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: a plan for the management of physical and financial resources					
	14. b) The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: a process for internal financial controls which is based on generally accepted accounting principles					
	14. c) The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: a process to ensure that areas of variance are addressed and corrected					
	14. d) The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: A procedure to ensure that the procurement policy is followed across all programs/services areas					



Met or Exceeded Standard



Non-Compliant with standard

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Domain	Requirement	2018	2019	2020	2021	2022
2. Fiduciary Requirements	14. e) The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards					
	14. f) The board of health shall ensure that the administration implements appropriate financial management and oversight which ensures the following are in place: A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity					
	15. The board of health shall negotiate service level agreements for corporately provided services					
	16. The board of health shall have and maintain insurance					
	17. The board of health shall maintain an inventory of all tangible capital assets developed or acquired with a value exceeding \$5,000 or a value determined locally that is appropriate under the circumstances					
	18. The board of health shall not dispose of an asset which exceeds \$100,000 in value without the ministry's prior written confirmation					
	19. The board of health shall not carry over the grant from one year to the next, unless pre-authorized in writing by the ministry					
	20. The board of health shall maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported					
	21. The board of health shall comply with the Community Health Capital Programs policy					



Met or Exceeded Standard



Non-Compliant with standard

Provincial Organizational Requirements

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Standard	Requirement	2018	2019	2020	2021	2022
3. Good Governance & Management Practices	1. The board of health shall submit a list of board members					
	2. The board of health shall operate in a transparent and accountable manner, and provide accurate and complete information to the ministry					
	3. The board of health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members					
	4. The board of health shall carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest					
	5. The board of health shall comply with the governance requirements of the Health Protection and Promotion Act (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations					
	6. The board of health shall comply with the medical officer of health appointments requirements of the Health Protection and Promotion Act, and the ministry's policy framework on medical officer of health appointments, reporting, and compensation					
	7. The board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce	*				
	8. The board of health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision					



Met or Exceeded Standard



Non-Compliant with standard

* Explanatory note on Pg. 18

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Standard	Requirement	2018	2019	2020	2021	2022
3. Good Governance & Management Practices	9. The board of health shall engage in community and multi-sectoral collaboration with LHINs and other relevant stakeholders in decreasing health inequities					
	10. The board of health shall engage in relationships with Indigenous communities in a way that is meaningful for them	*				
	11. The board of health shall provide population health information, including social determinants of health and health inequities, to the public, community partners, LHINs, and health care providers in accordance with the Foundational and Program Standards					
	12. a) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Use and establishment of sub-committees					
	12. b) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Rules of order and frequency of meetings					
	12. c) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Preparation of meeting agenda, materials, minutes, and other record keeping					
	12. d) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Selection of officers					
	12. e) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body					
	12. f) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Remuneration and allowable expenses for board members					



Met or Exceeded Standard



Non-Compliant with standard

* Explanatory note on Pg. 18

Provincial Organizational Requirements

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Standard	Requirement	2018	2019	2020	2021	2022
3. Good Governance & Management Practices	12. g) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Procurement of external advisors to the board such as lawyers and auditors (if applicable)					
	12. h) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Conflict of interest					
	12. i) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Confidentiality					
	12. j) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review					
	12. k) The board of health shall develop and implement policies or by-laws regarding the functioning of the governing body, including: Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan					
	13. The board of health shall ensure that by-laws, policies and procedures are reviewed and revised as necessary, and at least every two years					
	14. a) The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: Delivery of programs and services					
	14. b) The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: Organizational effectiveness through evaluation of the organization and strategic planning					



Met or Exceeded Standard



Non-Compliant with standard

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Standard	Requirement	2018	2019	2020	2021	2022
3. Good Governance & Management Practices	14. c) The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: Stakeholder relations and partnership building	Met or Exceeded Standard				
	14. d) The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: Research and evaluation	Met or Exceeded Standard				
	14. e) The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: Compliance with all applicable legislation and regulations	Met or Exceeded Standard				
	14. f) The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: Workforce issues, including recruitment of medical officer of health and any other senior executives	Met or Exceeded Standard				
	14. g) The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: Financial management, including procurement policies and practices	Met or Exceeded Standard				
	14. h) The board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: Risk management	Met or Exceeded Standard				
	15. The board of health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an analysis of the results, board of health discussion, and implementation of feasible recommendations for improvement, if any	Met or Exceeded Standard				



Met or Exceeded Standard



Non-Compliant with standard

Provincial Organizational Requirements

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Standard	Requirement	2018	2019	2020	2021	2022
3. Good Governance & Management Practices	16. The board of health shall ensure the administration develops and implements a set of client service standards	*				
	17. The board of health shall ensure that the medical officer of health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management					
4. Public Health Practice	1. The board of health shall ensure that the administration establishes, maintains, and implements policies and procedures related to research ethics					
	2. The board of health shall designate a Chief Nursing Officer					
	3. The board of health shall demonstrate the use of a systematic process to plan public health programs and services to assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities					
	4. The board of health shall employ qualified public health professionals in accordance with the Qualifications for Public Health Professionals Protocol, 2018 (or as current)					
	5. a) The board of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement. This may include: Measurement of client, community, and stakeholder/partner experience to inform transparency and accountability	*				
	5. b) The board of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement. This may include: Regular review of outcome data that includes variances from performance expectations and implementation of remediation plans					



Met or Exceeded Standard



Non-Compliant with standard

* Explanatory note on Pg. 19

Table 1 (continued): Organizational Requirement Reporting - 2018–2022

Standard	Requirement	2018	2019	2020	2021	2022
5. All Domains	1. The board of health shall submit an Annual Service Plan and Budget Submission to include all programs and services delivered by boards of health and program costing for ministry-funded programs					
	2. The board of health shall submit action plans as requested to address any compliance or performance issues					
	3. The board of health shall submit all reports as requested by the ministry					
	4. The board of health shall have a formal risk management framework in place that identifies, assesses, and addresses risks					
	5. The board of health shall produce an annual financial and performance report to the general public					
	6. The board of health shall comply with all legal and statutory requirements					

Met or Exceeded Standard
 Non-Compliant with standard

Notes: Program Highlights– Ministry Attestations

All but two Provincial Organizational Requirements that the Ministry requires reporting on were met in 2018.

The following provides information on these two requirements and on some key projects and milestones from 2018.

1.0 Delivery of Programs and Services

1.5 The board of health shall publicly disclose results of all inspections or other required information in accordance with the Foundational and Program Standards

- All routine compliance inspections and re-inspections are proactively disclosed in accordance with the Ontario Public Health Standards via the Check Before You Go! website. Public Health Sudbury & Districts is awaiting Ministry of Health and Long-Term Care direction regarding disclosure of complaints prior to including complaint investigation reports on Check Before You Go! Ministry of Health and Long-Term Care direction is expected to be received in 2019 via updates to Protocols. Work will be completed to attain full compliance with this requirement.

1.8 The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year

- The 2018 – 2022 Strategic Plan was launched in 2018. Extensive planning went into the development of the plan and included input from staff, clients, and community partners.

3.0 Good Governance and Management Practices

3.7 The board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce

- The Workforce Development Framework continues to be operationalized. Ongoing liaison with the post secondary sector allows for building public health competencies and recruitment of the future workforce. There are ongoing professional and leadership development opportunities offered and promoted on our Staff Development site and through annual training opportunities.

3.10 The board of health shall engage in relationships with Indigenous communities in a way that is meaningful for them

- An Indigenous Engagement strategy entitled: Finding our Path Together was developed via a comprehensive process of community and organizational engagement and launched in October 2018. An external Indigenous Engagement Strategy Advisory Committee provided guidance throughout the development of the strategy and guided a work plan of various engagement activities. Their advice was instrumental in ensuring mutually beneficial, meaningful, and effective engagement throughout the process of developing the strategy.

3.16 The board of health shall ensure the administration develops and implements a set of client service standards

- Draft client service standards have been developed using the internal feedback, best practices from the literature, and an environmental scan of other public health agencies. A validation survey was also developed to seek staff and community input on standard topics and implementation. The standards will be finalized in 2019.

4.0 Public Health Practice

4.5 a) The board of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement. This may include: Measurement of client, community, and stakeholder/partner experience to inform transparency and accountability

- An agency-wide client satisfaction survey was launched in April 2018 to gather feedback from community members and partners. Results are monitored regularly to inform program and service improvements and an annual report with recommendations for improvements will be reviewed by senior management in early 2019.
- An organizational Accountability Monitoring Plan was also developed to help monitor agency performance as it relates to provincial requirements, local needs, and the strategic plan. Results are being presented in this report.

Locally Determined Organizational Indicators

Public Health Sudbury & Districts’ Organization-Specific Performance Monitoring Indicators are meant to provide the Board of Health with information about the “current state” of key focus areas, and to allow for monitoring of their progress year after year. Both individually and as a whole, the indicators demonstrate Public Health Sudbury & Districts’ commitment toward performance excellence and its Vision of “Healthier communities for all”.

Table 2: Locally Determined Organizational Indicators 2018–2022

Domain	Indicator	2018	2019	2020	2021	2022
1. Delivery of Programs and Services	1. Number of inclusive partnerships	34*	-	-	-	-
	2. Social media engagement					
	a. Facebook: post engagement	51 418*	-	-	-	-
	b. Twitter: engagement	3 592*				
	3. Number of externally peer-reviewed products	6*	-	-	-	-
	4. Number of collaborative relationships with Indigenous communities and groups	59*	-	-	-	-
	5. Emergency preparedness					
	a. Basic emergency management training - all managers are trained	95%*				
	b. Basic emergency management training - all PHIs are trained	100%	-	-	-	-
	c. Mandatory emergency training (internal) - all Board members are trained/up to date	N/A*				
d. Mandatory emergency training (internal) - all staff are trained/up to date	90%*					

* Explanatory note on Pg. 22

Table 2 (continued): Locally Determined Organizational Indicators 2018–2022

Domain	Indicator	2018	2019	2020	2021	2022
2. Fiduciary Requirements	6. Board of Health Finance Committee business agenda items reflect committee responsibilities per the terms of reference	Yes	-	-	-	-
3. Good Governance & Management Practices	7. Completion rate of Board of Health evaluations					
	a. Monthly evaluations	92%	-	-	-	-
	b. Annual evaluation	86%				
	8. Participation at The Ontario Public Health Convention (TOPHC)	9	-	-	-	-
	9. Implementation status of the National Standard of Canada for Psychological Health and Safety in the Workplace	See Notes*	-	-	-	-
	10. Workforce development					
a. Number of hours of preceptorship	9 003	-	-	-	-	
b. % of salary expenditures used for staff development	1.40%					
4. Public Health Practice	11. Number of Louise Picard Public Health Research Grants funded annually	6	-	-	-	-
	12. Quality improvement maturity	Beginning*	-	-	-	-

* Explanatory note on Pg. 22–23

Notes: Locally Determined Organizational Indicators

Public Health Sudbury & Districts' Locally Determined Organizational Indicators measure our performance as an organization and further demonstrate its commitment to excellence and accountability.

1. Delivery of Programs and Services

1. Number of inclusive partnerships

- An inclusive partnership is measured by the number of partnerships where we work with stakeholders who are directly impacted by the planning, implementation, and delivery of programs and service.

2. Social media engagement

- To monitor engagement with Facebook, we examine the total number of clicks and/or reactions/comments/shares of a post. To monitor engagement with Twitter, we collect data on engagement which includes number of link clicks, retweets, likes, and replies.

4. Number of collaborative relationships with Indigenous communities and groups

- This indicator demonstrates the number of collaborative relationships between Public Health Sudbury & Districts and Indigenous partners in both urban settings and in First Nations. The relationship may also be an inclusive partnership as defined above and, if so, would also be captured in that indicator.

5a. Basic emergency management training - all managers are trained

- 43/45 managers have been trained. A temporary manager and a temporary foundational standard specialist have not been trained.

5c. Mandatory emergency training (internal) - all Board members are trained/up-to-date

- Board members were not trained on mandatory emergency training in 2018 due to the municipal elections and changes to the OPHS. This training was deferred to 2019.

5d. Mandatory emergency training (internal) - all staff are trained/up-to-date

- 233 of 258 eligible staff have confirmed that they have been trained/up to date on the mandatory emergency training. Current processes are being reviewed to improve and ensure that trainings are completed within the timeframes identified.

3. Good Governance & Management Practices

8. Participation at The Ontario Public Health Convention (TOPHC)

- Public Health Sudbury & Districts' staff participated in 4 presentations, 3 workshops, and 2 panel discussions at TOPHC in 2018.

9. Implementation status of the National Standard of Canada for Psychological Health and Safety in the Workplace

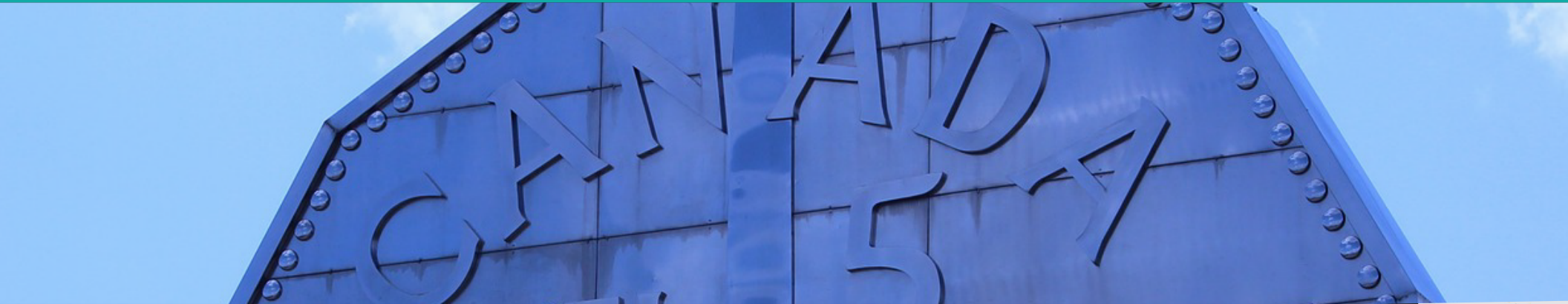
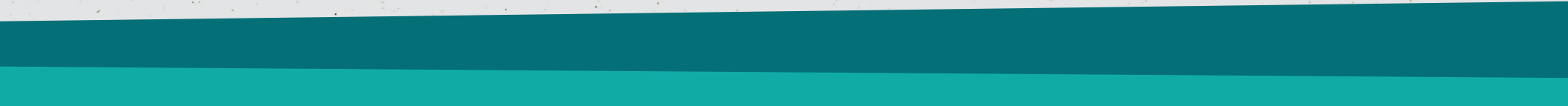
- The vision for a psychologically healthy and safe workplace is one that actively works to prevent harm to worker psychological health and promotes psychological well-being. There are 11 key steps identified by the Mental Health Commission of Canada for Implementing the Standard. Currently Public Health Sudbury and Districts has completed 6 steps, while 4 steps remain in progress. At this time 1 step has not been started.

4. Public Health Practices

12. Quality improvement maturity

- We have assessed our state of quality improvement through the Quality Improvement Maturity Tool. This validated survey assesses the state of quality improvement in public health units. A total of 111 staff completed the survey.
- Overall, survey responses categorize our organization in the beginning phase (4.34) meaning respondents perceive that we have not adopted formal Quality Improvement projects, applied Quality Improvement methods in a systematic way, or engaged in efforts to build a culture of Quality Improvement. Quality improvement is a newly added component in the 2018 Ontario Public Health Standards. Our agency is in the process of approving an agency wide continuous quality improvement plan and framework. Work will be underway for 2019 to ensure that organizational structures are in place to support a culture of continuous quality improvement.

Provincial Organizational Requirements



Provincial & Local Program Requirements

Ministry Program Indicators

The Ministry of Health and Long-Term Care uses indicators to monitor progress and measure success of boards of health. Indicators that measure achievement of outcomes at the provincial level are being established by the Ministry of Health and Long-Term Care.

Note

Reporting mechanisms for Ministry program indicators will be determined subsequent to receipt of additional details from the Ministry of Health and Long-Term Care.

Locally Determined Program Indicators

Per the 2018 OPHS, additional program indicators will be developed in order to monitor progress and measure success in achieving program outcomes. While this section is still under development, these indicators will be reflective of work carried out under both program and foundational standards. Specific details for these indicators will be included following additional information and guidance from the Ministry of Health and Long-Term Care.

Note

Reporting mechanisms for locally-determined program indicators will be determined subsequent to receipt of additional details from the Ministry of Health and Long-Term Care.



Board of Health Strategic Priorities

Values



Humility

We are modest and self-reflective. We respond to the needs of others, are open to feedback, and seek to understand biases in order to develop and maintain genuine relationships.



Trust

We are honest and dependable, and show integrity in our actions. We encourage transparency and accountability in decision-making, collaboration, and service delivery. We work truthfully and honour our commitments.



Respect

We treat all individuals with mutual respect and sensitivity. We show regard and consideration for our team members, partners, and communities, and we value all contributions.

Strategic Priorities



Equitable Opportunities

We strive for health equity by championing equal opportunities for health.



Meaningful Relationships

We establish meaningful relationships that lead to successful partnerships, collaborations, and engagement.



Practice Excellence

We strive for ongoing excellence in public health practice including, program and service development and delivery.



Organizational Commitment

We advance organization-wide commitment and ensure that we are well positioned to support the work of public health.

2018 Strategic Priorities Narrative Topics

The following presents a list of the Strategic Priorities Narrative topics that were presented in 2018. One report was published in the fall of 2018.

Equitable Opportunities

- ❖ Housing Investigations Involving Marginalized Populations

Meaningful Relationships

- ❖ Building Healthy School Communities through Strong Relationships

Practice Excellence

- ❖ A Team Effort to Practice Excellence – Responding to Infection Prevention and Control Lapses in the Community

Organizational Commitment

- ❖ Check Before You Go! A Commitment to Transparency



Public Health
Santé publique
SUDBURY & DISTRICTS

WINTER SYMPOSIUM PROCEEDINGS

Thursday, February 21, 2019

Chestnut Conference Centre

89 Chestnut St., Toronto

Welcoming Remarks Symposium Chair: Dr. Robert Kyle, alPHa President



Dr. Robert Kyle, President of alPHa welcomed delegates to alPHa's Winter Symposium, with an acknowledgement that it was held on the Ancestral Traditional Territories of the Ojibway, the Anishnabe and the Mississaugas of the New Credit, which is covered by the Upper Canada Treaties.

He thanked the Medical Officers of Health, Associate Medical Officers of Health, Affiliates, and Board of Health members – particularly those who are new to their role – for demonstrating their dedication to the

public health system by attending this event in an unpredictable climate, both political and actual. He also read a letter of greeting that was received from the Minister of Health and Long-Term Care.



Plenary – Making the Connection Between Public Health and Mental Health

Speaker: Lori Spadorcia, Vice President, Communications and Partnerships, Centre for Addiction and Mental Health (CAMH)

Commentators: Trudy Sachowski, Chair, alPHa Boards of Health Section & Dr. Christopher Mackie, Chair, Council of Ontario Medical Officers of Health



Lori Spadorcia gave a brief history of the Centre for Addiction and Mental Health's Toronto campus, to illustrate the importance of breaking down both literal and figurative walls to drive policy change and attitudes related to mental health. The campus itself has evolved from an asylum isolated from the city to an integral and welcome part of the surrounding neighbourhood, as have many of the people who have benefitted from its services.

Despite the measurable progress, there are still science, justice and advocacy gaps. Research on the physiological and psychological factors underlying mental health continues but what is unknown still outweighs what we have learned. Investments in how the justice system deals with mental health are not where they should be and public funding of effective treatments (e.g. cognitive behavioural therapies) is largely absent. The stigma that remains around mental health issues aggravates these gaps, in that it makes advocacy by or on behalf of people living with mental health issues very difficult.

She then reinforced the importance of asking why some diseases get treatment and others get judgment with the

assertion that the burden of mental illness and addictions is higher than that for all cancers combined. It has in other words become an enormous and poorly addressed health issue that could benefit from the same upstream approaches that we use to address physical wellbeing.

She used the example of housing, which has become one of CAMH's top advocacy priorities, to illustrate this idea. The evidence that stable housing is one of the strongest determinants of health is robust and CAMH has had a great deal of success, despite the predictable challenges and resistance, in transitioning close to 100 patients into the community. This however remains a matter that is not being adequately addressed through public policy, and even the most complex cases can be transitioned with the proper supports within a well-connected system of multisectoral care with central access points, strong continuing care and monitoring.

A broader advocacy focus is the message that mental health is health, because it remains marginalized and poorly understood by the health and education systems, employers and society at large. This magnifies the haphazard approaches following diagnoses of mental disease, which in turn highlights the importance of achieving parity with the clear and accepted responses following diagnosis of physical disease. She submitted that the upstream determinants of health approach will be an important foundation for employing a common language for both. In addition, discovery and innovation will remain the foundation of treating mental health the same way that we do physical health, opening options for treatment and, most importantly, providing hope.



Following Lori's presentation, Trudy Sachowski (Chair of alPHA's Boards of Health Section) and Dr. Christopher Mackie (Chair of alPHA's Council of Ontario Medical Officers of Health) were invited to provide further comments from a public health perspective and lead the ensuing discussion.

Trudy spoke of the prevalence of alcohol abuse in her community and the importance of getting to people when they are young through schools, teams, positive reinforcement, supports for assistance, seminars and educational sessions. In the north, this also requires partnering with indigenous associations to ensure that any intervention or program is culturally sensitive and is led by the indigenous community.



Lori agreed with these points and added that having different partners at the table has contributed to the success of a variety of initiatives. Implementing mental health strategy takes a village, which includes schools, social services, police, public health etc., as the audiences are often the same, so innovation and a variety of coordinated approaches can be employed. It is also important to understand that audience through involvement – there is no standard approach that can be expected to work in all cases.

Dr. Chris Mackie continued with a reference to the stigma, noting that the subject of his Master's degree was de-institutionalization of mental health and indicating that this needs to focus on providing supports to individuals who need them and not strictly on reducing the burden on the institutions themselves. He observed that mental health was only incorporated into the Ontario Public Health Standards in 2018, and that this will provide an important foundation for building on the activities that public health had already initiated (e.g. early years, anti-bullying and post-partum programs) by making it a core part of its practice and facilitating further collaboration to reduce the enormous burden of illness. Public health can have a tremendous impact through prevention approaches, especially if the potential of programs such as Healthy Babies, Healthy Children can be unlocked

through proper funding and resources. Roles in secondary and tertiary prevention where mental illnesses and physical illnesses such as TB intersect are also becoming clearer.

The ensuing discussion covered the importance of raising awareness and translating it into action and well-resourced programs and services (the Bell “Let’s Talk” campaign was referenced), addressing workplace culture, building community capacity, and reinforcing the idea that determinants of health – especially when applied in the earliest stages of life – will improve mental health outcomes just as much as they do physical ones.

alPHa Strategic Plan

Speaker: Maria Sanchez-Keane, Principal Consultant, Centre for Organizational Effectiveness



Dr. Robert Kyle welcomed Maria Sanchez-Keane to facilitate a session that would give delegates the opportunity to provide feedback on the new alPHa Strategic Plan, which has been under development throughout the past year.

She provided a summary of the process so far and the agreed-upon strategic directions, indicating that this phase is intended to gather further direction from the membership on implementation of the plan. The work on this began some time ago and has been developed through input from two alPHa Boards and their respective Executive Committees as well as alPHa staff. Delegates were asked to continue

the focus on what alPHa can do to advance public health through the leveraging of its diversity of membership and variety of perspectives in three key areas and considering criteria that should be employed in decision-making processes.

Small-group discussions were organized for each of the key areas (strengthen the local public health system, especially local public health, by leading the dialogue with governments and Ministries; provide leadership in building collaborations and alliances focusing on provincial and municipal levels; build opportunities for multiconstituent connections amongst alPHa members). Written / oral feedback was collected to inform the next version of the Plan. Further work on this will be done by the alPHa Board of Directors during their February 22nd and April 26th meetings. The final Strategic Plan is expected to be presented to the membership during the June 2019 Conference in Kingston.



Panel – Managing Risk in Public Health

Moderator:

Dr. Peter Donnelly, President & CEO, Public Health Ontario

Panelists:

Dr. Penny Sutcliffe, MOH, Public Health Sudbury & Districts

Dr. Robert Kyle, MOH, Durham Region Health Department



This panel was assembled to provide members with a chance to build on previous alPHa sessions on risk management ([2015](#) and [2016](#)) at a time when significant systemic changes are occurring.

Dr. Peter Donnelly launched the panel with introductory comments, observing that managing risk should be closely integrated into governance and there can be consequences if it isn't. He shared a story from his former career about a board of health CEO whose sole focus was on achieving targets without paying attention

to process and inherent risk led to high levels of workplace stress, “hockling the books” and an ignorance of underlying governance shortcomings. The negative outcome of this approach was entirely predictable, and the resulting organizational damage took years to undo.

He continued with a similar story about a board of health in a small and insular community that concerned itself entirely too much with the day-to-day activities of operational staff without paying much attention to matters of governance. When the local dysfunction became apparent, the government had to send in agents to redress the situation, which was not looked upon kindly by the community.

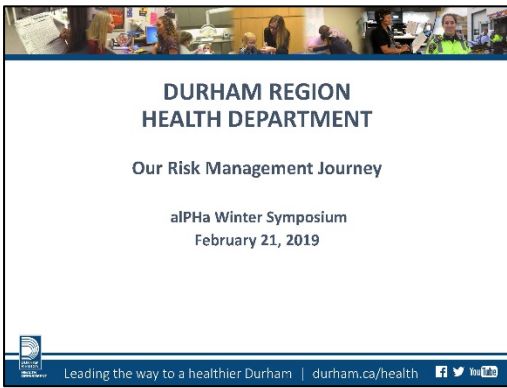
Taken together, these stories were meant to convey the idea that an effective governance structure keeps its eyes on but hands off what it is governing. By focusing on governance, it is easier to identify organizational risks to operational undertakings. In any case, it is essential to remind front-line staff of the value and importance of what they are doing.

Dr. Penny Sutcliffe continued with the storytelling direction, recalling a hot day in July 2016 when an overheated server room resulted in a critical failure of all Public Health Sudbury and Districts' communications systems. This in turn caused serious implications for service delivery and led to the realization that because there was no contingency plan, the outcome of this failure was far worse than it needed to be.

The response was a full examination of potential risks and their likely impacts in order to make decisions about allocating resources and included consideration of risk tolerance to make sure that opportunities would not be missed. The formal risk management policy and procedure is now embedded into the culture and operations of the agency, which equipped it well for the incorporation of risk management into the accountability requirements of the 2018 Ontario Public Health Standards.

She concluded with a summary of lessons learned and indicated that risk management must be a continuous process if it is to be effective. Dr. Donnelly referred to the summary of the process in Dr. Sutcliffe's presentation and suggested that while it may appear intimidating, one must measure this front-loaded work against what might be required after a failure that results from not doing it.





Robert Kyle, presenting in place of originally-scheduled Corinne Berinstein, outlined his health department's risk management journey, which, like in Dr. Sutcliffe's case, was prompted by a crisis.

The loss of an unencrypted USB key that contained the personal health information of more than 83,000 people who had visited Durham's H1N1 immunization clinics in 2010 sensitized the Region to the importance of examining and fortifying its data and information systems. It has also been a primary consideration in Durham's decision not to sign on to [Panorama](#) precisely because data hosting agreements have no language about managing risk in a

shared information system.

The formalization of the general local risk management approach contained many of the same elements outlined by Dr. Sutcliffe, including keeping organizational values and risk appetite in the background, developing risk-mitigation plans, and continual monitoring, reporting and evaluation. He echoed the importance of integrating risk management into the institutional culture, with leadership from the executive team and engagement of the management team.

Dr. Donnelly then summarized risk management as both a science and an art. It must be methodical and detailed, informed by risk appetite, and developed with the knowledge that, irrespective of the quality of planning, the human response to crises is rarely governed completely by reason.

The ensuing discussion focused on different kinds of risk and the incredible value of the application of lessons learned in planning. Many suggested that alPHa could have an important role in facilitating a system-wide risk management dialogue among its members, as well as supporting collective responses to some of the persistent issues where technology and protection of personal information intersect.



Evening Reception & Special Guest Lecture co-hosted by alPHa and the Dalla Lana School of Public Health



Introductions: Dr. Robert Kyle, President, alPHa & Professor Adalsteinn (Steini) Brown, Dean, Dalla Lana School of Public Health

Special Guest Speaker: Dr. Rueben Devlin, Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine

alPHa delegates were invited to conclude the day with an evening presentation from Dr. Rueben Devlin, who provided additional details and context for the vision of the Premier's Council on Improving Health Care and Ending Hallway Medicine that was described in the

Council's [initial report](#).

[COLLECTED SLIDE DECKS](#)

SPEAKER BIOS
(in order of appearance)

ROBERT KYLE has been the Commissioner & Medical Officer of Health for the Regional Municipality of Durham since 1991. He is an active member of many provincial and regional health organizations. For example, he is currently President of the Association of Local Public Health Agencies; Chair of the Durham Nuclear Health Committee; past Chair of the Port Hope Community Health Centre; Chair of the Public Health Ontario Board of Directors and Chair of its Governance Committee. Dr. Kyle is a former Medical Officer of Health for the Peterborough County-City Health Unit and Associate Medical Officer of Health for the Borough of East York Health Unit. He is also an Adjunct Professor, Dalla Lana School of Public Health, University of Toronto.

LORI SPADORCIA serves as the Vice President, Communications and Partnerships at the Centre for Addiction and Mental Health (CAMH). Her portfolio includes community engagement, public affairs, public policy, strategic planning and the Provincial Systems Support Program. She supports the alignment of mission critical activities which are designed to be responsive to CAMH's many stakeholders, and engaging partners and resources to better position the hospital to make a sustainable system contribution to mental health. As a senior advisor to Cabinet Ministers at the federal and provincial level, Ms. Spadorcia played a key role in finding solutions that yield advancements in public policy. In Ontario, she served as a senior adviser to the Minister of Finance, where she advised on the creation and execution of the provincial budget. As a policy and communications expert, Ms. Spadorcia is bringing awareness and understanding of mental illness to the broader public and working with governments and communities to develop policies to promote better health systems, support vulnerable populations and drive social change.

MARIA SANCHEZ-KEANE is the Principal Consultant for the Centre for Organizational Effectiveness, an organization she founded in 2000 that is focused on assisting non-profit and public organizations in the areas of strategy, capacity building and evaluation. She has worked within health, public health, child welfare, children's mental health, education and community health sectors.

TRUDY SACHOWSKI is a provincially appointed, active member of the Northwestern Board where she currently serves as Vice Chair, Chair of the Executive Committee and Chair of the Constitution Review Work Group. Trudy's volunteering has included numerous local, regional and provincial organizations for which she has received recognition locally and provincially. Trudy has completed one term on the alPHA Board of Directors as the North West region board of health representative. In this capacity, she serves on the current alPHA Executive Committee, chairs the Boards of Health Section and has participated on the alPHA 2018 Election Task Force and other planning tables for the association.

CHRISTOPHER MACKIE is the Medical Officer of Health and CEO for the Middlesex-London Health Unit, and is an Assistant Professor, Part Time at McMaster University. Before coming to London, Dr. Mackie was Associate Medical Officer Health for the City of Hamilton for four years. He also worked as a Public Health Physician with Public Health Ontario. As a COMOH representative for the South West Region, he is the current Chair of COMOH, a section of alPHA.

PETER DONNELLY is President and CEO of Public Health Ontario (PHO), which provides evidence for policy formulation and undertakes public health capacity building, as well as provides integrated public health laboratory and surveillance systems. Prior to joining PHO, Dr. Donnelly was the Professor of Public Health Medicine at the University of St. Andrews in Scotland, where he established and led public health medicine research and teaching. From 2004 to 2008 he was the Deputy Chief Medical Officer to the Scottish Government, providing senior leadership and coordination at a national level. As the Director of Public Health in two jurisdictions, he was responsible for the delivery of local public health services and programs.

PENNY SUTCLIFFE was appointed as Medical Officer of Health for the Sudbury & District Health Unit in August 2000. Before coming to Sudbury, she was the Medical Officer of Health for Yellowknife, Northwest Territories. Her first position as Medical Officer of Health was with the Burntwood Regional Health Authority in northern Manitoba. A specialist in Community Medicine, Dr. Sutcliffe has a longstanding interest in socioeconomic inequalities in health and is a strong advocate for incorporating broader determinants of health into core public health programming. She is particularly interested in pursuing opportunities for healthy public policy development at the local and regional level

and to this end is engaged with local healthy community initiatives and with critically examining and modifying local public health practice.

DENIS DOYLE studied at Carleton University and York University. After a long career at Xerox Canada, Denis spent six years in Information Technology management at CIBC. Warden Doyle began serving on Township Council in 2006 and was elected as Mayor of Frontenac Islands in 2010. At the County, Warden Doyle serves on the Sustainability Advisory Committee and the Trails Advisory Committee. Denis was County Warden in 2014 – 2015 and has served on the Kingston, Frontenac, Lennox and Addington Board of Health since 2014. He has been Chair of the Board since January 2017.

KIERAN MOORE is the Medical Officer of Health for the Kingston, Frontenac, Lennox and Addington (KFL&A) Public Health Unit. At Queen's University, he is a Professor of Family and Emergency Medicine and the director for the Public Health & Preventive Medicine Residency Program. He is also an Attending Physician in the Department of Emergency and Family Medicine at the Kingston Health Sciences Centre. A champion for a national Lyme disease surveillance network to government, he presently serves as Network Director of the Canadian Lyme Disease Research Network.

EVENING GUEST LECTURE:

ADALSTEINN (STEINI) BROWN is Dean of the Dalla Lana School of Public Health at the University of Toronto and the Dalla Lana Chair of Public Health Policy at the University of Toronto. He is currently a member of the Premier's Council on Improving Healthcare and Ending Hallway Medicine. His past roles include senior leadership roles in policy and strategy within the Ontario government, founding roles in start-up companies, and extensive work on performance assessment. He received his undergraduate degree in government from Harvard University and his doctorate from the University of Oxford, where he was a Rhodes Scholar.

REUBEN DEVLIN is an orthopaedic surgeon who completed his medical school and orthopaedic training at the University of Toronto. During his 17 years practicing in Newmarket, he held senior hospital positions, including Chief of Surgery and Chair of the Medical Advisory Committee. He had a special interest in joint replacement and sports medicine. Subsequently, Dr. Devlin served as the President and Chief Executive Officer of Humber River Hospital in Toronto from 1999 to 2016. He was appointed as Special Advisor and Chair of the Premier's Council on Improving Health Care and Ending Hallway Medicine in June 2018. As Chair, he is leading a group of visionary health system leaders who have come together to identify for the Premier of Ontario and Minister of Health and Long-term Care strategic priorities and actions that will lead to improved health and wellness outcome for Ontarians, high patient satisfaction, and more efficient use of government investment using an effective delivery structure.

PLEASE JOIN US IN KINGSTON FOR THE aPHa ANNUAL CONFERENCE!

Dr. Kieran Moore, Medical Officer of Health and Dennis Doyle, Board of Health Chair for the Kingston, Frontenac, Lennox and Addington (KFL&A) health unit were on hand to personally invite Symposium delegates to aPHa's June 2019 AGM and Conference in Kingston, Ontario.



MINDING PUBLIC HEALTH

2019 alPHa Annual Conference

June 9 – 11, Four Points by Sheraton, 285 King St., Kingston ON

DRAFT PROGRAM-AT-A-GLANCE *

**all events held at conference hotel unless otherwise indicated*

updated 2019-03-04

Sunday, June 9, 2019		
2:00 – 4:00	Guided Walking Tour of Downtown Kingston Meeting place: Lobby of Four Points hotel (to be confirmed) Tour Guides: <ul style="list-style-type: none"> • Dr. Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit • Susan Cumming, RPP, Adjunct Lecturer, Queen’s University and Past President, Ontario Professional Planners Institute 	
2:00 – 5:30	Registration	
4:00 – 6:00	alPHa Board of Directors Meeting Location: KFL&A Public Health, 221 Portsmouth Ave., Kingston	Offsite – see description
	<i>Trolley buses depart hotel 5:30 pm to health unit; depart health unit 7:00 pm to hotel.</i> <i>Special thanks to trolley sponsors Shoalts and Zaback Architects Ltd., designers of KFL&A Public Health’s new office.</i>	
6:00 – 7:00	Opening Reception Greetings by Mark Gerretsen, MP, Kingston and The Islands (to be confirmed) Location: KFL&A Public Health, 221 Portsmouth Ave., Kingston <i>Special thanks to KFL&A Public Health for sponsoring the reception.</i>	Offsite – see description
Monday, June 10, 2019		
7:00 – 8:00	Continental Breakfast & Registration	
8:00 – 10:00	Annual General Meeting and Resolutions Session	

	AGM and Resolutions Chair: Robert Kyle, aPHa President (to be confirmed)	
10:00 – 10:30	Fitness Break	
10:30 – 10:35	Welcoming Remarks by Bryan Paterson, Mayor of Kingston (to be confirmed)	
10:35 – 11:45	Opening Plenary Session <ul style="list-style-type: none"> • Dr. Theresa Tam, Canada Chief Public Health Officer (confirmed) • Hon. Christine Elliott, Minister of Health & Long-Term Care (to be confirmed) 	
11:45 – 1:30	Distinguished Service Awards Luncheon	
1:30 – 3:00	Plenary Session: Panel on Mental Health & Public Health – Part I (Downstream Focus) Much of public health’s work centers on upstream approaches to keep the population healthy. In times of crisis and emergencies, however, public health finds it must employ downstream interventions and strategies to save lives. This session will examine how public health and community partners can best work together to address mental health issues from a downstream perspective using the current opioid epidemic as an example. Moderator: Nadia Zurba, Senior Manager, Ontario Harm Reduction Distribution Program (confirmed) Panelists: <ul style="list-style-type: none"> • Antje McNeely, Chief of Police, Kingston Police (confirmed) • Monika Turner, Director of Policy, Association of Municipalities of Ontario (confirmed) • TBD 	
3:00 to 3:30	Break	
3:30 to 5:00	Plenary Session: Panel on Mental Health & Public Health – Part II (Upstream Focus) Amidst the growing mental health crisis, there is increasing recognition that getting at the root causes of mental illness and preventing them in the first place will mitigate their negative health impacts at personal and societal levels. This session will focus on the upstream approach that public health and education partners are taking to address the mental health crisis both individually and collectively. Moderator: TBD Panelists:	

	<ul style="list-style-type: none"> • Dr. Andrea Feller, Associate Medical Officer of Health, Niagara Region Public Health (confirmed) • TBD • TBD 	
5:30 to 7:00	<p>Reception (sponsored by Lone Star Texas Grill) <i>Refreshments provided; cash bar.</i></p> <p>Location: Lone Star Texas Grill, 251 Ontario St., Kingston (a 5-minute walk from the Four Points hotel)</p>	Offsite – see description
7:00 onward	Delegates on their own for dinner	
Tuesday, June 11, 2019		
7:30 – 8:30	Continental Breakfast	
8:30 – 9:00	<p>Plenary Session: Lyme Disease Update</p> <p>Speaker: Dr. Kieran Moore, Medical Officer of Health, KFL&A Public Health (confirmed)</p>	
9:00 – 12:00	Concurrent Section Meetings (Boards of Health Section, COMOH)	
12:00	<p>Conference Ends</p> <p>Delegates on their own for lunch</p>	
12:30 – 1:30	Inaugural alpha Board of Directors Meeting	

2019 ALPHA AGM/CONFERENCE

MOTION:

WHEREAS Public Health Sudbury & Districts has a modest travel budget to cover remuneration, registration, travel, meals, and accommodation as per the Board Manual Policy and Procedure I-I-10, permitting Board members to attend official Board of Health functions; and

WHEREAS the Public Health Sudbury & Districts is allocated four votes at the alpha Annual General Meeting;

THEREFORE, BE IT RESOLVED THAT in addition to the Medical Officer of Health and the Associate Medical Officer of Health, the following two Board of Health members attend the 2019 alpha Annual General Meeting as voting delegates for the Board of Health:

alPHa

Association of Local
PUBLIC HEALTH
Agencies

2019 ALPHA FITNESS CHALLENGE FOR BOARD OF HEALTH MEMBERS



alPHa is inviting all Boards of Health to participate in the Fitness Challenge!

The challenge to our Board of Health members is to involve the entire Board in a 30-minute walk, wheel, whatever.....just be active for half an hour!



HERE'S HOW TO PARTICIPATE

READY - Designate someone to co-ordinate and keep count of your participants.

SET - Participate in a minimum of 30 minutes of walking or wheeling during the months of April or May as part of a Board of Health activity. Can't get together? You can still participate and head out on your own! As long as everyone on the Board participates, you are a winner!

GO - Have your designated co-ordinator complete the results form and email it back to us at info@alphaweb.org.

EASY TIPS TO GET ACTIVE!

Before or After Your Board of Health Meeting - Go out for a 30-minute walk before or after your Board meeting in April or May.

At Lunch - Many of us have sedentary jobs, why not brainstorm project ideas with fellow Board members during a lunchtime walk or wheel?

After work or on the Weekend - Not enough time before or after your Board meeting and lunch time is too busy? Set up another date and time to meet in April or May and go for a walk or wheel!

30-minute walk...wheel...whatever!

All Board of Health with 100% group participation will be considered winners

CONTEST RULES AND GUIDELINES

1 - Only members of Boards of Health are eligible.

2 - The 30-minute walk or wheel can be completed anytime during April or May and it is encouraged that this takes place before or after the May meeting. If no meeting is scheduled then the Board members are encouraged to get together and walk or wheel at another time.

3 - Board members can complete their 30-minute walk or wheel individually, however, it is encouraged that this to be a group activity.

4 - Any 30-minute walk or wheel will be considered as an eligible activity.

5 - The winning Board of Health(s) will be recognized at the Conference in June.

AND THE WINNER IS ..

The results will be broadcast on the allhealthunits listserv in June and via alpha's Twitter account: @PHAgencies. The winning Board of Health(s) will also receive an award at the 2019 alpha Annual General Membership meeting in June.

(AMENDED)

**CALL FOR BOARD OF HEALTH NOMINATIONS
 2019-2020 & 2020-2021
 alPHa BOARD OF DIRECTORS**



alPHa is accepting nominations for **four** Board of Health representatives from the following regions for the following term on its Board of Directors:

<ol style="list-style-type: none"> 1. Central West 2. East 3. South West 	}	<p>2-year term each <i>(i.e. June 2019 to June 2020 & June 2020 to June 2021)</i></p>
<ol style="list-style-type: none"> 4. North East 	}	<p>1-year term only due to vacancy resulting from expiry of provincial appointee's term</p>

See the attached appendix for boards of health in each of these regions.

Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the alPHa Board of Directors.

Qualifications:

- Active member of an Ontario Board of Health (or regional health committee) that is a member organization of alPHa;
- Background in committee and/or volunteer work;
- Supportive of public health;
- Able to commit time to the work of the alPHa Board of Directors and its committees;
- Familiar with the Ontario Public Health Standards.

An election to determine the representatives will be held at the Boards of Health Section Meeting on June 10 during the 2019 alPHa Annual Conference, Four Points by Sheraton Hotel, 285 King St. E., Kingston, Ontario.

Nominations close **4:30 PM, Friday, May 31, 2019.**

Why stand for election to the alPHa Board?

- Help make alPHa a stronger leadership organization for public health units in Ontario;
- Represent your colleagues at the provincial level;
- Bring a voice to discussions reflecting common concerns of boards of health and health unit management across the province;
- Expand your contacts and strengthen relationships with public health colleagues;
- Lend your expertise to the development of alPHa position papers and official response to issues affecting all public health units; and
- Learn about opportunities to serve on provincial ad hoc or advisory committees.

Continued

What is the Boards of Health Section Executive Committee of alPHA?

- This is a committee of the alPHA Board of Directors comprising seven (7) *Board of Health representatives*.
- It includes a Chair and Vice-Chair who are chosen by the Section Executive members.
- Members of the Section Executive attend all alPHA Board meetings and participate in teleconferences throughout the year.

How long is the term on the Boards of Health Section Executive/alPHA Board of Directors?

- A full term is two (2) years with no limit to the number of consecutive terms.
- Mid-term appointments will be for less than two years.

How is the alPHA Board structured?

- There are 22 directors on the alPHA Board:
 - 7 from the Boards of Health Section
 - 7 from the Council of Ontario Medical Officers of Health (COMOH)
 - 1 from each of the 7 Affiliate Organizations of alPHA, and
 - 1 from the Ontario Public Health Association Board of Directors.
- There are 3 committees of the alPHA Board: Executive Committee, Boards of Health Section Executive, and COMOH Executive.

What is the time commitment for a Section Executive member/Director of alPHA?

- Full-day alPHA Board meetings are held in person 4 times a year in Toronto; a fifth and final meeting is held at the June Annual Conference.
- Boards of Health Section Executive Committee teleconferences are held 5 times throughout the year.
- The Chair of the Boards of Health Section Executive participates on alPHA Executive Committee teleconferences, which are held 5 times a year.

Are my expenses as a Director of the alPHA Board covered?

- Any travel expenses incurred by an alPHA Director during Association meetings are *not* covered by the Association but are the responsibility of the Director's sponsoring health unit.

How do I stand for consideration for appointment to the alPHA Board of Directors?

- Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy and a copy of the motion from your Board of Health supporting your nomination to alPHA by **May 31, 2019**.

Who should I contact if I have questions on any of the above?

- Susan Lee, alPHA, Tel: (416) 595-0006 ext. 25, E-mail: susan@alphaweb.org

Board of Health Vacancies on aPHa Board of Directors

aPHa is accepting nominations for **three** Board of Health representatives to fill positions on its 2019-2020 and 2020-2021 Board of Directors from the following regions and for the following terms:

<ol style="list-style-type: none"> 1. Central West 2. East 3. South West 	} 2-year term each (i.e. June 2019 to June 2020 & June 2020 to June 2021)
<ol style="list-style-type: none"> 4. North East 	} 1-year term only due to vacancy resulting from expiry of provincial appointee’s term (i.e. June 2019 to June 2020)

See below for boards of health in these regions.

Each position will fill a seat on the Boards of Health Section Executive Committee and a seat on the aPHa Board of Directors. An election will be held at aPHa’s annual conference in June to determine the new representatives (one from each of the regions below). If you are an active member of a Board of Health/Regional Health Committee who is interested in running for a seat, please consider standing for nomination.

<p>Central West Region Boards of health in this region include:</p> <ul style="list-style-type: none"> Brant Haldimand-Norfolk Halton Hamilton Niagara Waterloo Wellington-Dufferin-Guelph 	<p>South West Region Boards of health in this region include:</p> <ul style="list-style-type: none"> Chatham-Kent Grey Bruce Huron Lambton Middlesex-London Perth Southwestern Windsor-Essex
<p>East Region Boards of health in this region include:</p> <ul style="list-style-type: none"> Eastern Ontario Hastings Prince Edward Kingston Frontenac Lennox & Addington Leeds Grenville & Lanark Ottawa Renfrew 	<p>North East Region Boards of health in this region include:</p> <ul style="list-style-type: none"> Algoma North Bay Parry Sound Porcupine Sudbury Timiskaming

FORM OF NOMINATION AND CONSENT
alPHa Board of Directors 2019-2020 & 2020-2021

_____, a Member of the Board of Health of
(Please print nominee's name)

_____, is HEREBY NOMINATED
(Please print health unit name)

as a candidate for election to the alPHa Board of Directors for the following Boards of Health Section Executive seat from (*choose one using the list of Board of Health Vacancies on previous pages*):

Central East Region (2 year term)

East Region (2 year term)

South West Region (2 year term)

North East Region (1 year term)

SPONSORED BY:

1) _____
(Signature of a Member of the Board of Health)

2) _____
(Signature of a Member of the Board of Health)

Date: _____

I, _____, HEREBY CONSENT to my nomination
(Signature of nominee)

and agree to serve as a **Director of the alPHa Board** if appointed.

Date: _____

IMPORTANT:

1. Nominations close **4:30 PM, May 31, 2019** and must be submitted to alPHa by this deadline.
2. A **biography** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted along with this nomination form on separate pages by the deadline.
3. E-mail the completed form, biography and copy of Board motion by **4:30 PM, May 31, 2019** to Susan Lee at susan@alphaweb.org

NOMINATION TO THE ALPHA BOARD OF DIRECTORS FOR THE NORTH EAST REGION

MOTION:

WHEREAS there is currently a vacancy for a North East representative on the alPHa Board of Directors for a one-year term;

THAT the Board of Health for Public Health Sudbury & Districts supports the nomination of René Lapierre, Board Chair, as a candidate for election to the alPHa Board of Directors and for the Boards of Health Section Executive Committee seat from the North East region.

ADDENDUM

MOTION: THAT this Board of Health deals with the items on the Addendum.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____