



Board of Health Meeting #05-19

Public Health Sudbury & Districts

Thursday, September 19, 2019

1:30 p.m.

Boardroom

1300 Paris Street

AGENDA – FIFTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, SEPTEMBER 19, 2019 – 1:30 P.M.

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) Nutritious food: an important public health issue**
 - Bridget King, Public Health Nutritionist, Health Promotion Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Fourth Meeting – June 20, 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, September 2019
 - v) Correspondence**
 - a. 2019 Ontario Budget and Modernizing Public Health
 - Email from the Association of Local Public Health Agencies (alPHA) Executive Director Re Ministry of Health announcement dated September 12, 2019
 - Letter from the alPHA Board President to alPHA Members dated September 11, 2019
 - Email from the alPHA Executive Director to all Health Units Re: Premier’s Announcement at the Association of Municipalities of Ontario Annual Conference dated August 19, 2019
 - Letter from the Board of Health Chair, Kingston, Frontenac and Lennox & Addington Public Health, to the Minister of Health dated August 6, 2019
 - Email from the alPHA Executive Director to all Health Units dated July 25, 2019
 - Resolution from the Niagara Region, to All Ontario Boards of Health dated July 19, 2019

- Letter from the Middlesex-London Board of Health to the Minister of Health dated July 19, 2019
- Letter from the Medical Officer of Health and Executive Officer, North Bay Parry Sound District Health Unit, to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care dated July 5, 2019
- Letter from the Board of Health Chair, Simcoe Muskoka District Health Unit, to the Deputy Premier and the Minister of Health and Long-Term Care dated June 27, 2019
- Letter from the Board of Health Chair, Peterborough Public Health, to the alPha Board President dated June 24, 2019
- Letter from the Clerk, The Corporation of the Municipality of Wawa, to the Algoma Public Health dated June 24, 2019
- Letter from the Clerk, York Region Board of Health, to the Board of Health Chair, Public Health Sudbury & Districts dated June 21, 2019
- b. Smoke-Free Multi-Unit Dwellings
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Prime Minister of Canada dated August 27, 2019
- c. Immunization for School Children – Seamless Immunization Registry
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Minister of Health dated August 27, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health and Long-Term Care dated July 2, 2019
- d. Smoke-Free - Smoke/Vape Free Outdoor Spaces
 - Letter from the Board of Health Chair, Grey Bruce Health Unit, to the Minister of Health dated August 27, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health and Long-Term Care dated July 2, 2019
- e. 2019 Ministry of Health Grant
 - Letter from the Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts dated August 20, 2019
- f. Support for a National School Food Program
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Prime Minister of Canada and to the Leaders of the People's Party of Canada, Bloc Québécois, Green Party of Canada, Conservative Party of Canada and the New Democratic Party of Canada dated July 19, 2019
- g. Leave the Pack Behind Funding
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Health dated July 17, 2019

- h. Health Promotion as a Core Function of Public Health
 - Letter from the Board of Health Chair, Southwestern Public Health, to the Minister of Health dated July 8, 2019
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health and Long-Term Care dated July 2, 2019
 - Letter from the Board of Health Chair, Haliburton, Kawartha, Pine Ridge District Health, to the Minister of Health and Long-Care and Deputy Premier of Ontario dated June 20, 2019
- i. Low Income Dental Program for Seniors
 - Letter from the Board of Health Chair, Leeds, Grenville & Lanark District Health Unit, to the Deputy Minister and Minister of Health dated July 4, 2019
- j. Children Count Task Force Recommendations
 - Letter from the Board of Health Chair, Peterborough Public Health, to the Minister of Children, Community and Social Services, Minister of Education and the Minister of Health and Long-Term Care dated June 25, 2019
- k. Thank You Letter to Northern Ontario School of Medicine
 - Letter from Dr. Sutcliffe to the outgoing Dean and CEO, Northern Ontario School of Medicine dated June 24, 2019
- l. Return on Investment – Early Childhood Development
 - Letter from the Board of Health Chair the Medical Officer of Health, Middlesex-London Health Unit, to the Co-Chairs, Public Health Early Years Group dated June 24, 2019
- vi) **Items of Information**
 - a. alPHa Information Break
 - July 3, 2019
 - August 6, 2019
 - b. Ministry of Municipal Affairs and Housing
 - News Release *Ontario Government Working in Partnership with Municipalities*
 - August 20, 2019
 - c. Canadian Heritage News Release Supporting Multi-Culturalism Initiatives Across Ontario
 - September 7, 2019
 - d. alPHa Fall Symposium 2019
 - Save the date flyer
 - Draft program

- Board of Health Section meeting draft agenda

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Public Health Heroes – Recognition Awards Program

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

PUBLIC HEALTH HEROES – RECOGNITION AWARDS PROGRAM

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts rescind motion #36-14; and

FURTHER THAT the Board of Health approve the Public Health Heroes – Recognition Awards program to recognize the individuals and organizations whose everyday contributions help make our communities healthy; and

FURTHER THAT the Board of Health direct the Medical Officer of Health to operationalize the Awards program.

ii) Racial Equity Action Framework

- Briefing Note from the Medical Officer of Health and Chief Executive Officer dated September 12, 2019
- Racial Equity Action Framework

RACIAL EQUITY ACTION FRAMEWORK FOR IMPROVED HEALTH EQUITY

MOTION:

WHEREAS the Board of Health is committed to ensuring all people in Sudbury and Manitoulin districts have equal opportunities for health;

WHEREAS systemic racism is a significant, modifiable and unjust barrier to health opportunities; and

WHEREAS in 2018 the Board of Health declared its commitment to anti-racism by directing the Medical Officer of Health to engage in a collaborative process to develop a framework informed by the provincial Anti-Racism Strategic Plan to guide the organization's efforts; and

WHEREAS a collaborative process has been undertaken to develop an action framework to guide the organization’s efforts to decrease racial health inequities;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Racial Equity Action Framework, September, 2019.

iii) Annual Board of Health Self-Evaluation

- 2019 Board Self-Evaluation Questionnaire
(*electronic survey is available to Board members in BoardEffect*)

7. ADDENDUM

ADDENDUM

MOTION:

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

8. IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees and to deal with labour relations or employee negotiations. Time: ____

9. RISE AND REPORT

RISE AND REPORT

MOTION:

THAT this Board of Health rises and reports. Time: ____

10. ANNOUNCEMENTS / ENQUIRIES

- Please complete the September Board of Health meeting evaluation in BoardEffect following the Board meeting.

11. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – FOURTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
PUBLIC HEALTH SUDBURY & DISTRICTS, BOARDROOM, SECOND FLOOR
THURSDAY, JUNE 20, 2019 – 1:30 P.M.

BOARD MEMBERS PRESENT

Janet Bradley	Robert Kirwan	Rita Pilon
James Crispo	René Lapierre	Mark Signoretti
Randy Hazlett	Glenda Massicotte	Nicole Sykes
Jeffery Huska	Ken Noland	Carolyn Thain

BOARD MEMBERS REGRETS

Bill Leduc	Paul Myre
------------	-----------

STAFF MEMBERS PRESENT

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

MEDIA PRESENT

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGEMENT

The meeting was called to order at 1:32 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

i) Opioids: Public Health Update

- Dr. Ariella Zbar, Associate Medical Officer of Health and Director, Clinical Services
- Renée St Onge, Director, Knowledge and Strategic Services

Dr. Zbar and R. St Onge were invited to provide an update on Public Health Sudbury & Districts' local actions related to opioids, including our involvement with the City of Greater Sudbury Community Drug Strategy, what is known through opioid-related surveillance, and the community harm reduction work.

The Community Drug Strategy, jointly led by Public Health Sudbury & Districts and Greater Sudbury Police Service along with multiple stakeholders, has goals of improving community health and addressing drug-related issues through four pillars: health promotion and prevention of drug use, harm reduction, enforcement and justice as well as treatment.

R. St Onge reviewed the public health role in opioid-related surveillance to help understand the community impact of opioids, assist in determining messaging to the community, and to help understand trends to inform proactive or upstream prevention activities. Local opioid-related surveillance systems and data sources were described and snapshots of collated data from various sources were displayed.

On June 7, 2019, Dr. Sutcliffe, with the Greater Sudbury Police Chief's support, convened a special meeting specifically about surveillance and data to address concerns about conflicting information in the media and to come up with a plan to ensure rigour and accurate reporting so as not to erode community confidence. A number of next steps were identified. Work is underway to develop an opioid data dashboard that would be housed on the Community Drug Strategy website and serve as a common go-to for data that could be referred to by all partners.

The harm reduction approaches, including harm reduction messages, Naloxone distribution, and supervised consumption services, were described. The needs assessment and feasibility study that will be launched shortly will help understand the degree of needs and potential structure and type of supervised consumption services required in our community as well as the benefits and concerns.

These various initiatives are but a part of a comprehensive approach to drug use and related harms and additional approaches through health promotion, treatment, and enforcement continue to be built up and maintained.

Questions and comments were entertained and the presenters were thanked for an informative presentation.

5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. Third Meeting – May 16, 2019
- ii) **Business Arising From Minutes**
- iii) **Report of Standing Committees**
 - a. Board of Health Executive Committee Unapproved Minutes dated May 16, 2019
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, June 2019
- v) **Correspondence**
 - a. Bill S-228, Child Health Protection Act
 - Letter from the Board of Health, Peterborough Public Health, to the Senate of Canada dated May 9, 2019
 - b. Protecting York Region’s School Children through Immunization
 - Letter from the Regional Municipality of York, to the Public Health Sudbury & Districts Board Chair dated May 17, 2019
 - c. 2019 Ontario Budget and Modernizing Public Health
 - Letter from the Board of Health, Regional Municipality of Peel, to the Minister of Health and Long-Term Care dated May 21, 2019
 - Open Letter from the former Health Ministers, to the Minister of Health and Long-Term Care dated May 23, 2019
 - Letter from the Board of Health, North Bay Parry Sound District Health Unit, to the Deputy Premier and Minister of Health and Long-Term Care dated May 23, 2019
 - Letter from the Chair, Eastern Ontario Wardens’ Caucus, to the Premier of Ontario, Minister of Health and Long-Term Care, Minister of Municipal Affairs and Housing, and the Members of Provincial Parliament representing Eastern Ontario dated May 27, 2019
 - Letter from the Board of Health, Brant County Health Unit, to the Premier of Ontario and the Deputy Premier and Minister of Health and Long-Term Care dated May 27, 2019
 - Letter from the Board of Health, Public Health Sudbury & Districts, to the Premier of Ontario dated May 28, 2019
 - Letter from the Premier of Ontario, to the Public Health Sudbury & Districts Board Chair dated June 3, 2019
 - Letter from the Durham Region, to the Premier and Minister of Intergovernmental Affairs dated May 30, 2019

- Letter from the Board of Health, Timiskaming Health Unit, to the Minister of Health and Long-Term Care dated June 4, 2019, supporting the Board of Health for Sudbury & Districts Public Health's [motion 17-19](#)
- Letter from the Board of Health, Kingston, Frontenac and Lennox & Addington Public Health, to the Premier of Ontario dated June 4, 2019
- Letter from the Algoma Public Health Board of Health to the Minister of Health and Long-Term Care dated June 5, 2019
- Letter from the Board of Health, Timiskaming Health Unit, to the Minister of Health and Long-Term Care dated June 6, 2019
- d. Public Health Vision Screening in Peel Schools
 - Letter from the Board of Health, Regional Municipality of Peel, to the Minister of Health and Long-Term Care dated May 8, 2019
- e. Health Promotion as a Core Function of Public Health
 - Letter from the Board of Health, Kingston, Frontenac and Lennox & Addington Public Health to the Minister of Health and Long-Term Care and Deputy Premier of Ontario dated May 23, 2019
- f. Strengthening the Smoke-Free Ontario Act, 2017 to Address the Promotion of Vaping
 - Letter from the Board of Health Chair and Chief Executive Officer, Windsor-Essex County Health Unit, to the Deputy Premier of Ontario and the Minister of Health and Long-Term Care dated May 2019
- g. Modernization of Alcohol in Retail Stores
 - Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit, to the Minister of Health and Long-Term Care dated May 21, 2019
 - Letter from the Board of Health, Grey Bruce Health Unit, to the Premier of Ontario dated June 4, 2019
 - Letter from the Board of Health, Grey Bruce Health Unit to the Minister of Health and Long-Term Care in dated June 4, 2019
 - Letter from the Council of Ontario Medical Officers of Health to the Minister of Finance dated June 7, 2019
- h. Endorsement of the Children Count Task Force Recommendations
 - Letter from the Board of Health, Grey Bruce Health Unit to the Premier of Ontario dated June 4, 2019
- i. Dental Program for Low Income Seniors
 - Letter from the Deputy Premier and Minister of Health and Long-Term Care, to the Board of Health Chair, Public Health Sudbury & Districts dated June 7, 2019
- j. Smoke-Free Multi-Unit Dwellings

- Letter from the Board of Health Chair and the Chief Executive Officer, Windsor-Essex County Health Unit, to the Prime Minister of Canada dated May 21, 2019
- k. Minimizing Harms Associated with the Announced Expansion of the Sale of Beverage Alcohol in Ontario
 - Letter from the Board of Health, Grey Bruce Health Unit, to the Premier of Ontario dated June 4, 2019
 - Letter from the Medical Officer of Health and Board of Health Chair, Hastings Prince Edward Public Health, to the Premier of Ontario dated June 6, 2019
- vi) **Items of Information**
 - a. alPHa Information Break May 27, 2019
 - b. Public Health Agency of Canada News Release,
“Statement from the Co-Chairs of the Special Advisory Committee on the Epidemic of Opioid Overdoses on Updated Data Related to the Opioid Crisis” June 13, 2019

22-19 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

- i) **Board of Health Code of Conduct**
 - Briefing Note to the Board Chair from the Medical Officer of Health and Chief Executive Officer dated June 13, 2019
 - *New Code of Conduct Policy C-I-15*
 - (current Code of Conduct Information Sheet C-I-15 included for information)
 - *Revised Ethical Practice Policy and Information Sheet C-IV-10*
 - Draft Declaration Form

Dr. Sutcliffe noted that the regular review cycle for the entire Board of Health manual is next year; however, these proposed revisions are coming forward for approval at this time. The Code of Conduct Information Sheet currently in the Board of Health manual is included in the agenda package for information and would be replaced with the proposed Code of Conduct Policy.

Dr. Sutcliffe pointed out that the second bullet on Page 3 of the proposed Policy should read Board of Health meetings versus Regional Council meetings.

Discussion ensued as to whether the Policy should identify more than one person to contact if a complaint is lodged, such as the Board Chair or, as appropriate, Board Vice-Chair. The Board also discussed whether the Policy should detail the processes for filing, addressing complaints, and outline repercussions. Whether the declaration form should be signed annually or at the onset of a term was also discussed. The Board reflected on municipal policies as it relates to breaches of confidentiality and whether public health had the same authority.

The proposed Board Policy aligns with the staff policies and governance best practices have been taken into consideration.

The Board agreed to the following friendly amendments and Dr. Sutcliffe and team will further look into appropriate action and follow up in the event of an investigation:

- Deleting this sentence on Page 3 of the new Policy: *A breach of confidentiality may result in requiring resignation from the Board of Health.*
- Chair will be updated to reflect *Chair or, as appropriate, Vice-Chair.*

23-19 BOARD OF HEALTH CODE OF CONDUCT

MOVED BY SYKES – SIGNORETTI: THAT the Board of Health approve the revised Code of Conduct and consequential revisions to C-IV-10 Code of Ethics Policy and Information Sheet.

CARRIED

ii) alPHa Annual General Meeting (AGM) and Conference

- Annual General Meeting and Resolutions Session
 - Appointment of North East Board of Health Representative
 - alPHa Fitness Challenge – Ontario Boards of Health
- Conference Sessions

Board members who attended the alPHa AGM/Conference, R. Hazlett, R. Kirwan and R. Lapierre, provided highlights of the conference, AGM resolution session and the Boards of Health Section meeting. R. Hazlett and R. Lapierre were both voting attendees along with Drs. Sutcliffe and Zbar. A copy of the resolutions that were carried at the AGM are included in today's addendum package for information.

R. Lapierre was congratulated on his appointment to the alPHa Board for a one-year term as the North East representative.

The overall theme, *Moving Forward with Public Health*, focused on the pending public health changes announced by the provincial government. There is considerable uncertainty about the future with respect to regionalization and funding. Chief Public Health Officer Dr. Tam, presented on *Building Partnerships and Fostering Innovation in Public Health* and explored cross-sector actions and partnerships to support public health in Canada, including the prevention of problematic substance use and spoke of the importance of promoting the work of Public Health. Highlights from the Chief Medical Officer of Health's presentation on public health modernization were provided. It was pointed out that the change in direction announced by the provincial government on May 27 is creating challenges at the ministry level. Dr. Sutcliffe noted that although there are conflicting messages relating to the future state of public health, we are proceeding with our planning work with our North East colleagues based on the government's announced direction in order to be best prepared for the MOHTLC's upcoming consultation.

The Board of Health members were congratulated on their participation for this year's alpha fitness challenge. alpha also has a yearly fitness challenge for staff and Public Health Sudbury & District staff received an honorable mention for its 98% participation rate.

iii) North East Public Health Transformation Initiative

The Board was reminded that Dr. Sutcliffe and her North East counterparts have been discussing potential efficiencies since 2017. This work has been supported by the Ministry of Health and Long-Term Care through one-time funding grants.

Our Board Chair, R. Lapierre, called a meeting of the North East Board Chairs which was well received given the pending changes to public health. The meeting served to share information, concerns and discuss possible opportunities. There was agreement that each Board Chair would bring forward a motion to their respective Boards, supporting the continuation of the North East Public Health Transformation Initiative. The North East Board Chairs agreed to meet again in September.

The Board recognized that Dr. Sutcliffe and team are demonstrating tremendous leadership in this initiative. Dr. Sutcliffe's leadership for this project and strategic foresight beyond the last two years was acknowledged. The Board emphasized the importance of regular updates to the staff that are taking place.

The following motion was proposed and the Board agreed to the friendly amendments, reflecting the recently announced Ministry name change from Ministry of Health and Long-Term Care to the Ministry of Health and correction to the alPHa name:

24-19 NORTH EAST PUBLIC HEALTH TRANSFORMATION INITIATIVE

MOVED BY SIGNORETTI – THAIN: WHEREAS since November 2017, the boards of health in Northeastern Ontario, namely the Boards for Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, and Timiskaming Health Unit, have proactively and strategically engaged in the Northeast Public Health Collaboration Project to identify opportunities for collaboration and potential shared services; and

WHEREAS the Northeast Public Health Collaboration Project work to date has been supported by two one-time funding grants from the Ministry of Health ~~and Long-Term Care~~ (MOHLTC); and

WHEREAS subsequent to the proposed transformation of public health announced in the April 11, 2019, provincial budget, the work of the Collaboration has been accelerated and reoriented as the Northeast Public Health Transformation Initiative with the vision of a healthy northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity; and

WHEREAS the Board understands there will be opportunities for consultation with the MOHLTC on the regional implementation of public health transformation;

THEREFORE be it resolved that the Board of Health for Public Health Sudbury & Districts is committed to the continued collaboration of the boards of health in Northeastern Ontario and looks forward to ongoing MOHLTC support for this work;

AND FURTHER that the Board, having engaged in this work since 2017, anticipates sharing with the MOHLTC its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the North East;

AND FURTHER that this motion be shared with the Premier of Ontario, Minister of Health ~~and Long-Term Care~~, Chief Medical Officer of Health, the Association of Local Public Health ~~Agenda~~Agencies, Ontario Boards of Health, AMO, FONOM, and constituent municipalities.

CARRIED

7. ADDENDUM

25-19 ADDENDUM

MOVED BY NOLAND – THAIN: THAT this Board of Health deals with the items on the Addendum.

CARRIED

i) 2019 Ontario Budget and Modernizing Public Health

- Letter from the Hamilton City Council to the Minister of Health and Long-Term Care dated June 14, 2019
- alPHa Email Update to Members - Public Health Modernization dated May 31, 2019
- Letter from the Board of Health for the Porcupine Health Unit to the Minister of Health and Long-Term Care Re: Proposed North East Boundaries dated June 19, 2019
- Motion from the Board of Health for the Porcupine Health Unit Re: Northeast Public Health Transformation Initiative dated June 19, 2019

Correspondence is shared for information.

ii) Provincial Autism Supports

- Letter from the Board of Health for Peterborough Public Health to the Minister of Children, Community and Social Services dated June 17, 2019

Correspondence is shared for information.

iii) Association of Local Public Health Agencies (alPHa) Annual General Meeting Resolutions

- Disposition document, June 2019 alPHa Annual General Meeting Resolutions

All resolutions were passed at alPHa's annual general meeting resolution session.

8. IN CAMERA

26-19 IN CAMERA

MOVED BY THAIN – CRISPO: THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: 3:01 p.m.

CARRIED

9. RISE AND REPORT

27-18 RISE AND REPORT

MOVED BY CRISPO – NOLAND: THAT this Board of Health rises and reports.

Time: 3:23 p.m.

CARRIED

It was reported that one agenda item relating to labour relations/employee negotiations was discussed and the following motion emanated:

28-19 APPROVAL OF MEETING NOTES

MOVED BY HAZLETT – PILON: THAT this Board of Health approve the meeting notes of the May 16, 2019, 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

10. ANNOUNCEMENTS / ENQUIRIES

Board members were reminded that the mandatory training requirements for the Baby-Friendly Initiative and Emergency Preparedness should be completed by June 28 and to email Rachel once completed.

The next regular Board meeting is scheduled for September 19, 2019. The Board Executive Committee assumes governance of the Board between Board meetings.

Due to technical problems, Board members will be advised once the meeting evaluation survey is available in BoardEffect.

All were wished a restful and memorable summer.

11. ADJOURNMENT

29-19 ADJOURNMENT

MOVED BY KIRWAN – SYKES: THAT we do now adjourn. Time: 3:30 p.m.

CARRIED

(Chair)

(Secretary)

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

Words for thought

Information Update - Health Canada warns of potential risk of pulmonary illness associated with vaping products

OTTAWA, Sept. 4, 2019 /CNW/ - Health Canada is advising Canadians who use vaping products to monitor themselves for symptoms of pulmonary illness (e.g., cough, shortness of breath, chest pain) and to seek medical attention promptly if they have concerns about their health.

This caution comes in the wake of the recent cases of acute pulmonary illnesses and one death reportedly linked to the use of vaping products in the United States. A second death is under investigation for potential links to vaping. The United States Food and Drug Administration (US FDA) and the Centers for Disease Control and Prevention (US CDC) released a statement August 30 on their ongoing investigation into the cause of the illnesses. The same day, the US CDC issued an official health advisory. The source of the illnesses is unclear at this time. Many patients have reported vaping tetrahydrocannabinol (THC) and/or nicotine-containing products...

Vaping is not without risk, and the potential long-term effects of vaping remain unknown. Non-smokers, people who are pregnant and young people should not vape.

Canadians are reminded that the purchase of vaping products outside the legal market may create additional risk as these products are unregulated and potentially unsafe, and thereby pose a risk to health and safety.

Health care professionals are reminded to always ask patients, as part of their general history, whether they use drugs from any source, whether legal or illegal...

Source: News provided by Health Canada
Sept 04, 2019, 19:41 ET

Chair and Members of the Board,

A warm welcome back to all from our northern summer break.

As you will be aware, the expectations of a busy summer of provincial government consultation on public health restructuring did not occur. We were busy of course, but with program related issues, ensuring the public health needs of our area are met and planning for the fall and year ahead.

One keen preoccupation of public health is that of tobacco use and more recently, of e-cigarette use or vaping. The Health Canada warning about vaping products cited above is in the wake of the Centres for Disease Control and Prevention health advisory. The warning also follows the consultation launched by Health Canada on proposed regulations for vaping products labelling and packaging. In September, Public Health Sudbury & Districts provided detailed feedback to Health Canada with recommendations to strengthen the proposed regulations. Our recommendations included restricting nicotine concentrations, strengthening warning labels, and enhancing health warnings to deter youth appeal. With the increasing popularity of these products, our recommendations are a harm reduction approach. We will continue to closely monitor this evolving situation.

General Report

1. Local and Provincial Meetings

In addition to contributing to the Council of Ontario Medical Officers of Health (COMOH) working group that prepared a submission on public health restructuring for the provincial government, I participated in a COMOH teleconference on July 16.

The Public Mental Health Steering Committee met on July 24. I Chair this Committee which meets regularly to guide and support the development and implementation of the Public Health Sudbury & Districts Public Mental Health Action Framework.

I met with the City of Greater Sudbury Mayor, Councillor Lapierre and others regarding opioids on July 8, and on July 25, 2019, we were honoured to host Federal Minister of Health, the Honourable Petitpas-Taylor who was in Sudbury. Joining us were Members of Parliament, our Board Chair, a community member, a City of Greater Sudbury Councillor, as well as the Chief and Deputy Chief of Greater Sudbury Police Services. In addition to the local context surrounding substances, the visit included discussion about Health Canada's process for application of the Federal Exemption to Section 56.1 of the *Controlled Drugs and Substance Act* and provincial funding for Consumption and Treatment Services. The visit demonstrated the established diversity and strength of local partnership between our agencies.

2. Northeast Public Health Transformation Initiative

The North East Public Health Transformation Initiative Steering Committee, for which I Chair, has made a submission to the Ministry as it relates to governance and leadership. The Ministry has not yet confirmed dates for their consultation.

Other groups, including a Council of Ontario Medical Officers of Health COMOH working group, have also provided their best advise to government regarding governance and leadership model for a modernized public health system.

We have not received any further updates since the Premier and Minister of Health spoke at the Association of Municipalities of Ontario (AMO) annual conference on August 19 about the government's plans to transform public health in Ontario.

3. Ontario Health Teams and Population Health

We are keeping informed of and engaged in the Ontario Health Team initiatives in our region. Dr. Zbar is the agency's lead in contributing population health perspectives to this work and to the development of the application from Sudbury in particular.

I am pleased to share a [three-minute clever video](#) from the United Kingdom describing population health immediately following the September 19 Board of Health meeting for interested Board members.

4. Staff Appreciation

To acknowledge and recognize staff who have reached milestones, a new Staff Appreciation, Recognition, and Retirement Program was launched this past June. The month of June was dedicated to staff service recognition. Internal communication media were utilized to share "Kind Words" that highlighted the accomplishments of staff. Dr. Sutcliffe and the Board Chair hosted a luncheon for those celebrating milestones of 25, 30, and 35 years of service. Additionally, all staff were invited to attend a staff appreciation coffee break in the Ramsey Room, and the district offices were included via Skype. Dr. Sutcliffe and the Board Chair shared a few words and staff enjoyed some social time and light snacks.

5. Risk Management

Public Health Sudbury & Districts must have a risk management framework in place that is used to monitor and respond to emerging issues and potential threats to the agency, from both internal and external sources.

As per policy, organizational risks are reviewed by senior management and presented to the Board for approval every three years. To inform the development of our new 2020 organizational risks, a risk management workshop will be held the morning of the October board meeting; October 17 from 9:30 a.m. until noon in the Ramsey Room at Public Health Sudbury & Districts. A Save the Date meeting request will be sent shortly for your calendars.

6. Annual Board Self-Evaluation Survey

As part of the Board of Health's commitment to good governance and continuous quality improvement, and in accordance with Board of Health Manual policy C-I-12 and C-I-14, the Board of Health conducts an annual self-evaluation of its governance practices and outcomes.

The completion rate for the annual Board of Health member self-evaluation is included as one of the indicators in the 2018–2022 Accountability Monitoring Plan. This indicator, which also measures the completion rate for the monthly and annual Board of Health meeting evaluations, measures the level of commitment and engagement of the members of the Board of Health and shows accountability to good governance practices.

Board of Health members are asked to complete the 2019 self-evaluation questionnaire in BoardEffect (under the Board of Health workroom – Collaborate – Surveys) by Tuesday, October 22, 2019. Results of the annual Board of Health member self-evaluation of performance evaluation will be presented at the November Board meeting.

7. Financial Report

The July 2019 year-to-date mandatory cost-shared financial statements report a positive variance of \$869,804 for the period ending July 31, 2019. Gapped salaries and benefits account for \$602,516 or 69%, with operating expenses and other revenue accounting for \$267,288 or 31% of the variance. A significant portion of the variance can be attributed to the implementation of a hiring freeze and suspension of non essential expenditures following the ministry's budget announcement which anticipated a shortfall of approximately \$1.2 million dollars. The ministry's decision has since been reversed and on August 19 it was announced that the implementation of the funding formula change would take effect January 1, 2020. On August 20, 2019 we received correspondence from the Ministry confirming the Board's funding for 2019.

A number of one-time operating pressures were identified, approved and processed, and are reflected within the July 2019 financial reporting in the amount of \$97,463, which consists of the following:

- Staffing – (\$89,838)
- Infrastructure – (\$7,475)
- Programming and Research – (\$150)

Budget deliberations at the staff level are underway in preparation for the fall Finance Standing Committee meeting and November Board of Health meeting. We are actively pursuing up to date information from the Ministry to inform our budget assumptions.

8. Quarterly Compliance Report

The Agency is compliant with the terms and conditions of our Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks.

Public Health Sudbury & Districts has paid all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to August 23, 2019 on August 23, 2019. The Employer Health Tax has been paid as required by law, to August 23, 2019, with a cheque dated September 15, 2019. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to August 30, 2019 with a cheque dated September 30, 2019. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act*, Ontario Human rights Code, or *Employment Standards Act*.

Following are the divisional program highlights since the June Board of Health meeting.

Clinical Services

1. Control of Infectious Diseases (CID)

Vaccine preventable diseases

Starting the second week of September, public health nurses will be providing vaccines in schools for the following infectious diseases: meningococcus, human papillomavirus (HPV 4 and 9) and hepatitis B.

We will be engaging in a process review of our actions to ensure optimal efficiency and compliance with the *Immunization of School Pupils Act*. This is in follow up to process issues that came to light in the context of a recent appeal of Medical Officer of Health orders for suspensions under this Act.

Daycare immunization review

Over the months of July and August, the team reviewed immunization records from 69 licensed Child Care Centres according to the requirements under the *Child Care and Early Years Act*. For 2019, a total of 2306 children have had their immunization records reviewed and updated in Panorama.

Cold chain visits

During the months of July and August, staff have been conducting “cold chain” visits at all health care provider clinics and offices that administer publicly-funded vaccines in our area. “Cold chain” refers to the process of maintaining vaccines within the required temperature range of 2° to 8°C at all times during handling, storage, and transport. To date, 209 cold chain inspections were completed.

Preparation for Universal Influenza Immunization Program (UIIP)

Preparation for the 2019–2020 Universal Influenza Immunization Program is underway. Influenza vaccine clinics are currently being planned for our main and district offices.

Respiratory outbreaks

There have been three respiratory outbreaks in the months of July and August. The causative organism for one outbreak was identified as parainfluenza. The cause of the other two outbreaks could not be confirmed. The team continues to monitor all reports of respiratory illness.

2. Sexual Health/Sexually Transmitted Infections (STI) including HIV and other Blood Borne Infections

Sexual health promotion

During the months of June, July, and August, 70 participants attended eight presentations on the topic of sexual health, STIs, and birth control options.

Information sessions about sexual health and STIs were provided to 218 students in six local high schools. Two hundred of these students also completed a paper survey to gather feedback from the students on the sexual health services provided within their high school.

Social media advertisement was undertaken via Facebook for two weeks in July, encouraging individuals in a new relationship to get tested for STIs. Advertisement was also conducted on Grindr (LGBTQ social networking app) for two weeks in August, promoting the sexual health clinic and STI testing.

The team provided anonymous HIV testing to 17 individuals during the HIV international day of testing (June 27) in partnership with Réseau ACCESS Network and the Aboriginal Peoples' Alliance (Northern Ontario). The team also supported Pride Week from July 8–14 by attending the flag raising ceremony on July 8, and, in collaboration with Réseau ACCESS Network, developing a poster celebrating diversity that was posted inside 30 city buses for the month of July.

Sexual health clinic

For the months of June and July, there were 510 drop-in visits to the Rainbow Office site related to STIs, blood-borne infections and/or pregnancy counselling.

Needle exchange program

Harm reduction supplies and services were provided to people who use drugs through 1921 client visits in June and 2776 client visits in July.

3. Oral Health/Vision Health

The oral health program provided preventive dental treatment to eligible children over the summer months through the fixed clinic in Sudbury and through mobile clinics in Espanola and

Manitoulin Island. The dental screening program will commence in late September and will be offered to all elementary schools.

Seniors dental program

The new Ontario Seniors Dental Care Program is expected to be launched in the fall of 2019. This program will provide low income seniors an opportunity to receive routine dental treatment and preventive care. Per the government process for this new program, Public Health Sudbury & Districts submitted an application to the Ministry of Health requesting capital funding to support the development of a seniors dental clinic. This process will continue through the fall.

Environmental Health

1. Environmental Public Health Week

Environmental Public Health Week will be celebrated September 23–27, 2019. “Exploring the Edge” is this year’s theme and highlights the adaptive strategies used by public health inspectors such as exploring emerging trends in food borne illness outbreaks, using social media for public health interventions and advocating for healthier communities by design. The work of environmental public health practitioners will be highlighted via a media release and internal communication with staff.

2. Control of Infectious Diseases

During the months of June, July, and August, 21 sporadic enteric cases and two infection control complaints were investigated. One enteric outbreak was declared in an institution.

3. Food Safety

During the summer months, three food product recalls prompted public health inspectors to conduct checks of 245 local premises. All affected establishments had been notified, and subsequently had removed the recalled products from sale.

Public health inspectors issued three closure orders to food premises due to adverse water sample results. All three closure orders have since been rescinded following corrective action, and the premises allowed to reopen.

Public health inspectors issued two charges to two food premises for infractions identified under the *Food Premises Regulation*.

Staff issued 200 special event food service permits to various organizations.

Through Food Handler Training and Certification Program sessions offered in June, July, and August, 214 individuals were certified as food handlers.

4. Health Hazard

In June, July, and August, 100 health hazard complaints, such as mould and insect/rodent complaints, were received and investigated. Four of these complaints involved marginalized populations.

In the month of June, a media release was issued to provide the public with tips to prevent heat-related illness. Subsequently, six heat warnings and extended heat warnings were issued during the summer months.

5. Ontario Building Code

During the summer months, 121 sewage system permits, 69 renovation applications, one zoning application, and 11 consent applications were received.

6. Rabies Prevention and Control

One hundred and seventy-one rabies-related investigations were carried out in the months of June, July, and August. Five specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

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

In response to a province-wide rabies vaccine and immune globulin shortage, staff engaged in communications with local health care providers to share Ministry of Health updates and guidelines to manage the provincial shortage. Ministry of Health staff have since advised that the production of rabies vaccine and immune globulin has resumed at a rate that will return provincial stock to normal levels in the coming days.

7. Safe Water

During the months of June, July, and August, 33 public beaches were sampled with a total of 1,320 samples collected during 228 visits. Re-sampling was conducted in response to 19 sampling results that exceeded the provincial recreational water quality standard of 200 *E. coli* per 100 mL of water. Four beaches were posted as unsafe for swimming due to elevated levels of *E. coli*. Media releases were issued to inform the public both when the beach water quality was not suitable for recreational use and when it was suitable again.

Public health inspectors investigated 15 blue-green algae complaints in the months of June, July, and August, six of which was subsequently identified as blue-green algae capable of producing toxin. Media releases were issued to inform the public of the importance of taking precautions and being on the look-out for algal blooms. One beach was posted due to the presence of blue-green algae. The advisory signage was posted on July 25, 2019, and remained posted for the duration of the bathing season.

During June, July, and August, 320 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 51 regulated adverse water sample results, as well as drinking water lead exceedances at 11 local schools.

Twenty-seven boil water orders, and four do not drink water orders were issued that included three drinking water advisories. Furthermore, 26 boil water orders, three drinking water advisories, and one do not drink water order were rescinded.

One public pool and one spa were ordered closed during the summer months. The pool closure order has since been rescinded following corrective action, and the premises allowed to reopen. Furthermore, a public health inspector charged a spa owner for an infraction identified under the *Public Pools Regulation*.

8. *Smoke-Free Ontario Act, 2017* Enforcement

In June, July, and August, *Smoke-Free Ontario Act* Inspectors charged two individuals for smoking in an enclosed workplace, 12 individuals for smoking on school property, five individuals for smoking on hospital property, and seven retail employees for selling tobacco or e-cigarettes to a person who is less than 19 years of age.

9. Vector Borne Diseases

To date, a total of 13 843 mosquitoes have been trapped and sent for analysis with a total of 130 mosquito pools being tested for Eastern Equine Encephalitis virus and for West Nile virus. All pools tested negative.

In August, one local horse was reported as testing positive for Eastern Equine Encephalitis, with a second positive horse reported in September.

On June 13, 2019, a media release on West-Nile virus was issued. The media release provided general information on the potential health effects of West-Nile virus and tips on preventing mosquito bites.

10. Emergency Response

In response to a wildfire near Gogama, a media release was issued on June 10, 2019, informing the public of the potential health effects of smoke and how to protect themselves.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

The Stay On Your Feet (SOYF) Sudbury-Manitoulin Falls Prevention Coalition provided funds to Better Beginnings Better Future (BBBF) to support the expansion of the Good Food Market. The expansion allowed an additional location to the existing schedule for the remainder of the 2019 season (August through November).

Mental health promotion

Correspondence to community partners about parity of esteem was shared in September. Partners were reminded of the [Public Mental Health Action Framework](#) and the [Board of Health's May 2019 endorsement](#) of a [position statement on the Parity of Esteem](#). The specific intent of the correspondence was to ask community members to consider how the concept of parity of esteem could be relevant to their own work, and to share how they have been able to implement such a position in their own organization.

Physical activity and sedentary behaviour

The LaCloche Foothills Bike Exchange Committee (LFBEC) members held five bike exchange/distribution events where 33 bicycles were distributed to community members and 27 helmets were distributed to community members, and 18 bicycles were collected. With all bicycles and helmets given out, helmet and bike safety, and youth cycling skills were discussed with supporting resources and handouts.

2. Healthy Growth and Development

Breastfeeding

The breastfeeding support group is designed to give mothers an opportunity to socialize with other mothers and share experiences, tips, ask questions, get information from public health staff and feel supported in a safe and non-judgemental environment. The groups have been well-received in the community and recently the frequency of meetings has been increased from bi-weekly to weekly to meet this community interest and need. Public health nurses also provided 91 breastfeeding clinic appointments with new mothers in the month of August.

Growth and development

In July 2019, a public health nurse responded to staff at the Children's Treatment Centre at Health Sciences North to discuss increased occurrences of "baby flat head" (plagiocephaly) seen by pediatricians. Public health provided resources to be distributed to parents on how to prevent this from occurring with strategies such as promoting "tummy time" and physical literacy. This is an example of ongoing partnership and collaboration between public health and health care/Health Sciences North.

Throughout June, July and August 2019, public health dieticians provided information sessions regarding the new food guide and child feeding practices to community partners, including approximately 40 parents in the community. Twenty-two early childhood education students at Cambrian College were provided with education to promote the creation of supportive food environments in child care settings. Feedback was provided to a day care on the daily menu to increase availability of healthy food options.

Healthy pregnancies

On July 8, 2019, the first online prenatal education class created by Public Health Sudbury & Districts was released. It is a free, online prenatal program that is self-directed. The curriculum includes topics such as healthy lifestyles during pregnancy, the first hours after birth, life with your new baby, keeping your baby safe as well as a list of community resources. Since the launch, a total of 86 people have registered for the course. Renfrew County and District Health Unit has requested permission to adapt and use the online program for their communities as well.

Throughout June, July and August 2019 three prenatal classes were held each with 26 people in attendance.

Healthy Babies Healthy Children

On August 1, 2019, an internal re-organization occurred which resulted in the Healthy Babies Healthy Children team being welcomed into the Health Promotion Division. Work is underway to further align the program with the Ministry of Children, Community and Social Services 100% funded budget.

Positive parenting

In June 2019, the delivery of the 10 week Bounce Back and Thrive program to 20 parents in the community was completed. The purpose of this program is to teach families how to achieve calm and happiness through skills that help to build resilience in every day interactions, allowing for enhanced problem solving, teaching children to manage anger, frustration and stress and helping children to improve their confidence and self-esteem.

3. School Health

Healthy eating behaviours

A knowledge sharing and skill building session to parents of a local elementary school was delivered on July 17, 2019. The session addressed the topics of the 2019 Canada's Food Guide, healthy meal and snack planning for school, and health promoting approaches that support children's healthy eating behaviours.

Mental health promotion

In June and July 2019, through a collaboration with a local School Board, and a community partnering agency two "Reach In Reach Out" training workshops were facilitated. Through this training, all attendees, including school board staff and childcare workers, built upon their knowledge and skills for creating strong relationships as adult role models, incorporating resiliency skills into their work setting, and instilling life-long resiliency to young children. This activity is part of a two-year research and evaluation pilot project that is exploring the effectiveness of local public health and school board partnerships on the implementation of the "Reach In Reach Out" program in school settings.

Substance use and harm reduction

In August 2019, a local School Board's need for capacity building regarding the administration of naloxone and harm reduction strategies in schools was addressed. Forty superintendents and principals were informed of the population trends on the emerging opioid issue, naloxone policies (developed in partnership with our agency), and management of substance misuse.

A professional development and capacity building session to 35 principals and administrative staff from another local School Board was also held. This session provided insights on the health risks of vaping and cannabis use among school-aged children and youth, the provincial consumption patterns of vaping, the chemical components and their impacts on brain development, and the *Smoke-Free Ontario Act* as it relates to schools.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

In June, Public Health Sudbury & Districts began dispensing free nicotine replacement therapy (NRT) products such as patches, gum, lozenges, and mist for eligible clients as part of an expansion of services in the Quit Smoking Clinic. As a result, public health nurses responded to 144 calls on the tobacco information line (TIL) and fifty-seven clients attended the Quit Smoking Clinic (QSC) from mid-May to mid-August 2019. Furthermore, smoking cessation services were expanded to our Sudbury East office and a QSC has been established to serve our Sudbury East community.

In addition to tobacco cessation work, the team continued to support Cambrian College in the implementation of their smoke-free campus policy and attended multiple working group meetings. Work also commenced with Collège Boréal to assist in the development and implementation of their smoke-free campus policy which will come into effect in January 2020. Public health staff provided partners at the college with resources for policy development, led orientation week activities, and developed a smoke-free campus survey to be completed by students, faculty, and visitors to the campus. Public health staff is also working collaboratively with the college to support a “1 Day Stand” event in November a trial of a smoke-free campus will be conducted for one day.

Support was provided to the township of Gore Bay to revise smoking by-laws and provide information on the *Smoke-Free Ontario Act*.

At the regional level, the North East Tobacco Control Area Network continued to lead and participate in regular meetings for cessation, youth engagement, and enforcement. Recruitment also began for participation in a regional vaping testimonial campaign featuring adult influencers. The goal of the campaign is to reduce the initiation and uptake of vaping and e-cigarette use by youth and young adults and plans to air in the fall/winter.

Concussions

On May 29, 2019, public health staff and Ontario Provincial Police (OPP) constable in Sudbury East hosted a workshop at an elementary school. Concussions and its effect on brain function, benefit of cycling and the importance of wearing bicycle helmet properly were discussed. Twenty-three students participated in this event.

Falls

Throughout the month of June, July and August, in collaboration with Sudbury Rising Stars, public health staff attended the Girl Guide event in Sudbury and delivered a presentation to 30 older adults about the Stay On Your Feet Strategy (SOYF). Public health staff also organized and coordinated a STAND-UP facilitator training in Sudbury and 18 new facilitators were trained from various agencies. Partnership work also continued with Parkside Center for Older Adults and supported the Assistive Device Program (ADP). Six ADP clinics were hosted by Parkside and 48 older adults were assessed for an assistive device. Public health staff also attended the seniors' appreciation day event in Espanola. A booth was staffed to educate the community on the SOYF strategy and fall prevention resources were distributed.

Road safety

In July and August, public health staff partnered with many agencies across our catchment area to support and mobilize car seat safety in our communities. In partnership with Centre Pivot Du Triangle Magique (CPTM), Our Children Our Future (OCOF), Wikwemikong First Nations, six car seat inspection clinics were hosted and a total of 53 child restraint systems were inspected. Team Safer Seats Sudbury hosted its first Baby Ride Blitz in July and 19 child restraint systems were inspected. Additional information and resources were also distributed to 26 parents or

parents to be. In August, public health staff continued to promote car seat safety at the “Driver Safety Day” event hosted by Sudbury Hydro. Public health nurses provided tips on how to install car seats to over 75 participants.

In Espanola, road safety was promoted by partnering with the Espanola Area Safety Coalition and the Ministry of Transport (MTO) to provide information on distracted driving as part of a safer grad event. A booth was organized by public health staff and MTO partners and students had the opportunity to spin a wheel and answer questions on various road safety topics. Bike rodeos were also held in partnership with the Ontario Provincial Police at St Mary’s Catholic School and Ecole St. Joseph’s to provide education on cycling skills, rules of the road, and helmet safety tips. Over 53 participants took part in this event.

In Sudbury East, through a collaboration with the OPP and an elementary school during their “bike to school day”, helmet safety information was provided, and a helmet fitting tips was provided to 23 participants.

Substance use – Community Drug Strategy for the City of Greater Sudbury

A [surveillance dashboard](#) has been created to share data with the public on opioids. Included are: suspected opioid incidents (as reported by EMS), naloxone distribution, emergency department visits (for opioid and non-opioid related poisonings) and deaths.

Supervised Consumption Services Needs Assessment and Feasibility Study

The Community Drug Strategy for the City of Greater Sudbury provided an opportunity for residents to have their voice heard as part of the Supervised Consumption Services Needs Assessment and Feasibility Study. To date, 2323 responses to the online community survey have been received and 207 in-person interviews with people who inject drugs and live in Greater Sudbury have been conducted.

Over the summer nine media requests were responded to regarding the Community Drug Strategy and the needs assessment and feasibility study.

Harm Reduction Campaign

A harm reduction campaign was launched in late August. The main theme is “everyone can reduce harms.” Areas for action include: talking about substance use, using caring language, safely disposing medications, securing medications, taking medication as prescribed, and not sharing medications. The campaign has been spread through the area on bus backs, electronic billboards, internally and on social media.

Beginning in June, Public Health Sudbury & Districts collaborated with the health units in the north east to distribute a social media communication campaign to prevent alcohol use among youth. Messages encourage adult influencers to start conversations and build healthy relationships to help youth make informed choices. Additional messaging was also shared on social media to raise awareness about the risks of chronic disease associated with alcohol.

The Be Cannabis Wise communication campaign also continued throughout the summer months to inform the public of health risks associated with cannabis use and to start the conversation about how to reduce risks. Messaging was distributed via billboards and social media. Community consultations are also underway to inform the development of additional messaging and program planning to meet local needs.

On Manitoulin Island, public health staff collaborated with M'chigeeng Health Centre to coordinate a R.A.C.E. (Respect, Action, Commitment, Excellence) against drug event for Grade 5 and 6 students. All four local public schools and all four First Nations schools attended.

In addition to communication campaigns, Canada's Lower-Risk Cannabis Use Guidelines were promoted and shared with local health care providers through the August issue of the Advisory newsletter. Public health staff also worked with the Ontario Public Health Collaboration on Cannabis to provide recommendations for a letter submission to Health Canada's consultation on Potential Market for Cannabis Health Products that Would Not Require Practitioner Oversight.

On September 3, a session was provided to resident advisors at Cambrian College on the health impacts of alcohol and substance use. Public health staff helped resident advisors build their skills on recognizing standard drink sizes by leading a pour challenge and promoted harm reduction messaging on substance use, impaired driving and consent through a facilitated game. A total of 22 resident advisors attended the session.

Harm reduction–Naloxone

This summer, through the naloxone program, a total of 25 staff at four agencies, received naloxone train-the-trainer training that enables these staff to distribute naloxone to clients in the community. Three agencies signed a Memorandum of Understanding with Public Health Sudbury & Districts to become a naloxone distribution sites. Presentations raising awareness of the need to carry and how to administer naloxone were completed at 6 agencies, to 145 people.

Knowledge and Strategic Services

1. Health Equity and Indigenous Engagement

On June 21, Members from the Health Equity and School Health Promotion teams supported a booth at the N'Swakamok Native Friendship Centre's Pow Wow event on National Indigenous Peoples Day at Bell Park in Sudbury.

The agency welcomed two new staff members to support the Indigenous Engagement portfolio over the summer, including a special advisor, Indigenous affairs and an Indigenous engagement project officer. 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 29-weeks to support the Circles initiative through funding from the Apatisiwin On-the-Job Training Program.

Under the Student Placement Program, a new partnership was formed with the Indigenous Social Work program at Laurentian University, and the Health Equity team has recruited a placement student to work on efforts to support Circles Sudbury beginning in September.

The agency released a new Indigenous engagement policy and procedure in July. Included in the procedure are four new protocols to guide staff in respectful engagement with Indigenous communities and partners. Two members from the Health Equity team participated in the Maamiwi Gibeshiwin – Anishinaabe Cultural Camp at the N'Swakamok Sacred Land site in Wahnapiatae from August 8 to 12. The goal of the training camp was to provide a safe space for Indigenous people to learn about and rediscover their culture, for non-Indigenous people to develop allyship skills, and for all participants to build and deepen their relationships and understanding.

A collaborative process within the agency was undertaken to develop a racial equity action framework for approval at the Board of Health meeting in September. The framework will guide efforts of the agency to address racism for improved health equity. The agency was also successful in obtaining a two-year grant in the amount of \$200,000 from the Department of Canadian Heritage's Community Support, Multiculturalism, and Anti-Racism Initiatives Program in partnership with the City of Greater Sudbury and Laurentian University. The grant will support the mobilization and engagement of Black and racialized youth, community partners, and allies to address anti-Black racism and racial discrimination across Sudbury and districts.

2. Population Health Assessment and Surveillance

A new internal Population Health Assessment Team Indicator Report (PHASSt-IR) on smoke-free homes was produced using 2017 data from the Rapid Risk Factor Surveillance System (RRFSS). Also, preliminary results from two 2019 RRFSS modules, one on cannabis use and one on falls, were presented to program teams on July 4, 2019, for their planning purposes. Data collection for these modules is ongoing and final results will not be available until 2020.

3. Staff Development

Our agency has responded to a request to support the Espanola Family Health Team in the provision of training for one of their staff to become lactation certified. This is the first such training agreement developed at public health.

Interactive workshops facilitated by the Indigenous engagement project officer were offered to staff on August 26 and September 10 to learn about each of the protocols including working with Elders; offering semaa (tobacco) to Elders; territorial acknowledgement; and Indigenous language translation. Workshops were well attended with 23 staff attending both sessions.

The fourth communities of practice session was hosted for managers on September 6. This session focused on performance management. Participants were provided with tips and tools and were able to share their experiences and learn from each other, supporting them in their management role.

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 7 Periods Ending July 31, 2019

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOHLTC - General Program	15,127,700	8,824,492	8,824,492	(0)	6,303,208
MOHLTC - Unorganized Territory	826,000	481,833	481,833	0	344,167
MOHLTC - VBD Education & Surveillance	65,000	37,917	37,917	(0)	27,083
MOHLTC - SDWS	106,000	61,833	61,833	0	44,167
Municipal Levies	7,276,750	4,244,776	4,244,776	0	3,031,974
Municipal Levies - Small Drinking Water Syst	47,222	27,546	27,546	0	19,676
Municipal Levies - VBD Education & Surveill	21,646	12,627	12,627	(0)	9,019
Interest Earned	105,000	105,000	142,037	(37,037)	(37,037)
Total Revenues:	\$23,575,318	\$13,796,024	\$13,833,061	\$(37,037)	\$9,742,257
Expenditures:					
Corporate Services:					
Corporate Services	4,116,076	2,559,849	2,561,814	(1,966)	1,554,262
Print Shop	120,102	63,793	48,491	15,302	71,611
Espanola	114,957	66,899	64,319	2,580	50,638
Manitoulin	123,702	71,962	64,353	7,610	59,349
Chapleau	101,791	58,303	57,383	920	44,409
Sudbury East	16,808	9,805	10,390	(586)	6,418
Intake	328,471	194,392	192,696	1,697	135,775
Facilities Management	509,759	269,635	262,576	7,059	247,183
Volunteer Services	4,850	1,379	434	945	4,416
Total Corporate Services:	\$5,436,515	\$3,296,017	\$3,262,455	\$33,562	\$2,174,060
Clinical Services:					
General	1,106,259	648,482	583,462	65,020	522,797
Clinical Services	1,321,087	801,768	737,583	64,185	583,505
Branches	219,267	125,704	121,400	4,304	97,867
Family	633,751	369,388	360,629	8,759	273,122
Risk Reduction	98,842	41,544	26,830	14,714	72,012
Sexual Health	1,112,238	634,495	584,273	50,222	527,965
Influenza	0	0	852	(852)	(852)
HPV	0	0	1	(1)	(1)
Dental - Clinic	451,537	261,109	210,271	50,839	241,267
Vision Health	69,518	31,951	9,436	22,514	60,082
Total Clinical Services:	\$5,012,500	\$2,914,440	\$2,634,736	\$279,705	\$2,377,765
Environmental Health:					
General	812,719	446,685	423,717	22,969	389,003
Environmental	2,392,985	1,352,639	1,263,213	89,426	1,129,772
Vector Borne Disease (VBD)	86,907	28,055	16,510	11,545	70,397
Small Drinking Water System	163,130	93,038	92,575	463	70,555
Total Environmental Health:	\$3,455,742	\$1,920,417	\$1,796,015	\$124,402	\$1,659,727
Health Promotion:					
General	1,222,526	666,736	646,828	19,908	575,697
School	1,400,506	775,090	752,259	22,831	648,247
Healthy Communities & Workplaces	146,826	78,801	74,884	3,916	71,941
Branches - Espanola / Manitoulin	324,077	185,224	171,495	13,729	152,582
Nutrition & Physical Activity	1,081,014	617,460	565,279	52,182	515,735
Branches - Chapleau / Sudbury East	388,476	220,150	219,519	631	168,957
Injury Prevention	375,538	207,849	180,964	26,885	194,574
Tobacco By-Law	275,848	155,853	144,828	11,025	131,020
Family Health	0	0	1,640	(1,640)	(1,640)
Healthy Growth and Development	1,108,398	620,873	521,096	99,777	587,302
Substance Misuse Prevention	125,242	55,959	51,277	4,681	73,965
Mental Health and Addictions	394,783	188,804	159,121	29,683	235,662
Alcohol Misuse	239,533	126,170	117,457	8,713	122,076
Total Health Promotion:	\$7,082,767	\$3,898,968	\$3,606,648	\$292,321	\$3,476,120
Knowledge and Strategic Services:					
General	1,908,716	1,029,327	956,394	72,933	952,322
Workplace Capacity Development	23,507	760	300	460	23,207
Health Equity Office	42,243	36,501	43,659	(7,158)	(1,416)
Indigenous Engagement	25,000	500	323	177	24,677
Strategic Engagement	588,327	284,987	248,620	36,367	339,707
Total Knowledge and Strategic Services:	\$2,587,793	\$1,352,074	\$1,249,297	\$102,778	\$1,338,496
Total Expenditures:	\$23,575,318	\$13,381,917	\$12,549,150	\$832,767	\$11,026,168
Net Surplus/(Deficit)	\$0	\$414,107	\$1,283,911	\$869,804	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 7 Periods Ending July 31, 2019

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
Funding	23,830,321	14,007,985	14,045,021	(37,035)	9,785,300
Other Revenue/Transfers	782,827	444,259	478,684	(34,424)	304,144
Total Revenues & Expenditure Recoveries:	24,613,148	14,452,245	14,523,705	(71,460)	10,089,444
Expenditures:					
Salaries	16,158,496	9,165,440	8,599,948	565,491	7,558,548
Benefits	4,470,680	2,579,474	2,542,448	37,025	1,928,232
Travel	262,983	113,507	103,157	10,350	159,826
Program Expenses	903,883	435,970	341,119	94,851	562,764
Office Supplies	67,816	38,659	22,295	16,364	45,521
Postage & Courier Services	69,322	39,038	33,411	5,627	35,911
Photocopy Expenses	33,807	18,946	15,451	3,495	18,356
Telephone Expenses	61,632	35,660	30,235	5,425	31,397
Building Maintenance	365,128	231,556	251,486	(19,930)	113,642
Utilities	214,325	108,023	105,309	2,714	109,016
Rent	259,105	155,264	155,458	(194)	103,647
Insurance	115,636	109,903	109,903	0	5,733
Employee Assistance Program (EAP)	34,969	26,227	29,176	(2,949)	5,793
Memberships	32,828	22,305	21,246	1,059	11,582
Staff Development	205,593	72,171	61,797	10,374	143,796
Books & Subscriptions	11,815	4,119	1,579	2,540	10,236
Media & Advertising	148,785	53,407	25,365	28,042	123,420
Professional Fees	360,514	210,824	195,138	15,686	165,376
Translation	60,777	36,255	30,946	5,309	29,831
Furniture & Equipment	46,041	31,040	30,201	838	15,840
Information Technology	729,013	550,350	534,125	16,225	194,888
Total Expenditures	24,613,148	14,038,137	13,239,793	798,344	11,373,355
Net Surplus (Deficit)	0	414,107	1,283,911	869,804	

Sudbury & District Health Unit
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended July 31, 2019

100% Funded Programs

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
Pre/Postnatal Nurse Practitioner	704	139,000	80,328	58,672	57.8%	Dec 31	58.3%
OTF - Getting Ahead and Circles	706	115,179	22,559	92,620	19.6%	Mar 31/2020	37.5%
CGS - Local Poverty Reduction Evaluation	707	70,326	10,763	59,563	15.3%	Mar. 31/2021	37.5%
SFO - Electronic Cigarette Act	722	36,700	13,434	23,266	36.6%	Dec 31	58.3%
SFO -TCAN - Prevention	724	97,200	16,693	80,507	17.2%	Dec 31	58.3%
SFO - Tobacco Control Area Network - TCAN	725	285,800	159,445	126,355	55.8%	Dec 31	58.3%
SFO - Local Capacity Building: Prevention & Protection	726	259,800	108,718	151,082	41.8%	Dec 31	58.3%
SFO - Tobacco Control Coordination	730	100,000	58,309	41,691	58.3%	Dec 31	58.3%
SFO - Youth Engagement	732	80,000	42,470	37,530	53.1%	Dec 31	58.3%
Infectious Disease Control	735	479,100	269,261	209,839	56.2%	Dec 31	58.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	20,909	79,091	20.9%	Mar 31/20	33.3%
MOHLTC - Special Nursing Initiative	738	180,500	106,881	73,619	59.2%	Dec 31	58.3%
MOHLTC - Northern Fruit and Vegetable Funding	743	176,100	107,887	68,213	61.3%	Dec 31	58.3%
Food Safety - Haines Funding	750	36,500	14,437	22,063	39.6%	Dec 31	58.3%
NE HU Collaborations/Shared Services Exploration	755	-	32,875	(32,875)	#DIV/0!	Mar 31/20	33.3%
Triple P Co-Ordination	766	28,329	28,329	-	100.0%	Dec 31	58.3%
Supervised Consumption Study	770	80,000	10,269	69,731	12.8%	Dec 31	58.3%
MOHTLC - Harm Reduction Program	771	150,000	58,376	91,624	38.9%	Dec 31	58.3%
Healthy Babies Healthy Children	778	1,476,897	825,427	651,470	55.9%	Dec 31	58.3%
Healthy Smiles Ontario (HSO)	787	612,200	315,901	296,299	51.6%	Dec 31	58.3%
Anonymous Testing	788	61,193	20,396	40,797	33.3%	Mar 31/20	33.3%
MHPS- Diabetes Prevention Program	792	175,000	75,277	99,723	43.0%	Dec 31	58.3%
Total		4,739,824	2,398,944	2,340,880			

From: Loretta Ryan <loretta@alphaweb.org>
Sent: September 12, 2019 12:43 PM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Subject: Announcement from the Ministry of Health - Chief Medical Officer of Health

Hello,

Please see below an announcement from the Ministry of Health that was sent to us by the Chief Medical Officer of Health.

Alison Blair has been appointed as Assistant Deputy Minister, Emergency Health Services and will also take on the Executive Lead role for Public Health modernization. She will be working in close partnership with Dr. Williams and his team in one of our shining models of a cross-functional team. Alison will support consultations with the sector to plan and implement the modernization of public health and emergency health services. Alison brings a wealth of experience to this critical role, most recently as Executive Director, Emergency Health Services.

As soon as we have further information, we will share it with the alPHa membership.

Take Care,

Loretta

Loretta Ryan, CAE, RPP
Executive Director

Association of Local Public Health Agencies (alPHa)

2 Carlton Street, Suite 1306

Toronto, ON M5B 1J3

Tel: 416-595-0006 ext. 22

Cell: 647-325-9594

loretta@alphaweb.org

www.alphaweb.org

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

Dear alPHa Members,

September 11, 2019

Re: Update on Public Health Modernization

As summer is a time for many of us to step away from the demands of our professional lives, at least for a little while, September means “back to business”, and I would like to welcome you all back from what I hope was a relaxing and enjoyable July and August.

Recognizing that the Government's Public Health Modernization initiative was likely not too far from anyone's mind over the past two months, I would like to take this opportunity to provide information on developments that have occurred since the update that was sent by alPHa's Executive Director, Loretta Ryan, on July 25th.

During the alPHa Conference, on June 11th, the Chief Medical Officer of Health, Dr. David Williams outlined a process that was to include a consultation during the month of July followed by Ministry analysis of the feedback in August. Although there were some preliminary discussions of proposals in the spring with members of the alPHa Executive (the confidential “Technical Tables” that were mentioned during his conference presentation), no further meetings have taken place and the consultation has not yet commenced.

Shortly after the July 25th member update, alPHa wrote a letter to Dr. Williams requesting further information, given that the timeframe he provided in June had passed. We have not yet received a written response to that letter, but additional details were provided by the Minister of Health at the 2019 Association of Municipalities of Ontario (AMO) Conference on August 19th, with Loretta Ryan (alPHa Executive Director), Paul Roumeliotis (COMOH Chair) and I in attendance.

Minister Elliott confirmed changes to the previously announced cost-sharing arrangement, which will now be 70/30 for almost all programs in all health units as of January 1, 2020, and then announced that a renewed consultation on the restructuring aspect, to be managed by a yet-to-be-named “special advisor”, will begin soon with public health partners and municipalities. This is expected to begin with the release of a discussion paper and we will communicate the details and timelines as soon as possible.

Finally, I am pleased to confirm that Dr. Williams will be attending the next meeting of the alPHa Board of Directors, which takes place on September 27th and that both Dr. Williams and the Minister of Health are confirmed speakers at alPHa's November 6th [Fall Symposium](#) in Toronto. These will be further opportunities for direct dialogue with our provincial partners and we hope that the record attendance at our June Conference will be repeated as a further demonstration of the commitment of our membership to working with the Province while ensuring that the capacity and mandate of Ontario's public health system are maintained and, where possible, strengthened.

alPHA remains committed to working hard on behalf of its members to ensure the best possible outcome for Ontario's public health system once the promised consultations begin. Please see alPHA's dedicated web page that houses our communications and updates, statements from other stakeholders, local board resolutions and other related information. Please check this page often and note that further details about the information outlined above can be found there.

(https://www.alphaweb.org/page/PHR_Responses).

We hope that you find this information useful and I look forward to continuing to work with all boards and to ensure effective communication with everyone over the coming months. If you have any questions or concerns, please contact Loretta Ryan, Executive Director, alPHA, at loretta@alphaweb.org or 647-325-9594.

Yours sincerely,

A handwritten signature in blue ink, reading "Carmen McGregor". The signature is fluid and cursive, with the first name "Carmen" and last name "McGregor" clearly distinguishable.

Carmen McGregor,
alPHA President

From: Info <info@alphaweb.org>
Sent: August 19, 2019 4:11 PM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Subject: Important Announcement - Public Health Modernization

ATTENTION:
CHAIRS, BOARDS OF HEALTH
MEDICAL OFFICERS OF HEALTH
SENIOR MANAGERS, ALL PROGRAMS

Today, at the Association of Municipalities of Ontario annual Conference in Ottawa, the Premier of Ontario, Hon. Doug Ford, and Deputy Premier and Minister of Health, Hon. Christine Elliott we're feature speakers. Of particular interest to alPHa members, the Minister spoke about the government's plans to transform public health in Ontario, including:

- * The Minister noted that her staff has been working with AMO, the City of Toronto, and with the Association of Local Public Health Agencies at technical tables since April.
- * More time will be given to accommodate changes to cost-sharing arrangements and a commitment to pause any changes to the funding models for 2019.
- * Starting January 1, 2020, all municipalities will transition to a 70-30 cost sharing funding model. In the first year, the Minister announced that no public health unit will experience an increase over 10 per cent of current public health costs as a result of this cost-sharing change.
- * The government will soon launch renewed consultation with municipalities and partners in public health. This will be in addition to the work that's being done at our already-established technical tables.
- * The next phase of engagement will be supported by an expert advisor (name not yet announced). Over the next few weeks, the government will work with this advisor, with input from AMO, to begin this consultation, which we expect to launch this fall.
- * This next phase of engagement will include the release of a discussion paper. Among other aspects of the new regional entities, this paper will outline our proposals for boundaries for the new regional public health entities.

Please see the links below for the Premier and Minister's remarks and associated video clips.

alPHa will send an update and further information to the membership later on this week.

Please note: I am at the AMO Conference. Apologies for any formatting issues with the text.

Take Care,

Loretta

Premier Ford's Keynote Address:

Remarks: https://news.ontario.ca/opo/en/2019/08/premier-fords-keynote-address-am-2019.html?utm_source=ondemand&utm_medium=email&utm_campaign=p

Video: <https://youtu.be/t1T45w-U6Vg>

Christine Elliott, Deputy Premier and Minister of Health:

Remarks: <http://www.amo.on.ca/AMO-PDFs/Events/19/Monday/Christine-Elliott,-Deputy-Premier-and-Minister-of.aspx>

Video: <https://youtu.be/VFYJG11u5fk>

Loretta Ryan
Executive Director
Association of Local Public Health Agencies (alPHa)
647-325-9594

August 6, 2019

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

Dear Minister Elliott:

In this time of public health restructuring in Ontario, it is crucial that we maintain a clear vision for the principles and criteria by which we can design and evaluate the amalgamation process. The Medical Officers of Health from across much of Eastern Ontario, all partners in the Eastern Ontario Wardens Caucus, along with CAOs from their counties, and myself came together on July 8, 2019, to develop a set of principles and criteria we believe should be used to guide the restructuring process at the provincial level. The Board of Health at KFL&A met on July 24, 2019 then to discuss the principles and criteria and agreed to unequivocally support the following below.

Key Principles for Restructuring Local Public Health in Ontario:

1. **Improve population health:** any modernization approaches and changes must protect and enhance population health.
2. **“Say for pay”** must be maintained for municipalities in a meaningful way, meaning the autonomous board must contain a majority of municipal representatives. It must allow for all “obligated municipalities”, whether municipal or First Nation (Section 50, HPPA) to have meaningful decision-making to ensure public health remains responsive and accountable to the local communities it serves.
3. As a health unit composed of small urban, rural, and First Nations areas, the structure and delivery of services and programs must **meet the needs of these communities**. Local access and delivery must be maintained despite regionalization of back-office supports and efficiencies.
4. The **funding model and formula** for local public health must take factors into account such as equity, the older age of the population, the rural-urban mix, and must be sustainable.
5. The **best available evidence** should be considered as part of the policy decision making.
6. **Efficiencies will be identified and optimized** wherever possible, without sacrificing the quality and effectiveness of services provided.
7. Any new organizational structure will **build on the current strong collaborative relationships** among the current health units and local public health agencies in Eastern Ontario.
8. Any proposed infrastructure will **build on the assets** of the current local boards of health and respond to their challenges, looking for opportunities to improve public health services.

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

Main Office 221 Portsmouth Avenue
Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

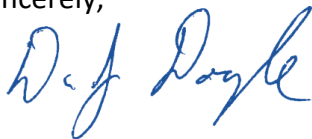
Decision-Making Criteria for Boundary Development:

1. **Alignment with Ministry of Health direction** - proposals must be evaluated considering the directions, vision and outcomes for Public Health as outlined by the Ministry.
2. **Maintenance of current partner alignment** – current relationships and partnerships with proposed Ontario Health Teams, Tertiary Care Centres, Universities/Colleges, neighbouring health units, school boards and other key partners should be maintained whenever possible.
3. **Meaningful governance by "obligated municipalities"** – consistent with the principle of “say for pay”, decision-making must consider a meaningful governance model for obligated municipalities who are required to fund public health programs under the Health Protection and Promotion Act.
4. **Inclusion of Indigenous populations and Francophone populations**– amalgamation models need to ensure that Indigenous and Francophone populations are engaged at the governance level and in program planning and delivery.
5. **Efficiencies** – the potential for cost savings and efficiencies is paramount in the evaluation of models including evidence of economies of scale.
6. **Sufficient resources** – resources must be sufficient at the local level for regular programs and surge capacity, including resources to fill key positions including the Medical Officer of Health and other public health experts.

Our Board of Health feels that the current proposal by the Ministry would adversely affect KFL&A Public Health, and further, does not fulfill the key principles and criteria outlined above. Projections of the planned amalgamation estimate a costly process with potential impact on front-line services. A strength that will be lost is our strong working partnerships with both Hastings Prince Edward Public Health and Leeds Grenville Lanark District Health Unit formed through many years facing similar issues across our geography. If these partnerships are maintained, we would be able to achieve a solution that is beneficial for all stakeholders in our region.

We believe that this process should not be rushed to ensure decisions consider evidence and best practices to remove the risk of unintended negative consequences. To achieve our mutual goals, we look forward to the opportunity to directly work with the Ministry on public health reorganization in the promised consultation process and to consider these proposed principles and criteria.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

Copy to:

Hon. D. Ford, Premier of Ontario
Hon. H. Angus, Deputy Minister of Health
Ian Arthur, MPP Kingston and the Islands
Daryl Kramp, MPP Hastings-Lennox and Addington
Dr. David Williams, Chief Medical Officer of Health
Loretta Ryan, Association of Local Health Agencies
Ontario Boards of Health
KFL&A Board of Health members
Dr. Piotr Oglaza, MOH, HPEPH
Jo-Anne Albert, Board Chair, HPEPH
Dr. Paula Stewart, MOH, LGLDHU
Doug Malanka, Board Chair, LGLDHU
Warden R. Higgins, County of Frontenac
Warden E. Smith, County of Lennox and Addington
Kelly Pender, CAO, County of Frontenac
Brenda Orchard, CAO, County of Lennox and Addington
Mayor B. Paterson and City Councillors, City of Kingston
Monica Turner, Director of Policy, Association of Municipalities of Ontario

From: Loretta Ryan [<mailto:loretta@alphaweb.org>]
Sent: July 25, 2019 4:06 PM
To: All Health Units <AllHealthUnits@lists.alphaweb.org>
Subject: Update for the alPHa Membership on Public Health Modernization

Update for the alPHa Membership on Public Health Modernization

It is anticipated the Minister of Health will soon be seeking input and advice on the province's next steps regarding public health modernization and looking for feedback on matters such as roles and responsibilities for the province and the new regional entities; governance structure including performance, accountability, and strategies to address community needs; leadership models and other change management and implementation considerations. Consultations were expected to start in July but have not yet taken place. alPHa continues to urge the government to consult with our members as soon as possible. Once consultations are underway, members will be invited to provide input for consideration for inclusion in the alPHa submission.

alPHa supports a strong local public health system in Ontario that maintains a focus on the wellbeing of Ontario's residents, increases efficiencies in service delivery, advances alignment with the health care system, enhances staff recruitment and retention, and improves public health promotion and protection. In keeping with this and, in addition to numerous post-budget activities, alPHa has recently undertaken the following:

- [Letter to the Minister of Health regarding Resolution A19-12 on June 21st.](#)
- [Letter to the Minister of Health on Digital Public Health on June 28th.](#)
- Meetings with the staff from the Office of the Chief Medical Officer of Health (June through July).
- Meeting with the Deputy Premier and Minister of Health, Hon. Christine Elliott, on July 9th.
- [Letter to the Chief Medical Officer of Health on Indigenous Engagement on July 11th.](#)
- The Minister and Chief Medical Officer of Health have been invited to speak with alPHa members about Public Health Modernization on November 6th at the upcoming alPHa Fall Symposium. (Further details on the symposium are coming soon.)

Updates, submissions, and other information can be found at: [alPHa's Public Health Modernization page](#) and [alPHa Correspondence](#). Members are encouraged to frequently check these pages.

Loretta Ryan, CAE, RPP
Executive Director
Association of Local Public Health Agencies (alPHa)
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Tel: 416-595-0006 ext. 22
Cell: 647-325-9594
loretta@alphaweb.org
www.alphaweb.org



July 19, 2019

Council Session, July 18, 2019

Public Health and Social Services Committee Session, July 9, 2019

PHD-C 06-2019, July 9, 2019

ALL BOARDS OF HEALTH

SENT ELECTRONICALLY

Resolution Respecting Proposed Provincial Restructuring of Local Public Health Agencies

PHD-C 06-2019

Regional Council, at its meeting held on July 18, 2019, passed the following resolution:

WHEREAS the Provincial Government has announced restructuring local public health agencies from 35 public health units to 10 new Regional Public Health Entities, governed by autonomous boards of health;

WHEREAS the Province expects to reduce provincial spending on local public health by \$200 million by 2021-22 from a current provincial budget for local public health of approximately \$750 million;

WHEREAS the Province is adjusting the cost-sharing formula with municipalities for local public health;

WHEREAS municipalities such as Niagara, Hamilton, and most others have been contributing more than their 25% share under Provincial policy for many years in order to ensure community needs are met based on the Ontario Public Health Standards, as set out by the provincial government;

WHEREAS the announcements do not contain sufficient detail to be able to fully understand the costs and implications of the proposed restructuring;

WHEREAS the scale of the proposed changes to the governance, organization and funding of local public health is unprecedented in Ontario;

WHEREAS the role of municipal councils is not clear in the proposed restructuring;

WHEREAS local public health agencies that are part of local government such as Niagara already achieve significant administrative efficiencies through the economies of scale from being part of much larger organizations than the future Public Health Entities;

WHEREAS local public health benefits from significant collaboration with social service, planning, recreation, and transportation services all of which address the social determinants of health and determine half of health outcomes;

WHEREAS separating public health agencies that are part of local government may have unintended negative consequences such as reducing municipal leadership on public health issues, reducing transparency and public scrutiny, as well as reducing effectiveness in collaboration on the social determinants of health;

WHEREAS the announcements appear to have a significant likelihood to impact on the delivery of local public health services;

WHEREAS Niagara Regional Council confirms its support of its public health staff in all the work that they do;

WHEREAS lessons from the past show that when the public health system is weakened, serious consequences occur;

WHEREAS expert reports, such as those following Walkerton's drinking water contamination and the outbreak of Severe Acute Respiratory Syndrome (SARS) have highlighted the need for a strong and independent public health sector to protect the health and safety of the public;

WHEREAS local public health has a unique mandate that focuses on upstream approaches to prevent injuries and illness before they occur, as well as health protection measures that contribute to the safety of our food, water, and environment, and protect us from infectious diseases;

WHEREAS the evidence shows that the success of prevention is largely invisible, but the social and economic returns on these investments are immense with every dollar invested in public health programming saving on average eight dollars in avoided health and social care costs;

WHEREAS to achieve health and reduce "hallway medicine" both a strong health care and a strong public health system are needed;

WHEREAS the independence of the Board of Health and the Medical Officer of Health as the doctor for the community are essential parts of a strong and transparent public health system;

WHEREAS local perspectives add value to provincial priority-setting and decision making;

WHEREAS significant advances in public health have been led through local action, such as the development of tobacco control bylaws; and

WHEREAS the Province has indicated a willingness to consult with boards of health and municipalities on the phased implementation of the proposed changes.

NOW THEREFORE BE IT RESOLVED:

1. That Regional Council **THANKS** the Premier and the Minister of Health for responding to feedback by municipalities to delay funding changes to public health and other municipally operated health and social services;
2. That the Regional Chair **BE DIRECTED** to write a letter to the Minister of Health and the Minister of Municipal Affairs and Housing to request that any restructuring or modernization of local Public Health ensure adherence to the following principles:
 - i. That its unique mandate to keep people and our communities healthy, prevent disease and reduce health inequities be maintained;
 - ii. That its focus on the core functions of public health, including population health assessment and surveillance, promotion of health and wellness, disease prevention, health protection, and emergency management and response be continued;
 - iii. That sufficient funding and human resources to fulfill its unique mandate are ensured;
 - iv. That the focus for public health services be maintained at the community level to best serve residents and lead strategic community partnerships with municipalities, school boards, health care organizations, community agencies and residents;
 - v. That there be senior and medical leadership at the local public health level to provide advice on public health issues to municipal councils and to participate in strategic community partnerships;
 - vi. That local public health services be responsive and tailored to the health needs and priorities of each local community, including those of vulnerable groups or those with specific needs such as the indigenous community;
 - vii. That representation of municipalities on any board of health be proportionate to both their population and to the size of the financial contribution of that municipality to the regional Public Health Entity; and
 - viii. That any transition be carried out with attention to good change management, and while ensuring ongoing service delivery;
3. That the Regional Chair **BE DIRECTED** to work with MARCO/LUMCO and AMO to describe the benefits of Public Health remaining fully integrated with other Niagara Region functions;
4. That the Medical Officer of Health **BE DIRECTED** to continue to report to the Board of Health in a timely manner as any new developments occur;

5. That at a minimum, the Chair of the Board of Health or co-Chair (Public Health) of the Public Health & Social Services Committee **PARTICIPATE** in Ministry consultations with boards of health on public health restructuring, and through the Association of Local Public Health Agencies (alPHa); and
6. That this resolution **BE CIRCULATED** to the Minister of Health, the Minister of Municipal Affairs and Housing, all municipalities, all Boards of Health, AMO, MARCO/LUMCO, and the Association of Local Public Health Agencies.

A copy of PHD-C 06-2019 is enclosed for your reference.

Yours truly,



Ann-Marie Norio
Regional Clerk
:KL

CLK-C 183-2019

July 19, 2019

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

Dear Minister Elliott,

Re: Essential Components for Strong Local Public Health

At its meeting on July 18, 2019, the Middlesex-London Board of Health voted to endorse the following motion:

Moved by: Mr. Michael Clarke

Seconded by: Mr. Ian Peer

That the Board of Health:

- 1) Receive [Report No. 053-19](#) re: “[Essential Components for Strong Local Public Health](#)” for information; and
- 2) Direct staff to forward the Report in [Appendix A](#) to the Minister of Health, other boards of health, and relevant stakeholders.

The Board of Health also took time to hold a generative discussion concerning public health unit amalgamation. Members are looking forward to the opportunity to be involved in the consultation process. Members wanted to identify what is important about public health work that needs to continue, what input to and involvement in amalgamation plans going forward Board members are seeking.

In our discussion, we concluded that the current mission of the Middlesex-London Health Unit “to promote and protect the health of our community” remains appropriate but requires building a new understanding of the community to be served. Public health should remain a local focus however needs will necessarily arise across a larger more diverse catchment area, and with regionalization, the new public health entity will comprise a collection of very diverse communities.

Good governance for public health has so far reflected the local nature of public health delivery with a locally accountable governance structure. Members are concerned that the governance structure for a regional public health entity will struggle to maintain that important local accountability.

We hope that you will find this brief summary of our generative discussion helpful. We look forward to hearing details about the timelines and structure of the summer consultation process.

A copy of Report No. 053-19 and its Appendix re: *Keeping Middlesex-London Safe and Healthy: Essential components for a strong local public health sector through modernization* is enclosed for your reference.

Yours sincerely,

A handwritten signature in black ink that reads "Trish Fulton". The script is cursive and fluid.

Trish Fulton
Chair, Middlesex-London Board of Health

c.c. Ontario Boards of Health
County of Middlesex
City of London

TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health / CEO
DATE: 2019 July 18

ESSENTIAL COMPONENTS FOR STRONG LOCAL PUBLIC HEALTH

Recommendation

It is recommended that that the Board of Health:

- 1) Receive Report No. 053-19 re: “Essential Components for Strong Local Public Health” for information; and*
- 2) Direct staff to forward the Report in Appendix A to the Minister of Health, other boards of health, and relevant stakeholders.*

Key Points

- Public Health Modernization will result in significant disruption to local public health.
- As the provincial government embarks on this modernization, it is important that key considerations, born out of decades of public health history, be contemplated.
- MLHU has prepared a response paper with key considerations and essential components for strong local public health.

Background

On April 11, 2019, the provincial budget introduced plans to significantly restructure Ontario’s public health system, including the dissolution of its 35 health units and creation of 10 new regional public health entities. New boards of health under a common governance model would be established in line with the new regional entities, and substantial adjustments to provincial-municipal cost-sharing would occur over three budget years, as well as a reduction of the overall budget envelope for local public health. Since the announcement in April, the Health Unit has received further information regarding the proposed geographic boundaries and reviewed responses from stakeholders across the province. Please see: https://www.alphaweb.org/page/PHR_Responses.

Response to the 2019 Public Health Modernization

Given the magnitude of the impact that public health modernization will have on Middlesex-London, a response paper titled *Keeping Middlesex-London Safe and Healthy* (see [Appendix A](#)) has been prepared.

The paper outlines four essential components for a strong local public health sector:

1. Maintaining public health’s unique upstream population health and disease prevention mandate;
2. Keeping public health at the community level to best serve residents and lead strategic community partnerships;
3. Ensuring public health funding and a strong workforce to fulfill its mandate; and
4. Governance structures that are transparent and locally accountable.

Next Steps

The response paper will be forwarded to the Minister of Health, local boards of health, and other relevant stakeholders. Additionally, MLHU will be participating in consultations regarding public health modernization throughout the summer and fall.

This report was prepared by the Healthy Organization Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health/CEO

July 5, 2019

SENT ELECTRONICALLY

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

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

Dear Premier Ford and Minister Elliott:

At its regular Board meeting on June 26, 2019, the Board of Health for the North Bay Parry Sound District Health Unit passed the following resolution related to the public health transformation initiative in northeastern Ontario:

Whereas, since November 2017, the boards of health in Northeastern Ontario, namely the Boards for Algoma Public Health, Public Health Sudbury & Districts, Porcupine Health Unit, North Bay Parry Sound District Health Unit, and Timiskaming Health Unit, have proactively and strategically engaged in the Northeast Public Health Collaboration Project to identify opportunities for collaboration and potential shared services; and

Whereas, the Northeast Public Health Collaboration Project work to date has been supported by two one-time funding grants from the Ministry of Health and Long-Term Care (Ministry); and

Whereas, subsequent to the proposed transformation of public health announced in the April 11, 2019, provincial budget, the work of the Collaboration has been accelerated and reoriented as the Northeast Public Health Transformation Initiative with the vision of a healthy northeastern Ontario enabled by a coordinated, efficient, effective, and collaborative public health entity; and

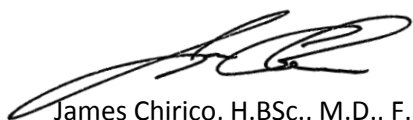
Whereas, the Board understands there will be opportunities for consultation with the Ministry on the regional implementation of public health transformation;

Therefore Be It Resolved, that the Board of Health for the North Bay Parry Sound District Health Unit is committed to the continued collaboration of the boards of health in Northeastern Ontario and looks forward to ongoing Ministry support for this work; and

Furthermore Be It Resolved, that the Board, having engaged in this work since 2017, anticipates sharing with the Ministry its experiences so that other regions may benefit and further anticipates providing to the Ministry its expert advice on public health functions and structures for the Northeast; and

Furthermore Be It Resolved, that this motion be shared with the Honourable Doug Ford, Premier, the Honourable Christine Elliott, Minister of Health and Long-Term Care, Dr. David Williams, Chief Medical Officer of Health, Vic Fedeli, MPP – Nipissing, Norm Miller, MPP – Parry Sound-Muskoka, John Vanthof, MPP – Timiskaming-Cochrane, the Association of Local Public Health Agencies, Ontario Boards of Health, and member municipalities.

Sincerely yours,



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

/sb

Copy to: Dr. David Williams, Chief Medical Officer of Health
Vic Fedeli, MPP – Nipissing
Norm Miller, MPP – Parry Sound-Muskoka
John Vanthof, MPP – Timiskaming-Cochrane
Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHA)
Ontario Boards of Health
NBPSDHU Member Municipalities (31)

June 27, 2019

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

Dear Minister Elliott:

Re: Public Health Modernization

I am writing on behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) to recommend the continued comprehensive mandate of public health as defined in the Ontario Public Health Standards (2018) and for gradual adjustments to the provincial-municipal cost-sharing of public health funding formula be phased in over five (5) years commencing in fiscal year 2021-22.

Since the April 11, 2019 Government of Ontario provincial budget announcements regarding public health modernization, concerns have been raised that there may be shifts in the full mandate of public health to yet to be defined essential services. It is critical that the full mandate of public health continue and that adequate funding be provided to support this through a more gradual financial downloading strategy to ensure municipalities are better prepared for the financial implications.

Extensive work went into modernizing the mandate of public health as reflected in the release of the 2018 Ontario Public Health Standards. These standards reflect a renewed mandate for public health with the goal to improve and protect the health and well-being of the population of Ontario and reduce health inequities. This comprehensive mandate is created on a foundation of quality and accountability ensuring that research, evidence, and best practices inform service delivery.

On May 28, 2019 the following resolution was carried at the aPHa Annual General meeting: Public Health Modernization: Getting it Right! This motion positions that the current mandate of public health not be altered in an effort to achieve budget reduction targets, that the Ontario government delay the implementation of any organizational and financial changes to local public health and engage in meaningful consultation and changes in the cost-shared formula be phased in over five (5) years commencing in fiscal 2021-22 (Appendix A).

The Board of Health commends the decision of Premier Ford reported on May 27, 2019 in a news conference that provincial funding cuts for public health in the provincial budget will not go forward for the 2019 year. This was welcomed news and does allow for additional time for more comprehensive financial planning by health units and municipalities.

□ **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

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

Thank you for considering our recommendations.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

CG:cm

Att. (1)

cc. Mayor and Council of Simcoe and Muskoka
Members of Provincial Parliament for Simcoe and Muskoka
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Dr. David Williams, Chief Medical Officer of Health

June 24, 2019

Councillor Carmen McGregor
Board President
Association of Local Public Health Agencies
c/o Loretta Ryan, Executive Director
2 Carlton Street, Suite 1306
Toronto, ON M5B 1J3
Sent via e-mail: loretta@alphaweb.org

Dear Councillor McGregor,

Thank you for your board's organization and hosting of the 2019 Association of Local Public Health Agencies (alPha) Annual General Meeting (AGM). During this critical period of transition the opportunity to exchange information and hear different perspectives is very important.

As you are aware, Peterborough's late resolution was accepted for consideration. After a thorough discussion and debate, the resolution was approved with minor wording changes. The Peterborough Board appreciates the support of other boards of health and those who were in attendance.

With the adoption of the resolution at the AGM, the alPha board is now bound by its content. In that respect I am inquiring about alPha's plan to implement the approved actions. More specifically, could you please copy Peterborough Public Health on your follow-up to the province in respect of:

- a. Calling upon the Ontario government to delay the implementation of any organizational and financial changes to local public health until April 1, 2021;
- b. Calling upon the Ontario government to commit to engage in meaningful consultation over the next 18 months; and
- c. Calling upon the Ontario government to phase in any changes to the cost shared funding formula over five years commencing in fiscal 2021-22;

In addition could you also provide us a copy of your request of the Association of Municipalities of Ontario and the City of Toronto to establish a joint task force mandated to undertake:

- a. Establishing a set of principles that should guide any reorganization of public health in Ontario that include
- b. Conducting public outreach to municipal, public health and other stake holders to validate and strengthen the comprehensive set of principles to shape future re-organization; and
- c. Meeting with provincial politicians and officials to provide a municipal and public health perspective on any proposed changes and including the outcomes of consultation

My board is anxious to see progress on our resolution and would like to ensure a more robust response to our 2019 resolution than was provided to our 2018 resolution.

In response to our request, at our June 12th board meeting, your Executive Director, Loretta Ryan, provided us with the ultimate disposition of our 2018 resolution, entitled "Sustainable Funding for Local Public Health in Ontario". It is clear that not all of the recommended actions contained in that resolution were acted on and we are disappointed that commitments made at the 2018 AGM appear to have been ignored without accountability to the membership. We are sincerely hopeful that this will not be the case yet again.

I look forward to your timely reply.

Yours in health,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Ontario Boards of Health



Public Health Sudbury & Districts	
Medical Officer of Health and CEO	
JUL 03 2019	
Environ Health	KSS
Clinical Services	SEU
Corporate Services	Board
Health Promotion	Committee
File ()	Circulate () Return () F.Y.I. ()

File No. 9.1

Algoma Public Health
294 Willow Avenue
Sault Ste. Marie, ON
P6B 0A9

June 24, 2019

Dear Sir/Madam:

Re: Proposed Changes to Public Health in Ontario

Please find attached a copy of Resolution No. RC19160, which was passed at the Regular meeting of Council held on Tuesday, June 18, 2019, regarding concerns with proposed changes to Public Health in Ontario and the amalgamation of 35 health units into 10 provincial entities.

If you have any questions or concerns, please feel free to contact me at (705) 856-2244 ext. 222 at your convenience.

Sincerely,

Cathy Cyr
Clerk/Director of Corporate Services

c.c. **Ginette Petitpas Taylor, Minister of Health,**
Mike Mantha, MPP Algoma-Manitoulin
Carol Hughes, MP Algoma-Manitoulin-Kapuskasing
Ross Romano, MPP Sault Ste. Marie
Terry Sheenan, MP Sault Ste. Marie
Andrea Horwath, Leader of Official Opposition
Christine Elliott, Ontario Minister of Health
Dr. D. Williams, Chief Medical Officer of Health
J. Stevenson, NE LHIN CEO
Ontario Boards of Health
Councils of Algoma Municipalities



P.O. BOX 500, 40 BROADWAY AVENUE, WAWA, ONTARIO, P0S 1K0
Telephone: (705) 856-2244, Fax: (705) 856-2120, Website: www.wawa.cc







The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

Tuesday, June 18, 2019

Resolution # RC19160	Meeting Order: 7
Moved by: 	Seconded by: 

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

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

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

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

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

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

p.2



The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

WHEREAS the current provincial government proposes to amalgamate 35 health units into 10 provincial entities;

WHEREAS the health of Ontarians may be put at risk;

NOW THEREFORE BE IT RESOLVED THAT the Board of Health for Algoma Public Health Board write to the Minister of Health and Long-Term Care and to local Members of Provincial Parliament in Algoma to voice their concern over the amalgamation of health units and how it will impact the health of Ontarians, and;


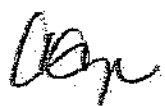
BE IT FURTHER RESOLVED THAT correspondence of this resolution be copied to the Federal Minister of Health, Members of parliament of northeastern Ontario, the leader of the official opposition, the health critic of both provincial parties, The Chief Medical Officer of Health of Ontario, the Boards of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

<input checked="" type="checkbox"/> CARRIED	MAYOR AND COUNCIL	YES	NO
<input type="checkbox"/> DEFEATED	Ron Rody		
<input type="checkbox"/> TABLED	Bill Chiasson		
<input type="checkbox"/> RECORDED VOTE (SEE RIGHT)	Mitch Hatfield		
<input type="checkbox"/> PECUNIARY INTEREST DECLARED	Robert Reece		
<input type="checkbox"/> WITHDRAWN	Pat Tait		

Disclosure of Pecuniary Interest and the general nature thereof.

☐ Disclosed the pecuniary interest and general name thereof and abstained from the discussion, vote and influence.

Clerk: _____

	
---	--

This document is available in alternate formats.

June 21, 2019

Mr. René Lapierre
Chair, Board of Health
Sudbury & Districts Public Health
1300 rue Paris Street
Sudbury, ON P3E 3A3

Dear Mr. Lapierre:

**Re: North East Public Health Regional Boundaries – Modernization of the
Ontario Public Health System**

On June 20, 2019 the York Region Board of Health received your communication dated May 28, 2019.

Sincerely,



Christopher Raynor
Regional Clerk

June 21, 2019

Rene Lapierre
Public Health Sudbury and District
1300 Paris Street
Sudbury, ON P3E 3A3

Dear Mr. Lapierre:

Re: Position and Mandate for a Restructured York Region Public Health

On June 20, 2019 the York Region Board of Health adopted the following recommendations:

1. York Region Board of Health direct the Chair of the Board to send a letter to the Minister of Health, with copy to the Premier of Ontario, to include the following:
 - a. Request that the geographic area of the restructured public health entity include only the existing geographic area of York Region.
 - b. Request that the governance and operating model of the restructured public health entity maintain the integrated service model which currently exists for York Region Public Health, to continue leveraging of all municipal activities towards addressing the social determinants of health.
 - c. Highlight opposition to the cost sharing changes which are estimated to increase the tax levy contributions to public health in the range of \$12.7 million.
 - d. Highlight that the proposed changes to the operating model and boundaries would create an additional tax levy burden on York Region due to the proposed amalgamation with the Simcoe Muskoka District Health Unit and associated increase in costs.
2. Until the Ministry of Health makes its final decision on the geographic area, and governance and operating models for the new public health entity, York Region Board of Health authorize and direct the Medical Officer of Health to establish a team to engage with the Simcoe Muskoka District Health Unit, guided by the following principles:

- a. No significant service loss to York Region residents
 - b. No reduction in employment for front line positions, given that the population of York Region continues to grow
 - c. Protect current employees from job loss and maintain years of service as much as possible
 - d. Ensure that York Region tax levy funding remains in York Region to fund services in the Region
 - e. Do not exceed, on an annual basis, the total York Region tax levy funding currently contributed to deliver public health services, including both direct and indirect costs
3. York Region Board of Health authorize the Medical Officer of Health to request financial assistance from the Ministry of Health for planning and transition costs related to restructuring York Region Public Health.
4. York Region Board of Health authorize the Medical Officer of Health to retain management consulting resources as required, to advise on the structure and governance of the new public health entity.
5. This report be sent by the Regional Clerk to all nine local municipalities, York Region Members of Provincial Parliament, Canadian Union of Public Employees Local 905 (York Region Unit), Ontario Nurses Association Local 16, the Association of Municipalities of Ontario, the Association of Local Public Health Agencies, the Chief Medical Officer of Health of Ontario, the Ontario Health Agency and the other 34 Boards of Health.

The original staff report is enclosed for your information.

Please contact Dr. Karim Kurji, Medical Officer of Health at 1-877-464-9675 ext. 74012 if you have any questions with respect to this matter.

Sincerely,



Christopher Raynor
Regional Clerk

Attachment

August 27, 2019

The Right Honorable Justin Trudeau
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6

Re: Smoke-Free Multi-Unit Dwellings

On June 28, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Windsor-Essex County Health Unit in regards to reducing the exposure of second-hand smoke in multi-unit housing. The following motion was passed:

GBHU BOH Motion 2019-43

Moved by: Anne Eadie Seconded by: David Shearman
"THAT, the Board of Health support the resolution from Windsor-Essex County Health Unit with respect to Smoke-Free Multi-Unit Dwellings."

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Christine Elliot, Minister of Health, Deputy Premier
Larry Miller, MP Bruce-Grey-Owen Sound
Kellie Leitch, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
Ontario Health Units

Working together for a healthier future for all..

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

August 27, 2019

The Honourable Christine Elliott
Ministry of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto ON M7A 1E9

Re: Protecting York Region's School Children through Immunization

On June 28, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached report from York Region regarding a seamless immunization registry. The following motion was passed:

GBHU BOH Motion 2019-44

Moved by: Brian O'Leary Seconded by: Selwyn Hicks
"THAT, the Board of Health support the correspondence from York Region with respect to Protecting York Region's School Children through Immunization."
Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Dr. David Williams, Chief Medical Officer of Health
Larry Miller, MP Bruce-Grey-Owen Sound
Kellie Leitch, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
Ontario Health Units

July 2, 2019

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

Dear Minister Elliott:

Immunization for School Children – Seamless Immunization Registry

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of a letter and accompanying report we received from The Regional Municipality of York where their Regional Council adopted the following recommendation on May 16, 2019:

1. Regional Council endorse the position of the Council of Medical Officers of Health in support of a seamless immunization registry whereby health care providers directly input immunization information at the time of vaccine administration.

Immunization is a crucial part of a healthy lifestyle, preventing disease, reducing health care costs and saving lives. Vaccines are recognized as one of the most successful and cost-effective health investments. Immunization registries electronic systems support the centralized storage and retrieval of immunization events and patient immunization profiles, tracking immunization against vaccine-preventable diseases.

The Electronic Medical Records (EMR) and Digital Health Immunization Repository (DHIR) Integration Project, providing seamless reporting of immunizations from health care providers directly to local public health, will ensure more accurate and efficient vaccine records.

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

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Council of Medical Officers of Health (COMOH)
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
AMO – Association of Municipalities of Ontario
Corporation of the County of Essex – Clerk's office
Local MP's – Brian Masse, Cheryl Hardcastle, Tracy Ramsey

August 27, 2019

The Honourable Christine Elliot
Ministry of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto ON M7A 1E9

Re: Smoke/Vape Free Outdoor Spaces

On July 26, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached motion from Windsor-Essex County Health Unit regarding Smoke/Vape Free Outdoor Spaces. The following motion was passed:

GBHU BOH Motion 2019-56

Moved by: Anne Eadie Seconded by: David Shearman
"THAT, the Board of Health support the resolution from Windsor-Essex County Health Unit with respect to Smoke-Free Multi-Unit Dwellings."

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: The Honourable Doug Ford, Premier of Ontario
Larry Miller, MP Bruce-Grey-Owen Sound
Kellie Leitch, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Bill Walker, MPP Bruce-Grey-Owen Sound
Lisa Thompson, MPP Huron-Bruce
Jim Wilson, MPP Simcoe-Grey
Association of Local Public Health Agencies
Ontario Health Units

Working together for a healthier future for all..

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

July 2, 2019

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

Dear Minister Elliott:

On June 20, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **Smoke-Free – Smoke/Vape Free Outdoor Spaces** to reduce the exposure of second-hand smoke in outdoor spaces:

Whereas, the legalization of cannabis came into effect October 17, 2018 and the addition of vapour products and cannabis to the *Smoke-Free Ontario Act, 2017*, and

Whereas, outdoor sport and recreation areas, parks, beaches, trails, and playgrounds are intended to promote the health and well-being for all Windsor-Essex County residents, and

Whereas, entrances/exits of municipal buildings, and transit shelters/stops, are other areas of exposure to second-hand smoke, cannabis and vaping, and

Whereas, second-hand smoke has proven to be harmful in particular for vulnerable populations such as youth, and

Whereas, youth are increasingly susceptible to the influence of social normalization, and

Whereas, youth uptake of vaping and exposure to cannabis consumption is increasing.

Now therefore be it resolved that the Windsor-Essex County Board of Health encourages municipalities to prohibit the smoking or vaping of any substance on all municipally owned outdoor sport and recreation properties, as well as parks, beaches, trails, playgrounds, at minimum, 9m from entrances/exits of municipal buildings, transit shelters, and transit stops.

Further, that the Windsor-Essex County Board of Health encourages all Windsor-Essex municipalities to update and adopt smoking by-laws to explicitly prohibit the use of cannabis in public spaces including streets and sidewalks.

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

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

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

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
Facsimile: 416 326-1571
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
Télécopieur: 416 326-1571
www.ontario.ca/sante



iApprove-2019-01185

AUG 20 2019

Mr. René Lapierre
Chair, Board of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear Mr. Lapierre:

The Ontario government is taking a comprehensive approach to modernize Ontario's health care system which includes a coordinated public health sector that is nimble, resilient, efficient, and responsive to the province's evolving health needs and priorities. While the broader health care system undergoes transformation, a clear opportunity has emerged for us to transform and strengthen the role of public health and its connectedness to communities.

As you are aware, the government made the decision to maintain the current cost-sharing arrangements for boards of health for 2019, to provide municipalities with additional time to find efficiencies that will ensure the sustainability of these critical shared public health services.

As a result, the Board of Health for the Sudbury and District Health Unit will be provided up to \$20,107,000 in base funding and up to \$98,700 in one-time funding for the 2019-20 funding year, to support the provision of public health programs and services in your public health unit. Dr. David Williams, Chief Medical Officer of Health, will write to the Sudbury and District Health Unit shortly concerning the terms and conditions governing the funding.

While the way in which we are implementing our plan to strengthen public health has changed, the need to do so has not. The current public health structure requires modernization – having 35 independent entities, all with varying capacity, does not facilitate consistent implementation of the core elements of a strong public health system.

Our government has heard that the scale and pace of change is of concern to the public health and municipal sectors. While the modernization of the public health sector remains a priority, the Ministry of Health intends to consult with public health and municipal partners throughout the fall of 2019 to inform the development of Regional Public Health Entities and to ensure that adequate time is provided for thoughtful dialogue and implementation planning.

Page 72 of 128

.../2

Mr. René Lapierre

In order to support public health unit planning for 2020, municipalities can use a planned funding change to bring the municipal share to 30% for public health programs and services effective as of January 1, 2020. However, to help provide additional stability as municipalities begin to adapt to shifting funding models, our government will also provide one-time mitigation funding to assist all public health units and municipalities to manage this increase while we work to transform the public health system across the province over the next couple of years. While final confirmation of 2020 funding will be provided through the 2020 Budget process, we expect that all municipalities will be protected from any cost increases resulting from this cost-sharing change that exceed 10% of their existing costs.

We continue to rely on your strong leadership to build a modern and sustainable public health sector. Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,



Christine Elliott
Deputy Premier and Minister of Health

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit

July 19, 2019

The Right Honourable Justin Trudeau
Prime Minister of Canada
justin.trudeau@parl.gc.ca

The Hon. Maxime Bernier, MP, Beauce
Leader, People's Party of Canada
maxime.bernier@parl.gc.ca

Yves-François Blanchet
Leader, Bloc Québécois
3750, boul. Crémazie Est
bureau 402
Montréal, QC H2A 1B6

Elizabeth May, MP, Saanich - Gulf Islands
Leader, Green Party of Canada
elizabeth.may@parl.gc.ca

The Hon. Andrew Scheer, MP, Regina - Qu'Appelle
Leader, Conservative Party of Canada
andrew.scheer@parl.gc.ca

Jagmeet Singh, MP, Burnaby South
Leader, New Democratic Party of Canada
jagmeet.singh@parl.gc.ca

Dear Prime Minister Trudeau and Federal Party Leaders:

Re: Support for a National School Food Program

The Board of Health for Peterborough Public Health requests that you honour and move forward with implementing a cost-shared, national school food program, as outlined in the [Federal healthy eating policy](#) with a commitment of resources.

Universal access to healthy food every day at school could improve students' food choices and support their academic success (including academic performance, reduced tardiness and improved student behaviour). An important step towards health equity, universal healthy school meals contribute to students' physical and mental health. Its' success requires all levels of government to be engaged and supportive. Canada is the only G7 country that does not provide federal funding or resources to support school food and nutrition programs.

Our Board of Health supports initiating consultations to develop an adequately funded national cost-shared school food program. As public health experts with extensive experience working with Ontario student nutrition programs, we urge that a universal program include appropriate nutrition education and food safety training of staff and volunteers, provide an optional and culturally appropriate daily nutrition meal, use best practices in service and delivery, function in inspected and adequately equipped spaces, and provide students with the opportunity to implement Canada's Food Guide key messages; specifically, students are given the opportunity to eat more vegetables and fruit, whole grains and protein foods in a socially inclusive environment where they enjoy, prepare and eat healthy food with others.

A well designed national school food program has the potential to enable children to develop food and nutrition habits they need to lead healthy lives and succeed at school.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

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

July 17, 2019

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

Dear Minister Elliot,

Re: Funding Cancelled for Leave the Pack Behind

At its meeting on June 12, 2019, the Board of Health for Peterborough Public Health had the opportunity to review communication from Leave the Pack Behind, a longstanding provincial partner in tobacco prevention and cessation among young adults. On behalf of the Board of Health, I am writing to express our concern over the provincial governments' decision to cease funding for Leave the Pack Behind.

Young adults aged 20 - 24 have the highest prevalence of e-cigarette use and other tobacco products like cigars and water pipes, and one of the highest rates of cigarette use in the province.¹ Additionally, the transition to daily, regular smoking in Ontario is likely established between the ages of 18 and 21 making cessation and prevention programs for young adults more imperative than ever.²

In Peterborough, both Fleming College and Trent University have smoke-free campus policies that protect students, staff, and visitors from the involuntary exposure to second-hand smoke and vapour. However, the success of these policies depends on a comprehensive approach to commercial tobacco control that includes cessation support for those that want to make a quit attempt.

Working with Leave the Pack Behind staff at both post-secondary institutions has allowed us to engage hundreds of young adults and inspire dozens of quit attempts that otherwise would not have happened without partnerships and collaboration.

It has been widely reported that the Provincial government has pledged to end 'hallway medicine' and is committed to balancing the budget. Reinstating the funding of this vital program will help the government meet both of those goals as for every dollar spent on tobacco control, \$20 are saved in future health care costs.^{3,4} Furthermore "there is now a substantial body of evidence showing that the majority of health care expenditures are spent on conditions that are largely preventable."⁵

Leave the Pack Behind was part of a 'no wrong door approach' that supported young adults with their quit attempts. As "tobacco dependence treatment can have a significant impact on health and be very cost-effective when compared with other health system activities"⁶ we are urging the Ministry to reconsider the cancelation of this comprehensive and impactful program.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Michael Tibollo, Associate Minister of Mental Health and Addictions
Local MPPs
Kelli-an Lawrance, PhD, Director & Principal Investigator of Leave the Pack Behind, Brock University
Heather Travis, Manager, Leave the Pack Behind, Brock University
Ontario Boards of Health
Association of Local Public Health Agencies

¹ https://uwaterloo.ca/tobacco-use-canada/sites/ca.tobacco-use-canada/files/uploads/files/tobacco_use_in_canada_2019.pdf

² <https://tobaccocontrol.bmj.com/content/14/3/181>

³ <https://jech.bmj.com/content/jech/71/8/827.full.pdf>

⁴ https://www.youtube.com/watch?v=TVZxtuZhN_M

⁵ <https://www.cpha.ca/making-economic-case-investing-public-health-and-sdh>

⁶ <https://www.ccohealth.ca/sites/CCOHealth/files/assets/CCOChronicDiseaseReport.pdf>

July 8, 2019

christine.elliott@ontario.ca

The Honourable Christine Elliott
Minister of Health
Ministry of Health
College Park 5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Dear Honourable Christine Elliott,

Re: Concerns about the future delivery of health promotion programs and services in Ontario by public health units

On behalf of the Board of Health for Southwestern Public Health, I am writing to call your attention to Southwestern Public Health's (SWPH) concerns about recent media reports regarding the Province's position on the future delivery of health promotion related programs and services in Ontario. Specifically, the Government of Ontario has noted that the Ministry of Health and Long-Term Care will assume centralized lifestyle messages (e.g. physical activity) and has stated that healthy public policy work (e.g., built environment (bike lanes) is not where public health should invest its resources. Health promotion related activities delivered locally by public health units remains a core function of Public Health and is a critical and tangible driver of ending hallway medicine.

Health Promotion is the methodical and scientific application of a comprehensive approach to address health issues. Health promotion professionals offer expertise and resources to achieve good health by building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, reorienting health care services towards prevention of illness and injury and the promotion of health.

Locally, this includes a wide variety of programs and services which often are offered in partnership and collaboration with municipalities, community agencies and residents of the community. Some examples of partnerships with local municipalities include:

- Supporting municipalities with bylaw or policy development consultation, training, representation at municipal meetings, and public education related to tobacco, and e-cigarettes. SWPH has supported area municipalities when implementing Smoke-Free Bylaws and Smoke Free Social Housing Policies including consultation on policy wording, support to staff, as well as providing smoking cessation services to housing residents.
- Public Health led the securement of \$1.94 million dollars in a public and private partnership with area developers and the City of St. Thomas to build a network of off-road trails and improve walkability.

- Partnering with all Elgin St Thomas municipalities to develop, promote and measure the implementation of a comprehensive cycling network across the entire County. This work netted our community a recent Bronze Bicycle Friendly Communities Award. This work is important for individual residents' health but is also recognized as an important economic development driver by the Ministry of Tourism.
- Prior to cannabis legalization, SWPH engaged with municipalities and provided them with key resources to assist in making the decision around opting in or opting out of hosting a cannabis retailer.

The service our Health Promotion staff provide to our local communities is varied and diverse. Health Promotion work cannot be done without the dedicated partners across the Southwestern region. Some additional examples include:

- By building strong relationships with our area school boards, Public Health can be responsive to local needs and work in partnership with the school boards to create evidence-informed education on relevant issues facing youth. A recent example relates to education provided regarding cannabis. Education sessions were created and delivered in collaboration with SWPH and reflected accurate, unbiased information for staff and students. Public Health continues to promote and model comprehensive school health to improve student well-being thereby improving learning.
- Public health has taken a leadership role in gathering a diverse group of community stakeholders and people with lived experience to develop and now implement the Oxford County Community Drug and Alcohol Strategy. A community driven strategy that includes both population-level and targeted approaches to address problematic substance use in Oxford County.

There have been many studies completed on the Return on Investment (ROI) of public health, including the positive impact of health promotion interventions.³ In the U.S., researchers have estimated that every dollar spent on prevention and health promotion results in a \$3.48 financial return in reduced costs to the medical system.¹ In Ontario, between 2006 and 2017, the Ministry of Health & Long-Term Care has provided a total of \$465 million in support of the *Smoke-free Ontario Act*, and during this time the smoking rate declined from 22.3% in 2003 to 17.4% in 2014. This decline in smoking between 2004 and 2013 was responsible for approximately \$4.1 billion of avoided costs, representing a significant return on investment.²

The Smoke-free Ontario strategy is an excellent example of the Government of Ontario and public health units coordinating and working together on developing and implementing healthy public policy province-wide and thereby enhancing the well-being of people. There are additional opportunities to continue this progressive relationship. For example, the Government of Ontario and public health units should work together on developing a comprehensive province-wide strategy to minimize alcohol related harm, and to support safer consumption of alcohol in the province.

Effective health promotion is needed now more than ever as communities deal with the epidemic of chronic diseases. In the Southwestern Public Health region, nine of the ten leading causes of death were due to chronic diseases.⁴ With an aging population, increasing rates of obesity, substance use, mental health concerns and injuries the need for health promotion and prevention is growing in order to offset the significant associated financial toll on the provincial health care.

As the pending changes to public health become clearer, it is imperative that the Ministry of Health & Long-Term Care and the new Boards of Health have consideration for the value of Health Promotion in improving the quality of life and health of residents.

Thank you for your consideration.

Sincerely,



Larry Martin
Board Chair, Southwestern Public Health

- c. The Hon. Doug Ford, Premier of Ontario
Ernie Hardeman, MPP, Oxford
Jeff Yurek, MPP, Elgin-Middlesex-London
Pegeen Walsh, Executive Director, Ontario Public Health Association
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health
County of Elgin
County of Oxford
City of St. Thomas
City of Woodstock
Municipality of Bayham
Municipality of Central Elgin
Municipality of Dutton Dunwich,
Municipality of West Elgin
Town of Aylmer
Town of Ingersoll
Town of Tillsonburg
Township of Blandford-Blenheim
Township of East Zorra-Tavistock
Township of Malahide
Township of Norwich
Township of South-West Oxford
Township of Southwold
Township of Zorra

References

- ¹ Health [Internet]. Toronto Ontario; 2019. p. 1–18. Available from: <https://www.amo.on.ca/AMO-PDFs/Reports/2019/AMO-Partners-for-a-Healthy-Ontario-2019-01-18.aspx>
- ² Care M of H and L-T. Public Health: Chronic Disease Prevention [Internet]. Ministry of Health and Long-Term Care; 2017. p. 527–69. Available from: http://www.auditor.on.ca/en/content/annualreports/arreports/en17/v1_310en17.pdf
- ³ Rebecca Masters, Elspeth Anwar, Brendan Collins, Richard Cookson and SC. Return on investment of public health interventions: a systematic review. J Epidemiol Community Heal [Internet]. 2017;71(8):827–834. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5537512/>
- ⁴ MacLeod M, Hussain H. Chronic Disease Prevention & Well-being. Woodstock, ON: Southwestern Public Health; 2019.

July 2, 2019

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

Dear Minister Elliott:

Health Promotion as a Core Function of Public Health

On behalf of the Windsor-Essex County Board of Health we are writing to you in support of Kingston, Frontenac and Lennox & Addington Public Health Unit's request to the Government of Ontario, through a motion passed by their Board on May 22, 2019:

THAT it maintains the current health promotion mandate of public health units, *and*

THAT the KFL&A Board of Health ask the Government of Ontario to consult with Medical Officers of Health across Ontario should they consider any changes to the health promotion mandate and/or functions of local public health units or future public health entities.

The purpose of health promotion is to positively influence the healthy behavior of individuals and communities as well as the living and working conditions that influence their health, thus enhancing quality of life.

The Health promotion process enables individuals to increase control over, and improve, their health, and moves beyond the focus of individual behaviour to positively influence healthy behaviours of individuals as well as communities.

By focusing on prevention, health promotion reduces the costs, both financial and human, that individuals, families, medical facilities, communities, employers, and the province would spend on medical treatment.

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

Sincerely,



Gary McNamara, Chair
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Premier Doug Ford
Loretta Ryan, Association of Local Public Health Units
Hon. Rod Phillips, Minister of Finance
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls

Ontario Boards of Health
Dr. David Williams, Chief Medical Officer of Health, MOHLTC
WECHU Board of Health



June 20, 2019

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

Dear Minister Elliott:

RE: Health Promotion as a Core Function of Public Health

At its meeting held on June 20, 2019, the Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit discussed correspondence from The Kingston, Frontenac and Lennox & Addington Public Health Unit regarding health promotion as a core function of public health.

The core functions of public health, as outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, include assessment and surveillance, health promotion and policy development, health protection, disease prevention, and emergency management. Boards of health are responsible for programs and services within these core functions.

Programs supported through the core function of health promotion and policy development have recently been publicly highlighted by the Government as areas where public health should not be investing its resources. These examples have included studies on energy drinks and bike lane development.

Health promotion is the process of enabling people to increase control over and improve their health (World Health Organization). The components of health promotion include strengthening community action, developing personal skills, creating supportive environments, building healthy public policy and re-orienting health services. Health promotion within public health has played a significant role in improving health outcomes among Ontarians over many years, an example of this is the *Smoke-Free Ontario Act, 2017*. Policy development, advocacy, and community action were all health promotion tools used in the development of the Act. The same tools are used in addressing the dietary factors leading to the consumption of energy drinks and developing local active transportation initiatives.

Health promotion and policy development are as equally important as health protection and disease prevention within the public health system.

.../2

PROTECTION · PROMOTION · PREVENTION



HEAD OFFICE
200 Rose Glen Road
Port Hope, Ontario L1A 3V6
Phone · (905) 885-9100
Fax · (905) 885-9551



HALIBURTON OFFICE
Box 570
191 Highland Street, Unit 301
Haliburton, Ontario K0M 1S0
Phone · (705) 457-1391
Fax · (705) 457-1336



LINDSAY OFFICE
108 Angeline Street South
Lindsay, Ontario K9V 3L5
Phone · (705) 324-3569
Fax · (705) 324-0455

Minister Elliott
June 20, 2019
Page 2

At its June 20, 2019 meeting, the Board of Health endorsed the recommendations made by Kingston, Frontenac, and Lennox & Addington Public Health (attached) and supported the mandate/function of health promotion and policy development as stated in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.

We appreciate your support of this important public health issue.

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



Cammie Jaquays, Chair, Board of Health

CJ/aa

Cc (via email) : Honourable Doug Ford, Premier
Dr. David Williams, Chief Medical Officer of Health
Dr. Paul Roumeliotis, Chair, Council of Medical Officers of Health
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Health Promotion Ontario (HPO)
Association of Municipalities of Ontario (AMO)

Attachment

July 4, 2019

VIA ELECTRONIC MAIL

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

Dear Minister Elliott:

The Leeds, Grenville and Lanark District Health Unit Board of Health is very pleased with the provincial government's decision to support a dental program for low income seniors, and the decision to entrust local public health units with the responsibility to implement the program within each of their communities.

Our Health Unit has worked very closely with the region's three Community Health Centres on oral health programs starting with the provincial Healthy Smiles Program so we are well set up to implement the program effectively and efficiently.

Oral health has a major impact on overall health with its link to chronic disease as well as quality of life. If people are not able to get dental care for acute problems they turn to the health care system including the Emergency Department. This investment in dental care will also impact the ministry's priority to decrease hallway medicine.

Thank you for investing in the health of seniors in Leeds, Grenville and Lanark.

Sincerely,



Doug Malanka
Board Chair

DM/hb

cc: Hon. Doug Ford, Premier of Ontario
Hon. Helen Angus, Deputy Minister of Health and Long-Term Care
Dr. David Williams, Chief Medical Officer of Health
Hon. Steve Clark, MPP Leeds, Grenville/Minister of Municipal Affairs and Housing
Hon. Randy Hillier, MPP Lanark, Frontenac, Kingston
Ontario Boards of Health

June 25, 2019

The Honourable Todd Smith
Minister of Children, Community and Social Services
Sent via e-mail: todd.smith@pc.ola.org

The Honourable Stephen Leece
Minister of Education
Sent via e-mail: minister.edu@ontario.ca

The Honourable Christine Elliott
Minister of Health and Long-Term Care
Sent via e-mail: christine.elliott@pc.ola.org

Dear Ministers,

Re: Support for Children Count Task Force Recommendations

On behalf of the Board of Health for Peterborough Public Health (PPH), I am writing in support of the recommendations of the Children Count Task Force. These recommendations support the health and wellbeing of Ontario's children and youth by streamlining and improving the systems that monitor and assess their health.

Peterborough Public Health is required as outlined in the Ontario Public Health Standards, 2018 (OPHS) to: "collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to the health of school-aged children and youth and report and disseminate the data and information in accordance with the Population Health Assessment and Surveillance Protocol, 2018".¹

Unfortunately, measuring the status of child health is not a straight-forward task. Although the assessment and surveillance requirements outlined in the OPHS specify which aspects must be measured and reported, a comprehensive system for monitoring the status of child health in the province has yet to be developed, and there are gaps in indicator development and data collection.^{2,3} The existing data only partially measure the health of children in the province, and in some cases even less information is available at the local public health agency level. The collection of relevant provincial and regional data on the full spectrum of child health indicators, with such data being made freely accessible to public health agencies, should be a future goal for Ontario.⁴

As such, we strongly support the Children Count Task Force's overarching recommendation to create a secretariat responsible for overseeing the implementation of the systems, tools, and resources required to improve the surveillance of child and youth health and well-being in Ontario.⁵ Additionally, to further support this secretariat, we support the following five recommendations made by the task force:

- **Recommendation 1:** Create an interactive web-based registry of database profiles resulting from child and youth health and well-being data collection in Ontario schools.
- **Recommendation 2:** Mandate the use of a standardized School Climate Survey template in Ontario schools and a coordinated survey implementation process across Ontario.
- **Recommendation 3:** Develop and formalize knowledge exchange practice through the use of centrally coordinated data sharing agreements.
- **Recommendation 4:** Develop and implement a centralized research ethics review process to support research activities in Ontario school boards.
- **Recommendation 5:** Work with the Information and Privacy Commissioner (IPC) of Ontario to develop a guideline for the interpretation of privacy legislation related to student health and wellbeing data collection in schools.⁶

A strength of the Children Count Task Force and its recommendations is the broad range of perspectives, knowledge and expertise shared by leaders in federal and provincial government agencies and ministries, academics, local public health agencies, boards of education, and non-government organizations. We believe that implementing the recommendations will provide the information that all stakeholders need to properly assess the health status of our children and youth and the return on investment of related programs and services. Furthermore, implementation will result in a more efficient and improved data collection system.

We respectfully request that the Honourable Ministers seriously consider implementing these recommendations and welcome any opportunities to consult or engage in future actions that would support this work.

Thank you for your consideration.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Local MPPs
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Children Count Task Force (c/o Nicole Dupuis, Windsor Essex County Health Unit)
Ontario Boards of Health

References:

1. Ministry of Health and Long-Term Care (2018) Protection and Promoting the Health of Ontarians, Ontario Public Health Standards: Requirements of Programs, Services and Accountability.
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2013) Measuring the Health of Infants, Children and Youth for Public Health in Ontario: Indicators, Gaps and Recommendations for Moving Forward. Queen's Printer for Ontario, Toronto, ON.
3. Association of Public Health Epidemiologists in Ontario (2012). Gaps in Public Health Indicators and Data in Ontario. Public Health Ontario, Toronto.
4. Peterborough Public Health (2018). Early Growth and Development: supporting Local Evidence-informed Decision Making. Peterborough, ON. Gail Chislett, Andrew Kurc and Asma Razzaq.
5. Children Count Task Force. (2019). Children Count: Task Force Recommendations. Windsor, ON. Windsor-Essex County Health Unit.
6. Ibid



**Public Health
Santé publique**
SUDBURY & DISTRICTS

June 24, 2019

Dr. Roger Strasser
Dean and CEO
Northern Ontario School of Medicine
935 Ramsey Lake Road
Sudbury, ON P3E 2C6

Dear Dr. *Roger* Strasser:

As your remarkable term as Founding Dean of the Northern Ontario School of Medicine (NOSM) ends, please accept my sincere expression of gratitude for your leadership and for your collaboration with Public Health Sudbury & Districts over your tenure.

Over the years, NOSM has effectively engaged local community health agencies, health care practitioners, and the individuals and communities across the North in the education of the future health care workforce. I would particularly note your leadership in championing NOSM's social accountability mandate, your support in the development of the Royal College Residency in Public Health and Preventive Medicine as well as the dietetic intern program, and your role in the Northern Ontario Health Equity Strategy.

The immense contributions you have made to strengthening health care and health education across the north cannot be overstated. On behalf of Public Health Sudbury & Districts, I wish you and your family all the best in the future.

Thank you for your lasting contributions to public health, health care, and the health of northern populations and communities.

Sincerely,

Penny Best wishes!

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

Sudbury

1300 rue Paris Street
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
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

Toll-free / Sans frais

1.866.522.9200

phsd.ca



Healthier communities for all
Des communautés plus saines pour tous

June 24, 2019

Dr. Andrea Feller, Co-Chair
Ms. Marie Klaassen, Co-Chair
Public Health Early Years Group

Dear Dr. Feller and Ms. Klaassen,

Re: Return on Investment – Early Childhood Development

At its meeting on June 20, 2019, the Middlesex-London Board of Health voted to endorse the following motion:

Moved by: Mr. Michael Clarke

Seconded by: Ms. Maureen Cassidy

That the Board of Health endorse correspondence item y) re: Return on Investment – Early Childhood Development.

On June 3, 2019, the Middlesex-London Health Unit (MLHU) received the attached briefing note related to Early Child Development – Return on Investment (ROI) as presented by the Public Health Early Years Group (PHEY). Findings from a rapid review of the literature conducted by PHEY found that investing in comprehensive, high quality early childhood services and programs, especially for those most disadvantaged, results in long term health and socioeconomic benefits to the individual and society. The Middlesex-London Health Unit supports this review and understands that investment in early childhood translates into lower costs to government and better outcomes for the population. MLHU strives to support families and early childhood development through a number of programs and services, such as *Healthy Babies Healthy Children*, *Nurse-Family Partnership*®, *breastfeeding home visits*, *prenatal and postpartum programs for Arabic-speaking newcomers*, *the Early Years Partnership community collaborative*, and *Smart Start for Babies*.

We are committed to continuing to promote healthy growth and development through prenatal, postpartum and early childhood programs and services in order to help individuals, families, and our community achieve optimal long-term health outcomes.

Sincerely,

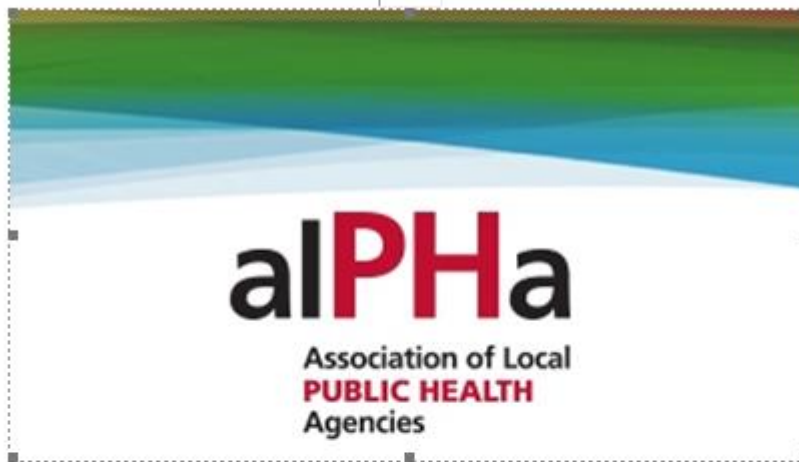


Trish Fulton, Chair
Middlesex-London Board of Health



Christopher Mackie
Medical Officer of Health/CEO

cc: Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHA)
Council of Ontario Medical Officers of Health (COMOH)



Information Break

July 3, 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.

Public Health Restructuring Update

The Minister of Health and Long-Term Care has set up Technical Working Groups to seek public health and municipal advice on the province's plan to alter the public health delivery model to address the evolving health needs of Ontarians.

The current discussions are looking at functional matters such as roles and responsibilities for the province and the new regional entities; governance structure including performance, accountability, and strategies to address community needs; leadership models and other change management and implementation considerations.

The Working Group discussions are confidential in nature and as such, participants are subject to conditions of confidentiality agreements. The Ministry, however, has indicated its intent to consult more broadly with both the municipal and public health sectors in the near future and we expect to hear more about this shortly. We will update alPHA members as soon as possible.

Local public health touches where Ontarians live, work and play and it improves the quality of life in communities across the province. alPHA is committed to representing our membership and continuing to put forward positions that advocate for a strong local public health system. We look forward to hearing input from members and providing engagement opportunities. Updates and other information can be found at the link below.

[Go to alPHA's Public Health Modernization page](#)

2019 Annual Conference Wrap Up

alPHA's recently concluded annual conference, *Moving Forward with Public Health*, was the highest attended in the association's history. All 35 health units sent representatives to Kingston, Ontario where the focus was on public health restructuring. Nearly 150 delegates heard keynote **Dr. Theresa Tam**, Canada's Chief Public Health Officer, talk about building partnerships and fostering innovation in a shifting public health landscape. They also heard expert panelists on the impact of disinvestment and on public health change management. Chief Medical Officer of Health (CMOH) **Dr. David Williams** provided further information on the upcoming system changes. **Dr. Kieran Moore**, Medical Officer of Health for KFL&A Public Health, enlightened delegates on the epidemiology and prevention of Lyme disease.

[View presentations from the 2019 Annual Conference here](#)

In addition to these speaker sessions, attendees participated in the annual general meeting and resolutions session (see below) as well as business meetings and social networking events, including the annual Distinguished Service Award (DSA) ceremony.

Congratulations to the following 2019 DSA recipients: **Teresa Barresi** (formerly of the Board of Health, Perth District Health Unit), **Sue Hochu** (formerly of HKPR District Health Unit) and **Dr. Robert Kyle** (Medical Officer of Health, Durham Region Health Department).

Special thanks to the conference planning committee, conference co-host KFL&A Public Health, speakers, sponsors and exhibitors, and delegates for helping to make our 2019 event a memorable success! Please note that we are working on the proceedings of the plenary sessions and will share these when they become available.

2019-2020 alPHa Executive Committee & Board of Directors

The following slate of officers for the association were appointed at the June annual general meeting:

President: **Carmen McGregor** (BOH, Chatham Kent)
Vice President: **Eileen de Villa** (COMOH, Toronto)
Past President: **Robert Kyle** (COMOH, Durham)
Treasurer: **Wess Garrod** (BOH, KFL&A)
BOH Section Chair: **Trudy Sachowski** (BOH, Northwestern)
COMOH Chair: **Paul Roumeliotis** (COMOH, Eastern Ontario)
Affiliate Representative: **Paul Sharma** (OAPHD, Peel)

For a full list of the 2019-2020 Board of Directors, [click here](#).

Resolutions Endorsed at Conference

A total of twelve resolutions were passed by the alPHa membership at the 2019 annual general meeting. alPHa will be following up on these resolutions by sending them to various government contacts for their consideration and action. Responses are posted on the alPHa website as they become available and are organized by topic.

[View the 2019 alPHa Resolutions here](#)

Boards of Health Section Meeting - June 11

Continuing his conversation from the morning conference plenary, CMOH Dr. David Williams spoke with board of health members at their afternoon Boards of Health Section meeting on June 11. The association's executive director Loretta Ryan provided an update on recent alPHa activities. Following the update, the 2019 BOH Election to the alPHa Board of Directors was held. **Wess Garrod** (KFL&A) was elected as the East regional representative and **René Lapierre** (Sudbury) as the North East representative. Acclaimed were **Maureen Wilson** (Hamilton) for the Central West seat and **Carmen McGregor** (Chatham Kent) in South West region. The next Boards of Health Section meeting will be held in the fall. Stay tuned for the date.

Fitness Challenge for Boards of Health

In the second annual alPha Boards of Health Fitness Challenge, boards across the province competed against each other to do 30 minutes of group physical activity on a chosen day in May. Recognition is given to those boards with the highest participation rate. Congratulations to members of Huron County Health Unit's board of health for achieving 100% participation in this year's Challenge. A certificate was presented to Huron at the annual general meeting in Kingston.

Upcoming Events - Mark your calendars!

TBA

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.

This email was sent to lerouxh@phsd.ca from the Association of Local Public Health Agencies (info@alphaweb.org).

To stop receiving email from us, please UNSUBSCRIBE by visiting: <http://www.alphaweb.org/members/EmailOptPreferences.aspx?id=15240578&e=lerouxh@phsd.ca&h=0b1f91a077e346d5bed9cd025f143f3a53130c97>
Please note that if you unsubscribe, you will no longer receive notices, important announcements, and correspondence from alPha.



alPHA

Association of Local
PUBLIC HEALTH
Agencies

Information Break

August 6, 2019

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

Update on Public Health Modernization

It is anticipated the Minister of Health will be seeking input and advice on the province's next steps regarding public health modernization and looking for feedback on matters such as roles and responsibilities for the province and the new regional entities; governance structure including performance, accountability, and strategies to address community needs; leadership models and other change management and implementation considerations. Consultations were expected to start in July but have not yet taken place. alPHA continues to urge the government to consult with our members as soon as possible. Once consultations are underway, members will be invited to provide input for consideration for inclusion in the alPHA submission.

alPHA supports a strong local public health system in Ontario that maintains a focus on the wellbeing of Ontario's residents, increases efficiencies in service delivery, advances alignment with the health care system, enhances staff recruitment and retention, and improves public health promotion and protection. In keeping with this and, in addition to numerous post-budget activities, alPHA has recently undertaken the following:

- [Letter to the Minister of Health regarding Resolution A19-12 on June 21](#)
- [Letter to the Minister of Health on Digital Public Health on June 28](#)
- Meetings with the staff from the Office of the Chief Medical Officer of Health (June through July)
- Meeting with the Deputy Premier and Minister of Health, Hon. Christine Elliott, on July 9
- [Letter to the Chief Medical Officer of Health on Indigenous Engagement on July 12](#)
- The Minister and Chief Medical Officer of Health have been invited to speak with alPHA members about Public Health Modernization on November 6 at the upcoming alPHA Fall Symposium (see below for details).

Updates, submissions, and other information can be found on alPHA's pages on [Public Health Modernization](#) and [Correspondence](#). Members are encouraged to frequently check these resources.

Proceedings of 2019 Annual Conference

The proceedings summarizing the presentations made at this year's annual conference in Kingston, Ontario are now available (see link below). Brief reports on other conference events such as the walking tour and awards luncheon are also included in the document.

[View proceedings of the 2019 Annual Conference here](#)

2019 Resolutions Correspondence

alPHA has written government officials regarding its 2019 resolutions on a variety of subjects, including child care, healthy weights for children, climate change, and immunization, among others. The resolutions are uploaded on the alPHA website (see link below). Follow up actions will be tracked for each resolution by topic (see last link in this paragraph).

[View the 2019 resolutions correspondence here](#)

[Go to the alPHA Resolutions home page](#)

[View actions taken on resolutions \(organized by topic\)](#)

Climate Change & Health - alPHA Resource Page and Letter

Given the increasing recognition that climate change is becoming the top global threat of this century, alPHA has created a web resource page on climate change and health for members and partners to access, use and share as policy responses to this issue are being developed. The web page includes resources from alPHA, public health partners, and other organizations.

[Go to alPHA's Climate Change & Health web resource page](#)

On July 22, alPHA wrote a letter to Ontario's ministers of health and environment concerning the Association's two resolutions on climate change that were endorsed by members at the recent June annual conference.

[Read alPHA's letter re 2019 climate change resolutions here](#)

Members are encouraged to share information on climate change from public health units, municipalities and partners. Please send materials that you would like to share for consideration for posting to gordon@alphaweb.org

Save the Dates: Nov. 6 Symposium & Nov. 7 Section Meetings

alPHA's Fall 2019 Symposium will take place on November 6 for the full day in Toronto and include an early evening reception and special guest lecture. This will be followed the next day on November 7 by half-day Section meetings in the morning for board of health and COMOH members. The one-day Symposium and reception and guest lecture on November 6th will be held at the Dalla Lana School of Public Health (DLSPH) at the University of Toronto. Ontario's Minister of Health has been invited to speak at the Symposium. Please note that the location of the November 7th Section meetings will likely be at a different location from the previous day. We will announce details as soon as they become available.

In the meantime, please save the November 6 and 7 dates in your calendar. Members are advised to start booking their guest accommodations. Nearby hotels include the [Chelsea Hotel](#), [DoubleTree by Hilton Hotel](#), and [Courtyard by Marriott Toronto Downtown](#). Please note that guestroom blocks have *not* been arranged with these hotels by alPHA; reservations at these and other hotels must be made individually by conference attendees.

Public Health in the Context of Health System Renewal in Canada

The Canadian Public Health Association (CPHA) has a history of contributing to the discussions concerning the development and renewal of the public health systems in Canada. Its latest contribution comes at a time when public health systems in some provinces and territories are being reorganized and in some cases reduced in size. The resulting changes have raised concern that these systems will no longer be able to meet the current mandate nor address future demands. CPHA's commentary concerning these changes is provided in two parts. The first is a [background document](#) that summarizes the factors that have contributed to the current status of Canada's public health systems. That paper was prepared with the support of an expert advisory panel of established Canadian public health professionals, and CPHA's Public Policy Committee and Board of Directors. The second is CPHA's [position statement](#) in response to these changes. It is recommended that the background document be read first, followed by this position statement. CPHA is developing advocacy tools to support these materials, which will be available in the Autumn.

Upcoming Events - Mark your calendars!

Fall 2019 Symposium - November 6, 2019; Time TBD (full day); Dalla Lana School of Public Health, University of Toronto, 155 College Street, Toronto.

Section Meetings for BOH and COMOH Members - November 7, 2019; 8 am - 12 noon; Toronto; location TBD.

Winter 2019 Symposium/Section Meetings - TBD

The Ontario Public Health Convention (TOPHC) 2020 - March 25-27, 2020; Beanfield Centre, 105 Princes' Blvd., Toronto. Call for abstracts now open; deadline to submit is September 19, 2019.
www.tophc.ca

June 2020 Annual General Meeting & Conference - June 10-12, 2020; Dalla Lana School of Public Health, University of Toronto, 155 College Street, Toronto.

TIP! Did you know alPHA's website contains a calendar that lists all upcoming events as well as meetings? Check it out [here](#).

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.

*News Release***Ontario Government Working in Partnership with Municipalities**

August 20, 2019

Premier and Ministers Meet Hundreds of Local Officials in Ottawa

OTTAWA — The Ontario government is putting people first by building stronger, local partnerships with municipalities and giving them the supports they need to better serve their communities.

The government joined hundreds of municipal officials for the annual Association of Municipalities of Ontario (AMO) conference in the City of Ottawa. Ministers, associate ministers and parliamentary assistants met with more than 600 municipal delegations from across Ontario — another record-breaking number for the government.

"As the level of government closest to the people, municipalities know best how to meet the needs of their communities," said Steve Clark, Minister of Municipal Affairs and Housing. "Our government will continue to provide supports to help municipalities modernize service delivery and find savings, while working in partnership on our shared priorities. Together, we can help communities across the province grow and prosper."

At the conference, Premier Ford announced the government will provide municipalities with:

- Transitional funding for public health and childcare;
- An increase in funding by an average of nearly four per cent for land ambulance services for 2019 and an increase in 2020;
- The current structure of the Ontario Municipal Partnership Fund (OMPF), the province's main assistance grant to municipalities, which will be maintained for 2020;
- [\\$200 million to help 405 small and rural municipalities](#) modernize service delivery;
- [Over \\$7 million to help large municipalities and school boards](#) conduct line-by-line reviews to help find savings; and

- Important infrastructure such as community centres, sports arenas and cultural centres by [opening applications for funding starting September 3, 2019](#) as part of the Investing in Canada Infrastructure Program, which could unlock up to \$1 billion in funding.

"We welcome the Ontario government's commitment to work with municipal governments and AMO," said Jamie McGarvey, President of the Association of Municipalities of Ontario. "As frontline service providers, municipal expertise and experience is essential if we want to achieve solutions to our shared challenges. After all, we serve the same people, taxpayers and communities."

The government will continue working with AMO and its members to modernize service delivery, reduce the province's debt burden and improve the quality of life for people across Ontario.

QUICK FACTS

- Ontario's 10-year, \$144-billion strategic infrastructure capital plan includes over \$90 billion for public transit and provincial highways over the next decade.
- The government is investing [\\$315 million to expand broadband and cellphone connectivity in rural and remote communities](#) to help people get connected and open Ontario for business and jobs.
- The government will provide the remaining [\\$6.74 million to municipalities](#) to help with cannabis legalization costs. The government is also investing \$3.26 million to support municipalities with enhanced enforcement.
- To date, the government has identified 94 provincial reporting requirements for elimination and is simplifying or consolidating 27 others. This will allow municipalities to focus on the things that matter most — the frontline services people rely on every day.
- The Ontario government [signed a joint memorandum of understanding \(MOU\) with AMO](#) in August 2018.
- Under the MOU, the government has held 11 meetings with AMO since August 2018 to discuss shared priorities.
- Up to 1,800 municipal officials attend the AMO conference annually.

CONTACTS

Julie O'Driscoll
Minister's Office
Julie.O'Driscoll@ontario.ca

Conrad Spezowka
Communications Branch
416-585-7066
MMA.media@ontario.ca

Ministry of Municipal Affairs and Housing
<http://www.ontario.ca/municipalaffairsandhousing>

[Questions about your subscription? Contact us.](#)

[Edit your subscription preferences.](#)

[Unsubscribe from News on Demand.](#)



[Follow Us On Twitter.](#)

[Visit the Newsroom.](#)

[Disponible en français.](#)

© Queen's Printer for Ontario, 2008 - 2019
99 Wellesley Street West 4th floor, Room 4620 Toronto ON M7A 1A1

NEWS FROM CANADIAN HERITAGE

Transmitted by Cision on September 7, 2019 13:08

Supporting Multiculturalism Initiatives Across Ontario

The Government of Canada highlights support for multiculturalism initiatives across Ontario

HAMILTON, ON, Sept. 7, 2019 /CNW/ - Diversity is Canada's strength and a key element of our national identity. The Government of Canada is committed to supporting communities working to eliminate the barriers that prevent full participation in society.

The Honourable Filomena Tassi, Minister of Seniors and Member of Parliament (Hamilton West–Ancaster–Dundas) announced today more than \$6.7 million in funding for projects throughout Ontario that promote diversity, inclusion and anti-racism initiatives. Minister Tassi made the announcement on behalf of the Honourable Pablo Rodriguez, Minister of Canadian Heritage and Multiculturalism.

The funding was provided through the Projects, Community Capacity Building and Community Support for Black Youth components of the Community Support, Multiculturalism, and Anti-Racism Initiatives Program.

Quotes

"Our government firmly believes that Canada's diversity is one of our greatest strengths. That is why we are proud to support projects that will help combat racism and discrimination and also highlight the contributions of the many cultural communities throughout Ontario."

—The Honourable Pablo Rodriguez, Minister of Canadian Heritage and Multiculturalism

"Many Canadians still face barriers, based on their cultural background. Our government is taking action to address the needs of these people by investing in the organizations across Ontario that promote diversity and inclusion."

—The Honourable Filomena Tassi, Minister of Seniors, and Member of Parliament (Hamilton West–Ancaster–Dundas)

"I am proud of our government's support for anti-racism and diversity initiatives. Thanks to this funding, organizations across Southern Ontario will be able to realize important projects in their communities."

—The Honourable Bardish Chagger, Leader of the Government in the House of Commons, and Member of Parliament (Waterloo)

"Our government is committed to taking action against racism. Thanks to this funding, youth in Northern Ontario will receive the support they need to meet the many challenges they face as we work toward building more inclusive communities."

—The Honourable Patty Hajdu, Minister of Employment, Workforce Development and Labour, and Member of Parliament (Thunder Bay–Superior North)

Quick Facts

The Community Support, Multiculturalism, and Anti-Racism Initiatives Program promotes a diverse and inclusive society. The program has Events, Projects, and Community Capacity Building components. It also includes two separate initiatives, which are the Community Support for Black Canadian Youth initiative and the Paul Yuzyk Youth Initiative for Multiculturalism.

The Projects component supports community development, anti-racism initiatives, and engagement projects that promote diversity and inclusion by encouraging interaction among community groups. It funds projects that encourage positive interaction between cultural, religious, and ethnic communities and promote the expression of Canadians' many identities.

The Community Capacity Building component supports capacity building projects that contribute to the recipient's ability to promote diversity and inclusion

The Community Support for Black Canadian Youth initiative supports projects that address the unique challenges faced by Black Canadian youth. It funds projects that combat discrimination, promote digital literacy, provide opportunities for Black Canadian youth, and empower them by promoting Black history, culture and identity as well as developing leadership skills and promoting civic engagement.

This announcement includes \$6,764,521 in investments in 58 organizations across Ontario for projects that promote diversity, inclusion and anti-racism initiatives. (See Backgrounder)

Associated Links

Community Support, Multiculturalism, and Anti-Racism Initiatives Program

<https://www.canada.ca/en/canadian-heritage/services/funding/community-multiculturalism-anti-racism.html>

Backgrounder

Community Support, Multiculturalism, and Anti-Racism Initiatives

The Community Support, Multiculturalism, and Anti-Racism Initiatives Program supports the mandate of the Department of Canadian Heritage by building on Canada's strength as a diverse and inclusive society.

Community Support for Black Youth Initiative				
City	Organization	Project	Year	Amount
Brampton	CENTRE CULTUREL DE RESSOURCES FRANCOPHONE POUR LES COMMUNAUTES ETHNIQUES	Jeunesse Franco-Peel	2019-2020	\$58,160
Brampton	LADY BALLERS CAMP	Innovate for Change: Building Capacity of Black Youth	2019-2020	\$105,000
Hamilton	HAMILTON'S CENTRE FOR CIVIC INCLUSION	Democracy School	2019-2020	\$125,320
Mississauga	ERIN MILLS YOUTH CENTRE	Success With Age and Guidance (SWAG) Young Men's Leadership Program: Supported by Erin Mills Youth Centre	2019-2020	\$150,800
Mississauga	CITIZENS FOR THE ADVANCEMENT OF COMMUNITY DEVELOPMENT	Black Youth Empowerment Initiative (BYEI)	2019-2020	\$41,403
Ottawa	ASSOCIATION OF BLACK ENTREPRENEURS & PROFESSIONALS OF OTTAWA-GATINEAU (ABEPOG)	The Griot in Me: Training Black Canadian Youth to be the Next Generation of Community Archivist	2019-2020	\$153,226
Ottawa	COOPERATION INTEGRATION CANADA INC.	Contribution associative et promotion de l'impulsion sociale des jeunes noirs dans la vie communautaire	2019-2020	\$50,583
Sudbury	PUBLIC HEALTH SUDBURY & DISTRICTS	The WOKE Age: Youth-driven Racial Equity Action in Sudbury	2019-2020	\$200,000
Toronto	CHILDREN'S PEACE THEATRE	FreedomSchool -Toronto 2018	2019-2020	\$136,675
Toronto	OPERATION BLACK VOTE CANADA PROJECT	The Fellowship Program	2019-2020	\$432,000
Toronto	CP PLANNING	Black Futures on Eglinton	2019-2020	\$58,200
Toronto	JANE-ALLIANCE NEIGHBOURHOOD SERVICES	Brotherhood Linx	2019-2020	\$54,178
Toronto	JANE-ALLIANCE NEIGHBOURHOOD SERVICES	Project E3	2019-2020	\$116,580
Toronto	FONDATION SYLVENIE LINDOR & CENTRE MULTICULTURALISME JEAN MARCELIN FONTAINE INC. (FSL & CMJMF)	The Toronto Youth Action for Change	2019-2020	\$70,000
Toronto	NORTH YORK ARTS	Drum to the DJ	2019-2020	\$60,945
Toronto	TOOLS OF EMPOWERMENT FOR SUCCESS	Because... what they see is what they will be! A Bilingual Program	2019-2020	\$67,253
Toronto	FOR YOUTH INITIATIVE	Black Youth Leadership in York South-Weston	2019-2020	\$190,550
Toronto	HXOUSE FOUNDATION	Blak Hxouse 2	2019-2020	\$170,300
Toronto	VIBE ARTS	NExT : Networking and Exploring Together	2019-2020	\$170,000
Toronto	URBAN REZ SOLUTIONS SOCIAL ENTERPRISE	Say it Loud! Project!	2019-2020	\$430,000
Vaughan	VAUGHAN AFRICAN CANADIAN ASSOCIATION	The Identity Project	2019-2020	\$73,800
Total:				\$2,914,973

Projects Component				
City	Organization	Project	Year	Amount
Brampton	BRAMPTON TAMIL SENIORS ASSOCIATION	Cultural exchange with Indigenous Community	2019-2020	\$59,000
Dundas	MÉTIS WOMEN'S CIRCLE (CERCLE DES FEMMES MÉTISSES)	Walking Words: Indigenous Languages Made Visible	2019-2020	\$96,700
Hamilton	HAMILTON'S CENTRE FOR CMIC INCLUSION	Hamilton for All: Anti-Racism Conference	2019-2020	\$127,500
Kitchener	COALITION OF MUSLIM WOMEN OF KITCHENER-WATERLOO	Muslim Women's Human Rights Awareness and Education Project	2019-2020	\$80,759
Kitchener	SOCIAL DEVELOPMENT CENTRE WATERLOO REGION	Civic Exchange Hub 2019-2020	2019-2020	\$63,300
Ottawa	OTTAWA CHINESE COMMUNITY SERVICE CENTRE	Cultural Understanding and Empowering Women in It	2019-2020	\$157,279
Ottawa	ALLIANCE DES BURUNDAIS DU CANADA	Projet Dialogue Interculturel au Canada, DiC	2019-2020	\$80,390
Thornhill	COMMUNITY BUILDERS	Manitoulin and North Shore Youth Building Bridges and Combating Racism	2019-2020	\$151,618
Toronto	HISTORICAL FILM STUDIOS CORP.	Search Out the Land: The Story of the Jewish Community in Canada - Conversations Dealing with Multiculturalism, Discrimination and Racism	2019-2020	\$96,313
Toronto	WHY NOT THEATRE	Why Not Theatre - Women of Colour Mentorship Program	2019-2020	\$187,500
Toronto	PRIDE TORONTO	Commemorating the 50th Anniversary of Stonewall - 2 Spirit Tales	2019-2020	\$600,000
Toronto	SUSTAINABLE THINKING AND EXPRESSION ON PUBLIC SPACE (STEPS) INITIATIVE	Place(makers)	2019-2020	\$54,973
Toronto	BANGLADESHI-CANADIAN COMMUNITY SERVICES (BCS)	The Peacemaker Initiative (PI)	2019-2020	\$94,770
Thunder Bay	NORTHERN NISHNAWBE EDUCATION COUNCIL	The Amazing Race and DFC Experience	2019-2020	\$245,504
Waterloo	AFRICAN WOMEN'S ALLIANCE OF WATERLOO REGION	"My Community Table": Breaking Bread Together	2019-2020	\$41,315
Welland	WELLAND HERITAGE COUNCIL AND MULTICULTURAL CENTRE	Niagara Youth Integration Program	2019-2020	\$180,538
Total:				\$2,297,459

Capacity Building Component				
City	Organization	Project	Year	Amount
Brantford	BRANTFORD REGION INDIGENOUS SUPPORT CENTRE	Brantford Region Indigenous Support Centre	2019–2020	\$70,500
Hamilton	GLOBAL CITIZENS CARE FOR UNDERPRIVILEGED AND REFUGEE EMPOWERMENT INC.	Innovation for Growth	2019–2020	\$50,000
Kingston	KINGSTON EMPLOYMENT AND YOUTH SERVICES INC.	Workplace Diversity & Inclusion Charter Implementation	2019–2020	\$89,639
Kitchener	RECEPTION HOUSE - WATERLOO REGION INC.	Connected Communities	2019–2020	\$52,800
London	LONDON MULTICULTURAL COMMUNITY ASSOCIATION	Empower Ethnic Groups to Create or Maintain Their Ethnic Organizations	2019–2020	\$25,000
London	PILLAR NONPROFIT NETWORK	Indigenous Learning in the Nonprofit Sector - London and Area	2019–2020	\$36,750
Markham	THE CROSS-CULTURAL COMMUNITY SERVICES ASSOCIATION	TCCSA Diversity and Inclusivity Capacity Building Project	2019–2020	\$49,374
Mississauga	PEEL MULTICULTURAL COUNCIL	Public Education on Diversity and Inclusion in Canadian workplaces	2019–2020	\$36,354
Ottawa	SOMALI CENTRE FOR FAMILY SERVICES	Building Capacity is the Cornerstone of Organizational Development	2019–2020	\$90,000
Ottawa	FONDATION ACACIA	Une chance pour tous	2019–2020	\$66,600
Ottawa	OTTAWA COMMUNITY IMMIGRANT SERVICES ORGANIZATION	Building Our Welcome: Ensuring Inclusion and Responsiveness in Refugee Integration	2019–2020	\$99,752
Ottawa	TABLE DE CONCERTATION DES PRÉSIDENTS DE LA COMMUNAUTÉ CONGOLAISE DU CANADA	Renforcer la participation citoyenne	2019–2020	\$20,000
Toronto	TROPICANA COMMUNITY SERVICES ORGANIZATION OF SCARBOROUGH	Website Redevelopment	2019–2020	\$24,500
Toronto	JANE/FINCH COMMUNITY TENNIS ASSOCIATION	Jane Finch Community Tennis Association - Capacity Building Project	2019–2020	\$41,500

Toronto	ABUSE NEVER BECOMES US (A.N.B.U.)	ANBU's Peer Champions	2019–2020	\$20,900
Toronto	GASHANTI: YOUNG SOMALI WOMEN INITIATIVE	Amplifying The Voices of Young Racialized Women	2019–2020	\$82,670
Toronto	NORTH YORK ARTS	Art Connects: Building Cultural Competence in the Arts	2019–2020	\$22,865
Toronto	CANADIAN COUNCIL OF MUSLIM WOMEN	The Digital Anti-Racism Education or D.A.R.E. Project	2019–2020	\$100,000
Toronto	CHILDREN'S PEACE THEATRE	Intergenerational Village Matrix (Capacity Building)	2019–2020	\$99,924
Toronto	CPAC	Governance and Outreach Capacity Upgrade	2019–2020	\$75,000
Toronto	METRO TORONTO CHINESE & SOUTHEAST ASIAN LEGAL CLINIC	Increase Community Capacity to Address Racism, Discrimination and Related Intolerance	2019–2020	\$88,000
Toronto	MIGRANTS RESOURCE CENTRE CANADA	IMPACT Project - Immigrants and Migrants Participating for Collective Transformations	2019–2020	\$82,470
Toronto	RWANDAN CANADIAN HEALING CENTRE	African Canadian Leadership Training and e-Capacity Support Project	2019–2020	\$89,499
Waterloo	INNOVATE INCLUSION	Innovate Inclusion Collaborative Community Building	2019–2020	\$98,050
Windsor	AFRICAN COMMUNITY ORGANIZATION OF WINDSOR (ACOW)	African-Centered Partnership Project: Building Bridges Across Differences	2019–2020	\$99,442
Total:				\$1,551,589

SOURCE Canadian Heritage



For further information: (media only), please contact: Simon Ross, Press Secretary, Office of the Minister of Canadian Heritage and Multiculturalism, 819-997-7788; Media Relations, Canadian Heritage, 819-994-9101, 1-866-569-6155, pch.media-media.pch@canada.ca

Copyright © CNW Group Ltd. All Rights Reserved.

A Cision company.

88 Queens Quay West, Suite 3000 Toronto, ON M5J 0B8

www.newswire.ca

This information is being distributed to you by Cision. Cision is pleased to offer a personalized e-mail service providing you with news and information from Canada's foremost public and private companies, government agencies and non-profit organizations. This free service lets you select the companies you are most interested in tracking and delivers their news releases directly to your personal e-mail address.

Please do not reply to this email. This is an outgoing message only. To manage or unsubscribe from this subscription please [click here](#).

SAVE THE DATE!



Fall 2019 Symposium

Wednesday, November 6

Dalla Lana School of Public Health
Health Sciences Building, 6th Floor
University of Toronto
155 College Street, Toronto
(main intersection: University & College)

- Plenary: 8:30 AM – 4:30 PM
(lunch on your own)
- Reception & Guest Lecture: 5 – 7 PM

Section Meetings

Thursday, November 7

Chestnut Conference Centre
3rd Floor
89 Chestnut Street, Toronto
(main intersection: University & Dundas)

- 8:30 AM – 12 Noon
- Separate meetings for board of health members and COMOH members

Fall 2019 Symposium: November 6
Section Meetings: November 7

IMPORTANT NOTES:

- The November 6 Symposium and November 7 Section meetings will be held at *different* locations (see above).
- Attendees are advised to start booking their guest accommodations. Nearby hotels include the [Chelsea Hotel](#), [DoubleTree by Hilton Hotel](#), and [Courtyard by Marriott Toronto Downtown](#). Guestroom blocks have *not* been arranged with these hotels; reservations at these and other lodgings must be made individually by conference attendees.

DRAFT PROGRAM (as of September 10th 2019)

- 7:30 **Continental Breakfast & Registration**
- 8:30 – 9:00 **Greetings and Land Acknowledgement**
- Carmen McGregor, President, alPHa
- Welcoming Remarks**
- Deputy Premier and Minister of Health, Hon. Christine Elliott
- 9:00 - 10:15 **Public Health Modernization: An Update from the Chief Medical Officer of Health Presenter:** Dr. David Williams, Chief Medical Officer of Health
- 10:15 – 10:30 **alPHa Strategic Plan** – Carmen McGregor, President, alPHa
- 10:30 – 11:00 **Break**
- 11:00 –12:15 **Transformation and Change**
- As we go through public health modernization some related sectors and organizations have already gone through transformative changes, while others are in the midst of them. Come and hear how leaders from other sectors have navigated these challenges and share their insights, lessons learned, and advice.
- Panelists:
- Jackie Schleifer Taylor
President, Children's Hospital
VP, Women's Care
Executive Vice President, Chief Quality & Patient Safety Officer
London Health Sciences Centre
- Dr. Robert Kyle
Commissioner & Medical Officer of Health for the Regional Municipality of Durham
- Janice Sheehy
Commissioner, Human Services
Peel Region
- Moderator:
- Cynthia St. John
Chief Executive Officer

- 12:15 – 2:00 **Lunch** There are many nearby restaurants and cafes. (List of nearby venues to be provided.)
- Optional Lunch and walking tour** Dr. Chuck Gardner and Loretta Ryan will take attendees on a short walking tour of the south end of the University of Toronto's St. George Campus. Grab a quick lunch and join your colleagues to we explore how the university has transformed the campus into a healthier and more walkable place. Walking tour from 1 to 2 pm.
- 2:00 – 3:15 **Public Health and the News – What's Making the Front Page?**
One of the most important features of public health is that there are always emerging issues that because of their nature and implications, often make the headlines. Over the last year, three major issues have been in the news spotlight: Cannabis, vaping, and vaccinations(vaccine hesitancy). Learn more about what is behind these headlines during this panel featuring experts from these 3 areas. Panelists will first each provide relevant background of their newsworthy topic followed by a moderated discussion focusing on public health implications and response.
- Panelists:
- Dr. Michael Rieder
 CIHR-GSK Chair in Paediatric Clinical Pharmacology
 University of Western Ontario
- Professor Robert Schwartz
 Dalla Lana School of Public Health, Executive Director, Ontario Tobacco Research Unit, University of Toronto
- Professor Natasha Crowcroft
 Dalla Lana School of Public Health, ICS and LMP, University of Toronto
- Moderator:
- Dr. Paul Roumeliotis
 Medical Officer of Health and Chief Executive Officer, Eastern Ontario Health Unit
 Chair, Council of Ontario Medical Officers of Health (COMOH)
- 3:15 – 3:45 **Break**
- 3:45 – 4:45 **Update from the Association of Municipalities of Ontario**
- Introductions
 Trudy Sachowski
 Vice-Chair, Northwestern Board of Health
 Chair, alPHa Boards of Health Section

4:45 – 5:00 Monika Turner, Director, Policy, AMO
Jamie McGarvey, President, AMO (invited)

Wrap Up

Carmen McGregor, alPHa President

5:00 – 7:00 **Reception** (5-6 PM) and **Lecture** (6-7 PM)
Death, disease and destitution: understanding global catastrophic biological risk. Speaker: Peter Donnelly, President & CEO, Public Health Ontario. Co-hosted by the Dalla Lana School of Public Health, University of Toronto, and alPHa.

Dr. Peter Donnelly is a physician, public health specialist, academic and leader. He has served as the President and CEO of Public Health Ontario since 2014.

His talk will focus on historical, current and future catastrophic biological threats that pose serious risk to our health, to the economy and to our everyday lives. He will explain why a functioning, integrated and expert public health system is our best defence against these extraordinary risks.

DRAFT AGENDA
as of September 10th 2019

7:30 **Continental Breakfast & Registration**

8:30 **Greetings and Land Acknowledgement**

Trudy Sachowski
Vice-Chair, Northwestern Board of Health
Chair, alPHa Boards of Health Section

Welcoming Remarks
Minister of Municipal Affairs and Housing, Hon. Steve Clark (invited)

9 – 10 **alPHa Affiliates – On the Front Lines**

In addition to alPHa's Medical and Associate Medical Officers of Health and the Board of Health representatives, alPHa on its Board has senior public health managers in key public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology and business administration. Come and hear about key public health issues in Ontario from the unique perspectives of these affiliate members. Join in on the conversation as we explore public health issues in a time of modernization.

Speakers:

Paul Sharma
Director, Chronic Disease and Injury Prevention
Region of Peel

Susan Stewart, MA
Director, Chronic Disease and Injury Prevention Division
KFL&A Public Health

Emma Tucker
Manager & Senior Epidemiologist
Public Health Surveillance & Evaluation (PHSE) Team Health
Halton Region

Moderator - Carmen McGregor, alPHa, President

10 – 10:30	Break
10:30–11	<p>Section Business</p> <p>Approval of Minutes from June 2019 BOH Section Meeting (5 minutes)</p> <p>Executive Director Update (15 minutes)</p> <p>Rapid Risk Factor Surveillance System (RFFSS) Update by Lynne Russell (10 minutes)</p>
11 to noon	<p>Healthy Public Dialogue: How to Engage with Ontario’s Government on Public Health</p> <p>John Matheson Partner and General Counsel StrategyCorp Inc.</p> <p>The Government of Ontario is taking a hard look at the institutions that administer critical services that residents rely on in their day-to-day lives. Public health is no exception. Many of the reforms are being implemented as the province first proposed. Others seem to have been changed or put on hold. In this session, StrategyCorp principal John Matheson will discuss the current policy climate, implications for public health agencies, and share best practices in advocating to the provincial government.</p>

APPROVAL OF CONSENT AGENDA

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

Briefing Note

To: René Lapierre, Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: September 12, 2019
Re: Public Health Heroes – Recognition Awards program

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

Per motion #36-14, the organization's *Public Health Champion Award* was launched in 2015 to recognize community organizations and individuals whose work fosters and promotes the health of our communities. The Award has been presented on three separate occasions. The Public Health Champion Award program was recently reviewed in order to explore ways to enhance reach and opportunities to profile a broader range of individuals who contribute to healthy communities. A new *Public Health Heroes – Recognition Awards* program is proposed to meet the goals of recognizing community members for their everyday contributions to the health of our communities and, ultimately, of increasing the profile of public health as recommended by the Board during the 2017 and 2018 Strategic Plan engagement sessions.

Recommended Action:

THAT the Board of Health for Public Health Sudbury & Districts rescind motion #36-14; and

FURTHER THAT the Board of Health approve the *Public Health Heroes – Recognition Awards* program to recognize the individuals and organizations whose everyday contributions help make our communities healthy; and

FURTHER THAT the Board of Health direct the Medical Officer of Health to operationalize the Awards program.

Background:

In the spring of 2015, the agency launched the Public Health Champion Award program. This exciting initiative allowed the agency to recognize organizations and individual members of the community for their tireless and outstanding work in making our communities healthier. Each year, a different theme

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

based on a public health program area was selected as the award theme. Each award recipient received a plaque and was celebrated with family and friends, Board of Health members, staff, and media during a recognition event. The Public Health Champion Award has been presented on three separate occasions since 2015.

The initiative achieved the goal of recognizing community members and organizations. It was also recognized, however, that there may be opportunities to enhance reach and profile a broader range of individuals who contribute to healthy communities.

The proposed Public Health Heroes – Recognition Awards program is aligned with the 2014 Board of Health directive to implement a program to honour and recognize organizations and individuals who foster, promote, and protect the health of our communities. The Award proposes recognizing everyday public health heroes and raising awareness of public health work throughout the year as recommended by Board members during the recent Strategic Plan engagement sessions.

Unlike with the former Public Health Champion Award, there will be no pre-selection of themes or topics for the awards each year. Any individual or agency that is contributing to building healthier communities and that is supporting the work of public health may be featured as an everyday Public Health Hero. A call out for nominations will be issued internally twice yearly, and nominations will be reviewed, and recipients selected, by the Senior Management Executive Committee. The new format will empower program staff to recognize community members and partners for the work that they do.

Recipients will be recognized for their everyday contributions to public health in the spring and fall of each year beginning in November 2019. The Public Health Heroes will be profiled at Board of Health meetings in the spring and fall each year, and will also be profiled via media release and/or social media throughout the year. All Public Health Heroes will receive a certificate of recognition.

The new format of the award will allow for more individuals, or organizations, to be recognized for the big and small things they do to help make our communities healthy. It will provide opportunities for Public Health Sudbury & Districts to celebrate meaningful relationships and community involvement, and to engage with our communities while spreading good news.

Financial Implications:

Financial implications are minimal and within budget.

Ontario Public Health Standard:

Policy Framework for Public Health Programs and Services – principle of Partnership, Collaboration, and Engagement

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

Strategic Priority:

Meaningful Relationships

Organizational Commitment

Contact:

Renée St Onge, Director, Knowledge & Strategic Services

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2017

PUBLIC HEALTH HEROES – RECOGNITION AWARDS PROGRAM

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts rescind motion #36-14; and

FURTHER THAT the Board of Health approve the Public Health Heroes – Recognition Awards program to recognize the individuals and organizations whose everyday contributions help make our communities healthy; and

FURTHER THAT the Board of Health direct the Medical Officer of Health to operationalize the Awards program.

Briefing Note

To: René Lapierre, Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: September 12, 2019
Re: Public Health Sudbury & Districts Racial Equity Action Framework

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

The Board of Health 2018 motion #23-18, *Addressing Anti-Racism for Improved Health Equity*, directed the Medical Officer of Health to engage in a collaborative process to develop an Anti-Racism Action Plan informed by the provincial strategic plan, for the Board's approval. The approved action plan will guide efforts of Public Health Sudbury & Districts to address racism for improved health equity.

Recommended Action:

THAT the Board of Health for Public Health Sudbury & Districts endorse the Racial Equity Action Framework, September 2019.

Background (see Appendix A for additional information):

To develop an action plan the following steps were undertaken:

- A Racial Equity Task Group (internal) was established – October 2018 to present
- Key strategy and foundational documents were reviewed by the Racial Equity Task Group for inclusion within agency framework including:
 - Ontario's 3-Year Anti-Racism Plan [A Better Way Forward](#),
 - the National Collaborating Centre for the Determinants of Health's [Let's talk: Public health roles for improved health equity](#) (2013) and [Let's talk: Racism and Health Equity](#) (2017),
 - the Ministry of Health and Long-term Care's [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#) (2018) and [Health Equity Guideline](#) (2018) - See Appendix A.
- Coordination with the National Collaborating Centre for the Determinants of Health to hold a workshop "[Shifting towards a culture of racial equity](#)" for task group members, other staff

and community partners in Sudbury through the [Public Health Training for Equitable Systems Change project](#) – March 2019

- Action framework including evergreen workplan was drafted by the Racial Equity Task Group – November 2018 – May 2019
- Feedback was solicited from all staff on the action framework components through a survey – July – August 2019
- Action framework was refined based on staff feedback – August 2019

Throughout 2018 and into 2019, the Public Health Sudbury & Districts Senior Management Executive Committee has been apprised and consulted on the development of the action framework.

Financial Implications:

Within budget.

Ontario Public Health Standard:

Foundational Standards, Organizational Requirements

Strategic Priority:

Equitable Opportunities, Organizational Commitment, Practice Excellence

2018–2022 Strategic Priorities:

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

Appendix A: Additional Information and Definitions

The Ontario Human Rights Code provides Ontarians with the legal right to exist free from racial discrimination and harassment in key social aspects of life including employment, housing, accessing public services, education, health services, retail opportunities, and social assistance.¹ Despite this, racism is a reality in Ontario and elsewhere in Canada.² Racism is considered a root cause of health and social inequities experienced by racialized and discriminated groups in Canada.^{3,4,5} Systemic racism is when an institution or set of institutions together create or maintain racial inequity⁶. This can be unintentional, and does not mean that people within an organization are racist. It is often caused by hidden biases in policies, practices and processes that privilege or disadvantage people based on race. It can result from doing things how they have always been done without considering their impact on particular groups⁷. Systemic racism and discrimination creates barriers for equitable opportunities for health^{8,9,10}. As described by the Canadian Public Health Association (2018, p. 3), structural racism means that “Canada remains a nation where a person’s colour, religion, culture or ethnic origin are determinants of health that result in inequities in social inclusion, economic outcomes, personal health, and access to and quality of health and social services”.¹¹

In 2017, Ontario passed the [Anti-Racism Act, 2017](#), to address systemic racism and advance racial equity for racialized and Indigenous Peoples in Ontario. Included within the legislation was the establishment of the Anti-Racism Directorate and the subsequent launch of the a 3-Year Anti-Racism Plan [A Better Way Forward](#), that describes important pillars for comprehensive action on

¹ Ontario Human Rights Commission. (2005). *Policy and guidelines on racism and racial discrimination*. Toronto: Ministry of Citizenship, Government of Ontario. ISBN: 0-7794-8397-9

² Satzewich, V., & Lioudakis, N. (2017). *Race and ethnicity in Canada: A critical introduction*: 4th edition. Don Mills, Ont: Oxford University Press.

³ National Collaborating Centre for Determinants of Health & Canadian Public Health Association. (2014). *Communicating about the Social Determinants of Health: Income inequality and health*. Antigonish, NS: National Collaborating Centre for Determinants of Health; Ottawa, ON: Canadian Public Health Association.

⁴ Godley, Jenny. (2018). Everyday discrimination in Canada: Prevalence and patterns. *Canadian Journal of Sociology*. 43. 111-142.

⁵ Paradies Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*. 35. 888-901. Retrieved from <https://academic.oup.com/ije/article/35/4/888/686369>

⁶ Ontario Anti-Racism Directorate. (2017). *A Better Way Forward: Ontario’s 3-year Anti-Racism Strategic Plan*. Retrieved from <https://www.ontario.ca/page/better-way-forward-ontarios-3-year-anti-racism-strategic-plan>.

⁷ Ontario Anti-Racism Directorate. (2017). *A Better Way Forward: Ontario’s 3-year Anti-Racism Strategic Plan*. Retrieved from <https://www.ontario.ca/page/better-way-forward-ontarios-3-year-anti-racism-strategic-plan>.

⁸ Nestel, S. (2012). *Colour coded health care: The impact of race and racism on Canadians’ health*. Toronto, ON: Wellesley Institute.

⁹ Canadian Public Health Association. (2018, December 17). *Racism is a public health issue in Canada—it’s time to speak out*. Retrieved from <https://www.cpha.ca/racism-public-health-issue-canada-its-time-speak-out>

¹⁰ Galabuzi, G.E. (2016). Chapter 17: Social Exclusion. Raphael, Dennis., (Ed). *Social Determinants of Health: Canadian Perspectives*. Third Edition. Pages 388-418.

¹¹ Canadian Public Health Association. (2018). *Racism and Public Health, Position Statement*. Ottawa: Canadian Public Health Association. Retrieved from <https://www.cpha.ca/sites/default/files/uploads/policy/positionstatements/racism-positionstatement-e.pdf>

2018–2022 Strategic Priorities:

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

racism. The Board of Health is committed to ensuring that all people in Public Health Sudbury & Districts' service area have equitable opportunities for health. In 2018, the Board passed motion #23-18 directing the Medical Officer of Health to engage in a collaborative process to develop an Anti-Racism Action Plan informed by the provincial strategic plan for approval by the Board.

Definitions¹²

Systemic racism:

is when an institution or set of institutions together create or maintain racial inequity. This can be unintentional, and does not mean that people within an organization are racist. It is often caused by hidden biases in policies, practices and processes that privilege or disadvantage people based on race. It can result from doing things how they have always been done without considering their impact on particular groups.

Racialization:




is the process for how society constructs races as real, different and unequal. Racial categories are not based on science or biology but on differences that society chooses to emphasize, such as skin colour, language, culture, religion, or place of birth. The process of racialization has significant economic, political and social consequences on people's lives.

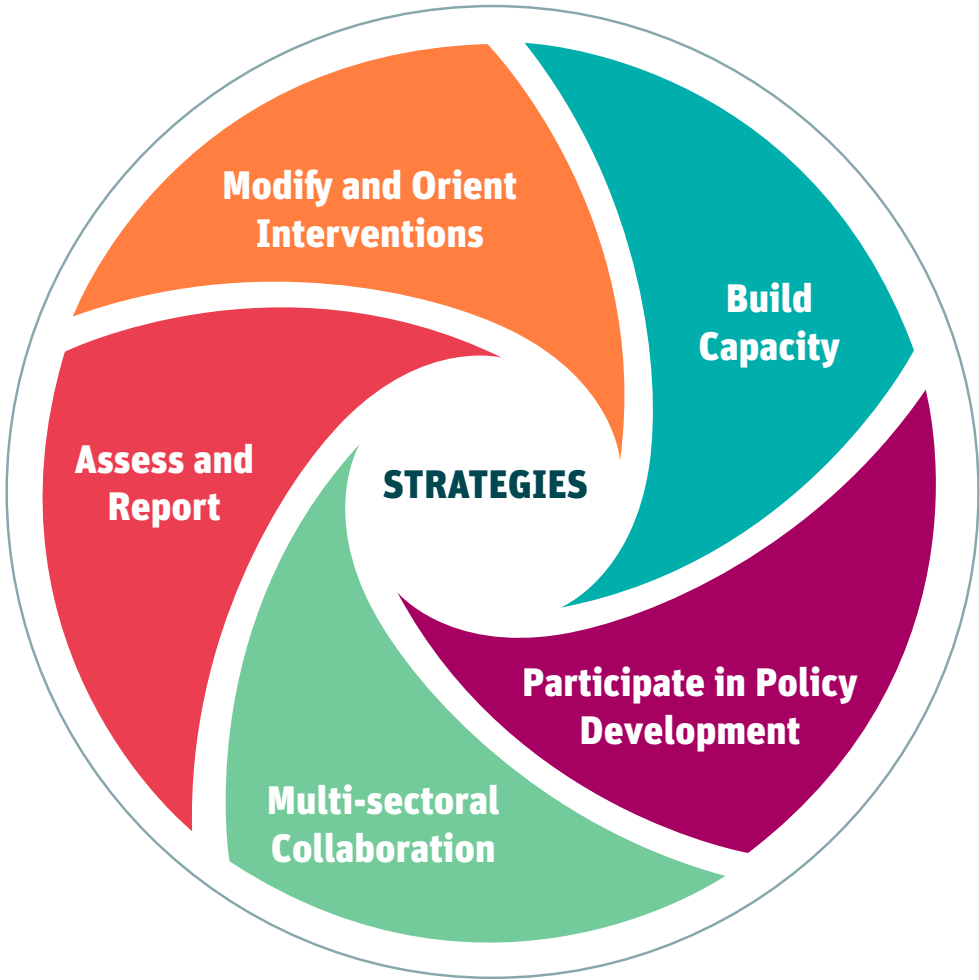
¹² Ontario Anti-Racism Directorate. (2017). A Better Way Forward: Ontario's 3-year Anti-Racism Strategic Plan. Retrieved from <https://www.ontario.ca/page/better-way-forward-ontarios-3-year-anti-racism-strategic-plan>.

2018–2022 Strategic Priorities:

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



Vision	Reduce systemic racism to ensure those affected have equal opportunities for health.
Mission	Working with our communities to enable meaningful and sustainable changes to advance racial equity.
Values	<div> Humility</div> <div> Trust</div> <div> Respect</div>



Adapted from: National Collaborating Centre for the Determinants of Health's "[Public Health Roles for Racial Health Equity](#)"¹

- 

Modify Interventions

Modify and orient public health interventions to reduce racial inequities.
- 

Build Capacity

Build agency understanding and capacity to examine and act on the forces that maintain racial inequities.
- 

Participate in Policy Development

Participate in policy development that seeks to address racism.
- 

Multi-sectoral Collaboration

Partner with communities and other sectors seeking to address racism.
- 

Assess and Report

Assess and report on the impact of racialization and racism on health.

Systemic racism is when an institution or set of institutions together create or maintain racial inequity. This can be unintentional, and does not mean that people within an organization are racist. It is often caused by hidden biases in policies, practices and processes that privilege or disadvantage people based on race. It can result from doing things how they have always been done without considering their impact on particular groups.²

Racialization is the process for how society constructs races as real, different and unequal. Racial categories are not based on science or biology but on differences that society chooses to emphasize, such as skin colour, language, culture, religion, or place of birth. The process of racialization has significant economic, policial and social consequences on people’s lives.²

Sources:

¹ **Note:** the strategies for Public Health Sudbury & Districts' Racial Equity Action Framework are adapted from National Collaborating Centre for Determinants of Health (2018). Let's Talk: Racism and Health Equity (Rev. ed.). Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University. Retrieved from http://nccdh.ca/images/uploads/comments/Lets_Talk_Racism_and_health_equity_EN_web.pdf.

Anti-racism

We acknowledge that systemic racism exists and commit our efforts to identify, prevent, reduce, and remove agency policies, practices and processes that maintain racial inequity².

Voices of People with Lived Experience

We commit to privileging and amplifying the voices of those with lived and living experiences of racialization³.

Intersectionality

We acknowledge that experiences of racism differ across racialized groups because of an individual’s overlapping or intersecting social identities. Examples of other social identities include gender, socio-economic status, sexual orientation, and citizenship. We commit to understanding unique identities and experiences of racism to inform our efforts to reduce racial inequities.⁴

Safety

We commit to providing a culturally safe and respectful environment for employees, partners, and clients. We will foster an environment where individuals and groups feel confident that their voices will be heard without fear of being excluded or undermined. We also commit to practicing cultural humility to improve public health programs and services^{5 6 7 8 9}.

Self-Determined Health

We acknowledge and support the inherent rights of Indigenous Peoples including the First Nations, Inuit and Métis Peoples to determine their own pathways and to make decisions about their communities, health and livelihoods.¹⁰

Social-Determinants of Health

We acknowledge that health is determined by the social and economic conditions and environments in which we live, learn, work, play, grow and age. We acknowledge that racism is one of the social determinants of health and we commit to reducing racial inequities to improve opportunities for health.

Social Inclusion

Everyone has the right to feel a sense of belonging and acceptance, and to take part in their community. We commit to increasing social inclusion to ensure employees, partners and clients have equal opportunities to take part in our society¹¹.

Allyship

We will commit to engaging with those with lived and living experiences of racialization to better understand allyship and opportunities for actions that support racial equity.

Sources:

² Ontario Anti-Racism Directorate. (2017). A Better Way Forward: Ontario’s 3-year Anti-Racism Strategic Plan. Retrieved from <https://www.ontario.ca/page/better-way-forward-ontarios-3-year-anti-racism-strategic-plan>.

³ Public Health Sudbury & Districts. (2019). Public Mental Health Action Framework. @ Public Health Sudbury & Districts, 2019. O: January 2019

⁴ Ontario Anti-Racism Directorate. (2017). A Better Way Forward: Ontario’s 3-year Anti-Racism Strategic Plan. Retrieved from <https://www.ontario.ca/page/better-way-forward-ontarios-3-year-anti-racism-strategic-plan>

⁵ Singh, B., Winkel, D.E., Selvarajan, T. T. (2013). Managing diversity at work: Does psychological safety hold the key to racial differences in employee performance? Journal of Occupational and Organizational Psychology. 86: pp.242-263. doi:10.1111/joop.12015.

⁶ National Aboriginal Health Organization (NAHO). (2009). Cultural competency and safety in First Nations, Inuit and Métis health care. Fact Sheet. 2009. Retrived from http://rapworkers.com/wp-content/uploads/2017/07/5.CulturalCompetency_Safety-in-First-Nations_Innuite_Metis-health-care.pdf

⁷ Aboriginal Nurses Association of Canada. Canadian Association of Schools of Nursing. Canadian Nurses Association. (2009). Cultural Competence and

Cultural Safety in Nursing Education. A Framework for First Nations, Inuit and Métis Nursing. Retrieved from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/first_nations_framework_e.pdf

⁸ The Indigenous Physicians Association of Canada and The Association of Faculties of Medicine of Canada. (2009). First Nations, Inuit, Métis Health Core Competencies. A Curriculum Framework for Undergraduate Medical Education. Winnipeg & Ottawa. Retrieved from <https://afmc.ca/pdf/CoreCompetenciesEng.pdf>

⁹ Public Health Agency of Canada. Core Competencies for Public Health in Canada, Release 1.0. 2008. Retrieved from <http://www.phac-aspc.gc.ca/php-ppsp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>

¹⁰ Public Health Sudbury & Districts. (2018). Finding Our Path Together. @ Public Health Sudbury & Districts, 2018 O: October 2018. Retrieved from https://www.phsd.ca/wp-content/uploads/2018/10/Indigenous_Engagement_Strategy_AODA_2018_EN-2.pdf

¹¹ Ontario Anti-Racism Directorate. (2017). A Better Way Forward: Ontario’s 3-year Anti-Racism Strategic Plan. Retrieved from <https://www.ontario.ca/page/better-way-forward-ontarios-3-year-anti-racism-strategic-plan>

RACIAL EQUITY ACTION FRAMEWORK FOR IMPROVED HEALTH EQUITY

MOTION:

WHEREAS the Board of Health is committed to ensuring all people in Sudbury and Manitoulin districts have equal opportunities for health;

WHEREAS systemic racism is a significant, modifiable and unjust barrier to health opportunities; and

WHEREAS in 2018 the Board of Health declared its commitment to anti-racism by directing the Medical Officer of Health to engage in a collaborative process to develop a framework informed by the provincial Anti-Racism Strategic Plan to guide the organization's efforts; and

WHEREAS a collaborative process has been undertaken to develop an action framework to guide the organization's efforts to decrease racial health inequities;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Racial Equity Action Framework, September, 2019.

ADDENDUM

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

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees and to deal with labour relations or employee negotiations.

Time: _____

RISE AND REPORT

MOTION: THAT this Board of Health rises and reports. Time: _____

Please remember to complete the Board meeting evaluation in BoardEffect following the Board meeting.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____